

# shaping the choreography of care & support for older people in Glasgow





# THE GLASGOW SCHOOL OF ART



# shaping the choreography of care & support for older people in Glasgow

july 2012

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## Shaping the choreography of care & support for older people

A collaborative project between IRISS, The Glasgow School of Art and Glasgow providers, including Glasgow City Council Social Work Services, Greater Glasgow and Clyde NHS, Cornerstone Care and BUPA.

### This report may be of interest to...

- » Change Fund partnerships
- » Managers implementing Change Fund pilots
- » Community groups who would like to be more involved in the design and development of services
- » Those with an interest in collaborative working models
- » Those with an interest in service design

## Thanks and acknowledgements

IRISS would like to thank the many people who have made this project both possible and successful.

Firstly, we would like to thank each of the carers' centres in the local area for their helpfulness and all-round positivity. Also, we realise that it can be difficult to take time out of the caring role to attend events, and we really are thankful to all of the carers and older people whose time, patience, sensitivity and sense of humour were much appreciated. The project would have far less meaning without your involvement.

Thanks also must go to the practitioners involved who, despite having to manage a professional caseload, were able to engage in the project as much as they could. Your understanding and insights were invaluable to the development of ideas.

And lastly, many thanks to the Glasgow School of Art who acted as the perfect project partners, and whose students showed immense dedication and sensitivity, went over and above the call of project work and worked tirelessly throughout.

## Section 1: Overview

Scotland's older population is likely to increase by around two-thirds in the next twenty years. To address this changing demographic and to better meet the outcomes older people seek, current arrangements need to change. The government's Reshaping Care for Older People (RCOP) agenda highlights the need to change the way we plan and deliver care and support. Not only does it mean improving a whole range of services, but also designing better ways of communicating across different agencies to support these improvements.

In 2011, the Scottish Government announced the allocation of a £70m Change Fund for 2011/12, and in the region of £300 million over the period 2011/12 – 2014/15 to enable health and social care partners in social, health, private and voluntary sectors to implement local plans to improve service provision for older people (Scottish Government, 2011). As well as assisting these partners from different sectors to work together, the Change Fund also aims to facilitate a shift in the balance of care from institutional to primary and community settings.

This agenda affords the opportunity for local partners to redesign services. The Scottish Government, COSLA and NHS Scotland are in agreement that as improvements take place, older people are to be valued as an asset in this process. This should improve outcomes and meet the expectations and aspirations of older people living in Scotland (Joint Improvement Team, 2010).



IRISS (Institute for Research and Innovation in Social Services) is a third sector organisation which aims to promote positive outcomes for the people who use Scotland's social services. Our focus is on supporting the social services workforce to create positive change through research, creativity and innovation. In particular we seek:

- » To embed a culture of collaboration, open to new ideas
- » To ensure everyone has the knowledge, tools and skills to effectively use evidence and innovate
- » To place people at the centre of the design of services and support

IRISS believes that partnership working is vital when improving care and support, encouraging all service stakeholders to share their knowledge and experience and use this to work towards desired changes. Central to this is our belief that people who use services should have an equal voice and stake in the identification and development of these ideas. As IRISS is not aligned to any particular service or sector, we are well placed to use a non-prescriptive, facilitative approach.

## Section 2: Rationale – the design of services

‘Service design involves thinking about all the people, places and processes involved in a situation and their dynamic interactions.’  
—Rao (2010)

A service design approach is considered fundamentally different from that traditionally taken in public service organisations. Traditional approaches tend to put professionals at the centre of the process, sometimes using consultative methods. Service design puts individuals who are supported by services, or the people that are closest to these individuals, in charge (Bartlett, Leadbetter and Gallagher, 2008). In social care, for example, the traditional approach is for an individual’s needs to be assessed by a professional social worker against overall criteria of eligibility. Once someone is judged eligible, the social worker then devises a care plan, which allocates the individual to services that are paid for and frequently provided by the local authority. It is very rare for the individual to have much of a say in how services are designed, to choose between service providers or to know how much money is being spent on their care<sup>1</sup>.

Mager (2006)<sup>2</sup> provides a useful summary for understanding the fundamental principles of service design.

1. The service design approach is holistic. Service design can help to understand the context of a service, as well as the relationships and interactions that individuals will have with it.
2. Service design is often interdisciplinary. Service designers will draw on a range of different disciplines and schools of thought to influence their thinking with the view that different expertise and experience can enrich projects.
3. Co-creation is a key feature of service design. The person using services and the service provider will be keenly integrated into the discovery and creation processes.

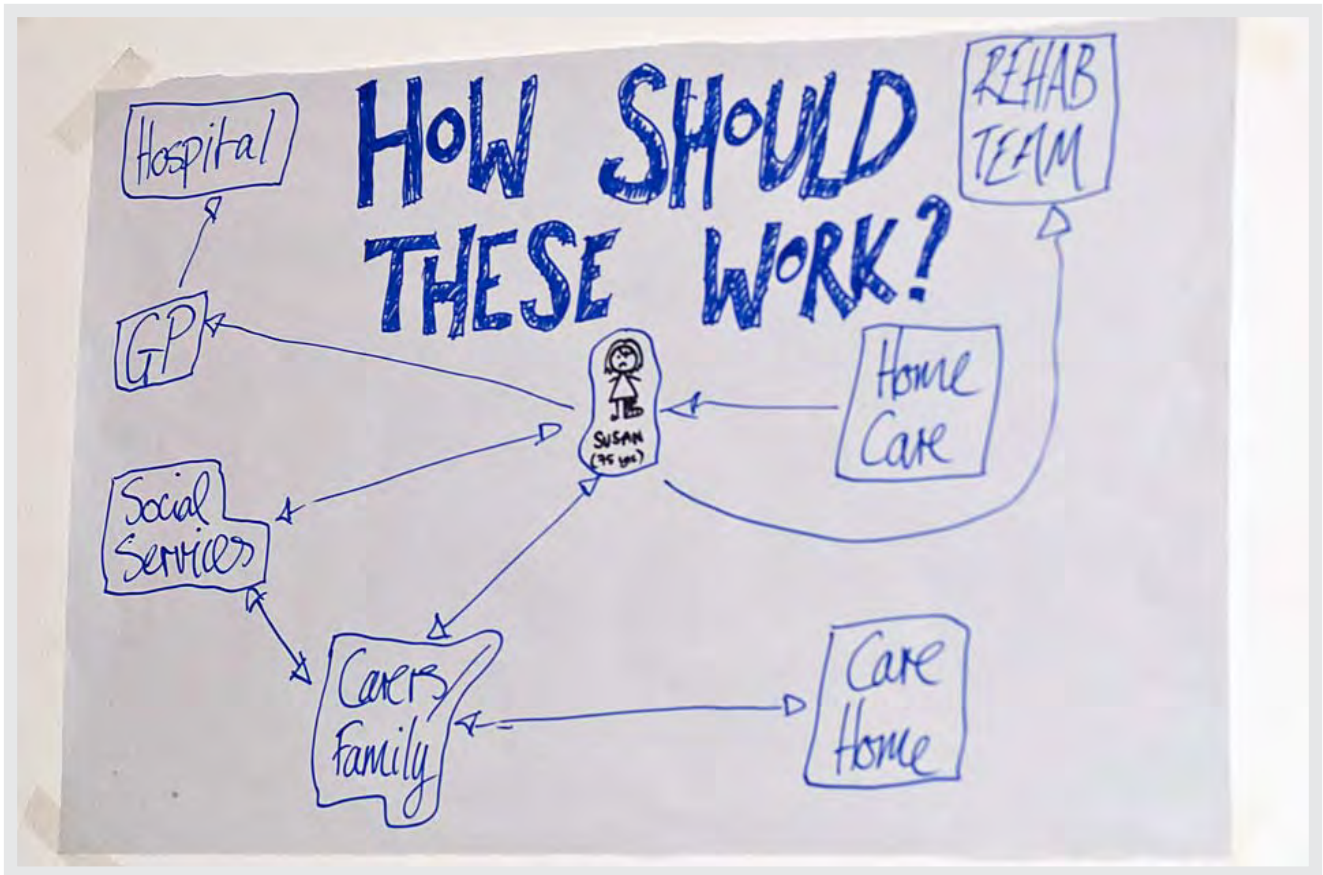
4. Service designers think and work visually. Making what is invisible visible can help people understand new dimensions of the concept and can change the way people interact with a service. Prototypes, storyboards and mock-ups are a few of the tools / methods that might be used by service designers to help the visualisation of various elements of a service.
5. Service design is often radical. Designers will often challenge what currently exists; ask probing questions and urge providers of services to think differently and take new opportunities.
6. Service design can and should inspire! To make change happen requires a lot of inspiration, energy and motivation.

