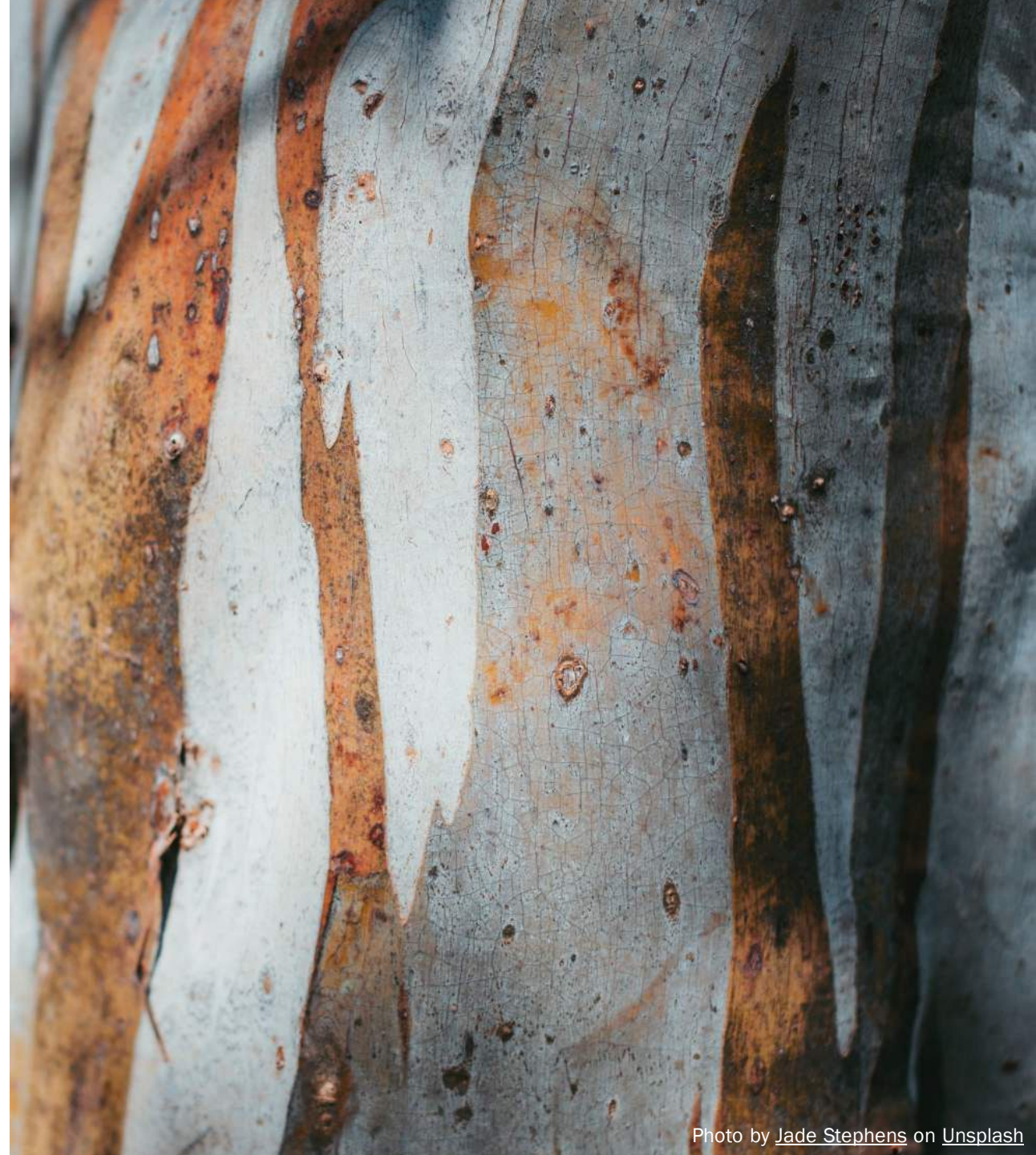
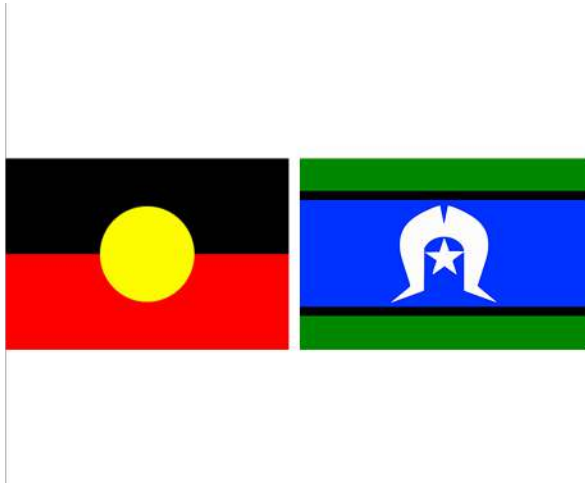




