

Tokenistic co-design: participation without power in Indigenous health evaluations

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ABSTRACT

Objectives. Co-design evaluation methodology can be appropriate for Aboriginal and Torres Strait Islander health and wellbeing programs due to its principles of power-sharing and collaboration. We argue, however, that commissioners of evaluations use the term, co-design, uncritically to describe activities that are misaligned with contemporary co-design theory. **Methods.** Through qualitative interview data with key stakeholders in the commissioning process (commissioners, evaluators and service providers), we examined perceptions and sentiments towards the use and misuse of co-design in the process of commissioning Indigenous health and wellbeing evaluations. **Results.** A disconnect between the understanding of co-design theory and its use in practice is evident, with perceptions of what constitutes genuine co-design varying considerably across participants involved in the commissioning process. **Conclusions.** The misuse of co-design to describe commissioning and evaluation practices that do not genuinely adhere to co-design principles has a detrimental effect on the utility of program evaluations, the implementation of Indigenous ethical and research frameworks in a genuine way, and risks co-design becoming relegated to a meaningless buzzword.

Keywords: Aboriginal and Torres Strait Islander, co-design, commissioning, evaluation, health and wellbeing, Indigenous, policy, qualitative research, methodology.

KEY POINTS

- Commissioners need a better understanding of co-design theory to ensure they are genuinely commissioning co-designed evaluations.
- In failing to correctly undertake authentic co-design practice, commissioners risk downstream failure of programs.
- The misuse of the term, co-design, has eroded Aboriginal and Torres Strait Islander peoples' trust in commissioners to effectively engage in co-design methodology.
- Without a functional definition, co-design has the potential to contribute to poor policy practice.

Introduction

Co-design is a research, policy and program methodology underpinned by principles of power-sharing, collaboration, and the active engagement of research participants.^{1,2} Falling under a framework of participatory action research (PAR) or community-based participatory research (CBPR), co-design is generally envisioned as a democratising process, whereby those directly impacted by research and policy decisions are involved in the process of making those decisions.³ It has become a prolific and lauded research and policy approach, spanning multiple disciplines and sectors, and touted repeatedly by government departments, non-governmental organisations and academic researchers as best practice.⁴ However, co-design lacks a common or accepted definition, and thus

has been used to describe a range of approaches.⁵ In recent years, public health and policy scholars have proffered defining principles of co-design, such as active collaboration with effected stakeholders,⁶ iterative design, lived experience as subject-matter expertise,⁷ and the subjective experiences and personal emotions of participants.¹

Co-design has increasingly become a key tool in legitimising Aboriginal and Torres Strait Islander policy work, particularly within health settings,^{8–10} as previously used consultative models justifying policy decisions face much-needed critique.^{11,12} Catalysed by Aboriginal and Torres Strait Islander peoples' frustrations after decades of exploitative and often harmful research performed on them, academic researchers and government policymakers have adopted PAR and CBPR principles in an attempt to overcome community mistrust and maintain access to research participants.^{13–15} In turn, co-design has become an important concept in Aboriginal and Torres Strait Islander policy development in Australia to alleviate such concerns.

This paper examines the perceived use of co-design in the commissioning of Indigenous health and wellbeing program evaluations in Australia, and demonstrates the deep disconnect between perceptions of co-design and its actual use. Using interview data from participants involved in evaluation processes, we suggest the over- and misuse of co-design terminology has the potential to detrimentally impact the efficacy and utility of program evaluations, and erode trust within Aboriginal and Torres Strait Islander communities.

Methods

The data included in this paper are from a larger study that described commissioning models used for Aboriginal and Torres Strait Islander health and wellbeing evaluations.^{16,17} A scoping review identified five commissioning models utilised by government and non-government organisations in contracting evaluations for Indigenous health and wellbeing programs: (1) Indigenous-led, (2) delegative, (3) co-design, (4) participatory, and (5) top-down.¹⁷ The second study in the program of research, from which this paper has been drawn from, was a qualitative study that utilised semi-structured interviews, the full details of which can be found in the published paper.¹⁶ Many of the interviewees discussed the misuse of the term, co-design, and their perceptions of that misuse which, inform this paper.