There are clear linkages between service design principles and the government's strategy for Reshaping Care for Older People. For this reason IRISS was interested in incorporating these principles into a Change Fund partnership, exploring how this may support Change Fund partners to design services from older people's services, rather than the traditional professional perspectives. For more information on service design, the Service Design Network offers a notable overview of the numerous approaches and activities in this area.

From our experience on projects such as Creating a Culture of Innovation, Re-designing leaving care services and Using an Assets Approach for Positive Mental Health, we believed a service design approach had the potential to enable the engagement of a range of stakeholders involved in Change Fund partnerships. Our aim was to test how the design process might inspire practitioners from different sectors to look together at the development of older peoples' services from older people's perspectives. It was anticipated that this would enable practitioners to gain new insights and to think creatively and collaboratively with others from a range of different cultural and practical backgrounds, creating new solutions from their combined knowledge, expertise and resources.

Similarly, service designers conduct research into services by reviewing what already exists, observing service interactions and listening to people who use and deliver services. They use this knowledge to conceptualise and visualise options that are not yet provided, using the visuals to present future possibilities and enable discussions about these options. Sometimes this process relates to the design and development of new and innovative services, and other times involves redesigning existing services<sup>3</sup>.

However, if service design is about anything, it is about putting people at the very centre of the design process. Designing so that the experience of engaging with a service connects with people's needs, wants and aspirations, rather than what



others think is satisfactory or in response to service needs – such as reduced bed numbers or a reduction in re-admissions to hospital is at the heart of this approach.

In this way, service design can illustrate concrete pathways to support the realisation of some of the ambitions of the current policies on person-centredness and self-directed support in social services. Also, due to the participative nature of service design, the approach could represent a fruitful opportunity to define strategies that activate people in need as co-producers of highly individualised and localised solutions to their own problems (Morrelli, 2007).

## Section 3: Project summary

“Why”, said the Dodo, “the best way to explain it is to do it.”  
— Lewis Carroll, Alice in Wonderland

This project aimed to foster innovative and holistic strategies and actions for the development of future support for older people’s wellbeing. It did this by bringing together people’s knowledge and experience of using and providing services with service designers from the design sector. The objective was to match the future expectations and aspirations of living a good older life to the resources that will be available to deliver it.

The anticipated outcomes from this project were that:

- » Social service practitioners will have experience of working with practitioners from other sectors, developing new networks, building relationships and sharing experiences
- » Social service practitioners will have experienced the creative/design process, contributing towards their continual professional development (CPD)
- » Social service practitioners will have been instrumental in idea generation and will have ownership over the ideas created

The anticipated outputs from this project were:

- » A report
- » Ideas that communicate a range of innovative and holistic strategies and actions for the future wellbeing of older people.

## Section 4: Who was involved?

The Change Fund brings together service providers from social care, health, private and voluntary sectors. Several Change Fund partners were approached in different local authorities in Scotland. The Change Fund partners that were able to work within the timeframe of the project were in Glasgow South. Therefore, this project was designed to involve practitioners from the four different sectors in Glasgow South, as well as older people and carers.

IRISS utilised the skills of young service designers from the Glasgow School of Art – currently honing their craft – as a means of enabling the social service workforce to learn about the processes and tools used in service design, and as a way for design students to learn about social care and health issues/services.



### 4.1 OLDER PEOPLE AND CARERS

Using local knowledge from practitioners in Glasgow South's Adult Local Implementation Group (LIG) group, 30 older people and carers were involved from three carers centres in Glasgow South: Greater Pollock Carers Centre (Princes

Royal Trust), South East Carers Centre (The Dixon Community) and Glasgow South West Carers Centre (Quarriers). It was important that this range of centres was included, as the population of Glasgow South includes different ethnic and minority groups and the project was successful in involving some of these groups and, where needed, their interpreters.



## 4.2 PRACTITIONERS

Following approval from the Research and Practice Development Group in Glasgow South, the Adult (LIG) for the Reshaping Care for Older People (RCOP) agenda became the formal sponsor of the project. It should be noted that this group involves colleagues from across the health and social care sector and includes partners from housing and voluntary sectors.

On talking to providers in the local area, it became apparent that despite their willingness to engage in the Change Fund process, they had found it exceptionally difficult. Anecdotally, this was said to be due to the difficulties of penetrating a complex system of groups and sub-groups created for the implementation of RCOP.

Providers from the voluntary and private sector were keen to be involved in the project, seeing it as an opportunity to have a better say in how the Change Fund could be taken forward. In order to be as transparent and open as possible, IRISS put out an open call for participants through local intermediaries (GCVS and Scottish Care). Unfortunately we were unable to accommodate all of those who wanted to be involved and partners were chosen on a first-come first-served basis (and following criteria such as having sufficient time to commit to the project for the eight week process). Those who were not chosen to participate were invited to attend project presentations at various stages throughout the project and were communicated with through updates on the project blog: <http://blogs.iriss.org.uk/reshapingcare/>.

Ultimately, 16 practitioners were involved, four from social work (Glasgow South), four from NHS Greater Glasgow and Clyde, four from Cornerstone Care (voluntary sector) and four from Rowantree and Rodgerpark Care Home Bupa (private sector).



### 4.3 SERVICE DESIGN STUDENTS

Twenty-one third-year design students were involved from the Product Design undergraduate degree at the Glasgow School of Art (GSA). While product designers traditionally tend to focus upon the physicality of products, today's product designers are also operating in an age of information technology and in a country where manufacturing is in decline and services are on the rise. The Product Design course proposes that 'designers of the future are equipped not only to react to, but also to anticipate, propose and give 'form' to invisible products – such as systems, services, interactions and organisational behaviours'. Therefore it is through this pedagogic prism that the students are developing their skills.

Over half of the students were international, hailing from countries such as America, Brazil, Sweden, Germany, India and Japan. This brought knowledge of how older people are cared for in different settings.

### 4.4 OTHERS

Despite initial interest from practitioners from housing providers and associations in Glasgow, and notwithstanding repeated follow-up by project managers, we were unable to secure any commitment from this sector to engage in the project.

All other links to relevant stakeholders were facilitated through contacts from the Adult LIG group, and the practitioners who were engaged in the project.



