

Social Innovation CIC market research

Community co-design and empowerment across health, education and social care

Research synthesis and market development report | 30 September 2026

1 Main finding

There is a credible opportunity to help people turn lived experience into practical improvements, with confidence building, accessible co-design and support to test ideas. However, this is an established field with capable charities, consultancies, social enterprise support organisations and technology providers. The CIC must demonstrate a specific local contribution and willingness to fund it, rather than claim that community-led innovation has no alternatives.

The recommended starting market is Tameside and Greater Manchester: work with trusted community partners on a defined problem, involve people who experience it and produce an evaluated pilot. NeuroPathway is one example within the umbrella organisation; it should not define the entire CIC's market.

2 Scope and method

This report brings together the founder's existing written research and development notes, selected uploaded programme and strategy documents, and current external desk research. These materials form part of the CIC's accumulated research base. No additional interviews or surveys were conducted during this document update.

Numbered references identify external sources. Provider descriptions establish advertised functions, not independent proof of effectiveness. Existing organisational research informs the model and priorities; planned activities and suggested outcomes are distinguished from completed fieldwork and measured results.

Findings concern England or the UK as specified. National statistics are context, not a Tameside demand forecast. The report distinguishes observed evidence, market interpretation and proposed validation. It does not claim a verified market value, current CIC revenue, clinical benefit or cost saving.

3 Proposed organisational offer

Social Innovation CIC aims to work with communities to identify service gaps, build confidence and skills, co-design preventative solutions, connect innovators to appropriate expertise and help test ideas through pilots. The proposed portfolio includes an Innovation Hub, Small Steps and Shine Online confidence and digital learning, social entrepreneur sessions and NeuroPathway. Programme readiness and delivery capacity must be confirmed separately.

4 Existing research and development work

The CIC has already developed written material on community empowerment, confidence building, service gaps and practical routes from lived experience to change. This report recognises that accumulated work as research and development, rather than treating the organisation as starting from zero. The following selected documents were reviewed for this synthesis.

Existing source	Contribution to this report	Evidence status
Small Steps Confidence Building and Empowerment Programme September 2026	Defines an eight-week adult programme, participant choice, community voice, digital confidence and feedback into action	Developed programme and evaluation design; delivery outcomes are not recorded in this pack
Small Steps Community Training Partnership Proposal September 2026	Identifies possible training topics, partner roles, content ownership and an income arrangement to agree	Concrete partnership proposal; does not establish a signed agreement or course demand
Social Innovation CIC Operational Growth Financial Strategy July 2026 sections reviewed	Sets out co-design, innovation pilots, community insight, possible income routes and staged growth	Organisational strategy; forecast routes are not confirmed revenue
Founder written notes and current application wording	Describe community co-design, lived experience, empowerment and perceived gaps across services	Founder-supplied qualitative insight and market framing; no interview totals inferred

The Small Steps pack is broader than a computer course: it supports adults who want to rebuild confidence, feel connected, speak up and shape solutions. It includes optional baseline and end-point reflections, practical goals and a process for checking community themes and reporting back. These existing design features inform the proposed measures in this report.

The partnership proposal already explores courses on digital confidence, speaking up, SEND and services, everyday wellbeing and community leadership. The market task is to establish which parts people and partners need most, how existing provision fits and what can be funded sustainably.

Additional primary research should build on this base. Existing written research is useful evidence of development and insight; it should be accompanied by dates, methods and results where claims depend on completed consultation, user testing or purchaser interest.

5 What the evidence says about need

Community influence: England's Community and Engagement Survey 2025/26 reports that 26% of people aged 16 or over felt able to influence decisions affecting their local area, while 59% considered that influence important and 29% wanted more involvement in council decisions. Disabled respondents were less likely to feel able to influence local decisions than non-disabled respondents, at 23% compared with 28%. [1]

Interpretation: These findings support the relevance of accessible participation and empowerment. They do not show that all respondents want the CIC's services or that a commissioner will buy them. Local interviews should establish which decisions people want to shape and what prevents them doing so.

Digital confidence: Good Things Foundation describes a national network of community organisations, free beginner digital learning and AI literacy support. Its published research highlights 8.5 million UK adults lacking basic digital skills. [2] This supports the need addressed by Small Steps, but also demonstrates that substantial free provision already exists.

Co-design in public services: Government guidance for Young Futures Hubs emphasises young people's lived experience as evidence alongside professional and research knowledge, meaningful influence and accessible participation. [3] This is a relevant policy example, not a general mandate to fund the CIC or evidence of an NHS endorsement.

6 The problem to test locally

The CIC's working hypothesis is that some people have valuable experience and ideas but lack confidence, digital access, contacts or practical help to develop them. Organisations may hear feedback without having sufficient capacity to turn it into a tested change. The gap to investigate is the journey from identifying a problem to influencing decisions, developing a response and evaluating whether it helps.

Do not assume services never involve communities. The Young Foundation already offers community research and social innovation services, and Action Together provides social economy support and networks in Tameside. [4,5] Interviews should identify specific underserved groups or stages of support, rather than rely on a blanket account of system failure.

