

Navigating Implementation Science: Co-designing for impact

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Speaker: **Ellen Gaffy** (National Ageing Research Institute, La Trobe University)

Consumer representative: **Anne Fairhall**

Followed by Q&A

Defining co-design

Ellen Gaffy



Collaborative

(collective, working together)

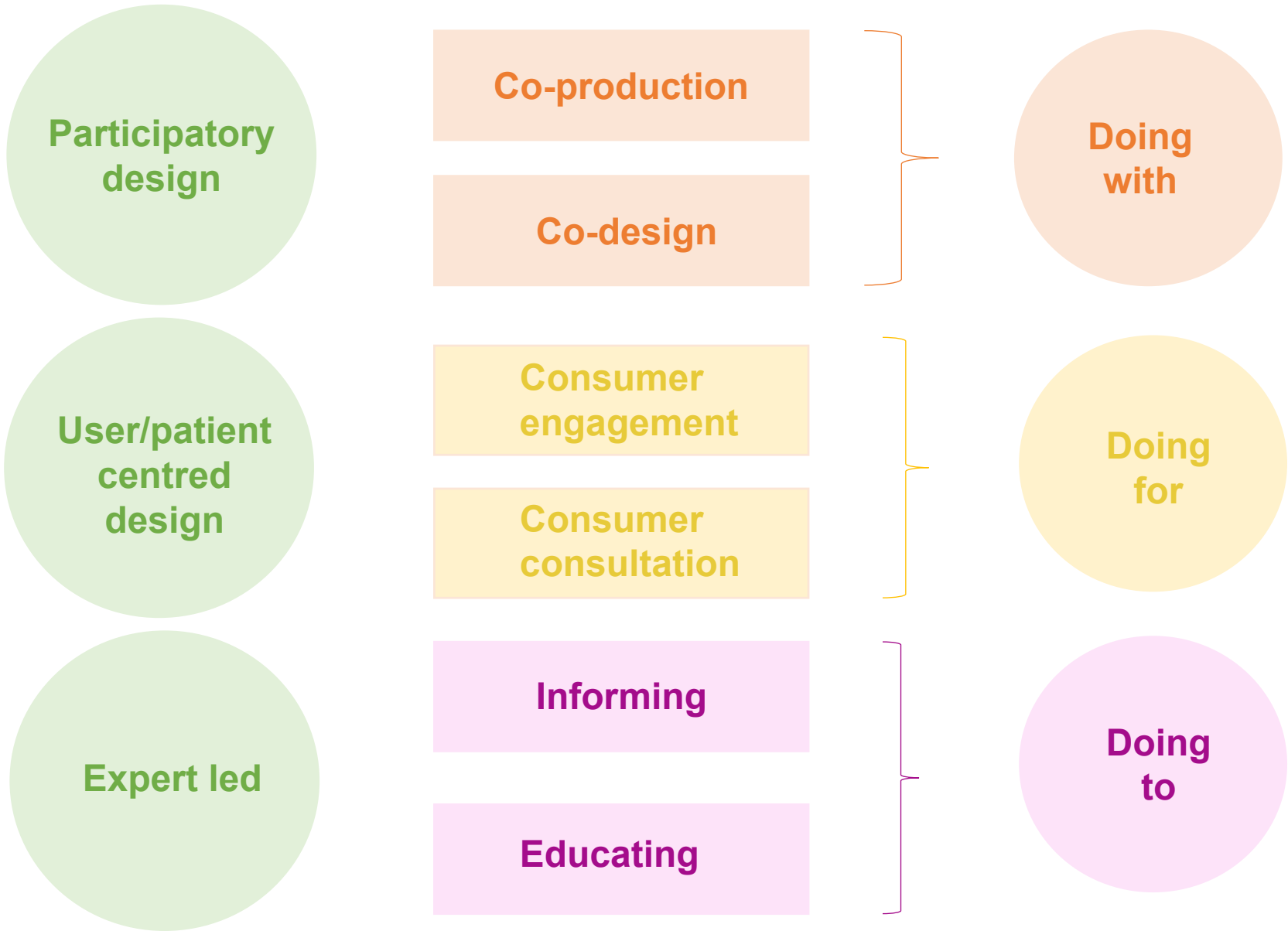
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Design

(processes to identify problems and create solutions)

=

Co-design



“Co” terms – what’s the difference?

