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Systemic and participatory design processes in care systems

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Abstract The paper discusses the topic of participatory design processes with systemic approach as a tool to negotiate, shape and prototype new inclusive models of citizenship and care to benefit marginal groups in society.
The topic will be addressed via three case studies from the field experience of our action research through Design and Anthropology toward social inclusion. Our research approach entails both methodological analysis and transformative actions that have tangible effects on social care systems: marginalized people, caregivers, services' management organizations.
The projects described move from the stakeholders' desire of tangible transformations in order to improve the quality of their social services: development of new products, redesign of spaces and housing processes, the innovation of the service. In order to support and facilitate this "desire of change", it seems to be preferable to operate according to a *systemic design* approach and to develop projects based on a wide participation and on a multi-stakeholders collaboration in the decision making processes.

Keywords: co-creation, social inclusion, care, co-design, vulnerability

1. Introduction

The paper discusses the topic of participatory design processes with systemic approach as a tool to negotiate, shape and prototype new inclusive models of citizenship and care to benefit marginal groups in society.

The topic will be addressed via three case studies from the field experience of our action research through Design and Anthropology approach toward social inclusion (World Bank, 2013). In the context of the action research, the two disciplines shaped a collaborative and vibrant research environment challenging the issues of participation in design processes. Since 2009, the research operates in several Italian cities, entailing both methodological analysis and transformative actions that have tangible effects on social care systems: marginalized people, caregivers, services' management organizations.

Italian welfare policies, norms and regulations define the general framework of social care system. These are acquired by regions and subsequently applied by municipalities. In this paper, when we refer to social care systems we talk about local systems that are shaped in a specific territory. Each local social care system is composed by several single services managed by diverse private social institutions from the third sector working in synergy with the municipalities. According to our field experiences, if it's true that social care system is an emergent entity in each territory, this doesn't necessarily implies that it can be considered as a robust and coordinated network of services with interrelated functions that aims to produce clearly established and common outcomes. In the reality, each service is characterized by his own specificity, in terms of the different needs to which each of them has to respond, in terms of management and operative practices adopted to respond to their mandates, in terms of the multiple individualities that work within each service and, nonetheless, in terms of the places and spaces in which the services are provided. So a single service can be intended as a subsystem encompassed by the main, at least less defined, one.

Our research involves three typologies of beneficiaries of social care systems: people with disabilities, migrants and homeless people.
They are usually intended as "fragile" people since they manifest urgent and highly impacting needs that require specific answers, usually provided by different system's services. But beneficiaries' needs are multi level (Brandolini, Saraceno, Schizzerotto, 2009) - housing, health, income, work, social relationships, autonomy - and interconnected. This means that the single service implicitly fulfils, in a certain way, not only to a single need but to a system of interrelated needs. In the same way, we can say that the service involves the beneficiary but also his/her social network (family members, friends) and, often, the caregivers. All these interconnected aspects give us the idea of the complexity of social care systems and why they are not easy to define and circumscribe. More than ever, they are not crystallized entities but ever-changing systems that are constantly in transformation and that needs to be transformed to better answer to social change.

All the projects we are going to describe move from the stakeholders' desire of tangible transformations in order to improve the quality of the single service. The expected changes arise

from diverse level of design interventions aiming at the development of new products, the redesign of spaces and housing processes, the innovation of the service. Our thesis is that, in order to support and facilitate this “desire of change”, it seems to be preferable to operate according to a systemic design approach (Jones, 2014) and to develop projects based on a wide participation and on a multi-stakeholders collaboration, in order to include most of the users in decision making processes.

2. Method and tools

Since 2009, we have been developing a specific interdisciplinary method, influenced both by design and anthropology, and a set of practical tools to operate into complex social systems.

The fundamental strategies that define our method are:

1. To observe and analyse the contest (e.g. the service) in order to define it as a system and to understand it in its complexity. We focus on the social relationships that occur among people and the stakeholders, and we analyse how they shape the system through the usage of spaces and objects. To do so, we use focus-group, in-depth interview, video-tour and participatory observation when the project has been undertaken.

