Co-design is used most successfully when you understand these factors:

Mandate	 Leaders need to support co-design processes for successful implementation and create the conditions for it to be accepted. Projects need a strong intent so that when the process feels messy, there is a backbone intent that keeps people on track.
Inclusivity (people and methods)	 Co-design needs to provide equity of access in order for people to participate. Important to listen to a range of voices, and this doesn't always have to be the end user. Experts' voices aren't ignored, but it's critical to know the right time to bring them in. Co-design isn't meant to be a replacement for research, it's a complementary process (Smoking cessation project is an exemplar using IDI).
Time	• User engagement takes time, especially with vulnerable groups or sensitive topics.
Reciprocity	Authentic giving back to participants and communities.
Expectation setting	• Ensure that participants understand what they can realistically achieve with their given mandate (e.g. outline constraints in the realms of viable, feasible).
Flexibility	• Co-design is a collaborative experience and the space, time and mandate for an emergent, adaptable practice needs to be agreed and supported.
Creativity	 Co-designers need to be creatively encouraged for ideas to flow. Conditions need to allow for making intangible elements of services, interactions and systems to be made visible and tangible.
Iteration and prototyping	• Starting with ideas that are imperfect and trying them, refining them, seeking to strengthen and tweak.
Space	• Co-design is a visual and collaborative process where the thinking needs to be shared (e.g. whiteboards, paper, post-its are the tools of the trade).

This table is adapted from Introduction to Co-design : A Guideline for Ministry of Health staff