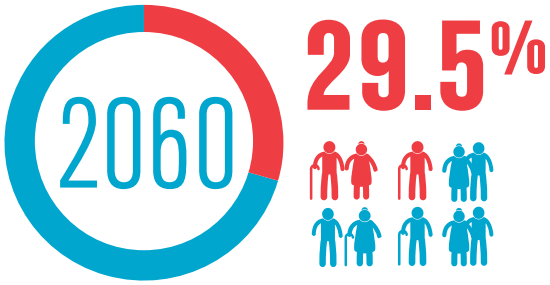
OUR CHALLENGE: AGEING EUROPE

In 2010 the share of persons of age 65 or older was 17.4% in the EU countries.



In 2060 the share is anticipated to be 29.5%.

Demographic ageing is one of the major challenges Europe is facing in the coming decades. In 2060, the share of people over 64 years is anticipated to be almost 30% of the EU population. This will increase the burden on social and health care sectors, meaning that less people will be active in the workforce. The project **Design Led Innovations for Active Ageing (DAA)** brought together eight cities that were seeking sustainable solutions for demographic ageing. Innovations for senior care were developed through service design. The partner cities concentrated on different problems, learned new methods of innovation and gained a deeper understanding of senior care problems.

WHAT IS SERVICE DESIGN?

Service design is a methodology of improving the quality of services and processes as well as innovating new ones.

Service design brings the users' point of view to innovation processes. Taking a design approach ensures that solutions meet the needs and demands of the users. These include not only customers or end-users, but all the people involved in the ecosystem, such as stakeholders and staff who provide the services.

Involving users and stakeholders

Service design is adaptable to different situations or problems. The method is ideally suited for organizations in the public domain; those that provide important services and work in different, often complex, contexts.

Service design is a holistic approach that considers all the factors that influence the context in which a service is rendered. The design process starts from observing the prevailing situation and identifying problems. To determine new solutions, service users and other stakeholders are involved in the innovation process from the onset. This is called "co-designing" or "co-creating".

Interdisciplinary ideation and development

The service design process includes distinct phases such as mapping stakeholders, ideating, and prototyping new practices. Feedback from stakeholders is gathered in every phase of the process to accommodate new insights in a continuous cycle.

In the end, service design should become a specific way of looking at day-to-day service delivery. Service design is a process of constantly analysing, defining, and re-evaluating your service and searching for ways to improve it. "Design" should always be a verb.

User-centered

Service design aims at delivering services that meet the needs and the demands of users. The methodology acknowledges humans as drivers of service innovation and focuses on gaining insights from users.

Contextual and diverse

Service design looks at the complete experience of how the service is delivered. Interdisciplinary work groups include all kinds of insights and forms of expertise – even contradicting ones.

Stakeholder involvement

Stakeholders participate actively in the process, which also helps strengthen their future commitment.

Dialogue tools

Dialogue in co-design workshops and brainstorm sessions is encouraged to inspire new ideas and explore different options.

Visualisation

Often ideas can be communicated most effectively when they are visualised into drawings, models, schemes, or icons. Visualisation is not just reporting, it can simplify complex ideas during the process.

Iterative process and feedback cycle

Often the process must be reassessed to accommodate new insights in a continuous feedback cycle during the design work.

Prototyping, trial and error

Just as in product design, services can be prototyped and tested, using research, analysis, trial and error testing, and simulations.

daa design-led innovations for active ageing
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ALZHEIMER'S - USING SERVICE DESIGN TO IMPROVE LIVES

WHY

User-centered solutions for Alzheimer's patients

The region of Catalonia has many initiatives related to Alzheimer's disease. Similar to most cities, these programmes offer information about the disease as well as psychological and emotional support and networks. However, it is often not clear where to get help and support after a diagnosis. In addition, it can be difficult to engage patients and families in a consistent manner within a framework of disparate systems.

Ageing population and economic cuts on health and social services increase the demand for cost-effective and user-centric solutions. Rethinking of services and service design is required within this urgent context.

GOAL

Catalonia needs an efficient service model

The design study driven by Barcelona Design Center (BCD) sought to provide a social service model resulting from embedded design to help senior citizens suffering from dementia. Social and healthcare practices in Catalonia needed to be optimised in a cost-efficient model.

The services and solutions must be equipped to sustain themselves and expand in an organic fashion—which means that they must be user-centric as a design principle.

Our aim is to create a social service model that is self sustainable and covers the unmet needs of the senior citizens suffering from dementia and all the stakeholders involved.

METHODOLOGY

Inside out design—patient centric service design that considers all disciplines

The project combined the expertise of different stakeholders, including patients and their families, senior care specialists, service designers, policymakers, and universities. The team spent time in hospitals listening to and learning from patients and their families—how they felt about services, and what would have the biggest impact for them. The project team knew that this must guide the process and the solutions.

This user-centric approach was strengthened by collaborating with experts across disciplines such as psychology, engineering, PhD students, and others to consider all viewpoints. This included prototyping and testing diverse concepts and ideas.

Different design methods were used to approach the problem. These included ethnographic interviews, a co-design workshop with all the stakeholders, and an online tool to involve stakeholders. A stakeholder map was created to help identify and bridge the array of services and parties and to create synergy. The team organised a two-day workshop together with project partners including other European project teams. This workshop aimed to generate a wide range of ideas that would address the unmet needs of patients and their carers.

RESULTS

Balancing needs with economic constraints—enabling efficiency through intelligent service design

It is important that the new service models not only meet better the needs of the stakeholders, but also contributes to the sustainability of the public system. Allowing an Alzheimer's patient to stay at home as long as possible, extending the autonomy of the patient, and supporting those caring for the patient will minimise the use of public care services and improve the quality of life for the patient.

Importantly, the model must attract new stakeholders (such as universities and investors) to participate and allocate more resources in the services. This integration will make the model more sustainable and valuable.

WHAT'S NEXT

Streamlined service access to create a cohesive services community

The design team created a new inclusive system that integrates several services under one model. One of the new services is the creation of facilitators that interpret the unmet needs of the patients and offer guidance and emotional support to the patients and families.

The integrated service model allows the patients and families to have one unique access point to all services. This access is possible through the GPs or by a digital platform that integrates the services proposed.

The project is now entering the phase of co-creation sessions with different stakeholders to test the viability of the model and its possible implementation.