

Designing for mind shift in management and policy

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Abstract

Managers of welfare organizations develop services, which do not sufficiently take citizen perspectives into consideration. The result is often even more services, need of coordination and an increase of tax-payer funded expenses. This proceedings paper presents and discuss a full-scale experiment called Borgerdesign Aarhus (Citizen Design Aarhus) with the ambition to change this game. Citizens are experts-by-experience and co-designers in the experiment, aimed at facilitating systemic change at the policy and strategy level. Through multi-sided ethnography and design processes, facilitators, citizens and managers take a deep dive into big societal problems, like anxiety and diabetes from several perspectives. The design team seeks to balance the stakes of multiple perspectives and introduces new types of partnerships, encouraging new management actions.

Three tensions transform the citizen design process into *citizen designing*; the required team diversity of knowledge and expertise, the wish for designing within and beyond hierarchies and the ambition of balancing design and bureaucracy. The primary outcome of citizen designing is learning through new types of actions, which challenge the mindset of top managers in the participating public welfare organizations. Citizen designing facilitates mind shift. The paper concludes with next steps in terms of anchoring and scaling the experiment.

Introduction: How to lead from multiple knowledge domains?

Nothing about me without me.

Do not ask: what is the matter with you?

Ask: What matters to you?

Patient centered care.

Citizen centered services.

These one-liners have been said still more intensely over the past years in public welfare organizations within healthcare and the social services. To meet these aspirations, managers develop shared decision making tools and user-driven treatments and services. However, managers still struggle to integrate the voices of the citizens, e.g. the patients and relatives. The struggle comes in many colours and shapes, see Figure 1 below. Most commonly citizen or patient stories are shared at conferences or workshops to touch and inspire managers to initiate change. When managers put even more effort into leveraging the citizen voice, citizens or patients are interviewed by anthropologists or welfare professionals about their needs and preferences to inform relevant change. When becoming part of the organizational structures, citizens, patients or ex-patients are part of committees that advice strategy work in the organizations. At more advanced levels, moving into R&D, are citizens or patients as part of design teams where their knowledge about user or patient needs are crucial information for the designers of new products or services. In the most extreme forms, citizens and patients act as lead users, who have already developed radically new solutions to their problems, even before the organizations or industries have realized the need or the solution.



Figure 1: Levels of integrating citizen voice

But still, citizens and patients are not acknowledged as experts due to their lived experience. The result that we are witnessing is that managers of welfare organizations keep leading and developing services with the organizational and professional knowledge domains as departure points and dominant perspectives. Services, which do not sufficiently take the citizen or patient perspective into consideration. Managers describe these services in structural or professional terms and take professionals' working hours into account. These services have professional knowledge and organizational structures as departure point for action and often result in even more services, need of coordination and increasing taxpayer funded expenses.

It is well known how welfare organisations struggle to collaborate smoothly across sector borders, even if they take care of parts of shared citizen pathways. If the answer to the question of how to collectively support people better in living their life is not new services from the professionals within the organisations or new services, based in a different mindset, what are the consequences for the task and role of public managers and organizations? The current proceedings paper presents and discusses a full-scale experiment with the purpose of addressing this tension and change the game.

The case; Borgerdesign Aarhus

Veale (2014) address the dream and ambition of establishing and studying a full-scale business case, where all relevant parties join forces regarding a shared strategic concern. He mentions examples of initiatives, which to his knowledge come closest to the dream; our Danish colleagues MindLab, with a trans-ministry board and design team. Furthermore, he points to Healthcare Innovation Lab in Helsinki and the DesignGov in Australia. The authors of this proceedings paper are so lucky and so challenged to present a case experiment, which is a full-scale business case. The

experiment is called Borgerdesign Aarhus, the later referring to Aarhus, the second largest city in Denmark (and by the way European Cultural Capital of 2017).

For the first time in Danish welfare history, the primary sector in Aarhus (municipality-based health and care, general practitioners, the social affairs and employment authorities, and the children, young people and family sector) have joined forces with the secondary healthcare sector (the somatic and psychiatric university hospital of Aarhus, Central Denmark Region) in a cross sectorial management team. The six CEO's and their staff share the aspiration to collectively transform how citizens are supported in handling difficulties and illness in their life¹. The task of Borgerdesign Aarhus is to acknowledge citizens as experts-by-experience and co-designers in a design team with the task to inspire and facilitate systemic change at the policy and strategy level. The purpose of the experiment is to motivate change by challenging managers' assumptions into a new decision making framework. This is done by understanding life from a citizen perspective. In the life of citizens, the public service suppliers only take up one part of the circle, see Figure 2. The citizens do not differentiate between the different sectors, departments or offices. Instead people are concerned about their family and friends, their work place, education, hobbies, and of course things others don't even know of, if they don't ask and listen.

