

# *flourishing times*

*Personhood and Collective Wellbeing*

ISSUE 01  
Spring 2014



INSTITUTE  
OF DESIGN  
INNOVATION  
THE GLASGOW  
SCHOOL OF ARTS

# *flourishing times*

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Spring 2014

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# Flourishing Times

Professor Irene McAra-McWilliam

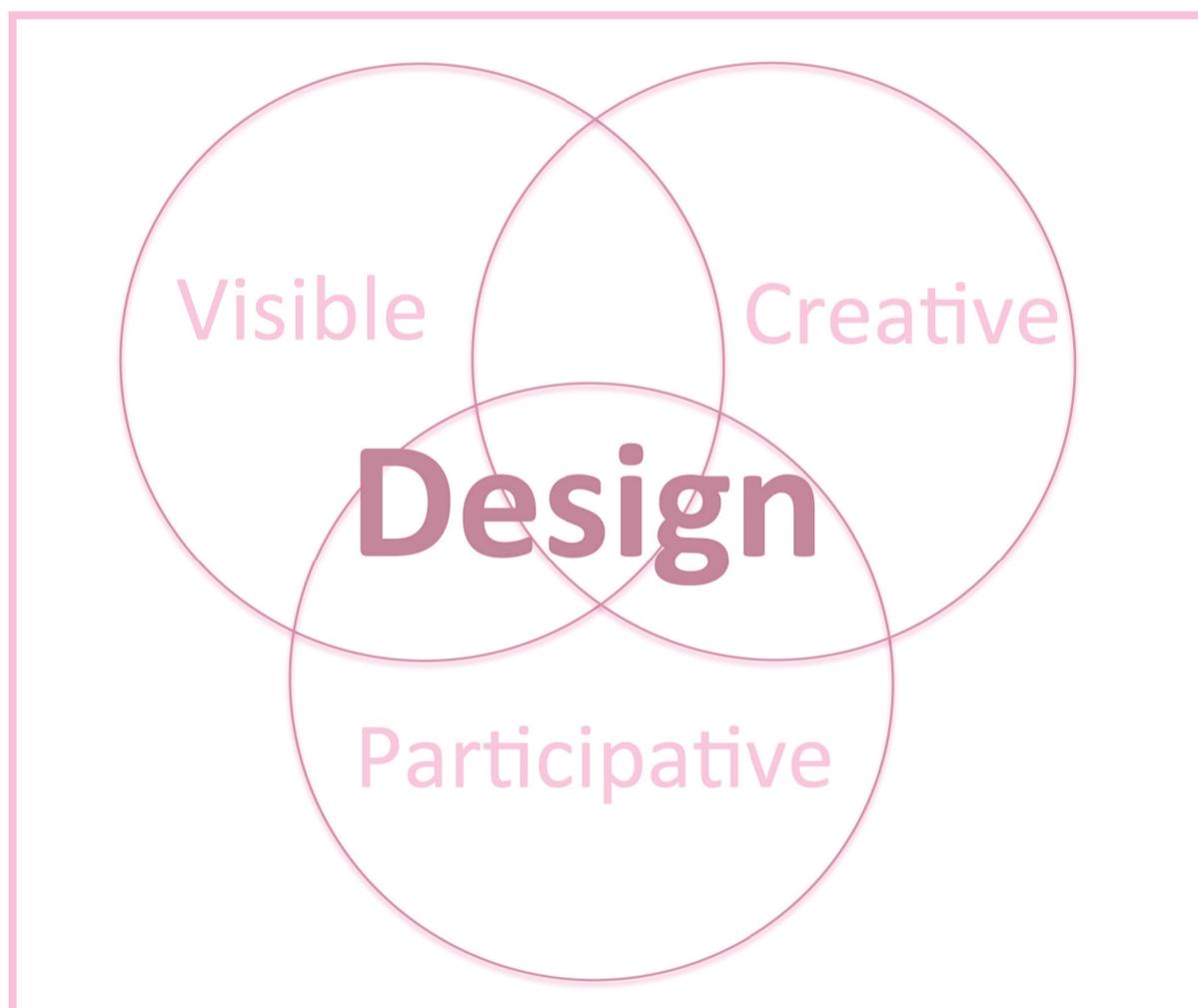
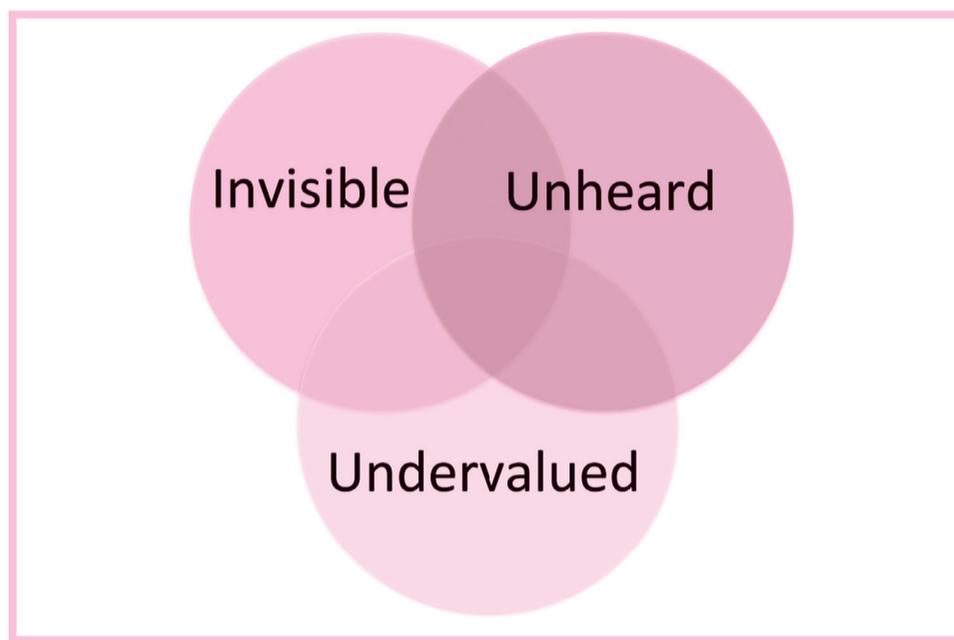
To flourish is 'to live within an optimal range of human functioning, one that connotes goodness, generativity, growth and resilience'.\* In our *Flourish* project, we are looking at ways in which these qualities of life are generated and sustained and specifically how design can enable a flourishing society.

We will explore, through engagement with 'invisible communities', how personhood and collective wellbeing can flourish – for example, in a community with health inequalities, or a fragile island community, a prison community, a care home community, or a palliative care community. We will help give voice and expression to these communities. And we'll work together with doctors in primary and secondary care, designers, technologists, complexity theorists and more, to examine personhood and its challenges. A major focus of our research will be on ageing and dying and how our society can create and support wider compassionate and caring practices.

Our project has been supported by the Scottish Universities Insight Institute which promotes collaboration and engagement between researchers and society to address and inform important issues facing Scotland and the wider world. *Flourish* was launched at the Scottish Parliament on 18 February 2014. Our results will be exhibited in the Parliament in November. If you would like to join the Flourish network or contribute to the next issue of *Flourishing Times*, let us know. We will be running small 'flurries' of activities until November as well as larger 'Seasonal Seminars' with international colleagues. The plan is to internationalise and grow.

[scottishinsight.ac.uk/Programmes/Wellbeing2014/Flourish.aspx](http://scottishinsight.ac.uk/Programmes/Wellbeing2014/Flourish.aspx)

\* Fredrickson and Losada, 2011



*Invisible communities and  
the value of design*

# Ritual Respect

## *Investigating bereavement following miscarriage*

Dr Lynn-Sayers McHattie and Dr Cara Broadley

**E**mpathy allows designers to imagine themselves in the position of the user and devise holistic solutions based on their own contextual experiences (Steen, 2011). This definition extends throughout collaborative approaches, including co-creation and co-design, to deepen reciprocal understanding and establish productive relationships (Buchenau and Suri, 2000).

Brown (2009: 40) advises practitioners and researchers to be sensitive and receptive to the emotional factors underlying user experience and to devise, apply, and evaluate methods for prompting and sustaining empathy. In questioning its ubiquity in design research, Kimbell (2013) affirms that empathy has been fetishised to the extent that practitioners and researchers have lost sight of a person-centred design rationale. Kimbell's critique supports our collaborations with healthcare professionals, and our aim to reinstate expressive visual practice as a means of strengthening empathic communication, comprehension, and compassion in interdisciplinary teams.

Ritual Respect is an example of an inclusive social research project developed by InDI in association with obstetricians, gynecologists, and health practitioners from NHS Scotland and the Digital Health Institute to research a lack of ongoing emotional support provision for women following miscarriage (Cumming et al., 2007; Rowlands and Lee, 2010; McLean and Flynn, 2013). It exemplifies InDI's collaborative research methods, in which people with interdisciplinary skills undertake a project within a theme and work together to deliver outcomes including high quality visual assets. It proposes how

a design-led perspective of social, cultural, and technological innovation can provide medical professionals with the necessary tools to approach women's wellbeing from an increasingly person-centred perspective (Klein et al., 2012). Visual practices are utilized to reflect key insights and ideas as a means to communicate multiple layers of information and foster a common language and shared understanding in interdisciplinary working. Thus far, our practices of visual communication and comprehension have directed empathic research tools and techniques towards understanding the requirements of designing a digital interface which engages, encourages expression, and empowers women through creative storytelling, offering a safe and supportive virtual space to externalise emotional experiences.

Developing our research in personhood, bereavement, empathy, and visual communication, the aim of this project is to design an inclusive multiplatform framework for social and emotional support in health and care settings, and in so doing, elicit, capture, and share the unheard narratives of women who have experienced miscarriage. These creative and expressive narrative accounts will make explicit otherwise invisible communities and silent narratives, and provide a means of communication to varying academic, professional, and public audiences. This will allow us to galvanise an interdisciplinary network, ensure sustainability beyond the end of the project, and extend our work to address complex social and cultural issues that will inform public health policy.





