

Designing with municipalities – democracy in practice?

Working Paper

Author Kristin Støren Wigum

Position Leader, industrial designer and researcher (PhD)

Affiliation Gaia Trondheim, Product and System Design for Sustainability

Introduction and research motivation

The health sector in Norway is mainly developed as a common good and public service. These service systems are developed as a response to political decision making and their solution strategies, and the municipality or state administration is in charge of delivering the public services as requested. However, how did the politician get the ideas of the needs? Historically many important innovations in health care came from NGO's or was the reason for a NGO initiative (NOU2011:11). The politicians need to be informed about important lacks or interesting solutions for promoting a budget and bringing it into democratic processes for common resolution. Research, future forecasting and studies are also important framework for development of politics. Finally, the ideology and value perspectives of the different political parties decide what solution concepts they want to give priorities in decision making or promote in elections.

Designing solutions paid by the public is materializing the visions of the politicians who have been elected by the people. It is therefore a large responsibility. The expenses are common, as well as the use of the time and effort by the employees. In almost ten years The Foundation Joy of Life for the Elderly has worked as an ideal organization with development for municipalities in Norway. The two case studies in this paper are both larger political requests. It embraces the designing and implementation of a new certification system that revitalize the nursing homes in Norway, and a service concept offered elderly living at home meeting their needs for social, cultural and spiritual needs, avoiding loneliness and passivity. The projects have the same partners, and are run through the same processes, apparently, however, after five years of the start of project B and nine years since start of project A, we see that the success criteria for the two projects are different. The author has participated in both case studies as a system and product designer, and for project 2,5 half year as project leader. This paper will compare the two projects. How are the designer and the design team depending on co-design in developing the services?

Theory and practice perspective

From the perspective of health care, the society demography will change dramatically the next twenty years in the western countries. The population above 80 years old will increase by 50% compared to 2016. This challenge demands for innovative thinking in care structures (Ehrenfeld 2008), political discussions and a prepared public administration (Digmann et al, 2012).

Is the organisational structure of public administration actually built to handle these type of

development processes? The Norwegian Official Report (Hagen, NOU 2011:11) Innovation in the Care Services, from Ministry of Health and Care Services, predicts that future solutions within care for the elderly will find place in co-operations and partnerships between businesses, public institutions, and volunteer organisations. It is also clear that health care must involve across sectors and all society.

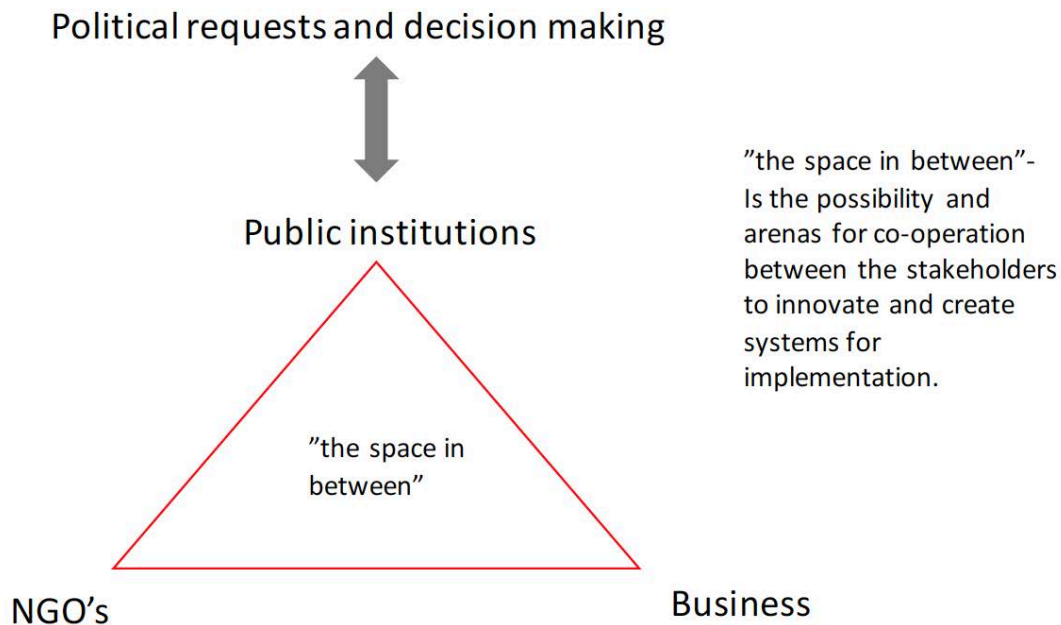


Figure 1 The triangle of co-operation for innovation in care (NOU2011:11, Hagen). Figure moderated by Wigum 2017.