- Co-design – defining the problem and then defining the solution across several iterative stages
- Co-production – implementing the proposed solution
- Co-creation – umbrella term covering both co-design and co-production, but can also refer to individual instances of creativity

Ostrom, E. (1996). Crossing the great divide: coproduction, synergy, and development. *World development*, 24(6), 1073-1087.

Sanders, E. B. N., & Stappers, P. J. (2008). Co-creation and the new landscapes of design. *Co-design*, 4(1), 5-18.

Co-design in the literature

- McKercher (2020): Mindsets; methods; movements.
- Moll et al (2020): Why co-design?; applying a methodology; creating an output
- Blomkamp (2018): Process; principles; practical tools
- Sanders & Stappers (2014): Method; mindset; tools

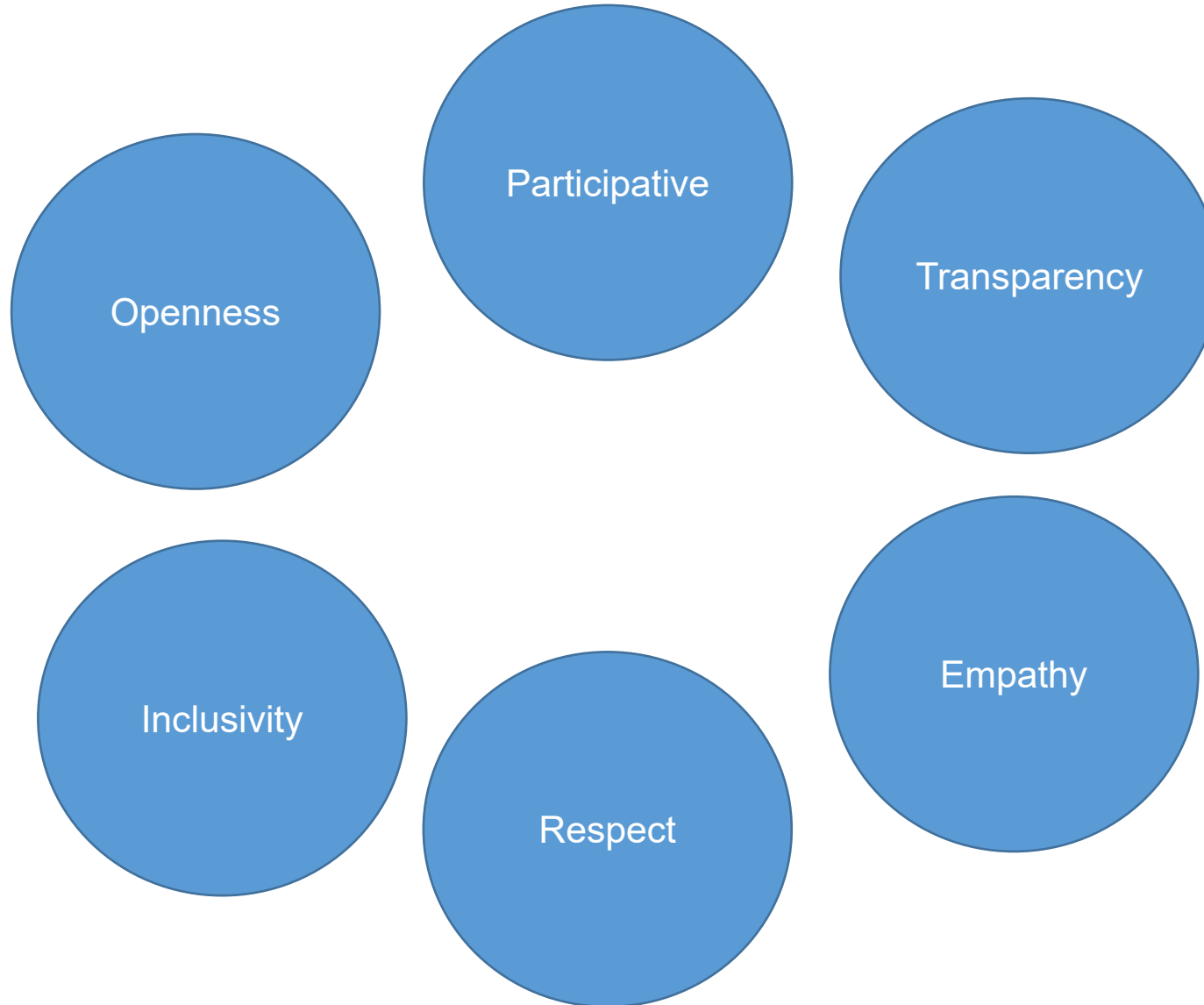
What's the common thread?