Doing co-design: methods, examples, and practical tips

Acknowledgement of Country



Session aims

- 01 Increase understanding of co-design principles and mindsets**
- 02 Learn about a co-design methodology – Experience based Co-design**
- 03 Gain some practical tips for co-design planning and budgeting**
- 04 Consider the ethical issues for human research ethics submissions**

We will pause a couple of times for Q&A



MISCH Hub

Methods and Implementation
Support for Clinical and Health
research

Co-design Implementation Evaluation



Professor Cathy Vaughan
Director, Nossal Institute for Global Health



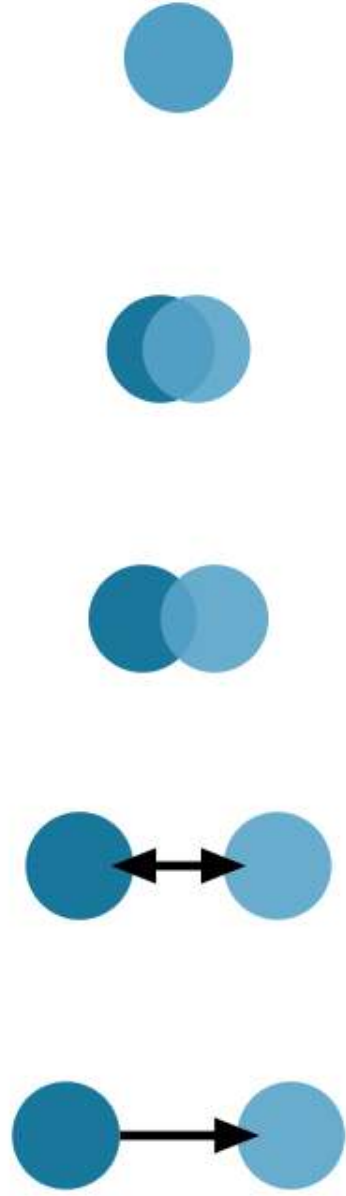
Erin Davis, Research Fellow
Gender and Women's Health Unit (Nossal)

A spectrum... of sorts



What types of engagement are most familiar to you?

In the chat



Empower	Consumers lead the development of activities, products and services with appropriate advice and support
Co-design	Consumers co-lead the development, design, implementation and evaluation of activities, products and services
Collaborate	Consumers are represented and can make recommendations and influence decisions
Consult	Consumers are invited to provide feedback about products and services developed
Inform	Consumers receive information about the group's activities (e.g. by being subscribed to the mailing list)

Some relevant guidelines

Research Funding Guidelines

- National Health and Medical Research Council – **self assessment checklist**
- Medical Research Futures Fund
- *Both have consumer advisory groups, guiding statements, and strategies*

Health Policy Guidelines

- National Consumer Engagement Strategy for Health and Wellbeing (draft for consultation)
- National Safety and Quality Health Service Standards - Partnering with Consumers Standard

Key organisations with guidelines, resources

- Consumers Health Forum (National)
- Health Issues Centre (Victoria)
- Safer Care Victoria – Partnering in Healthcare Framework

What IS co-design?

Co-design is an *iterative and participatory process* that *brings people together* to *design solutions* with the aim of *improving outcomes* for those who need it most.