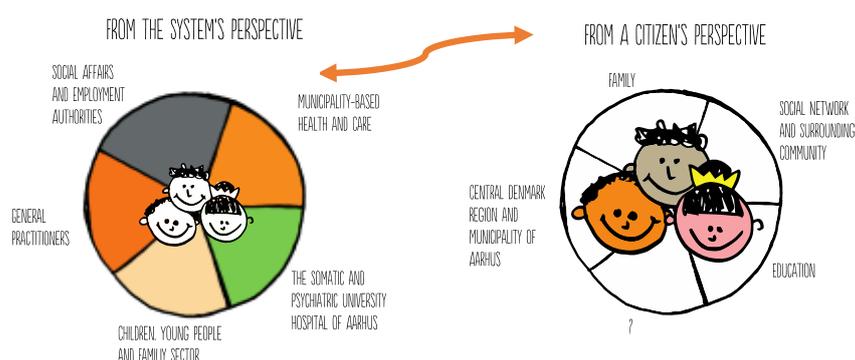


Figure 2 Building in the empathy

The Citizen Design Process

In the Citizen Design process, the design team have citizens and managers from public welfare organizations, as well as people from the educational institutions, local companies and civic society be part of exploring and experimenting with big societal problems, like anxiety or diabetes. The key principle is to build in the empathy with life from a citizen perspective to force managers' mind shift in all steps of the Citizen Design Process, see Figure 3.

¹ In Denmark welfare services like healthcare and social services are tax prepaid and we have equal access to help, treatment and care.

Planning phase and setting the theme

Citizens are on the design team right after the planning phase, where the cross sectorial management team sets the theme (0. Planlægning & Tema/Planning & Theme).

Collective understanding and problem framing

Citizens are part of exploring **what** the problem at stake is (Hvad skal vi løse?) by investigating the problem, framing it and formulating opportunity spaces (1. Sammen om at forstå/Collective understanding & 2. Sammen om at definere/Collective framing).

Co-creation and co-testing

Citizens are also part of exploring **how** to solve it (Hvordan skal vi løse det?) by being part of generating ideas and testing them as well as in reflecting on the whole project (3. Sammen om at udvikle/Co-creation & 4. Sammen om at teste/Co-testing).

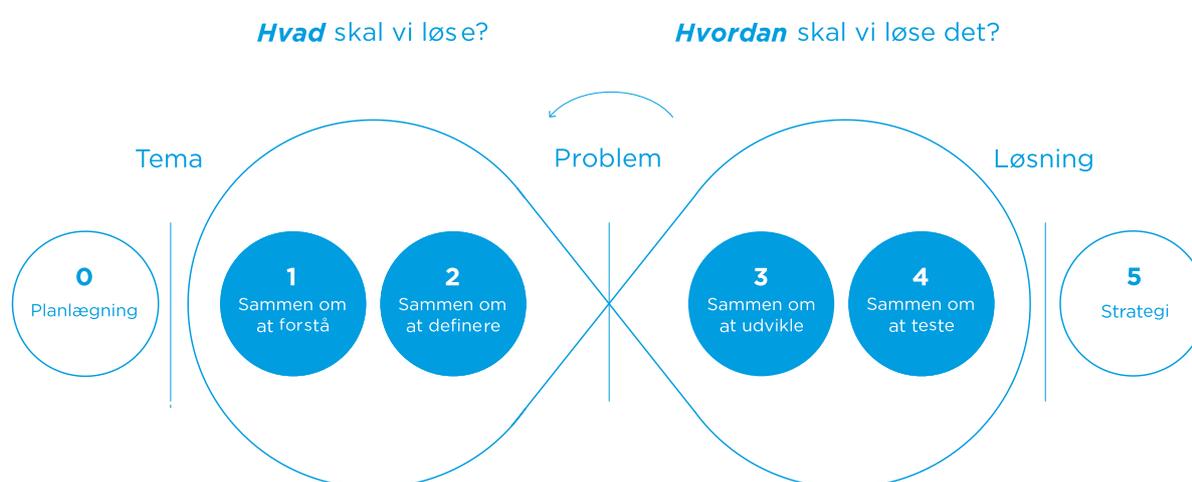


Figure 3 The Citizen Design Process

This means that citizens with lived experiences are part of all aspects of the work in Borgerdesign Aarhus. Firstly, they bring in their lived experience, secondly they enter the design team as co-designers. All professionals get their salary, also when they participate in innovation and design processes. But citizens usually must take time off their own work to be able to participate. Part of the experiment is to pay citizens for their participation in the design processes. This is a democratizing acknowledgment of their investment of time and expertise, even if they are on sick leave or unemployed.