## Section 5: Project process

Practitioners were asked to work in multidisciplinary groups, echoing the Change Fund's aim of integrated partnership working. Each of these groups was given themes through which to tackle the complex issue of the design of older people's care and support. These themes were generated after discussion with people on Glasgow City Council's planning and strategy group, and agreed through the LIG for RCOP. This aimed to avoid duplication of projects that were already underway in Glasgow and to identify niche areas that were hard to package into pilots.

The themes were:

- » Social isolation
- » Reablement
- » Anticipatory care
- » Partnership working and communication

We partnered each of these multidisciplinary practitioner groups with five students from GSA, and asked them to work together to research, define and develop ideas that related to their theme. IRISS facilitated a framework for this engagement and feedback for each of the groups' research, interpretation of the problems/opportunities and ideas. Groups also asked IRISS to support them by arranging access to other stakeholders, such as GPs, and visits to local community groups.

The project ran over an eight-week period and culminated in presentations that were showcased at the IRISS annual forum in December 2011 to an audience of managers, practitioners and policy makers.

### 5.1 INTRODUCTORY SESSIONS

One of the aims of the project was to ensure that everyone came together on an equal footing, feel confident to ask questions of one another and share their

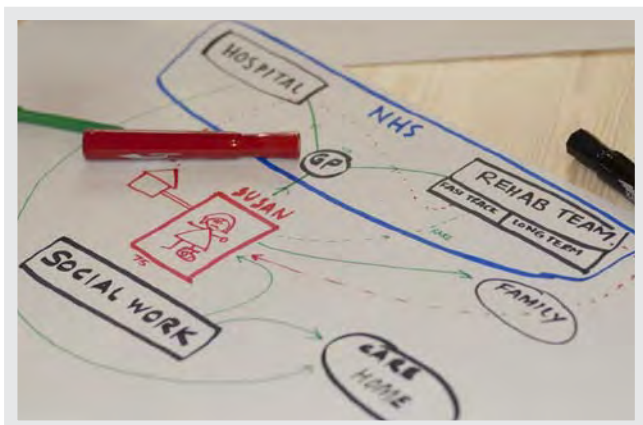
thoughts and experiences. In order to do this, we started by arranging separate events for practitioners and students.

For the practitioners, their introductory session was an opportunity to hear more about the project and to get to know practitioners from the different sectors/agencies that they would be working with. The session consisted of a number of ice-breaker activities to encourage introductions and discussion about their roles and motivations of their job. Following this, we introduced the concept of ‘co-production’ through the use of videos and discussion. Useful resources included:

- » Stories of co-production: <http://feedbackfilms.co.uk/nef-stories-of-co-production/>
- » Faces and voices of co-production: <http://vimeo.com/24816782>
- » How Lewisham Council had used co productive techniques: <http://www.designcouncil.org.uk/Case-studies/Lewisham-Council/>

The introductory session gave the students the opportunity to understand the RCOP agenda, the Change Fund and the locality of Glasgow South. This was achieved by supplying them with background reading, and conducting a quiz that was followed by a question and answer session.

For all, these introductory sessions were crucial in order to understand the practicalities and responsibilities, namely, that the project would only be successful through their participation, honesty and engagement.



## 5.2 PROJECT LAUNCH

The project launch was held in the south side of Glasgow, and was an opportunity for practitioners to meet the students. Practitioners chose the themes they thought best suited their area of expertise and we set a number of different tasks for each

group so they could get to know one another on a personal and professional level.

Tasks were designed to ensure that the groups could explore different perspectives about the theme they were working on and determine how they wanted to work together over the proceeding eight weeks. Some groups found this exploration of perspective difficult due to the fact that issues were often framed differently in each sector, which made understanding different perspectives complicated. In some instances, we mediated these discussions so that the group was able to reach a consensus on the themes they were working on; in other instances, professionals from the voluntary sector organisation mediated these discussions.

Although this was an opportunity for practitioners and students to meet, learn from each other and set up working processes, we did not want to lose the voices and perspectives of older people and carers. We used elements of the [NHS Education for Scotland \(NES\)](#), [Scottish Social Services Council \(SSSC\)](#) and [IRISS 'Sliding doors to Personal Futures'](#) Sliding Doors events, which involved forum theatre. Using this method we presented a 'scripted' conversation between an actor personifying someone who knew a lot about the RCOP agenda, an actor playing an older man who was receiving a service, and an actor playing the older man's wife who was starting to lose her memory. Throughout the session the actors presented the journey of the couple, highlighting both difficulties and opportunities for change.

[Our thanks go to our partners at NES and SSSC for allowing us to use these elements of their work.]

For a full account of the launch event visit: <http://blogs.iriss.org.uk/reshapingcare/2011/10/04/future-choreography-of-care-project-launch/>

### 5.3 WORKSHOP WITH OLDER PEOPLE AND THEIR CARERS

Following a service design approach, issues about care and support for older people needed to be identified by the people that experience care and support. This approach enables all partners involved to approach 'problems' from a personal rather than a service-led perspective.

IRISS encourages the inclusion of people who access support in partnerships that improve services. This workshop provided the first opportunity for students to meet with older people who were supported by services and their carers.

Thirty-three older people and carers, with a wide variety of experience and knowledge, were able to attend the event. Working in their themed groups the

students ran activities using a range of tools and ideas. A positive development was that the older people and carers took control of some of the activities themselves and were able to clearly articulate the issues that were most important to them and the changes they wanted to see.

This event provided the perfect opportunity for people to share their personal experiences of services and explain what they would like to experience in the future. Many of the concepts later developed originated from these conversations. The use of 'stories' was important as they provided descriptive, first-person accounts of something that was important to the individuals. When shared, they provided resonance, connection and insight into the realities of service delivery for the students.

*"They weren't shy, they did our little "games" with concentration, they were open to new ideas, able to dream. They told us their fears and secrets, in one word, they were lovely."*

*"Meeting and talking to older people and their carers was a hugely informative experience, the interest they expressed in us and our project far exceeded what I expected to encounter. Without their participation the ideas that we have generated would not have been possible to reinforce or create with substance."*

*"The experience of working with older people in the project was probably the biggest eye opener for me and also probably the most enjoyable. It was nice to talk to older people about their experiences and let them know that people do care about them and want to improve their quality of life"*

To hear some accounts from participants about being involved in this workshop visit: <http://vimeo.com/channels/reshapingcare>

For a full account of this workshop visit: <http://blogs.iriss.org.uk/reshapingcare/2011/10/07/putting-people-at-the-centre/>

Although these sessions provided a good opportunity for students to hear from older people and their carers, many reported that they did not take full advantage of the situation. Students recorded their frustration at not being able to 'ask the right questions' and 'read between the lines' of what people were saying. This was not due to unwillingness on their part, but to their relative inexperience in interviewing and analysis of qualitative data. However, many older people and



carers talked about how they'd taken the reins in these situations, helping the students to re-define their questions, as well as encouraging them to continue.

#### 5.4 BI-WEEKLY PRESENTATIONS OF RESPONSES TO EACH THEME

Following these workshops, bi-weekly presentations offered an opportunity for students to present their findings on all the different perspectives, issues and ideas that practitioners, older people and carers were sharing. This also allowed practitioners, carers and older people to provide feedback as ideas and concepts developed. Feedback revolved around how close the group's ideas were to creating the life older people would like, and their suitability and practicality in the south side of Glasgow.

