Co-Design
Position Statement

1. This position statement

The Health Care Consumers' Association (HCCA) supports co-design as integral to the development, implementation and evaluation of health services, policies and programs. It also reflects the intent of Standard 2 of the National Safety and Quality Health Service (NSQHS) Standards, Partnering with Consumers[1]. Co-design is a valuable form of consumer participation because consumers are involved as equal partners. This helps to ensure that services, policies and programs are of high quality, and meet consumer needs and expectations.

This position statement sets out HCCA's:

- Understanding of co-design,
- Commitment to co-design, and
- Expectations of agencies who use or fund co-design

2. What is co-design?

Co-design means involving consumers or service users as equal partners in the planning or design of services, policies, programs and initiatives. Co-design is increasingly common in health care, education, community and human services.

Co-design in health care aims to ensure that services, policies and programs:

- Meet the needs and expectations of all participants in the design process (including consumers), and
- Provide consistently good consumer experiences of care and deliver or enable ideal consumer outcomes.[2]

A co-design partnership will ideally include consumers across the spectrum of design, including the planning, development, implementation, monitoring and evaluation of health services, policies and programs.

3. Why use co-design?

Co-design can:

- Help provide an overarching focus on consumer experience. Such design can assist services, policies and programs to deliver improved and high quality outcomes for consumers that are more sustainable and cost-efficient.
- Build mutual understanding and positive relationships between health care providers, policy makers and service users.

- Align with the National Safety and Quality Health Service (NSQHS) Standards in partnering with consumers (Standard 2) through a continuum of activity that adds value to health care decision making [3].
- Restore a sense of agency and control over circumstances to people who have previously felt powerless in their interactions with service providers [4]
- Identify unintended consequences of service, policy and program design ideas, and solve problems in the design process, by bringing more people and perspectives to the table.
- Help break down service delivery silos and improve integration by prioritising the consumer experience rather than being limited to 'service-oriented' issues and solutions.
- Help define what should be measured in evaluating services, policies and programs.
- Roll-out services, policies and programs faster, because users are involved in testing assumptions from early in the design process.
- Encourage a shift toward prevention and early intervention across services, policies and programs.
- Leverage opportunities to involve voluntary and community networks that may otherwise be overlooked in designing services, policies and programs.[5]
- Reflect consumer input in all stages of the design, delivery and evaluation to achieve improved health outcomes.

4. What can be co-designed?

Services, policies, buildings, initiatives and programs can be co-designed. Service co-design can happen at different levels:

Level	**Example**
Individuals co-design their own care or services	Individual or personalised health or disability care plans.
Service-level co-design	A group of service users/consumers participate in a service design or re-design process
Program level co-design	One funding or commissioning agency may involve consumers/ users of services provided by several agencies.
Place-based co-design	Multiple funders, services and service users work together to improve services and systems in a geographical area
Systems co-design	This process aims to identify how systems can be changed to better deliver services, and to remove "silos" between the agencies funding and delivering services.

5. Co-design and consumer participation

Co-design is a way that consumers, community members and citizens can participate in partnerships with service providers. As a consumer organisation HCCA recognises that participation can range from tokenistic to more equitable and empowering forms of participation. Done well, co-design offers individuals a high level of control over the process and outcome. It also involves consumers as equal partners in a meaningful and empowering form of consumer participation in all stages of the process, from planning through to implementation and evaluation..

6. HCCA's commitment to co-design

HCCA is committed to the principles of consumer partnership and local ownership of services that underpin co-design. HCCA recognises that a process is only co-design if participating consumers agree it is co-design. [6]

HCCA uses co-design and advocates for high quality co-design. HCCA will:

- Support community members, consumers, consumer representatives and staff to develop expertise and knowledge to participate in and support co-design processes.
- Work with health and community services to support the integration of co-design in all stages of service, policy and program work.
- Promote and advocate for high quality co-design of facilities and services.
- Strive to model the values and practices of high quality co-design of facilities and services when using or participating in co-design.

7. What does good co-design look like?

7.1. Minimum requirements for co-design processes

Co-design is not a prescriptive model for service design and delivery. It is an approach that recognises that consumer, service user and citizen participation helps to ensure that services meet the needs and expectations of service users and the public, and deliver economic and social value.

To be co-design a process must:

- Involve consumers at all stages of service design from planning through to implementation and evaluation
- Involve service users and professionals working together as equals
- Occur over time (it is not a one-off focus group, survey or workshop)
- Involve (to the extent possible) the same core group of consumers and professionals in decision-making roles
- Aim to improve the service
- Be recognised by participating consumers as codesign: it is not co-design unless consumers agree it is co-design.

