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Health and Wellbeing: Challenging Co-Design for Difficult Conversations, Successes and Failures of the Leapfrog Approach

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Abstract: Conversations are an everyday element of health and social care practice, and improving them could lead to widespread positive impacts on care provision. We present three initiatives to improve difficult conversation through three case studies, each using co-design to produce tools for later use by practitioners. The approach taken is knowingly risky, as tools can be difficult to co-design and difficult to encourage others to use, leading to failures as well as successes. Alongside specific empirical insights from the case studies we discuss the benefits of co-designing flexible tools for ongoing use and adaptation by practitioners, and the implications of this approach for the sustainability and impact of co-design initiatives.

Keywords: Co-design, Tools, Care Provision, Public Sector, Conversations

1. Introduction

This paper presents co-design work intended to make difficult conversations more successful and more likely to happen in social and health care settings. The co-design activity takes a novel approach, explicitly engaging health and social care staff and service users in the co-design of tools for use in their future work. This research sits alongside research that considers the deployment of co-design in healthcare settings (e.g. Iedema et al., 2010; Bowen et al., 2013; Donetto et al. 2015), but with a distinct focus on using co-design to engage participants in creating practical, reusable tools, rather than developing solutions to existing problems.

We present three case studies of tool co-design projects that took place within the AHRC-funded Leapfrog project (2015–2018), each case study showing the risks and challenges accompanying the approach along with its successes. Successes include participants producing tools that have been used thousands of times across the UK and internationally, with ongoing impacts beyond our project partners. The co-designed tools have been deployed by health and social workers to have real, life-changing effects on individuals through the nature and quality of the conversations they have enabled. We also take a critical perspective on our co-design approach, exploring where the focus on the co-design of tools has been unsuccessful.

Through the case studies we examine risks and benefits in taking a tool co-design approach. Inviting co-design participants to produce tools and resources that others will use to be creative removes

some of the certainty and control that is present in conventional design and participatory processes. The co-design process must lead to tools and ways of thinking that suit the participants, not the designer. Engaging non-designers in the co-design of tools that will be used by others rather than addressing practical challenges directly is challenging for participants and presents real risks around participant engagement. Our tool co-design approach also introduces risks in the outcomes and outputs that are produced**.** With participants working in co-design as stakeholders with strong agency there is a possibility of producing tools and resources that are not effective or accepted. The role of the non-expert in design is not universally positive, and it can raise ethical as well as practical issues (see Cruickshank & Atkinson, 2014). A tool co-design approach relies on tools being adopted and used after the co-design process ends and has resulted in both very high and very low levels of impact. We consider risks in process and outcome in the context of the case studies, drawing insights from the failures of our co-design approach as well as the successes leading to discussion on potential of tool co-design and enabling more people to be more creative their practice.

2. Co-designing Tools for Conversations in Care Provision

In this work we focus on the conversation as a commonplace situation for many interactions within health and social care provision. In scoping and project-formation work, our partners made frequent reference to conversations as key situations in practitioner work, ranging from the delivery one-to-one support for a young person to exchanges within practice-sharing meetings within a hospital workforce. Small improvements to these conversations could have a large effect on service effectiveness and experience. This potential for impact relates not only to the quantity and frequency of conversations in practitioner work, but also because practitioners are used to shaping and constructing conversations in response to specific circumstances and goals. Conversations were, for us and for our partners, a commonplace site for adaptive practices, gathering information and exchanging ideas.

In this paper we describe the work of Leapfrog researchers facilitating co-design processes to collaboratively produce tools that could improve difficult conversations in health and social care practice. The use of collaborative design approaches to improve healthcare provision has an established history in design research. The methods and principles of Participatory Design (PD) approaches (Bratteteig et al., 2013), and those of co-design (Sanders & Stappers, 2008; Sanders & Stappers, 2014) underpin projects seeking to improve healthcare services by involving patients and practitioners in processes of development and change. In the UK, participatory approaches and healthcare improvement have been adopted and deployed over the past decade by the UK National Health Service (NHS) Institute for Innovation and Improvement with formalised methods and tools (Bate & Robert, 2007). Co-design has become an accepted means of making ongoing improvements to healthcare provision (e.g. Robert et al., 2015).