The number of practitioners that were able to attend these bi-weekly presentations varied, depending on work obligations and the timing of the presentations. We changed the presentations timings, shortening them to encourage more attendance, however, this was not always successful. In cases where students felt that they did not get the feedback they needed, they contacted practitioners out with the presentation time period.

This implied that feedback was not always shared openly in the group and that different service perspectives dominated some groups whilst others did not. Some practitioners also felt that the format of 'open' feedback resulted in many people

‘toeing the party line’ rather than taking the opportunity to think about how things could be done differently. Others took the role of supporting the students to learn and assisting them in many different ways, as they were able to empathise with the student’s frustrations of having to juggle many different perspectives, cultural norms and ongoing structural changes that impacted upon communication and potential service designs. In such cases, practitioners reported not wanting students to become upset or disheartened with the task they were involved in.

These factors combined meant that students had a very difficult task of weighing up the different kinds of feedback on their ideas at different stages in the development process.

The process these presentations followed is detailed in Section 8: Showcase.

## 5.5 MEETING WITH PRACTITIONER GROUPS

Each team had different experiences of meeting with their practitioner team mates on the project.

Overall the teams reported that engagement with practitioner groups was essential for the process of developing ideas and ensuring that they were sufficiently grounded in reality to be useful in practice. However, the teams did report quite different experiences in terms of the frequency of meetings and the value that was placed upon them.

*“The dynamic relationship between students and practitioners was fun, I feel that they were more often than not relieved and happy with the “breath of fresh air” that we provided from our different view point. Of course there were the occasional conflicts of view and opinion between practitioners and students but this was part of the challenging nature of the project.” (student)*

*“Throughout this project the practitioners we were working with were one of the most valuable assets we had. After the first meeting our relationships with all of the practitioners went from strength to strength and information gained from them was most valuable.” (student)*

### **Use of evidence sources**

Two of the teams drew quite heavily on the evidence sources that were provided for them by IRISS, as well as that which was self initiated. These teams

commented on how useful it was to share this information together with the practitioners to better understand the context and impact on the ideas that were being developed.

*“We called on IRISS to help us find evidence and statistics – they were able to find a lot of information and to bring us in the right direction.”*  
(student)

Further, students commented on how they drew from each other’s varied backgrounds as sources of inspiration for elements of their ideas which added value to the project work.

*“An incredibly useful dynamic to the groups we worked in was that our ideas and thoughts were influenced by the international diversity we have, looking at different cultures, ways of living and the different ways in which different cultures tackle similar issues, [this] all added to the way in which the project developed.”* (student)

### **Regularity of meetings with practitioners**

Many of the teams reported the usefulness of visiting practitioners’ workplaces, to meet their colleagues as well as some of the people that they support. They noted that this was invaluable for the development of the ideas. Many of the practitioners that were engaged in the project work managed to arrange these sessions around their caseloads – sometimes meeting after work hours or over lunchtimes and breaks.

However, the frequency of these meetings was not consistent across all of the teams. Universally, students commented that a key difficulty in engaging with the practitioners was their very high caseload and work pressures/demands. This was particularly true mid-way through the project where most teams reported a lull in practitioner engagement.

*“Due to the busy nature of these people’s professions there was not a lot of time for them to devote to helping us with our project.”* (student)

Teams that had less frequent contact with their practitioners suggested that the most valuable feedback came from practitioners in other groups who attended the presentation sessions, as opposed to those specifically assigned to their group.

*“Some (practitioners) lacked consistency and were only available towards*

*the end of the project. This meant that we had to base our research phase on the insights and information we ascertained from practitioners of other sectors.” (student)*

*“It seemed like the most valuable feedback ended up coming from the other practitioners that consistently came to the presentations as opposed to the ones specifically assigned to our group.” (student)*

Many students suggested that lack of engagement at different stages of the project could possibly be due to the fact that some themes did not have direct relevance to practitioners’ immediate roles.

### **Differences in culture and values**

Some teams reported difficulties in understanding and collating practitioner views. One of the biggest challenges cited by students was the cultural differences between some of the practitioners.

*“An issue was to deal with practitioners coming from different disciplines. They were talking about specific issues, not always linked with our topic and they also came out with old rows, arguing for instance about the roles they play, how important they are for the older people, etc...” (student)*

Similarly, some teams felt that it became difficult to understand the relevance of some stories and anecdotes in respect of the overall theme that they were tasked with tackling. Some students reported feeling over-burdened by details and perspectives, which made it difficult for them to stand back, take a wider perspective and to extract the key nuggets of information or insights to take forward.

Students noted, however, that it was also valuable to witness small arguments among the different practitioners’ departments on defining their roles, as it helped them to better understand similarities and differences across agencies.

## **5.6 VISITS TO HEALTH AND SOCIAL CARE ORGANISATIONS**

Although struggling to manage complex and increasing case loads, many of the practitioners were keen to offer students (and other group members) the opportunity to visit their place of work. This facilitated greater understanding about how care and support are provided by different sectors and organisations within



these sectors, as well as being able to see people who have chosen different pathways through the care system.

The students were able to gather greater insights from these visits and compare and contrast arrangements made in Scotland to those made in their own constituent countries.

## 5.7 THE DESIGN PROCESS

The design process that the students followed involved:

### Understanding and insights



This step of the process involved the students grasping the issue, topic and theme, and then contextualising this in the south side of Glasgow in relation to the systems, services, practitioners, older people and careers. This was presented through a series of slides that illustrate the student understanding and presented personas of the people they had met, stories about their lives, the difficulties they experience, and their aspirations for their future lives.

Practitioners were asked to feedback on anything that had been misunderstood at this stage and share more knowledge and experience of what they saw from their services' perspective.

### Design development 1: concept development

This stage involved taking the insights arrived at in the previous stage and developing ideas. For example, an insight may have involved a GP not being able to signpost a person towards services that may support them with loneliness they are experiencing. A range of ideas may be generated that respond to this insight, and the ideas developed into a concept.

Fleshing out the idea at this early stage and sharing it visually means a wide range of feedback can be attained. For example, seeing the interaction, where it may be located, type of supporting aids, roles or technology that may be used, time of day, instances of partnership working, and older person or carers perspectives as an outcome. This enabled detailed discussion about the viability and suitability of the concepts and other ideas or knowledge that practitioners may have that could feed into the idea.

### **Design development 2: concept verification**

From the range of ideas that were presented at the concept development stage, one to three concepts were chosen for development in each group. These ideas were further fleshed out to explain how older people and carers would engage with care and support services and come into contact with the service concepts. This was communicated through storyboards that explained how this concept was different from what already existed, took into account the range of factors that might influence the success of the concept, and explained how this concept would fit into current practice. For example, what practitioners would be asked to do in order to create the experience older people and carers were looking for.

At this stage older people and carers were instrumental in providing feedback on the concepts, and their feedback in some instances was markedly different from the practitioners.

### **Design development 3: concept resolution**

From the wide-ranging feedback at the verification stage each concept was developed to include other peoples' ideas, notes about limitations, links to policies, services and locations in the south side of Glasgow. This iterative approach was useful in ensuring that the ideas generated were more than just blue sky thinking, but would meet the needs of people and could exist within the local context.

### **Design development 4: conclusive concept refinement**

The final version of each group's concepts and how they all worked together were presented at IRISS Forum 2011, Designs for the Future, (<http://www.iriss.org.uk/events/iriss-forum-2011-designs-future>), which aimed to attract people able to make change happen, and able to distinguish what elements of this process or concepts could be useful in their services and development of support.