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Reflections and development of the storytelling platform: Visual communication, comprehension, and compassion

# De-growth

## *The need for collective effort*

Angela Fernandez Orviz

The concept of 'De-growth' comes from the belief that society is reaching tipping point due to an uncontrolled desire for growth. This philosophical and economic proposal has been around for some forty years (Schumacher, 1974), but it has been gaining strength in political and academic debates during the last decade (Correia, 2012; Lorek and Fuchs, 2013). De-growth is born in opposition to the increasing appetite for consumption and productivity in western societies and calls for a more sensible and balanced use of available natural resources as well as for a renewed understanding of wellbeing. It argues that capitalism has constructed values, which are deceiving, misleading society towards continued consumerism in search of happiness: a bigger house, a faster car, another pair of shoes, traveling further, only makes people happier momentarily, as demonstrated by sociological studies (Brickman et al., 1978). Drawing on Buddhist philosophy (Hollis-Walker and Colosimo, 2011), it suggests that happiness must be constructed inside out, as we measure wellbeing against preconceived expectations

In this way De-growth becomes a philosophy of life, proposing that we move our ideals away from possession and materialism, and back into the immateriality of the experienced, human relationships and collective shared bounds. Furthermore, it believes in the power of the individual to achieve global change through personal development.

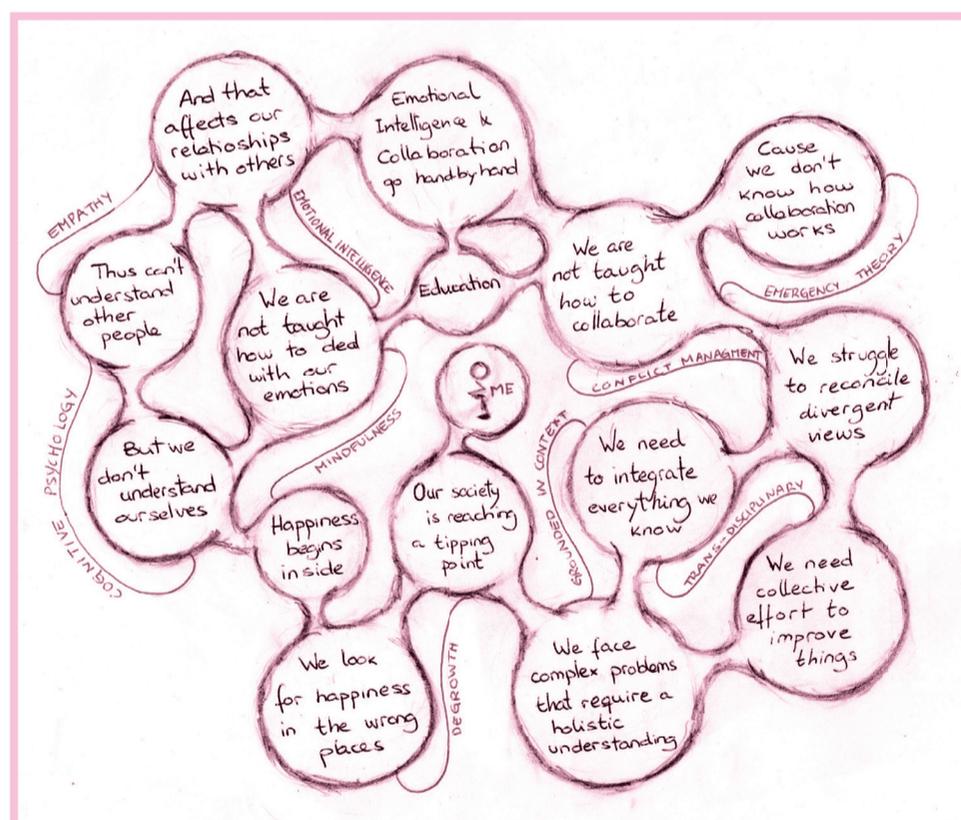
Whilst simultaneously acknowledging the need for collective effort in order to deal with the social

and cultural challenges that lay ahead. In order to develop innovative systems that can sustainably cover the needs and desires of society, we need to gain an holistic understanding of socio-cultural, environmental, technical and economic implications of such developments.

This socio-political and philosophical debate underpins the rationale for my PhD research, which looks at the potential of designing the dynamics of collaboration across diverse domains of expertise. Until we are capable of reconciling divergent points of view, the search for solutions will be fruitless and joint action unthinkable, leaving collective choice to be established by individual interests instead of collective wellbeing.

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Mindmap: worldview underpinning the context for research

# Ageing in Place & Place Detachment

Giulia Fiorista, Hsin Chieh, Misha Gupta, and Sarah Ahmad

**A**geing in an environment is briefly explained to be a relationship between an individual and the environment, which we have found provided us with four major aspects that she/he dwells on within a particular space: experience, belonging, behaviour, and agency. This helps to construct the identity, well-being and independence of a person, which constantly evolves with the individual life course, and changes in environment. Our topic, Ageing in Place and Place Detachment explores two scenarios that could be related to an ageing individual.

Ageing in Place explores the lifestyle of ageing individuals and why their environment becomes static as they grow older. With this in mind, we want to understand how this lifestyle affects them mentally, physically, socially and emotionally. Place Detachment questions the notion of whether ever-changing environments could potentially influence active ageing and proactive behaviours within the ageing communities, and how they would substantially contribute to modern society.

**The project looks at how the environment would impact the values of independence and inclusion during this sensitive ageing process**

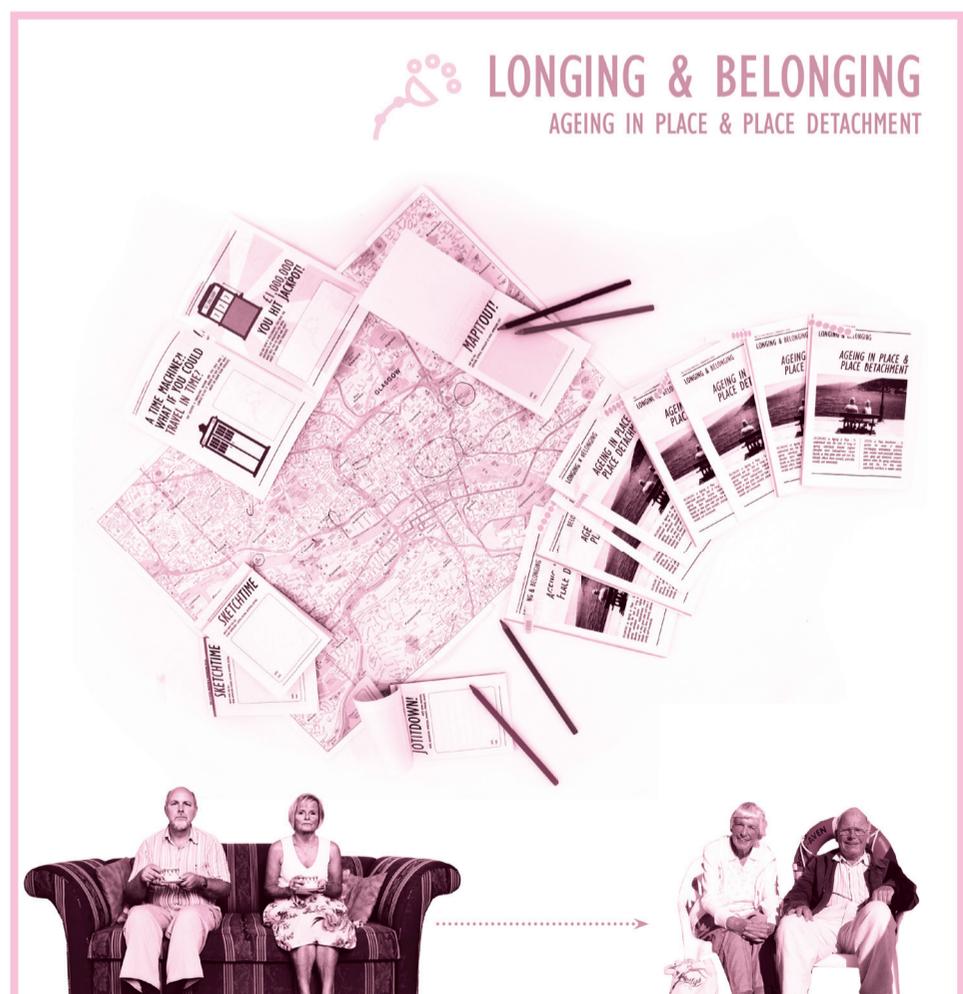
We are also exploring the idea of whether people are more attached to certain places/locations (affected by nostalgia) or more to the people/loved ones in their lives. This leads us to ask about how globalization and travelling could affect the perception and process of ageing for the upcoming and present generation.

We gathered insights through many interviews from three different groups of people: professionals; environmental and biogerontologists, researchers from different universities and organisations who are working with communities of different age groups. We also experienced the perceptions and collected opinions of the general public from different age groups, for whom we developed playful engagement tools; these tools had a different set of questions, which explored and explained the project in a very interactive manner.

*Engagement Tools: People were involved through a small illustrated newspaper, for initialising provocation and social reflection within our project*

So, from all the insights and data that we obtained, we analysed, synthesized and filtered everything, and decided upon two main scenarios and focus points as a driving force for our project Ageing in Place while getting the notion of Place Detachment and Place Detachment while getting the notion of Ageing in Place. With this, we choose to focus on a design outcome that could cater to those who are at their 'young-old' age (50-60) in the year 2050 (who, as a matter of fact, would be US in the future).

We are currently touching on the concept of exploring the potential aspects of virtual environments which will take to consideration the aesthetics of a physical environment; how to ultimately find a balance between the two, creating a surrounding that could influence positive active ageing in the future. We're still in our concept development stage at the moment, but by the end of April, there will be a design concept and publication that everyone can look through, so stay tuned!



# Dialectograms

Mitch Miller

Any given community is to some extent, fragile, vulnerable to shifts and changes much bigger than itself. And about 90% of the raw material community is made from is invisible; words, stories, alliances, relationships, hidden rules, codes and understandings...none of these are tangible or material. So how do you draw them?

The 'dialectogram' tries to capture these very things – how social and personal concerns accrue around a location, make it into a place. They resemble architectural plans, or maps, but you cannot build from one, or use it to find out where you are (at least, not physically). Like a dialect or slang of 'proper drawing', dialectograms borrow liberally from these more established visual languages to make something else entirely.

## Invisibility and fragility are central to the work

They depict near-invisible communities of travelling showpeople who slot themselves into Glasgow's edgelands on three-year cycles of temporary planning permission, or the community earmarked for extinction through demolition at the Red Road Flats.

As with the graphic journalism it resembles, dialectograms can certainly depict problems, but can they do more than that? To answer that, I have tested models of socially engaged illustration at Dennistoun's Duke Street, an NHS Health Flat at Piershill in Edinburgh, and with the student protestors who occupied

Hetherington House at the university of Glasgow.

