SDR SERVICE DESIGN RESEARCH UK NETWORK

Towards a mature Service Design Research field

Building up the knowledge

Summary Report

22nd October 2013

www.servicedesignresearch.com/uk

About SDR UK

Service Design Research UK (SDR UK) is an AHRC funded project that aims to create a UK research network in the emerging field of Service Design. SDR UK is organising 3 workshops to map the field and illustrate with examples and research work what Design can do for service innovation. Each workshop will share case study experiences, map existing knowledge at the core and boundaries of the field and identify knowledge gaps and research questions that will inform the following workshop. Final results will feed into a positioning paper to be presented at ServDes conference in April 2014 at Lancaster University (servdes.org) and into potential research bids collaborations.

SDR SERVICE DESIGN RESEARCH UK NETWORK

The workshop

Agenda

10:00 – **Welcome and introduction to SDR UK**

10:15 – **Case studies presentations**
Experienced Based Co-Design – Glenn Roberts, King's College London
Design for Social Change – Mary Rose Cook, Uscreates and Katie Collins, University of West England
Design for New Ventures – Jennie Winhall, previous Participle

11:00 – **Group Discussion**

11:30 – **Activity 1: Project mapping**

12:45 – **Lunch**

13:30 – **Activity 2: Building the knowledge**

14:45 – **Activity 3: Possible research questions**

16:00 – **Closure**

Participants

Case studies
Glenn Roberts – King's College London
Mary Rose Cook – Uscreates
Katie Collins – University of the West England
Jennie Winhall – (previously Participle)

Workshop participants (UK)
Camilla Buchanan, Design Council
Youngok Choi, Brunel University
Yvonne Harris, Design Council
Paola Pierri, Mind
Jo Pullen, Activemob
Jane Tinkler, London School of Economics

Workshop participants (International)
Sabine Junginger, The School of Design Kolding (DK)

Advisory Board members
Stuart Bailey – Glasgow School of Art
Alastair Macdonald – Glasgow School of Art

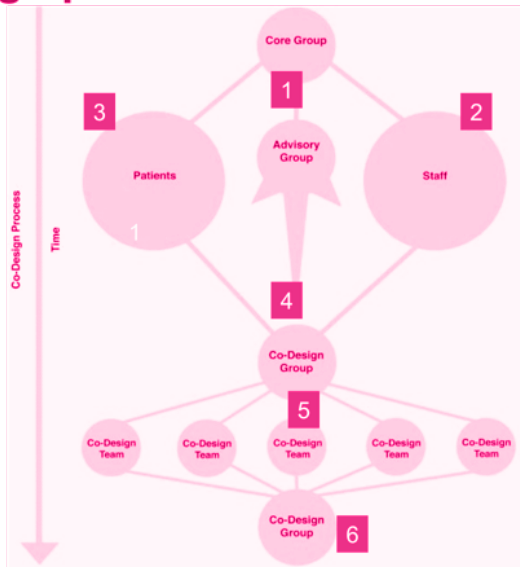
SDR UK coordination
Daniela Sangiorgi — Lancaster University
Alison Prendiville – University of the Arts London
Amy Ricketts – Lancaster University

Case study presentations

Glenn Roberts
Experience Based Co-Design

A 6-stage design process

1. setting up
2. engaging staff & gathering experiences
3. engaging patients and gathering their experiences
4. bringing patients and staff together to share experiences & begin co-design
5. detailed co-design activities
6. coming back together: celebration, review & renewal



Source: Bate & Robert, 2007

In 2011/12, as an evolution of the Experience-based Co-design (EBCD) approach that was first piloted in 2005/06, a free-to-access online toolkit for health care practitioners was developed in collaboration with the Kings Fund. Then in the summer of 2013, partly with the aim of evaluating the usefulness of the toolkit to practitioners, an international online survey was conducted. The survey found 57 implementations of the EBCD approach with projects in the UK, Canada, Sweden, the Netherlands, Australia and New Zealand. The online survey reported particular weaknesses of the EBCD approach relating to varying levels of staff engagement, and the approach being too time consuming. Whilst respondents reported the value of exploring in much more depth the nature of patient experiences (resonating with narrative medicine approaches), the survey results (and follow-up telephone interviews with a sample of respondents) suggested implementing 'co-design' was much more challenging. In response to feedback that the approach was too time-consuming a National Institute for Health Research project explored whether using an existing collection of videos of patients talking about their

experience of illness – healthtalkonline – could trigger the co-design process. This accelerated form of EBCD (AEBCD) was tested in two intensive care units and two lung cancer services. This proved to be much quicker, and resulted in similar types of service improvement. However, the question remains of whether the evolution of the approach over the last 10 years has led to the loss of the unique value designers can bring to these types of projects.

Implementation: main issues are around knowledge skills transfer as they train practitioners or quality improvement facilitators within healthcare organizations through mentoring. This approach does not work well if the facilitators do not have the skills and capabilities to implement it, and the mindset. Also it is important how you frame it, as they really need to speak the language of quality improvement in healthcare if they want to get people's attention. How much fidelity do you need to pay to the original model and process?

Embedding: Is this embedding at the macro level, at the system level, in their case around the NHS? Is it around the meso level, so the organisational level, so in a hospital? Or embedding at the micro level around a particular front line team? Embedding in these types of context is inevitably going to involve some tailoring adaptation, customisation by the end user.

Measurement: In order to measure the impact of these types of projects they have used the Medical Research Council complex interventions framework that guides researchers and practitioners on how to evaluate complex interventions in the healthcare context. It is generally used for clinical aspects of care, but they have applied it to an EBCD project that aimed to improve support for carers of patients receiving outpatient chemotherapy. They have to think much more about capturing costs around these types of co-design approaches and then comparing them in terms of the relative benefits that result from traditional approaches to patient public involvement in the health care sector.

Scaling up: the accelerated EBCD approach and other accelerated adaptations that they are thinking about are a way of scaling up. Another issue is around capacity and capability of health care staff but it has not been a problem to date to find the right types of people working in NHS organizations who can lead these projects locally.

Mary Rose Cook and Katie Collins
Design for Social Change

Located in a very deprived neighbourhood in Gloucester, with high levels of alcohol abuse, Mary and Katie were asked to come up with solutions that would deter people from becoming alcohol dependent. Instead of designing more leaflets, which would be inappropriate and probably ineffective, they were inspired by participatory research methods with the aim of working with people in the neighbourhood, giving them the power to inform them how they should go about trying to solve the problem.

Methodology: a base line survey was conducted with 300 residents in order to start the co-design activities. Stakeholder workshops were also set up to bring together local organizations within the community together – including charities, police, volunteers, and local alcohol organisations. People were asked to identify the goals of the project and how they would like to get there and with whom should they talk to? Method stations were also set up across the area, inviting different residents and community groups to come and work with them to understand how they could best interact with the community and how they could obtain the most insightful information.

The biggest question that emerged was: How do we empower people to co-design projects when they might not be experts and they might not know what options there are to work with? In addition it became apparent that the local people did not want paper scripts or to talk over them with lots of different people. They did not want a formal research process. Consequently people were interviewed in pubs. The original intention was to connect with a group of people that would co-analyse the data with them. This did not actually happen. People were happy to share their ideas and stories but did not want to give up their time. The data ended up being analysed in a traditional thematic way and these ideas were then shared with the community in a similar way. Case studies were documented and visualized, and four were extracted that best represented the different experiences within the theme of alcohol dependency. These provided the structure for the co-design events that followed. From the co-design events, approximately 40 recommendations were made including a podmobile, which would visit areas and engage with local people; this was seen as one of the biggest problems.

The vehicle was to deliver interventions and also to act as a stimulus for conversations. A street café was also set-up, which provided the residents with something that would encourage them to leave their houses and have tea with their neighbours.

Measurement: The question was raised how could you design a survey to measure something that you have no idea of what it was going to be? The Social Determinants of Health model was quoted, not as part of the evaluation but to illustrate how it is so complicated to evaluate work of this nature. Unemployment, the local economy are all part of the problem. In addition mid-way through the project the PCT changed the service provider so they were prevented from doing a deeper evaluation.

Co-designing is all about engagement, participation and collaborations with the outcomes being more responsive services at the end. It is about enhancing trust and positive engagement and it is also about building social capital. This has been very evident throughout the fieldwork.

Jennie Winhall
Design for New Ventures

Jennie Winhall presented a project in collaboration with Southwark Council, the Department of Work and Pensions, and Sky Media that was about designing better solutions for an ageing population.

Research: Time was spent with about 140 older people, understanding their relationships with their families and what they wanted and what they wanted their life to be in the future. This gave a number of insights: a large number of people were actually skipping the third age; most of the councils were cutting the kinds of services that are more social, while people who were doing better in later life were those people with good social connections; also many families were living at a distance from their older relatives and wanting to support their grandparents or their parents from that distance.

Ideas and co-design: After many iterations they ended up with an idea of a membership organisation for the third age that would help elderly people stay on top of practical things at home, remain socially connected with people who were of interest to them, and find ways of putting their experiences to good use and living life with purpose.

