

# Aboriginal Maternal and Child Health Initiative

Using co-design to give voice to Aboriginal people in the design of a culturally appropriate infant maternal health service



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**ARTD**CONSULTANTS

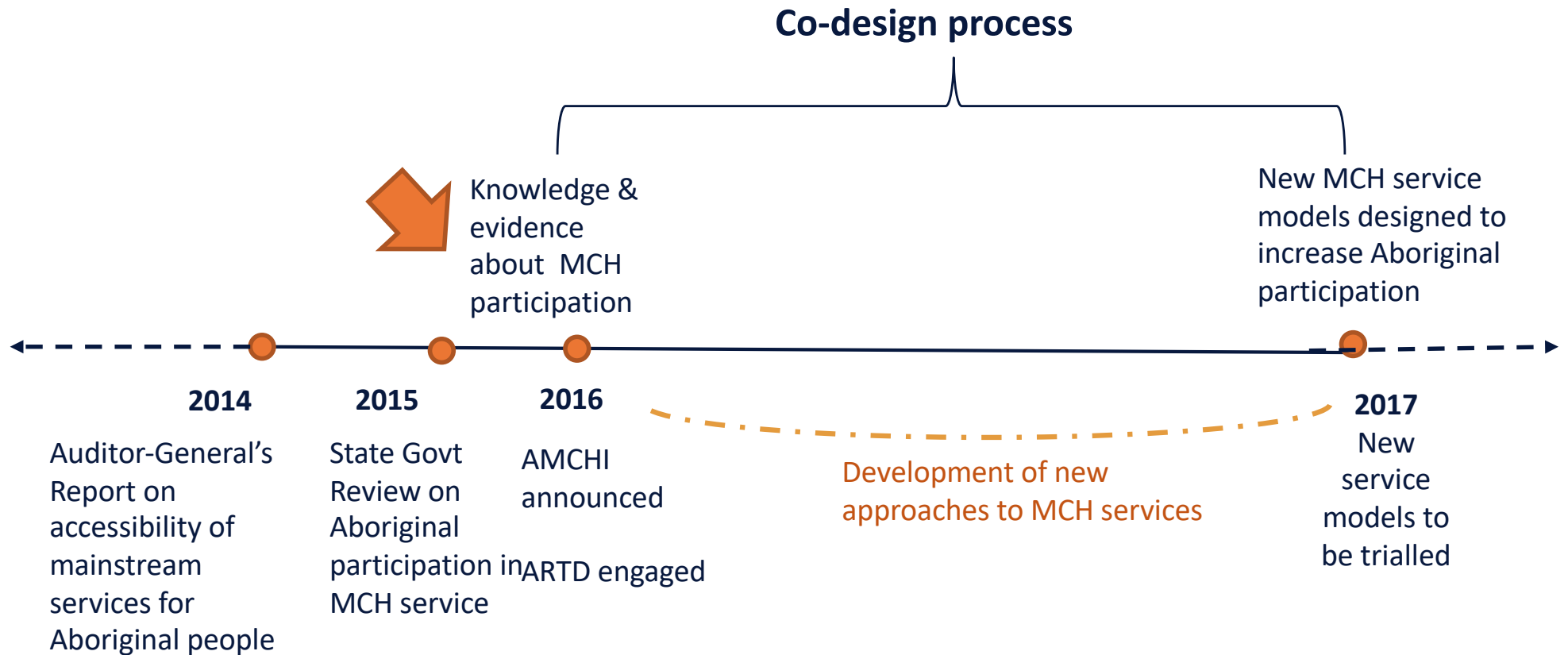
# Overview

- The need for a new service model
- The co-design process
- Outcomes and reflections

# The Maternal and Child Health (MCH) Service

- Free and universal primary care service
- Promotes healthy outcomes for children and families -10 Key Ages and Stages (KAS) consultations with a qualified MCH nurse
- Lower participation rates among Aboriginal children at each consultation, this gap widens over the 10 KAS
- Need for a new culturally responsive and high quality service for Aboriginal families

# The project path



# Our Task

- Facilitate a co-design process with a working group of diverse stakeholders
- Address power imbalances within the group and give voice to Aboriginal experience
- Support stakeholders to develop new service models over 4 half-day workshops

