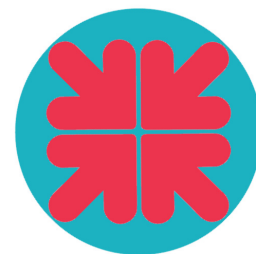


Independence days

designing for self-reliant, independent living

This is a Design Directions Plus project

Design Directions Plus offers participants the benefit of valuable input on their project from key experts and stakeholders. It will expose them and their project concept to advice, feedback and input from people who are active in the field.



DesignDirections+

In 1999, the Royal Commission on Long Term Care defined assistive technology as 'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed'. What happens when the term 'assistive technology' is unpacked, its sometimes stigmatising connotations of dependency and disempowerment peeled away? Is what's revealed the invigorating ambition for a socially inclusive approach to health and social care, based on creating the means and the conditions by which older people or disabled people of all ages, are enabled to retain independence, choice, dignity and control? Is it, in other words, the common sense notion that what contributes to health and wellbeing is what matters to life itself: companionship, material and emotional security, the opportunity to express oneself, to feed the spirit, to help and be helped.

This project seeks to reinvent the term assistive technology for the 21st century. In so doing, it demonstrates how the idea of independence and equality can be truly realised: not just through products that help people perform tasks, but through providing the means to increase and feed confidence, aspiration, participation and self-reliance.

Context

Millions of people in the UK – both young and older people – live with a long term chronic health condition. This is a condition for which there is currently no cure but controllable through medication, therapies and other means of support. Around 45% of the UK's adult population has one or more long-standing condition and the NHS spends around 80% of its budget on chronic disease. Added to this, around 80% of GP consultations relate to chronic disease and patients with a chronic condition or complications use over 60% of hospital bed days. By 2030 it is estimated that the incidence of chronic disease in the over 65s will more than double.

There are also particular groups for whom other circumstances come into play making the challenges even greater. For instance, older people who may have more than one condition to cope with as well as the ageing process itself; dementia is another

– and growing – condition that can make day-to-day life more difficult; those for whom English is not a first language; those who live in poor conditions – for these groups their medical state is compounded by their particular personal circumstances and can accelerate a general decline in their condition.

For many reasons – not least the aim of trying to create a more equitable society – it is important to consider the ways in which those with a long-term condition, of whatever type, can be empowered and supported: not just to manage their condition throughout their everyday lives, but to realise their right to have choice, retain their individuality and meet their aspirations.

What interventions, services, systems, and products within those services, might enable and support this? A shift from the medical model where the focus is often on the 'condition' with an emphasis on dependence, to a social model where the focus is on the 'person' and where capacity is developed in society to support people with different needs and abilities, is the starting point for reframing assisted living and the challenges it presents.

Designing inclusively

It is of course the case that any product or service designed to improve the independence of people whose capability is limited by a range of clinical/ social conditions should be appropriate to the needs of the person involved. But as well as being enabling, allowing people to perform tasks that they were formerly unable to do, or did so but with difficulty, they should also be pleasurable, fulfilling, desirable and aspirational, rather than simply responding to a basic need. In fact, what if they were designed in such a way that they became the 'must haves' for everyone?

So, whilst of course they should:

- increase independence and choice
 - reduce the risk of accidents in and around the home
 - reduce avoidable entry into residential and hospital care
 - reduce stress on carers
- above all, they should improve the self-esteem and quality of life of the person concerned

The role for design

As a designer you know how important it is to work meaningfully with users, other stakeholders and professionals in order to improve services, products and communications. Best practice is shaped by an understanding of people and their needs, and responds to difficult problems in ways that improve and enrich their lives.

This project asks: what can design do to increase the independence and quality of life of someone living with a long term health condition? Understanding, and making sense of the ways that people live and behave, and drawing insights from these observations is at the heart of what the best designers do – they simplify complex information and facilitate clear communication.