With this task and ambition, it feels like coming home to find this RSD community of people engaged in systemic design. The design team in Borgerdesign Aarhus is aligned with the RSD community in the aim of creating a shared frame of reference and seeing problems in a broader context as well as the struggle to visualize alternatives and to challenge boundaries. In order, not to approach this ambitions as an abstract and methodological issues of design tools and new

management perspectives, let's in the next sections invite some real-world problems on stage; the specific project within the case experiment.

The project: Young adults living with psychological vulnerability

The task of collective transformation at the policy and strategy level must be approached through practicing. Managers as well as designers need to practice acting from a different mind set by working with a specific topic or issue of concern. In the first round of Borgerdesign Aarhus, the cross sectorial management team asked the Borgerdesign Aarhus team to work with the theme "anxiety". Why the need for systemic change with regards to anxiety? The theme has become a reoccurring issue in the cross sectorial management team, as the general practitioner (GP) keep sharing stories of young people, suffering in different ways from psychological vulnerability turning to their GPs for help and advice. In university cities with many young people, 25-30 % of GPs' consultations are concerning issues of psychological vulnerability. From the GPs' points of view, the answers might not be medication or psychotherapy. However, they can't succeed in exploring alternative ways of helping these young people within 8 minutes, the typical time frame of a consultation in Denmark. When the GPs raise this theme in the cross-sectorial management team, it is cry for new ways of collaborating in supporting people in need of help.

Anxiety has turned out to be one of the most invalidating and expensive conditions in the Danish society, leaving a lot of citizens in deep pain and just as many professionals bewildered in how to approach and deal with the problem. Quite early in the work, we started focusing on young people, as 75 % of all psychiatric or psychological problems debut during the teenage years. Still more young people report experiencing stress, anxiety, loneliness and self-harming behaviours. Furthermore 8 % of the 25-29 year olds are out of job or education, costing society up to 15 billion DK kr.

Part of the citizen design process is also moving away from *populations*, e.g. the 18-23 year olds. Instead the exploration focuses on *situations*, e.g. being a young adult. This period in life is vulnerable due to the neurologically immature brain, which does not cope well with neither stress, nor alcohol and lack of sleep. Young adults move away from home and their parents, often to another city, must make a lot of choices, seeking an adult identity and managing their social life. It is thus a natural part of life as a young adult to experience being vulnerable. Therefore it is also a period of life, where you are at risk of becoming ill.

The cross-sectorial management team in Borgerdesign Aarhus share the concern for the young adults, and they are looking for ways of doing something differently to help or even better to prevent the vulnerability becoming illness.

Part of the citizen design process is moving from the illness or deficit perspective, in this case the anxiety diagnosis, to the lived experience of being psychologically vulnerable. Hopefully this change of focus will help preventing some young adults from developing a psychiatric illness from being psychologically vulnerable. It is not a criterion to be an expert-by-experience or to become part of the design team that a young adult has the anxiety diagnosis. The criterion is whether they have experienced or are experiencing being vulnerable.

The young adults do not recognize the symptoms they are experiencing as something related to psychological vulnerability. They do not see themselves as vulnerable. When they become so ill that others suggest they need help, they often go see their general practitioners believing that they need a diagnosis and some treatment. They might be right. At the same time, we know that complex problems like psychological vulnerability are a mess of health and social issues. This means that it

is often not enough to adopt an individualised treatment, if such exist within healthcare organizations. You also need to adopt a whole life perspective, looking at ways of living, relationships, housing, money, health and dreams.

We approach the task of combining and balancing the healthcare and social perspectives with the citizen perspectives in three deeply intertwined steps: Dive Deep, Balance the Stakes and New Partnerships.