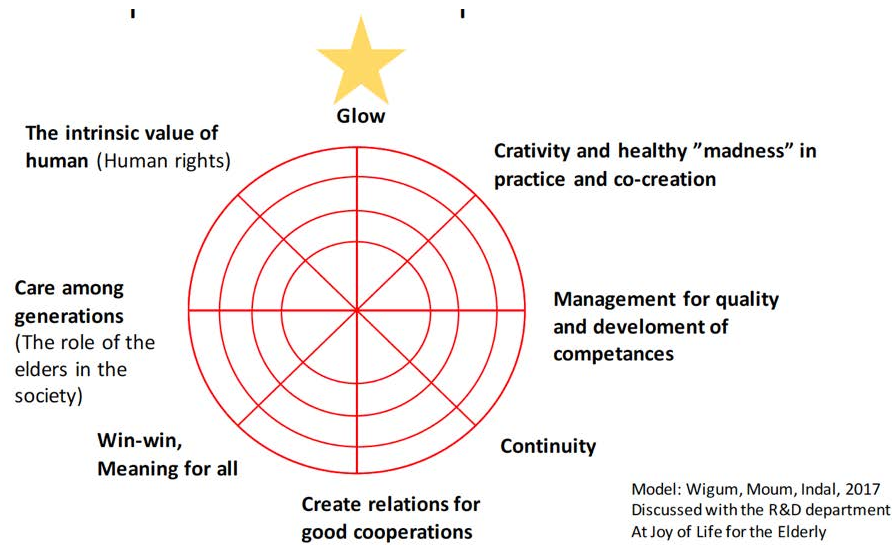
The ecological systems in nature may be used as a metaphor in understanding the principles of sustainability. When resources are scarce, there is a need for establishing synergies and smart interrelations. New knowledge about evolution and species development, show that cooperation and the ability of being flexible and willing to change, is basics for survival. Constant movement, rhythms and change create new possibilities for life to flourish and altogether be in a sustainable condition.

A new care structure in relation to care for the elderly may be discussed from the viewpoint of synergies where all inhabitants are contributors with some kind of participation and responsibility, as well as being receivers of care. The municipality is challenged by their segregated division of target groups, followed by lack of room for interdisciplinary work and routines for lateral relations. The cooperation with an ideal organisation or business brings in the possibility of making a larger overview and untypical connections. However, it also demands a strong system oriented knowledge in the public sector, and room for development in the municipality organisation. In Norway about one third of the national budget (31 % in 2016) is dedicated to health care.

The project team has experienced that the municipality employees who are responsible for certain activities for seniors, understand their working task as "mine", and the target group as "my seniors". The danger in this perspective is that external stakeholders are evaluated as competitors, rather than possible co-operation partners.

The goal of the Foundation Joy of Life for the Elderly is to give all elderly meaningful activities and a respectful everyday life. This is seen as "our common" task and the seniors are "our fellowman". One of the explicit core values of the Foundation is being a team-player. The development team and the

start up of the Foundation Joy of Life for the elderly have tried to describe explicit also their motivation and “in-built” guiding values and leading star. The figure 1 the value compass show the values placed in a spider web and may be used as an evaluation scheme as well.



Figur 2 Value compass for the development team in the NGO (2017).

The rather concrete vision of one of the start ups of the Foundation, Sigrid Moum (prev. Sigrid Seppola), was to restore some of the qualities in historical village society inspired by the typical care structure in the traditional housing “Trønderlåna” (Photo 1). Here the generations lived side by side, and the house was added on along with new generations born in the family. The eldest generations took care of the children, while the young ones seek the elderly’s advices, whereas the grown ups did the work in the field. The use of “Trønderlåna” as a metaphor for future solutions in health care has met a lot of enthusiasm and functioned as a reminder of important qualities that should be the basics in the design and design process for both projects.



