

Enabling Shared Decision-Making through Accessible and Useable Data

A Series of Case Studies from Logan Together, Queensland

Prepared for

Thriving Queensland Kids Partnership (TQKP)

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Enabling Shared Decision-Making through Accessible and Useable Data

Introduction

Shared decision-making is about people and communities determining their own futures by having a genuine and informed say about what happens in the community and sharing the power to influence local outcomes. Accessible and useable data is crucial to enabling communities to understand and design solutions to create places where kids can thrive.

Purpose of this document

This series of case studies will describe key learnings on how accessible and useable data, including population, service, community and research data has been integrated into aspects of Logan's First 2000 Days Model and applied to co-create a community collective plan.

The stories, information and outcomes of the work shared in these case studies belong to the Logan community.

Logan Together

Logan Together listens to, walks alongside, and takes action with community. The big goal is to give Logan's children every chance to achieve their potential through Collective Impact and community leadership. Collective Impact means different groups working towards this big goal, keeping each other on track to make sure real change happens for Logan's children.

Logan Together's work rests on three pillars: First Nations First. Children at the heart. Community led. (Figure 1).

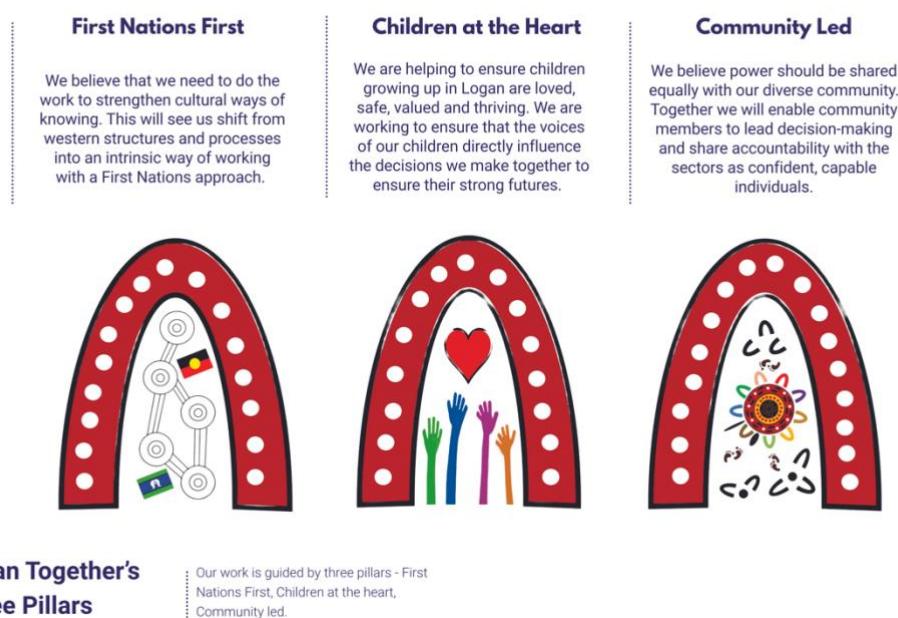
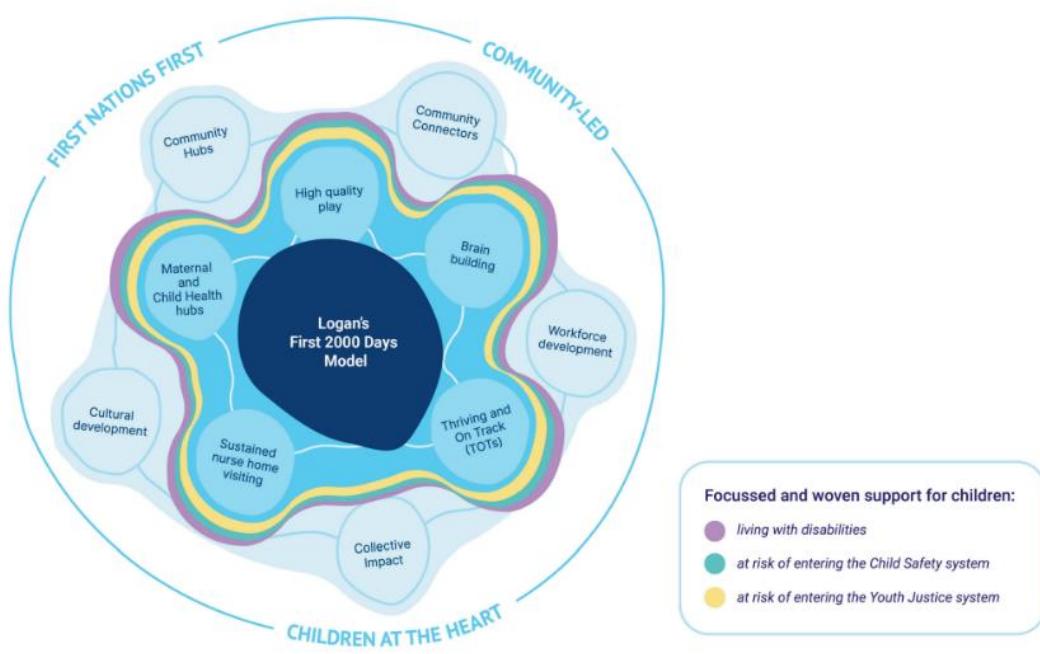


Figure 1. Logan Together's Three Pillars.

For over ten years, Logan's community leaders have come together to build an impactful and measurable response. Logan Together includes over 100 cross-sector agencies and thousands of community members working together to achieve the outcomes identified in Logan's Collective Plan¹. Logan's Collective Plan is the shared aspirations for change; it outlines the priorities and hopes the Logan community holds for its children and guides the collective work.

Logan's Collective Plan has been translated into Logan's First 2000 Days Model (Figure 2). Logan's First 2000 days Model is a community-led reimaging of Logan's early childhood system. It includes five evidence-based initiatives, and five foundational enablers of systems change, which together provide wrap-around, local, community-led support for children and families.



Logan's First 2000 Days Model

Logan's First 2000 Days model includes five evidence-based initiatives, and five foundational enablers of systems change, which together provide wrap-around, local, community-led support for children and families.



Figure 2. Logan's First 2000 Days Model.