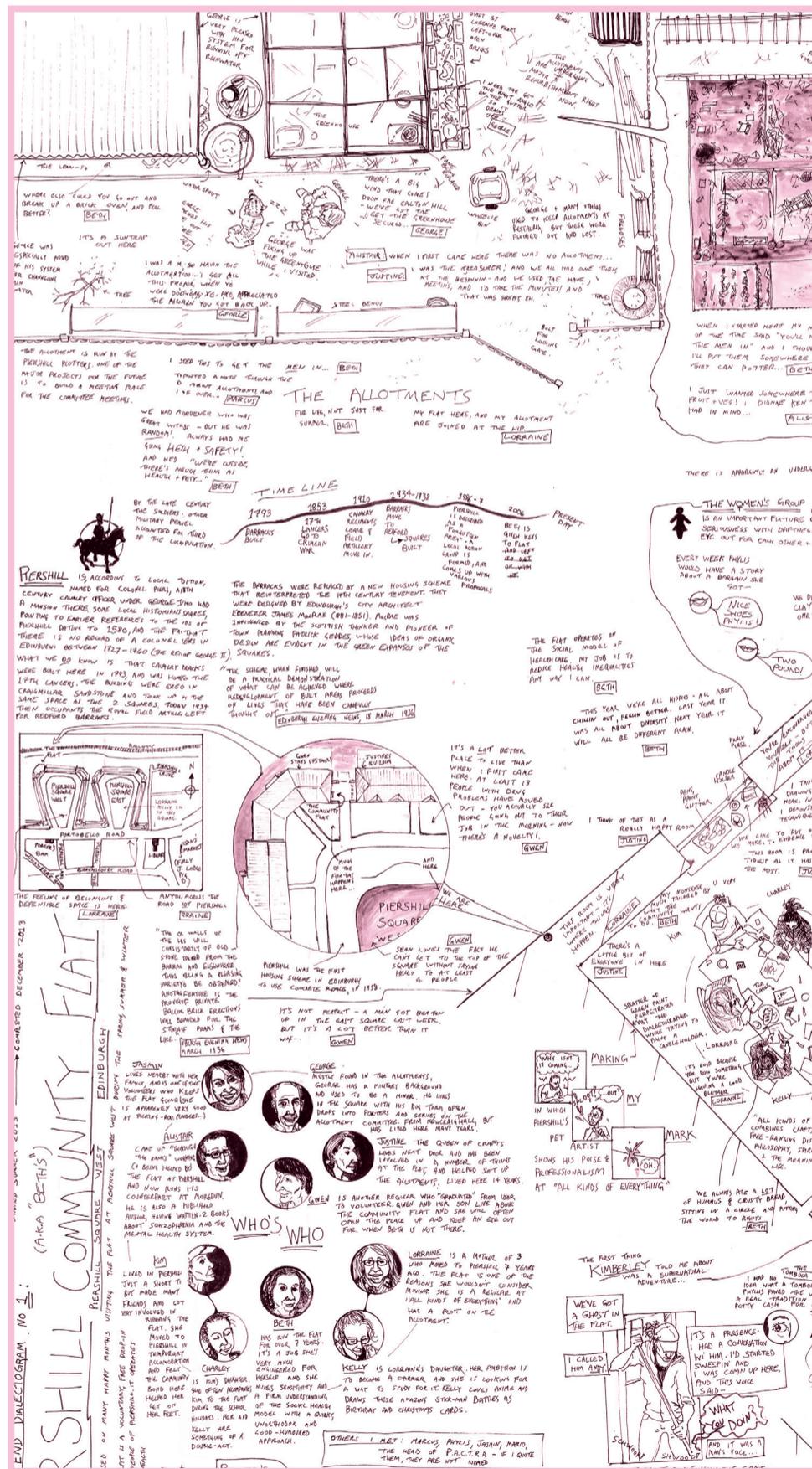
In each situation I was asking questions of what socially engaged forms of illustration can achieve – and what this could mean for a discipline that is currently asking serious questions about its role and purpose.

With Piershill Community Flat I worked in a multi-ethnic working class community. The women's group juggled their own personal health and financial issues while trying to improve things for the community at large. As both respite, and a catalyst for the women's activities, the flat was perfect for a dialectogram, but the task in itself provided an infrastructure around which we could collaborate to produce a whole range of things – bespoke artworks, events, workshops, draw-your-own-dialectogram kits – that allowed us to open up new possibilities and enhance what the women were already doing.

I took a lot of inspiration from Scandinavian participatory design practices, such as Malmo's Living Labs and its focus on 'Infrastructuring'. The Free Hetherington, my final piece of work for my PhD takes on its ideas of 'constructive controversies'. How can we create a meaningful artefact of a temporary community that meant different things to different people?

Initial feedback from Piershill suggests that the very act of illustrating the community flat had an emotional and intellectual impact on those involved. It seems to stem from the very traditional function of these illustrations – that they clarify and explain a context for their audience, one that just so happens to be their own. It's about them, but it's also for them, and done with them.

These impacts are, like the subject matter, almost invisible, undoubtedly fragile – and so, possibly the most valuable outcome of them all.





# Marginally Defined

## *Empowerment through engagement*

Marianne McAra

**Y**oung people aged between 16 and 19 (and in some definitions up to the age of 24) who, for six months or more, have not been in education, employment or training, have been ascribed the status of NEET (Scottish Executive, 2005; Bynner and Parsons, 2002). Local and national political motivation to tackle NEETness is fuelled by the view that unemployed young people are an economic burden, preventing ‘...society achieving optimum economic productivity...’ (Scottish Executive 2006: iii).

### mass youth unemployment is precipitating concentrations of multi-layered deprivation

In the context of the current economic climate, mass youth unemployment is precipitating concentrations of multi-layered deprivation, poverty and social exclusion. Yates et al., citing the 1999 Social Exclusion Unit report, highlight the importance of employment as the optimum ‘defense against social exclusion’ (SEU, 1999: 6), whilst Percy-Smith et al. (2000: 59) citing Kennedy (1997: 4) exclaim that learning ‘is the weapon against poverty’. This is the catch 22 situation engulfing young marginalised people most at risk of becoming NEET, reproducing intergenerational cycles of worklessness, where opportunities that enable young people to escape social exclusion, which can also lift them out of poverty, are already limited or lost to their present circumstances. Tomlinson and Walker described the continuous spiral that experienced

elements of poverty can exacerbate, highlighting that ‘...once marginalised, the effect becomes self-reinforcing’ (2009: 22). The detrimental effects living in poverty can have on young people’s employment prospects can also be reflected in their mental and physical wellbeing.

With reference to the highly heterogeneous nature of this demographic, Nudzor (2010) problematises the semantics of the NEET acronym. As well as its deficit-based connotations, Nudzor is critical the term over simplifies the multitude of individual traits and circumstances. Individuals fitting the NEET profile can include: young carers; care leavers; those with additional support needs such as a disability; ethnic minority groups; asylum seekers; those with a long term illness; young offenders; low-income family households; living in deprived areas; young people suffering drug or alcohol abuse; and teenage parents (Thompson, Russell and Simmons, 2014; Scottish Executive, 2005: 61-65). A NEET status is transient, moving in and out of service interventions, presenting a methodological challenge in locating and engaging with this typically hard to reach demographic.

How do we engage in culturally meaningful research with highly marginalised and vulnerable young people as a means of constructing authentic insights into their sense of identity?

As described by Giacomini, human-centred design is ‘...the use of techniques which communicate, interact, empathise and stimulate the people involved, obtaining an understanding of their needs, desires and experiences which often transcends that which the people themselves actually realised... lead[ing] to products, systems and services which are physically, perceptually, cognitively and emotionally intuitive’ (2012: 3). The egalitarian discourse of human-centred design dismisses hierarchical boundaries, distributing the status of the expert not only with the designer but with the participants themselves as dexterous

collaborative partners, experts of their own indigenous knowledge and ‘experience domain’ (Visser Sleeswijk, 2009: 5). Underpinned by a democratic and collaborative ideology, the principles of human-centred design provide a catalytic bedrock which will be harnessed in response to this methodological challenge, as a means of reinstating a greater sense of agency and empowerment, whilst constructing insights into identity, and exploring how such identities are shaping young peoples’ future aspirations against a backdrop of socioeconomic turbulence.

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# Urban Wanderer's Maps

*Investigating how novel map designs can support urban recreational walkers*

Brian Dixon

**M**y PhD research is concerned with the design of GPS-enabled mobile apps. Specifically, I am investigating how urban recreational walking can be supported through an interface design (i.e. a digital map) that allows the user to maintain a high level of awareness relating to their surrounding situation.

The project is grounded in information design practice and theory (i.e. Engelhardt 2002; Bertin 1983). Here, emphasis is placed on the visual arrangement of information, wherein the components of the design are seen as 'graphic objects' positioned in a 'graphic space' (Engelhardt 2002:22). Additionally, links are formed between information design and the areas of interaction design and wayfinding design. This allows for an expanded understanding of the visual arrangement of information in relation to its use (i.e. interaction between the user, the app, and the environment) and its use-context (i.e. wayfinding as an urban recreational walker).

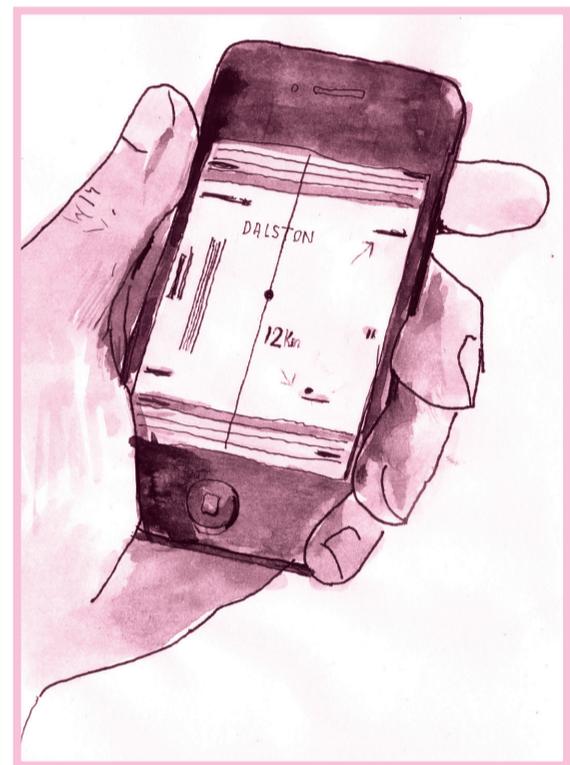
The activity of urban recreational walking is held to be a positive practice, affording a range of health benefits (e.g. NICE 2012) and allowing for particular social experiences that would otherwise remain impossible. The urban recreational walker is seen as a wanderer, with changeable aims and indefinite routes (e.g. Solnit 2000; Bollnow 2011/1963). They might be a tourist or a day-tripper, or simply an individual who, through the act of walking, seeks to explore an unfamiliar urban space.

