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### Design for Care: The Collaborative Challenge of Wellbeing in Later Life



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#### Our Shared Challenge

We all know that we need to think differently about the health system in the 21st century if we are to meet the growing needs of the frail elderly. Not only is the demand for care outstripping the capacity of the state, but also the expectations of each new generation massively exceed that of the previous one. Are we thinking radically enough to meet this immense challenge?

Design Council, in partnership with UK health leaders, has for many years focused on creating innovative health and care products, services and models that might demonstrate a way forward. Often these innovations come from collaborations, which invite new players into the world of healthcare – individuals and organisations that bring ideas from other industries and sectors. Collaboration across disciplines, departments or organisations is hard enough, and collaboration across sectors can seem impossible, but open innovation methods are increasingly being employed by governments, corporations and nongovernmental organisations (NGOs) in order to tackle these complex challenges, which no single sector can resolve alone.

#### 1. Think Differently

Design is a practical discipline that aims to reshape and improve the world one product, service or space at a time. But as much as design is about practical action, it starts with reflection. The future is never merely an extrapolation of the present, and so carefully framing the opportunity for innovation – to describe how the world ought to be different and why - becomes as important as the act of innovation itself. Design Council developed the 'double diamond' model to illustrate this dual value of design thinking – on the left hand framing what success looks like, on the right hand creating those things that deliver success (see Figure 1).

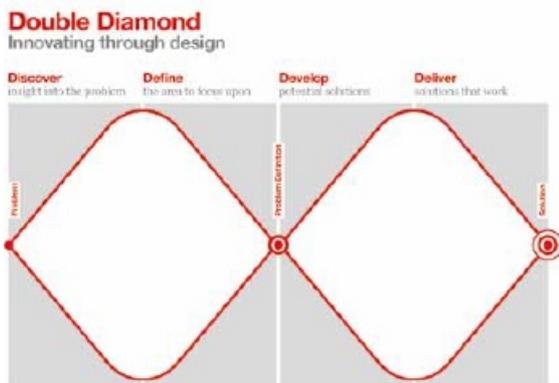


Figure 1: Image Credit: © Design Council

So often our lack of ability to stand back, reconsider the world and imagine it as it might be means that we end up trying to solve new problems with old ideas. One of the most powerful ways to drive effective innovation, especially in healthcare, is to better understand the end user's point of view. Indeed, whether we label someone a 'patient', 'service user', or 'Mrs Jones' gives a clue as to whether we identify them as a whole human being, or whether we perceive him or her merely as a passive recipient of care. In the world of care, where increasingly we need individuals, their friends and family to take as much responsibility for themselves as possible, we need to remember that people have capabilities, hopes and dreams. This is the starting point of human-centred design.

## 2. Stay Open

Complex issues can be difficult to frame as simple problems, so linear problemsolving approaches can fail. Attempting to over-specify the problem statement too soon can end up with solutions to the wrong problem. Creative practice, in contrast, is likened to a process of inquiry where the problem statement is refined as it is resolved. Open innovation processes have proved themselves to be useful in this regard. Open innovation is the practice of engaging those outside your organisation to collaborate and bring their knowledge and perspectives to bear. What we have found is that for complex, systemic challenges it is valuable to be open both about the problem statement as well as the collaborators.

For example, when we were looking to generate new products and services that might help those with a diagnosis of dementia to live well, we left quite open the definition of what 'living well' meant. Ideas that we received ranged from assistive service 'Dementia Dog' to 'ode', a device that combats malnutrition via the stimulating effects of high-quality food fragrances, to 'Trading Times', a service for part-time carers to remain in formal employment. This variety of ideas is unlikely to emerge from a single organisation with a single mindset (see Image 1 and Image 2).



**Image 1:** Trading Times has now been active for two years and has expanded its role to supporting the over 50s whether they are carers or not. They are helping people to find work in 10 local authorities [www.tradingtimes.org.uk](http://www.tradingtimes.org.uk) Image credit: (c)Trading Times 2014



**Image 2:** Dementia Dog is a partnership between Alzheimer Scotland and Dogs for the Disabled and was initiated by Glasgow School of Art. There are three assistance dogs now in active duty with further assistive dog services being developed to meet less intensive need: 'intervention dogs' and 'facility dogs' [www.dementiadog.org](http://www.dementiadog.org). Image Credit: © Hamilton Kerr 2013

## 3. Co-Design

The common perception of design is that it is undertaken by one person, pencil in hand, sketching on large pieces of paper. In the 21st century this is not how design happens. Design practice is much more likely to involve a room full of disparate talents, with post-it notes, cardboard and sticky tape, generating in real time, with frontline staff, the various artefacts and spaces and scripts that make up a product or service. This is known as co-design.

For instance, when we connected the architectural design practice TILT with the Whittington National Health Service (NHS) Trust, they redesigned the pharmacy in collaboration with pharmacists, patients and carers and other healthcare leaders. Why did they design 'with' rather than 'for' the hospital trust? TILT were not pharmacy experts and not responsible for the management and maintenance of the space. At the same time the Whittington staff could not have designed the space without the professionals – those that were experienced in how to design spaces, had knowledge of successful ideas that could be applied from other contexts, such as retail design, and also were usefully naïve about what had gone before. It is this fusion of experience that matters, bringing together expertise and naïvety in order to apply what is known, but also to unlearn what is no longer appropriate to move forward (see Image 3).



