



Codesign and Collaboration

Co-designing digital service delivery

Co-design is a process of bringing consumers, carers, families and staff together to ensure quality service delivery. It creates an equal and reciprocal relationship, enabling the design and delivery of services to represent a meaningful partnership between all stakeholders. Digital services are no different to other modes of service delivery, in that planning, designing, as well as the implementation and evaluation of services with the people that use the services, means that they bring their experience of what works and what does not work to the process. This partnership and collaboration will mean that the final product is more likely meet their needs.

This way of working demonstrates a shift from seeking involvement or participation after an agenda has already been set, to seeking consumer leadership from the outset, so that consumers are involved in defining the problem and designing the solution.

Co-design typically uses a staged process that adopts participatory and narrative methods to understand the experiences of receiving and delivering services, followed by consumers and health professionals co-designing improvements collaboratively¹.

Consumers must enjoy the rights to access services via technological means and their collaboration considered in the earliest conceptual, research and design phases. The COVID-19 pandemic has meant that frequently, digital services have been developed 'on the run', out of necessity. It is vital to consider what has been offered and how those services can be evaluated and redesigned using a co-design process

¹ Agency for Clinical Innovation 2019, *Patient Experience and Consumer Engagement - A Guide to Build Co-design Capability*, NSW Health. Available: https://aci.health.nsw.gov.au/_data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf

Co-design and co-production

Best practice in service delivery requires that organisations meaningfully engage with people who use services, including their family, carers and support persons. To design and produce services that meet people's needs, as well as implement and evaluate whether those services are working well, it may also be necessary to consistently review potentially changing views as time elapses and circumstances develop. Evidence has shown that many consumers welcomed the availability of digital services when social distancing and other restrictions were imposed due to the pandemic. However, over time some of the enthusiasm declined. As consumers have grown more used to receiving different modes of service delivery a hybrid of services and the ability to make choices as to how services can be accessed is clearly the preference.

Checklist: Co-design and co-production

In your organisation:

Do consumers collaborate in the conceptualisation, development (including user testing), design, implementation, and evaluation of new service delivery models?

Is the mix of people collaborating reflective of the diversity of service users, including those at risk of digital exclusion?

Are consumers supported to engage in the process? For example, is the process accessible to people with disability?

Do consumer's views and opinions genuinely shape policy and practice, including staff training and education?

Is there a systemic, consistent, and ongoing process for receiving consumer feedback into the evaluation and refinement of digital services?

Is feedback is provided to service users, including carers and support persons, on the ideas or issues they have shared so that they can understand the impact of their contributions?

Do you support a culture of co-design within your organisation through leadership, i.e., by providing flexibility and time for staff to participate and being engaged through action?

How does your organisation evaluate co-design and production processes with consumers?

Staff engagement in co-design of digital services and policy development

Staff must be supported to share their professional experience and/or subject matter expertise and actively input into the design process of any service or program. In addition to meetings, they could be involved as co-design champions within the organisation. Co-design and co-production should be embedded in the development and implementation of services as well as the policy that underpins the implementation and practice approach.

Checklist: Staff engagement in co-design

Are staff are engaged in the process of developing digital policy and practice?

Are frontline staff as well as management involved in co-design?

How does your organisation evaluate co-design and production processes?

Further resources

- The Agency for Clinical Innovation's [A Guide to Build Co-design Capability](#) supports health services partner with people with lived experience of a health condition to make healthcare improvements using co-design processes.
 - The Agency for Clinical Innovation's [clinical redesign methodology and fact sheets](#)
 - The Agency for Clinical Innovation's [Experience Based Co-Design Toolkit](#)
 - Consumer Health Forum of Australia's [Experience Based Co-Design toolkit](#)
- The Point of Care Foundation's [Experience Based Co-Design toolkit](#)
- Commissioning Mental Health Services: [A Practical Guide to Co-design](#)
- The Good Things Foundation's [Widening Digital Participation program](#) has helpful resources for co-designing in digital health. This program explores ways that digital can help people who are most disadvantaged.

Design elements of a digital service

The consumer's experience and needs should be at the heart of co-design. An effective co-design process should lead to a service that is usable, equitable and accessible to consumers and their support people.

Digital services should complement the services your organisation offers generally. Digital services should enhance, rather than replace, in-person services.

If consumers receive services from several service providers, the design of other common digital services used should also be considered. This is to ensure a more consumer-centred approach, as it could become burdensome for consumers to manage multiple platforms and accounts.

Below are some aspects to consider as you design a digital service or when reviewing a service already on offer.

Checklist: Design elements of a digital service

Has your organisation:

- documented the purpose and intent of the model of digital services and the context in which it will operate?
- defined the intended service user demographic and matched the approach of care to the consumers and their support people?
- considered monitoring and evaluating the performance and effectiveness of the approach to care?
- assigned accountability for maintaining and improving the effectiveness of the model of care?

Is the approach to care for digital services based on best available evidence and best practice and supporting policies?

Is product information on digital services provided to consumers and their support people that:

- aligns with the current template endorsed by the Australian Commission on Safety and Quality in Health Care; and
- is easy to understand and meets their needs?

Is consumer choice at the centre of service delivery (including the choice to not use digital services)?

Do consumers find the digital services user-friendly in terms of:

- function
- cultural safety
- service user feedback, experience and satisfaction
- service user outcomes; and
- access?

In terms of accessibility, do consumers find that the design:

- minimises barriers to accessing services associated with the hardware, software, data requirements and platform used for the services, or the language, location, age, culture and skills of consumers and their support people?
- ensures services are compatible with commonly used assistive technologies?
- meets relevant standards for web page or web application?
- includes regular review of access to services and take action to improve access by consumers and their support people?