## Section 6: Ideas

There were generic concepts around care and support that were intrinsic to each of the ideas that the groups developed. These were: prevention, the inclusion of older people and carers in this process, and a community perspective and approach towards the positioning and introduction of services.

All of the ideas took a preventative approach. These were not negative in the sense of avoidance and reduction in the pressures on a service, but rather for the promotion of well being, living well and ageing well. This aligns with research into older people's future desires which identified the need to design and develop services that support people retain their independence and stay in their own homes, preventing them from entering traditional care services in the first place (Scottish Government, 2010).

The ideas also endorsed the need to develop systems that allow and encourage people and patients to be recognised as producers and participants, not just receivers, of services. The proposed system then would include people in the identification, design and development of services through a co-productive approach; delivering services with rather than for people. The central idea is that people who use services are hidden resources, not drains on the system, and that by recognising this, resource services could be more efficient. Two of the ideas hinge on the idea of building up the resources of people in the community through the reablement and social isolation themes.

These ideas also see the world through a community lens. This means that services are necessarily configured around the user and the world in which they live rather than being planned and designed from an institutional perspective. The ideas framed the wider community as a resource and as a subtle way of inviting people into services. This particular perspective was, at times, difficult for the practitioners who were involved in the project. They saw service provision fitting naturally into existing service structures rather than within community structures.

Each of the ideas that have been created has come from the group's interpretation of what needs to change in the local area and builds on the research from older people and their carers about what is important to them in their lives. There are elements of each of the ideas that would be tweaked to ensure they could be localised and practical.

The students, as the designers of the ideas, had to come up with thoughts about how the world might be, rather than describe what currently exists. This is difficult, no less because ideas could be considered threatening or unsettling and indeed, the designs might also take a different tack from the currently popular policies. To some extent, IRISS had a role in trying to limit the possible failures of the process by working to encourage the students to ground their ideas specifically within a local context, reminding them to be mindful of the financial context, as well as the evidence of what has worked previously and in other areas. This may well have dampened some of the creativity of the groups to explore more innovative solutions to the design problems, however, it does not detract from each concept's innovative standpoint within service provision and in the community in Glasgow south.

## 6.1 SHORT SUMMARY OF THE CONCEPTS

### **Anticipatory care**

This concept is a community based intergenerational approach to anticipatory care where awareness of older life starts through primary education and continues through the education system and into working life. The Scottish Government Curriculum for Excellence is the main driver alongside existing community facilities in the south side of Glasgow. The aim of the strategy is to support people, both young and old to teach and develop together, whether directly addressing older life or simply exploring other areas of life together.

Comments from practitioner participants:

*'This group showed great insight into the need for a long-term, societal approach to meeting older people's needs. I thought their vision was excellent.'*

*'The ideas expressed are very interesting. They are much broader than the traditional view of anticipatory care from a health perspective.'*

## Partnership working and communication

There is a large, untapped source of knowledge in the community to be utilised. The idea of ‘the Hub’ is a ‘space’ that encourages people to come together in the community. This encouragement relies on their motivations (watching football, picking up prescriptions, posting mail), however, it also offers peer-to-peer learning and a base for community ‘well-being’ services.

The second concept this group developed is the ‘Link’, which signals the need for a communicator between community members and the social and health care systems. This person is based in/around the Hub, knows how to access systems, provides information and guides citizens through the bureaucracy. Their knowledge also enables them to suggest other supports and people.

Comments from practitioner participants:

*‘I was in this group and I felt that the team did very well. Their prep work was very thorough and they demonstrated a good level of insight into the issues. Their questions were surprisingly relevant from the outset.’*

*‘All for it [the idea] could be improved but is difficult due to cuts of community funding.’*

*‘Recognition by management that time to communicate in terms of individual care plans has to be factored in. Staff under pressure to take on increasing caseloads might fail to attain good standards of communication.’*

## Reablement

This group presented a ‘buddying’ concept for older people who have been already been through the reablement process, and who can provide another dimension to the support and care older people said they needed – one that complements the professional role. The buddying service would be an opportunity for people who have experienced the reablement service to pass on techniques and tips, provide personal advice, and generate more informal support during the reablement process.

Comments from practitioner participants:

*‘An approach that would rely on a cultural shift where older people are*

*encouraged to be as proactive as possible with input from the multi-disciplinary team. Focussed on a preventative approach. Likely that more public awareness and education needed to help change existing mind set and expectations of services.'*

*'Great thinking. Especially the notion of "re-ablement buddies".'*

## **Social isolation**

Social isolation was defined by this group as the result of a major change of circumstance in someone's life, which resulted in a loss of primary social connections. The group discovered that people believe active, empathic community members can have a stronger influence on helping potentially isolated people than professional services. These people who already provide this kind of support already exist at different levels in the community, from momentary interactions with the corner storeowner, to highly involved professional community workers. The idea developed in response to this theme was to recognise and enable these active roles in the community as "Community Champions". Providing these champions with a set of tools, for example: a resource reference, training and access to local services, will better support their informal or formal role.

Comments from practitioner participants:

*'Funding small local organisations to meet local need. Community development approach could assist in maximizing community resources.'*

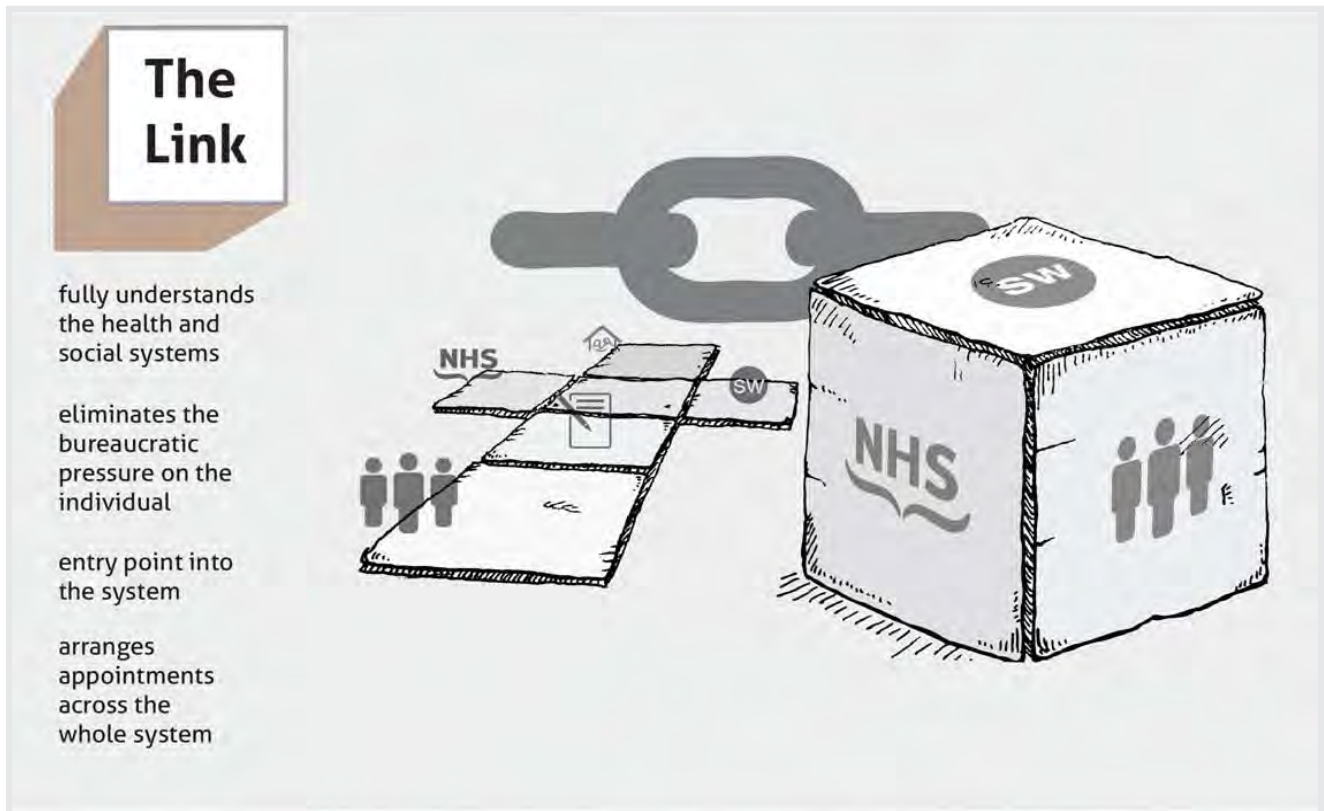
*'Social isolation is increasing due to cuts in day care and service provision. Need to target hidden client groups. [Provision of] home visiting useful here.'*

