Transformative Services and Transformation Design

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Abstract

This paper claims how the parallel evolution of the conception of services and of Design for Services toward more transformational aims, would require a collective reflection on and elaboration of guiding methodological and deontological principles. By illustrating connections with similar evolutions in Participatory Design (from 'Design for use before use' to 'Design for Design after Design'), Public Health Research (patient engagement and 'empowerment') and Consumer Research (Transformative Consumer Research), the author identifies key characteristics of transformative practices that ask for more 'reflexivity' on the designers' side. Developing Design profession as contributing to society transformative aims is extremely valuable, but it carries with it also a huge responsibility. Designers, the author argues, need to reflect not only on how to conduct transformative processes, but also on which transformations they are aiming to, why, and in particular for the benefit of whom.

KEYWORDS: transformative services, transformation design, Design for Services

Introduction

At its onset Service Design has been looking at services as a different kind of 'products', exploring modes to deal with the differentiating service qualities (originally thoughts as deficiencies) such as Intangibility, Heterogeneity, Inseparability, and Perishability.

The design debate then made one step forward when acknowledging the nature of services as complex and relational entities, that include products, and that can't be fully designed and pre-determined (Sangiorgi, 2004). The focus on service interactions has been opening up to considering interactions within and among organisations, working on systems and networks, while designers have been increasingly approaching issues of organisational and behavioural change (Sangiorgi, 2009). In this evolution Design for Services, instead of Service Design,

has gained more credibility, reflecting the interdisciplinary and emergent qualities of this discipline (Meroni and Sangiorgi, forthcoming; Kimbell, 2009).

In the last years a further shift seems to be happening as services are not anymore conceived as an 'end' in itself, but are increasingly considered as an engine for wider societal transformations. Services are less discussed as a design 'object', but as a 'mean' for supporting the emergence of a more collaborative, sustainable and creative society and economy. Particular emphasis has been given to collaborative service models and co-creation (Meroni, 2007; Cottam and Leadbeater, 2004).

This evolution is mirrored in the debate around the role of services in developed countries' economies. Together with a growing acknowledgment of the role of services for the development and growth of economy and employment, services have revealed a different model of innovation that is now inspiring manufacturing; this is ill represented by linear positivistic models of innovation and is *'more likely to be linked to disembodied, non-technological innovative processes, organisational arrangements and markets'* (Howells, 2007: 11). The main sources of innovation in service industries are employees and customers (Miles, 2001) and new ideas are often generated through the interaction with users (user-driven innovation) and through the application of tacit knowledge or training rather than through explicit R&D activities (Almega, 2008).

Moreover service innovation is increasingly viewed as an enabler of a *'society driven innovation' with policies at national and regional level that are 'using service innovation to address societal challenges and as a catalyst of societal and economic change'* (European Commission 2009: 70). Tekes, the Finnish Funding Agency for Technology and Innovation, positions service innovation as a core lever for transformative changes in areas such as health and wellbeing, clean energy, built environment, and the knowledge society (Tekes, 2008).

Finally in a recent study the Arizona State University's Centre for Services Leadership collectively identified a set of global, interdisciplinary research priorities focused on the service science (Ostrom et al., 2010). Among ten overarching research priorities, a significant area in this respect emerged titled as 'Improving well-being through transformative service'. Laurel Anderson (a leader in this field from Arizona State University) described the emerging area of Transformative Service Research as *'service research that centers on creating uplifting changes and improvements in the well-being of both individuals and communities'* (ibid: 6). Services, being deeply embedded and diffused in social ecologies, have the potentials to impact individuals, families and communities by suggesting new behavioural and interaction models. This area, even if extremely relevant today, has been given little attention so far.

From Transformative Services to Transformation Design

Design has been recently increasingly investigating the transformative role of services as a way to build a more sustainable and equitable society. Main fields of research have been related to the exploration of the role and impact of creative communities and social innovation (Meroni, 2007; Jegou and Manzini, 2008; Thackara, 2007) and the wide debate on the redesign of public services and the welfare state (Cottam and Leadbeater, 2004; Parker and Heapy, 2006; Parker and Parker, 2007; Bradwell and Marr, 2008; Thomas, 2008).