Photo 1 Traditional housing for many generations “Trønderlåna”. Photo: Olve Utne.

The two case studies, project A and B

Project A, the development of a certification system for nursing homes started as a student idea, and was brought further by Sigrid Moum who is a nurse and organic farmer. She took contact with the director of health care services in the municipality of Trondheim and they saw together the great possibilities meeting the individual needs in the health care at the nursing homes. The director had a clear user-perspective as such in his work and a motivation to give the project room and space for development.

Project A provided room for human warmth among patients and employees and holistically nursing (Henderson, 1963). The employees were seen as important resources, and the goal was actually to tidy up and give a new structure to the use of time, releasing stress and opening spaces of time to fill with meaningful activities. The patients were mapped for their story of life and interests, the surroundings and employees as well to systemize new activities and possibilities that could be placed into a repeating and stable pattern. Using the seasons of the year as systematic input to natural rhythms, traditions and experiences for the senses brought an understandable and meaningful transformation into the nursing homes. Employees experienced a new type of team work which they transferred also to other tasks, and their professional approach on medical questions were suddenly evaluated in a larger perspective (Høyem, 2017). In fall 2017, 120 nursing homes are a part of the Joy of Life certification system. The national goal is to reach 50% of the nursing homes, that means 500.

Project B was initiated based on a political request, celebrating the success of project A. The elderly living at home should now have the same possibilities experiencing joy and meaningful activities in their daily life. The Foundation Joy of Life was given the role as project leader, and a formal agreement was made that the Foundation should own the final model that was designed and tested in the project period. Project B defined a target group among the elderly, the persons who start to feel weaker mentally or physically and wish to receive some assistance to come outdoor and in contact with people (group 2 and partly 3 in the giga-mapping). The project team defined the barriers and obstacles for this target group to be: physically lack of movability, and mentally "it is not something for me", and "I don't know the other participants". Many persons in the target group is already feeling isolated and are not active on any arenas. The challenge was therefore to actually find and reach this target group with the new services. The project team and the municipality was initially discussing the challenges for the elderly to continue their social life and activities by help of a special transportation service. The home care service was also a target group that the municipality wanted the project to reform. During the first year of development, the project became large and impossible to grasp. The team decided to start smaller test, and through live experiences, the concepts started to grow out of place. The new services were designed based on the criteria of continuity for the elderly, long time perspectives, no single trips and exploration. The main service "Joy of life walks" invited pupils from High school to take part in the service, being a walk-companion in nature with the elderly. They were given the responsibility of arranging the tour every week, together with the teacher and a coordinator from the municipality. It is now part of their schooling and practice for social and health care studies. The elderly should not worry about transportation and practical aspects as long distances without toilet, food or other practical issues. A survey done with the pupils

who meet the elderly, say that this is the most meaningful activity they have joined so far in their life.

The results show that many of both the elderly and the pupils as volunteers have improved their physical condition by meeting for a walk together in the forest every week. The elderly and young as a group have become socially bounded and care for each other's well-being. Project B is so far running in Trondheim municipality and has been transferred to a pilot municipality for testing the new model as such.

Research and evaluation methodology

This working paper describes the initial phase of evaluation of two projects with three different methods: 1) giga-mapping of the stakeholders, elements and relationships, 2) interviews with key players, and finally 3) the results are theoretically discussed in a comparison of how the five fundamentals in the N3 method was met or appear in the projects. In addition, this paper refers to studies and evaluations done by a leader of one certified nursing home, researchers and service coordinator in the municipalities.

The N3 method (Innoco, Sintef, 2014) was developed to help the municipalities in innovative design processes in Norway. This method points to five fundamentals (Carlson/Wilmot 2006) for innovation to succeed: 1. Identification of real needs, 2. Solutions that actually meet the needs, 3. A Champion who brings the vision forward, 4. A productive multidisciplinary team built by the champion, 5. Anchored process to stakeholders and the organisations involved. The N3 method underline that if one of these fundamentals equal "0" then the innovation process equals zero.

What does the research and evaluation mapping tell us?