Principles – underlying values driving the collaboration, participatory design “mindset”

A **process** – not an event

Something is **being made**, tools and activities and creativity facilitate the making

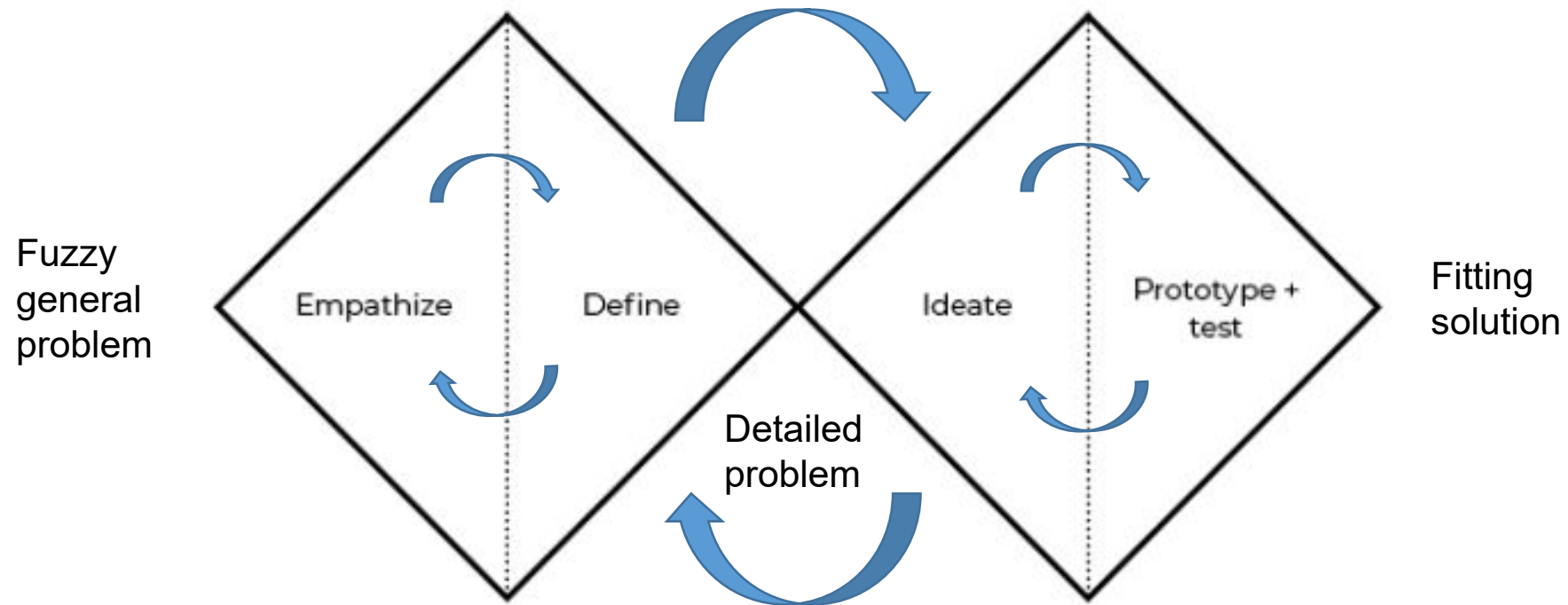
Principles of co-design



Co-design mindset

- Shift in valuing different types of knowledge
- Developing trust and strong relationships
- Dependent on the readiness of the organisation – willingness to hand over control, desire for change, ability to resource
- Sharing decision making
- Shift in traditional mindset/role of researcher/clinician

What is the process?



