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CONFERENCE ABSTRACT

Co-designing a Child and Family Hub for family adversity in Australia: lessons learned

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Introduction

Co-design methods are increasingly employed to solve complex problems in health care in Australia and globally (1, 2 , 3). Despite the proliferation of services developed through co-design methods, the term 'co-design' is used to describe a wide range of processes and practices with varying degrees of stakeholder engagement. In addition, studies often fail to explicate how existing research evidence, practice knowledge and lived experience come together in the co-design process. In this paper, we present our lessons from co-designing a Child and Family Hub in Wyndham Vale, a low socio-demographic and culturally diverse area of Western Melbourne, Australia.

Aims Objectives Theory or Methods

The Child and Family Hub model was co-designed through a 10-week series of workshops and consultations with intersectoral practitioners and families. The process focused on the client journey through the Hub and the workforce infrastructure required for its implementation. A core team of seven stakeholders worked through the British Design Council's Double Diamond human-centred design process (4). The findings of evidence reviews, individual interviews and group discussions were incorporated into the 'Discover' and 'Define' stages. Prototypes were 'Developed' and iteratively tested with over 100 families and 30 practitioners. The workshops were evaluated using the Public and Patient Engagement Evaluation Tool.

Highlights or Results or Key Findings

Strategies to create a common language and understanding of 'adversity', 'child mental health' and 'co-design' served as a crucial foundation for the process. Stakeholder engagement preceding, during and following the co-design process was important for generating trust in and local ownership of the Hub model. These engagement activities included mechanisms to tap into a diverse range of community and practitioner voices and experiences. Client personas were effective for incorporating research findings into the process and generating empathy for clients who will use the Hub. The evaluation outcomes and team reflections on the process highlighted the transformative potential of bringing community and practitioners together to generate mutual

learning. Balancing the time commitment of core team members with the need to undertake user testing was a key challenge. Clearly articulating the parameters and fixed inputs to the co-design process based on the research evidence was also required to effectively manage stakeholder expectations.

Conclusions

The Child and Family Hub model was successfully co-designed in partnership with families, intersectoral practitioners and community members with a key focus on the client journey and workforce infrastructure necessary to support families with children 0-8 years experiencing adversity as they navigate the health and social care systems.

Implications for applicability/transferability sustainability and limitations

While this study was conducted in one metropolitan area of Australia, the key lessons related to language, stakeholder engagement, team composition and feasibility are useful for informing future research and service design with families experiencing adversity. The next phase of the project tests and evaluates the impact of the Hub.