The first area has been looking at existing examples of inventiveness and creativity among 'ordinary people' to solve daily life problems related to housing, food, ageing, transports and work. Such cases represent a way of *"living well while at the same time consuming fewer resources and generating new patterns of social cohabitation"* (Manzini, 2008: 13). Defined as 'collaborative

services' they have the potential to develop into a new kind of enterprise, a 'diffused social enterprise', which needs a supporting environment to grow.

The contemporary debate on the re-design of public services has similarly emphasised the role of co-production and collaborative solutions. The co-creation model, suggested by Cottam and Leadbeater (2004), looking at the open source paradigm as main inspiration, implies the use of distributed resources (know-how, tools, effort and expertise), collaborative modes of delivery and the participation of users in *'the design and delivery of services, working with professionals and front-line staff to devise effective solutions'* (ibid: 22).

What is a transformative service then? In order to be transformative services need to propose more accessible, usable and equitable solutions on one side, but also suggest new models of service co-production where citizens are not perceived as passive users but active collaborators in the solution and where organisations factually release some of the control to users in order to achieve this. The transformation required here is therefore twofold: not only citizens need to take a more active role in their life, but also organisations need to change their model and culture to generate new partnerships with the population. The need for this twofold transformation has pushed designers to change their practice as well.

Design research has been recently exploring design's transformative role in both organisations (Buchanan, 2004; Junginger and Sangiorgi, 2009; Junginger, 2008; Bate and Robert, 2007a and 2007b) and communities (Thackara, 2007). Service Design practitioners have been moving from providing solutions to specific problems, to provide organisations with the tools and capacities for human-centred service innovation. Examples are the work of Engine Service Design group with Kent City Council to develop a Social Innovation Lab (Kent City Council, 2007) or the work with Buckinghamshire to define a methodology for the engagement of local organisations and citizens (Engine Service Design, 2007).

Similarly NHS Institute for Innovation and Improvement has developed the Experience-Based-Design (EBD) approach and toolkit in collaboration with thinkpublic (a London based service design studio) to co-design more accessible, usable and effective services. They have then organised a series of training workshops and pilot projects to support adoption on a wider scale. Since its launch in 2007, the EBD approach, consisting in experience-focused participatory design exercises, has been piloted in different hospitals with the aim to activate a large-scale cultural change in NHS.

This evolution within design has been intuitively defined in its emergence as Transformation Design by Burns et al. (2006). The concept of Transformation Design suggests that *'because organisations now operate in an environment of constant change, the challenge is not how to design a response to a current issue, but how to design a means of continually responding, adapting and innovating. Transformation design seeks to leave behind not only the shape of a new solution, but the tools, skills and organisational capacity for ongoing change'* (Burns, 2006: 21).

What are then the principles and practices of this significant transformative role of designers and of the services they co-create? Some considerations have started to emerge as for new roles of design and design principles and tools (see Design Council: Public Services by Design), but they consciously or unconsciously rely on other disciplines and fields of practice that have been working with transformational aims for a longer period of time. A call for a more interdisciplinary approach to Design for Services have already come from within (Kimbell, 2009) and from outside the discipline as with the 'service science' constitution. Designers need to work closely with other disciplines to gain useful knowledge and provide peculiar contribution to this field. The author has been in particular looking at work carried out within Public Health Research on the topic of health inequalities and public engagement and on the growing area of Transformative Consumer Research with a focus on Community

Action Research. These areas share similar concerns and principles and provide interesting insights on the need and constrains of working with communities and public health aims. Given the contemporary relevance, complexity and ethical implications of the concept and practice of Transformation Design and Transformative Services, the author urges to seriously discuss and define design and ethical principles to support and guide practitioners and researchers in their work. Participatory Design, in its original form, gave shape to guiding principles that were linked to its democratic aims. Shuler and Namioka (1991) listed them as: 1) *cooperative design* as both users and designers bring useful competences in the process 2) *familiar resemblance* of situations and design tools to existing work context and practice 3) *understanding practice* as starting point of each design 4) *experiment the future* simulating new artefacts and practices 5) *learning and transcending* as part of the design process. Today Participatory Design is stretched to cover different contexts and objectives and needs a further elaboration. The next section will then briefly summarise key characteristics emerging from the comparison of literature between Design, Public Health Research and Transformative Consumer Research. These could be further articulated by linking with multidisciplinary research into organisational and social change and with a direct evaluation of transformative practices. The authors would like these characteristics to act as basic materials for an initial reflection on methodological and deontological principles for transformative design activities.