Design research investigating the use of co-design in healthcare settings is not widely available (Donnetto et al., 2015). Existing studies highlight the potential of participatory approaches, but also its limitations in creating sustainable change. Iedemea et al. (2010) describe an Australian co-design project to improve emergency healthcare provision, resulting in practical service delivery improvements, and new mechanisms and precedents for dialogue between patients and staff. Bowen et al. (2013) investigated participant experience within an NHS Experience-Based Design project in Sheffield, UK, which also resulted in service changes, but raised questions about participant's perceptions of their empowerment. Donnetto et al. (2015; 2014) survey the use and

impact of a co-design toolkit by UK healthcare providers, finding generally positive responses to the potential of the approach and highlighting the need for generalised tools and methods to be adapted to the local context of their use. Across this work the challenges of configuring effective co-design within the social, organisational and economic complexities of healthcare provision are apparent. Resourcing co-design initiatives and translating their outcomes into implemented, sustained improvement that are authentically connected to the creative insights of participants is challenging. Collaborative design approaches can struggle to fulfil the explicit and implicit promises they make to meaningfully empower participants despite the wealth of professional and personal experience they may have from interacting with services.

The co-design employed within the Leapfrog project takes a distinct approach to service improvement by focussing on the co-design of tools, as opposed to using co-design to address particular problems and opportunities in service provision. Unlike collaborative design projects that seek to plan and enact change directly within a service, the focus of our work has been to co-design useful, adaptable and accessible tools that practitioners can put to work in their own practice, independent of a co-design process. This approach transforms the resource structure of a co-design initiative, limiting designer and researcher involvement to tool design activities, then passing creative and operational control over to practitioners. In contrast with intensively solution-focussed co-design projects, there is no expectation for the co-design process to result directly in change, instead this must be enacted by practitioners and their organisations. The purpose of the co-design process is to unlock future creative and transformative potential, rather than requiring that insightful and impactful design occur in brief and often unfamiliar co-design situations. The approach brings with it new potential for risk within the co-design process, but leads to new opportunities for more sustainable, wider scales of impact outside of it.

In the case study projects that follow, Leapfrog researchers worked with individuals who had direct, lived experience of health and social care services, unpacking key challenges service professionals and services users faced, then developing tools they might use to structure and restructure conversations. These tools, all available freely via the Leapfrog website (www.leapfrog.tools), do not offer recipes or prescriptions of process, but instead useful, accessible and adaptable means to change how conversations are undertaken, driven by the insights of co-designers with lived experience. For example, the Topic Tally tool offers a direct means to share control over the agenda a meeting by explicitly inviting participants to define an equal proportion of the agenda. This tool was co-designed by a team of young people as a practical proposal for greater equality of their interactions with care service providers. The tool can be readily adapted in use for other purposes, such as for agreeing plans, tracking progress between sessions or setting out priorities. As with other Leapfrog tools, the tool can be a part of new ways of working, but relies on amplifying existing skills and competencies of practitioners.

By creating and offering tools, the Leapfrog project seeks to surface pressing needs and emergent possibilities to professionals in forms that fit well with their existing practice. The tools have been created to follow the linguistic, methodological and technological norms of potential users. Though initially produced by professional designers, Leapfrog tools are not polished or prescriptive, often appearing unrefined or unfinished to openly invite adaptation. The tools are intended to carry authentic stories of creation and use in straightforward practical forms that can be easily discovered, adapted and put to work.