Prototyping & Business Modelling: A 12-week experience prototype was started, where they worked with a range of older people and a number of neighbourhood helpers, running a kind of on-demand concierge service. Through running the experience prototype they turned what they were learning into a dedicated business plan, going through all the possible actions and interactions and then working with Southwark council to put a cost against that, either a direct cost or a preventative savings. This allowed the building a business case and in 2008 Southwark Circle was launched with a million pound seed capital.

Soft Launch: Circle is a membership organisation. People pay anything between £10 and £20 to join, that gives access to a network of neighbourhood helpers, all of which have different skills, and access to the range of social events that are designed and organised by members themselves. It is entirely demand driven and run through neighbourhood helper networks with the help of a very smart CRM system that organises the tasks, the jobs and the events.

Roll out: for each new site they started the design process again through a local scoping activity. In Suffolk they identified 6 particular living situations, each of which required a different range of services. They then built an algorithm to tweak different variables depending on the nature of the location, to understand what costs were involved. To date they have rolled Circle out to different locations and they have measured all the activity. They measured also something they call "capability" meaning whether people are building new social connections, if they are nurturing them, if they are learning new skills, and continuing to use those new skills; also whether they are making a contribution to the community. This has been very interesting to the Department of Health, the Office of National Statistics, and useful when they bid for a new tender.
The biggest success for Circle is that they have managed in some way, to change the social care market in UK, as many of the local authorities across the country, who are putting out new tenders for their older people's service, are now doing it on a Circle model.

Project mapping

Project mapping
Social Change

When mapping the first project by Uscreates on the New Service Development cycle the first considerations that were done were about the differences between these kinds of projects with more traditional service design ones. When considering the 'audit' phase the biggest questions are about how to **measure impact** and what is actually left behind, the legacy. How do you create lasting capabilities and how do you evaluate that? Also participants don't always see the long term benefits and they might get resistant over time with more engagement initiatives. Measurement and proving impact is becoming fundamental also for competition issues as other non-design consultancies can claim to do similar things. Evaluating **ethical implications** is also fundamental if compared with other kinds of projects.

Another aspect is related to the application of **participatory approaches** which are fundamental across all the process, as people can't be used as resources, but need to be engaged as active participants. If there are too many projects though, people might become resistant to engagement, what they call 'co-design fatigue'. How do you develop trust? Who has the real power to make decisions? And also if the process is really participatory, who gets the credit for the project? What is the actual role of a designer?

It was then pointed out that we need to **distinguish between 'designing' as a verb and 'designer'** as a profession, as mixing the two up might generate confusion and misunderstanding. All organisations do design, which might not be in the way professional designers do and some of the discussion about embedding design into organisations seems to be about trying to turn everybody into designers which does not work.

Finally there were questions on the differences in they way in which designers approach these kinds of projects; is it any **different from other existing approaches** that are currently in use like the 'Asset Based Community Development" or the 'formative evaluation' or 'appreciative enquiry'. Being able to distinguish or define ways to integrate or complement these approaches would be important to be able to define the value of design better. Even if when working as a consultancy the emphasis is not on the designer's role or on Design, but on the promised outcome and impact. It does not matter if you are a designer or not, it is the previous work that talks.


Project mapping: Social Change
Close/end project
People and competencies
Activities and methods
New Service Development
Launch
Full scale launch
Post launch review
Audit
Impact measurement
Service analysis
Customer studies
Development:
Service design and testing
Process and system design and testing
Marketing program design and testing
Personnel training
Service testing and pilot run
Test marketing
Design:
Formulation of new services objective/st
Idea generation an screening
Concept developme testing
Analysis:
Business analysis
Project authorisation
LEGACY
What are the roles of the people involved?
Capability Training — but can you teach this in short time frames!
Launch End of life of project - ethical
Evaluating outputs - increasingly important.
What about co-eval & co-dissemination
waste + repetition
Design sits in multiple locations
Who really has the power to decide?
Who sets the goals and why?
People in co-design not just resources.
If it has an impact, it should be possible to measure?
Trust - ethical responsibility
Building Trust - How can you measure it
Many projects are too short-term.
Co-Design Exhaustion.
Participation fatigue
If management consultancies adopt co-design toolkits...
Are the design "toolkits" enough? THE DESIGN?
OVERVIEW vs DETAIL DESIGN
Where social science ends + design begins (or vice versa)
Designer + Context - understanding existing Platform.
'competitor' on the ground

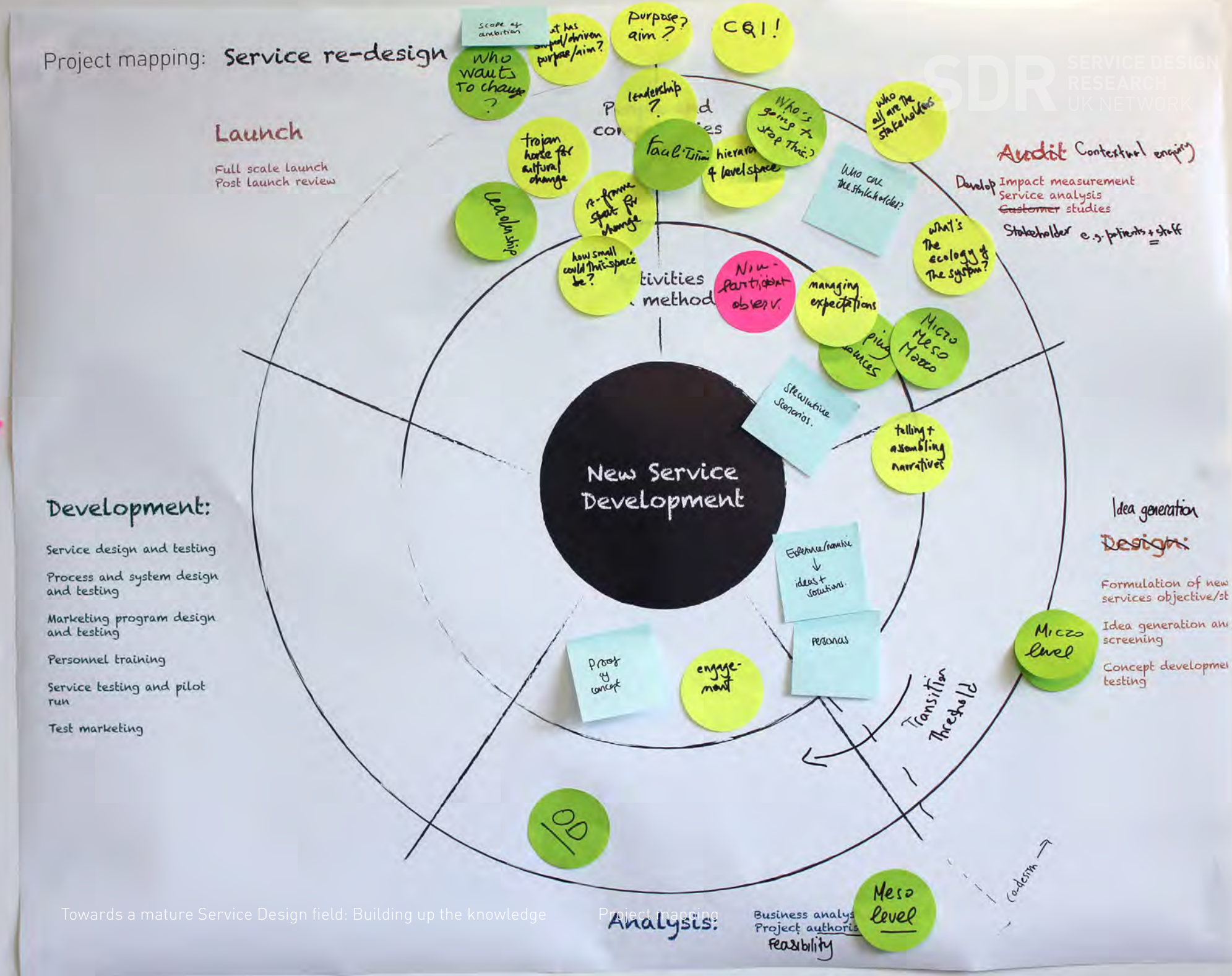
Project mapping
Service Re-Design

When considering a Service Re-Design project like the example of Experience based Co-Design, the New Service Development phases and terminology felt as if they were not fitting, and needing some change. Before even starting with an evaluation phase, the group added a **scoping phase** to discuss the size of the project ambition and what kind of change people were aiming to achieve. If there is a new service development within an organisational context the first question is always like, 'why?' 'what is this for?' 'What's the intent of this new service?' Clarifying the aims of the project can help to better define who needs to be involved and what challenges and resistances people might face. Questions like: who's taking responsibility and in-charge of this? Who makes decisions? Who do we need to bring in?

The term 'audit' was changed into **'contextual inquiry'** considering all the activities, to understand the current situation, the service and its ecology. Already at this stage, the importance was mentioned, of the need to consider the macro, meso and micro levels. The macro level is the larger system where the service sits, the meso meaning the organisational system, and then the micro level being the individual experiences. All these levels need to be considered from the start of the project.

The next stage was rephrased as **'idea generation'.** Also at this stage it was suggested that there was a need to question the motivation behind the project, to consider all levels together. Methods used could be personas or speculative scenarios. It was also suggested as this stage to 'engage' at the organisational level without though getting too close. But if it is too close the ideas probably will not come out, or they will be parked, or they will be channelled. At the same time, if the design team is too far removed from the organisation, they may be in danger of not being implementable or feasible for the organisation. Three phases were identified as 'invite', 'engage' and 'enable'.

