



CO-DESIGN

Project Report

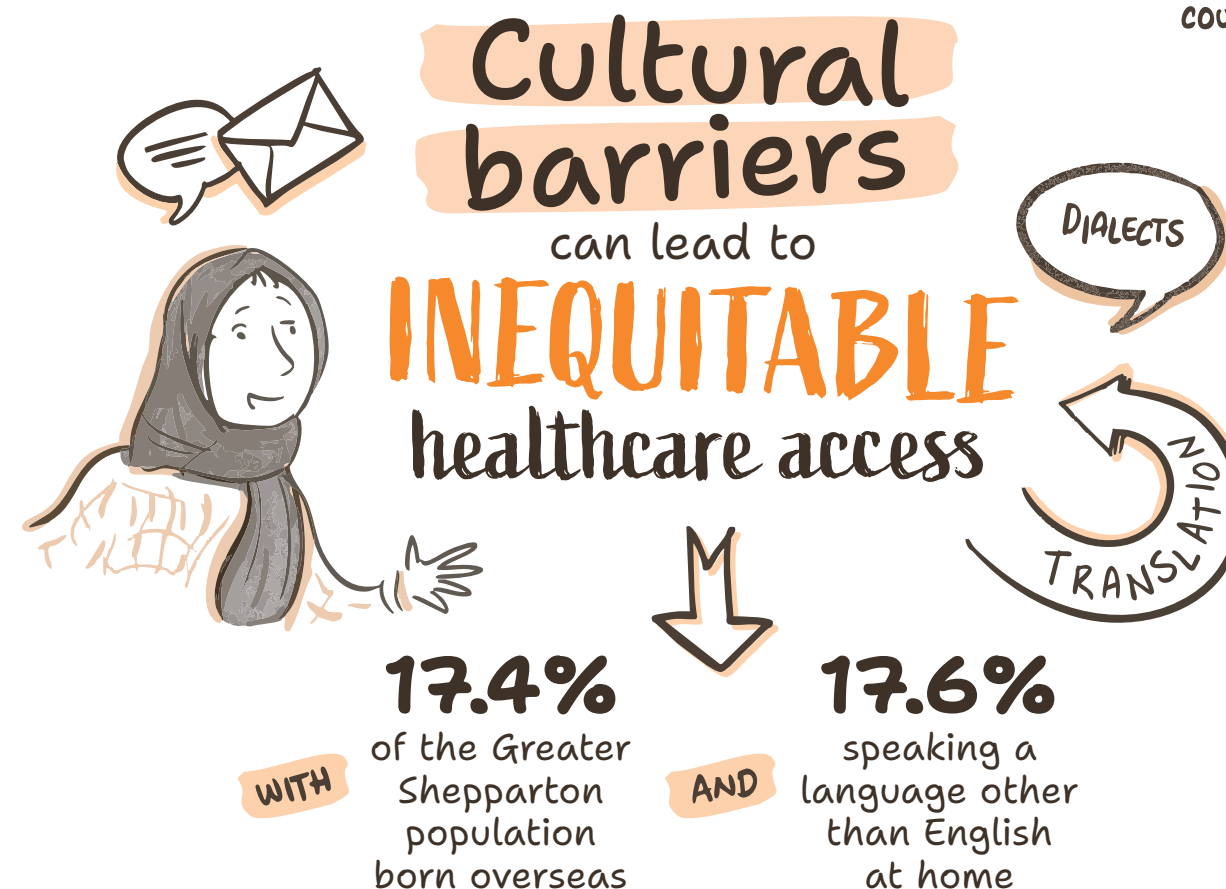


Thank you to our partners:





CAPTURED WITH
on YORTA YORTA
COUNTRY



HEALTHY CHILD

Greater Shepparton CO-DESIGN

Developed to look at our Maternal and Child Health services in Greater Shepparton, and ways we can address barriers to this service experienced by our multicultural community.

Using co-design to uncover and redesign systems will see earlier intervention for children who need it, greater connection and trust between families and health care services and improvements in school readiness.

The 10 Key Age and Stage consultations are a free service provided by Greater Shepparton City Council's qualified Maternal Child Health (MCH) Nurse from birth through to school age, and engagement with services is an important tool to monitor and assess a child's important developmental milestones.

For families, the Maternal Child Health service provides much needed care and support, improves the overall health outcome of the mother and baby,

promotes healthy development, empowers women and mothers, and assists in reducing future health care costs.