Transformative practices and principles

Active citizens

The key ingredient for transformative practices is the understanding of citizens as 'agents' and their active role in the creation of wellbeing. As Bentley and Wilsdon argue, the key to unlock the potential to offer better and more personalised services is to understand that value is created, and not delivered (2003). At the same time 'participation' has been motivated as being the basic right of democracy, a process leading toward better citizens and as a way to generate more efficient and effective programmes and policies (Cornwall, 2008).

In the design debate about public services transformation, participation is seen as a key resource to deeply change the traditional hierarchical model of service delivery and the perception of citizens themselves. Cottam and Leadbeater (2004) proposed an alternative approach to the Welfare System defined as Open Welfare. The authors suggested an open model to public services delivery based on *'mass, participatory models, in which many of the 'users' of a service become its designers and producers, working in new partnerships with professionals'* (p 1).

In line with this perspective, the reform of healthcare services calls for "Creating a Patient-Led NHS" (DH, 2005). The claimed aim here is to change the whole system so that *'there is more choice, more personalised care, real empowerment of people to improve their health', 'move from a service that does things to and for its patients to one which is patient-led, where the service works with patients to support them with their health needs'* (p 3).

'Participation' can have though different levels of implementation and motivations at its starting point. When participation is pushed to its extremes it meets other agendas generally named as community or citizens 'empowerment' and it's linked with more 'transformative' aims: participation here becomes a mean and an end in itself (White, 1996).

A recent review (Marmot, 2010), combining reflection on health inequalities and community engagement, suggests that, to really reduce health inequalities, a strong emphasis must be

given to individual and community empowerment, creating the conditions for people to take control over their lives. This requires, on the local service delivery side, increasing the opportunities for people to participate in the definition of community solutions, enabling a real shift of power:

> *Without citizen participation and community engagement fostered by public service organisations, it will be difficult to improve penetration of interventions and to impact on health inequalities (ibid: 151).*

Primary care services are asked to 'develop and adopt inclusive practice that seeks to empower patients and develop their health literacy' (ibid: 157). Research has shown how, moving from a patient information or consultation approach toward more inclusive and participatory methods, that support a real shift of power and participation in health decisions, may lead to better health outcomes (Attree and French, 2007). An increase in participation can lead to more appropriate and accessible services, while increasing social capital and people's self confidence and health-enhancing attitudes (Popay, 2006).

Building capacities and project partnerships

Participation has therefore in itself, if carefully supported, the potential to be transformative. As Cornwall claims though, 'participation' to be effective:

> *'[…] requires changes in organisational culture, as well as in the attitudes and behaviour of state officials and service providers. It also demands processes and structures through which citizens can claim voice, and gain the means to exercise democratic citizenship, including acquiring the skills to participate effectively.' (p 14)*

In Public Health Research 'participation' and 'public involvement' are better seen as 'building relationships' (Anderson et al. 2002) and about creating 'involving organisations' (DH, 2008a) where patient engagement is integrated in decision-making processes. The emphasis is therefore not only on developing external 'mechanisms of involvement', but also on implementing internal 'mechanisms of change'. This comes from the awareness that for any transformation to be sustainable and effective in the long term, there needs to be a change of cultures and attitudes by building trust and on-going dialogues. One-off interventions in a constantly changing political and socio-technical environment cannot generate significant results in terms of reduction of health inequalities and service improvements (Bauld et al., 2005). It is therefore fundamental to create a 'culture' of participation and involvement that can last beyond changes in political objectives and strategies.

Community Action Research, a methodology applied in Transformative Consumer Research, has three guiding principles (Ozanne and Anderson, 2010): 1) include multiple partners from the community in the research process and generate a research partnerships 2) be guided by locally-defined priorities and committed to social justice 3) aim at community education and empowerment by encouraging people to learn new skills, reflect on their social and economic conditions, and act in their own self interest.

Transformation Design has similarly inherited the Participatory Design principle (Shuler and Namioka, 1991) of *learning and transcending* meaning a reciprocal learning process between designers and project participants leading to transformative understandings. If though Participatory Design focuses on providing tools for an adequate participation to guarantee shared ownership of the final design outcome, the transformational perspective aims also at the final ownership of the process and methods themselves.