Working within an existing organisation then seems to bring forward different issues than working for a community. There seems to be more freedom as the solution for a community is designed around a problem, whilst within an existing organisation the solution builds on existing systems and has apparently more limitations. The role of Design might also change.


Project mapping: Service re-design
Launch
Full scale Launch
Post launch review
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Develop
Impact measurement
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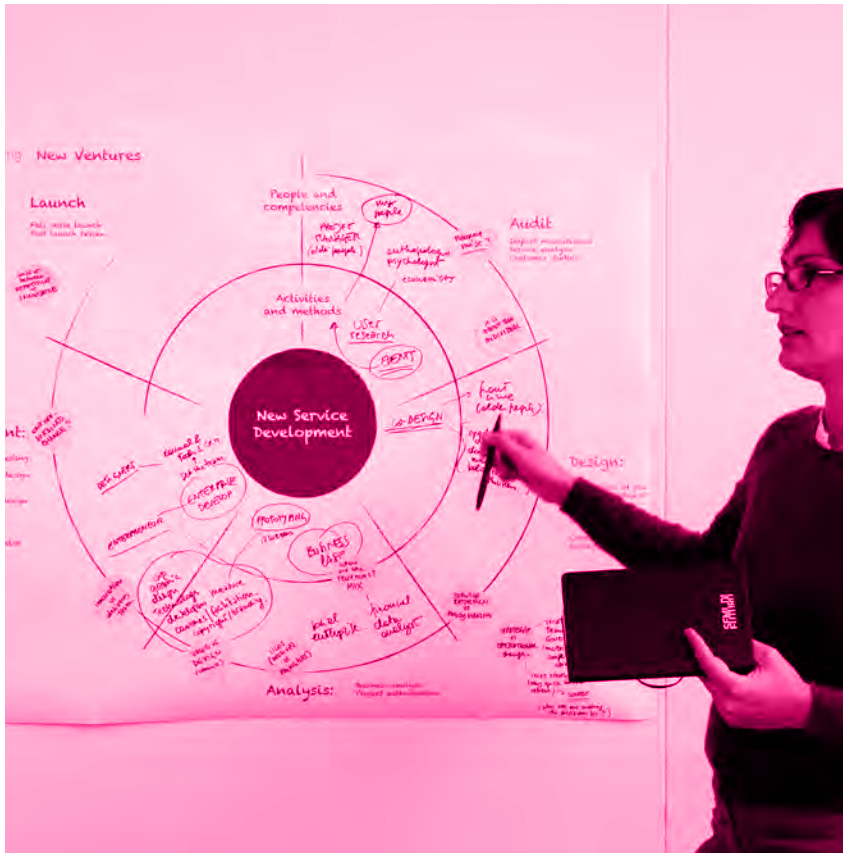
Stakeholder
e.g. patients + staff
Idea generation
Formulation of new services objective/st
Idea generation an screening
Concept developme testing
Micro level
Meso level
Analysis:
Business analys
Project authoris
feasibility
Transition Threshold
New Service Development
Who wants To change ?
Purpose? aim ?
CQI!
Leadership ?
Who all are the stakeholders
Who's going to stop This?
trojan horse for cultural change
Who are the stakeholder?
what's the ecology of the system?
how small could this space be?
managing expectations
Micro Meso Macro
Speculative Scenarios.
telling + assembling narratives
Experience/service ideas + solutions
personas
engage-ment
prog of concept
10D
Meso level

Project mapping
New Ventures

When designing for new ventures Service Design seems again to play a different role as together with contributing to innovation, designers are engaged also in business development and service delivery. The phases of the New Service Development cycle partially overlap with the phases described by Participle. A significant difference is the long time dedicated to **prototyping** which overlaps with '**business modelling**' and with what NSD defines as Service Development. This iterative phase leads to a '**soft launch**' with limited numbers of users to then lead to the development of a sustainable venture that needs 'scaling up', which does not appear in the NSD cycle.

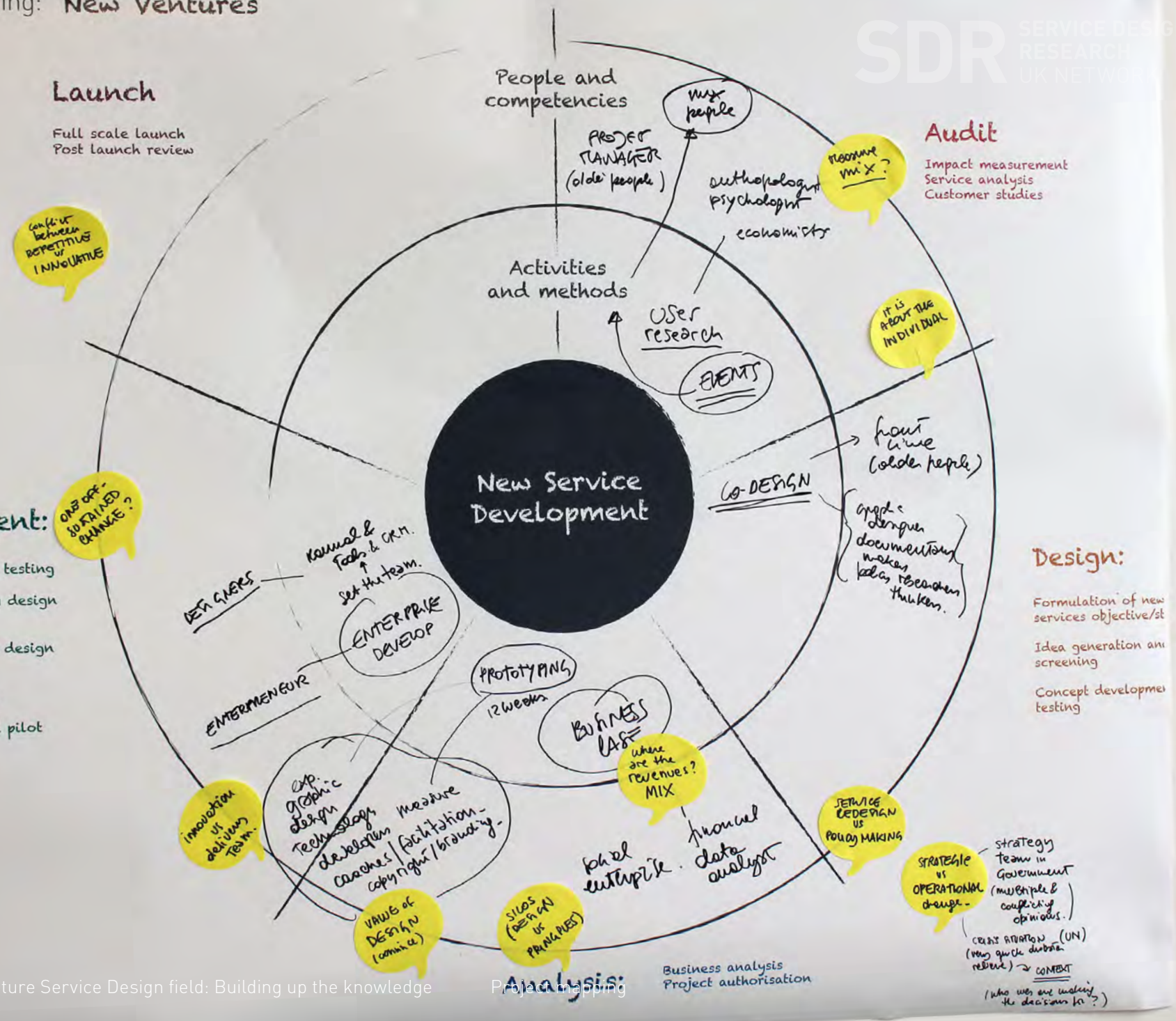


In each of these phases Participle engaged a very different mix of people depending on the needs. Psychologist, anthropologists or economists for the initial research phase, front line staff of various organisations for the co-design activities, while more entrepreneurs, business development and data analysts among others for the analysis and development stages.
In this process Design then played two main kinds of roles: a specialist role for specific phases of the project (graphic design, web design, co-design facilitation, design of support materials, user research, etc.) as well as a 'design management' mode, a general approach to innovation that should inspire and drive the all process and team. This proves to be particularly challenging when passing from an innovation stage and a delivery stage.