Sanders, E. & Stappers, P. J. (2014). Probes, toolkits and prototypes: three approaches to making in codesigning.

CoDesign, 10(1), 5-14.

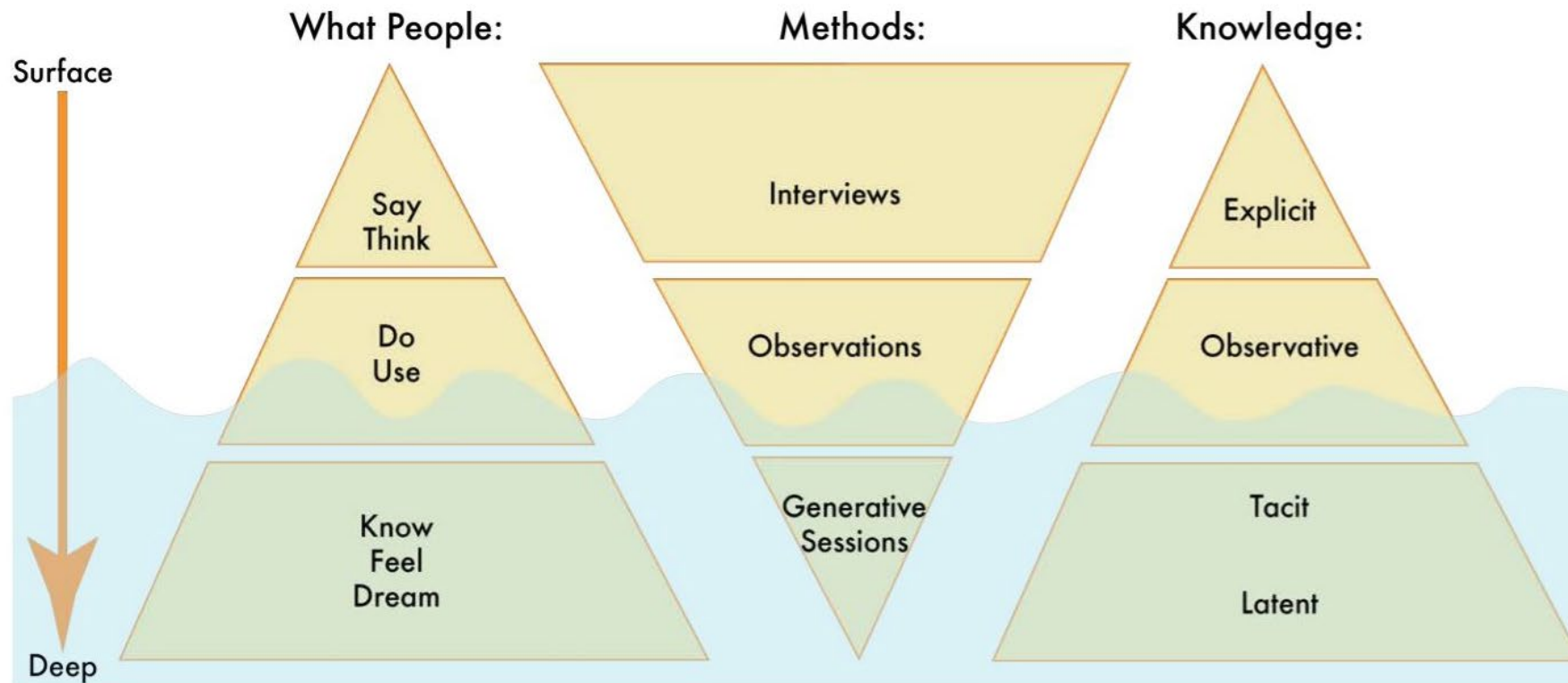
UK Design Council (2014)

Process - considerations

- Resource intensive
- Not just one-off
- Getting input on all relevant parts of the design
- Involving all of the people who are intended to benefit from a change – might be involved at different stages in different ways