When Design encounters Organisational and Behavioral Change pilot projects become vehicles for knowledge exchange within longer transformational processes. As an example Thinkpublic, working on dementia as part of DOTT09 programme, hosted a Skills Share Day with a camera trainer from the BBC (British Broadcasting Corporation) to provide training for filming and interviewing to a user group; as a secondary outcome key stakeholders participating to the project acknowledged how the communication skills they acquired during the project where transferred into daily professional lives (Tan and Szebeco, 2009). When, though, is knowledge exchange conducive to real transformations?

Redistributing power

Participation in a design process doesn't depend necessarily on the set of methods used, but on the actual redistribution of power happening in the design decision process. Arnstein (1969) in his famous reflection on citizens participation, talks about eight rungs in the 'ladder of participation'; these moves from non-participation – called as 'manipulation' and 'therapy' - to tokenism - defined as 'Informing', Consultation' and 'Placation' - to Citizen Power, articulated as 'Partnership', 'Delegated Power' and 'Citizen Control'. Non-participation is associated with attempts to 'educate' and persuade the population of existing plans and programmes, while tokenism gives citizens a 'voice' that has though no power to guarantee its follow-through; Citizen Power suggests situations where citizens are actually given the structure, skills and support to really participate in decision processes.

In a similar way, Popay (2006) reporting on the practices of 'community engagement' suggests four broad approaches that are mainly differentiated by their engagement goal: the provision and/or exchange of information; consultation; co-production; and community control. As she underlines *these approaches are not readily bounded but rather sit on a continuum of engagement approaches with the focus on community empowerment becoming more explicit and having greater priority to the right of the continuum where community development approaches are located'* (ibid: 6-7).

Bate and Robert (2009) suggest an ideal move in the continuum of patience influence from 'complaining' and 'giving information' toward 'listening & responding', 'consulting & advising' and 'Experience-based Co-design'; co-design here is intended as *more of a partnership and shared leadership, with NHS staff continuing to play a key role in leading service design alongside patients and users'* (ibid: 10). Here professionals maintain the lead in the change process, while patients represent experts on their own experiences.

In this continuum the role of researchers or professionals gradually change. A first consideration relates to what each project participant brings to the process; researchers are said to bring their expertise mainly in methods and theories, while people from the community contribute with insights into 'theories-in-use', their capacities and needs, and with their implicit understanding of community social and cultural dynamics (Ozanne and Anderson, 2010). Skidmore and Craig (2005), in their celebration of the role of community organisations for citizens activation, talk about 'civic intermediaries' as actors that don't have necessarily a predefined aim, but work with 'communities of participation' to enhance their skills, willingness and capacities to contribute to whichever public or semi-public spaces they engage with. In the design field there is a growing consent about the role of designers as 'facilitators' of change processes, but there is a division as who is actually directing the process, moving in-between design-driven or use-driven (or led) change processes.

Infrastructures and enabling platforms

When the final aim is a 'transformative' one, not only the process, but also the outcome needs to better consider people's participation and engagement. Public Services have emphasised the concept of 'co-production' as the key strategy for more effective and personalised services (Horne and Shirley, 2009). Considering people's role in shaping and contributing to the service 'delivery' and constant 'redesign' requires thinking not only at the role of users in the design 'before the use', but also in the design 'after the design' (Elle, 2010). Pelle Ehn, reflecting on the evolution of Participatory Design practices, suggests:

> *'Rather than focusing on involving users in the design process, focus shifts towards seeing every use situation as a potential design situation. So there is design during a project ('at project time'), but there is also design in use ('at use time') (ibid: 5).*

At project time then the object should be open to controversies that could support new products and practices to emerge. Using a Leigh Star concept, Ehn talks about 'infrastructuring': *'an infrastructure, like railroad tracks or the Internet is not reinvented every time, but is 'sunk into' other sociomaterial structures and only accessible by membership in a specific community-of-practice.' (ibid: 5).*

In a similar way when describing the relevance of community organisations to support people participation and engagement, Skidomore and Craig recall the capacities of these organisations to build:

> *'a platform capable of sustaining diverse and sometimes even incoherent sets of activities […] The result of taking the platform model seriously is that it can become very difficult to know where the boundaries of organisations start and finish. Embedded in a web of relationships of varying types, it makes more sense to think of organisations in terms of the networks through which they work.' (p 48)*

