Enablers of Co-Design in Organisations and Services

Collaboration: finding a common ground

▶ Building trust, finding a common ground, working and creating solutions together.

▶ Credible and responsive communication (common vocabulary); know the **context** (system) and the 'audience'.

▶ Shared purpose and agenda that people see as adding value to the service and to individual practices; being clear on the problem you want to address; define and redefine the brief.

▶ In-depth understanding of the nature and culture/subcultures within the service or organisation.

▶ Safe environment for different perspectives to come together as equals – service users, citizens, multiple disciplines, groups.

▶ Taking responsibility to lead the co-design process; clarity on responsibilities of all parties involved; every participant has a personal interest at stake.

Organisation: creating commitment

▶ **Human-centred design** core to organisational policy – the way we do things. Support from management, connection to the overall strategic goals of the organisation and connection to people's everyday work and practices.

▶ Allocation of time, resources and funding for co-design.

▶ Meaningful personal role in co-design and benefit/relevance to one's own work (clinical, practice).

Processes: integrated, connected and joined up

▶ Finding where co-design truly adds value; using it to realise ideas, support innovation and design beyond traditional solutions.

▶ Integration and embed with the core business/service needs and other initiatives and developments; needs to be enabled by other organisational processes (ICT, procurement, e-health).

▶ Coordination and timing of co-design.

▶ Continuity beyond single projects; development support that is sustained over time.

▶ **E-health and technology**: used to maximise human-centred design through sharing information, connecting activity, innovating clinical practice and driving behaviour change.

Implementation: making an impact

▶ Translating the outcomes to add value and meaning.

▶ Building capacity (and not dependency) for co-design, to sustain the process and add credibility; build service design as a core competency for people in development roles; develop methods and practices for facilitating actual collaboration between stakeholders. Access design support – process mapping expertise, design and measurement skills and seek external assistance to assure the process.

▶ Building on good practice, existing networks, test sites, pilots or prototyping.

▶ Focus on changing behaviours and address issues with a more holistic perspective.

Methods: building co-design practice and capability

▶ Integration and connection of co-design methods into existing work flows or service improvement/quality projects.

▶ Effective, well-focused and well-prepared design methods, facilitation and reporting (shift from talking to doing); employing participatory design techniques.

▶ Open and flexible methods, scalable to different situations.

▶ Transfer of skills and facilitator training; use of portable toolkits and methodologies.

Adapted from: Pirinen, A. (2016)

People's Needs Defining Change – Health Services Change Guide