2. To carry out co-design processes: all the actors are involved as expert users. We build shared decision making processes in order to better respond to an explicit request or designing together a shared vision of change. We co-design also tools and procedures to achieve the change.

3. To encourage co-production of the intervention with every stakeholders. They are invited to make available resources in order to produce and manage the interventions.

4. To lead co-creation processes of the most tangible and practical stage of the project set out during the co-design process. We invite the actors to take part to the process sharing knowledge, skills, and competences.

The results of the co-design processes are intended as ongoing solution, powered by the participation of the stakeholders and open for collaborative improvements and negotiation in order to better meet the needs and desires of the users.
Every practical design interventions can be conceived, at the same time, as an output and as a prototype. They are output, because they represent the final stage of a creative process that finds its formal expression in real objects. They are prototypes, because the final results are rarely pre-determined by a top-down approach and they can be constantly re-discussed and improved by the stakeholders with new creative processes in an iterative way.

The participatory workshop is the practical tool we adopt to materially build the prototypes of the products/services, shaping the desired change. Our workshops consist of on-site interventions through creative and collaborative processes, working from within the context. The workshop is an opportunity to stimulate synergies among the actors in an informal and dialogic environment. During

the workshop new connections between all the actors are found out, tried out and tightened. The workshop is a dialogic environment (Sennet, 2012) where solutions can be tested, discussed and implemented with all participants.

We take great care in designing also the practical work. We promote the use of techniques and tools that anybody can handle in order to give the opportunity to participate to as many people as possible. In this way, the workshop offers also the opportunity to invite in the "outside" to take part to the processes: university students, volunteers, citizens. This allow us to try and connect the social care system services, so often marginalized, with the society.

3. Case studies

3.1 Design for Each one. Co-design of personalized devices for people suffering from multiple sclerosis and muscular dystrophy

How to open thickened water packaging can independently, how to protect the electronic component of a wheelchair during rainy days, how to play table football from a wheelchair or how to hold cards for playing: those are some of the everyday life problems of sufferers from multiple sclerosis and muscular dystrophy that are investigated and targeted during the project by a group of designers and caregivers.

The co-design process of ‘Design for each one’ involves users, care givers, design students and researchers; it promotes collaboration between an university (Politecnico di Torino), a national social association (AISM, Associazione Italiana Sclerosi Multipla) and the social cooperative managing the care service (Animazione Valdocco).

Via participant observation, the group investigates on those gestures that users cannot do in order to prototype small tools to facilitate those gestures. Within a one-week workshop, the prototype is developed by a continuous collaborative process with the user. Than, with the same method, the prototype is implemented and tested (through everyday use) for a long time (6-12 months) until it is ready to be released as a working product.

REMARKS:

In most cases, the traditional care market doesn’t offer appropriate aids because of the specificity of the disease. In fact, the needs of the person affected by multiple sclerosis are extremely individual (every sufferer present a specific progression of the symptoms of the disease) and they can change extremely quickly. However, even if they are not “commercially appealing” for the mass production market, those personal unanswered needs compromise the quality of life of the suffer.

With this premises, the workshop offers the opportunity to give voice to the suffers needs with a collaborative process working both around and with the individual. The workshop has been

acknowledged by the Associazione Italiana Sclerosi Multipla, in fact it took root in the yearly calendar of the organization as an extraordinary framework to deepen the needs of their users.

The next challenge is to monitor how the aids could impact also on the care networks that rotates around the individuals (families, organizations). Whereas, on a wider perspective, the challenge is to understand how many sufferers could benefit from a customized production of the aids and how to reach them. So a scaling process of the project can be discussed in terms of transferability of the products to other AISM beneficiaries.



Figure 1. Antonino: a co-designed tool to open thickened water packaging can.