The implementation of Logan's First 2000 Days Model begins with the Focus Communities. The Focus Community Strategy was motivated by community who in 2019, sought greater impact, a truly place-based (rather than a broad regional) approach, and a way to deeply share the decisions about their own lives. During this time, community and its partners engaged in a period of truth-telling and two-way learning, exploring the data and fully activating the power of local voice. The Focus Community Strategy was established in 2021, and over the next three years, leaders and residents of five different communities indicated their interest in embracing a

¹ Logan's Collective Plan. Available from:

[https://www.logantoggether.org.au/_files/ugd/494bc3_7027f75664974ae793bb9ec05cb1088c.pdf](https://www.logantogether.org.au/_files/ugd/494bc3_7027f75664974ae793bb9ec05cb1088c.pdf)

deep, place-based Collective Impact approach, each with their own governance structure, their own Backbone Team and their own Collective Plan and Roadmap.

Place-Based Data Framework

The collection and use of data by place-based initiatives can open up opportunities for shared decision-making. The Place-Based Data Framework² was co-designed by place-based leaders and data experts, with support from Thriving Queensland Kids Partnership, to create a framework to guide practitioners in place on building a shared understanding of the 'how to' of accessing, collecting, and using data for the purpose of shared measurement and shared decision-making.

Summary of key learnings from Logan Together

- **Clear purpose.** Intentions made clear from the outset, fully acknowledging different levels of comfort with data among stakeholders.
- **Trusting relationships.** The iterative nature of consultation processes, rely on building trusting relationships with stakeholders through continuous communication, help foster readiness for strengthening data practices.
- **Opt-in contribution.** The community's ability to choose their level of engagement in consultations, via an opt-in or opt-out mechanism, is vital for building trust and ensuring accountability.
- **Building data confidence together.** Confidence in using data often differs across teams. Establishing a shared purpose and aligning around common goals improves buy-in and readiness for change. This helps teams recognise the importance of data in enhancing service delivery.
- **The power of collective sense-making.** A system map can play a critical role in building relationships, serving as a visual tool that helps create common ground and an ongoing shared understanding among teams.
- **Shared language.** A shared language is vital for an effective multidisciplinary approach. Visual tools help different disciplines align their understanding intersections anareas for improvement - data use, tracking, and sharing, fostering clearer communication and collaboration.
- **Systems audit.** Before implementing change, understanding the current context is essential. Developing a shared view of the existing system, allows teams to identify gaps, opportunities for improvement, and areas where data could better support shared decision-making.
- **Value of lived experience.** The role of community and service providers as knowledge holders, must be acknowledged and respected. This helps foster trust and build stronger relationships.

² Thriving Queensland Kids Partnership. (2024). *The Place-Based Data Framework*. Retrieved from <https://tqkp.org.au/wp-content/uploads/2024/12/Data-Framework-301024.pdf>

- **Feedback loops and sense-making.** Direct access to the team meetings provides an invaluable opportunity to ask questions, share learnings, probe systematic issues and fact-check findings.
- **A systems perspective.** Identification of fresh perspectives allow teams to identify, frame learnings for and adopt collaborative actions with the potential for transformative change, reflecting the dynamic nature of place-based initiatives.

Building Readiness: Strengthening Data Practices in Maternal and Child Health Hubs

Background

As a critical element of Logan's First 2000 Days Model, five Maternal and Child Health (MACH) Hubs exist within the Logan community. Each of these Hubs is hosted by a non-profit community organisation, and provides continuity of antenatal and perinatal care, including ongoing support to families and their children up to age 2 years. The Hubs also deliver a suite of wrap around supports, tailored to the ongoing diverse needs of the attending mothers, families and children.

The evidence-based Midwifery Group Practice (MGP) model of care, which underpins Logan's Maternal and Child Health Hubs, was proposed in Logan in 2017, as a consequence of community preferences and priorities around birthing in the region. The co-ordination and collaboration around the MACH Hub environments were subsequently enabled through the advocacy and research undertaken by the Logan Together³ partnership. By 2019, four Hubs were established, underpinned by collaborations between identified non-profits and community organisations, Metro South Health (MS Health) and Children's Health Queensland. The fifth Hub, Jarjumbora, has moved through several iterations in terms of its model of care over time, and is now strongly aligned to the Birthing on Country (BiOC) approach. Jarjumbora comprises a partnership between Mater Hospital, the Institute for Urban Indigenous Health (IUIH) and Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane.

The Hubs are specifically designed to serve priority groups of women, planning to give birth at Logan Hospital: Pasifika women (Village Connect), young mothers aged 19 years and under (The Benevolent Society), newly arrived refugee and migrant women (Settlement Service International (SSI), women under 26 years facing complex social issues (Youth and Family Services (YFS), and First Nations women (Jarjumbora).

In 2025, as a direct consequence of this research initiative, the integral elements of the MACH Hubs in Logan were identified as:

- **Relationships First:** All hubs prioritise relationship-building with expectant mothers and families, understanding that trust and rapport are essential for engagement and effective care.
- **Centralised Care:** The hubs offer an integrated care model, coordinating care across a range of health and social care professionals to offer holistic support.
- **Responsive Design:** While the hubs share core functions, they have flexibility to adapt to the diverse cultural and social needs of the Logan community. The flexibility allows for unique community-driven services.
- **Community-Based Structure:** A locally driven partnership that ensures services are not only relevant to the community, but also sustainable and responsive to its needs.

³ Logan's Community Maternal and Child Health Hubs: The contribution case for collective impact practice (2022)

- **Core Personnel:** A core, interdisciplinary and collaborative team of Midwives, Obstetricians, CLOs, Child Health, Social Workers and Hub managers work together with a commitment to providing continuity of care across the first 2000 days.
- **Service Facilities and Clinically Designed Spaces:** Each hub ensures that clinical rooms are equipped for maternal care, providing a professional, supportive environment for health service delivery.
- **Welcoming Environment:** Inclusive and culturally sensitive, the hubs foster an inclusive culture, ensuring that all families, particularly those from vulnerable groups, feel welcomed. The environment and staff approach are culturally sensitive and non-judgmental.
- **Addressing Barriers (holistic):** Each hub acknowledges the importance of addressing social determinants of health, such as housing, financial insecurity, and domestic and family violence, to improve maternal and child outcomes.

Founded upon these integral elements, Logan's MACH Hubs play a crucial role in addressing barriers to engagement, such as geographic isolation, cultural differences and financial constraints. By offering targeted support, they empower families to access the care they need when they need it most. Through a focus on pregnant women, new mothers and young children, the Hubs help ensure that families in Logan have the resources they need to thrive.