Dive Deep into the complexity of the problem

The challenges in welfare areas like healthcare and social services are old and wicked problems as they are human-centered (Ingerslev, 2014). Therefore these problems need reframing. Any new service or solution will imply unintended effects in other parts of the organization or within other sectors. Borgerdesign Aarhus aim at reconfiguring the boundaries of the problems (Aakjaer 2013). This is done through a multi-sided ethnography, exploring problems from the perspective of the citizens as well as the involved managers. The process of collective understanding looks for possible combinations or elements of already existing ways of dealing with e.g. anxiety and psychological vulnerability in young adulthood – especially outside the public welfare organizations. The task is to encourage multiple perspectives and scales in looking at the problem.

Balancing perspectives in hybrid problem framing

The next step is to acknowledge and seek to balance the multiple perspectives on complex problems as well as solutions, addressing the pain and gain of the citizens as well as the pain and gain of the managers (Collective problem framing). When using methods like emotional map and customer journey, it is from only one perspective, the citizen perspective and thus not balancing perspectives. However, when doing the same thing with the managers and laying the two perspectives on top of each other, an interaction is initiated, which balances more perspectives. The citizen pain mirrors the managers' pain. In this process, deep learning unravels about the multiple perspectives on the problem.

This leads to a hybrid framing of the problem, which centers the citizen perspective. The ambition is to challenge the mindset of the six CEO of the participating public organizations. Ryan (2014) argues that a key argument for thinking in systemic terms is the interdependence between the parts of a whole within a specific environment and context. When establishing a cross-sectorial management team and the Borgerdesign Aarhus experiment, these actions could be viewed as an acknowledgement of this interdependency. However, the establishment of the interdependent organizational structures is not a guarantee for the managers to act accordingly. The interdependency at this point appears as an espoused theory, bounded by for example economical logics. The minds might not have shifted from “us and them” to a collective “we”.

Action through New Partnerships

When Ryan (2014) talks about mindset as values and habits and argues that mindsets change slowly, he emphasizes the struggles Borgerdesign Aarhus is facing. Mindset cannot be taught, but repeated experiences with new approaches can generate reflection and modify behavior and in the end, enact new values and form new habits. This line of systemic design thinking is reflected in the Citizen Design Process, focusing on reframing the problem and acting in new ways as part of creating the shift in thinking (Ingerslev, 2014)

It is essential for a deeper understanding of hybrid problems and balancing perspectives that is not only an intellectual, theoretical, abstract and cognitive exercise. The design team must find

concrete expressions of the perspectives and balances in actions, which can provide managers experiences with these understandings in practice. The Citizen Design Process must facilitate managers moving between strategy and practice. These actions are called New Partnerships to emphasize that the mind shift is all about people, in exchange with each other.

The New Partnership in this case is between a manager from one of the six participating organizations and an expert-by-experience, a young adult experiencing psychological vulnerability. The New Partnership is formed as an equal relationship, where both parties contribute with each of their kind of capital. The young adult offers his lived experience to the manager. In doing so, the pain of living with psychological vulnerability is transformed into a knowledge, the young adult possesses. He becomes an expert-by-experience and the pain is given meaning. At the same time the manager is an inspiring adult, whom has succeeded in life, despite all the naturally occurring ups and downs. The young adults in this sense borrow some of the managers' resiliency. The managers engage in a relationship with the young adult to learn and challenge own thinking and problem solving strategies. This is a key to build in the empathy and thus transforming the way managers and organizations collaborate and view their own task and role in supporting citizens in need.

These three deeply intertwined steps of Dive Deep, Balance the Stakes and New Partnerships form the elements of citizen designing. It is no longer the name of an experiment, Citizen Design Aarhus. It is rather a verb, citizen designing, pointing to an ongoing meaningful practice, which is applicable to virtually any manager, confronted with complex problems. Citizen designing is the mindset guiding all future actions, aimed at establishing equal relationships with the citizens, whose lives are at stake. See Figure 4 below. The move from Citizen Design Processes to citizen designing has not been without tensions.