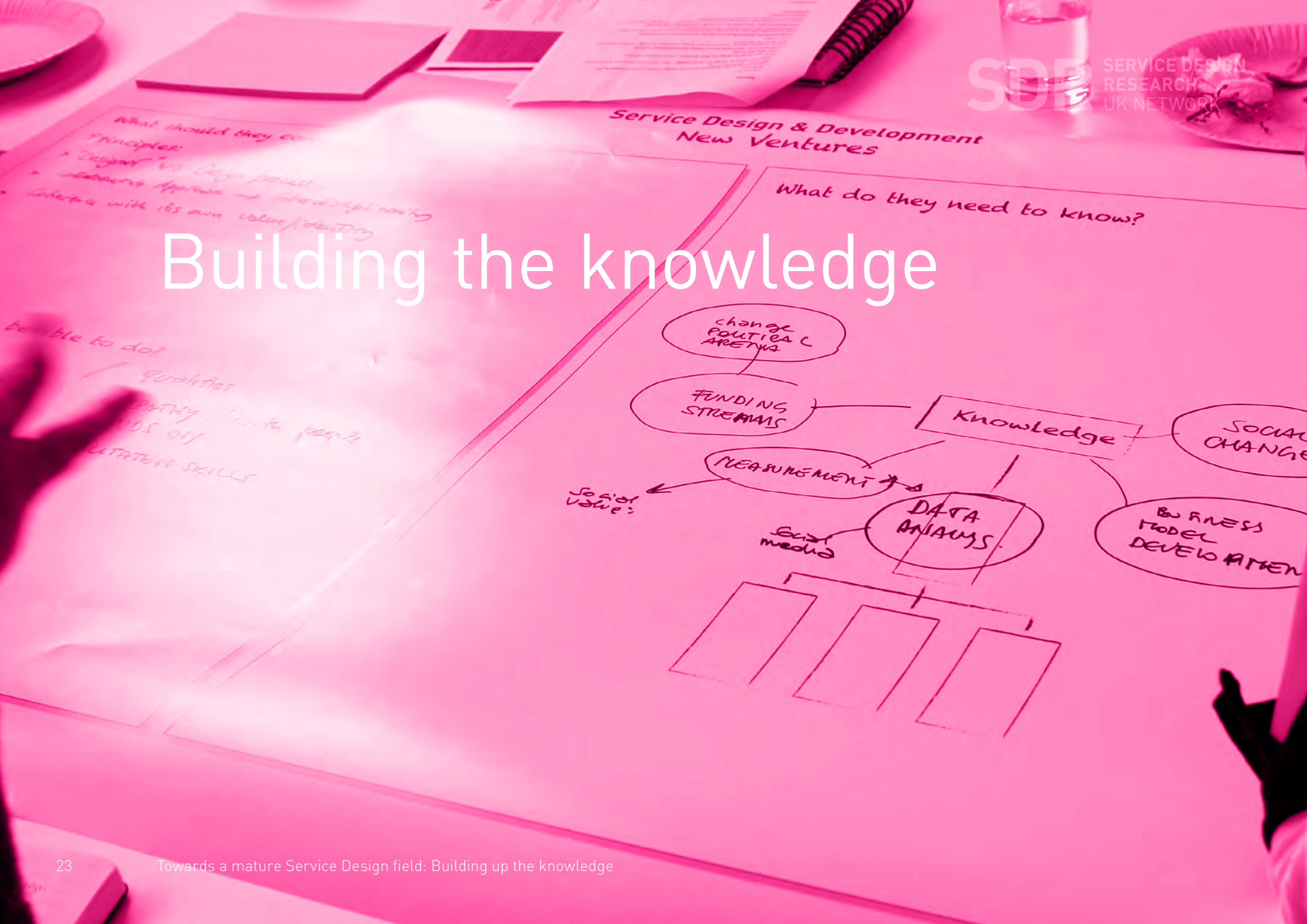
The attitude when people are part of the innovation team is different from when they are in the delivery team, as in the latter there is more emphasis on standardising, developing procedures, processing, while in the innovation team is more about inventing, understanding, exploring. Participle wants to keep this kind of open-ended approach also in the delivery team, which is one of their big issues: '**how can you keep the design spirit, even when you are scaling up**?'

The discussion then suggested how then you need someone to work as a link between the two stages, probably someone from the innovation team to be active in the delivery one. This is similar to what should happen when moving from policy making and policy implementation. Designers should help linking these two words to help aligning the original aims with the implementation.

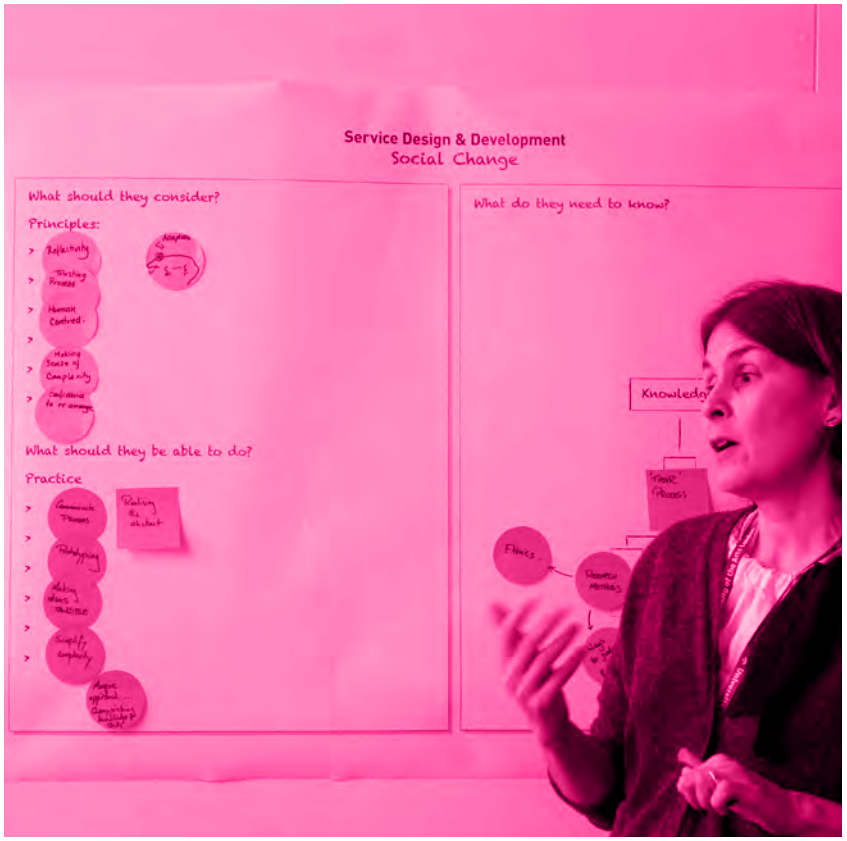
Project mapping: **New Ventures**



Building the knowledge



Building the knowledge
Social Change



Principles: Empathy, constantly having to review what you are doing. Other disciplines have a lot of uncertainties, while designers might be more hesitant, they can deal with this. In social change projects there is a need to build trust. When formulating ideas, assumptions are made and this needs to be acknowledged. With social change projects it is possible to undermine peoples' faith in what design can do. There are also ethics, and consideration should be given to these in a robust way.
Practice: able to deal with complexity, bridge builder. Highly adaptable sitting with business people, health professionals, not going with a set of rules to impose. Working with different disciplines, with an appraoch that there are opportunities to make change. Realising the abstract, making ideas very real and tangible, prototyping
Knowledge: Research methods and ways to judge knowledge are not always clear, as design is less familiar with more traditional knowledge based approaches. Notion of change, not waiting for someone to say, you can do it. visualisation skills. Trusting your process.

Service Design & Development
Social Change

What should they consider?

Principles:

- Reflectivity
- Trusting Process
- Human Centred.
- Making Sense of Complexity
- Confidence to re-arrange

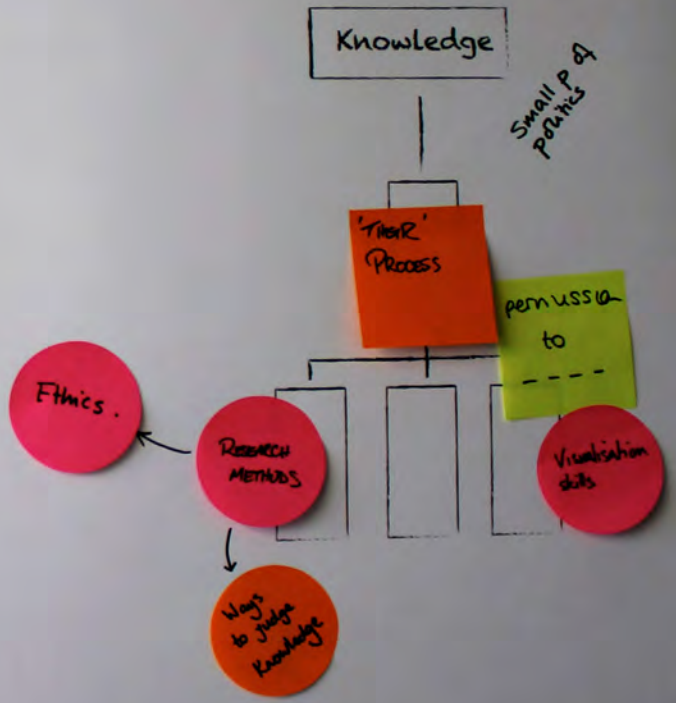
What should they be able to do?

Practice

- Communicate Process
- Prototyping
- Making ideas TANGIBLE
- Simplify complexity
- Magpie approach.... Cherrypicking knowledge & skills

Realising the abstract

What do they need to know?