3. Tool Co-design Case Studies

The following case studies are drawn from the Leapfrog Project, a £1.2m Arts and Humanities Research Council project funded to deploy co-design to work with communities, NGOs and the public sector to transform public sector engagement through design. The intent of the project was to engage practitioners and experts by experience in co-designing tools to help communities and public sector partners have a stronger, more productive and energised dialogue. Leapfrog has worked with communities as diverse as City and County Councils across Lancashire and the Highlands, the NHS, Public Health, young people, crofters in Mull and librarians in Preston to co-design over 50 tools for engaging a wide range of communities. Over three years Leapfrog revealed and provoked a huge demand for creative engagement with evidence of transformational effects on facilitators and participants. Particularly in the area of health and wellbeing, Leapfrog tools have been used 1000's of times in conversations and engagement work, often with groups that are seldom heard, sometimes vulnerable and difficult to engage with.

Between 2015 and 2018, Leapfrog researchers initiated over 20 distinct tool co-design initiatives, ranging in scale and resourcing. Each initiative focussed on the needs of 1-5 partner organisations who collaboratively framed the broad intent of the tool co-design process. Following a Participatory Action Research approach, for each initiative the research process consisted of (1) interventional tool co-design activities with 5-30 participants over multiple events, (2) tool-sharing activities to disseminate co-designed tools across practitioner communities, (3) evaluation activities looking for long term change in the partner organisations, and (4) ongoing evaluation activities examining the practice of tool users over time. The case studies that follow integrate findings from across these four research activities to examine the manifestation and mitigation of risks in three distinct tool co-design initiatives. Each case study considers tool co-design for conversations difficult to *make happen*, difficult to *make successful*, or a combination of the two.

Case Study 1: Rigorous Stories

This case study focuses on conversations within healthcare practice that are difficult *to make happen*. Leapfrog partners Blackpool Teaching Hospitals NHS Foundation Trust wanted to improve their patient engagement work, but found that conversations about engagement practice within the workforce were difficult to initiate and sustain. In particular service staff wanted tools to better report the results of the qualitative engagement practices within the service. Heavy workloads for staff and limited time for conversations informed by patient engagement were key factors for the tool co-design. Tools would need to help staff select messages, help others to identify the value in them, enable succinct reporting without discarding or diluting the richness of real patient experiences.

As a Leapfrog tool co-design initiative, this work brought the risk that the tools produced would see limited use and little impact. To address this risk our co-design process explicitly engaged with and responded to normal ways of working within the partner institution, producing tools (presented at the World Health Innovation Forum in 2018) that brought together concepts and categories spanning between low-level operational practice and high-level management and leadership.

Co-design Activities

Throughout the tool co-design process, Leapfrog researchers worked closely with Becci, a Patient Experience Officer at Blackpool Victoria Hospital with extensive knowledge of the partner context, a strong desire to bring about service improvements and experience making tools. Becci co-delivered

co-design workshops alongside Leapfrog researchers over a period of three months beginning in June 2017. Becci also took on a leading role in the tool co-design process with patients and managers of the hospital. This approach helped rapidly and collaboratively establish a context-specific framing for the co-design activities, and to ensure ownership of the co-design initiative at the end of the tool co-design phase.

Becci also played a leading role in defining the visual and written language used in the co-designed tools, with Leapfrog designers supporting working primarily to ensure the co-designed tools readily adaptable and accessible to others. The tools were tested by a small group of practitioners within different public organisations during the co-design process, refining the details of the tools such as the symbols used and informing the file format of tools materials (using PowerPoint instead of PDF).

Outcomes

Four co-designed tools were launched in October 2017 to support engagement activities within the Hospital. Each tool offers a way to investigate how teams, groups or organisations use data from engagement and make new conversations and connections, helping to draw busy staff in to new dialogues with each other. Two tools (Engagement Map Key and Prioritise Together, see Figure 1) prompt staff from different parts of an organisation to visually represent the flows of engagement data, inviting discussion about how the outcomes of engagement work are used, valued, lost or ignored. These tools were co-designed to precipitate conversations between patients, practitioners and managers about what matters and how this matches with the systems and priorities of an organisation. Two further tools (Snapshot+Story and Feedback Cycle Request) were created to help stories from engagement travel between parts of an organisation by providing a structured template. These tools prompt staff to make engagement outcomes maximally useful to decision makers, and to explicitly request feedback from other parts of their organisation, directly addressing risks that new tools and practices would not spread through the organisation.