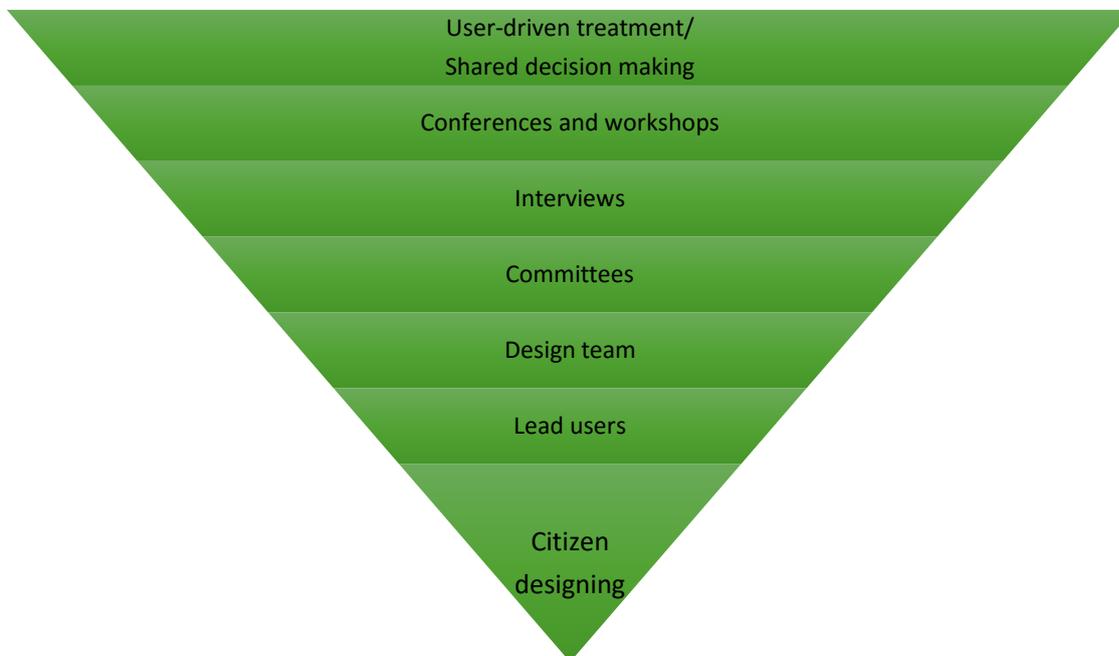


Figure 4: Citizen designing as mind set

Tensions in the move from Citizen Design Processes to citizen designing

At the outset of the experiment Borgerdesign Aarhus, the design team agreed not to invest too much energy in developing new methods and tools. The conviction was that the task of facilitating transformation through Citizen Design Processes at the policy and strategy level would be sufficiently challenging and time consuming. There the cross-sectorial management team and the design team agreed to apply well tested design approaches in the experiment. With this choice came a hope of easing the way for an infectious spread of methods and approaches to managers and employees in the six organizations. Therefor we began using the double diamond design phase model, see Figure 3. In this model, it is apparent that the design process does not end with a solution to the program. The design process leads to the phase "strategy", which is where the input from the Citizen Design Process, including the citizens as experts-by-experience and as co-designers, aims at facilitating change at the policy and strategy level.

The primary outcome is learning

In working with the young adults, it has become obvious that the Citizen Design Process is fruitful in unexpected ways. The design team did expect that the participation of young adults living with psychological vulnerability in the design process would provide useful insights and sparring – although the strength and scope of their contribution was unexpected. The young adults are not only vulnerable, but also full of resources and cope well in participating in analytical and co-creation processes, with reaches well beyond their own case and experience. They challenge hypotheses and their presence sharpens the vocabulary at use as well as the discussions. However, what was not expected was, how participating in Citizen Design Processes gives meaning to the suffering, the young adults have experienced. They are energized by knowing that their story is useful in transforming systems and thus helping future young adults with vulnerability.

Diversity of knowledge and expertise in the design team

During the process of establishing Borgerdesign Aarhus, we entered a field of great tension, of many tensions. Ryan (2014, pp. 6-7) argues how designers seek out different perspectives, which generates tensions that are both the creative engine of innovation and a potential source of escalating conflict and team disintegration. These cognitive tensions must be mediated. Examples of these tensions are balancing:

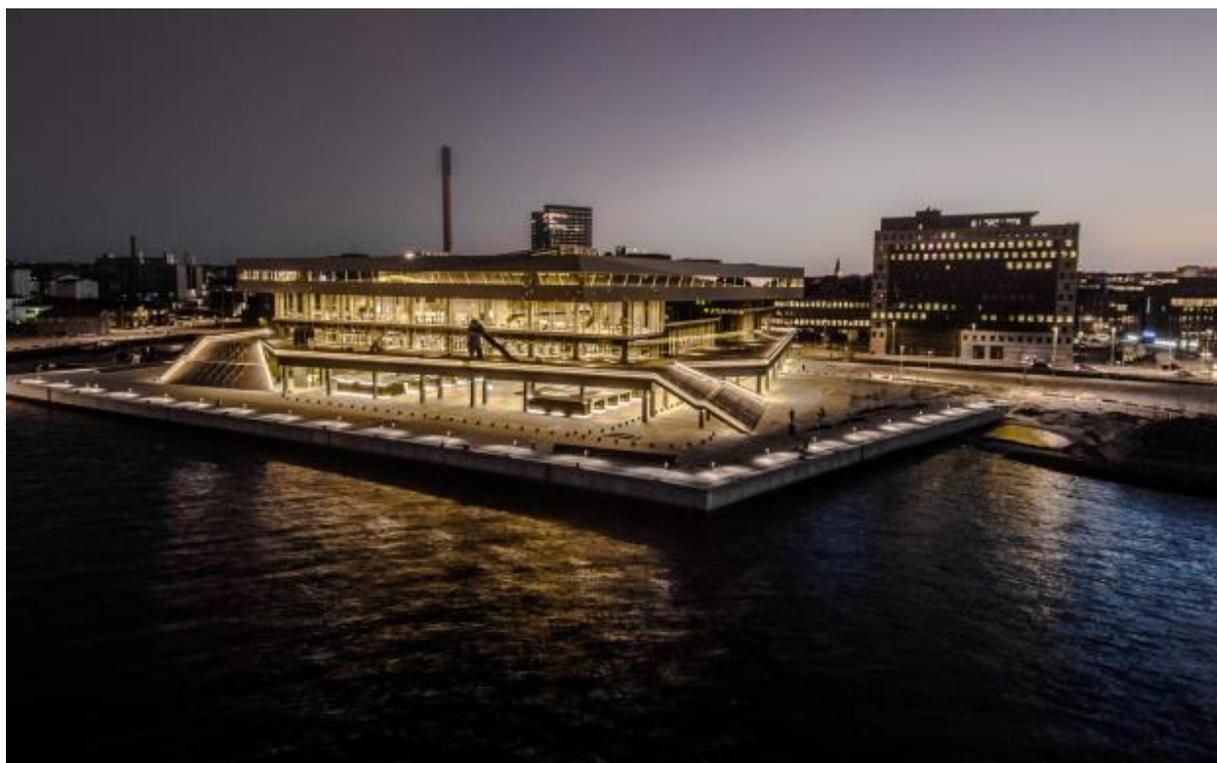
- Inquiry and action
- Being (current state) and becoming (potential futures)
- Mind (mental models) and world (actual events)
- Top-down and bottom up
- Is (descriptive) and ought (normative)

We encountered a different kind of cognitive tension or ambivalence: Who are the experts in how to create welfare? Who possess knowledge? What kinds of expertise are legitimate? And following this; Who should be part of the design team? This tension between citizens on one side and managers and employees on the other is mediated by stating that both are types of experts and thus part of the design team.

Designing within and beyond hierarchies

In the Borgerdesign Aarhus experiment, a lot of energy was invested into finding the right place to work. This was only done for practical reasons; the need of a place to sit, interact and document. "Place" also becomes relevant in terms of navigating and mediating between the six participating organizations. Veale (2014) describes a cultural tension between classic hierarchical bureaucracies and design teams and methodologies. The cultural tension here is that the design approach allows

for ambiguity and nuances, where large bureaucracies aim for stability, hierarchical, formalized, briefing notes, templates and what is often regarded as "silo" activities and knowledge. The Citizen Design approach in Borgerdesign Aarhus could thus be threatened, if the experiment was hosted within one of the organizations. The primary focus must be on challenging the mind sets of the CEOs by taking on the perspectives of the citizens, the educational organizations, the work places and the civil society. Furthermore, the place to work should not be within any of the six organizations, as the experiment is not owned by one stakeholder, but by all. The choice of place became DOKK1, the local award winning public library, where the Aarhus municipality already has rented a large space for innovation and where capacity is not yet utilized. See Picture 1 below.