This holistic approach is working in Logan. The Logan MACH Hubs have achieved a range of statistically significant perinatal outcomes compared to standard care in Logan⁴, including:

- Increased screening for risk factors (96.9% vs 91.7% for illicit drug use, 92.5% vs 85.5% for domestic violence, 92.6% vs 86.6% for depression).
- Increase in positive scores using the Edinburgh Postnatal Depression score (19.3% vs 13.5% standard care)
- Decreased non-instrumental vaginal births, excluding complex cases (63.0% vs 58.9% standard care)
- Increased antenatal visits (97.7% vs 93.6% in standard care)
- Increased vaccination rates for influenza (65.6% vs 59.4% in standard care)
- Increase in exclusive breastfeeding at birth (74.0% vs 69.3% standard care)

The need for data and sense-making

The need to collect and interpret data across the MACH Hubs became increasingly important as the Hubs evolved. Multiple factors required deeper insight and knowledge, including:

- **Amplification and scale.** Currently, 23-24% of women birthing at Logan Hospital **each year** access care through the Hubs. 594 women with due dates in 2024 were unable to **access** the Hubs due to capacity constraints. Given the successful outcomes achieved through the Hubs, Metro South Health indicated a desire to deliver this model to at least

⁴ 2020 Evaluation Report (O'Connor, M., & Firmin, M. (2020). Community Maternity Hubs Model: Evaluation 30/10/2020. Queensland Health)

50 per cent of all mothers birthing at Logan Hospital⁵. Logan Together was also committed to ensuring each of the Focus Communities could benefit from the measurable value of the Hubs. This meant there was a real need to understand the integral elements and any gaps in service provision through the Hubs, to ensure a robust approach could be scaled up effectively.

- **A Systems Approach.** The Hubs regularly reported against different aspects of the work, in line with the needs of their host organisation. However, there was no consistent framework for reporting. While Metro South Health collected data on antenatal care and birth outcomes, it was not integrated into the Hub reporting process and was shared separately, only with the Oversight Committee. This disconnect limited comprehensive service performance tracking and timely adjustments to the multidisciplinary care provided by the Hubs. The lack of consistency meant an overall systems review of the MACH Hubs was not possible; an essential element for advocacy and amplification, and a Logan Together requirement for mapping population level outcomes and systems change.
- **Service Capacity versus demand.** Demand for access to the Hubs is constantly high, with some Hubs not able to service 80% of applicants. The number of total eligible women is unknown, and the risk remains for those women redirected to standard care.
- **Systems Investment.** Understand the real cost of the initiative was needed to better meet consumer needs and to inform resourcing models.
- **Quality Improvement.** There was a ground-up desire for the Hubs to be the best they could be, delivering ever-increasing impact. Shared data and information was required for a strategic Quality Improvement process for the Hubs.

To meet this multi-tiered need for data and information, in 2023, Logan Together formed a collaboration with Restacking the Odds (RSTO).⁶ The initiative also hoped to capture the process of data integration and gain data insights to enable greater equity across Logan's Maternal and Child Health pathways.

Methodology

Through this collaboration, an RSTO researcher used '**service**', '**population**' and '**research**' data buckets to understand the operational landscape and data practices of the MACH Hubs.

- **Service data** is collected by organisations during service delivery, including inputs (e.g. funding, staffing), outputs (e.g. volume, quality), participation, demand, and performance.
- **Research data** is generated to validate and inform evidence-based practices and strategies. It is typically collected by universities or research institutes, but can also be drawn from legislation, industry practice guides and manuals, and used in policy and strategic contexts.

⁵ O'Connor M., & Firmin, M. (2020). Community Maternity Hubs Model, Evaluation report Logan Midwifery Group Practice. Department of Health.

⁶ For more information on Restacking the Odds, please refer to: <https://www.rsto.org.au/>

- **Population data** is sourced from government datasets, both open and restricted. It is de-identified and available across various geographic levels.

These data buckets align with the *Place-based Data Framework*,⁷ which was co-designed by place-based initiatives and organisations. The Framework guides practitioners in place on the 'how to' of accessing, collecting, and using data for the purpose of shared measurement and shared decision-making.

This work has had operational and strategic impact. Operationally, quality improvement has become a collective priority within the MACH Hubs model and strategically, the data buckets have helped inform the shared decision-making approach to scale and amplify the work. The following sections outline the steps taken to achieve this.

Detail of the Data Buckets

Service Data

To inform this work, service level data was garnered and interpreted alongside practitioners on three levels:

1. Service audit
2. Service -level Lead indicators
3. Systems mapping

Service Audit. In the first instance, a thorough account was made of service offerings within each Hub. This included an audit of:

- Eligibility for access
- Staffing across the multi-disciplinary team
- Wrap-around services within each Hub

This enabled the researchers to identify the points of difference between available wrap around support across the MACH Hubs, due to factors such as funding availability, the non-profit organisations existing service portfolios, and local resource constraints. This variability meant the services provided were not always consistent across all Hubs and were subject to change, based on funding cycles, capacity, and the specific needs of the communities being served.

This information was invaluable for advocacy and investment conversations.

The audit also highlighted an important systems challenge around Community Liaison Officers (CLOs). CLOs are present in the Hubs to help facilitate timely referrals and access to wrap-around support services available both within the Hub and externally. Each Hub uses a different naming convention for this role—such as "Cultural Connector" in the Pasifika Hub. This inhibits advocacy for the criticality of this role in the model and the need to specifically fund this component.

⁷ Thriving Queensland Kids Partnership. (2024). *The Place-Based Data Framework*. Retrieved from <https://tqkp.org.au/wp-content/uploads/2024/12/Data-Framework-301024.pdf>

Service-level Lead Indicators. The audit was further supported by accessing service level data on **Quality, Quantity and Participation**, through the RSTO lead indicator approach. RSTO supports the reporting of lead indicators to provide actionable insights on whether services are on track to achieve their desired goals or outcomes. Applied well, these lead indicators allow service providers and stakeholders to regularly assess performance, monitor progress, and make necessary course corrections to improve service delivery. The stakeholders gained further knowledge about participation levels at each of the Hubs, including identifying the number of returning consumers and the frequency and scope of support. Understanding on this level was enhanced by the strong case studies available within the Hubs, specifically around perceptions of quality of care.

Systems Mapping: Understanding the user journey. The scope of this work involved gaining a systems understanding of both the unique place, and the interdependencies, of the MACH Hubs within the broader Early Childhood system. The major output of the initiative was a comprehensive systems map of the Maternal and Child Health System seen through the eyes of a mother and her child.

The work involved extensive consultation, relationship building, and sense-making to reflect real user experiences. Insights were gathered by:

- Attendance at MACH Hub Operational and Oversight Committee meetings
- Review of existing practice guides
- Interviews and consultations with key personnel, including midwives, consumer representatives, Hub managers, community liaison officers, and child health nurses.