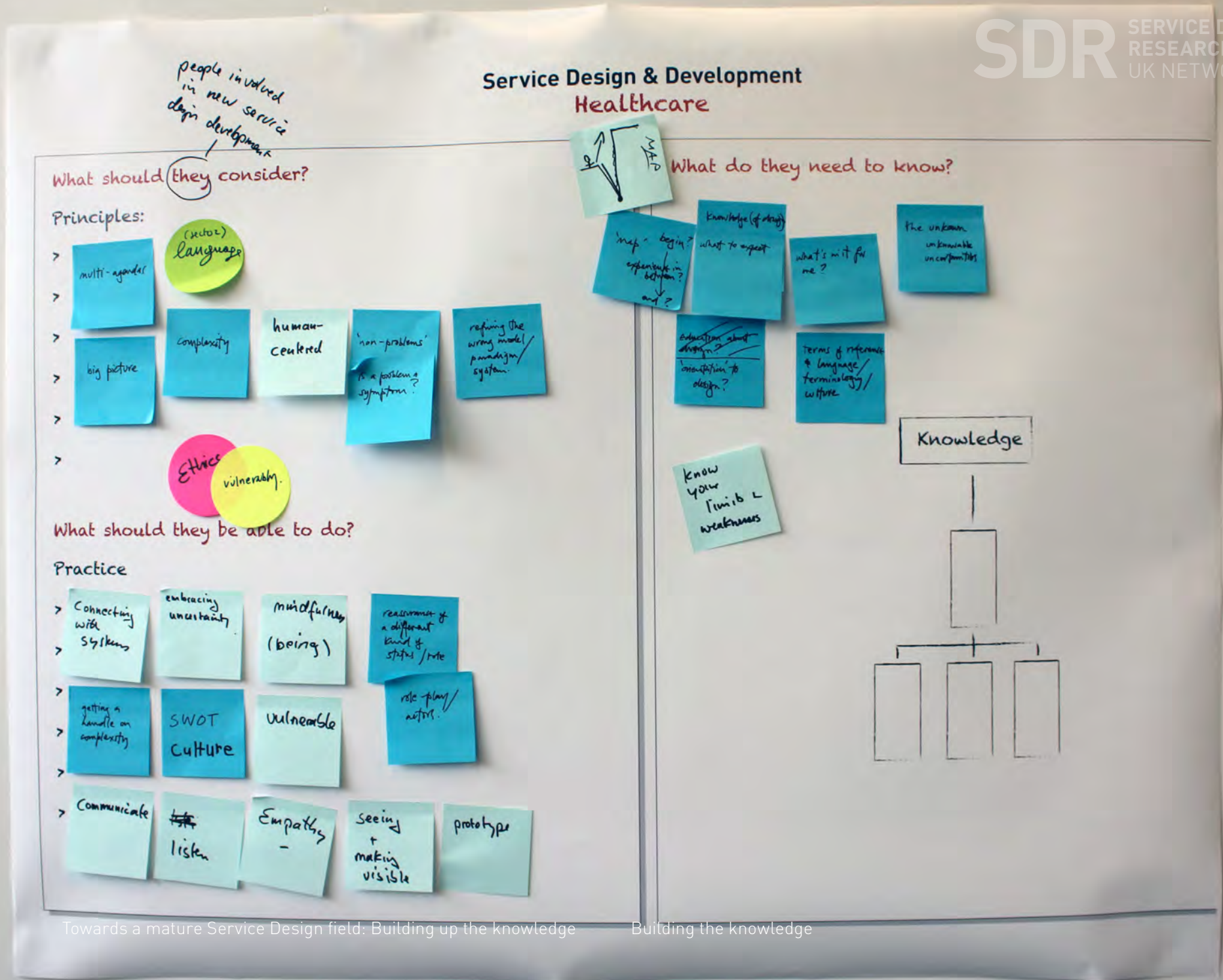


Building the knowledge
Healthcare

Principles: As part of the principles and awareness we have discussed how designers need to be aware of where the activities they are presenting sit within the wider system and organisation. Also be aware that what they can identify as problems might be symptoms of something bigger, and try to unpack the complexity. Try to find the role model, ability to see the bigger picture. Also we mentioned the ethical issues in particular in healthcare given the vulnerability of the stakeholders and also not abandoning people at the end.

Practice: taking or changing the mindset, putting people at ease, with the idea of uncertainty, mindfulness getting in a way of thinking of being, be able to be vulnerable, recognising terminology used, the culture, understanding not also the weaknesses but also the strengths. Get an handle of complexity. Key skills: communicate and listen, empathy, be able to see things and make them visible; ability to prototype.

Knowledge: what are the limits, accept uncertainty, the unknown.


people involved in new service design development
Service Design & Development
Healthcare
What should they consider?
Principles:
multi-agender
(sector) language
complexity
human-centered
'non-problems'
is a problem a symptom?
reframing the wrong model/ paradigm/ system
big picture
Ethics
vulnerability
What should they be able to do?
Practice
Connecting with systems
embracing uncertainty
mindfulness (being)
reassurance of a different kind of status/role
role play/ actors
getting a handle on complexity
SWOT
Culture
vulnerable
Communicate
listen
Empathy
seeing + making visible
prototype
What do they need to know?
MAP
'map' - begin? experience? in between? end?
knowledge (of others) what to expect
what's in it for me?
the unknown unknowable uncertainties
education about design?
'conception' to design?
terms of reference & language terminology/ culture
know your limits & weaknesses
Knowledge

Building the knowledge
New Ventures

Principles: distinction between designing and designers, so the need to be inclusive as people from the community have a lot of knowledge and can contribute to 'designing'; be coherent with your values and identity; being person centred, always start with people.

Practice: be reflective with your experience and learn a lot; methods to engage with people, prototyping and be able to do soft launch; co-design, ethnography and facilitation skills; be able to learn from the skills around the table.

Knowledge: knowledge about funding streams, the changing of the political arena; create a business case to become a sustainable enterprise; have a human centred approach; be able to measure social value and conduct data and financial analysis; user research; New Service Development.

Service Design & Development
New Ventures

SDR SERVICE DESIGN RESEARCH UK NETWORK

What should they consider?

Principles:

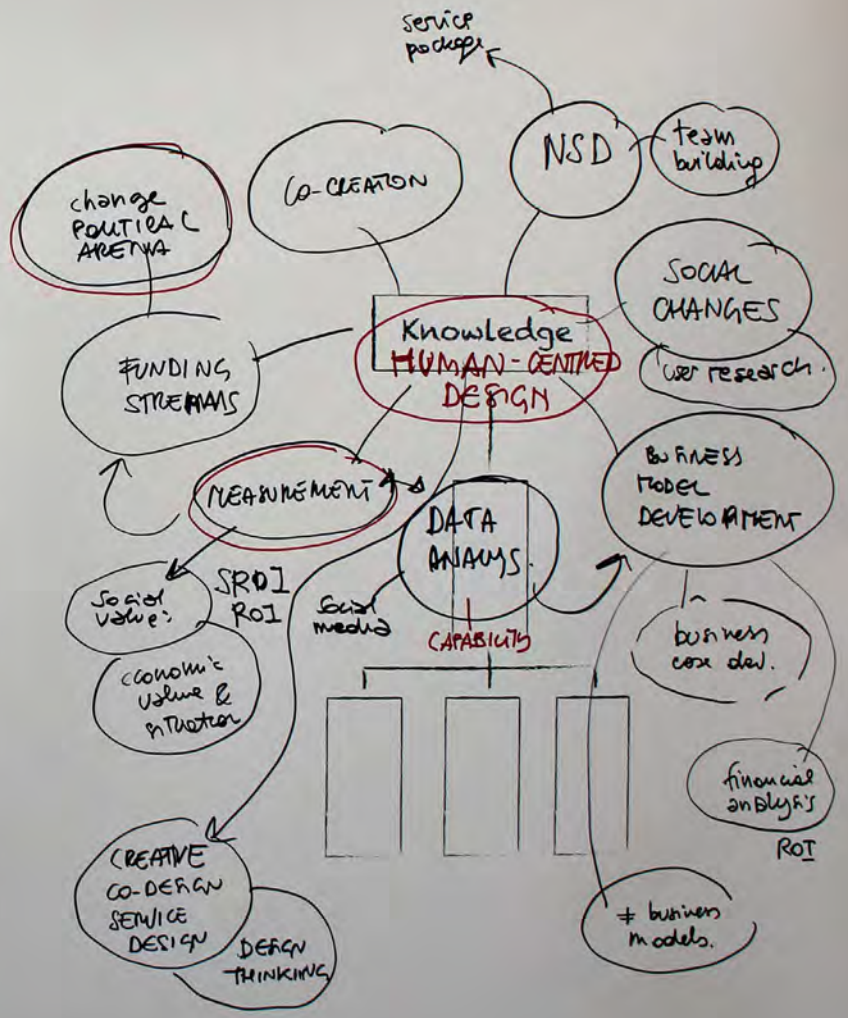
> "Designer" VS Design process
> collaborative Approach → interdisciplinarity
> Coherence with its own value/identity
> Person Centred
>
>
>

What should they be able to do?

Practice // qualities

> EMOTIONAL INTELLIGENCE → EMPATHY / with people
> HANDS ON
> FACILITATION SKILLS
> METHODS to ENGAGE PEOPLE
> REFLECTIVE / LEARN FROM EXP
> PROTOTYPING – soft launch
> CO-DESIGN.
> ETHNOGRAPHY

What do they need to know?



Possible research questions

Emerging research questions

Definition
What is the relationship between human-centred design and service design? (would it not be better for service designers to call themselves human centred designers?)