Picture 1: DOKK1, the public library in Aarhus

There has also been put a lot of energy into anchoring the experiment within the six organizations. The initial idea was to engage on a regular basis with the six CEOs as they meet anyways in their cross-sectorial management team. However, they don't seem to appreciate being part of unfolding processes, but rather prefer to make decisions. There the design team is now primarily engaging with the appointed steering committees, organized below the cross-sectorial management team. In terms of information and sparring on a day to day basis, two managers are appointed to support the experiment, one manager from Health and Care in the municipality (the primary sector) and one manager from the hospital (the secondary sector). However, when the ambition is to challenge decision making processes in the cross-sectorial management team with new perspectives, the citizens perspectives and those of stakeholders outside the systems, what might the best anchor for an initiative like this be?

Balancing bureaucracy and design

How is it possible to make sense of the cross-sectorial management team rejecting the design input? The question is of great importance, as the design input holds the reflection and learning elements of the experiment. This question address the bureaucratic ambivalence towards design and the designers' ambivalence towards the bureaucracy. Veale (2014) argues that policy development is often based on hard systems methodology. These methodologies are efficient when applied to knowable problems and in converging solutions. The thinking is rather linear and depends on expert silos and expert knowledge depth.

When the context of a problem like psychological vulnerability implies unintended consequences in many different arenas, there is a need for a new framework for problem solving; a framework with both knowledge depth and considerations of contexts. This means both the bureaucratic hard systems methodology and the designers soft system methodology are needed in the new framework. Citizen designing the managers mind shift leads to new kinds of strategies and solutions, and in this sense to new hard methodologies.

For decades Tushman and O'Reilly's studies of ambidextrous organizations have shown that successful businesses can both exploit mature technologies and processes, where efficiency, control and incremental improvements are prized and compete in new technologies and processes, where flexibility, autonomy and experimentation are needed (1996). The ability to hold these two seemingly opposites: exploitation and exploration might also apply to the ability to balance bureaucracy and design as the two opposites are world class when together in synergy.

Citizen designing facilitates new actions and mind shift

The design team and citizen designing can only give managers advice and show options available. It is the managers at the top of bureaucracies, who must enact the systemic change. The cross-sectorial management team might hope for concrete solutions to problems like anxiety. This is not the case. Citizen designing can however provide a testing field for the managers; a space for practicing new ways of approaching problems together and new ways of supporting solutions in other arenas than the public welfare organizations. Citizen designing facilitating mind shift is illustrated in Figure 5 below.

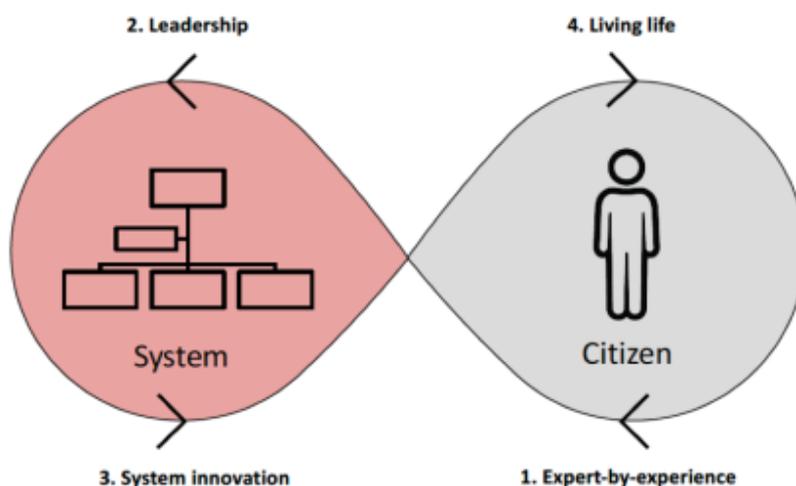


Figure 5: Citizen designing facilitating mind shift

Step 1 is to engage with citizens in the role of experts-by-experience as described in the Citizen Design Processes. Step 2 is to provide insights from this work to managers, who then can ask new types of questions: how might we do this or that? Do I need to take on a new role? Does this transform my task as a manager? Should I be more supportive and allowing for new kinds of collaborations and solutions, emerging outside my own organisations? Step 3 is searching for answers to these questions with managers from across sectors. This build empathy into policy making. In the end, this question is what the mind shift is all about, in the aspiration of better supporting people living their lives (step 4).

Next steps; anchoring and scaling

Borgerdesign Aarhus will in the coming year hopefully move from one municipality (Aarhus, 300.000 inhabitants) and one hospital to the regional level (Central Denmark Region with 1,3 mi. inhabitants). This will scale the experiment to 5 hospitals and 18 municipalities, all of which are part of the same political health agreement. The learning from this work will be presented at the next RSD gathering in Oslo 2017.

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