Through in-depth discussions, a Maternal and Child Health systems map was created to visualise the complex service landscape. The map connects quantitative and qualitative information, highlighting referral pathways, hard data and the critical voice of community experience. The map serves as a tool for practitioners, policymakers, community, and government to build a shared understanding, identify inequities, and work together to improve outcomes for children and families in the First 2000 Days; creating a shared understanding with partners in the Maternal and Child Health system.

Research Data

The collaboration allowed the research team to draw from the research and evidence identified by the Centre for Community Child Health, including international literature pertaining to the Midwifery Group Practice model and Antenatal Care best practice. The research team also drew on the Restacking the Odds Indicator Guide.

Population Data

Information about the outcomes of the Hubs, as compared to those of standard care were drawn from a range of Government sources. An inhibiting factor was the granularity available through these sources, however, some strong comparisons were able to be drawn to standard care in some instances. It remains challenging to access data specifically emanating from the individual Hubs.

MACH Hub Model Findings

Deep research into the Service level, Research level and Population level data sources enabled systems partners to identify key areas for growth and development within the MACH Hub model and the broader system. Stakeholders were equipped with the information they needed to address their shared decision-making, quality improvement and advocacy needs.

Identified challenges embedded across the system included:

- The **interdependencies for early care** within the broader health setting, which potentially affect the Hub's ability to commence care earlier in pregnancy, impacting the overall trajectory of maternal and fetal health.
- The importance of **timely, high-quality referrals and the need to strengthen and streamline transitions**
- **The need for enhanced integration of services**
- **Limited relational connections in the broader system**, heightening tendencies to disengage
- **Variations in guidelines and practice principles** across organisations
- **Challenges in accessing timely care across the system**, including waitlists, cultural and language accessibility and systems obscurity
- **Challenges of recruitment, retention and Enterprise Agreements across the system**
- **Non-standardised naming conventions** challenging advocacy efforts

Key learnings

The key lessons drawn from this collaborative process in place include the criticality of:

- **Clear Purpose.** The intentions of the exercise were made clear from the outset, fully acknowledging the different levels of comfort with data among some of the providers.
- **Trusting Relationships.** The iterative nature of the consultation process, which relied on building trusting relationships with service providers through continuous communication, helped foster readiness for strengthening data practices in the MACH hubs⁸.
- **Opt-in contribution.** The community's ability to choose their level of engagement in consultations, via an opt-in or opt-out mechanism, was vital for building trust and ensuring accountability.
- **Building data confidence together.** Confidence in using data differed across teams. Establishing a shared purpose and aligning around common goals improved buy-in and readiness for change. This helped the teams recognise the importance of data in enhancing service delivery.
- **The power of collective sense-making.** The system map played a critical role in building relationships, serving as a visual tool that helped create common ground and a shared understanding among teams.

⁸ Kania J., Kramer M. (2011). Collective Impact. *Stanford Social Innovation Review* 9(1). 36-41. Available from: https://ssir.org/articles/entry/collective_impact

- **Shared language.** A shared language is vital for a multidisciplinary approach to be effective. The system map helped different disciplines align their understanding of where services intersect and could improve - data use, tracking, and sharing, fostering clearer communication and collaboration.
- **Systems audit.** Before implementing change, understanding the current context is essential. The system map facilitated a shared view of the existing maternal and child health hub system, allowing teams to identify gaps, opportunities for improvement, and areas where data could better support decision-making.
- **Value of lived experience.** The researcher acknowledged and respected the role of community and service providers as knowledge holders, validating their experiences. This helped foster trust and build stronger relationships.
- **Feedback Loops and Sense-making.** Direct access to the oversight and operation team meetings provided the researcher with an invaluable opportunity to ask questions, share learnings, probe systematic issues and fact-check findings.
- **A systems perspective.** The fresh perspective identified in the systems map allowed the committees to identify, frame learnings for and adopt collaborative actions with the potential for transformative change, reflecting the dynamic nature of these place-based initiatives.

Operationalising the recommendations

As a result of ongoing communication between the researcher, the community, service providers, and the MACH Hubs' operational and governance teams, anticipation grew for the completed systems map and related findings. Consequently, service providers, the Operations Group, and Oversight Committee readily approved the ensuing findings and recommendations.

The MACH Hubs Operational Group has subsequently built out a quality improvement plan, endorsed by the Oversight Committee, and envisage changing their collective approach in the following ways:

- **Population level data:** Historically, midwives input perinatal data directly into the Department of Health database. This process has left Hub operators unaware of their Hubs' contribution to Maternal and Child Health outcomes at the population level. To address this, the Operational Group is working to ensure a coordinated follow-up on the outcomes of women receiving care through the Hubs, including looking at opportunities of securely linking and integrating all service data in the hubs.
- **Service level data:** This exercise highlighted the value of service-level data that has the potential to be collected and influence services within the hubs. The Operations Committee is working on identifying the Hubs' data needs and assessing their capacity for data collection with the aim of improving the quality and consistency of participation data. There are plans to redesign the consumer feedback tools to include other aspects of the Hubs, rather than just focusing on midwifery and GP services. In addition, the MACH Hubs' quarterly reporting is now standardised, which will include aligning data collection protocols across all Hubs and identifying areas for cross-service collaboration. This standardisation is critical for capturing data that might otherwise be

missed, such as referral data, type and scale of therapeutic supports, and client experience data.

- **Research and collaboration:** The process of mapping data needs and opportunities in the MACH hubs was supported by extensive research, including a review of relevant legislation, user manuals, and guidelines for providing Maternal and Child Health care in Logan. This research also highlighted that practitioners possess valuable knowledge but may need support to frame and collate this knowledge for collective action. Logan Together is currently building out opportunities for capacity building two ways to ensure community and practitioners have the framing and foundations they need to amplify impact.

Future Direction

The MACH Hub Oversight Committee and Operations Group remain committed to identifying opportunities to standardise and rationalise data collection, research and learnings in the MACH Hubs.

Integrating Research and Community Wisdom: Brain Building for Better Futures

Background

Childhood is a critical stage of life for mental health. This is a time when rapid growth and development take place in the brain. How brains are built in childhood shapes future mental health⁹. Logan's community recognises this and has asked for themselves and those wrapping support around their children to have a greater understanding of neuroscience, or 'brain building' (see Logan's Collective Plan¹⁰). The focus of brain building in Logan is both a response to the Collective Plan priority, as a critical element of Logan's First 2000 Days Model (Figure 2), and a recognition of the neuroscience data that talks about what children and families need to thrive. Building strong and healthy brains in the early years will enable Logan's children the best chance to develop healthy brains, bodies, relationships and futures.