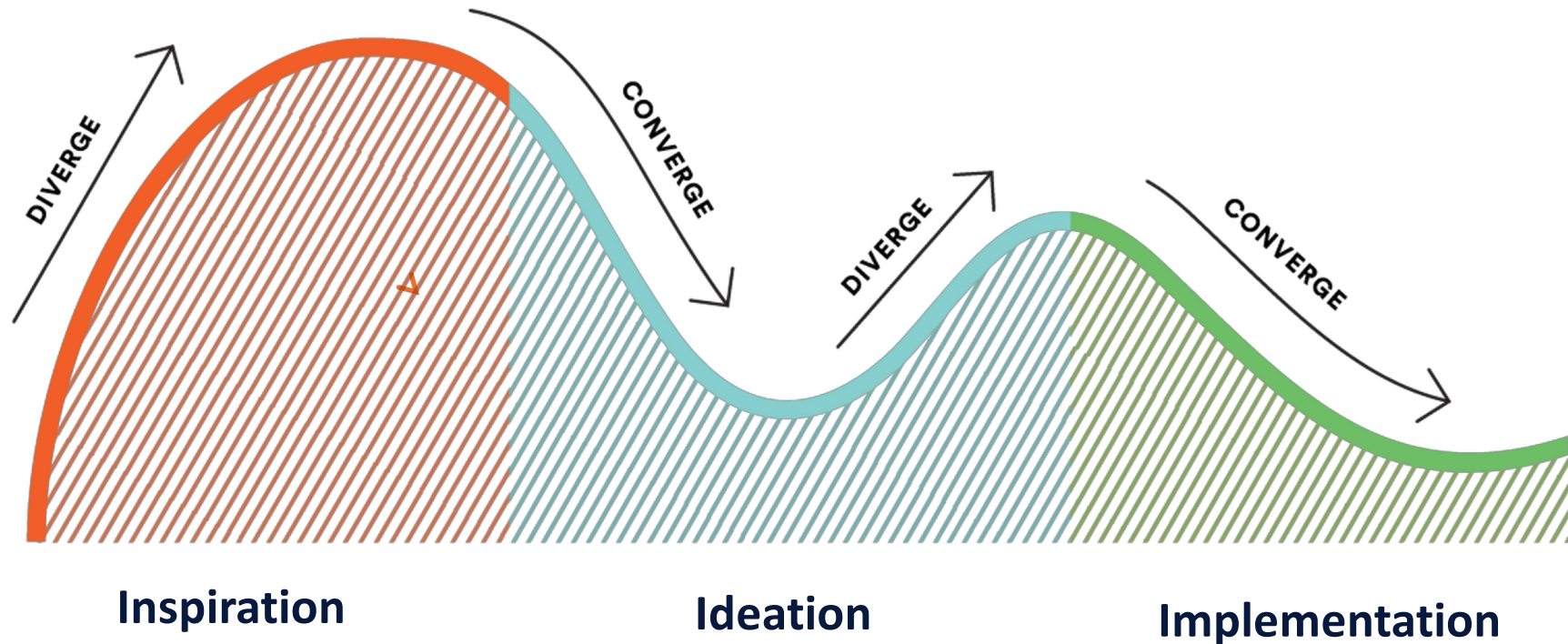
*“The aim is for state and local government to work with Aboriginal communities and stakeholders in the spirit of self-determination to co-design an MCH service model to deliver culturally responsive and high quality services for Aboriginal families including through both ACCOs and current service providers”*

# Why a co-design approach?

- Differs from traditional consultation – does not seek views on a model – it starts from the ground up
- At the core is a deep consideration of the needs of people
- Aims to creatively develop solutions that respond to users' needs
- Shifts power to people with first-hand experience rather than 'professional experts'

# What does it look like?

- More of a mind-set than a specific process
- Moves iteratively through three 'design' spaces



Source: IDEO [www.ideo.com](http://www.ideo.com)