Context
How does service design for a large organisation differ from that of a small organisation or social project?

Science vs Art
What is the science in design? And what is the art in design? Do we use these? Do we differentiate?
Where is our design science bank? Who can invest in this and withdraw from this?

Designing vs Designers
Can we define the differences in practice between the external interventions by consultancies versus internal designing practices within an organisation?
How designed are public services?
In what way are designers' approaches different from other people centred approaches (i.e. appreciative enquiry)?
How does Service Design differentiate itself in terms of its knowledge base, skills, applications, achievements and added value?
What are the implications of removing the expert designer and replacing them with tools?
How can we facilitate cross-fertilisation between design practices and theory and non design disciplines?

Co-design / Co-creation
Is co-design the latest buzzword, and if so, what is sustainable when fashions change? And when shouldn't co-design be applied?
What added value would multi-skilled teams bring to service design projects?
Is co-design democratic, radical or transformative? What are the dynamics of power?
How to develop effective co-creation processes in Service Design and Development?

Ethics
How do professional service designers deal with ethical matters in their work? How are they trained or checked?
What are the consequences?

Measurement
How do we measure the social value of design? What are the non-economic evidence/measures?
There is a incommensurability of 'evidence based' evaluation and co-construction of meaning (i.e. design).
Are we judging co-design with the right criteria?
Can we learn from alternative practices such as crowdsourcing/social media? Lean/Agile methods? SROI?
Does the word 'design' and the optimism of designers encourage the pursuit of novelty? Is novelty over-valued?

Scaling
How do we go from unaffordable small scale, bespoke projects/interventions to larger-scale innovation? What kind of cultural change is required?
How to maintain designerly approaches to service innovation when scaling up a business or replicating an approach?
What are the stalls, barriers and enablers for moving from pragmatic to transformational design into big organisations?

Tools
Can we visualise organisational change as part of a new service development project? Is this achievable, possible and valuable?
Can we develop tools for designers to understand where and how they fit into the systems they engage with?

Education
How do we broaden design education into relevant fields of study and practice? (organisational development, management, policy making, public management)

Practice vs Research
What can the (practicing) service designer gain from service design research?

Policy & Design
How to bridge the gap between policy & design & people?

Conclusions

Some conclusions

This workshop well represented the significant differences of design practice when working within existing systems (service re-design), within communities for social change or when working outside the system to set up a new venture. When working within existing organisations, emphasis has been given to the need to understand the bigger picture and handle complexity; also on how to speak the same language (i.e. healthcare evidence based language) to gain credibility and be supported. When working within communities the emphasis has been shifted toward issues about ethics and social value measurement as well as modes to meaningfully engage with people. Finally when talking about setting up new ventures considerations have been made on how to create a sustainable business model centred on people and on how to maintain an open ended and creative approach across service design and delivery.

Also comparing the three case studies with the traditional New Service Development (NSD) process model, has revealed further differences among the projects. The service re-design project added a 'scoping phase' where to clearly define the motivations behind the project to better frame it. The social change project considered the need to evaluate the impact and the 'legacy' of any project as part of the NSD cycle. While the new venture project added phases related to the launch and scaling up of the enterprise, and overlapped designing and prototyping with the business modelling activities.

Considering the general question of this workshop which was "How Service Design can be better implemented, embedded, measured and scaled up?", we summarise below some of the key learning points:

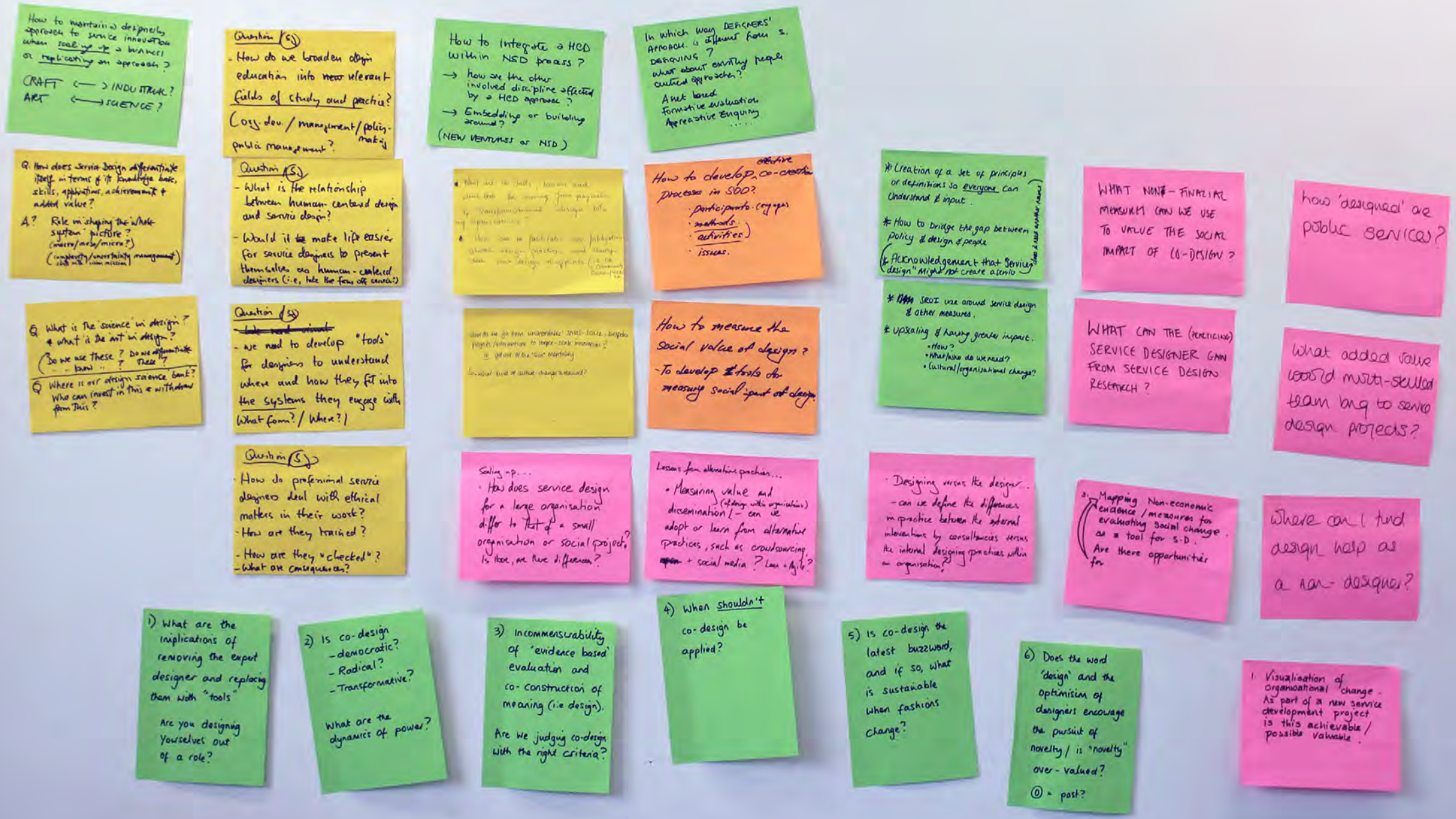
1. **Implementation:** issues about implementation often overlap and are similar with the ones of embedding design, but it also depends on the kind of projects.

Collaboratively scoping the project, handling complexity, transferring skills, engaging the right people and iteratively generate, adapt and develop sustainable business models, emerged as main needs and challenges of implementing service design solutions;

2. **Embedding**: embedding design skills and approaches requires context and process sensitivity, also it becomes fundamental to better define what designers do that is different from other human centred approaches or other professions; clearly distinguish between 'designing' and 'designers' to fully appreciate existing competencies and designing skills in organisations and communities, while clarifying the specific role and contribution of professional designers. Also embedding design approaches need a justification that considers measurement and language issues: how to communicate design, make it relevant and demonstrate its impact;

3. **Scaling**: scaling a solution or a design approach requires some form of customisation and adaptation. When scaling up their enterprises Participle added a 'scoping' phase and a costing mechanism to better develop solutions that will be implemented in different contexts with different needs. Similarly scaling up a design approach like EBCD, requires questioning what can be standardised and simplified and what needs to preserve its original qualities. Also how to maintain the open ended and creative approach of the innovation phase with the service delivery and management phases and teams. Finally it is about adapting and constantly developing the original business and financial models for the scaling up of start-ups and local enterprises;

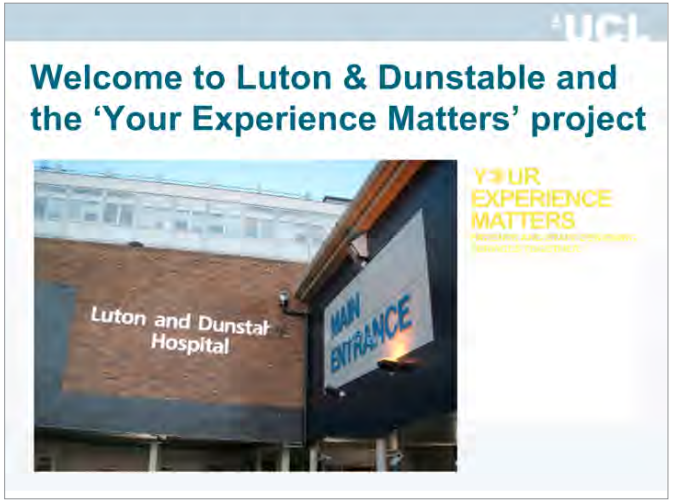
4. **Measuring:** measuring service design outcomes and processes faces the dilemma of comparing art *vs* science mindsets and approaches. Integrating economic and quantitative measurements with more qualitative and social value metrics is fundamental as designers need to gain credibility while recognising that their value can't be captured only with quantitative and measurable criteria. Participle, by developing a way to measure what they call 'capability', demonstrates the need and value of combining both metrics to speak with Councils. Speaking a similar language and enabling convergence of diverse professional cultures are key to enhance Design's use.