Indigenous Standpoint Theory^{18–21} was used as the theoretical lens in the collection, analysis and interpretation of the data, ensuring Indigenous leadership across all stages of the project. The research team comprises highly experienced Indigenous (Chief Investigators (CIs) BF, YR, SMF and Associate Investigator AB) and non-Indigenous (CIs M Cargo, JJ and JAS) investigators. The project staff included non-Indigenous (AT, H Simpson, S Kerrigan) and

Indigenous researchers (J Pender). CIs BF, YR and SMF provided oversight on this project component. Further Indigenous oversight was provided by the Indigenous members of the Project Advisory Group (PAG) which included a range of Indigenous representatives and stakeholders chaired by Professor Tom Calma.

Participants

To gain insight into commissioning practices, this study sought the perspectives of three key stakeholders engaged in the commissioning of health and wellbeing programs by the government or non-government organisations. The categories were as follows:

- Indigenous and non-Indigenous funders/Commissioners from government or non-government organisations
- Indigenous and non-Indigenous evaluators
- Indigenous service providers

All participant names in this manuscript are pseudonyms.

Data analysis

The theme of misuse or misapplication of co-design approaches emerged through the process of coding interview data for the larger research project.¹⁶ For this smaller study, all 122 instances of the use of 'co-design' in interviews were extracted from the larger study data using NVivo 20 qualitative data analysis software (Lumivero).²² Initial coding was conducted against two questions: (1) 'How was co-design described by participants?', and (2) 'What were participants' perceptions of co-design as it was being used?'

Deductive and inductive coding was undertaken by two authors (SMF and AT). Deductive coding was derived from the interview guide, and included barriers and enablers to co-design, Indigenous engagement in co-design, and recommendations. Simultaneous coding was used when a text segment was determined to engage with multiple key themes.²³ From the initial codes, the barriers and enablers to genuine co-design emerged as central to participants' definitions. Through thematic analysis, the initial codes were mapped by AT, SMF, BF and AB into four themes that prioritised Indigenous perspectives: (1) conflicting philosophies and definitions of co-design; (2) imbalances in power and control; (3) evaluator and commissioner skills in, and understanding of, co-design; and (4) time and timing. The themes were refined by engagement by the broader research team through several meetings.

Ethical approval and project oversight

Ethical approval was provided by the University of Canberra (ethics: 2163), the University of Queensland

(2019002659), Central Queensland University (22122), the Aboriginal Health and Medical Research Council of NSW (1606/19), Aboriginal Human Research Council of South Australia (04-19-856), and the NT Department of Health and Menzies School of Health Research (2020–3615) Human Research Ethics Committees.

Results

We conducted 23 interviews with 35 participant stakeholders (Table 1). Most interviewees were commissioners (69%) and 43% of interviewees were Indigenous. Evaluators accounted for over half (54%) of interviews, and almost one-third (29%) of interviewees were service provider representatives. Some of the stakeholders fell into two or more of the categories; therefore, the proportion of interviewees by stakeholder does not equal 100%.

Conflicting philosophies and definitions

Co-design was described as a ‘fad’ (Nadia, non-Indigenous evaluator), and some participants expressed a dislike of the term, predominantly due to its misuse. Some participants described current processes of commissioning evaluations being inherently at odds with genuine co-design:

If you’re taking something to people, that’s not co design ... the government’s commissioned the work, they’ve said what are the aims and objectives ... there’s no co-design happening there right from the outset. (Cara, Indigenous evaluator)

Overwhelmingly, evaluators and community organisations rejected current co-design practices as not genuine, and described activities they believe did not follow its principles:

We went to a workshop [that] was supposed to be co-design ... you get thrown all these pieces of paper. There’s nothing that’s properly facilitated. There’s nothing that’s properly explained ... [the process] stops any proper input and leadership from an ACCHO – the way that they’re designed, it kind of shuts you out. (Nadia, non-Indigenous evaluator)

Several evaluators stated that there were often differences in the understandings of co-design between commissioners and service providers. Those who were responsible for commissioning evaluations were more likely to claim they had undertaken successful co-design in the past or at least had made some moves towards incorporating co-design methodologies. No commissioners were confident in their assertion, however, describing ‘varying degrees’ of co-design use (Tegan, non-Indigenous, Government Commissioner), or co-design as an aim:

Table 1. Role and type of organisation of interviewees.

Variable	% (n)
Indigenous	43% (15)
Non-Indigenous	57% (20)
Commissioner	69% (24)
Evaluator	54% (19)
Service provider	29% (10)
Indigenous not for profit	34% (12)
Indigenous for profit	6% (2)
Non-Indigenous not for profit	31% (11)
Non-Indigenous for profit	3% (1)
State Government department	9% (3)
Commonwealth Government department	9% (3)
University	9% (3)

I’d like to say that we’re more in the co-design kind of model. Certainly, that’s what we strive for as much as we can. I don’t know that we always get there. (Michael, non-Indigenous Government Commissioner).

The lack of accepted definitions contributes to the misuse of co-design terminology in commissioning practices. Ultimately though, this lack of definition also highlights a conflict of basic epistemologies and underpinning philosophies between those using the term, and those on the receiving end of such aims:

A lot of this stuff is about world views and philosophies ... if you’re designing a co-design process, you’re probably designing it from that world view and that philosophy. (Nadia, non-Indigenous evaluator)

This difference of ‘world views’ was critical to Nadia’s understanding and critique of poorly performed co-design methodologies, and she went further to elaborate on how differently this could be experienced by Indigenous people:

If you actually analyse a lot of the co-design processes, you would see that it is still being done to you ... they are still coming with an already non-Aboriginal world view, and a non-Aboriginal way of reaching consensus.

Some participants suggested that the philosophies of genuine co-design were already evident to praxis around community-driven Indigenous evaluations, before the terminology gained popularity:

We did co-design I think before I ever heard that sort of word coined ... it’s part of what we needed to make sure our community members were also protected. (Phoebe, Commissioner, philanthropic organisation)

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The underpinning principles of co-design also appear to sit uncomfortably against the long-standing commissioning philosophies and processes, particularly within government departments. One Indigenous commissioner described public servants feeling ‘thrown’ by attempts to incorporate co-design practices (Ginny, Indigenous Commissioner). Tegan, a non-Indigenous Government Commissioner, claimed that the use of co-design was largely dependent on who in government is leading the commissioning, and that government branches outside of Indigenous health were less likely to use collaborative approaches. Harry, a non-Indigenous service provider, described the issue as a disconnect of accountabilities:

The government have got ... different accountabilities, back to the ministries and back to taxpayer eventually. Whereas the communities have got accountabilities ... to the community board, and the people ... you’ve got two different ... groups, and different drivers, and different policies.

Commissioners suggested that there was some movement towards more inclusive practices. Ginny described a mixing of standard processes with co-design elements, such as establishing a national co-design group, and a ‘blank slate’ approach to stakeholder engagement. Michael, a Government Commissioner, said governance structures were evolving towards co-design. Considering the vastly different definitions and interpretations of co-design, it is unclear what this means in practice. He described co-design as a process of listening and sharing decisions with organisations, a description more in line with a participatory model of commissioning,¹⁷ suggesting an understanding of co-design out of step with community expectations.

Power and control

Differing philosophies and skillsets surrounding co-design methodologies also presented in contestation surrounding power and control in both the commissioning and implementing of evaluations. One commissioner described equity and empowerment as fundamental to co-design approaches:

It is meant to be about equity ... Equitable power in the decision-making process. And that’s meant to start from the inception of the idea. (Tegan, non-Indigenous Government Commissioner).