Evidence still needed: local barriers, existing provision and waiting lists, participants' preferred support, commissioners' priorities, realistic budgets, and whether partners prefer referral, joint delivery or a commissioned service.

7 Participants and potential paying customers

Segment	Need to investigate	Possible funding route
Residents, carers and people with lived experience	Confidence, influence, practical skills and help developing ideas	Grant-funded access or a partner-funded community programme
Community groups and emerging social innovators	Co-design support, introductions and a manageable route to testing	Funded cohort, sponsored support or a scoped delivery contract
Charities and community organisations	Accessible engagement and capacity to develop or evaluate a response	Joint bid or commissioned facilitation and evaluation
Councils, NHS and education partners	A defined participation, prevention or service-improvement problem	Commissioned work or an authorised pilot; route and budget to confirm
Schools and SEND partners	Practical evidence recording and review of support tried	Separate NeuroPathway pilot or licence hypothesis; demand to validate

Participants and buyers are often different people. Community enthusiasm is valuable but does not establish a purchasing decision. A funder supports an activity; a commissioner purchases an agreed service; a delivery partner contributes access or expertise. Record each role separately.

8 Proposed service packages to test

Community discovery and co-design: an agreed question, accessible recruitment, facilitated sessions, a record of priorities and feedback to participants showing what changed. A purchaser should know exactly what decisions the community can influence.

Small Steps learning: short, supported sessions on confidence, everyday digital tasks and basic AI literacy. Explore delivery alongside established free resources rather than building an unnecessary duplicate curriculum. Measure practical tasks completed as well as self-reported confidence.

Innovation development: help a community group or innovator define the problem, map alternatives, create a simple prototype, find relevant expertise and plan a small evaluation. Agree ownership, responsibilities and the limits of support at the outset.

Pilot and evaluation support: a defined intervention, partner responsibilities, baseline measures and findings that can inform a decision. NeuroPathway requires its own product, data and safeguarding review; it is one potential pilot, not proof of the wider CIC's impact.

9 Competitors and alternatives

These organisations overlap with different parts of the proposed offer. They may be competitors for funding or contracts, delivery partners, referral destinations or sources of reusable resources. This is a selected comparison, not an exhaustive market scan.

Organisation or alternative	Published offer	Implication for the CIC
The Young Foundation [4]	Community research and social innovation, including participatory research	Co-design itself is established. Show local access, delivery fit and evidence of contribution.
Action Together [5]	Local social economy support and Tameside networks developed with partners	Map existing free support first. Explore referral and joint delivery rather than duplicate it.
School for Social Entrepreneurs [6]	Practical learning programmes, workshops and peer support	Entrepreneur learning overlaps. Test whether an accessible introductory route fills a gap.
Good Things Foundation [2]	Community digital inclusion, beginner learning and AI literacy resources	Free learning is a strong alternative. Differentiate through supported participation and local reach.
CPOMS [7]	Safeguarding, wellbeing and pastoral recording, with sharing and collaboration products	An adjacent NeuroPathway alternative. Do not describe it as only isolated record keeping.
Tes Provision Map [8]	SEND plans, intervention and progress tracking, and communication with families and professionals	Direct functional overlap. Compare the actual observation-to-evidence workflow through demos.
Idox EHC Hub [9]	EHCP case management with family and professional collaboration and child voice features	Existing systems connect participants. Test a complementary evidence-preparation role.

Other alternatives include internal engagement teams, universities, independent facilitators, community education, parent forums, existing school processes and manual records. Their availability, cost and strengths vary locally and have not been assessed here.

10 Positioning and differentiation

Recommended positioning: “Social Innovation CIC helps communities turn lived experience into practical change. We build confidence and skills, co-design solutions with the people affected and support small pilots so partners can see what works.” This describes the intended model; documented delivery and results must substantiate it.

Potential differentiation lies in the combination of accessible entry points, continuity from an idea to a pilot, local relationships and meaningful community influence. These are hypotheses to demonstrate. Being founded on lived experience or using AI is not, by itself, proof of a unique or effective offer.

Show the difference through specific evidence: who would otherwise be missed; decisions participants changed; support that helped them progress; the quality of the pilot; and what partners learned. Avoid claiming that competitors do not value lived experience, that the CIC is the only integrated organisation or that products already connect to existing systems.

11 Market size and commercial approach

A defensible financial market size cannot be calculated from the evidence reviewed. The number of people with unmet needs is not equivalent to a paying market. Build a local opportunity register of named organisations, current provision, decision makers, budgets, purchasing routes and the scope they might fund.

For planning, calculate potential annual income separately for each offer: deliverable co-design contracts multiplied by an agreed contract value; funded learning cohorts multiplied by a funded cohort price; and any validated product income. Limit volume by staff capacity and recruitment ability, avoid counting the same partner twice and deduct delivery, access support, evaluation and overhead costs. No prices or sales volumes are validated in this report.