Brain Building for Better Futures

The purpose of Brain Building for Better Futures (BBBF) initiative is to co-design an approach that supports knowledge translation of brain building for the Logan community through creating shared understanding and language. BBBF is an initiative of Thriving Queensland Kids Partnership (TQKP) in collaboration with Logan Together and supported by the Queensland Mental Health Commission (QMHC), via a Better Futures Grant. The Better Futures Grant program supports the QMHC's *Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028*, which supports innovative, long-term approaches to mental health and wellbeing.

The initiative draws on national and international expertise, including leveraging existing TQKP partnerships with the Queensland Brain Institute, the Frameworks Institute, and Yiliyapinya Indigenous Corporation. Locally, Gnirigomindala Karulbo ensures strong First Nations leadership and cultural accountability.

The objectives of the BBBF initiative are:

1. With community and services as context experts guiding the co-design process, co-create and trial knowledge translation approaches that build upon the existing strengths and knowledge of brain building in Logan.
2. With community and services as context experts, support the development of shared understanding and language of brain building in Logan.
3. Through co-design and two-way learning, understand how the Brain Building Metaphors and other tools and resources could support brain building in Logan.
4. In collaboration with community partners, carry out, evaluate and distil knowledge translation approaches regarding the development and implementation of shared understanding and language of brain building in Logan.

⁹ World Health Organization. (n.d.). *Improving the mental and brain health of children and adolescents*. Retrieved June 01, 2025, from <https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>

¹⁰ Logan's Collective Plan, available from: https://www.logantogether.org.au/_files/ugd/494bc3_7027f75664974ae793bb9ec05cb1088c.pdf

5. Apply a developmental evaluation approach throughout the project to appropriately learn from, understand the impact and modify the project in real-time in response to identified risks and community needs.

The need for data and sense making

Logan Together recognizes the importance of, and draws from, quantitative and qualitative data to ensure Logan's First 2000 Days Model is informed by evidence and community's lived experience. The translation of the evidence into everyday family interactions, teaching, and learning in the early years requires an approach that is both evidence-based as well as accessible and relatable in the community it seeks to serve. Brain Building requires an implementation approach that identifies the integral elements of Brain Building in Logan by bringing together the local knowledge or 'community' data bucket with the 'research' data bucket.¹¹ The co-design process provided the space to explore the community and research data buckets together as a diverse team of neuroscience practitioners and community to sense make what Brain Building will look like in the Logan community.

Co-design process

Through a series of workshops, the co-design team conducted a scan of Logan's existing brain-building initiatives, identified what works (and what doesn't) for the Logan community, and reviewed national and international evidence on knowledge translation creating a shared understanding and language of brain building.

Foundations of community co-design and shared decision-making

The co-design team included people with lived experience of mental ill health, First Nations Leaders, community members including people from the Multicultural, Pasifika and Māori community, and service organisation representatives. This ensured the diverse perspectives from Logan's community were guiding the co-creation process. At the first co-design workshop, the priority was to build a flat non-hierarchical way of working. The workshop was facilitated to encourage connection and equality, avoiding emphasis on qualifications or professional roles. This built safety and trust, allowing all team members to feel valued for their lived experience and wisdom, and enhance their role in shared decision-making.

The team used Logan Together's "Ingredients for Success" (Figure 3) to reflect local ways of working. By adhering to these they maintained strong relationships, cultural inclusion, and shared leadership. When concerns arose, the team was able to pause, reflect, and reset—ensuring co-creation remained central to the process.

¹¹ Thriving Queensland Kids Partnership. (2024). *The Place-based Data Framework*. Available from: <https://tqkp.org.au/wp-content/uploads/2024/12/Data-Framework-301024.pdf>



Figure 3. Logan's Ingredients for Success

The following illustrate the inputs in the co-design process, and how, at the strategic level, the data buckets helped to inform the shared decision-making approach.

Community data

Throughout a series of co-design team workshops, learning tools captured community wisdom, including:

- **Summary of the Co-Design Team scan about Brain Building in Logan** – the types of spaces where brain building knowledge was being shared in Logan, including community spaces, online spaces, workforce settings, educational spaces, policy and practice development and directly with children and families.
- **Where Brain Building is happening in Logan right now** – a comprehensive list of the specific locations or programs supporting brain building in Logan.
- **What is happening in the First 2000 Days initiatives that supports Brain Building in Logan** – an exploration and synthesis of brain building knowledge that was shared in Maternal and Child Health Hubs, in Sustained Nurse Home Visiting, in the Thriving and on Track offerings and in High Quality Play.
- **“Ingredients for success” for brain building in Logan** – contextualised examples of the “Ingredients for success” to support brain building in Logan.

- Logan Scan and alignment with the Brain Building Metaphors checklist – linking the comprehensive list of the specific locations or programs supporting brain building in Logan with those that currently (or could) support the brain building metaphors.
- **What are the key messages that already exist that have been creating a shared language and understanding of brain building in Logan** – a de-identified list of the shared understanding and languages identified in scanning Logan strengths in brain building and the research origin of these (if applicable).

Research data

Prior to the culmination workshop, national and international evidence available through existing partnerships and resources were reviewed. This included peer reviewed research from Harvard Centre on the Developing Child^{12,13,14} Alberta Family Wellness Initiative¹⁵, Save the Children¹⁶, and the Queensland Brain Institute¹⁷. The review included the Brain Builder Metaphors¹⁸, and sought to answer the key questions below.

1. **What does the research tell us about knowledge translation to create a shared understanding and language for brain building?**

The literature was distilled into four commonalities:

- **Common language** creating a shared understanding of early childhood brain development has helped create joined-up policies and actions to support young children across communities.
- **Common understanding** that a child's early experiences are important in shaping their own lives and the futures of their children and their community.
- **Common language and understanding were used across all audiences –** community, workforce and policy makers.
- **General alignment** with both ARACY Nest domains and the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework.

¹² National Scientific Council on the Developing Child (2018). *Understanding Motivation: Building the Brain Architecture That Supports Learning, Health, and Community Participation* Working Paper No. 14. Retrieved from www.developingchild.harvard.edu.