The giga-mapping brings to us a greater consciousness about the processes and what we have given attention to. In Project B much effort is put into the dialogue with the schools and teachers who participate with their pupils in the new service, meeting the group of elderly for a walk in the forest every week, through the year, all seasons. This cooperation has become sturdy and robust. The teachers see the benefits, and the project team has promoted the school's work in public and media. Initially to test the service, the municipality employees participated on the tours as well, however this stopped because of organisational challenges.

The two projects have elderly as their main target group for final services, however the employees in the municipality play a crucial role as well in the service system: finding the elderly in the target group, reaching out with information, as well as motivating the elderly to participate in the new services. A visual system analyses (Figure 2 Giga-mapping) clearly show that project A was based in larger degree on co-designing with the employees at the nursing home, rather than on the level of the top administration in the municipality. Project A also continued firmly to design the concept of certification, on all detailed levels, with the employees on two units (nursing homes). The project A had a restricted area for the design task; the nursing homes as such and the elderly living there. Project B is more complicated and wide spread. The employees related to the elderly living at home and their well being, are a very differentiated group and work partly in separate divisions. There may also be a contradiction in the understanding of the content of project B compared to what some of the employees already execute, and in some ways the services delivered in project B actually reach the same elderly. The goal has therefor been to cooperate and see the resources and services

together as well as complementary.

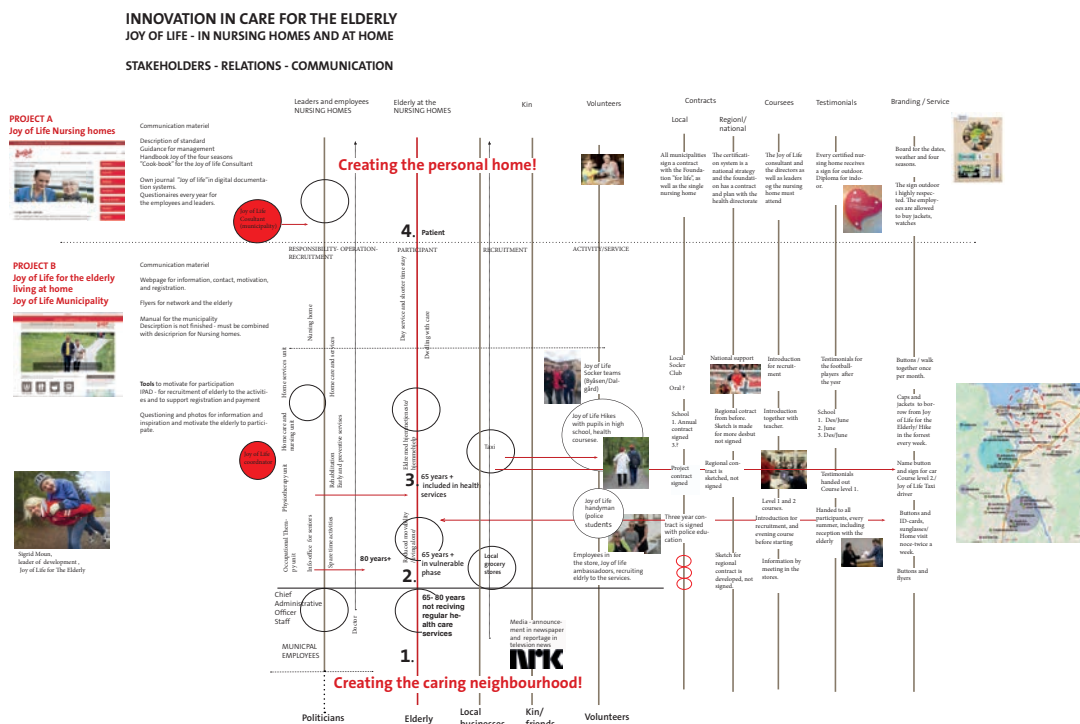


Figure 3 System thinking: Giga-Mapping, visualising the participants and the projects points of focus