The co-design aspect of this project was to ensure collaboration was always at the core. Throughout the process, the Greater Shepparton Foundation worked together with stakeholders, including Greater Shepparton City Council, Goulburn Valley Health, Wise Well Women, The Groupwork Centre and most importantly, women from both the local Congolese and Afghani communities. Together, our goal was to create solutions that met everyone's needs and priorities. Our core aim was to lead to true innovative and sustainable solutions, based on the collective's creativity, knowledge and lived experience.

We extend our thanks to our financial supporters:

H & L Hecht Trust



Background Information

Developmental delay in early childhood can significantly impact later development. When entering school in Greater Shepparton, 25% of children are vulnerable in at least one developmental domain.

**1 in 4
children**

(25.3%) are vulnerable
in one developmental
domain

**1 in 7
children**

(14.3%) are vulnerable
in two or more
developmental domains



Families with family, economic, social, and community vulnerabilities account for the highest representation. In Greater Shepparton, almost one third of these families are from multicultural and refugee backgrounds. Maternal and child/family health (MC/FH) services in Australia provide free screening, health education, and health service referrals for children (and families) from birth to school commencement – a valuable 'safety-net' for identifying and supporting vulnerable children and families' positive developmental trajectories. Uptake of MC/FH services by families varies, with families most in need often least likely to fully utilise MC/FH service opportunities.

Research literature and consultations with key Greater Shepparton MCH providers identified Congo and Afghan-born mothers as two groups of women with low levels of engagement in local MCH services who experience significant barriers in accessing the service. An analysis of Census and settlement data for Greater Shepparton Congo and Afghan-born women, 15-44 years, and their children (0-6 years) identified 83 Congolese women residing in Greater Shepparton (an increase of 168% since 2011) and 92 children born to mothers who identified as Congolese. The number was higher for Afghan-born women with Census data identifying 212 Afghan women aged 15-44 years living in Greater Shepparton

(an increase of 21% from the 2011 census) and 141 children (0-6 years) whose mother's country of birth was Afghanistan. Across the two cohorts, the numbers equated to 295 women (15-44 years) and 233 children (0-6 years). Settlement data also identified that between June 2018-Jun 2023, that Congolese and Afghan-born women resettling in Greater Shepparton arrived on humanitarian and family visas, as opposed to skilled visas.

In line with the literature, a review of the Census data also revealed relatively low levels of English proficiency, completion of secondary school education, paid employment, and citizenship among the two groups of women along with higher levels of housing stress – factors which may impede access to and engagement with MCH services.

Understanding local and jurisdictional MCH service providers and migrant family service users' experiences is essential to addressing barriers to service delivery. Participatory practices like co-design offer a means by which MCH service supporters, providers and clients can work collaboratively together to improve health outcomes to vulnerable young children (and families).



Project EXPRESSION of interest

An expression of interest was shared with female Community Leaders from both the Congolese and Afghani communities.

The criteria to join these community groups was simple, the women needed to be available to attend each of the four co-design sessions and they needed to have children. This ensuring that throughout their time in Greater Shepparton, they had been exposed to and experienced the local MCH services.

the
result...

18 Afghani
women

14 Congolese
women

were in each of our
community groups.



WHERE

African House
in Shepparton
during the day

WHEN

Throughout
2024

WHO

Greater Shepparton
Foundation with The
Groupwork Centre

Project DESIGN

When considering these community-based sessions, a very specific approach was designed, to ensure that co-design was consistently at the heart of the project.

HOW

The women were reimbursed along with the provision of meals, childcare, translators, community health educators and respected members from their communities.

WHAT

4 x community-based sessions, bringing the Afghani and Congolese women together face-to-face, to discuss barriers and challenges experienced by our culturally diverse community when accessing MCH services

WHY??

To create a relaxed and comfortable and safe environment for the women, specifically to ensure they were able to share freely, their thoughts, ideas and solutions. The women discussed the challenges they experienced, such as transport, understanding of the Maternal and Child Health (MCH) system and then together, we came up with solutions that would work best for the women and their families.

the
benefits

By centering connection, awareness, and equity, we saw:

➔ Stronger relationships within the group.

➔ Participants feeling heard and witnessed in a safe, inclusive environment.

➔ Solutions developed collaboratively, grounded in real-world insights and lived experiences.

Clarity and Transparency

At every session, we clearly communicated:

- The purpose: Why are we here?
- The process: What have we done, what's next, and who's in the room?

This transparency set clear expectations and ensured participants felt informed and engaged.

Partnership + Ownership

Participants were treated as partners, not passive contributors. This fostered a sense of shared ownership, with the belief that "together, we can develop ideas and solutions to change this situation."