Brief

Propose how design can directly address the needs of someone living with a long term health condition, improve their quality of life, increase their autonomy and their ability to live independently.

This could be a service, a product, a role – but a product or role conceived as an intrinsic part of a service. Importantly, how can the proposal address the need for social inclusiveness, both inside and outside the home environment?

It is important to research and understand the condition that interests you and to bear in mind the following:

- make sure you engage with people with the condition on which you are focusing in order that your ideas develop as a result of genuine knowledge rather than assumption
- your user research should draw out the issues that really matter to the person/people with the condition (and their carer(s) where appropriate)
- your proposal should be in direct response to these issues

Long term conditions

Long term conditions are numerous and can be complex. You should therefore select one condition that you make the basis of your response to this project. It is for you to decide which condition although the following are suggestions:

Neurological conditions

Among these could be dementia: a condition that is growing and one that can make day-to-day life very difficult. Currently, 560,000 people in the UK have dementia and by 2020 this is set to rise to 750,000. Dementia is an umbrella term covering Alzheimer's disease, vascular dementia, dementia with Lewy Bodies and many other types with different causes. Common to all these conditions is short term memory loss, which makes it increasingly difficult for people to undertake everyday activities such as personal care and small domestic tasks. In addition, seemingly small things such as mislaying everyday items in the home, forgetting to turn off taps or

leaving the gas unlit can prove frustrating and can also be dangerous. Communication with others can also be affected which can lead to difficulties with relationships with friends and family

Musculoskeletal disorders

Among these could be managing a long-term back pain condition in the workplace: what might the appropriate strategies, routines or services look like that could support individuals in the workplace to address some of the difficulties this presents and enable a positive experience for both worker and employer (think about communicating with colleagues, coping with pain and tiredness etc)

Respiratory conditions

Among these could be asthma and children: how might you design particular products, services, interactions or routines that would help a child understand their condition and manage it effectively in order for them to fully enjoy and participate in normal daily activities (think about school, friendships, leisure activities, potential for being bullied etc)

Metabolic diseases

This could be diabetes and young people: dealing with a long-term condition as a 16-20 year old brings with it a range of specific challenges (for example participation in sport and other social activities). Explore different ways to improve the person's experience of these important teenage years with particular focus on their specific challenges

Sensory impairment

This could involve among others, hearing, speech or visual impairment. Your research might uncover insights into the relationship between quality of life measures and sensory impairment and lead to unexpected interventions or solutions

Older age 'impairment'

You may wish to look at the limitations imposed by age (reduced flexibility for example) and how this might impair the ability to undertake what were once routine personal care activities (haircare; manicure/pedicure for example). These things are hugely important as they support the sense of self, independence and personality, all contributors to a general sense of wellbeing

These are just some examples only and you should select a specific condition/context that you are interested in researching or one about which you have specific knowledge (personal, friend, family member etc). Remember the role of the carer as well, where appropriate, and where they fit into the broader consideration of your approach.

Context of use

You may want to develop your proposal as a response to a specific environment. For instance, it may be particularly appropriate to a particular leisure activity, travelling or shopping. If so ensure that the context – and the use of your proposal within it – is clear.

Influencing behaviour

Adapting to the constraints of a long term condition is partly a behavioural issue so you may wish to consider how knowledge from behavioural economics, which researches the way that people behave, can be invoked in the growing field of design for behaviour change. Behavioural economics¹ shows, for example, that people's behaviour is strongly influenced by the way that other people behave, that people tend to be more concerned with events in the near future rather than the distant future, and that they are strongly influenced by how a particular problem is presented to them.

Design for behaviour change² shows how knowledge like this can be used by designers to create experiences that can influence certain behaviours. This can be achieved in three broad ways; by enabling certain behaviours (by making something easier to do) by motivating behaviour (by changing attitudes or giving incentives), or by constraining behaviour (by making the alternative behaviours more difficult to do).