Power-sharing and community-control emerged as crucial elements of authentic co-design often absent through the evaluation process. Considerations of whether something can be described as co-design if it is being brought to, or imposed, upon a community also emerged through this lens of power and control:

If you want the community to have control over what they’re doing then, you know, evaluation is just looking at what you’re doing in a systematic way, a rigorous way and seeing ‘what are the benefits’ and if you can do it better. (Laren, non-Indigenous Commissioner)

The issues of power and control appear particularly acute when the commissioning body is a government entity, where longstanding processes and policies complicate the incorporation of co-design principles:

There’s practical considerations, if something’s driven by the [Federal Government] ... they’re going to have a blueprint already no matter what, they’re going to have a framework, they’re obviously not going to go into work with a blank piece of paper. But for us at community level, we kind of want a blank piece of paper to start co-designing (Ralph, Indigenous evaluator)

The government ‘blueprint’ mentioned by Ralph was similarly described by Hermione as an ‘agenda’:

Co-design is also not about having an agenda at the beginning, and then asking Aboriginal people, organisations and communities what they define as success, that’s also not co-design. (Hermione, Indigenous evaluator)

One participant flagged how this unequitable power balance not only minimises the potential for genuine co-design, but has the potential to undermine the usefulness and utility of the entire evaluation:

Depending on which bureaucrat has the power, they can use [the evaluation] for their own purposes. That’s why commissioning needs to be directly connected with the end game of who’s actually accountable and how actually it will be implemented. (Wallander, non-Indigenous service provider)

Participants who were themselves Government Commissioners described the shifts occurring within government departments towards more ‘equitable power’ as a component of their commissioning practice, and a push away from consultation towards ‘shared power of decision-making’ (Tegan, non-Indigenous Government Commissioner). Michael also demonstrated, however, the limitations in adopting co-design approaches when filtered through the rigid requirements imposed by government policies:

we’re moving more towards that co-design kind of principle. Certainly, we’d never just give money to external group and say ‘do the evaluation’. (Michael, Government Commissioner)

Evaluator and commissioner skill

Participants identified the skill and understanding of co-design, both of commissioners and evaluators, as a crucial measure of their success in undertaking authentic co-design practice. Variability among the skillsets of Government Commissioners, particularly those working outside Aboriginal and Torres Strait Islander-specific departments or branches, was identified as a barrier. This barrier may be overcome, however, through the engagement of evaluators that are both skilled in co-design methodologies, and have the necessary cultural capabilities to work within Aboriginal and Torres Strait Islander communities:

We always, as part of our own process, build in co-design and sometimes that's not asked for, but we think that's best practice. (Sarah, non-Indigenous evaluator)

One participant suggested that demonstrated capability in undertaking co-design should be a foundational consideration when selecting evaluators, although one that is only practical if commissioners themselves are informed enough to recognise when evaluators have this skillset:

Co-design needs to be an integral consideration of how evaluation should be commissioned ... it should be a part of the eligibility criteria in terms of who gets commissions. (Wallander, non-Indigenous service provider)

When co-design principles are embedded into commissioning processes, they are ultimately undermined if the evaluators do not possess the skills to meaningfully enact them:

It doesn't matter how much co-design you might have, or collaboration you might have, or participation you might have, it still has to be balanced out with the skill levels of evaluators. (Cara, Indigenous evaluator)

Ralph, an Indigenous evaluator, highlighted that inexperienced evaluators attempting to use co-design methodologies as part of good practice may cause downstream failures if they are poorly undertaken, impacting both the efficacy of the evaluation and the potential utility to communities:

I don't think we're talking about bad people ... I think what we're talking about is a lack of knowledge, experience and grounding that will be able to make that evaluation accurate and useful and effective for us. (Ralph, Indigenous evaluator)