Cultural Sensitivity

We learned about participants' cultural backgrounds and values. Translators from the community enabled participants to share in their own languages. Visual aids were designed to be simple and accessible.

Connection + Relationship Building

Every session included opportunities for connection, both formally (through guided exercises) and informally (over shared meals). Trust and rapport were foundational, enabling participants to feel heard and understood.

Group Agreements

Participants co-created group agreements, deciding how to work together and what they needed to feel safe and respected. This process fostered:

- Physical, emotional, and cultural safety
- Empowerment and agency by ensuring participants' voices were central

Inclusive Participation

Our session designs incorporated multiple ways to engage, including:

- Individual reflection
- Working in pairs and small groups
- Large group discussions

Participation was always by invitation, with clarity around the right to opt out, ensuring comfort and choice.

Storytelling + Deep Listening

We created spaces for participants to share their lived experiences, values, and perspectives. This process:

- Unearthed real-world challenges and barriers
- Guided the co-creation of practical strategies and solutions rooted in participants' realities
- Built trust



Challenges AND solutions

IDENTIFIED

RESPONDING TO CHALLENGES

Each of the following challenges and solutions listed, have been co-designed by women from both the Congolese and Afghani community, along with Maternal Child Health nurses and employees from G.V Health.

Challenge



Solution

Lack of understanding regarding what Maternal and Child Health services are.

Translated information included in green MCH book.

A one-page flyer describing in translated dialect, the required 10 Key Age and Stage visits and a brief description on each. Including information on how to make appointments, how to reschedule and/or cancel. In addition, the MCH nurse ensuring they discussed at length the process and system with the parent/carer in their first face-to-face visit.

The majority of women expressed that they did 'know of' the MCH system, however, weren't aware that there were 10 Key Age and Stage visits, or what was actually being assessed within each of these visits.

Challenge

Support as mothers in a new country/ environment.



Solution

Group sessions for pregnant women and new mothers.

All women in our community sessions were eager for more information on parenting, caring for children and how to best do so; however, none knew where to get such information from.

Face-to-face information sessions to educate and inform the women were requested, as it is seen as very important and required. These group sessions would need to be translated, free, held at a place easy to travel to and be on a wide range of topics. A common theme was that the women were unsure "how to be the best mother we can be, in a new country and environment" and were incredibly eager to learn as much as possible.

Topics requested: Nutrition for children; The local MCH program; Positive Parenting; Caring for a newborn; Sleeping for newborns.

SUPPORTS

SHARED ISSUES



Challenge

Knowing about the services, how to find and book an appointment and understanding the information.

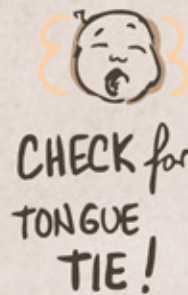
Solution

Cultural sensitivity training for staff (Administrative and Nursing).

On most occasions, the woman's first level of contact with the MCH services is the administration staff and it is imperative that the staff are able to support these women. This may be through identifying when translating services are required, or connecting the woman to a Community Health Educator or attempting additional communication efforts, such as texts or having a community member contact the women directly.

Additional training for the local MCH nurses is recommended. This content needs to be specific for the community group and contain culturally specific information, to assist the nurse in supporting women from these communities. For example, providing support for a Congolese woman when they are trying to have their baby boy circumcised, or appreciating that the Congolese women don't want their husband to be in the birthing suite, not because they are unsafe, but simply because they are uncomfortable with his presence in such a vulnerable time. Understanding that Congolese mothers are very concerned by their child experiencing tongue tie or autism and ensuring that they are explaining to the mother when they are assessing for either one. Using more communication and simply explaining more to the mother during their interactions, will help put the mother at ease and ensure they feel comfortable.

It is also important for the MCH nurses to simply ask "is there anything else you're feeling worried about?" Many women expressed that they were worried about many things to do with their babies but didn't feel confident to ask or weren't provided an opportunity to do so. Opening up the conversation and providing that space, might help with their feelings of confidence.

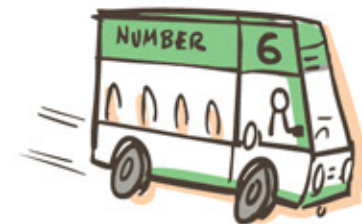


Challenge

Appointments being booked at different MCH centres.

Solution

Booking in first 5 appointments at the same centre (where possible).