Linked to this highly specific activity, a GPS-enabled wayfinding interface becomes what sociologist John Urry refers to as an 'enabling technology' (Urry 2007:65). In other words, the GPS-enabled wayfinding interface becomes a mediating technology that allows activities such as urban recreational walking to proceed.

My theoretical grounding is founded upon phenomenological, and phenomenologically-inspired literature. That is, on work which seeks to uncover and describe the structuring of human experience. In this grouping we find the philosopher Edmund Husserl's later writing, Maurice Merleau Ponty's embodied approach, ecological psychologist James Gibson's theory of vision, and the anthropologist Tim Ingold's theory of the landscape as 'taskscape'. Within these accounts I am especially drawn to the notion the person and their environment should not be held in opposition but rather seen as being co-constituted in a series of continual, on-going interactions. From this perspective, walking emerges as one of the key bridging activities between the person and their environment, between person and place. Accordingly, the view is taken that the relations between user and their environment are ultimately shaped through the GPS-enabled wayfinding interface with which the user is presented.

This brings us back to the opening lines, where I stated that my research is concerned with how urban recreational walking can be supported through an interface design that allows the user to maintain a high level of awareness relating to their surrounding situation. A person's situation, here, refers to their embodied involvement in their immediate environment. Their awareness of this embodied involvement is referred to as 'situation awareness'. Accordingly, maintaining a high level of situation awareness simply means that, over time, the person is alert and attentive to their surrounding environment.

Here, an ideal 'enabling technology', i.e. a wayfinding interface designed to allow for situation awareness, would recede to an 'at-a-glance' unit of encounter, while the environment, as a flow of connective possibility, may rush forth in full bloom.



*An early design for a novel GPS-enabled map*

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## INTERVIEW

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### *Interview with Professor Grant Cumming*

*by Kate Hooper*

**P**rofessor Grant Cumming is a Consultant Obstetrician and Gynaecologist at Dr Gray's hospital in Elgin. He is passionate about driving forward a health service fit for the 21st century. Here he tells us how his collaboration with the Institute of Design Innovation (InDI) helps him do just that.

*Why did you choose to work with InDI?*

InDI came to Moray and we clicked—there was just a natural marriage. We had synergy. That synergy is 'person centred healthcare': designing healthcare from the grassroots up, as opposed to the traditional design of healthcare, which has been from the top down.

**We saw an opportunity to use InDI's talents around design to be able to start to address the problems facing our healthcare system.**

*What kinds of projects are you collaborating with InDI on?*

We're looking at women's health. In particular, we're focussing on miscarriage: how can we give people a platform to express their emotions following miscarriage?

We're also looking at the role of Health Web Science and Medicine 2.0 within this area. Health Web Science looks at the Internet and how it can be engineered

and designed to deliver healthcare, whereas Medicine 2.0 is about how you use the Internet to deliver healthcare. So, one is more about using the Internet as a conduit to deliver healthcare, and the other one is more about the relationships that are formed on the Internet. So, can we design and engineer the Internet for health and deliver healthcare using the Internet from a user perspective?

*What are the benefits of using a design approach?*

It's the creativeness. The design approach creates an environment in which people can explore ideas together. The benefit is that a new way of doing things can emerge from these collaborations between the people present.

*In relation to the healthcare system, how does design play a role?*

Design is a foundation stone. One thing I find hard as a medic is that we come up with ideas and so often say, "why can't we just do this?" But actually that's been what's wrong with the system for years. You need to sit down with a blank sheet of paper and say, "here's the problem, how do we address it?"

You then need to bring together everybody that's involved in that problem, from the patient to the medics, and the experts in design help us come up with an answer that we might not have thought of.

So, for me, design is important – it provides an infrastructure and process which allows emergent ideas to crystallise which can then be utilised.

*Have you found challenges of using design to help tackle healthcare issues?*

The key challenge when you bring disparate disciplines together is to find a common language to express your ideas. Often words have technical meanings which mean different things to different people and also for people from different backgrounds to actually understand the design process itself. At the moment I think we're still in the process of trying to help our allied health professional colleagues get the design approach, and this new way of thinking which is often quite alien to us.

*What does a preferable future look like for you within the NHS?*

The health system as we know it at the moment has been built on models from the nineteenth century. These models were designed to treat and combat the problems of infectious diseases. By and by, that's all under control at the moment. Our current healthcare problems are mainly behavioural and lifestyle choices, and we have to address them if healthcare is to remain affordable.

To address these problems we need new models of healthcare, and we can't just take what we're doing at the present and pump it into the system we've got. We need to redesign the way we do things. We need to do things differently, and that involves putting the patient at the centre of a design process. So, the future of healthcare – the immediate future – will be very much addressing behavioural problems and changing the infrastructures to do that.



**We need to redesign the way we do things. We need to do things differently, and that involves putting the patient at the centre of a design process.**

So, healthcare will look different – we need to move from a reactive (treatment) model to one of prevention and wellbeing and yet at the same time continue to have the traditional hierarchies and infrastructure for dealing with infection.

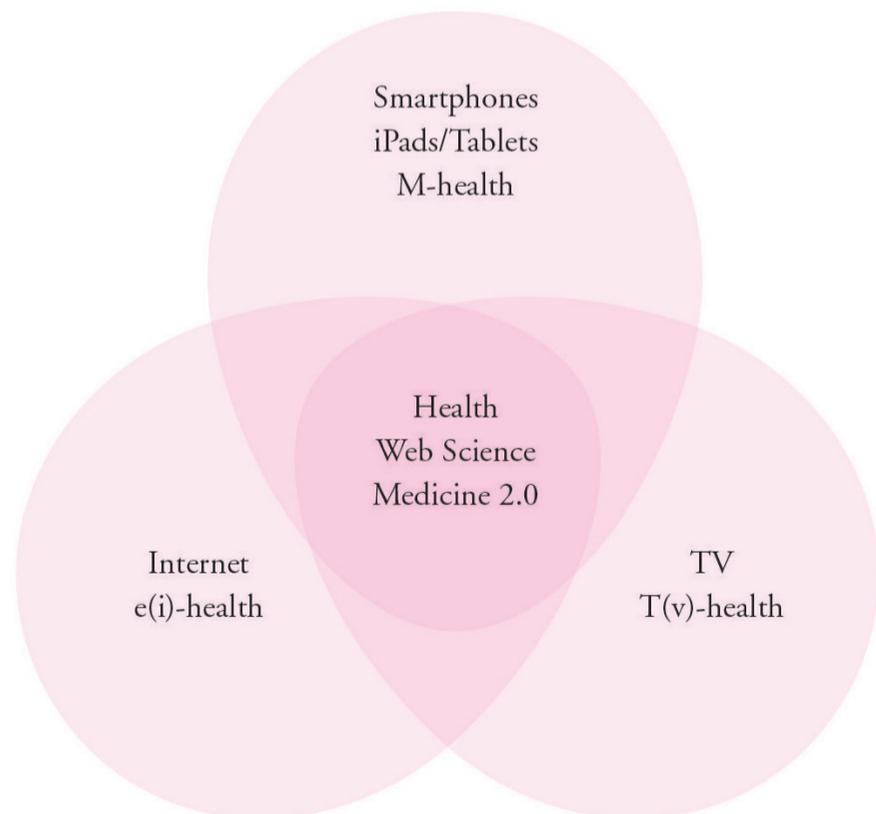
*Reference*

McHattie, LS, Cumming, G, French, T. 2014. Transforming Patient Experience: Health Web Science Meets Medicine 2.0, Med 2.0 [Online]. 3(1), pp.1-9. Available from: <http://www.medicine20.com/2014/1/e2/>



Professor Grant Cumming

<b>P4</b>	<b>+</b>	<b>C<sup>n</sup></b>	<b>=</b>	<b>e-IMT</b>
Personalised		Community		Electronic-
Pervention		Co-designed		Internet
Participatory		Communicating		Mobile
Predictive		Crowd Wisdom		TV
		Co-production		
		Collaborating		
		Co-creating		