What co-design IS NOT



- A consultation or one-off event
- A quick fix to meet ‘consumer engagement’ requirements
- Low-cost qualitative research
- A fad or trend

CO-DESIGN

Equity
Inclusion
**Trauma -
informed**
Reflexive
Reciprocal



Iterative
Participative
Transparent
**Capacity-
building**

Mindset

These principles inform a 'mindset'

We are participatory and inclusive

We value lived experiences

We show care toward people


We critique power including our own

We will create something together

We will make decisions together



Who should (or could) be involved in co-design?



Always... People with lived experience (e.g., patients, consumers, service users)

Even better... add implementers (e.g., practitioners, clinicians, leaders)

Consider also...

- Advocates and activists (e.g., consumer groups, community representatives)
- Policy makers (e.g., government, peak bodies)
- Specialists (e.g., academics, thought leaders)
- Critical friends (e.g., curious allies and colleagues)

Benefits of Co-design



Co-design benefits (1m37s): “Why Should We Co-design” by Co.Create.Training

<https://www.youtube.com/watch?v=CyT3xDRunRM>

Benefits of co-design



- Improves the quality, relevance and impact of research
- Enables better healthcare experiences with potentially lower costs
- Efficiently brings research evidence, practice wisdom and lived experience together
- Collaboratively generates solutions that will be acceptable to both consumers and implementers
- Motivates and inspires professionals to make sustainable changes
- Contributes to positive emotional outcomes and capacity strengthening amongst participants
- Supports robust implementation and evaluation processes

Challenges of co-design



- Requires harnessing multiple resources
- Time and funding constraints may not enable genuine co-design
- Keeping people involved and engaged over time can be difficult
- Power imbalances and tensions are ever present
- Risks lack of inclusivity and intersectionality (homogeneity, tokenism)
- Balancing rigour and uncertainty in funding and ethics applications

Dimopoulos-Bick et al., 2019; Domecq et al., 2014; Slattery et al., 2020

Q&A pause



Doing co-design

Guiding frameworks

Example activities

Case studies



Guiding frameworks

Double Diamond (UK Design Council)