Travel can be a challenge for parents and carers from culturally diverse communities. Hence, when MCH sessions are booked at different centres, this can be challenging for the family, as they need to work out new ways to travel to the centre. It is much easier for a parent/carer to learn the correct route to the one centre and then continue to be booked into the same one. This provides peace of mind for the parent/carer and allows them to feel confident to travel on their own and ensure they are able to arrive on time.

When booking a centre for the first 1:1 sessions with mother and newborn, trying to ensure that all subsequent sessions are also booked in and then held at the same centre (where possible).



Challenge

Feeling unsure as to who to contact with questions regarding local MCH services, who can speak in language.



Solution

Respected member of community to be upskilled in MCH services.

Identifying someone within the community who can be the main contact on all things MCH services would be beneficial, as this would create a safe space for women to ask. This may be an employee within Greater Shepparton City Council (Multicultural Development Officer for example), or an employee from within Wise Well Women, who can be a point of contact.



SENSITIVE QUESTIONS

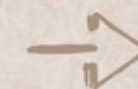


DIALECTS



Challenge

Missed/Rescheduled MCH appointments.



Solution

Translated contact content.

A phone number for the women to contact on these occasions, found in a clear and obvious place on the translated one-pager at the front of the green book. In addition, translating the reminders which are sent out by SMS text, so the women can read them and be prompted to either reschedule or attend their appointment.



AGAIN THE DAY BEFORE

language

خوش آمدید



REMINDERS

IN OUR OWN LANGUAGE



RE-SCHEDULE

MISSED APPOINTMENT



Challenge

Availability of interpreters (face-to-face).



Solution

Further investigation on a translating system and service that will meet the needs of the community.

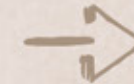
Since the pandemic in 2019, the MCH services were required to take all their interpretation services online and via the phone. Language Loop is presently utilised, which is funded by the Department of Health.

There is a need for these services, where possible, to return to face to face, as this is much more desirable and functional option for the parents and carers. It was a challenge which came up repeatedly from all the women. Any translation services are always going to be better than none, but on many occasions, the women expressed that translators weren't speaking their dialect, information was missed and they felt uncomfortable sharing intimate details with someone 'over the phone.' Seeking these interpreters locally is a challenge, however this is something that needs to be investigated further.



Challenge

Understanding vaccinations and their frequency.



Solution

Translated materials and additional information provided.

Although this is outside the scope of the present project, it was mentioned on numerous occasions that the women all believed in the importance of their child receiving immunisations, however, they needed more information.

It would be helpful if more information could be translated, for example, the vaccines the child has at each age, what they are for and what they do. As well, a translated list of the ages the child is required to have these vaccines, so the mothers can ensure they are getting them on time. This information may already exist and be in circulation, however it is not being received by the communities and further distribution is required. Perhaps providing it to the MCH nurses to mention to the families during their earlier visits, would reinforce the messaging regarding vaccines.





Summary

maternal & child health



'drop-in' or group style sessions

This proposed solution attempts to cover all challenges described by the women during the co-design process, with their ideas at the very heart.

An approach to be considered, these sessions would be held in a culturally safe space (African House for example), held on the same day each month (the third Thursday of each month for example) and be an opportunity for women to attend when it suited. The session would be 'open' and women could come and go, as they required. This also addresses the issue of navigating transport to multiple locations.

There would be a MCH nurse in attendance, to provide the basic assessments, a translator would attend face-to-face for the 3 hour session, along with an immunisation nurse.

This style of session would provide a relaxed atmosphere, for the women to feel comfortable to receive the support they need, from not only the highly skilled MCH nurses, but also their own community. This may also provide an opportunity for additional services to attend, to provide information sessions, vaccinations and general support to the groups of women. In addition, having a 3 hour block of sessions, is a much more cost-effective way to have translators attend from Melbourne if/when required and ensures that the women can have face-to-face translation services.

Proposed sessions

- 3 hour sessions
- Open sessions so women can come and go as required
- Once a month held on the same day (for example every third Thursday)
- Held in a culturally safe space like African House
- Opportunity for women to attend when it suited
- The session would be 'open' and women could come and go, as they required

In attendance

- MCH nurse to provide the basic assessments
- Translator to attend face-to-face for the full 3 hours
- Immunisation nurse
- Opportunity for additional services to attend to provide info sessions and general support



Next steps...

Moving forward, these recommendations will be shared with our partners, Greater Shepparton City Council and QV Health.

Through discussions and planning, we will work together to achieve the solutions listed in this report and action as many as are possible. The report will also be shared with the women who helped co-design the solutions, our Afghani and Congolese community groups. Without their support, engagement and thoughtfulness, this project could not have been as successful as it has been.

