

Participatory Design with Health and Social Care Institutions An Interactive workshop at the 2010 PDC Conference

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ABSTRACT

The theme of this conference is participation: the challenge. We argue that nowhere is this challenge felt more clearly than in health and social care. The aim of this workshop is to reflect on the global care challenge and draw from participants' experiences in participatory design. This workshop will be an opportunity to share our experience and identify common themes and differences in applying participatory design activities across different health and care systems, particularly addressing the issues of designers' engagement with large, complex institutions

Author Keywords

Healthcare, social care, participatory design

ACM Classification Keywords

Miscellaneous

BACKGROUND

Globally healthcare needs are changing. In the developed world it was predicted that chronic diseases would take the lives of over 35 million people in 2005. Without action to address the causes, deaths from chronic disease will increase by 17% between 2005 and 2015 (WHO 2005). Demographic factors are also shifting. The world's elderly population - people 60 years of age and older - is the fastest growing age group (WHO 2007) and bring further changes in emphasis for how where and when health care is to be delivered. This shift has huge implications for health care, with the WHO arguing that current models of delivery are not sustainable. What is not changing sufficiently is the means by which these services are to be delivered. For example, most of the infrastructure and systems in place in the UK National

Health Service today are a legacy of a model of healthcare that focuses on treating acute conditions. Further evolution of this model is inadequate to deal with the increased emphasis on chronic conditions. Quite radical re-design is required. Internationally some health and social care systems have elements that have been re-designed to cope with the growing demands of chronic conditions but this is by no means universal and often the driver for change is cost-effectiveness rather than patient experience.

There is an argument that in chronic diseases it is the individual who has the most relevant experience and the practical expertise of their own condition. Participatory methods provide a critical stance through which to examine the prevailing medical model of healthcare and knowledge and may present challenges to the values and practices of the professions who work there. PD offers a route to empower the individual as part of a collective. Such communities have been shown to be particularly important in chronic disease (Design Council 2004). Health 2.0 is the natural output of this and offers a model where "[Health 2.0] defines the combination of health data and health information with (patient) experience through the use of ICT, enabling the citizen to become an active and responsible partner in his/her own health and care pathway" (Bos et al 2008).

There are a large variety of areas in which design can influence health and social care from design for hospital environments, senior housing, tele-health, front line services and products. All these areas can gain from a participatory approach.

Our aim in this workshop is to open up an international dialogue of participatory designers working in and with the health and social care sector in different settings. There are similarities in context of the use of PD; in its early form with the emphasis on the design of computer systems in collaboration with Scandinavian trade unions, through to its recent developments (Binder 2010,

PDC 2010, November 29 – December 3, 2010, Sydney, Australia.

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PDC 2010 Proceedings ISBN: x-xxxxx-xxx-x

Sundblad, 2009). Then, as now, PD is well suited as an approach to facilitate the rapid change and innovation required to respond to the challenges of a fundamental change in working practices through a “more humane, creative and effective relationship between those involved in technology’s design and its use” (Suchman 1993), recognising and valuing the knowledge of key stakeholders of the health and social care systems as being instrumental in its redesign.

PROPOSED WORKSHOP FORMAT

The workshop is proposed to gather the experiences of researchers and practitioners across international health and care contexts and compare their experiences of the strengths and challenges of applying PD in these different institutional and social contexts.

We are asking for participants to submit an inspiration story of their use of PD in or with health and social care institutions. These stories will provide the material to allow the use of the technique of emotional mapping (NHS Institute for Innovation and Improvement 2010) and gather the workshop attendees’ positive and negative emotions from their own experience of PD encounters with health and social care service institutions. Together we will develop an emotional map to explore commonalities and differences between projects working within different health and social care systems. In the afternoon the group work will explore strengths, weaknesses, opportunities and threats for PD in health and social care engagement. This will be done at an operational level, looking for practical pointers to successful engagement through to the strategic topics/disciplines where PD has most to offer.

Planned workshop outputs will be the emotional map and a document setting out a way forward for PD in health and social care. These outputs will be displayed for the duration of the conference to stimulate discussion among attendees, and an electronic version will be made available online to reach a wider PD audience. Other outputs may be generated, depending on the direction and objectives of the participants.

HOW TO PARTICIPATE

Due to the format of the workshop places are limited, and will be filled on the basis of the review of the submitted inspiration stories. We are looking for participants with experience (past or present) of undertaking PD projects in or with health and social care institutions. We are particularly interested in:

- the organisation of PD projects with partners from public sector (health care, social care), private industries, university researchers, and 3rd sector organisations;
- the challenges of recruiting participants;
- how existing power relations within the health and social care arena impact on PD processes;
- PD methods: how can participants who may have limited capabilities as we sometimes see in

the health and social care area, be engaged fully in participatory activities; and

- which PD methods work well in these areas

To participate in the workshop, please send an inspiration story of your work concentrating on your experience, the challenges faced and how you did / did not overcome them. To hello@UCHD.org.uk There will be stories from the workshop organisers online at www.uchd.org.uk to provide examples to potential participants.

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