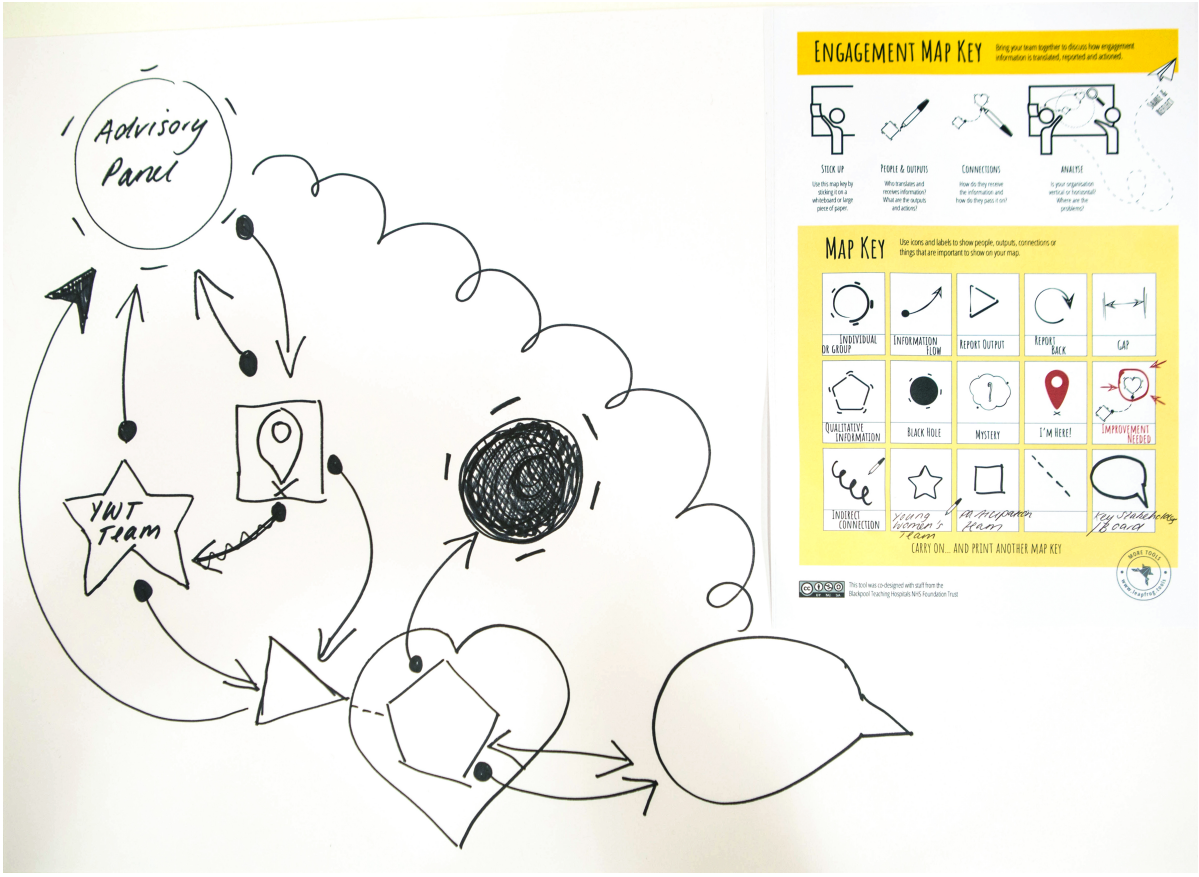

Figure 1. Engagement Map Key tool with a participant's representation of their organisation's engagement process.

