

# MAKING THE CASE FOR CO-DESIGN

## Using this tool

Use the contents of this tool to encourage high level endorsement and buy-in from decision-makers and key stakeholders.

The Tool provides a ready-made case for Co-Design as the preferred approach for design, development and delivery of community services. Use it in briefings and presentations. For evidence to support the case made here, see the summary reports listed at end and the research papers in their bibliographies.

## Clients, service users, families and carers

People are the experts in their own lives. Including them in the design of services respects them and their expertise. It also provides insight into how individuals will respond to services, helps shape services so they are more effective and identifies potential unintended consequences.

## Service providers

Service providers – organisations, their managers and their frontline staff involved – are the experts in working with their clients and service users. They have unique insights into what works and what does not work with various cohorts of service users. Including them in the design of services is essential if services are to be practical, effective and fit for purpose.

## Government agencies

Government agencies are the experts in understanding the priorities of elected governments and translating those into targeted investments to achieve the best outcomes for the community. They also have access to government data on existing services, service evaluations and community need. Including them in the design of services ensures that the services address the government-prioritised needs of the community and that appropriate levels of funding are available to deliver those services.

## Value and Benefits of Co-Design

**Intrinsic value** – The mutual respect which is intrinsic to a Co-Design approach has direct benefits to all individuals and organisations

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participating, encouraging greater buy-in and ownership of the service models which emerge. To the extent that Co-Design shifts the intrinsic power imbalance between funders, providers and recipients, it leads to a sharing of responsibility and restores a level of control to those who otherwise may have very little.

**Increased capacity and impact** – Bringing together the different kinds of expertise means that a greater range of options can be explored, challenges addressed and unintended consequences identified and mitigated. It may increase awareness of the interaction with other services and supports within the community or other factors that may support or impede service outcomes. This leads to services that can more effectively achieve outcomes and have greater impact. Maintaining the Co-Design collaboration into service delivery brings mutual benefits for both government service providers and community sector providers, leading to improved outcomes and greater impact.

**Reduced cost** – Engaging all parties in the design of services ensures that opportunities for collaboration and integration of services can be explored, with consequently improved cost effectiveness. It means that ways of engaging service users, families and carers in the delivery of services can be worked through, identifying

opportunities for volunteering and peer support to complement professional services. To the extent that Co-Design tends to increase the focus on prevention and early intervention, it can reduce the cost to government which has responsibility for provision of much more expensive acute services and emergency responses.

## Positive effects of Co-Design

- ▶ Taps into full range of relevant human and organisational experience
- ▶ Benefits from the 'wisdom of the crowd' – the sum being greater than the parts
- ▶ Breaks down silos – between sectors; between funders, providers and service users; between policy, procurement and service delivery within organisations
- ▶ Combines the wisdom of lived experience with the expertise of professionals to maximise benefit
- ▶ Minimises waste by testing assumptions with the end users of potential services
- ▶ Shifts focus to more person-led, community-involved preventative services that relieve pressure on costly acute services

Examples of brief papers which summarise the evidence for the propositions in this Tool and which have further links to specific research, include:

*Co-production in mental health – A literature review.* Julia Slay and Lucie Stephens. The New Economics Foundation. UK 2013

*Right Here, Right Now – Taking co-production into the mainstream.* David Boyle, Anna Coote, Chris Sherwood and Julie Slay. The Lab, The New Economics Foundation and NESTA. UK 2010

WACOSS Discussion Paper: Co-design Principles to deliver community services in partnership in WA, 2016. Online: [bit.ly/co-design-discussion-paper](https://bit.ly/co-design-discussion-paper)