Project A had very clear needs addressed, the owner of the needs was also explicit. Project B had rather diffuse needs addressed and also the responsibility was not clear. Society as such and the inhabitants of a city has a common responsibility for each other's well being. This is a very wide context to work in. Who are responsible for people who have lost their own motivation or possibility to respond to own needs for activity, and what is the answer to their "joy of life" - activities? The services offered through project B is defined by the team, and we – who are "we"? What is our authority to define the solutions and start implementing them? The politicians need solutions to the larger big questions. The administration and the design team must be able to draw new structures and services that connect to the existing. This may be a lack in some degree in project B. We have searched for a bottom up approach, however, as one of the leaders in the municipality administration say: where is the "bottom" in this case? It is somehow the whole society. The groups and employees become too many. It must be detected and defined a grounding role in the "bottom" who can carry the responsibility for the development and own the structures and services when they are designed and shall be implemented. In parallel to this need of clarification in the community, the NGO, the Foundation Joy of Life for the Elderly, had to define their further strategic approach and business model for the model and concept derived from project B.

During the research, mapping and interviews, project B reached a frog leap in success. The designed model included the position of a coordinator for the new services. Her first nine months working was hard, and she seemed to knock on the same doors as the design team had done, without much engagement from colleagues. However, she had been placed in the wrong spot in the municipal

organisation structure. By placing her in a new section, although same sector, the model started working. She connected to a new group of employees with heart for this special target group of elderly, (group 2-3), and they saw the connection between their service program for rehabilitation and the new Joy of life services for elderly living at home.

In terms of the N3 methodology and fundamental 5 asking if the project was well anchored with the stakeholders, this is probably the most critical factor in project B. It may seem that the Foundation was not ready, nor the needs by the elderly and municipality was clearly enough detected (the fundamental 1). The health and care director was exchanged in the municipality as well, and the the new director had a different motivation, namely to increase the quality of the care services as such.

The N3-methodology: the five fundamentals, and their challenges	Project A	Project B
1. Identification of real needs Challenge: target group for needs ?	The target group and needs was found by the NGO, before the project became a political request.	The needs and the target group was discussed and defined, after the project was politically requested.
2. Solutions that actually meet the needs Challenge: Keeping it simple for managing increased scale	Solutions co-designed with operational and management level. Meeting employees and elderly's needs. There is a challenge in nationally up-scaling. This is still in development process.	Solutions co-designed with mostly external partners. Meeting elderly and young people's needs. Need to work further on up-scaling the model for city context.
3. A champion who brings the vision forward Challenge: the champion can not work alone in the lead, both parties need a champion – the NGO and the municipality (as well as business-partners.)	There was a champion both outside and inside the municipality willing to take risk.	The champion is outside the municipality (NGO) - the intern champion in the municipality has left office.
4. A productive multidisciplinary team built by the champion Challenge: finding the right level and division	The adm. director was an important part of the team together with leaders of the nursing homes, and other external participants from health, pedagogic and design (from 2009).	The team was not obvious, the new adm. director was more distant. However, pedagogics, nursing, and design was still in. Important were some teachers/ employees in school.
5. Anchored process to stakeholders and the organisation involved Challenge: To keep the intensity high, room and understanding for development in the municipality, communication flow, individuals change and new relations must be established.	The champion (NGO) spent a lot of effort with the nursing homes, as well as the administration on all levels, to confirm quality and connection to the existing.	It was hard to anchor the project, The Champion (NGO) could not spend so much time in the project B with all stakeholders as in project A.

Table 1 Some main findings are presented together with certain challenges related to the methodology as such.

The Table shows some findings in the comparison of the two projects and also presents some challenges discovered related to the fundamentals in methodology as such. (This shall be discussed in detail in a full paper).

Discussion and further research

The intended effect of co-design is shared responsibility for the final solution, as well as shared ownership to the results. It may seem that the individual motivation for participation in co-designing is closely related to what degree one is the "owner" of the real problem or need. If the design task is too general it is hard to create a clear ownership in the project, and at the same time the experience shows that the participants in the co-designing is not indifferent. The success is depending on the participants seeing a clear benefit and relation to their daily tasks in joining the process. And finally, radical ideas are not necessarily hard to find, however, a new service is not completed as a design project until it has been successfully implemented. A system perspective is therefore crucial on all stages: conceptual idea generation, design detailing, implementation and operationalization.

In project A, both the health director and Moom had personal courage and will to create structural changes in this complicated service of Health care. The choices of nursing homes for pilot-tests and co-design had different challenges as motivation to participate in the first place. However, the

leaders of the nursing homes saw the project as a possibility to work professionally with the non-somatic needs of the patients and a new approach to meet the kin, as well as to fulfil national quality requirements.