Co-design can include a range of methods including:

- Interviews
- Focus groups
- Workshops
- Regular meetings
- Surveys
- Specific co-design approaches such as Experience Based Co-Design.[7]

7.2. Values that co-design must demonstrate

Good co-design is underpinned by a clear set of values. Agencies that use co-design should be able to demonstrate these values in action.

Value	**Explanation**
People are an asset	Consumers or service users are valued as assets in the design process – not seen as a burden on public funds or service capacity
Partnership	Service users and consumers are equal partners in the design process. Each group brings complementary skills, knowledge and understanding. Experts and consumers can interact equally, sharing information, perspectives and time. All participants receive the same information about the process[8].
Valuing diversity	Openness to differing views and experiences, engaging with consumers from a variety of circumstances (age, gender, ethnicity, occupation, family and socioeconomic circumstances). Co-design processes should acknowledge any perspectives that are not reflected. Time, resources and support are provided to allow all involved people to develop skills, confidence and understanding to participate.
Equality and equity	Power imbalances between consumers and experts are addressed. There should be equal numbers of participants from both groups. Agencies should have policies in place to ensure that consumers are remunerated or reimbursed for expenses incurred as a result of participating.
Clear purpose	Co-design processes must be driven by a genuine commitment to improve services and achieve meaningful outcomes for service users.
Evaluation	There should be an evaluation plan for the co-design process as well as the project/program outcomes

7.3 Be clear about why co-design is being used

It is important to be clear about why co-design is being used. Good reasons to use co-design include to:

- Involve citizens in solutions to public policy and service delivery challenges
- Reduce stigma, and value less-heard voices
- Support community connections
- Build respect and trust between service users and providers
- Provide a sense of control to participants
- Create innovative services
- Speed up the service design process
- Troubleshoot problems sooner

Co-design is most appropriate when:

- There is time to design a service, policy or program (depending on the work to be done, some advice suggests co-design should begin 18 months before a current service contract is due to expire, for example)
- Consumer data indicates areas for quality improvement (e.g. satisfaction surveys, consumer research)
- A service is delivering outputs but may not be delivering desired outcomes for the community
- New funding is available to provide a new service, policy or program
- Community or service circumstances have changed since service was established
- A service needs to address a complex problem with no easy answer
- There is no existing model for the service , policy or program you want to deliver
- There are no organisations representing service users in this area[9]
- The service is willing to innovate and has a positive attitude to risk (co-design involves handing control to participants in the process and as such can be seen by services to involve greater risk than traditional service imposed approaches to service, policy or program design)
- The service is willing to change, if it does not already have a tradition of actively involving service users.
- The service, policy or program area is willing to support all participants to develop and use new skills[10]

Agencies may also use co-design to:

- Show a competitive edge with innovative service design
- Access funding streams for co-designed initiatives
- Demonstrate community support for a service, initiative or policy

Authorisation and Review

Endorsed by the HCCA Executive Committee in August 2023
Due for review in July 2026

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[1] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

[2] Burket 2012, An introduction to co-design: co-designing for social good, Centre for Social Impact, August 27 2016

Baranik E Baird A Vinze A An economic framework for transitioning to capacity building. Global Public Health 2015, 1, Vol 10:p15-27

[3] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

[4] Western Australia Council of Social Service, 2017. *Co-design toolkit* <https://wacoss.org.au/library/wacoss-co-design-toolkit/>

[5] Western Australia Council of Social Service, 2017. *Co-design toolkit* <https://wacoss.org.au/library/wacoss-co-design-toolkit/>

[6] National Mental Health Consumer and Carer Forum Advocacy Brief. *Co-design and co-production*

[7] *Experience-Based Co-Design Toolkit,* Consumers Health Forum of Australia and Australian Healthcare and Hospitals Association

[8] (Consumers of Mental Health WA (ComHWA) *ComHWA Policy Brief and Position Statement: Co-Production*, Accessed 3/9/2019 at: http://www.comhwa.org.au/wp-content/uploads/2013/02/CoMHWA-CoProduction_DRAFT0506015.pdf

[9] Social Care Institute for Excellence Co-production in social care: what it is and how to do it. 2013, August 27, 2016. scie.org.au/coproduction

[10] Western Australia Council of Social Service, 2017. *Co-design toolkit* <https://wacoss.org.au/library/wacoss-co-design-toolkit/>