**Image 3:** While the prototype designs co-created by the team have not yet received implementation funding, the Whittington engaged TILT in co-designing a new ambulatory care facility, which has since been opened to great acclaim by the Minister of State for Care and Support, The Rt Hon Norman Lamb MP  
Image Credit: © Tilt /Jill Tate 2013

#### 4. Iterate Wildly

The process that we then use for helping such novel and risky ideas become reality, has drawn on Californian technology start-up culture. The 'seed accelerator', an innovation in venture capital investment, was built with the view that funding alone was not enough to maximise the chances of success in addition to finance.

For each challenge that we set, be it how to support independent living or how to live well with dementia, we accelerate a cohort of roughly ten ventures. This cohort is then supported to use creative and experimental

methods to rapidly explore their ideas. In the case of 'ode', the fragrance system to combat malnutrition, the team started simply with adapting components available at their local hardware store. By substituting high quality food fragrances for the usual room freshener, and placing the contraption in a care setting, they were able to discover within a few days whether there was any effect at all. After that they could work out where best in the room to place such a device, what food smells worked best and more. This speed of experimentation meant that they learned very quickly what might work, before evaluating with ever larger sample sizes.

Ode was tested with over fifty individuals and families living with dementia. Over an eleven-week period, 50% of participants gained weight at an average of 2kg, and they continue to work with customers to evaluate ode's social impact in dementia ([www.myode.org](http://www.myode.org)).

#### 5. Evaluate Early

Impact evaluation of innovations is important, especially for healthcare, but evaluation so often is attempted only at a pilot stage, once many months have passed and much money has been spent. We collaborated with the NHS in order to help generate a solution to the challenge of violence against staff in Accident & Emergency departments. The signage solution, devised by design consultancy Pearson Lloyd and co-designed with emergency department staff in three hospitals, is relatively low cost to install. It aims to provide everyone with a clearer sense of what to expect. The good news is that controlled evaluation showed a 50% reduction in threatening body language and aggressive behaviour, and 75% of visitors felt that their frustration was reduced during waiting times (ESRO & Frontier Economics 2013) (see Image 4).



**Image 4:** Guidance Solution developed by Pearson Lloyd [www.abetteraande.com](http://www.abetteraande.com)  
Image Credit: © Jill Tate/ Tilt 2013

Despite the success of this programme, we wondered if we could have evaluated earlier, to better decide what the best interventions might be. Could we have generated even more impact? A more recent innovation in our practice has come through our collaboration with behavioural scientists at Warwick Business School. By collaborating with experimental psychologists, often running quite small controlled trials in a matter of days, we have brought more rigour to the experimentation than design naturally brings.

#### Design for Care

given the development of this collaborative innovation practice over the past seven years, we have decided to put it to the test with a new programme, Design for Care. This programme aims to support the transformation of adult social care so that it is fit for the expectations and

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demands of the 21st century. The first step in thinking differently about this important challenge is to start by 'asking the right questions'. So far we have identified four areas that, from our conversations with health and care professionals, are ripe for development:

## 1. Growing Informal Care

### How do we increase the care contribution of family, friends and the wider community?

A better integrated health and social care system will be unlikely to possess all of the public resources needed to meet demand. We have to think beyond integration, and look to a more collaborative approach, working with families, friends and the wider community to build sustained relationships. We need to design simpler ways for people to connect and support one another despite their busy lives.

## 2. Transforming Our Homes

### How do we make homes that better support wellbeing?

As our needs change we have to adapt our living spaces, accommodating our changing physical and cognitive abilities. But how exactly do we do that, when there is so little available in the mass market and so little to which to aspire? We need to design better products, services and spaces, and show that embracing a wide range of ability is something positive for mainstream business.

## 3. Enabling Better Choices

### How can we support people to make effective choices for their own care needs or those of a loved one?

More individuals are making care choices than ever before, as they manage personal care budgets or fund their own care. We need to support individuals and their carers to plan ahead as well as to help make effective choices when they have a personal or family crisis. We need to design simple tools that make the most of the expert advice and support that is available, but also that help individuals work out what is right for them.

## 4. Places and Spaces for Care

### What are the best environments in which to deliver collaborative care?

The quality of the built environment has a profound influence on our behaviours and experiences. If the expectation is of a care system more personal, preventative and integrated, then where should care happen and what should it feel like? The GP surgery and hospital are not enough; we need to design new spaces in new places.



Image Credit: iStock

### Our Shared Challenge

Our goal therefore should be not only to transform health and care sectors, but to galvanise all parts of society to meet our needs as we age, to share a much more rounded view of how to support living well in later life. So, my challenge to you is simple: are you doing enough to collaborate with those outside the formal health and care system, those people who know what it is to live well and can help bring transformative thinking?

### Key Points

Five ways we see traction in stimulating more radical transformation in health and care, through design:

- Think differently
- Stay open
- Co-design
- Iterate wildly
- Evaluate early