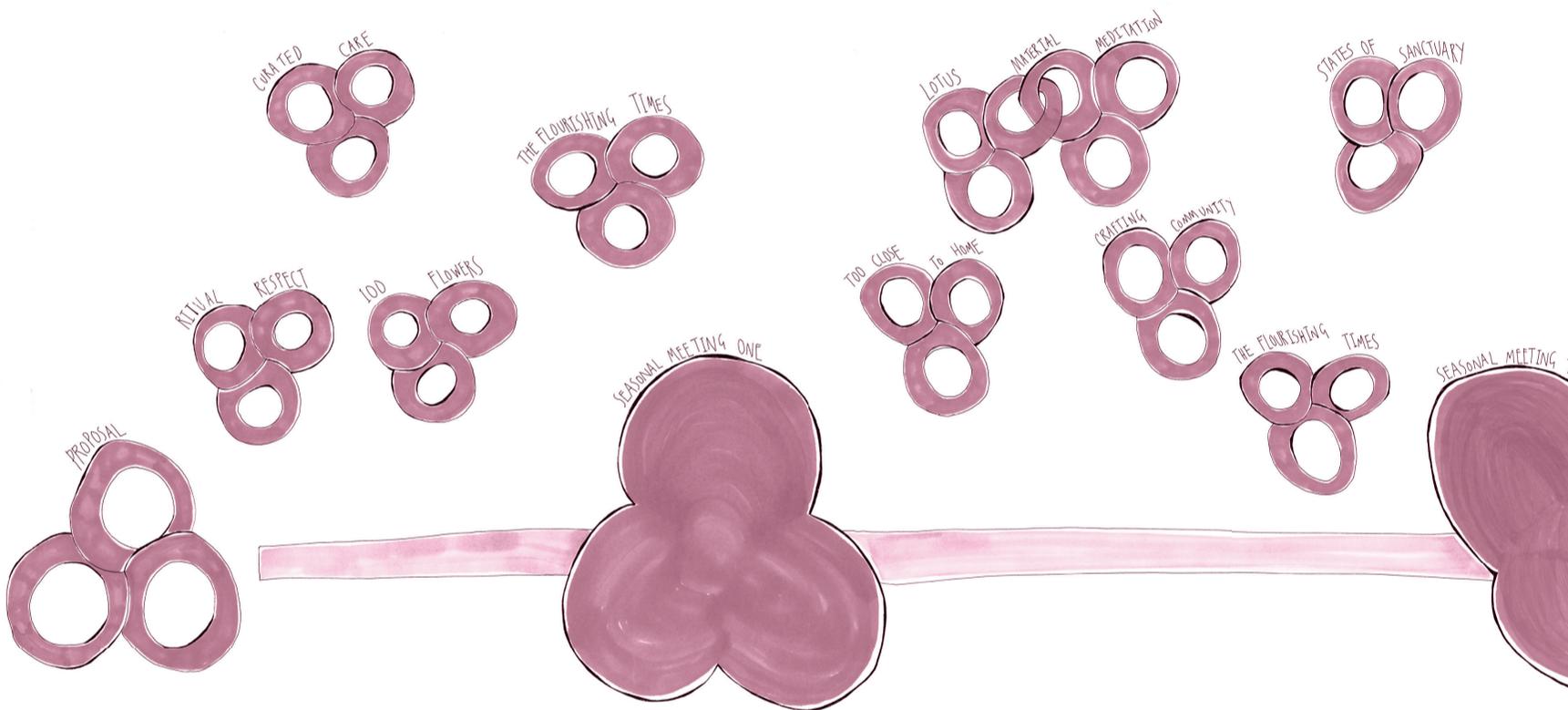
Conceptual model of Medicine 2.0

# team



# FLOURISH COLLECTIVE

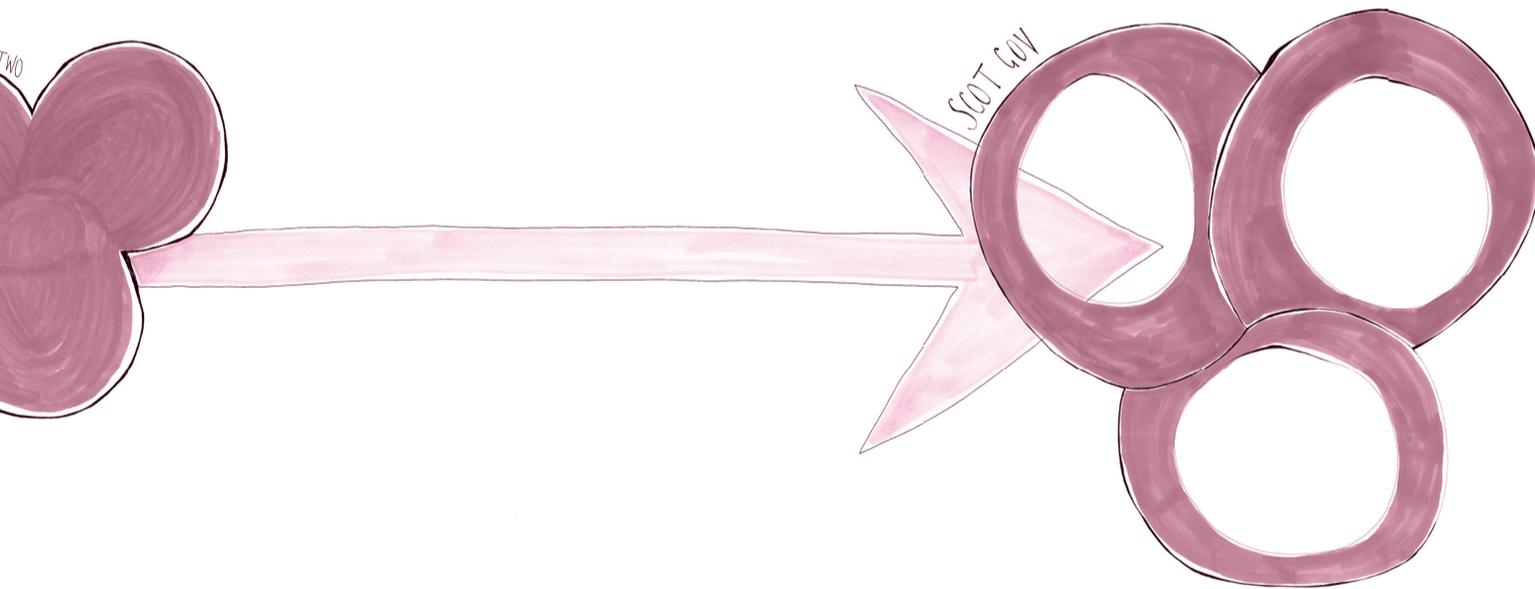
*giving voice to invisible*



# PERSONHOOD & WELLBEING

& Challenged Communities

Keywords



JULY      AUGUST      SEPTEMBER      OCTOBER      NOVEMBER

# Dementia Dog

Jeni Lennox

**I**n October 2010 four students from Product Design (PD) at the Glasgow School of Art built a service concept using dogs to support people with dementia. The original sketch of a dog in a superman T shirt – emerging from a late night ideation session – has come to life, thanks in part to Design Council funding, and has caught the imagination of organisations around the world.

Alzheimer Scotland's Joyce Gray kick started the collaboration with the Glasgow School of Art as a result of a degree show visit and her exposure to the growing capability of service design within PD. Briefing the students to generate new service opportunities for the Perth and Kinross area of Scotland, she was keen to harness the creative skills of the students to build empowerment and enablement for a community that are often disenfranchised by the stigma associated with their condition.

Today two different Dementia Dog pilots are exploring how dogs can re-enable, support independence and bring some joy back to those affected by this degenerative condition. The Assistance dog pilot paired four fully trained dogs with families where one partner has dementia. The first two dogs have been in place for a year and in that time huge learning has taken place in all partner organisations. The original thinking in terms of benefits is being proven, the dogs act as great emotional and physical anchors, create strong links to the local community, actively remind their partners to take medication or drink fluids and are very effective alarm clocks, scaffolding routine when awareness of time starts to slip. However there have been a few surprises– the strengthening of relationships between the couples for example and there are undoubtedly more to come.

A full assistance dog is a big commitment in time, effort and cost to train. This model will not be appropriate for everyone, particularly excluding those who live on their own or are further along their dementia journey. The second pilot is exploring a light touch model. Using a pool of trained dementia support workers with their own pet dogs, Kilmarnock is now host to a prototype visiting dog service. These dogs are proving an ideal vehicle to bring support into the lives of those struggling to come to terms with their diagnosis. Dogs rather than dementia is the focus of the relationship with the support team, allowing services to be introduced gently.

Designers are central to the development delivery of both pilots. While Alzheimer Scotland are familiar with the impact design can have across their organization, service design was a less familiar capability for the partners Dogs for the Disabled and Guide dogs. Together the team has built and is still building models of collaboration. The road has not always been smooth, it takes time to build a common language and appreciation of the range of skills within the team. However there is great commitment to explore further how man's best friend can become a full partner in supporting those on their dementia journey. This tail is not complete! [dementiadog.org](http://dementiadog.org)

**These dogs are proving an ideal vehicle to bring support into the lives of those struggling to come to terms with their diagnosis**

Image courtesy of  
Jeni Lennox





# The Language of Pain

Tay Kim and Andrew Wilson

This is a project about 'pain' in the realm of healthcare. Health is personal and universal, and healthcare is about taking care of humanity. It may be one standard everyone has a vested interest in or will experience at some stage in their lives. Healthcare is a key component in dealing with illness and injury and new medical advancements are allowing us to address even the most complicated and complex of conditions.

In the project brief, we were asked to research and to improve the current pain assessment and communication tools for communicating the subjective experience of 'pain'. This was our starting point and we began our journey of divergent thinking from here. Our goal for this project was to research and identify problems and opportunities relating to 'pain' (later defined as 'chronic pain') and explore the various possibilities for design intervention.

Our user centered design approach to researching and designing services also meant we were ready from the start to map a holistic view of the healthcare system. To achieve our goal, we conducted preliminary research such as literature review and online desk research, conducted observations and interviews as well as field research. We started without any significant knowledge of 'chronic pain' so we found it essential to deep dive into the topic using this variety of methods. Our overall process involved two major research phases followed by ideation and prototyping until finalising the project deliverables. A variety of design methods and techniques were applied to gain

valuable research, present information and generate feedback.

Chronic pain, we discovered, was a very complicated and complex condition. It was commonly misunderstood or misinterpreted by others including ourselves before we embarked upon this project. After three immersive months researching and designing around the subject we still felt we had only begun to touch the surface. The scale of the identified problem areas was huge and it was very difficult to find a direction that would make the most impact. Finding a solution or 'curing' this condition was near impossible but we discovered several opportunities, beside our final

design deliverables, where design could make a difference.

The 'Language of Pain' project was an emotional, eye opening experience into the lives of chronic pain sufferers. We could never experience the pain that sufferers had to embrace on a daily basis but we came close to understanding their lives and their problems and identified potential areas of opportunity where we could use our skills to help. We hope that our research and design ideas will contribute to further developments in chronic pain and in turn have a positive effect on the lives of the sufferers and those involved in looking after them.

*The first ideation workshop with pain clinicians at NHS Glasgow area*



# Co-designing Improvements

*Discussing where a young person may live when leaving care*

Gayle Rice

Between 1st August 2011 - 31st July 2012, 1,352 young people (16+ years old) left care in Scotland (Scottish Government 2013). There are high instances of young people who have lived in care becoming homeless after they leave care (Robson 2008). This negatively impacts upon young people's economic, mental and physical well-being, and is estimated to cost the state anywhere between £27 and £152 million every year (Bazalgette et al. 2010).

The contextual focus of this study involved a literature review of leaving care services (LCSs) in Scotland, and an observation of a leaving care worker (LCW), working with 12 young people. LCSs aim to 'enable and empower young people to make decisions and take control of their lives' as they leave care (Scottish Executive 2004). The focus of the review and observations was to understand i) how the process of leaving care is discussed, and ii) how young people develop views about where they could live during this transition. The observations reveal: gaps in, assumptions about, and a lack of understanding surrounding, personal, procedural and propositional knowledge related to these topics. The observations also identify issues around engagement, trust, passive education style, remembering complex information, and negative emotions obscuring people's ability to understand what other people say.

Participatory design (PD) developed when people wanted to participate in creating the changes in their lives they wanted to experience (Simonsen and Robertson 2013). Experience prototyping is a participatory approach that involves people in the creation and testing of a new experience (Designing Interactive Systems 2000). The aim of this study is to co-design (Sanders and Simons 2009) an experience with young people and LCWs that addresses the issues identified in the contextual review and improves people's experience of this conversation.