Research

An observation often made by doctors treating those with long-term chronic conditions is "my patients understand their condition better than I do". Therefore, it is important that you engage with a potential 'user' and their carer(s) where appropriate to ensure your response is rooted in real experience.

Your research should identify the issues relevant to the specific context you have chosen and build on what you learn from others – or your own experience (you may live with a chronic condition yourself or know someone among your friends or family who does).

Your 'user' group

Nothing will give you greater insight into the issues about the condition you select than speaking to those who live with it (and, where relevant, their carers). This tangible human dimension needs to be added to your research and it will help you generate your own insights and understanding of those for whom you are designing. Explore forums and support groups as another way of enriching your knowledge. Find out as much as you can about what concerns people, what is important to them

¹ A good reference is Behavioural economics: seven principles for policy makers: http://www.neweconomics.org/gen/z_sys_publicationdetail.aspx?pid=213

² A good reference is the Design with Intent Toolkit: <http://architectures.danlockton.co.uk/2009/04/06/the-design-with-intent-toolkit/>

and what would improve their quality of life. Listen carefully and resist suggesting solutions immediately; assess their priorities, needs and expectations first. You will benefit from involving them in co-designing your proposal as much as possible.

Submission details

Design Directions Plus offers participants the benefit of valuable input on their project from key experts and stakeholders. It will expose them and their project concept to advice, feedback and input from people who are active in the field.

How it works

1 Hand in – You will have an extension on the usual hand-in date for Design Directions projects:
Friday 8 January 2010

At this stage you will need to submit:

- an A4 typewritten executive summary which includes:
 - a clear statement of the problem/issue and how you identified it
 - b details of your proposal
 - c how you conducted the research, the users you have consulted, and how it helped you understand the issues and how this led to your proposal – this could be a mix of visuals and words. It may also be in the form of a journal, a blog, or a video diary but it must be easily accessible for judging purposes
- a sketch development book
- A3 format concept board(s) illustrating your proposal and how it improves on what is currently available
- A3 format user-centred storyboard/scenario board(s) showing interaction with your design, what makes it accessible, user-centred and appropriate, annotated with other details, such as technology, and how it might form part of a broader service. Please put RSA labels on the back of all boards

Please put an RSA label on the back of all work submitted

2 Shortlist Once the preliminary judging is completed, shortlisted students, whose projects are deemed to have potential for development, will be invited to take part in a one-day expert-led workshop. Here you will have the unique opportunity to work with key stakeholders in the project area in order to develop the project into robust, meaningful and user-centred outcomes. All reasonable costs will be covered

Likely to be during the week of 22 March 2010 (this may change)

3 The final stage will be a presentation of the developed project to the judging panel.

Candidates will be given details of what is required nearer the time

May/June 2010

Schedule

Dates for submission of entry forms, fees and work

Thursday 19 November 2009

Deadline for Entry Form(s)/Fee(s) for all projects

(including *Directions Plus*)

Entry Forms/Fees should be sent under separate cover

– **not** with your entry – to:

RSA Design Directions Registrations
8 John Adam Street
London WC2N 6EZ
UK

Monday 16 November
– Friday 11 December 2009

Submission period for all project entries

(except *Design Directions Plus**)

Entries will be accepted at Brooks Transport Services Ltd on any weekday within the dates stated between 08:00-18:00, excluding weekends and bank holidays. Entries arriving after 18:00 on Friday 11 December 2009 may not be accepted

Please remember that all entries should be sent or delivered to:

Brooks Transport Services Ltd
Unit 2/15
Second Avenue
Bluebridge Industrial Estate
Halstead
Essex CO9 2SU
UK

All Entry Forms/Fees should be sent or delivered to:

RSA Design Directions Registrations
8 John Adam Street
London WC2N 6EZ
UK

**Design Directions Plus* – Submission date for entries for these projects is:
Friday 8 January 2010