3.2 Progetto Bellezza. Participatory renovation of shelters for migrants and homeless people in Milan

'Progetto Bellezza' consists in a participatory renovation of shelters for migrants and homeless people in Milan. It aims to stimulate a discussion on buildings, on their improvement, and their new design, according to the psycho-emotional and social needs of migrants and homeless people through an inclusive method (Campagnaro et alii, 2018).
The project relies on the collaboration of the homeless people and migrants living in the shelters and workers belonging the organization managing the reception service (Fondazione Progetto Arca Onlus) in the role of expert users, designers from Politecnico di Torino, young volunteers as high school students and citizens in general.
The design action places emphasis on ideal of "co-created beauty" as trigger to reshape reception services and spaces that are often hosted in buildings constructed for specific purposes (schools, offices, factories) which, once their original function ceases, are temporarily transformed into housing.

The co-design process is stimulated by preliminary focus groups with hosts and workers, in order to understand the critical issues and to define together solutions that all the actors can agree on. Than, the group of participants is engaged in the tangible transformations initiatives: furniture building, wall painting, wayfinding set up. The project generates a sort of temporary “creative revolution” in the shelter: everybody is welcomed to participate and help with the design interventions. The vibrant environment of the workshop challenges the reception service’s routines and fixed roles and create a positive impact, also because it involves operators and users in the actions, giving value to people’s skills and aspirations (Campagnaro, 2018).
The effects of this process are diverse in relation to each category of participant: for migrants people, participation acts as a trigger for a sense of protagonism and gratification, while, for the organization’s workers, the project offers the chance to rethink to the way the service is provided and to imagine how the spaces could contribute to improve it.

REMARKS:

In the case of ‘Progetto Bellezza’ we recorded an improvement of the perception of the shelters by the actors. Although the participatory approach for the amelioration and maintenance of the spaces has been appreciated by the organization it has not been undertaken completely. In fact, even if there is an ideal agreement on the values promoted by co-design approach, these are not transferred to the praxes level, where the decisions about the quality of the spaces (decoration, refurbishment, usage of spaces) are still taken by a Foundation’s technician on his own.
As researchers, we assume that at this stage our participation is still indispensable. We act as creative directors and workshop animators, fostering an experimentation of a new design process of the spaces, based on care and relationship, that the organization is unable to perform yet. So, the next challenge of ‘Progetto Bellezza’ is to create the conditions that will enable a release of the model. The project needs to consolidate the adoption of the participative model as a strategy to improve the quality of the spaces and, consequently, of the reception service itself, even without the presence of the designers on field.



Figure 2. A shelter's dining room co-designed and co-produced during Progetto Bellezza interventions.

3.3 Costruire Bellezza. Design Anthropology led lab based in Turin aiming at social inclusion

'Costruire Bellezza' was born in the context of a ten-year action research conducted in collaboration within the homeless reception services of the municipality of Turin. 'Costruire Bellezza' is a participatory lab that include homeless people, care givers, social workers, students and researchers in design and social sciences and creative talents, via creative experiences.

The process is rooted in the collaboration between the Municipality services for homeless people, the social cooperative managing these services and our universities (Politecnico di Torino and Università di Torino). The lab functioning is based on regularly held workshops leading to the production of co-design and co-created artifacts for the participants of the project and for the neighborhood communities.

REMARKS:

The main outcome of the project can be traced on what the collaboration of the participants generates in terms of empowerment of the homeless people (Sen, 1992) putting in value their capabilities, development of new skills in the students (Margolin and Margolin, 2002). It also offers an innovative and more informal occasion of contact and dialogue, during which the relationships between social operators, educators and homeless people are tightened.

One of the core values of 'Costruire Bellezza' is reciprocity. The exchange happens simultaneously on two levels: at the level of the creative workshops, where the participants share competences, skills and mutual help in order to co-design the products, and at a systemic level, where the relationship between the creative potential offered by the group "inside" of the project meets the opportunities coming from the "outside", offering a participative learning environment based on doing together.

The next challenge in 'Costruire Bellezza' is to sustain design practices that promote learning, experimentation, connection with external realities, toward a continuous regeneration of the project itself. This goal can be achieved only by working on the values shared among the actors. These values can be generated and enhanced throughout design activities that are able to bring together innovation, personal creativity, sharing, flourishing, personal development and optimism, in a systemic perspective.