How to maintain a designerly approach to service innovation when scaling up a business or replicating an approach?
CRAFT <—> INDUSTRY?
ART <—> SCIENCE?
Question (s)
- How do we broaden design education into more relevant fields of study and practice? (Corp. dev. / management / policy-making / public management?
How to integrate a HCD within NSD process?
→ how are the other involved discipline affected by a HCD approach?
→ Embedding or building around?
(NEW VENTURES or NSD)
In which way DESIGNERS' APPROACH is different from s. DESIGNING? what about earthly people centred approaches?
A net based formative evaluation
Appreciative Enquiring
Q. How does service design differentiate itself in terms of its knowledge base, skills, application, achievement + added value?
A? Role in 'shaping the whole system' picture? (macro/meso/micro?) (complexity/uncertainty management)
Question (s)
- What is the relationship between human-centered design and service design?
- Would it be make life easier for service designers to present themselves as human-centered designers (i.e, take the focus off service?)
How to develop effective co-creative Processes in SDD?
· participants (engage)
· methods
· activities)
· issues.
* Creation of a set of principles or definitions so everyone can understand & input.
* How to bridge the gap between policy & design of people
(* Acknowledgement that 'Service design' Might not create a service)
WHAT NON-FINANCIAL MEASURES CAN WE USE TO VALUE THE SOCIAL IMPACT OF (CO-)DESIGN?
how 'designed' are public services?
Q What is the 'science' in design? + what is the 'art' in design?
(Do we use these? Do we differentiate them? How?)
Q Where is our design science 'bank'? Who can invest in this + withdraw from this?
Question (s)
- we need to develop "tools" for designers to understand where and how they fit into the systems they engage with (what form? / When?)
How to measure the Social value of design?
-To develop tools for measuring social impact of design
* SROI use around service design & other measures.
* Upscaling & having greater impact.
• How?
• What/how do we need?
• Cultural/organisational change?
WHAT CAN THE (PERFECTING) SERVICE DESIGNER GAIN FROM SERVICE DESIGN RESEARCH?
What added value would multi-skilled team bring to service design projects?
Question (s)
· How do professional service designers deal with ethical matters in their work?
· How are they trained?
· How are they "checked"?
· What are consequences?
Scaling up...
· How does service design for a large organisation differ to that of a small organisation or social project? Is there, are there differences?
Lessons from alternative practices...
· Measuring value and dissemination (of design within organisation) – can we adopt or learn from alternative practices, such as crowdsourcing, + social media? Lean + Agile?
· Designing versus the designer...
– can we define the differences in practice between the external interventions by consultancies versus the internal designing practices within an organisation?
2. Mapping Non-economic evidence / measures for evaluating social change as a tool for S.D.
Are there opportunities for
Where can I find design help as a non-designer?
1) What are the implications of removing the expert designer and replacing them with "tools"
Are you designing yourselves out of a role?
2) Is co-design
- democratic?
- Radical?
- Transformative?
What are the dynamics of power?
3) Incommensurability of 'evidence based' evaluation and co-construction of meaning (i.e design).
Are we judging co-design with the right criteria?
4) When shouldn't co-design be applied?
5) Is co-design the latest buzzword, and if so, what is sustainable when fashions change?
6) Does the word 'design' and the optimism of designers encourage the pursuit of novelty / is "novelty" over-valued?
0 = past?
1. Visualisation of organisational change. As part of a new service development project is this achievable / possible valuable.

Glenn Roberts
Experienced Based Co-Design

Experience-based Co-design: lessons so far and adapting the approach

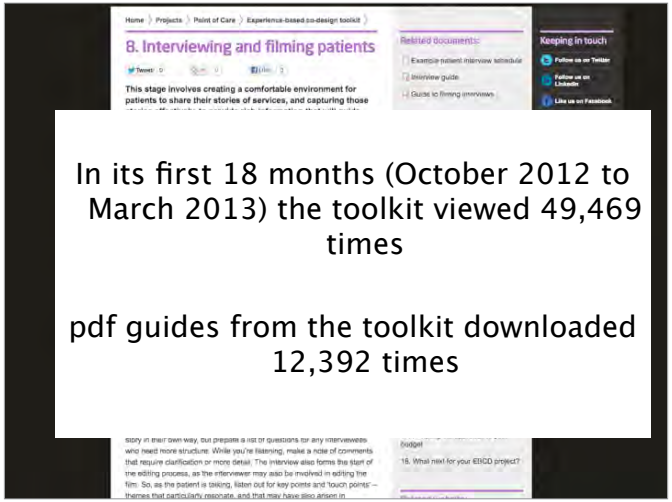
Professor Glenn Robert

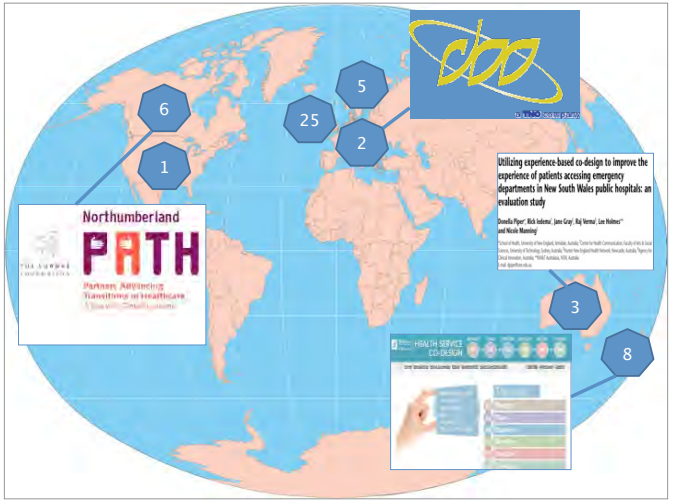


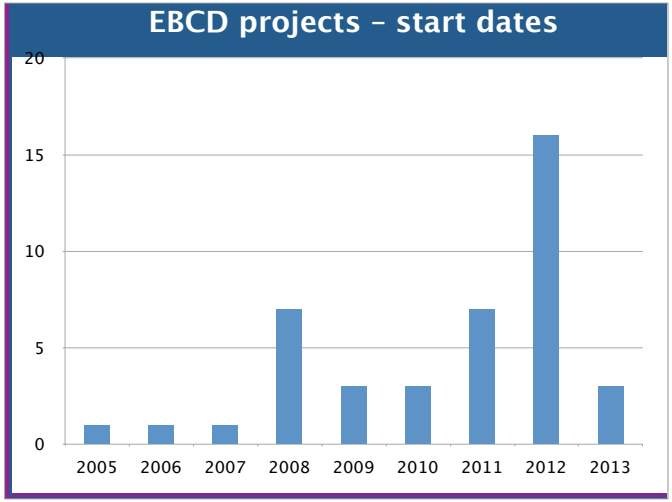
A 6-stage design process

1. setting up
2. engaging staff & gathering experiences
3. engaging patients and gathering their experiences
4. bringing patients and staff together to share experiences & begin co-design
5. detailed co-design activities
6. coming back together: celebration, review & renewal

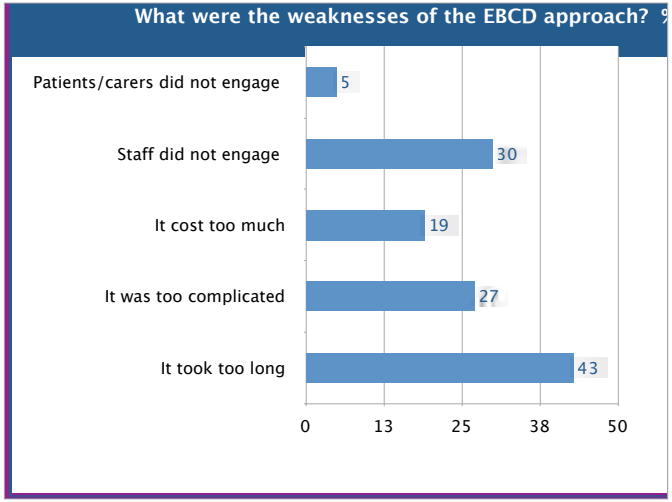
Source: Bate & Robert, 2007







"The primary strength of EBCD over and above other service development methodologies was its ability to bring about improvements in both the operational efficiency and the inter-personal dynamics of care at the same time."



How do you build the *right* thing?

Experience design in practice

Part 1: The Case of the Disappearing Design Phase

how service design processes and outcomes can be better

'Accelerated 'EBCD: our research

- Is the accelerated approach acceptable to staff and patients?
- How does using films of national rather than local narratives affect the level and quality of engagement with service improvement by local NHS staff?
- How well do national narratives capture and represent themes important to local patients' own experience?
- What improvement activities does the approach lead to?