Generative methods for “making”

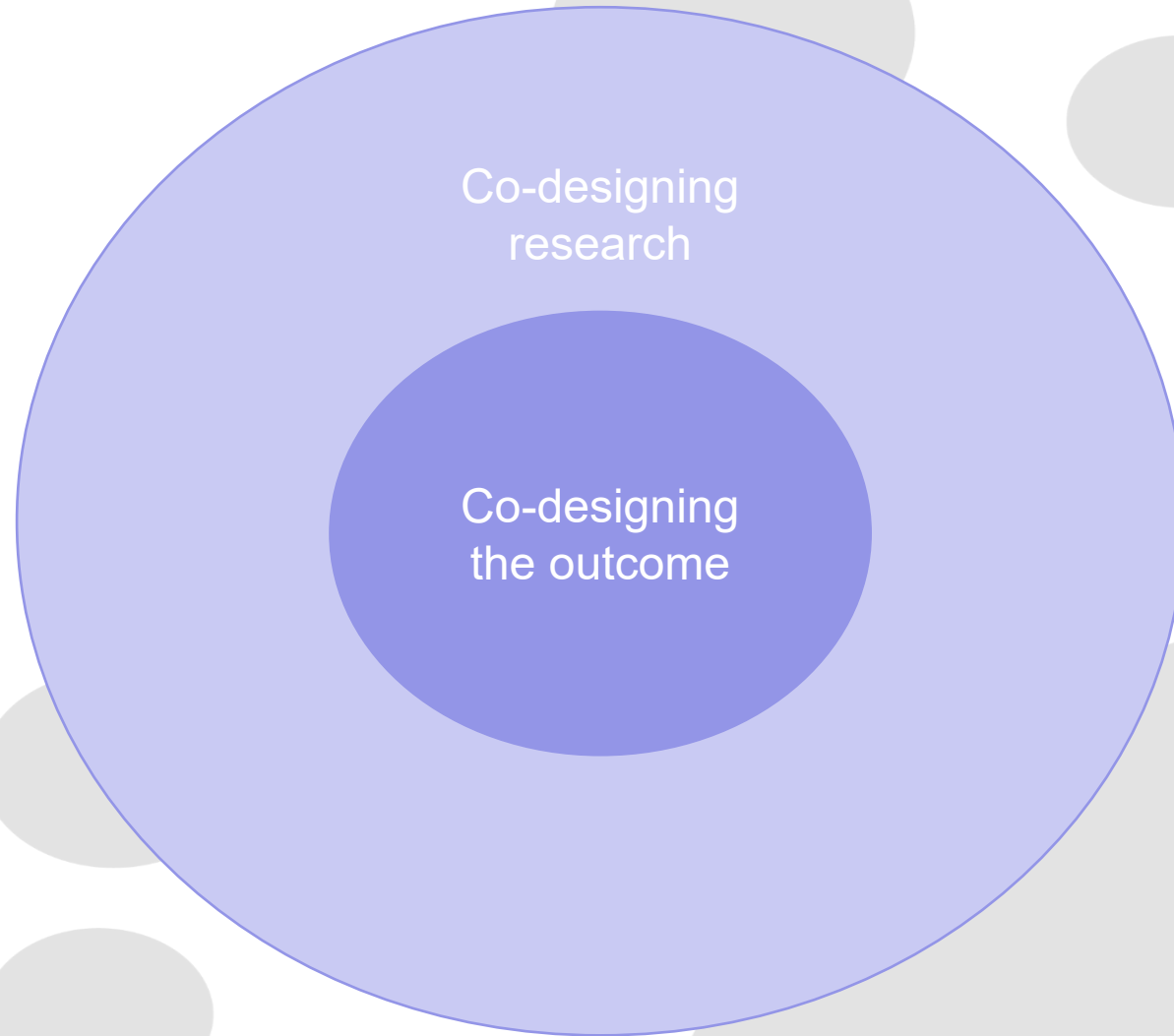
- Participants → active partners
- Practical tools, activities and methods that facilitate design
- Have engagement strategies that are appropriate to the scale of the co-design process
- Combination of design workshops, focus groups and targeted consultations, interviews etc.