The designerly response taken to these issues was to run a series of co-design workshops and informal interviews with eight young people who had left care, five young people who were leaving care, and six LCWs. This process was used to design an intervention that altered people's experiences of these conversations. Prototypes were developed as activities that aimed to encourage engagement in this conversation, position education as an exploratory experience, and promote inquiry into gaps in people's knowledge. The prototypes also intended to challenge the power dynamic by changing people's roles, and the agenda and focus of the conversation. Five young people who were leaving care and their LCW then tested this design intervention as part of LCS provision. Interviews were conducted with each young person, and a focus group with LCWs to understand their experience of the design intervention.

Both young people and LCWs were overwhelmingly positive about their experience of the design intervention. Some of this positivity was attributed to the design intervention, and some was attributed to the time LCWs believe was protected to enable them to take part in the study. Negative experiences had to be explicitly asked for to support the design interventions future development.

Young people reported they felt the conversation was easier than normal, got them thinking and helped them see the 'bigger picture' about leaving care. They reported they felt listened to and understood, felt like they were working with their leaving care worker, and were able to clearly articulate their views about leaving care and where they would like to live during this transition.

LCWs explained the experience was a very different way of working for them. It shifted their control and power during conversations to make discussions more collaborative, created a focus, supported their assessment of young people and improved their understanding of the young people they were working with. LCWs described the experience of engaging with young people during the design intervention as 'an absolute luxury' and 'so precious'.

All participants said they would engage with the design intervention process and prototypes again. As this was an exploratory study these findings cannot be generalised.

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Co-designed prototypes that support new co-designed interaction

# Living it Up

Gemma Teal and Heather Young

**T**he Institute of Design Innovation and the Health and Social Care Alliance Scotland (The ALLIANCE) are working together as a community engagement team to use their collective experience of community engagement, communication, and design to support the development and delivery of the dallas programme in Scotland.

The dallas partnership in Scotland has been given the name 'Living it Up' and aims to develop and deliver a digitally enabled, thriving community of opportunities to support better health, wellbeing and active lifestyles for 55,000 people.

Focusing on five diverse geographical areas, the community engagement team has been exploring what the communities want to see as vital parts of Living it Up, how they can be meaningfully involved, and how their own experiences can enhance the proposed outcomes.

The methods used throughout the first two years of the three year programme have included designing and delivering 'pop-up' community events in public spaces, targeting a range of individuals for semi-structured interviews and focus groups, co-design workshops, prototype testing, and an online forum. To date, this approach has allowed the team from The Glasgow School of Art and The ALLIANCE to engage with over 2000 people at more than 100 events across 5 regions of Scotland.

An asset-based approach underpins all our engagement; shaping the questions we ask, the conversations we share with the community and also how we present our findings to the Living it Up team. By identifying opportunities rather than problems, focusing on skills and abilities rather than needs or disabilities, we aim to ensure the resulting services build on individual and community assets.

Living it Up has embraced participatory design processes, creatively engaging users, carers, professionals, businesses and technologists in community events, opportunity identification activities and product and service design. This ensures optimum understanding of needs, promotes inclusion, maximises expertise, and enables scalable innovation.

**By identifying opportunities rather than problems, focusing on skills and abilities rather than needs or disabilities, we aim to ensure the resulting services build on individual and community assets**

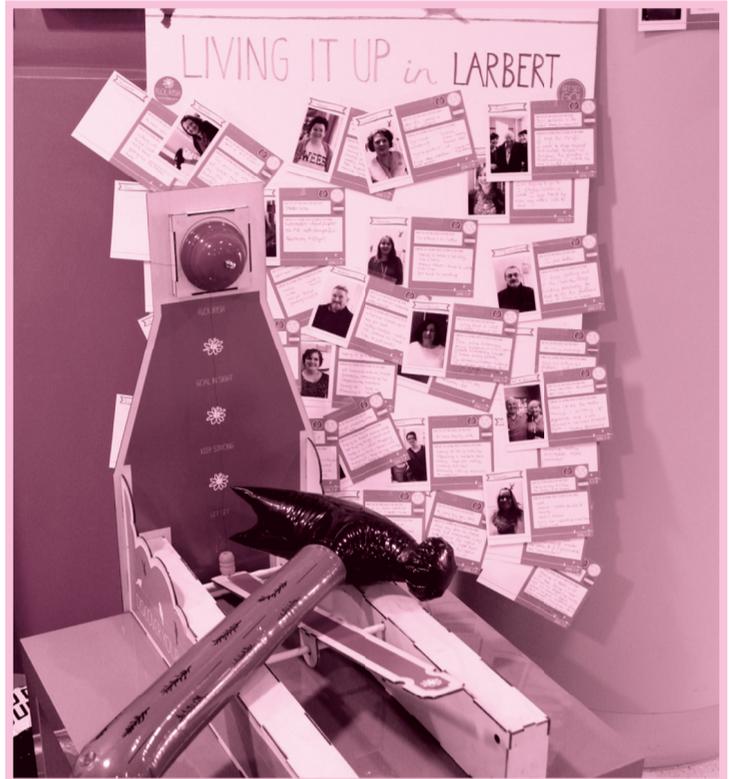
The questions we ask during our engagement sessions are intended to open up meaningful conversations and understand what is important to people locally. These conversations provide us with insight as to how Living it Up can support others to find the people, activities, services, information, and inspiration to do the same. During our designed community engagement events we often meet people who are already 'Living it Up' and thriving in their communities.

People are at the heart of Living it Up and the service is reflective and responsive to the individuals that we engage with. We recognise the valuable resources that exist within communities and Living it Up brings these to a singular place, hence why it is often described as a 'one stop shop' where people can access local information, connect with their community, and ultimately, find ways to lead a happier, healthier life.

See the developing prototype at [livingitup.org.uk](http://livingitup.org.uk)

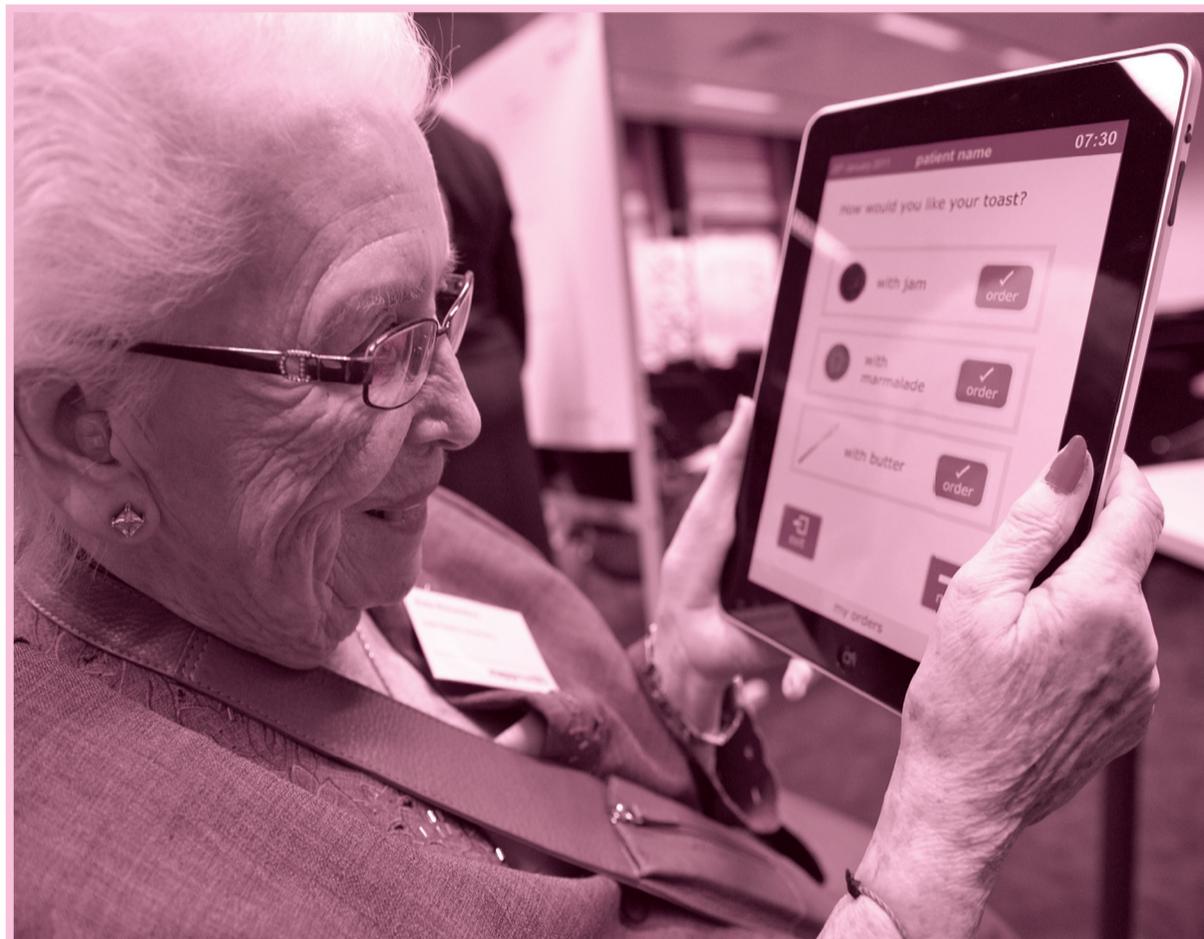


Community engagement and design for Living it Up



# Addressing nutrition issues in older hospital patients through co-design and co-development

Professor Alastair Macdonald and Gemma Teal



Early prototype of patient interface: Photo © Cate Gillon Photography 2011

Six out of ten older people are at risk of becoming malnourished or their situation becoming worse in hospital and those aged over 80 admitted to hospital have five times the risk of malnutrition than those aged under 50. Malnourished patients stay in hospital longer, are three times as likely to develop complications and have a higher mortality rate. The toll of malnutrition on healthcare costs is estimated to exceed £11 billion per year, half of which is expended on those aged 65+. Previous initiatives to address this problem had failed so how does one inspire innovation in public sector healthcare service delivery when faced with sectoral inertia due to the scale and complexity of the challenge?

In this research, a co-design process and open-innovation approach were used, based on the idea that much innovation comes from creating a blend of ideas from multiple sources and that tacit knowledge and experience can be readily mobilised if provided with the appropriate means and encouragement. This approach was used to empower, train, inspire, facilitate and guide not only non-design members of the research team – including food scientists, nutritionists, medical sociologists, ergonomists, and technologists – but also a range of individuals concerned with aspects of the delivery of the food service, i.e. key stakeholders (KS) and a ‘food family’ (FF) comprising food producers/caterers, nursing staff, ward volunteers, dietitians, speech therapists, physicians, carers and older adults. From this approach, of ‘skilling-up’ non design professionals with some of the methods and processes used by designers, emerged key insights and ideas, a set of service principles to guide development, and a set of

service narratives which not only developed shared understanding across the team, but also the key features of the food service to be delivered through the design of products, technologies, environments and new procedures.