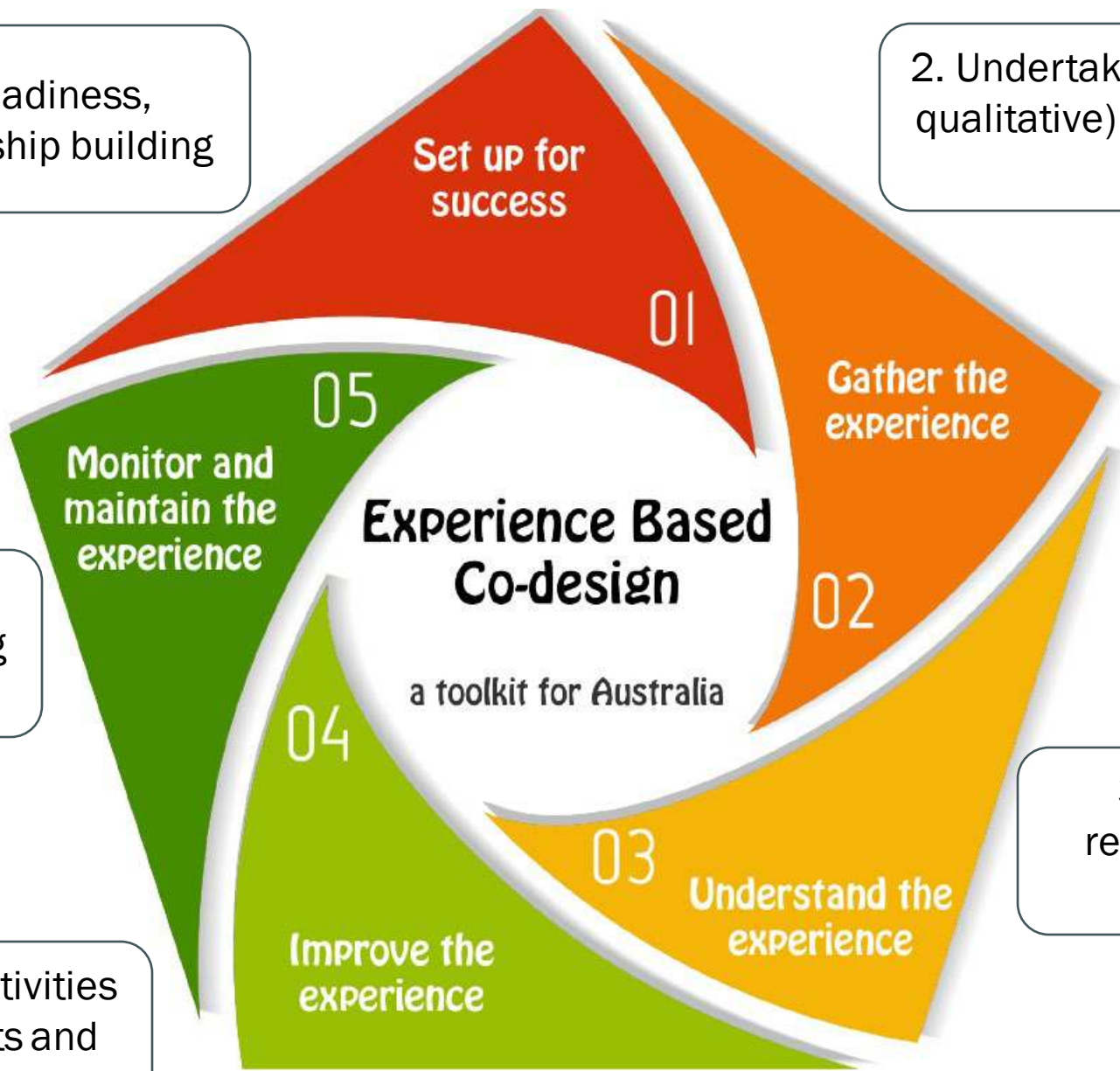
Inspiration, Ideation, Implementation (IDEO)

Experience-based Co-design (Points of Care)