The project also worked as a platform to share not just the tools but also the impact of the co-design process across the organisation. Becci was asked to lead tool sharing and tool adaptations with colleagues, with positive feedback from multiple departments. The Hospital credits the tool co-design project with having opened new communication channels directly between patients and managers independent of pre-existing engagement mechanisms, improving efficiency in their engagement work, and giving patients more ownership of their experience. As of October 2018 the tools remain in use and have been adapted for new purposes. For example, the Snapshot+Story tool has been adapted to restructure the reporting methods of a contractor undertaking engagement work with service users, leading to demonstrably more useful intelligence in the hands of commissioning decision makers. The organisational orientation of the tools helped address risks that momentum developed during the co-design activities would be lost when our direct involvement in the project ended.

Case Study 2: Derbyshire Matrix

This case study turns to conversations in health and social care practice that are difficult to *make successful* because of their challenging or sensitive content. This co-design initiative developed from an enquiry from the Safeguarding Adults Board of the County of Derbyshire. Like all safeguarding adults boards in the UK, this board has a very broad remit, covering interactions between adults and all public sector service provision in the county, ranging from individual conversations with social workers, to contact with the Fire and Rescue service (for example, when they are fitting a smoke alarm in a person's home). The board invited Leapfrog to explore whether co-design could help to bring a significant improvement to their safeguarding processes.

Two key issues emerged from initial scoping. Firstly, the challenge of equipping public sector staff for an initial conversation with a member of the public when a safeguarding issue unexpectedly arises, such as a receptionist receiving a report of domestic abuse from a service user. Often these staff, including teachers, nurses and firefighters, only have one or two such conversations a year and are not experienced in handling them. Secondly challenges were identified around the paperwork that needs to be completed by the person at the centre of a safeguarding investigation; highly structured, legal documentation that demands precise handling.

Co-design Activities

Any co-design initiative in this area requires consensus from many separate health and social care services, and Leapfrog took an explicitly high-risk approach to achieving this, bringing representatives from all stakeholder groups together for a single-day tool co-design workshop. The single-day format for the tool co-design meant that decisions underpinning new tools would depend on the participants in the room being representative of a wider workforce with no time for prototyping and testing. The members of the general public who are currently within a safeguarding process could (and should) not be involved, but we did include people who have helped dependents through a safeguarding process. A key challenge was to draw on their experience without regarding this as representative of safeguarding in general. We recognised and ameliorated these risks as far as possible. There were three preparatory meetings before the co-design event to lay the groundwork for the event. The co-design event was led by two facilitators with extensive experience in tools design and safeguarding issues to allow for structure of the process to be responsively adapted during the event.

Initiative Outcomes

The co-design event itself was well-received by all participants and led to refined, concrete tools that were welcomed by the Safeguarding Adults Board of the County of Derbyshire for deployment to their workforce. The tool co-design initiative was considered a success and two tools (Figure 2), were published by Derbyshire County Council in July 2016. Two years later we conducted a follow-up survey of use, completed by 44 professionals on the County staff. The survey revealed very limited tool use, with only 25% of staff having used the tools, and with most respondents stating that the tool made no difference to the safeguarding process. Those who had used the tools most thought they were least effective, reporting that the tools could readily make conversations about safeguarding seem less collaborative and more critical. The material form of the tools (a card folder to be given to service users) was highlighted as a problem, possibly introducing issues of confidentiality if seen by others. The written content of the tools was also raised as an issue, with a mismatch between the sorts of questions practitioners needed to ask and those printed in the tools.

Figure 2. Insight Matrix and Insight Focus tools, in the hands of practitioners at a tool sharing event.

The long-term evaluation of these co-designed tools revealed a persistent mismatch between the structure and form of the tools and the practices that could make use of them. The tool co-design process primarily included managers and senior decision makers, rather than practitioners who would use the tools. Their prescriptive content within the tools, along with their physical printed format, did not invite or allow practitioners to adapt the tools during use. The practitioners who used the tools the most uncovered an increasing number of problems with them, but were unable to change the structure and content of the tools.