Time and timing

Time and timing emerged as a common barrier to genuine co-design methodologies being used. Two key factors were identified: the lack of understanding of the time-consuming

nature of co-design, resulting in inadequate resourcing; and co-design requirements being introduced at inconsistent or inappropriate moments across the commissioning process. Genuine co-design was described by participants as being a lengthy process that was rarely adequately accounted for in budgeting:

Co-design methodology ... you need a minimum of 6 months before you collect a scrap of data. (Rhonda, non-Indigenous evaluator)

The time-consuming nature of co-designed evaluations, and resultant inadequate resourcing, was ultimately seen as diminishing the effectiveness and utility of the evaluation as a whole:

You can't come in then and say "well we've only got a year, and the co-design process is going to take us 6 months, so we can't do that, but we'll give you three meetings, and we'll call that co-design and community-developed' and it's not. (Hermione, Indigenous evaluator)

The timing of co-design methodologies being initiated or requested by commissioning bodies was also described as a considerable challenge to evaluators and service providers, contributing to assertions of the term's misuse. Participants described examples of co-design being tacked on to the end of evaluations, rather than embedded in evaluation frameworks from the beginning:

We want it at the front end, the very front end, conceptual development knowledge – that's how we should be doing it, and we don't. (Ralph, Indigenous evaluator)

Discussion

The popularity of co-design among government and policymakers has been attributed to its normativity and broadness,²⁴ while remaining nebulous and mystifying enough to minimise critique of its misuse. Critically, this study demonstrates how genuine co-design practices are generally at odds with current government policies around evaluation commissioning, particularly in relation to power-sharing and governance, and expected timelines. Even the fundamental agendas behind commissioning evaluations are not conducive with co-design; Butler *et al.*¹⁴ identified that initiatives branded as co-design often fail at the first hurdle due to them not organically arising from a need within a community,¹⁴ an issue also raised by participants in this study.

This misuse is more alarming in the context of Indigenous settings, in Australia and globally, where long histories of harmful research and policy design make the need for truly participatory and equitable models of research

and evaluation design even more vital.¹⁴ Co-design has potential as an impactful design framework, particularly in Aboriginal and Torres Strait Islander health research and policy settings.^{14,15,25} Overwhelmingly, however, participants in this study demonstrated deep scepticism towards claims of the use of co-design methodologies in evaluations. Critiques generally focused not on co-design itself, but rather the disingenuous and uninformed use of co-design terminology throughout commissioning processes. Participants highlighted how the nebulous understanding of co-design among commissioners also led to under-resourcing, further limiting opportunities for genuine co-design practice.

Evident in the responses from participants is underlying mistrust resulting from the misuse of co-design, and concerns regarding its potential impact on the efficacy of evaluations. Therefore, co-design as a meaningful approach to collaborative research has itself become another potential tool for poorly planned and harmful research and policy work, aided by an absence of sound understanding of the theory underpinning co-design and an uncritical adoption across multiple sectors. If commissioners label evaluations as co-design, the evaluations themselves must adhere to the basic tenets of what Aboriginal and Torres Strait Islander people consider co-design, through sharing power and ensuring Aboriginal and Torres Strait Islander people are engaged at all stages of the commissioning process.

Conclusion

The potential utility of co-design methodologies in Indigenous health and wellbeing evaluations is at risk of being undermined through their uncritical adoption in the absence of sound definitions or practice frameworks. Further research is required to refine co-design frameworks, ensuring adherence to Aboriginal and Torres Strait Islander epistemologies and viewpoints, for its true potential to be realised. Commissioners need to understand co-design theoretically, and a clearer definition in the context of commissioning is the first step to the term being used appropriately. Evidence-driven frameworks would also enable commissioners to more easily determine the co-design capability of evaluators during a tender process. Without these more stringent guidelines, the misuse of co-design has the potential to minimise the utility of health and wellbeing evaluations, eroding trust within communities and effecting harm.

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