This process led to a demonstration prototype, ‘hospitalfoodie’ designed to empower healthcare professionals, older adults and their carers and provide the means to monitor and respond to individual nutritional need and preference, and with an enhanced eating experience. Hospitalfoodie is described as a total food provision and nutrition monitoring system that facilitates increased engagement of staff in the process of providing adequate nutrition to older people in hospital thereby raising the profile of food provision as part of total patient care. [hospitalfoodie.com](http://hospitalfoodie.com)

# Rehabilitation of spinal cord injury through design approaches

Professor Alastair Macdonald and Gemma Wheeler

**C**an design approaches be used to help increase resourcefulness and resilience, and reduce dependency in spinal cord injury (SCI) patients during their rehabilitation and on their return to the community? Healthcare service delivery is facing complex challenges in developing patient-centred approaches which can complement or enhance clinical approaches and which allow patients to take more ownership of their recovery. What is the SCI survivor's rehabilitation journey, how is this described and who describes this?

If one examines the way the patient 'pathway' through rehabilitation is currently described, this is largely from the clinical perspective of functional

rehabilitation. Noticeably, the SCI patient's 'voice' is largely absent from the literature, discussed in only a few small studies revealing survivors' and their carers' lived experiences of SCI, and survivors' difficulties in adjusting to home and community life following discharge. In contrast to the busy, supportive community of individuals in the spinal unit facing broadly similar SCI issues, the literature shows that survivors returning to the community experience, e.g., a 'loss of camaraderie', 'lack of post-discharge care', and 'other people's [negative] reactions to SCI'.

## there needs to be a deep understanding of the survivor journey

From this literature two key 'transitions' were understood. The first is from one's prior 'normal' life, through the 'life-changing' event, where having had the trauma of SCI, one comes to terms, to a greater or lesser extent, with SCI in a sympathetic

and supportive environment of the spinal rehab unit. The second transition occurs post-discharge when coping with life back in the community, alone now and without the peer and healthcare professional support of the rehab unit. There is also a critical point about one-year post-discharge when survivors can be at a very low psychological ebb. In this context, there needs to be a deep understanding of the survivor journey and the point(s) at which the potential introduction of any 'design approaches or methods' may have particular and specific applications and benefits for SCI survivors.

This study, which has been supported by the Royal Society of Arts and is currently being supported by an Arts and Humanities Research Council Collaborative Doctoral Award, opens up the discussion about potential opportunities for the use of people-centred design approaches to enhance the rehabilitation pathway and to improve self-management for SCI survivors, how management is conceived, and how this affects the relationships and responsibilities between all concerned.



Healthcare staff at the spinal unit viewing SCI survivors' views elicited during a patient workshop. Still from film, *Design and Rehabilitation*, Dir. Claire Levy ©2012

## POETRY

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### *A selection of poetry from Donald Maclean*

#### UNDER FOREST, OUT OF MIND

The ashes whisper,  
Cold and spent,  
In the place,  
Under the moon,  
Swirling gently in the dark, dark wind.

The earth is cracked,  
Where flames once danced,  
And the hopes of a family  
Flickered in the memories  
Of a day's labour.

Warm welcome once;  
Respite;  
Song, stories and strong, sweet drink.

Hardship and a warm glow,  
Togetherness, oneness, life and sleep.

Before the windows cracked,  
And winter drove the sons,  
In search of sun  
And forgetfulness,  
Far from the sad croft,  
And the soil.

#### GHOSTS

Words spread out on the page  
like oil on the surface of the dark silent sea.  
Meaning,  
Stretched like elastic in one tense  
dimension,  
Deprived of alternative,  
Stripped of purpose.

Hearts beat in forgotten space,  
Locked in the rhythm of unremembered  
music  
That once warmed halls, long  
since deserted.

Waiting without end,  
In time without limit.  
Loneliness like a vacuum  
Tearing memories apart, in a vain bid  
To fill that which cannot be filled;  
The emptiness of tomorrow adorned with  
the tattered hopes  
Of yesterday.

Beauty devoid of love  
Choice devoid of freedom  
Release devoid of relief

Loneliness my darling  
Become me

#### LON DUBH

Just beneath  
The half closed window  
In unseen blossom  
A black bird sings  
Unheard.

From the heart  
Of ancient union  
To her timeless mother  
Night into day  
She sings

Giving voice  
Through concrete canyons  
To patient promises  
Sleeping dreams  
And hope

Singing prayers  
For those who slumber  
In the darkness  
Missing daybreak  
Again.

#### REUNITED

Awaken  
From your slumber  
In others' disbelief

For I want you  
And I am here  
Waiting  
Willing you to breathe  
As once you did

Reaching out  
Through timeless space  
Spaceless time

We touch  
And I feel your laughter  
In my soul  
On this warm day

By the burn  
Before me  
And with me

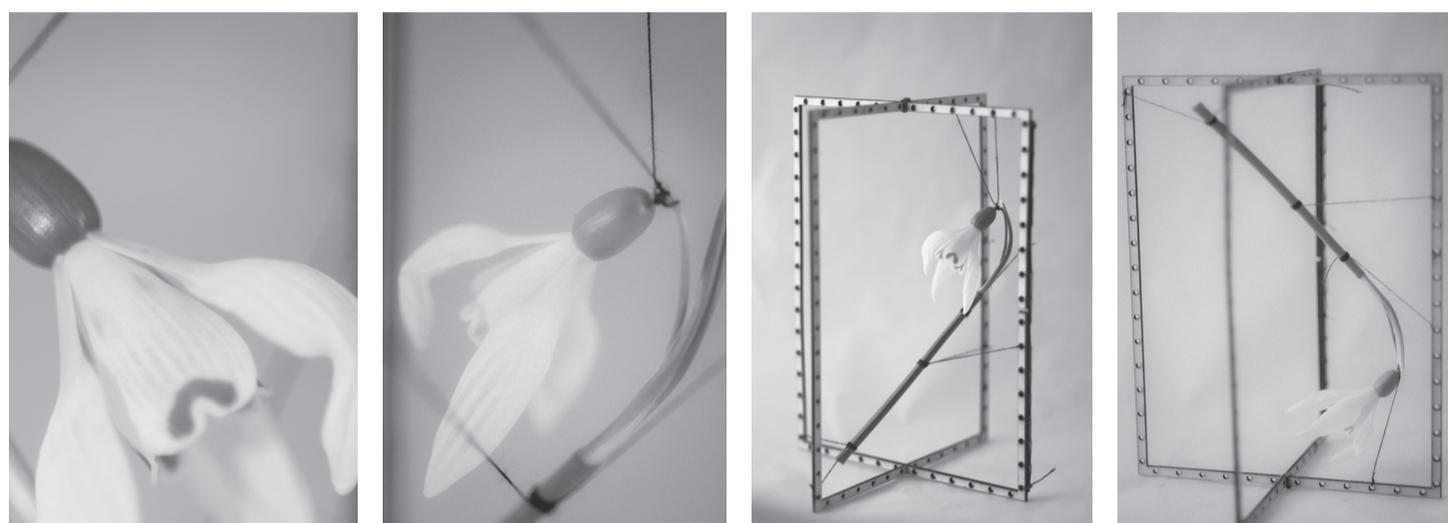
At the dawning  
As the sun sets  
You are with me  
Now



## PHOTOGRAPHY

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### *Visual exploration of Flourish theme by Fergus Fullarton Pegg*



**T**he social construct we inhabit keeps our hidden communities constrained by their support mechanisms. Containing them within the confines of their own identity ensures maximum division.

For example: If you give someone basic healthcare, basic education, and basic resources for living (benefits) they survive, but what they cannot achieve is the broadening of their horizons. I am not even talking about the ability to save for a house or a car, but a holiday, or the opportunity to experience new cultures.

By providing a support mechanism rather than one of progression, they are suspended within their identity with little opportunity to move. There is a great deal of texture

outside one's own identity, but the ability to reach it is seldom supported.

Paper background = the wider culture

Wooden Frame = identity

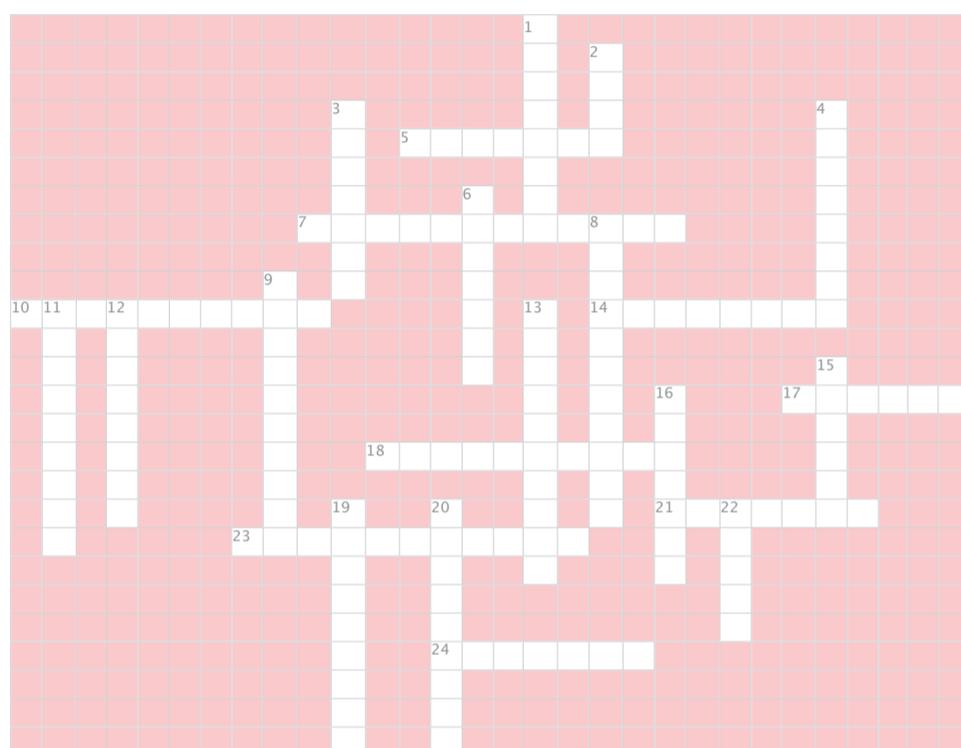
Thread = support mechanisms (also the binds of society support)