Case Study 3: Working with Young People

The final case study brings together conversations that are both difficult to *make happen* and difficult to make *successful*, focusing on conversations with young people in care or on the edge of care. With our partners Child Action Northwest, a charity working closely with Blackburn with Darwen Safeguarding Unit, Leapfrog researchers helped assemble a team of 12 young people with lived experience of the care system to co-design tools for better conversations, especially between themselves and the professionals in the social care system.

This tool co-design project was driven by a common need amongst many Leapfrog partners for tools to improve the quality and intensity of their engagement work with young people. The co-design process was highly risky, being heavily reliant on the trust and cooperation of young people with challenging lives and complex needs. At the same time, by co-designing with young people with direct lived experience, we believed had the best chance of impactful outcomes with practice relevance to the work of care professionals.

Co-design Activities

The co-design process was challenging to develop and deliver. The young people aged 11-17 were invited through our partners Child Action Northwest to an initial workshop followed a two-day co-design residential on the Lancaster University Bailrigg campus. Investing Leapfrog's limited resources in a co-design residential was a high-risk strategy, and there was a very real possibility that the weekend would not produce tools. The young people had never taken part in co-design activities before, and the process of developing new tools to help others required them to reflect on personally challenging situations. The young people's wellbeing was supported by a team of youth workers throughout the process, and the co-design process itself had to be adapted and restructured as it unfolded in response to numerous barriers and challenges. Despite these significant challenges the intensive co-design process resulted in a collection of flexible tools that can help anybody to engage young people in creative, inspiring and effective ways. The five tools the young people decided upon and named are: BADGE, Sound Advice, Topic Tally, Storyboard Contract and Target Control.

Outcomes

The tools were promoted through a film, online toolbox (http://leapfrog.tools/toolbox/working-with-young-people/) and through a variety of networks and over 15 tool sharing events. During dissemination we highlighted the adaptable nature of the tools, inviting practitioners to reflect on how they might alter and appropriate the tools, rather than use them as ready-made solutions to engagement challenges. The risks of the co-design process paid off, resulting in novel tools that resonated semantically and practically in engagements and conversations with young people. The tools have seen widespread use, with over 1,000 downloads as of November 2018. We have seen ongoing 'ripple' effects from these tools in use, for example volunteers at Healthwatch Blackburn and Darwen (a health and social care consumer champion group) used the tools thousands of times, then began training young people to use the Storyboard Contract tool to successfully facilitate conversations with their teenage peers about body image, mental health and wellbeing, relationships, homelessness and domestic abuse. Staff at pupil referral unit trying the tools were shocked at how engaged young people were when using the Storyboard Contract tool. A family Support Worker from this unit described a boy who was at the point of being permanently excluded from school and had refused to engage in any activities that appeared like school work. Using the Storyboard Contract the Support Worker was successful at engaging the boy in conversation and a positive process of support. The Support Worker reported that the tool gives young people the freedom to make it their own without "asking for something".