Sanders, E., & Uday, D. (1999). Design for experiencing: new tools. In First International Conference on Design and Emotion, TU Delft.

Sleeswijk Visser, F., Stappers, P. J., van Der Lugt, R., & Sanders, E. B. (2005). Contextmapping: experiences from practice. *CoDesign*, 1(2), 119-14

Implementing co-design: what are you co-designing?



Co-designing for impact MACH Health Services Improvement and Implementation Webinar

Professor Briony Dow, Ellen Gaffy and Anne
Fairhall

Nov 2022

Example of co-design

Promoting Independence Through quality dementia Care
in the Home



PITCH

Project aims



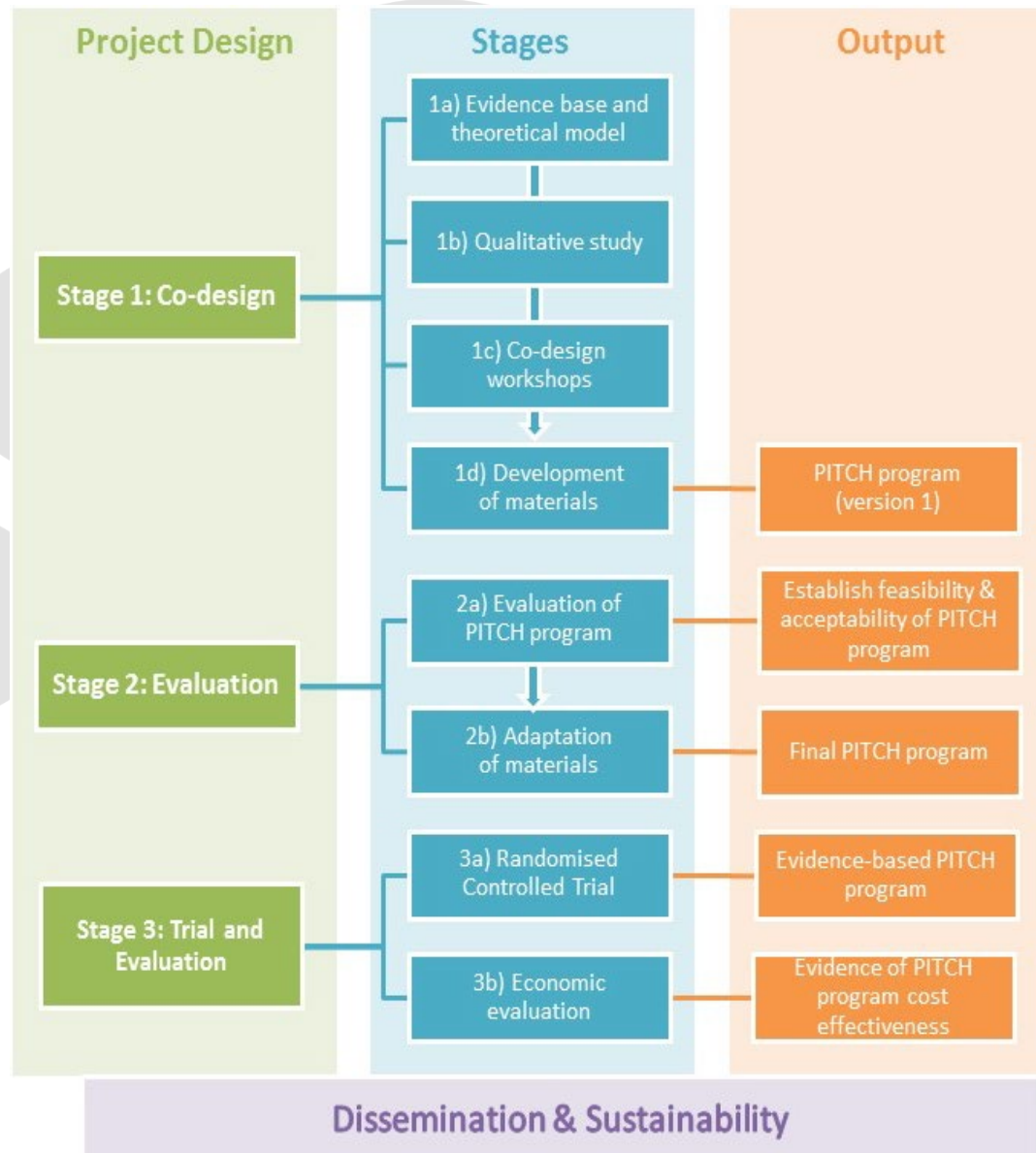
- To improve outcomes for people with dementia and their paid and family carers
- To develop and test an evidence-based dementia specialist training program (the “PITCH program”) for community dementia care that can be delivered by front-line home care workers



