What do you think of when you hear the term 'co-design'?

What?

Deliberative engagement

Co-production

Community collaboration

Co-creation

Community engagement

Co-design

Consumer participation

Community based participatory research

Lived experience

Community academic partnership

Patient and public involvement
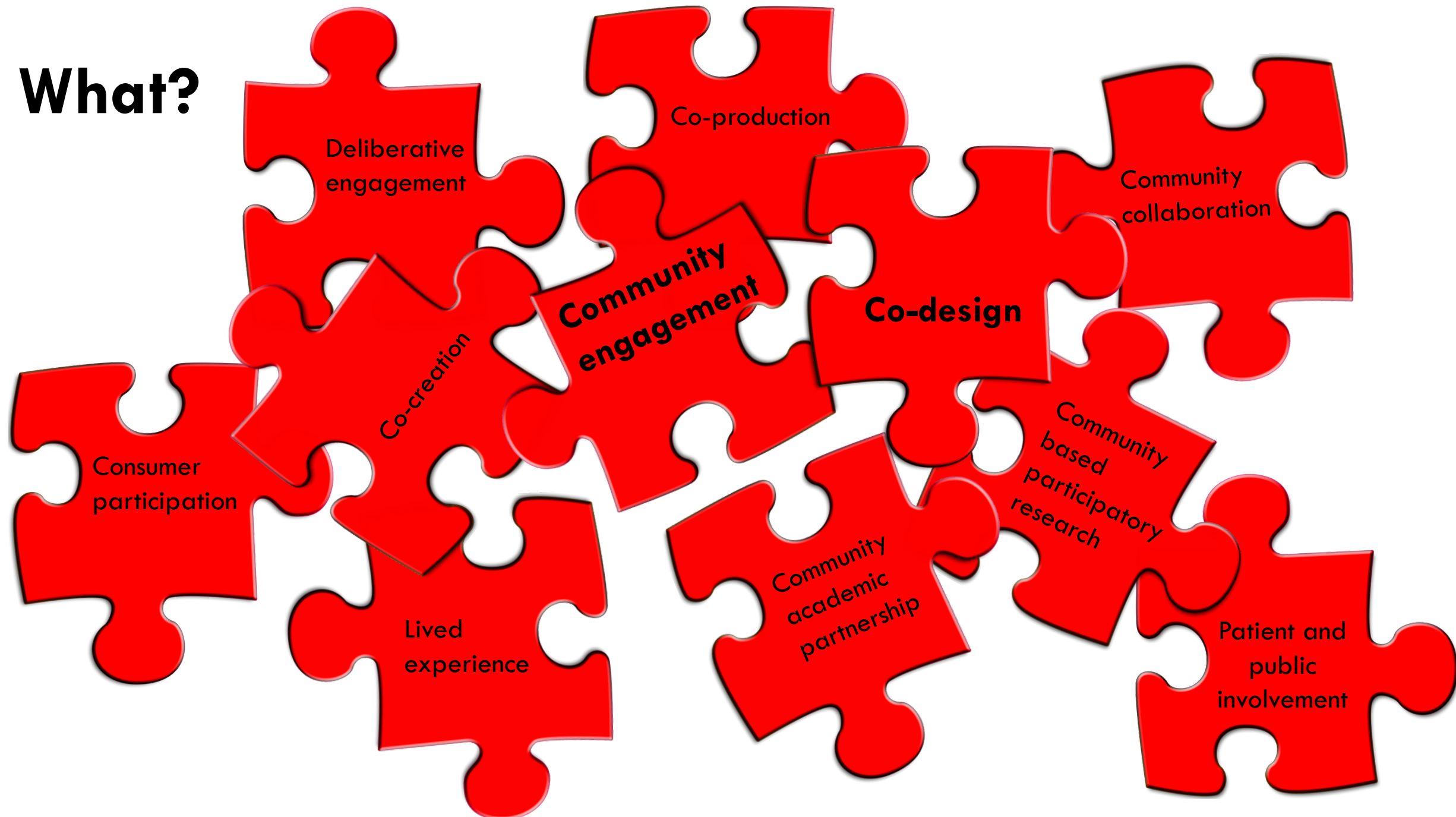
Co-design

Is an iterative and participatory process that brings people together to address health and social care issues, design solutions, and improve outcomes.