¹³ Center on the Developing Child at Harvard University (2011). Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11. <http://www.developingchild.harvard.edu>

¹⁴ Center on the Developing Child at Harvard University. (n.d.). *A guide to brain architecture and early childhood development*. Retrieved March 5, 2025, from <https://developingchild.harvard.edu/resource-guides/guide-brain-architecture/>

¹⁵ Alberta Family Wellness Initiative. (n.d.). What we know. Retrieved March 5, 2025, from <https://www.albertafamilywellness.org/what-we-know/>

¹⁶ Save the Children US. (2023). *Ten years of Building Brains: An evidence synthesis of uptake and impact to date*. Retrieved March 6, 2025, from https://resourcecentre.savethechildren.net/pdf/Building-Brains-Report_V7_12-Feb.pdf

¹⁷ Staton, S., Coles, L., Normore, G., Casey, C., Searle, B., Houen, S., Potia, A., Crompton, R., Long, D., Hogan, M., & Thorpe, K. (2024). The Brain in Context: A Scoping Review and Concept Definition of Neuro-Informed Policy and Practice. *Brain Sciences*, 14(12), 1243. <https://doi.org/10.3390/brainsci14121243>

¹⁸ Thriving Queensland Kids Partnership. (n.d.). *Section 6: Tested Metaphors*. Retrieved March 3, 2025, from <https://tqkp.org.au/section-6-tested-metaphors/>

2. From the international research, what were the common themes across initiatives?

Seven common themes emerged from the international research that created a shared understanding and language of brain building. This included: serve and return, brain architecture, emotional regulation, executive function, toxic stress, resilience and secure attachment.

3. What worked for knowledge translation to create a shared understanding and language for brain building?

From the literature eight key conditions were distilled. This included:

- simplifying complex science
- tailored to different audiences
- evidence-based
- clear and consistent messaging
- highlight impact of early experiences
- defining key concepts
- promoting common terminology
- bridging research and practice

4. How was knowledge translated to create a shared understanding and language for brain building?

From the literature ten key approaches to how knowledge was translated were distilled. This included:

- Training and capability building across the continuum
- Case studies and community stories
- Cross-sector collaboration
- Actionable / practical insights from diverse audiences
- Focus on relationships and resilience
- Influencing policy and public awareness
- Community and stakeholder engagement
- Considering how words influence the outcomes we want to achieve
- Community-level engagement – visual tools to help make brain building concepts accessible
- Collaborative (digital) platforms

Research data synthesis

The distillation of the above research was printed onto data cards. The data cards were created to make research as accessible as possible to all members of the co-design team. They were a crucial factor in integrating the data buckets.

Integrating the data buckets

Three sets of data cards were developed to enable the co-design team to work with this information collaboratively and creatively. These included:

1. Brain Builder Metaphors

2. Seven Common Themes in the International Research
3. Key Messages in Logan aligned to the Brain Building Metaphors

To create a shared language and understanding of brain building in Logan, the data cards were used by small groups during a culminating co-design workshop for the following tasks:

- **Neuroscience Themes** – which neuroscience common themes will the co-design team prioritise in Logan to create a shared language and understanding of brain building?
- **Metaphors for Neuroscience Themes** – which metaphors will the co-design team prioritise in Logan to create a shared language and understanding of brain building?
- **Language** – our common definitions. From the above prioritisation, how did the co-design team want to define the neuroscience themes to be as accessible as possible to meet the diverse needs of the Logan community?
- **Helpful messaging** – what were the key messages that were consistently used across Logan that needed to be included in the shared language and understanding of brain building?
- **Tools and Resources** – what tools and resources would support ‘rippling out’ this shared language and understanding of brain building?
- **Approaches for Knowledge Translation** – given the literature, what and how should knowledge translation take place for brain building in Logan?
- **What assets do we have that we could leverage to support this knowledge translation of the shared language and understanding of brain building in Logan?**

The co-design team (the ‘Brain Builders’) emerged from the culmination workshop with six key icons and metaphors: *Brain Foundations, Strong and Safe Connections, Serve and Return, Harmful Stress, Traffic Control, and The Resilience Scale*, designed by and for the Logan community to make complex neuroscience understandable and usable. Each icon and metaphor had key messages aligned to it, which further strengthens and supports the community to understand this neuroscience concept.

Early Insights

The Brain Building for Better Futures process has demonstrated alignment with the key learnings including:

- **Clear purpose.** The co-design team had a clear purpose when they came together with the synthesised data and scanning of Logan’s brain building strengths – to co-design an approach that supports knowledge translation of brain building for the Logan community through creating shared understanding and language.
- **Trusting relationships.** Trusting relationships had been built during earlier workshops. The workshops always started by setting a safe and respectful circle where power was shared. During these workshops scanning of the strengths of brain building in Logan occurred, alongside neuroscience practitioners sharing examples of brain building in practice.
- **Opt-in contribution.** Co-design team members could choose their level of engagement during the workshops. Participation and contributions were always voluntary, and the workshops were planned to allow contributions from the team to be captured in various ways e.g. working in pairs, small groups, large groups.

- **Building data confidence together.** The community data was collected during co-design workshops and therefore owned by the co-design team. Prior to the culmination workshop, the co-design team had heard from neuroscience practitioners to build their knowledge and understanding prior to using the research data for shared decision making.
- **The power of collective sense-making.** The co-design team creating a shared understanding of the existing strengths of brain building in Logan played a critical role in the co-design team building relationships and trust with one another. Creating this common ground built a strong foundation for the creation of the shared language and understanding of brain building in Logan.
- **Shared language.** The co-design team have created a shared language and understanding of brain building in Logan, including icons, metaphors and messages. They developed opportunities to be able to continue to expand the impact of this work through the places and spaces they have influence in.
- **Systems audit.** Before launching into creating a shared understanding and language for brain building in Logan, the co-design team had to understand if this already existed. Whilst many strengths in brain building existed in Logan, a shared understanding and language was not yet in place.
- **Value of lived experience.** The role of people with lived experience of mental ill health, and people from First Nations, Pasifika, Māori, and multicultural communities were critical to ensuring the shared language and understanding would support the diverse communities in Logan. The contributions of all people in the co-design team were acknowledged and respected, and this helped to guide the co-design process through robust discussions and feedback along the process.
- **Feedback loops and sense-making.** Each iteration of the icons, metaphors and messages for brain building were shared with the co-design team to ensure the feedback (both during meetings and outside of meetings) was documented accurately.
- **A systems perspective.** Identification of new ways of considering brain building through a shared understanding and language has enabled co-design team members to consider and enact this approach within their family, communities and organisations.

Impact and Rippling out

Brain building in Logan is community-owned and community-designed. It has the potential to ‘ripple out’ to hardy reached and hardy heard families through partnerships with early childhood providers and trusted online spaces like *Mums n’ Bubs Logan*, which has over 31,000 members.

The ‘Brain Builders’ are using an action-learning cycle as they trial the icons, metaphors and messages in real-world community settings. Action-learning enables the Brain Builders to reflect, share, and identify resource needs to support the broader translation of brain-building knowledge in Logan. As people in Logan are hearing about the brain building movement, more people have joined the action learning group and continue to grow the movement. Data is being captured through learning journals to help identify what works and what needs adjustment for this brain building approach.