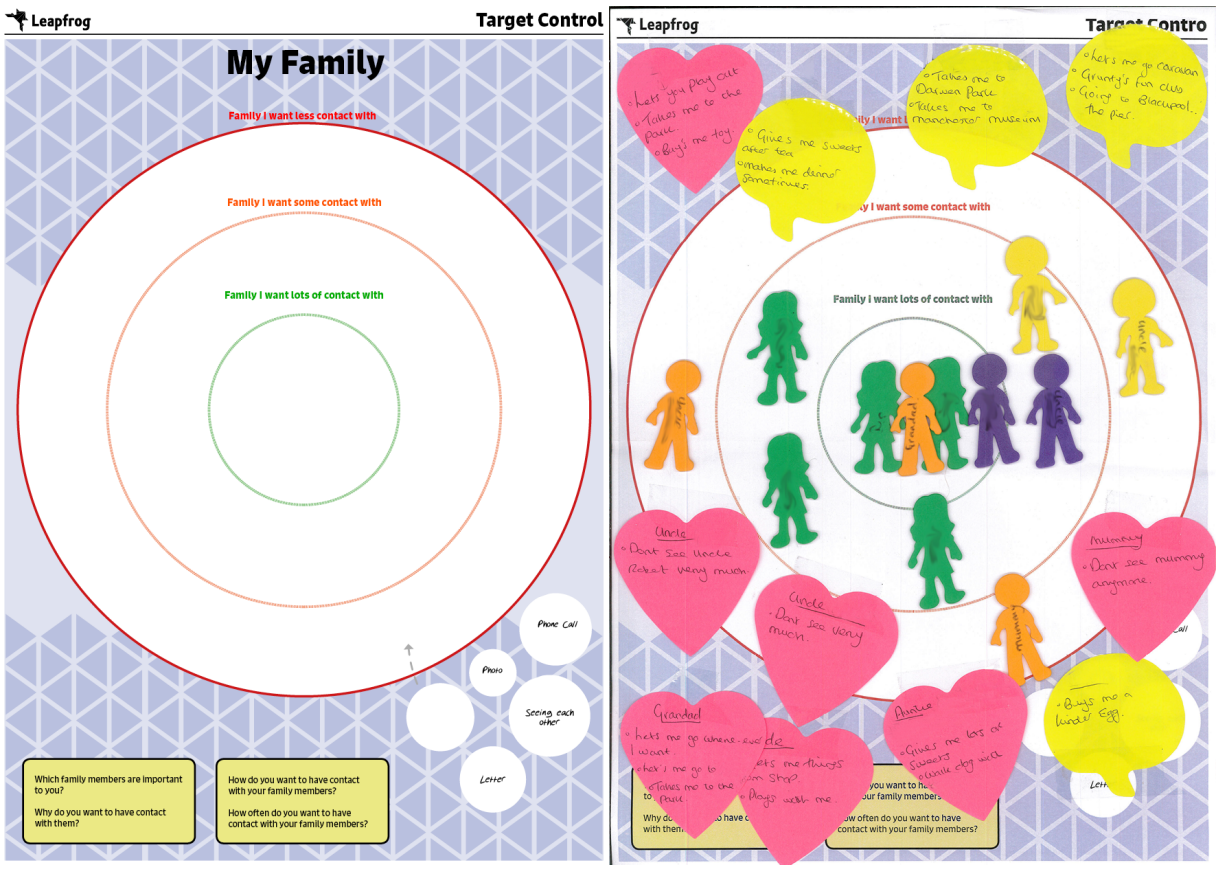

Figure 3. Target Control tool in adapted form (left) and then populated with content by support workers and a six-year-old child to identify closer and more distant family members.

The adaptability of the tools has been key to their continued use. The Target Control tool has been used in social work, teaching and by the National Institute for Clinical Excellence. In one case the tool was adapted by a Family Group Conference Coordinator and Social Worker to allow a six-year-old to visually indicate which members of their family they felt closest to after the loss of both parents (see Figure 3). The rapid adaptation of the tools and the clear outcomes it produced allowed the child's voice to inform critical decisions made about their own future, overriding contradictory account given by various adults in their life. The adaptability, effectiveness and appeal to young people of these tools was recognised in 2016 by the British Youth Council 'Youth on Board' award for Innovation. This youth-led and selected award recognises new ideas and practices that have made a real difference to how organisations work with young people.

4. Discussion

The three case studies presented in this paper illustrate the potential risks and rewards of taking a tool co-design approach to health and social care improvement. The flexibility of Leapfrog tools and their connection to the everyday practice of potential users has led to extensive use of tools and ongoing impact in various contexts. The co-design process used did not need to integrate deep understanding of the challenges practitioners face, instead it could direct the effort of participants and designers towards enabling and inspiring a range of new possible practices. As a result, the co-design process could be undertaken with limited resources, shifting many of the creative choices that make new practice successful to the future work of practitioners.