For further information about the ideas presented please visit:

<http://blogs.iriss.org.uk/reshapingcare/2011/12/05/supplementary-information-about-each-idea/>

## **6.2 SUMMARY OF IDEAS**

No single institution, profession or person provides the unique mix of expertise that these concepts promote. This means that the community and partnership element of each of the ideas becomes increasingly important.



Within health, the emphasis on the community takes on particular importance. There is increasing evidence that chronic illness is strongly related to networks and communities. Well-being is particularly dependent upon relationships (see Wistow 2004, Layard 2003 and Foot and Hopkins 2010). The social isolation group's concept of community champions and building community cohesiveness really builds on this evidence.

The subtlety that is implied by all of the ideas is also inherently different from many of the traditional approaches that are currently being considered in the Glasgow South area. These approaches understand that people will only feel empowered to participate in the uptake of a new service if it speaks to them in a language that they understand, in a style that is found to be friendly and appealing, and in a way that fits neatly into their regular patterns of behaviour. The partnership working and communications group has recognised this in their 'Hub' concept, which integrates local amenities with health and well-being advice.

This is a huge shift of focus for public services. No longer looking inwards to targets and procedures, but increasingly looking outwards to local neighbourhoods to create supportive social networks, seeking out local energy where it exists to help deliver and broaden services, and seeing people for what they can do, not just what they need. The idea is that, by working alongside the people they are

supporting, services can dramatically increase their resources, extend their reach, radically transform the way they operate, and be much more effective.

It should be considered innovative to review ideas used in different contexts and settings and apply them to new contexts and settings. This appropriation and application is innovative. Many changes will need to be made in the reconfiguration process as it is highly unlikely a straight copy will ever be possible. Each of the reconfigurations will need to be thought about carefully. Discussions with all the stakeholders these changes will affect and support will open up new possibilities and new questions that must be considered. These conversations will support and enable greater degrees of innovation.



## Section 7: What we learned on the project

There were two overall areas of learning on this project. One being the old adage of partnership working, the other, the new and emerging role of service design for public services. The learning suggests that partnership working, although a regularly chanted mantra and part of the RCOP agenda, is still difficult in practice, and that service design can be used not just to improve a given situation but also to generate knowledge that can inform policy making. Both areas indicate that we should be customising, not reinventing the wheel.

### 7.1 PARTNERSHIP WORKING

#### **Relationships**

The project itself played out the wider Change Fund relationships; practitioners worked in partnership in multi-disciplinary groups, but some of these teams did not work well together. Difficulties in organisational partnerships are notorious and there were some apparent difficulties recorded in the project. There were considerable cultural, philosophical and attitudinal differences between professions and an inherent tension was noted between organisations that were open to the principle of partnership but held different beliefs which made partnership difficult in practice. There were quite fractious relationships to begin with in some groups, which made the learning and creative process quite difficult.

One of the fundamental successes of this project was that people made connections across sector boundaries and worked through what were sometimes quite strong differences of opinion. From the evaluation at the end of the project, comments suggested that people had learned a lot from working together and that the project focus, involving the students as a neutral partner, had helped to open up dialogue between people.

For example, in response to a question about the most memorable aspect of being

involved in the project, some of the practitioners commented:

*'...meeting the students – hearing their broader perspective.'*

*'...being involved with the students, hearing their ideas and letting their enthusiasm rub off on me.'*

*'All parties have the same concerns and desires to provide good service for the elderly ... this is a proactive way forward, not each sector looking after their [own] interests'.*

*'Have enjoyed working with other practitioners from different backgrounds, including private and voluntary. All bring vast knowledge and expertise from different perspectives.'*

If this does not seem like a significant outcome, it might be helpful to touch on the local context in Glasgow. In 2010, NHS Greater Glasgow and Clyde decided to break up the community health and care partnerships (CHCPs), which had integrated commissioning and provision in local areas since 2006. These were replaced with arrangements covering healthcare alone (Samuel, 2010). This decision indicates some fractious relationships between the health and social work sectors, which were still evident at the beginning of this project.

Interestingly enough, the students' lack of affiliation to any viewpoint, naivety and youth managed to break through some of this tension and to provide a sense of 'shared commitment'. In fact, some of the practitioners talked about wanting to 'protect' the students from these discussions and their concern became focused on ensuring that the students had accurate information on which to base their ideas.

### *Pointers*

The Change Fund involves four different sectors working together, but to date, there is little evidence of this happening in Glasgow. The work that has been undertaken so far has come out of good intentions but in the experience of those involved in the project, tends to pay lip service to partnership working, particularly when involving the private and voluntary sectors. Going forward, developing clear and effective representation from all sectors will be essential to ensure that all partners can contribute their knowledge and resources, and have equal opportunities to be engaged in the Change Fund.

There are many ways that partnerships could be improved, and these vary according to circumstance and context. However, existing partnerships could be reviewed by an independent agency using partnership assessment tools (Hardy, Hudson and Waddington, 2003), providing a base line and practical methods to improve. These partnerships need to be allocated as much support and development as the Change Fund projects themselves.

It should be acknowledged that services from different sectors are likely to continue to have different philosophies, attitudes and approaches, however, a common method of evaluation could focus these differences on the design of services that respond directly to the care and support older people need and want. It became clear through discussions with partners that there is still a focus in Glasgow on reducing waiting lists and numbers of re-admissions etc. and not on measuring the outcomes for people.

*'The focus continues to remain on the medical model and perception of bed blocking instead of being driven by patient needs.'*

## **Communication**

Effective partnerships have clarity of purpose so that everyone is aware of what the objective is and what their role is in the partnership. Lack of clarity about the precise purpose of the partnership often causes confusion and undermines shared commitment. This shared commitment is essential for people to work well together; it is important that there are reciprocal outcomes.

### *Pointers*

There may be value in developing a micro-site to present the RCOP agenda, Change Fund, and what this means in a local context. In the light of the challenges and problems experienced, this may not only support the profile of the agenda, but also make it relevant to local services, older people and carers. This micro-site could be developed to better reflect the Change Fund at a local level. Including information about the people involved, their role, interests and which sector they represent might be useful to understand the structure of the partnership. This information may enable people who have ideas or motivation for Change Fund projects to get in contact with the 'right' people, encouraging a flow of ideas, thoughts, knowledge and resources amongst those in the sector.