1. Co-design readiness, planning, relationship building

2. Undertake research (usually qualitative) about the relevant issues



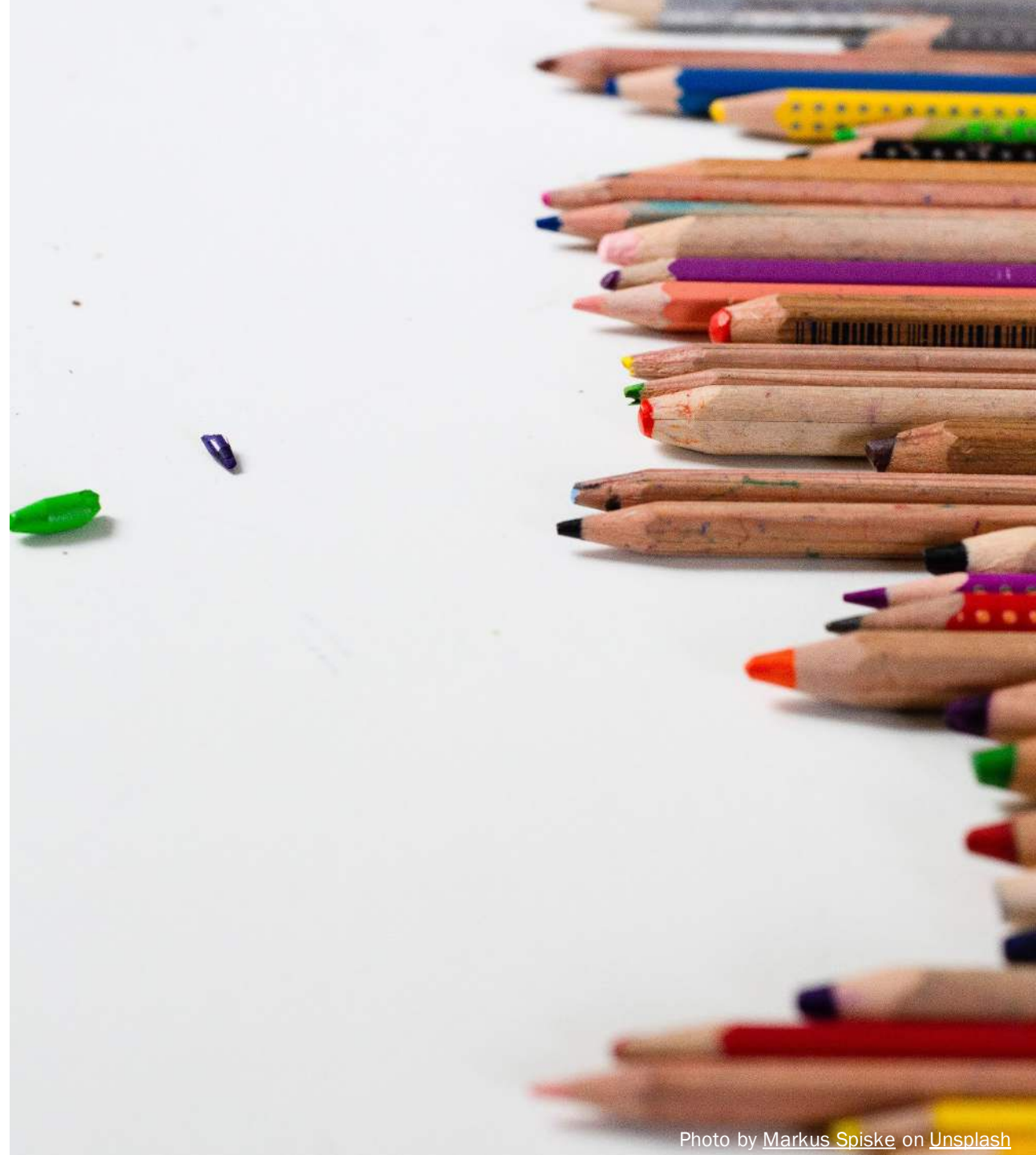
5. Implementation and evaluation methods for testing and feedback

3. Present and discuss research evidence with co-design team

4. Engage in iterative activities to design improvements and solutions (prototypes)

Activity examples

-
- Personas
 - Journey maps



Personas

- Fictional characters
- Based on evidence exemplifying relevant consumer groups
- Provide validating representations of lived experience
- Use as a lens to understand the research problem and design solutions



PERSONA TEMPLATE

Quotes ...

What they say about themselves...

5

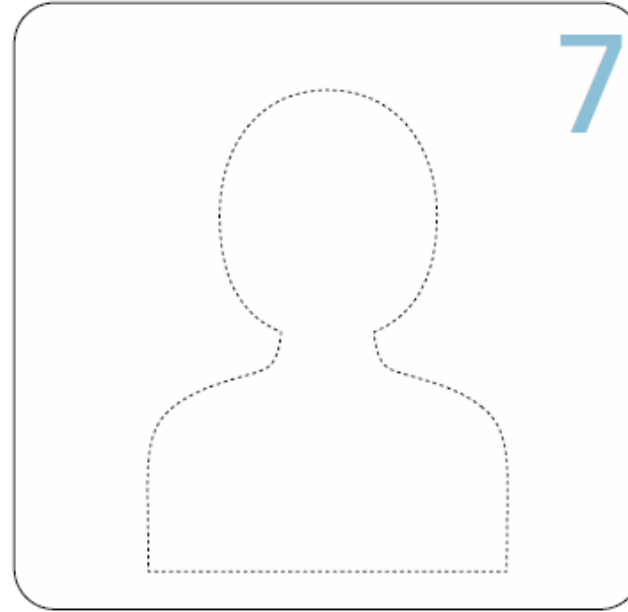
What friends and family say about them...

6

We were surprised that...

9

Persona ...



7

Name: _____

Age: _____ Gender: _____

1

Details relevant to our challenge...

8

Details ...

Family and Work details...

2

Life Goals and Dreams...

3

Health Goals...