Findings – improvement activities

- range and type of improvement activities varied across the four pathways but was similar to standard EBCD projects – clocks, hallucinations (DVD), privacy after diagnosis, sleep and light/noise, hair-washing, belongings following the patient….
- 48 improvement activities in total:
  - 21 small scale changes
  - 21 process redesign within teams
  - 5 process redesign between services/activities
  - 1 process redesign between organisations
- costs of AEBCD are around 40% of EBCD, if one-off

"This is an exceptional work which has, in the editor's experience, achieved unprecedented scores from reviewers. It serves to restore their and others' faith in the power of applied qualitative research to shape both real knowledge production and beneficial change in the organisation of service delivery."

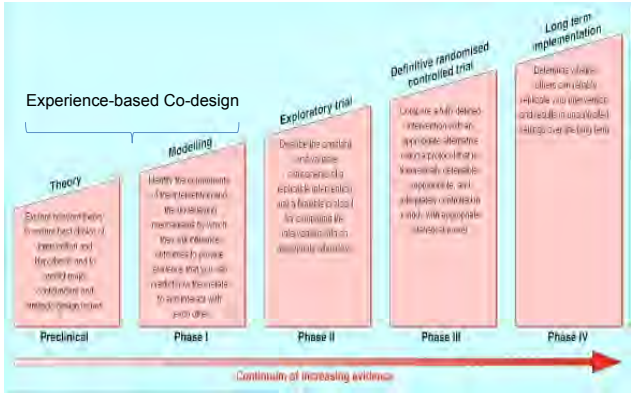
how service design processes and outcomes can be better

Aims

- Develop and test a carer support package in the chemotherapy outpatient setting using EBCD.
  - Understand support provided by healthcare professionals to carers
  - Develop a short film depicting carers' experiences
  - Bring healthcare professionals and carers together in co-designing components of an intervention for carers
  - Develop and implement a carer intervention.
  - Explore feasibility and acceptability, impact on carers' knowledge of chemotherapy and on their experiences of providing informal care.

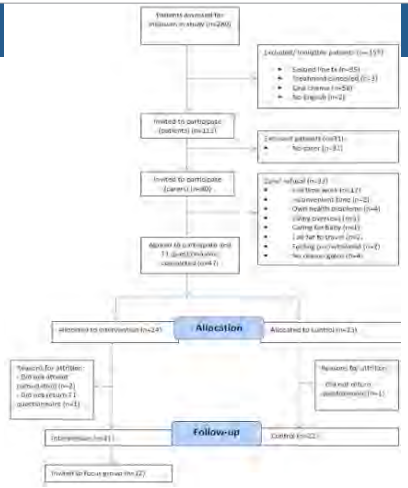
21

MRC Complex Interventions



Outcomes

- knowledge of chemotherapy and its side effects
- information needs
- experience of care
- satisfaction with care
- perceived confidence in supporting friend/relative
- emotional wellbeing

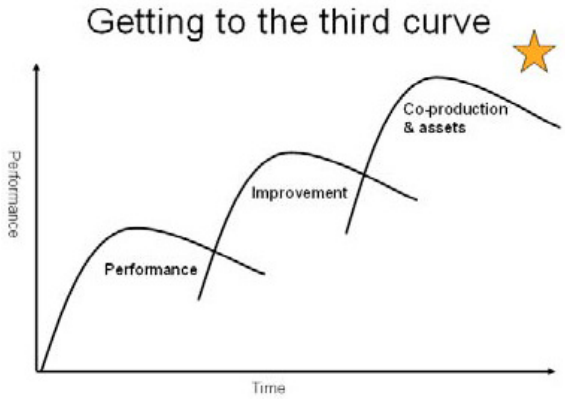


Results

- consistent, and statistically significant, greater improvement in knowledge of chemotherapy side effects and their management
- statistically significant greater improvement in information needs being met, or no being longer required, for most items
- carers' satisfaction with care provided improved and difference was statistically significant for five of seven items
- confidence in coping with the current situation tended to improve between baseline and follow-up but differences were not sufficient to achieve statistical significance
- did not differ significantly between groups except for one of four items (feeling that staff did not spend enough time with the carer)
- change from baseline to follow-up did not differ significantly on any of the twelve emotional well-being items

How service design processes and outcomes can

- Implemented:
  - knowledge/skills transfer process
  - crucial role of agency/facilitation
  - framing (language of QI in healthcare)
  - fidelity & trade-offs
- Embedded:
  - macro (system)/meso (organisational)/micro (frontline team)
  - tailoring, adaptation, customisation
- Measured:
  - complex interventions
  - Social Return on Investment (SROI)
  - costs
  - framing (language of QI in healthcare)
- Scaled up:
  - AEBCD and other 'accelerated' adaptations (online comments)
  - 'triggers'
  - capacity and capability (training)



Mary Rose Cook and Katie Collins
Design for Social Change

1

SDR workshop

Co-creating with communities to understand and help solve the problems that lead to alcohol harm

Reduce risky drinking in Gloucester

2

Three objectives:

To better understand the drivers of drinking at the individual and neighbourhood level

To develop our understanding of what works in reducing risky drinking

To involve the community throughout the project (using the principle of co-creation) to encourage local ownership and sustainability

What is risky? What is safer?

3

Lower Risk:
<22 and <15

Increasing Risk:
22-50 and 15-35

Higher Risk:
50+ and 35+

The rationale behind the approach

4

Unlikely to have impact:

"Consequence centric" ads like these may lead to defensive processing.

A collaborative approach

5

Inspired by Participatory Action Research:

Work in partnership with people to **understand and help solve** the problems that lead to risky drinking.

Ensure marginalised people have a voice.

Process 6

Methodology

Baseline survey (n=300)
↓
Qualitative research
↓
Co-design activities and pilot → Evaluation survey 1 (n=300)
↓
Handover to NHS Gloucestershire → Evaluation survey 2 (n=300)

Qualitative research 7

Stakeholder workshops:

What goals?
Who to talk to?
How to engage?
What to ask?

Improving self-esteem and feelings of competence and increasing involvement and engagement in the community to come before objectives related specifically to drinking

Co-design activities – research design 8

Co-create research methods - Methods stations
How do you empower people to co-design research when they may not have the expertise to know what options there might be?

Ethnographic approach
Attempting to co-create the research methods with the evolved naturally into an ethnographic style of data collection. People didn't want to be 'researched'.

Research Themes 9

Research questions and findings
•Why do people drink?
•Why do they feel they can't stop
•How does this affect them and those around them?

Research Themes 10

Case studies
Different people experience the themes in different ways.

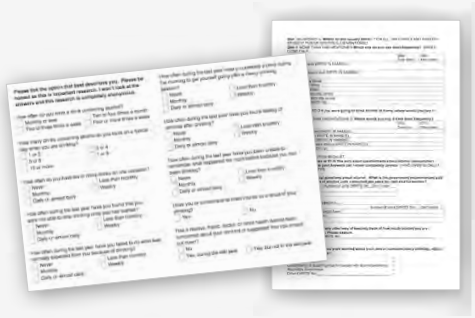
Co-design solutions 11

Co-designing solutions with target audience
•Big Local grant awarded and Big Local team used vehicle
•Used existing community events
•Came to residents rather than them to us (build trust)
•Potential of vehicle to deliver intervention
• There were no services of activities in the area – all taken away

Evaluation

12

Bespoke survey:
•300 pre/post, +/- 5%
•Face-to-face, self-completion, SDQ
•Quota sampling
•Awareness of interventions
•Drinking habits
•Community engagement and general health



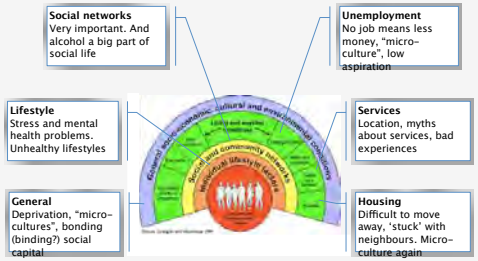
Conclusions

13

Findings:

A complex problem that requires a long-term solution

Increasing overall wellbeing should result in less reliance on risky drinking



The role of disciplines involved

Co-design:
'*a community centred methodology that designers use to develop a partnership with a product or service's end users, in order to make their solution more effective*' Design Council

Role of co-design:

Engagement, Participation, Collaboration

• Leads to better, more responsive services. Services are more tailored to the needs of individuals, and are quicker to respond to changes in those needs.

• Enhances trust in and positive engagement with services.

• Builds social capital. (qtd in Bradwell and Marr 2008:14)

The role of disciplines involved

Participatory research:
Systematic approach that seeks knowledge for social action (Fals-Borda and Rahman 1991).

Democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes. (Reason and Bradbury, 2001, p. 1)

Role of participatory research methods:

- Emphasises the role of ordinary people as knowledgeable and capable and repositions agents as facilitators rather than as experts directing change remotely
- Founded in Critical Theory: draws our attention to issues of power and politics, both micro (local dynamics and personalities) and macro (structural inequality and social deprivation)
- Challenges the dominant mode of knowledge creation: from objective truth discoverer to co-constructor of meaning