The concept of designing services platforms is also part of the Transformation Design language. When project participants become co-creators of the service, designers can't design fixed entities and sequences of actions that allow little adaptation and flexibility. Platforms made up of tools, roles and rules delineate the weak conditions for certain practices and behaviours to emerge (Winhall, 2004; Sangiorgi and Villari, 2005). At the same time, when designers are confronted with the need to diffuse and scale up creative communities' promising solutions, their contributions take the form of 'enabling solutions' meaning *'a system of products, services, communication and whatever is necessary, to improve the accessibility, effectiveness and replicability of a collaborative service'* (Manzini, 2008: 38).

Community as intervention size

A further characteristic of transformative practices is the focus on communities as intervention size. In Public Health, the prevention of lifestyle illnesses, to be effective, require large-scale community participation and measures (Blumenthal and Yancey, 2004). At the same time the design of future healthcare services is increasingly connected to integrated and community-based solutions (DH, 2008b).

Moreover communities are considered as the right size to activate large-scale changes. Meroni promotes the concept of a Community Centred Approach *'where the focus of attention shifts from the individual "user" to the community as the new subject of interest for a design that is more conscious of current social dynamics'* (Meroni, 2008: 13). Communities or the dimension of "some" are described as the dimension of change: *'elective communities (defined by interest, geography, profession or other criteria) are sufficiently larger than the individual to impose moral restraints that transcend the individual will, but still small enough to be recognised as representative of individual interests'* (ibid: 14)

Enhancing imagination and hope

Designers are generally appreciated for their capacity to think 'out of the box', providing new visions for he future. As Meroni reminds us, mentioning the work from Bateson (Mind and Nature, 1979), evolution is different from 'epigenesis', which is *'the development of a system from a previous condition using the capabilities it already possesses'* (Meroni, 2008: 5). If 'epigenesis' means predictable repetition, which grows from within, evolution requires instead exploration and change. Designers are considered to act at this second level as they can work from the outside in and guiding more systemic interventions if needed. Enhancing the capacity to build new shared and 'orienting' visions is a fundamental quality in transformation processes (Manzini and Jegou, 2003).

Together with the vision though, communities need to trust their actual capacity and power to implement it in the future. As Skidmore and Craig (2005) claim *'without the hope that animates social networks […] social capital can go to waste. The networks people have are only as valuable as what they believe they can accomplish through them'* (ibid: 61). This combination of social networks and collective optimism, has been called by the American sociologist Robert Sampson as 'collective efficacy' (2004: cited in Skidmore and Craig, 2005).

Activating 'collective optimism' through shared and orienting visions, needs to be supported by the creation of adequate infrastructures and effective power distribution strategies.

Final considerations

This paper has been looking at a small selection of literature working on similar considerations related to the practice and theory of transformative practices. Developing Design profession as contributing to society transformative aims is extremely valuable, but it carries with it also a huge responsibility. Design for Services has been, since its onset, oriented to bring sustainability and people at the centre of service provisions. It has been attracting, since then, enthusiastic young generations of practitioners and researchers that see in Design for Services, in particular for the public sector, a more meaningful way to apply their skills and profession. As this societal transformative aim is now becoming increasingly explicit, designers need to become more 'reflexive' as for what concerns their work and interventions. Design for Services needs to reach a more mature state, developing shared methodological and deontological principles to guide its development looking also at how other disciplines are working and theorising on similar issues.

With different backgrounds Consumer Research has been calling for a change in their practice as historically their work has been driven by the theoretical and substantive interests of academics; their new call for a Transformative Consumer Research practice focuses upon making a positive difference in consumers' lives (Bettany and Woodruffe, 2005). A way to do this, it is suggested, relies on introducing 'reflexivity' in their work as a way to address power and control issues in each research encounter, understanding their influence on the research and its results (ibid). This reflexivity should be part of Design for Services individual and collective practice, including also a careful, short and long-term evaluation of projects and intervention programmes as part of the design activities. Adding the adjective 'transformative' to Design for Services requires therefore a reflection, not only on how designers can conduct transformative processes, but also on which transformations we are aiming to, why, and in particular for the benefit of whom.

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