4

Journey map

- Provides insight into consumers' (participants or personas) experiences through a service/system
- Can be used to map and compare the current experience and a future improved experience
- Identifies 'touchpoints' (emotional reactions) that signify potential areas to address when designing solutions

Mould et al., 2010; Reay et al., 2017



Prototyping

- A draft solution that intends to improve the experience.
- Evoke discussion, put ideas on the table.
- Developed further to create an output (policy, program, process, etc.)

Sanders & Stappers, 2014



Prototype Mapping

DETERMINE WHAT TO PROTOTYPE
METHOD WORKSHEET

Map out the most important moments and milestones in your user journey.

What shift do you want to see in this moment?

Revisit your insights statements or impact ladder as you define these:

Map your solution concepts.

*We've given you space for 4 concepts here—but you may have more

The worksheet is structured as follows:

- Columns:** AWARENESS, SUPPORT/ACCESS, SERVICE EXPERIENCE
- Row 1 (Milestones):** Three large empty boxes, one under each column header.
- Row 2 (Shifts):** Three large empty boxes, one under each milestone box, connected by a downward arrow.
- Row 3 (Solution Concepts):** A 2x2 grid of smaller empty boxes under each of the three shift boxes.

Case study: *Pediatric Exome Testing*

1. Set up – MISCH agreement, co-design plan, ethics, recruitment
2. Gathering info – interviews with parents, paediatricians, and genetics services staff
3. Understanding – 3 evidence feedback sessions to inform co-design
4. Improving – 3 co-design sessions with persona, journey map, prototyping activities.
5. Implement Monitoring Evaluation – 2 prototypes in development, review, implementation and evaluation to follow.



In the chat

How are you
or could you
bring co-design into the
work you are doing?



Key tips

- Readiness
- Budgeting
- Ethics



Key tip: Readiness



- Do you know how your project relates to the **engagement spectrum**?
- Are you willing to apply and reflect on co-design **principles and mindsets**?
- Do you have the **funding, time and resources** to support co-design?
- Are you able to conduct qualitative research to prepare for co-design, or at least draw on prior **research and evidence** to inform the process?
- Are you and key stakeholders open to **sitting with uncertainty** and changing course?
- Do you have experience with **facilitating participatory approaches** and methods?
- Are you able to provide **ethical care** and resources to recruit, engage and support participation?

Key tip: Ethics

Regularly examine your **biases, power and privilege** throughout the whole project.

Involve consumer representatives and community groups in **early planning**.

Prioritise equity in recruitment, processes, groups (size, number, configuration)

Practical considerations for **remuneration** e.g., payment, childcare, interpreters, transport.

Take the time to **orient participants** to co-design before you begin

Keep checking in – debriefing, feedback loops, offer support services

Case study: Peri-menopause assessment tool



Recruit more women than GPs to prioritise lived experience

Check before if women know any of the GPs for safety and confidentiality

Prepare everyone – informed consent, readiness, roles and responsibilities

Co-create group agreements to support participation

Offer breaks, debriefing and service support with every engagement

Provide research evidence to inform co-design and increase knowledge of menopause

Use intersectional personas to overlay experience if they don't want to share directly

Key tip: Budgeting



Planning and preparation of co-design (e.g., lit review, ethics, co-design methods)

Recruitment and engagement with inclusion and equity in mind (e.g., interpreters, transport, after hours)

Information gathering methods (e.g., qualitative, consultations, scoping)

Coordinating and conducting iterative separate and/or joint **co-design sessions**

Remuneration costs

Implementation and evaluation costs

Knowledge translation costs - dissemination, reporting and publication

How MISCH can help

COLLABORATE WITH US EARLY!

Grant development support

Consumer engagement or co-design planning and outputs

Literature review about relevant co-design or implementation research for your project

Qualitative research to inform co-design processes and implementation plans

Evaluating co-design processes, interventions, and implementation strategies

Mentoring and education about co-design and implementation

Multidisciplinary research with other MISCH nodes (e.g., biostats, health economics, etc.)

SCAN ME





Thank you

Q&A

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