Australian Government

NHMRC National Institute for Dementia Research

PITCH project design



Overall research project governance co-design?



Co-design of PITCH training program



Home care
workers and
managers

Family
carers

People
living
with
dementia

Research team

The PITCH training program

- 2x half day workshops – face to face and then on-line
- Interactive
- Adult learning principles – start with what is known, share knowledge etc
- No homework
- In paid work time

Overview of the 4 learning objectives:



What we have learnt

- All about relationships – preferably established prior to the start as well as developed during the project
- End users may be workers, providers, older people, clients, patients, government policy makers...
- There is a power imbalance
 - Genuine commitment from all team members for listening and true collaboration
 - May or may not need to scaffold involvement
 - Payment is an issue – gift vouchers (?) or wages or honoraria or back fill
 - Consider relationship between stakeholder groups as well as between the researchers and the participants
- Co-design is challenging for research funding bodies and ethics committees
 - Can't identify all variables and design elements ahead of time
 - Cost associated with co-design
- Co-design has become pedestalsed – not always the best approach

Co-producing research with people impacted by dementia and service providers: issues and challenges

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Key points

- Actively involving consumers and other end users is an increasingly common expectation in academic research
- However, existing research funding and ethical governance paradigms may create barriers when trying to share power with consumers across all aspects of the research decision-making process
- Our case study suggests that redistributing power, building strong relationships and developing trust between researchers and consumers may be more realistic outcomes than achieving shared power in research decision making

Abstract

Background/objective: Co-production is a collaborative method that can make the research process more egalitarian by ensuring researchers work in partnership with key stakeholders in both the design and delivery of research projects and outcomes. A departure from more traditional ways of conducting research, co-production requires the researcher to reflect on their role in the co-production partnership. However, academic research projects are often constrained by parameters set by funding bodies, ethics committees and the researchers themselves. This raises questions about whether some of the key tenets of co-production, including equally shared power, control and responsibility, can be achieved in a meaningful way. This paper presents some of the issues and challenges faced by researchers in achieving shared power when utilising co-production methodology in academic settings.

Type of program or service: The application of co-production within an academic research project is illustrated by a case study involving co-production with family carers, people living with dementia and service providers to develop dementia-specific training for home care workers.

Results: There were unavoidable external constraints on sharing power and decision making within some elements of this project. Project parameters, including the research topic, timelines and funds available, were set by the funding body. Similarly, the study objectives and methods involving participants were required to be predetermined for ethical review. Power was redistributed by shifting the power dynamic in various ways within the internal project environment. Researchers developed strong relationships and built trust with key stakeholders, maintained consistent communication, negotiated conflict, ensured each stakeholder voice was heard and supported people

Acknowledgments

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Service Providers, Healthcare organisations, and advocacy bodies

- Australian Unity
- Benetas
- Bluecross
- Royal Freemasons
- Villa Maria Catholic Homes
- Whiddon
- Helping Hand Aged Care
- Carers Vic
- Neuropsychiatry Unit Royal Melbourne Hospital
- Chinese Community Social Services Centre
- Australian Multicultural Community Services
- City of Moonee Valley
- Mercy Health
- Dementia Australia
- AlzheimersWA

Family carers, home care workers and the people living with dementia



University partners - UCL, Johns Hopkins, Latrobe, Melbourne, Sydney

PITCH Team members

- Briony Dow
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