Using this site to provide succinct details about Change Fund projects – their aims, objectives, scope and partners – could make service development

more transparent. Information that is currently shared at 'invite only' local implementation and strategic groups could be communicated here in language that is accessible to those interested.

Additionally, as funding for new Change Fund projects becomes available, the micro-site could be used to place call-outs to the sector each year. This may encourage the widening of the partnership networks in four large sectors and build a sense of possibility, openness and trust in a commitment to work together.

### **Staff engagement**

Unfortunately, despite initial set-up of the project in May and continued discussion with key stakeholders, recruitment of staff at the frontline level became difficult. It was clear that messages about the project had not been filtered down into services in each sector. This led to some practitioners feeling unprepared and unclear about their role in the project. In areas where it was filtered down, no allowances were made for staff members with heavy caseloads to attend and participate fully in the project activities. As such, some practitioners stated in the post-project survey that the project did not meet their expectations in terms of time commitment and involvement.

*'I think there was not enough understanding of the professionals' work pattern and culture and this needs to be re-thought before repeating the project.'*

*'Give practitioners more background to aims and objectives of exercise well in advance. Ensure managers sanction time for participation.'*

Similarly, as the project commenced it became clear that practitioners and older people did not know much about the RCOP agenda, the Change Fund, its ambitions and how these were manifesting in Glasgow or Glasgow South. This resulted in some practitioners undertaking considerable amounts of research on the subject but experiencing difficulties drilling down to changes at a Glasgow level.

### *Pointers*

The project did provide evidence of a highly motivated workforce prepared to undertake work over and above their contracted responsibilities to effect service improvements. For project work of this nature, it is imperative that project activities to ensure project activities are integrated into practitioner continual professional development and post registration training and learning, in order that they can

provide the commitment necessary, as well as taking the most benefit from involvement.

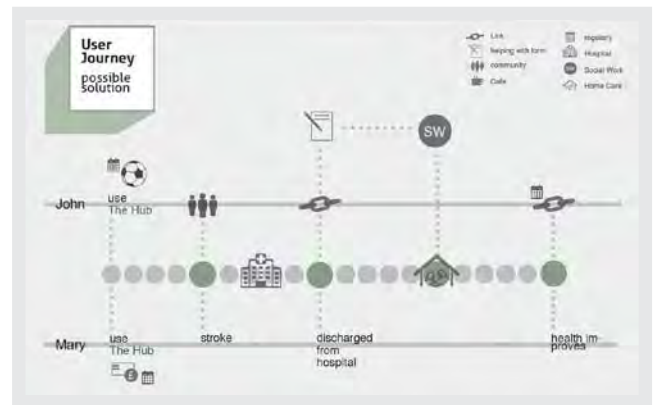
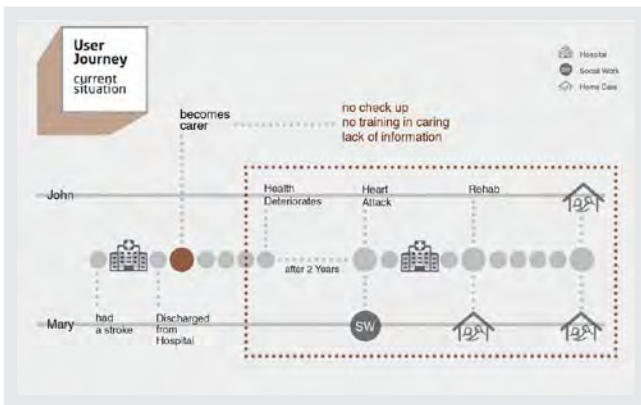
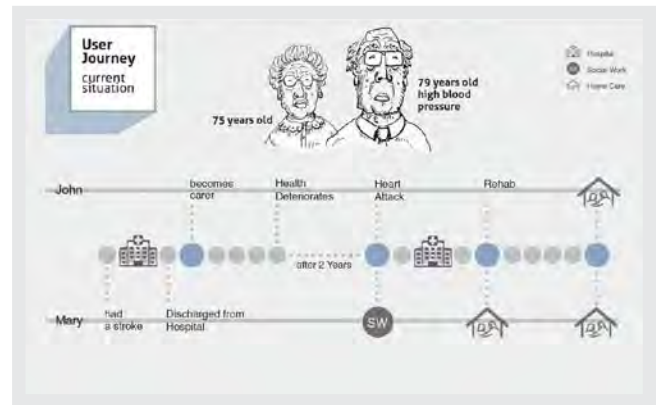
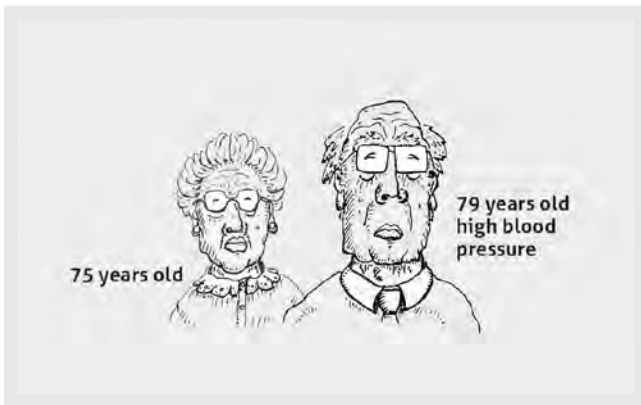
## 7.2 DESIGN

### Design research

The students undertook a range of different research activities, which were both qualitative and creative. These methods tended to revolve around student conversations with practitioners, older people and carers, observing community and workplace activities and reading literature that had been collated for them. They also asked people to rate how they felt about their experiences, discuss what contributed to this, and explore what would change this experience for the better. However, students noted that practitioners were frequently preoccupied with explaining the status quo, rather than discussing what needs to change.

The value of this approach to research and engagement was neither threatening nor judgemental, and tended to work on the premise that those who were answering questions were the experts in their profession and their lives. This added weight to the fact that this kind of qualitative data is both valuable and necessary, as it enabled a level playing field in the research and creative development process. Older people and carers were vocal when sharing their experiences, ideas and giving feedback on the design concepts. Professionals were also vocal, albeit, in some instances not so open about their opinions. In some instances they explained they felt they had to 'be kind' to the students ideas, and/or 'toe the party line'.

Visualising the data the design students collected made the process transparent, which was valuable. Students created personas of people and developed experience and journey maps through the system from older people's, carers' and professionals' perspectives. These visualisations identified both barriers and enablers throughout the journeys. Everyone involved was able to see how the issues had been interpreted, where assumptions had been made, follow the line of thought from data collection to ideation and development of concepts. Crucially, visualising experiential information afforded a way to ensure all participants were able to engage with it in a meaningful way. Most importantly, people were able to feedback on this information and be part of shaping its journey throughout the project. Where textual information was needed to explain the data, no acronyms or jargon were included, which ensured the visuals were accessible to all involved and did not create any additional hierarchies in knowledge generation throughout the process.



*Pointers*

Practitioners can be, and are, innovative at the front line, as well as further up the management chain. However, rarely, are they afforded opportunities to work together to share practice and ideas for service development and improvement. Using a service design approach could be one way to provide neutral, meaningful forums for practitioners to come together and collaborate.