A possible mixed model combines grants for inclusive access with commissioned facilitation, training or pilot work. Test it before committing. Charging families may reduce access and should not be assumed to be the main route. Public-service procurement and partner governance are separate decisions; an interest meeting or letter of support is not a contract.

12 Route to market

Start with a specific local offer and explore it through trusted community and social economy networks. Action Together's Tameside network is a relevant existing route to investigate. [5] Seek a small joint discovery activity, convert its findings into a costed proposal and agree a pilot only where responsibilities and resources are clear. Treat all named organisations in this report as research examples, not confirmed partners.

13 Additional primary research plan

Proposed first eight weeks: conduct 12 to 15 participant interviews, 6 to 8 budget-holder or delivery-partner interviews and two accessible co-design sessions. These are suggested research targets, not research already completed. Recruit beyond the founder's contacts, including people who do not use digital services, and offer suitable alternatives to online participation.

Ask participants: What have you tried? Where did progress stop? What help would make a difference? How would you prefer to take part? What would meaningful influence look like? Would you attend a short programme and what would make you stop? Avoid asking only whether they like the idea.

Ask organisations: How is this addressed now? What is missing? Who owns the problem and budget? What evidence would justify a pilot? What would delivery have to cost or achieve? What procurement and governance steps apply? Ask for examples and a concrete next action, not only general encouragement.

Review alternative services with providers or users where possible. For NeuroPathway, compare the same scenario across current practice and available tools: record observations, link support tried, review effects and prepare a source-linked evidence summary. Do not infer missing functionality from a marketing page.

14 Evaluation and decision points

Question	Evidence to collect
Does it reach underserved people?	Recruitment route, participation barriers, assisted access and withdrawal feedback
Do communities influence the work?	A record of decisions, contributions and changes explained back to participants
Does learning improve practical ability?	A relevant task before and after support, confidence ratings and follow-up use
Can partners fund delivery?	Named budget holder, defined scope, indicative budget and an agreed approval route
Is the model sustainable?	Actual delivery time, full cost, attendance and repeat demand

Proceed to a small pilot when research shows a recurring need that existing provision does not adequately meet, participants can shape the response and a partner can resource safe delivery. Adapt or refer elsewhere where alternatives are sufficient. Set measurable pilot targets with partners rather than inventing success rates now.

Manage duplication, recruitment bias and founder dependency through partner mapping, a focused offer, accessible participation and realistic costing. Document community influence and tailor safeguarding and privacy arrangements to each activity.

15 Suggested wording for an application

Our research includes written lived-experience insights, review of service gaps and alternatives, and the development of community empowerment, training and innovation proposals. We have used this work to shape an approach that builds confidence, gives communities influence and supports practical solutions. This report consolidates selected existing materials with current national evidence and provider comparisons; further participant and buyer research will strengthen local demand and funding evidence.

Current alternatives include public-service engagement teams, charities, community organisations, social innovation consultancies and learning providers. The Young Foundation offers community research and innovation; Action Together provides local social economy support; the School for Social Entrepreneurs supports entrepreneurial learning; and Good Things Foundation supports digital inclusion. Within NeuroPathway's market, CPOMS, Tes Provision Map and Idox EHC Hub provide related recording, SEND or EHCP functions, including collaboration features.

Social Innovation CIC's proposed contribution is an accessible local journey from lived experience to practical change: building confidence and skills, identifying gaps with communities, co-designing responses and supporting evaluated pilots. We aim to complement existing provision and connect people to appropriate expertise. We will test local demand, purchasing interest and added value through participant and partner research. We do not yet claim a unique market position or proven outcomes.

External references

- 1 DCMS and MHCLG. Community and Engagement Survey 2025/26 influencing local decisions. Updated 16 September 2026. [View source](#)
- 2 Good Things Foundation. Community digital inclusion services and research. [View source](#)
- 3 UK Government. Young Futures Hubs co-creation guidance for local authorities. [View source](#)
- 4 The Young Foundation. Research services. [View source](#)
- 5 Action Together. Support for Social Economy Organisations including Tameside. [View source](#)
- 6 School for Social Entrepreneurs. Learning and support. [View source](#)
- 7 CPOMS. About CPOMS and product portfolio. [View source](#)
- 8 Tes. Simplify SEND support with Provision Map. [View source](#)
- 9 Idox. EHC Hub product description. [View source](#)

External sources accessed 30 September 2026. Links are clickable. The report synthesises selected existing organisational research with current desk research and proposed further validation. It does not reclassify development proposals as completed surveys or independently verified product comparisons.

Internal sources reviewed: Small_Steps_Confidence_Building_and_Empowerment_Programme(1).pdf; Small_Steps_Community_Training_Partnership_Proposal(1).docx; Social_Innovation_CIC_Operational_Growth_Financial_Strategy.pdf sections on the operating model, portfolio and resources; founder notes and application wording supplied in this conversation. This is a selected synthesis, not an audit of every past upload.

Prepared for Tanja Ceri Hanson | Social Innovation CIC
tanja.socialinnovationcic@zohomail.eu