Flower = can be identified as an individual or as representative of communities



## CROSSWORD

*Compiled by Carolyn Wyllie*



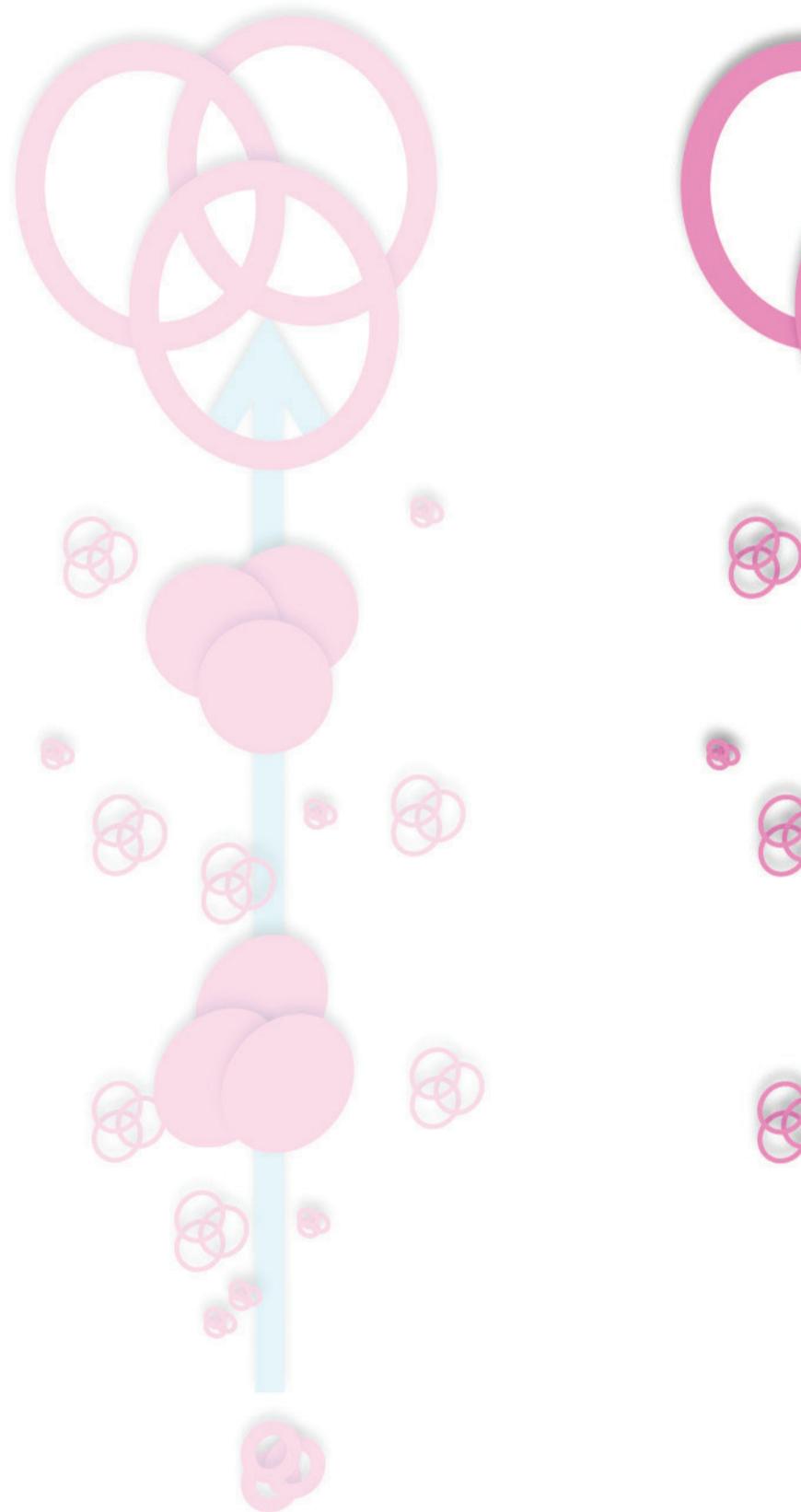
### Across

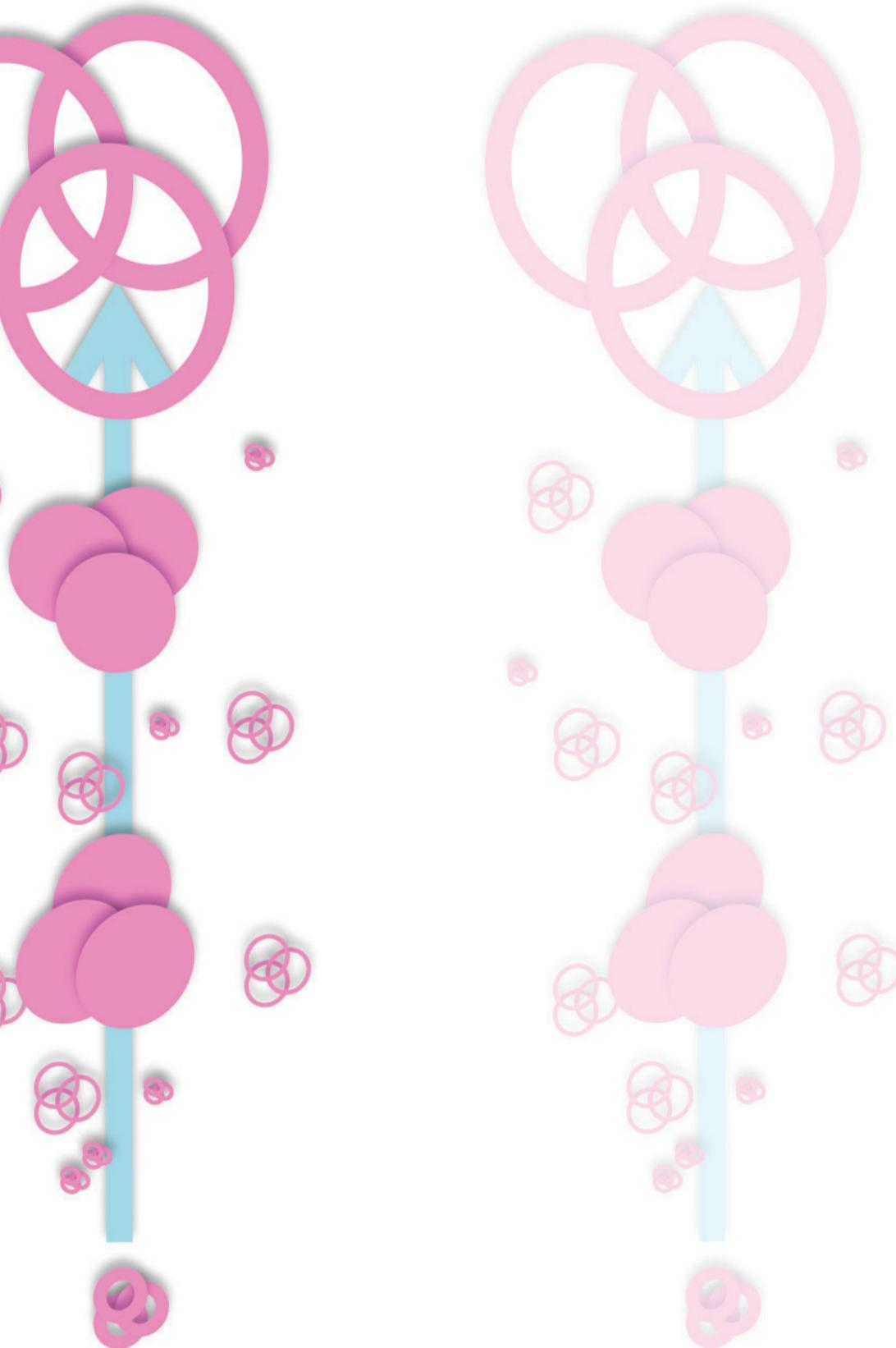
5. Health care facility for terminally ill
7. State of attentiveness and being aware
10. State of being an individual
14. The condition of being oneself not another
17. Pertaining to the mind
18. Practice of extended or continued thought or reflection
21. Experiencing the thoughts, feelings and attitudes of another
23. Bringing together incomplete parts into a whole
24. An integrated system designed to facilitate information exchange and support

### Down

1. Pertaining to the body
2. Place of domestic security
3. \_\_\_\_\_ of life: general wellbeing of an individual defined in terms of health and happiness over wealth
4. Freedom from danger and anxiety
6. To assist
8. State of rest or balance of opposing forces
9. Feeling of deep sympathy
11. Pertaining to or involving sentiment
12. The state of recognising ones' self
13. Care given to comfort not to cure
15. General condition of body and mind with reference to sound and vigour
16. State of satisfaction
19. State of equilibrium and satisfaction at both a physical and mental level
20. State of pleasure and contentment
22. State of mutual harmony

*For the chance to win a £20.00 Art Store Voucher send your completed entries to [c.wyllie@gsa.ac.uk](mailto:c.wyllie@gsa.ac.uk)*





## CALL FOR PARTICIPATION

**WELLBEING CHIASMA CALL – ‘Living Well’  
Self-Management of Health  
GLASGOW, JUNE 2014**

**Chiasma Date:**

4pm, Monday 2nd June – 5pm until  
Wednesday 4th June 2014

**Location/Accommodation:**

Hotel Novotel, 181 Pitt Street, Glasgow, G2 4DT

**Cost:**

2.5 days committed engagement  
(food and accommodation provided)

**Closing Date for Applications:**

4pm, Monday 28th April 2014

The healthcare and wellbeing sector is being challenged by an aging population and those living with long term health conditions. Self-management techniques are required to help individuals live their lives in the best possible way. The Wellbeing Chiasma workshop will explore ideas around this challenge, seeking to develop new and innovative approaches that could be applied in healthcare and wellbeing contexts such as ageing, obesity and diabetes. The impact of improving personal health and wellbeing provides a business opportunity. This residential event of two and a half days will focus on the changing environment of healthcare and its delivery, exploring how best to reconcile people's needs with a viable business opportunity. The Wellbeing Chiasma is open to participants including: health and care practitioners, businesses and charities, designers and academics to identify and create new thinking leading to solutions in this new era of personalising care. For further information contact Dr Lynn-Sayers McHattie [l.mchattie@gsa.ac.uk](mailto:l.mchattie@gsa.ac.uk)

[designinaction.com](http://designinaction.com)

# *flourishing times*



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