This approach to community mobilisation, builds momentum for change and encourages more people to join the brain building movement in Logan. Community hubs and community connectors will play a crucial role in ‘rippling out’ by embedding the brain building language and understanding in their offerings. Community-led ways will ensure the processes and relationships required for exchanging brain building knowledge are culturally responsive and accessible to the diverse communities in Logan.

Brain Building for Better Futures has the potential to inform and shape policy that incorporates neuroscience in the early years. Interest is rapidly growing in how neuroscience can be translated to support the Early Years Learning Framework¹⁹ and the National Early Years Strategy 2024-2034²⁰, as well as the development of key messages for neuroscience in the early years that directly supports the Place-Based approaches and State initiatives²¹. Co-created knowledge translation ensures community relevance and accelerates meaningful change.

With a shared language and understanding, everyone—from parents and carers to policymakers—can be better equipped to support children, families, and the systems around them. This will give children in Logan the best chance to thrive—now and into the future.

¹⁹ Australian Government Department of Education [AGDE]. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)*. Australian Government Department of Education for the Ministerial Council. Retrieved June 1, 2025, from <https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf>

²⁰ Commonwealth of Australia, Department of Social Services. (2024). The Early Years Strategy 2024–2034. <https://www.dss.gov.au/system/files/resources/early-years-strategy-2024-2034.pdf>

²¹ Williams, Kate, Burr, Tanya, L'Estrange, Lyra, Walsh, Kerrynn, Lipp, Ottmar, Irvine, Susan, Hogan, Michael, & Lockyer, Lori (2023) Translating neuroscience to early childhood education: A roadmap for Queensland. Queensland University of Technology, Brisbane, Qld.

Leveraging data for collective action: Developing a Collective Plan

Introduction

Strong Beginnings, a Collective Impact initiative and Focus Community in the Logan Together movement, harnessed community voice to develop a community collective plan for enhancing the wellbeing of children. Community data (qualitative insights reflecting lived experience) and population data (quantitative data sourced from publicly available datasets) were applied and integrated into the process to create the opportunity for shared decision-making in Yarrabilba and Logan Village.

Background

Strong Beginnings is focussed on making sure children in Yarrabilba and Logan Village are happy, healthy and thriving now and for generations to come by returning the power to their community through place-based and collective impact approaches. Strong Beginnings is a Focus Community in the Logan Together movement, covering the suburbs of Yarrabilba and Logan Village. Yarrabilba is a Priority Development Area (PDA)²² of Logan, while Logan Village is a neighbouring semi-rural suburb with acreage living and an established community. Both suburbs are experiencing opportunities and challenges as part of being in a new growth corridor.

The community, who live and work in Yarrabilba and Logan Village are seeking to share the responsibility for how policies, programs, service delivery and funding are developed, designed and aligned to community needs, while sharing accountability for risk management, evaluation, impacts and outcomes.²³ The community hold the wisdom and local insights critical for place-based change. Recognising this strength, Strong Beginnings embarked on a journey towards a community co-designed collective plan. The aim was two-fold; to understand community needs and challenges for their families and children, and to mobilise the community around a shared purpose: to support thriving children and families.

Leveraging data

Community data

To ensure a community-led approach, the Strong Beginnings Backbone Team and its advisory group (made up of community members and local service providers) sought to gather community perspectives on the current priorities, challenges, and opportunities around children thriving and achieving their dreams in the community. This effort, conducted over an 8-month period (April to November 2024), was referred to as *1,000 Voices*. The approach of gathering community voice included responding to four open-ended questions²⁴ that were intended to leverage local wisdom and experiences. The process aligns with Logan Together's Data and Evaluation principles: Relationships, Equity, Inclusive voice, Community data

²² Priority Development Areas are tracts of land within Queensland identified for land development to deliver significant benefits for community and economic development purposes. Source: <https://www.edq.qld.gov.au/our-work/priority-development-areas-pda>

²³ Adapted from: Stronger Places Stronger People partnership and Backbone Alliance Group: Shared Decision-Making Paper April, 2023

²⁴ Adapted from the community conversations by Harwood, accessed at <https://vermontlibraries.org/wp/wp-content/uploads/2018/05/Community-Conversation-Workbook.pdf>

sovereignty, Transparency, Benefits, and Two-way learning. Principles are “the ways of working that guide the way we access, collect or generate data” (The Place-Based Data Framework).²⁵ The exploration of some of Logan Together’s Data and Evaluation principles in practice through the co-design approach reveal what it takes to harness community data:

Principle 1: Relationships

Partners from The Salvation Army, Mercy Care, the YMCA (at the Buzz community hub), the Family and Community Place and Jinndi Mibunn (Aboriginal Controlled Community Organisation (ACCO), with pre-existing and trusting relationships within the community collaborated with Strong Beginnings to carry out community conversations. By honouring the strong relationships present in community and sharing engagement approaches collectively, it ensured community conversations were authentic and built on trust.

Principles 2 & 3: Equity and inclusive voice

Careful considerations were made to ensure that conversations with the community occurred in places and spaces where they regularly visited, with their consent. In an effort to collect as many voices from as many community members as possible, community responses were collected in a variety of settings, including community events such as movie nights, community markets, schools, The Buzz²⁶, the Family and Community Place²⁷ (a Department of Health integrated child and health hub), and Freedom Fortress (Yarrabilba’s community backyard for loose parts play). Meeting community in their spaces meant there was equity in who was heard and how they were heard.

Demographic results were analysed throughout data collection to ensure appropriate representation of community voice, including age, sex, and cultural background. Building on the results from the demographic analysis, the broader advisory group explored engagement strategies to determine if there were further collaborative opportunities to hear from voices who were underrepresented, including First Nations, middle-aged males and retirees (65+ years old). Individuals who had established relationships with these groups were instrumental in fostering engagement and collecting the voices from the demopgraphics that were underrepresented.

The voice collection was only finished once the Strong Beginnings movement had implemented the numerous engagement strategies they had developed, and there was broad diversity in the voices collected, including those from children.

