CO-DESIGNING AN INTEGRATED HEALTH AND SOCIAL CARE HUB WITH AND FOR FAMILIES EXPERIENCING ADVERSITY

BACKGROUND

Co-design is an approach to engagement that promotes the active involvement of people in the design, delivery, and evaluation of health services. However, there has been a lack of integrated care research that comprehensively describes the process and methods of co-design. This oversight hinders the understanding and replication of these methods in the field of health service research and development.

By involving individuals with lived and professional experience in health services, co-design ensures that the perspectives and needs of those directly affected by the services are embedded into health service planning and delivery. Co-design facilitates the translation of research findings into practice by involving end-users from the beginning of the research process, ensuring that the outcomes are applicable and meaningful in real-world contexts.

In Australia, there have been policy directives emphasizing the importance of co-design in addressing mental health and child health inequities. The Mental Health Productivity Commission and the Victorian government's commission into mental health have explicitly positioned people with lived experience at the forefront of responses to these issues. This strategic emphasis on co-design aligns with the normative and political rationales, aiming to enhance the quality of research, translation to practice, intrinsic value, and social change agendas in the field of health service research and development.

AIMS OF STUDY

To outline the process, principles and tools to co-design an integrated health and social care Hub for families experiencing adversity.

METHODS

The Child and Family Hub was co-designed in four stages:
(1) partnership building and stakeholder engagement,
(2) formative research,
(3) persona development and
(4) co-design workshops and consultations.

Local families, community members and intersectoral practitioners were engaged at each stage.
The co-design workshops employed a human-centred design process and were evaluated using the Public and Patient Engagement Evaluation Tool (PEET).

KEY FINDINGS

121 family participants and 80 practitioners were engaged in the Hub's co-design. The PEET highlighted the co-design team's satisfaction achieved by community members working alongside practitioners to generate mutual learning. Resourcing was a key challenge.

CONCLUSIONS

Human-centred design offered a systematic process and tools for integrating formative evidence with lived and professional experience in the Hub's co-design. Applying community engagement principles meant that a diverse range of stakeholders were engaged across all stages of the project which built trust in and local ownership of the Hub model.

NEXT STEPS...

Future co-design research with families experiencing adversity in an integrated care context should develop strategies for language, engagement, team composition and resourcing decisions.

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