# Uses 'play'

- To shift mindsets and spark creative solutions





# 1. Initial scoping session

## Priorities for the co-design project

### **I'd really like to see...**

- Aboriginal MCH nurses or Aboriginal health workers working with MCH nurses

### **I wish more people knew...**

- how to work with families from a strength-based perspective

### **We really need to think about...**

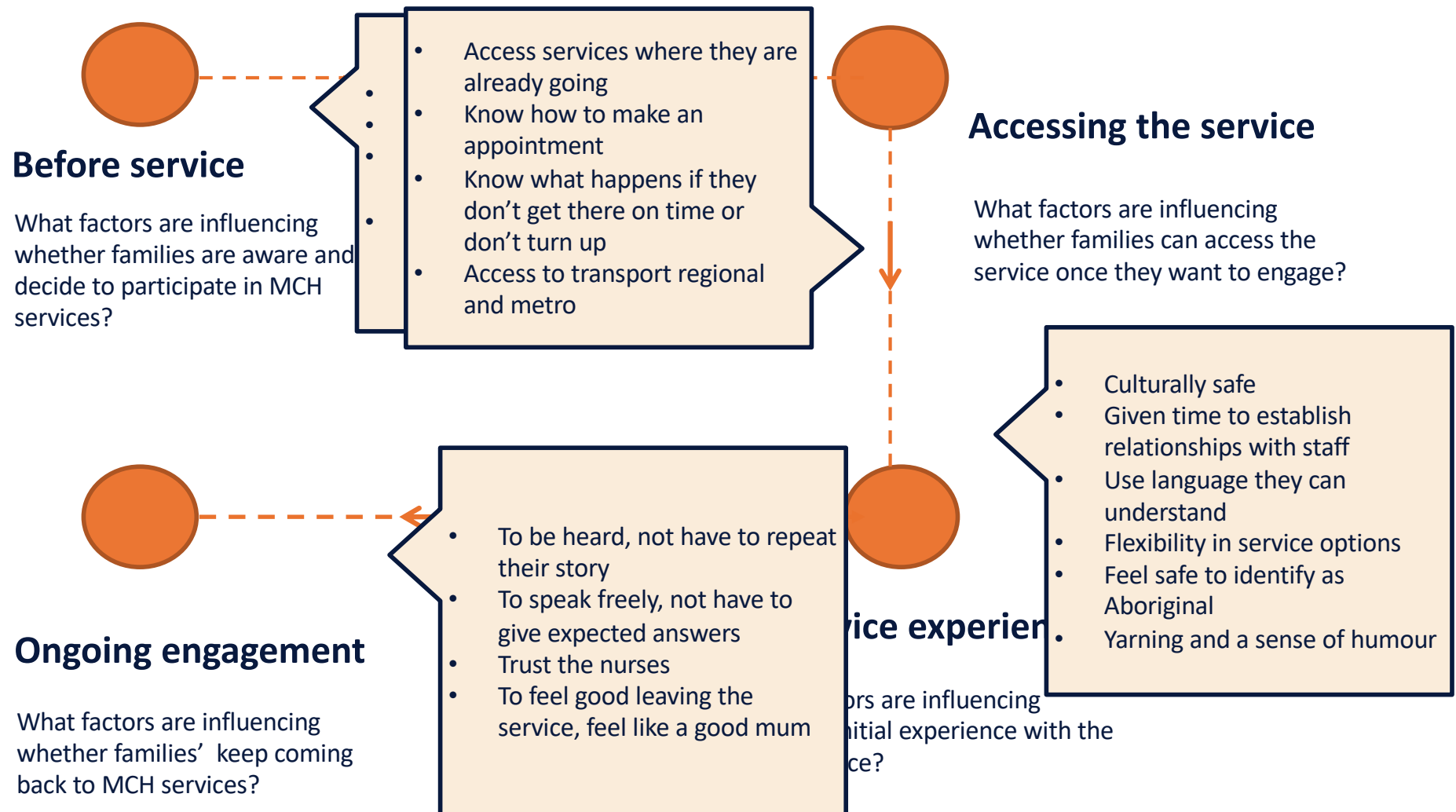
- Aboriginal voice
- what our families need
- proper implementation of new models/approaches with a program length of up to 5 years

### **We will know when we have succeeded when...**

- we have achieved 100% engagement in services (ACCHOs and/or universal LGA)
- we have data systems that measure outcomes

## 2. Inspiration Phase – reflecting on the needs of Aboriginal families

### Mapping the user experience



### 3. Ideation Phase

What does an ideal service for Aboriginal families look like?