This approach is not without significant risk. In the Derbyshire Matrix case study, a heavily compressed co-design process resulted in tools that did not support or enhance the work of the practitioners subsequently encouraged to use them. Practitioners could not revisit key design decisions behind the tools and so could not adapt them in response to problems that arose during use. Our co-design participants considered the initiative a success – their experience of the process had been rewarding, and the tool was appropriate for their needs as a top-down prescription of best practice. These co-designers were disconnected from the use of the tool in safeguarding practice and along with Leapfrog researchers, were unaware of its limited utility until later follow-up research. Here the risks of a tool co-design approach are apparent, as if tools are not adopted and used in practice, they cannot result in meaningful impact.

Risks in the relevance and impact of tool co-design outcomes were also present in the Rigorous Stories and Working with Young People case studies. Here the tools produced were far more flexible and continue to explicitly invite adaptation and appropriation by practitioners. Unlike the static tools from the Derbyshire Matrix case study, tools within Rigorous Stories and Working with Young People case studies did not provide solution-like prescriptions of practice, but instead they offered adaptable starting points for practitioners (and young people) to further shape to support their engagement work. In our follow-up research we saw tools being used in ways that were not anticipated during the co-design process, resulting in greater use of the tools and greater impact from our research activities. More importantly this unlocked new creative approaches in the work of practitioners engaged with Leapfrog co-design initiatives and tools.

Taking health and social care conversations as a site for improvement could prove particularly challenging for designers. The particularity of conversations, their participants, purposes and the layers of social meaning that constitute them make designing for conversations difficult. Leapfrog's approach sidestepped some of the ethical, legal and complexity challenges of this space by focussing on tools for conversations, rather than the conversations themselves. Practitioners not only played a central role in co-designing tools, but would retain this control by adapting the tools in their future work.

We suggest that a tool co-design approach offers a means to address risks of sustainability surrounding experience-based co-design approaches (e.g. Bowen et al., 2013; Donnetto et al., 2015). Though potentially narrower in scope, the tool co-design approach allows individual practitioners to take independent action to improve their practice, without being dependant on the external resourcing. The Rigorous Stories and Working with Young People case studies show how this can, in turn, lead to broader organisational change and investment. We suggest that these impacts are best explained by catalytic effects triggered through the co-design initiative and the tools it produced, transforming attitudes towards innovation and practice as much as practices themselves. This offers less certainty of outcomes than a highly structured co-design project, but has potential for continuing and evolving impact after resourcing for a co-design initiative ends.

5. Conclusion

This paper considers the potential for co-design work focussed on the production of tools to help health and social care practitioners improve difficult conversations. The three case studies describe tools aimed at improving conversations that are difficult to make successful (unplanned conversations around safeguarding), difficult to make happen (conversations around improving patient engagement practices), and difficult in both respects (conversations to engage young people). In each case Leapfrog researchers facilitated a tool co-design approach, encouraging

participants to bring their own languages, frames of reference and perspectives to the tools, and passing as much control as possible to participants. The direct results were free collections of tools made available online, through partner networks and through sharing events. These tools intended to equip practitioners with new ways of engaging with difficult conversations, inviting them to draw on their existing expertise, experiment with and evolve their practice.

The tool co-design approach introduced distinct risks in the process, the outcomes produced and the impact of the work. Our co-design participants were not designers, and were sometimes in challenging personal circumstances, raising the risk that the tool co-design process would fail. There were also distinct risks in the outcomes of the work; tools might not be adopted by practitioners, or might offer little benefit in conversations, limiting the impact of the project. In taking on these risks one of the case study projects failed, despite appearing a success. In the two other case studies, the risk in our approach paid off, demonstrating the potential for significant impact with a relatively low investment of resources. A key feature of successful tool co-design in this work has been to ensure tools are created by those with experience of practice, and that the tools produced are flexible, allowing creative adaptation and reuse after researcher-led co-design activity ends. We found that the conversation, as a common situation of health and social care practice was also a good context for practitioners to experiment with tools and develop new ways of working. We suggest that tool co-design approach offers a means to address the sustainability challenges that can limit participation and impact of solution-focussed co-design approach, and help to bring out positive organisational change without depending on a well-resourced and structured co-design process.

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