Further resources

- The [Cognitive Disability Digital Accessibility Guide](#) is designed to help professionals working in digital environments to find practical solutions to accessibility issues associated with cognitive disability.

Choosing the right technology

Digital mental health services should be delivered on a platform that is safe, effective and most suited to the people using your services. If your organisation began delivering digital services without comparing different platforms, this section can be helpful in a re-assessment of whether the current platform is the most appropriate. Ideally, this decision should be made in consultation with consumers.

There are many freely available video apps that operate on smart phones for easy access by consumers. Skype, WhatsApp, Facebook Messenger, FaceTime are examples of popular and easy for ad-hoc video calls. However, these platforms may not have all the functions required (i.e., an option for screen sharing) or the appropriate level of security. Video conferencing platforms such as Zoom and Skype for Business allow multiple attendees and sharing of screens but may not be accessible for all consumers.

There are also comprehensive platforms specifically designed for health providers to conduct telehealth consultations, such as CoviU or Cliniko.

Ideally, digital mental health services should be delivered on a system that can be integrated into your organisation's existing IT platforms and software.

Checklist: Choosing the right technology

When deciding which platform is most appropriate to digital service delivery, have you considered:

Functionality: for example, does the platform include screen sharing, instant messaging, group chat functions, etc. and other functions needed by your service?

- Is there a need for technical support?
- Will specific training for staff be required to use the platform?

Security: can the technology ensure privacy and confidentiality?

- For example, does the platform collect or store personal data; or trade or sell personal data?
- Does the platform use end-to-end encryption that complies with Australian Privacy Principle 11 of the *Privacy Act 1998* (Commonwealth)?
- Does the platform require strong passwords, use two-factor (step) authentication, and keep an audit trail of a user's access to consumer information?

Accessibility: is it user-friendly and easily accessible by your consumers?

- For example, is it simple to install and use?
- Do consumers need to sign up for an account?
- Can consumers connect through various types of browsers and devices?

Checklist cont.

Is it accessible for digitally excluded consumers?

- For example, can consumers with limited data or bandwidth access the platform?

Is it generally accessible for consumers with disability or other needs?

- Can consumers request changes to service delivery to make it more accessible for their individual needs?
- Which platforms are consumers already using with other service providers?

Cost to both your organisation and to the consumer?

Interoperability between platforms?

- For example, if the consumer is using a PC and the provider is using a MAC, will the software allow the two platforms to communicate?

Further resources

- [Australian Psychological Society Principles for choosing videoconferencing technology](#)
- [Telehealth Guide for Allied Health Professions Australia](#): Appendix B of this document provides an overview of the security features for some popular platforms used in Australia for video consultations
- [National Network to End Domestic Violence Conferencing and Digital Communication Platforms Comparison Chart](#). This Chart provides information about the features, accessibility, cost, and privacy protections of different platforms.

Use of mental health apps

A growing number of people are using readily available apps, consumer-facing wearables, devices, and other digital tools related to health and well-being. Your digital service may incorporate the use of a mental health app. For example, consumers may be encouraged to track their daily moods or habits (such as sleep) in an app. Some apps may help consumers practice mindfulness, or other coping strategies, to complement the digital service. Mental health apps can be a simple, accessible, and helpful for raising awareness of a client's mood or behavioural patterns, and to track progress over time.

This section focuses on the use of existing apps, but your service may build a new, tailored app.

While mental health related apps are common, many apps have not been sufficiently researched and shown to be effective.

That is not to say that they do not have a positive impact, simply that the research is still emerging. App developers may not be affiliated with mental health professionals. Apps may not provide emergency information in the event of a mental health emergency while using the app. It is important that you first test the app to see what it provides, and whether the content and approach seems, at face value, consistent with best practice. When recommending an app, it is important to consider whether consumers are receiving a benefit for the time and energy required to use the app. For example, an app's constant notifications may remind the consumer of their mental health issues and the distress caused may outweigh the benefit to a consumer. An app requiring daily data entry may become burdensome to a consumer trying to keep track of multiple service providers.

The app's privacy policy should be reviewed for any privacy and confidentiality concerns. Apps often collect personal information, and some apps may share the information with third parties such as marketing companies, Google or Facebook. If data is not encrypted, then a consumer's data from mood tracking, journal entries, etc stored in the app may be accessible by third parties.

It is important to consider where the app's data is stored - in the consumer's device, online or with your organisation. This will have implications for privacy obligations, including the sharing of data. For example, a consumer may track their own sleep and report the results to the mental health support worker at an appointment about their wellbeing. Alternatively, the digital service may require the consumer to share or export the data with your organisation for interpretation. Personal ownership of data allows people to control their data, maintain consistent records across support providers, and makes it easier to inform new providers of their history and progress.

Checklist: Use of mental health apps

Before recommending an app as part of digital service delivery, have you considered whether:

There evidence of the app's benefit from research and end user feedback?

Does the app have a clinical foundation relevant to your intended use?

The app seems easy to use (i.e., does it use Plain English, is it accessible)?

The app has a transparent privacy policy that complies with Australian privacy laws? For example, if the app collects, uses and/or transmits personal or health data, does it claim to do so securely?

The data be easily shared and interpreted in a way that is consistent with the stated purpose of the app?

The app is free and if not, how the cost will be covered?

The app has been updated in the last 180 days?

Further resources

- [One Mind Psyberguide](#): a website created by psychiatrists and psychologists that evaluates apps using three criteria: credibility, user experience, and transparency.
- [The American Psychiatric Association App Advisor](#): a model for evaluating apps.