Principle 4: Two-way learning

Strong Beginnings and partners learned that each space had different processes and practices for engagement which provided learning opportunities for Strong Beginnings and partners to adapt their approaches, resulting in more effective community engagement. For example, Jinndi Mibunn worked closely with local First Nations partners to collect voices in ways and in spaces that were appropriate, including in schools and Early Years Centres. This supported the team to understand what First Nations families are experiencing as they navigate in this newly emerging community. In another example, a male colleague specifically sought responses from middle-aged males and had community conversations at the Men’s Shed to hear from retirees, who were underrepresented in the initial responses. Partnering with schools resulted in creative

²⁵ Thriving Queensland Kids Partnership. (2024). The Place-Based Data Framework. Retrieved from <https://tqkp.org.au/wp-content/uploads/2024/12/Data-Framework-301024.pdf>

²⁶ <https://ymcaqueensland.org.au/services/community-centres/yarrabilba>

²⁷ <https://www.childrens.health.qld.gov.au/our-work/family-and-community-place-yarrabilba>

ways to hear from children, with one school implementing a buddy activity, where older children started conversations using the four questions with the younger children. With the flexibility to adapt community engagement styles to meet diverse needs of the community, the 1,000 voices approach has provided an opportunity to learn and uncover rich community insights.

Principle 5: Community data sovereignty

Prior to commencing conversations, community members were provided with information about how their voices will contribute to developing a collective plan, owned by the community. At the end of the 1,000 voices collection, themes emerging from analysis of the voices became the focus of the community-led workshop “Our Voices, Our Choices”. Equipped with their data, approximately 50 community participants engaged in shared decision-making around their community priorities to inform their collective plan. This opportunity to discuss issues and co-create a collective plan gave the community a way to express their ideas and be part of shared decision-making, informed by their own collective data.

Population data

The backbone team presented the thematically analysed community data, alongside population-level data²⁸ for Yarrabilba and Logan Village to create a robust discussion around community priorities. Population-level data was sourced after exploring the key themes from 1,000 voices and determining the questions about what evidence would add context to the themes raised. Local population-level data was presented on data cards and visualised in graphs and tables to provide community and stakeholders the ability to interpret the data in a comparative nature that is accessible and useable. Recognizing that population-level statistics could not fully explain some of the issues raised through community voice (for example, some of the issues mentioned could not be supported by available data, some of the data was outdated and some data was not specific to the suburbs), practical support was sought from the Strong Beginnings advisory group members to source community-level data from local service providers. Sharing at this level proved challenging and Strong Beginnings were only able to secure very limited service-level data in the given time frame. This experience with service-level data highlights critical lessons around data sharing; the understanding that building trust with data holders takes significant time and cultivation, and the importance of Logan Together’s backbone team to develop robust and comprehensive data sharing agreements with service partners over time.

Integrating the data buckets: Sense-making with community

At the “Our Voices, Our Choices” workshop, community voice data alongside service-level and population-level data aligned to the key themes of ARACY Nest domains allowed community to engage in deep conversation about the issues, challenges and opportunities of their community, whilst talking honestly about the system challenges that hold issues in place. This combining of ‘community’ and ‘population’ data buckets for sense-making allowed community the chance to explore and contextualise themes to gain insights into the depth and breadth of the issues in their community. This event provided the opportunity for learning and acting together through community mobilisation, with those committed to creating vibrant opportunities and impact for Yarrabilba and Logan Village. The community and some of their key

²⁸ Data was obtained from various publicly available sources including but not limited to: AEDC, ACARA and ACECQA, NAPLAN, ABS, QLD Police, AIHW, QLD Perinatal Data Collection and Social Health Atlas of Australia.

stakeholders held deep conversations to consider the results and speak to the themes raised under each of the domains. From this half day of in-depth conversations, community members developed statements that represented priority areas for their community in line with each of the ARACY domains.

These were then taken to the broader community at a celebratory weekend market day organised by Strong Beginnings (Figure 4), and all participants²⁹, including children in attendance, were given a chance to vote for three of their most important priorities.



Figure 4. Whiteboard illustrating the ‘dotmocracy’ voting of community

This ‘dotmocracy’³⁰ activity achieved four important goals:

1. share the summarised community conversation results back with residents (developing community trust and continued engagement)
2. raise awareness of Strong Beginnings' work and foster a deeper sense of agency within the community
3. translate community’s collective sentiments and identified themes into clear areas of priorities
4. garner further interest from community members and stakeholders in being informed about or actively involved in the ongoing work of Strong Beginnings

The road ahead

In June 2025, Strong Beginnings and the advisory group, were in the process of considering indicators that align to the desired outcomes expressed by the community as they start to build out the community’s roadmap. Their future focus is to explore the enablers and conditions in place to determine the most effective ways to support their communities’ priorities as they develop out strategies and identify actions to address these priorities. Harnessing community voice and priorities into a roadmap that supports high-leverage actions is a critical stage for any

²⁹ It is estimated that 500 community members voted on community priorities.

³⁰ BetterEvaluation. (n.d.). *Dotmocracy*. Retrieved 30 March, 2025, from <https://www.betterevaluation.org/methods-approaches/methods/dotmocracy>

collaboration as it will guide and lead to sustainable collective impact work in Yarrabilba and Logan Village in the medium to long term.

Strong Beginnings continues working closely with community and partners as they move continue building on this work. The collective plan which showcases the community's voice for this Priority Development Area has garnered keen interest from various government agencies and key players. There is now a group of diverse senior executives from government departments who are coming together, sharing resources to work in a unified approach to ensure the Yarrabilba community is well-supported as it continues to grow, leveraging off the deep work of Strong Beginnings in the community to ensure this happens. This is a great example of how powerful community data can be in shaping social policy and investment right up at the top, when strategic alignment happens from the ground up.

Key Learnings

Throughout the co-design process, Strong Beginnings have built trust with the community, developed strong partnerships and demonstrated clear community priorities through the development of the collective plan. The Strong Beginnings movement have also learned things along the way that will help create strong foundations and processes for data collection and engagement with community as they continue this work, along with sharing these with others who embark on a similar journey in other communities. Some of the key lessons learnt are:

1. **Work closely with local partners and communicate with clear objectives** to achieve shared outcomes when collecting community voice. This is an ongoing process for place-based initiatives and therefore laying strong foundations through partnerships is critical for long-term success.
2. **Invest time to build a culture around data sharing** with community and services for shared decision-making. Data agreements that are developed and embedded with partners will help with collaborating on service-level data in time sensitive scenarios.
3. **Adjust to community rhythms:** Prepare to be adaptable and flexible with time and ways of engaging with different communities. Trusting the process and being open to what community say and contribute to will open further opportunities for how to collaborate and co-design with community.

Accessible and useable data is crucial in enabling communities to develop a collective plan that is reflective of community priorities, that they feel ownership in collectively creating. Integrating data buckets in practice allows people and communities to have a genuine and informed say about what happens in the community and provides the opportunity for shared decision-making.