The co-design methodology may be compared to dialogue-methodology (Hannevig,Parker 2014). It challenges and expands everyone's individual view. Maybe an extended dialogue within the municipality can bring an awareness of ownership to the larger design tasks? The future care for the elderly requires that employees and leaders in municipality administration see themselves in a larger context and make the organisational structure more flexible to meet the politicians requests across sectors, owning the challenges together. In order to actually change a system, Donella H. Meadows (2008) points to the need of changing interrelationships, purpose or functions in the system.

In her book, *Thinking in Systems*, Meadows introduces the term self-organised systems. It is systems growing out of individual values and purposes that connect. Common principles are the glue in the system and the values the nutrition. May the project for the elderly living at home, have the potential being or becoming a self-organised system? The signs should be little need for external control or added "energy". The experiences so far is that the solutions and connections that crate a win-win, bring energy and enthusiasm into the relationships, and strengthen the self-organised power to bring the innovation into a more detailed stage for further implementation.

The future forecasting show that the society has many tough wicked problems to undertake in the next ten coming years. The politicians are depending on high development competences in the administrative office, and risk takers, to answer the visions and goals they promote as necessary. Are our municipalities organised properly today, and what role must NGO's or businesses be given in future co-operations – the room in between? The project teams in both project A and B have experienced creativity, competence and high ability of joint problem solving by the municipality employees. Especially in project A where the design team worked close and systematic together. This may have been lacking in project B where the workshops with some employees where executed early in the project, but then only followed up with their leaders in meetings and a few employees later who did not actually have the time for development available. This indicates that time and room for dedication is crucial to every design process. These are also the ingredients for co-designing.

The politicians must also be patient. They often have the urge to show results in order be re-elected and do not have patients for design processes that need time or must be evaluated – what does this do to democracy? Must the NGOs or other stakeholders be the party to represent quality and continuity? Both projects A and B lasted for hence 4- 5 years for development, and then for implementation even longer. How can we stick to the projects as long as needed for sustainable change?

References:

Carlson, Curtis Raymond, William W. Wilmot. (2006). *Innovation: Five Disciplines of Creating what Customers want*. US, New York: Crown Publishing group.

Digmann, Annemette, Kirsten Engholm Jensen and Jens Peter Jensen. (2012). *Vi er på vej, Offentlig innovation 2.0.*(in Danish only, Eng. trans: *We are moving on, Public Innovation 2.0*). Gyldendal

Business, København, Livonia Print: Latvia. ISSB 978-87-02-12389-0.

Ehrenfeld, John R. (2008). Sustainability by Design – a Subversive Strategy for Transforming our Consumer Strategy. USA: Newhaven and London, Yale University Press.

Hannevig, Lise and Marjorie Parker. (2012). Dialog. En praktisk veilder. (In Norwegian only. transl. Eng.: Dialouge. A guidebook for practice.) Finland, Porvoo: Bookwell OY. ISBN 978-82-92773-50-5

Hagen, Kåre. (2011). Innovation in the Care Services . (Norwegian Official Report, in Norwegian only) Norway, Oslo: 07 Oslo AS, NOU 2011:11, ISSN 0333-2306, ISBN 978-82-583-1099-7.

Henderson, Virginia. (1966). *The Nature of Nursing: A Definition and its Implications for Practice, Research, and Education*. New York: Macmillan Publishing. p. 15.

Høyem, Frøydis. (2017). Ledelse: Hvordan bli et Livsgledehjem? (Eng. Trans: Management: How to become a Joy of Life Nursing Home?). Online publishing:

<https://sykepleien.no/meninger/innspill/2017/10/hvordan-bli-et-livsgledehjem>

Innoco, Sintef, (2014, 2017). <http://ks-innovation-tool.herokuapp.com>

Jones, Peter. (2013). Design for care. Innovating Healthcare Experience. US, New York: Rosenfeld Media. ISBN: 1-933820-23-3

Case studies (in Norwegian):

<http://livsgledeforeldre.no/vart-arbeid/sykehjem/>

<http://www.livsgledetur.no>