Adopting a service design approach, however, demands new ways of working, new skills and processes. Elements such as valuing all types of evidence (from service user views and experiences – right through to research findings) in equal measure may be difficult for some. In this way, the role of the professional becomes less about being the ‘holder’ of knowledge and more about being a co-facilitator of evidence. This involves recognising that being professional does not always mean having all the answers and that, in opening up discussions with individuals, an opportunity is created for them to contribute.

Using service design as an approach, therefore, fosters opportunities for collaboration with people using services. Although these approaches can take time to learn and deliver properly, the benefits include ensuring that service developments are a direct response to user needs, as well as helping people to see

themselves as designers and producers of services rather than simply recipients.

The NHS Institute for Innovation and Improvement has created a wealth of resources for what they call ‘experience based design’, supporting staff and patients to design health care services based on their experiences (NHS Institute for Innovation and Improvement<sup>4</sup>). Although this approach is health focused, IRISS demonstration projects have shown how these approaches and techniques can be adapted for a social services setting.

4. [http://www.institute.nhs.uk/index.php?option=com\\_joomcart&main\\_page=document\\_product\\_info&products\\_id=543&cPath=84](http://www.institute.nhs.uk/index.php?option=com_joomcart&main_page=document_product_info&products_id=543&cPath=84)

### **The design process**

The project ran over an eight-week period determined by the student’s timetable. This proved difficult for many practitioners due to their heavy caseloads. However, many practitioners reported that involvement in the project had made them reassess their practice and think about the rationale for doing what they do every day:

*“I’m looking as if from a different perspective and it’s making me realise, we are part of the problem.”*

Much of this reflection was the result of being asked questions by the students and by their fellow practitioners from other sectors.

The format of the student feedback sessions involved the student groups presenting to the practitioners, and inviting comments, opinions, context etc. This led the practitioners to take a supporting role in the process of ideation rather than be effectively engaged with it.

These sessions did, however, give the practitioners opportunities to question some of the assumptions that the students had ascertained from their research and discussions from within their teams. Often this opened up healthy debate among the practitioners who openly asked questions and used the space to reflect on the differences between their experiences and supported learning about different roles in different sectors. However, this also meant that the students had a wealth of different opinions, which meant that they were not able to take all ideas or comments on board.

## Pointers

Although there were difficulties relating to the work schedule of this project, the design process presented time and space for open discussion and reflection amongst a diverse group of practitioners. These discussions build upon the knowledge and experience of each individual and have the potential to create possibilities for future collaboration.

Elements that are likely to have fostered greater learning include:

- » Clearly defining the learning and development element of each session so that learning outcomes were more explicit
- » Facilitating a more collaborative format for feedback sessions to promote increased creativity from the practitioners

Local forums that promote this way of working may be a useful mechanism in aiding collaborative working, better communication and the development of relationships between sectors.

## Innovative ideas

As well as integrating older people's and carers' perspectives, the use of service designers provided a neutral perspective on service development'. This drew upon existing strengths and assets available in services and at a local and individual level, essentially developing opportunities for partnerships to be created and sustained.

Although many of the ideas developed in this project can be found in other areas, the innovation was the approach of focusing on and working with people who use services, to deliver ideas that better reflect their desired outcomes in life. This included all four sectors to collaboratively inform these ideas.

Traditionally, social service organisations favour small incremental changes to service design and delivery, often as a means to reduce risk. It can be difficult to take the leap from this type of innovation to a more radical form. However, when incremental changes have been built up over a long time it can feel like things are progressing in the right direction, when in fact, the progression is on the wrong road. The ideas that were created during the project, whilst not reinventing the wheel, did rotate it to respond to older people's and carer's needs by taking a community centred, rather than service focused, perspective. Students did well to make the leap between the two roads – switching the focus to that of the needs



and wishes of older people and carers, rather than following the road services and sectors were envisaging.

### Pointers

Using elements of the design process can provide a neutral platform from which to bring people together. It can also be used to assist practitioners working together in partnership to focus on outcomes for people who use services, not the services themselves.

The design process provides a useful way to promote the prominence of older people's and carers' views in the choice of where and how Change Fund money is spent. Developing new routes to engage with people in the community and involving them effectively in any new service developments will be vital in order to facilitate the aspirations of the RCOP agenda and to shift the balance of care and support for older people.

## Conclusion

Much of the focus of the project was to facilitate the space to allow multiple perspectives, talents and skills to collaborate effectively toward common goals, to look towards the future and to dare to imagine better outcomes for people receiving support. The project gave people the opportunity to learn from and share evidence from research and experience, in order to develop solutions.

A philosophy of care, based on the principles of co-production and achieved through effective partnership working across the statutory and non-statutory sectors, is at the core of the Reshaping Care for Older People programme. Partnership and collaborative working can be very difficult but the findings from this project suggest that adopting service design principles can offer an effective approach to achieve this purpose. Change Funds, whilst being created to integrate the ideas, resources, knowledge and experience of services and practitioners for social, health, private and voluntary sectors, also need to include the voices of people who use services and their carers.

The project provided a process to build relationships and networks for sharing existing resources, developing ideas and evidence and stimulate new discussions. A range of new anticipatory, preventative and community-based ideas have been developed as a result of this project which is relevant to the Reshaping Care for Older People agenda. These ideas have been developed in partnership with people who use services, their carers and practitioners from across statutory and non-statutory agencies and as such their adoption is a realistic prospect in the south of Glasgow.

## References

Bartlett J, Leadbeater C and Gallagher N (2008) *Making it Personal*, London, DEMOS

Foot J and Hopkins T (2010) *A glass half full: how an asset approach can improve community health and wellbeing*, London: Improvement and Development Agency

Hardy B, Hudson R and Waddington E (2003) *Assessing Strategic Partnerships – The Partnership Assessment Tool*, Strategic Partnership Task Force, Office of the Deputy Prime Minister

Joint Improvement Team (2010) *Reshaping Care for Older People*, A programme for change 2001-2012, Accessed: April 2012, Available at: <http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/>

Layard R (2003) *The Secrets of Happiness*, *New Statesman* (25-28)

Morelli, N (2007) Social Innovation and New Industrial Contexts: Can Designers “Industrialize” Socially Responsible Solutions? *Design Issues* 23 (4), 3-21

NHS Institute for Innovation and Improvement, *The ebd approach guide and tools*, (2006-2012) Accessed: May 2012, Available at: [http://www.institute.nhs.uk/index.php?option=com\\_joomcart&main\\_page=document\\_product\\_info&products\\_id=543&cPath=84](http://www.institute.nhs.uk/index.php?option=com_joomcart&main_page=document_product_info&products_id=543&cPath=84)

Rao P (2010) *Service Design*, POOL, October. Accessed: May 2012, Available at: <http://issuu.com/poolmagazine/docs/poolfour>

Samuel M (2010) *Glasgow care partnerships scrapped over NHS-council row*, Community Care. Accessed: May 2012, Available from: <http://www.communitycare.co.uk/Articles/21/05/2010/114560/glasgow-care-partnerships-scrapped-over-nhs-council-row.htm>

Scottish Government (2011) *Reshaping Care for Older People: A programme for Change 2011-2021*. Accessed: May 2012, Available from: <http://www.jitscotland.org.uk/downloads/1299249359-ReshapingCareProgrammeFinal4March.pdf>

Wistow G (2004) *Living well in later life: from prevention to promotion*, in K Skinner K (ed) *Community leadership and public health: the role of local authorities*, Kent: The Smith Institute

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