Co-design can be used for:

- Designing and undertaking research to improve knowledge and understanding

- Designing and implementing interventions to improve services and systems

- Monitoring and evaluating interventions to improve outcomes

Principles

- Sharing power

- Prioritising relationships

- Using participatory approaches

- Building capability

McKercher K. (2020) *Beyond Sticky Notes. Co-design for real: mindsets, methods and movements.* Sydney

What co-design is not

- A consultation or a one-off event – it is an iterative process of genuinely bringing people together to share ideas, generate solutions, test and refine innovations, and collectively work toward achieving positive outcomes

- Low cost or research on the cheap – while co-design may not need expensive equipment, 'big data' or other big ticket research costs, it is important to adequately resource people's time and the costs of ensuring inclusion and access

- A quick fix – see first point

Why are you interested in co-design?

Why?

- Social justice and rights perspective ('Nothing about us, without us')

- Complex problems require innovative solutions

- Strengthening rigour, relevance and reach of research

- Increasing impact

- Increasingly a funder requirement

Studies have shown that co-design:

- **Improves understanding** of the complexities of people's lived experience with health and social care issues, services, and systems

- Contributes to **capacity strengthening** by involving all stakeholders in collaborative design, research, and evaluation activities

- **Motivates and inspires** staff to create and sustain improvements to services and systems

- Helps organisations meet **quality improvement** objectives

- Efficiently and creatively **solves problems** and generates **realistic solutions**

- Supports implementation and evaluation processes to ensure that interventions are **effective**

Who?

- Patients, consumers, people with lived experience

- Advocates and activists, self-help and support groups

- Representative organisations

- Communities

- Clinicians and health workers

- Health managers and all health service employees

- Policy makers

How?

- There are a plethora of resources, toolkits, manuals, videos online

- Who has the most at stake in your research/project/addressing this problem?

- Who do you hope will use your research?

- Who can make the biggest difference to 'fixing' your research problem?

- **Do you have someone on your team with experience facilitating participatory processes, across power imbalances?**

Experience based co-design (EBCD)

Well established methodology that focuses on the user experience, bringing together principles of design thinking and quality improvement. It includes five key stages:

- Setting up for success

- Gathering information

- Understanding the experience

- Improving the experience

- Monitoring and maintaining the experience

Implementation effectiveness

We connect co-design with implementation science concepts to support collaborative planning and uptake of evidence-based interventions and research in particular contexts and settings.

Implementation effectiveness is about using co-design to develop strategies that ensure interventions:

- reach the people who need them most

- effectively address the identified health and/or social care needs

- are appropriate for their context and setting

- are acceptable and feasible for practitioners to use

- can be maintained and sustained as part of routine practice and policy

Key things to think about

- **Time taken** and resources available

- Interdisciplinary confusion

- Practical considerations (childcare, transport, translation, shift work)

- Diversity of lived experience

- Who you leave out at your peril

- Power imbalances

- Fluid nature of participation over time and project cycle

- Generating evidence about process as well as outcome

So. Is co-design right for you?

- Outcomes and equity focused

- Inclusive

- Participatory

- Iterative

- Reflexive

- Capacity strengthening

In relation to your own work, do you think that co-design approaches would be most useful for:

A Designing and undertaking research to understand more about a health issue

B Designing and undertaking research to understand more about how people experience your health service

C Designing and implementing a change to your health service (eg. a new process, product/device, procedure, facility)

D Monitoring and evaluating an intervention to improve outcomes

E Designing and implementing strategies to increase access or improve services for particular groups

F After hearing all of this, I don't think co-design is going to be useful for me

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