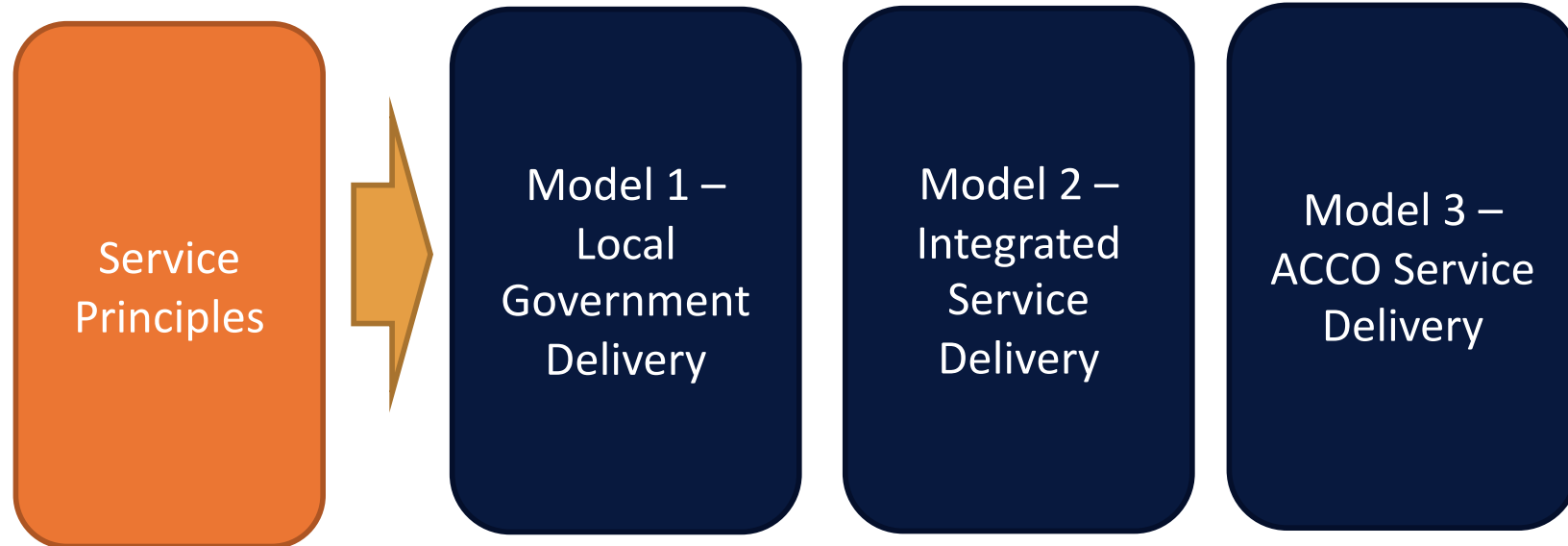


# Service Principles



## 4. Implementation phase

**System strategies:** Communication, identification, workforce, cultural safety, evaluation



# Service principles in different delivery settings

Service Principle	Local Government	Integrated Service	ACCO
<b>Aboriginal families can choose to receive service from LG or an ACCO at any point</b>	<ul style="list-style-type: none"> <li>• LG provide information about closest ACCO</li> <li>• Birth notification sent to LG, who set up IHV and send to ACCO if client chooses</li> <li>• Data systems enable and support choice</li> </ul>	<ul style="list-style-type: none"> <li>• Teams have active relationships with LG, LG involved in delivery partnerships</li> <li>• Birth notification to LG and managed within partnership arrangements</li> <li>• Data systems enable and support family choice</li> </ul>	<ul style="list-style-type: none"> <li>• ACCOs inform families that service is also available through LG</li> <li>• Birth notification to LG and copy sent to ACCO from the hospital, or as per local arrangements</li> <li>• Data systems enable and support family choice</li> </ul>
<b>Aboriginal families have the choice to engage with Aboriginal staff in service delivery regardless of their location</b>	<ul style="list-style-type: none"> <li>• LGs engage or partner with Aboriginal community members/ organisations or employ Aboriginal staff to support delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Local teams include Aboriginal workers as, or in support of MCH qualified practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• MCH delivered by qualified practitioner who is Aboriginal or supported by other Aboriginal staff within ACCO</li> </ul>
<b>Aboriginal families receive an integrated, 'one stop shop' approach to delivery</b>	<ul style="list-style-type: none"> <li>• LG demonstrates active service networks and referral pathways for Aboriginal families</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships provide framework for active service networks and referral pathways linking Aboriginal families to relevant services</li> </ul>	<ul style="list-style-type: none"> <li>• One-stop shop within model, with active referral pathways where needed</li> </ul>

# Lessons & reflections

- Time upfront needed to build relationships and focus on needs of families
- Design activities that can equalise voices
- Work required between workshops to synthesise and present groups' ideas back to them to keep momentum
- Have faith in the process!

**Questions?**



# Contact



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