Figure 3. Designing together in the carpentry lab of Costruire Bellezza.

4. Facing complexity with awareness

The specificity of the case studies presented can be traced in the extensive use of the co-design method in order to develop all the (tangible-intangible) artifacts together with the users. This happens either the output is a tool, a space or a new social service.

The theory of the "design domains" (Jones, Van Patter, 2009) can be useful to notice the different degree of complexity between the projects. As we mentioned, despite this distinction, they all act via specific and defined interventions (products or spaces) that, for us researchers, work as a "can opener" (Collier and Collier, 1986) allowing us to look deep inside the complexity of the system.

In 'Design for each one' the focus is on the efficacy of the products (domain 1.0). The evaluation of the impact is certainly connected to the question of how good the products are in meeting the personal needs of the user. But we can also trace and highlight positive consequences in terms of empowering the organization and the educational work.

In 'Progetto Bellezza' the participatory renovation of the shelter suggests the opportunity to undertake a design process at a more complex scale, working on a service dimension (domain 2.0). According to our perspective, to assume the co-design model as "a new way to do things" can led to the improvement of the reception service itself in terms of both quality and functionality of spaces. This could benefit all the stakeholders, connecting them systematically as agents of change. The co-design practice, in fact, suggests the enhancement of not only physical changes but also of the strategy that lies behind the service (Campagnaro, Di Prima, 2018). In the case of 'Progetto Bellezza', all the interventions in the different shelters helped us researchers to better define the whole system, to map and connect the elements in order to understand its complexity. At the same time we notice that the awareness of all the actors of the system is crucial in order to co-create a (new) demand regarding the innovation of the whole care system itself, whenever this is desirable and/or possible.

Lastly, it is possible to read 'Costruire Bellezza' as an example of a project operating on the high level of complexity of the scale of the design domains (3.0). Started as an experiment (Binder, Redström, 2006) in 2014, it is now recognized by the public administration as part of public service for homeless people. Nevertheless, as an initiative of social cohesion, Costruire Bellezza provides an example of how co-designed services can suggest new policy models.

5. Final Remarks

Producing co-design interventions is a kind of activity that entails a multitude of processes such as learning, sharing, creating and experimenting (Manzini, 2015; Verganti, 2009; Cross, 1981); it can generate shared values between designers and individuals from non-creative occupations or fields.

Furthermore, this can affect an individual's motivation to collaborate and the motivation of a group to pursue common interest/benefits through which the knowledge sharing is enhanced.

In order to innovate a social care system, it is necessary to involve the stakeholders in a collaborative definition of the relationships that occurs within the system. Since this process can be difficult for the group because it implies the comprehension of a high level of complexity, to start working together on specific products can be very strategic. This entry level of co-design focused on tangible outputs is effective in developing, first, a common understanding of the problems and, secondly, sets of shared solutions. Whenever the complexity is not understood via a collaborative process, the actors of the system won't be able to develop awareness about the chances of strategic innovation offered by its relationships. In fact, the researchers intuitions about future possible developments can be seized as an opportunity only if the system recognises it as such.

According to our experience, the systemic vision combined with a participative Design Anthropology approach enhances the relationships among all the stakeholders. Moreover, new visions of the services can be developed, promoting to move away from the standardized roles usually defining relationships in the care system (operators/workers that assist/help people in needs), toward the idea of a care system as an organic entity in which every actor can be a "beneficiary" of other's resources. In order to facilitate and foster an horizontal environment of mutual exchange and collaboration, it is compulsory that the researches stay within the processes in its making. Doing so, they understand attitudes, behaviors, unspoken needs and outcomes and they can reorient the process on the basis of what the field and the people respond. Places of care can become places of strategic innovation if the project's system is open, flexible and sensitive to context and individuals. This fosters the cohesion and the inclusiveness of the care systems and it generates the opportunity for all those involved to flourish.

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