Co-design adaptions during COVID;

a workshop to share experiences and explore what was lost and gained

22nd June 2022, 10am - 4:30pm

The White Building, Sheffield, UK

Directions

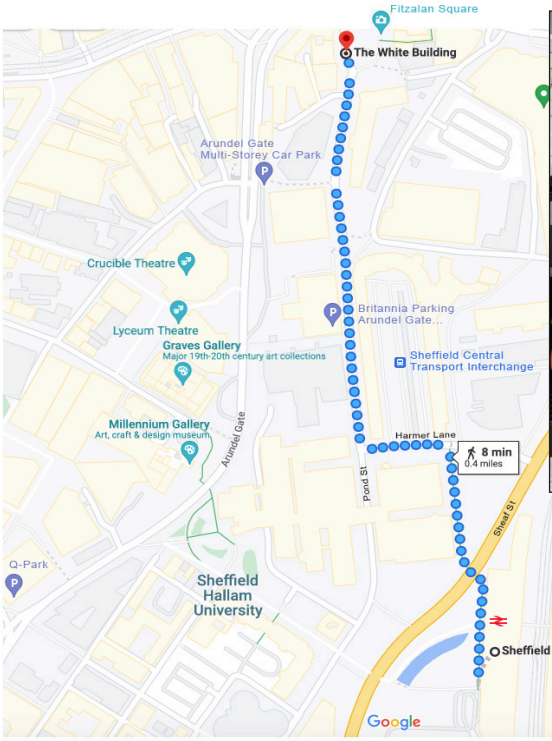
Our venue for the day is The White Building, 10 Fitzalan Square, Sheffield S1 2FH.

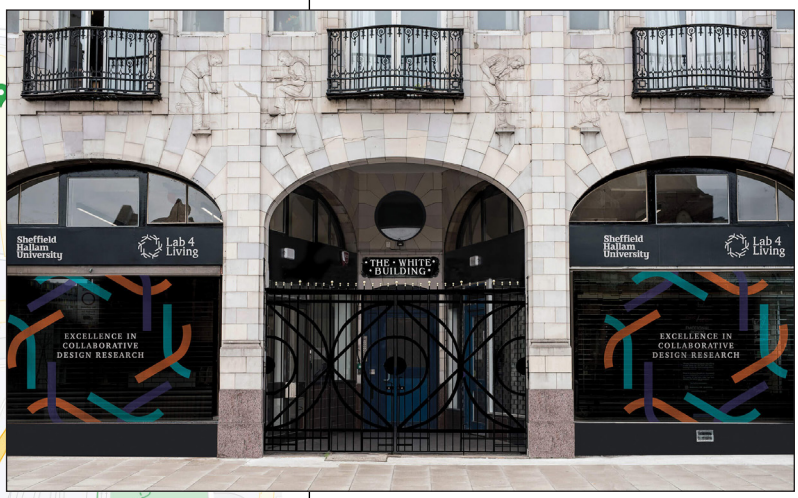
For those cycling in, there are plenty of cycle lock sites around Fitzalan Square. If you are unsure, come to The White Building first, and one of us can direct you.

For those travelling from outside Sheffield to join us, we would encourage you to travel by train. The White Building is 8 minutes walk from the station. You can find a map below with walking route from the station, alongside an image of the venue entrance.

If you are travelling within Sheffield by bus, you can take any bus that stops at the main bus interchage. This is a stones throw from The White Building, marked on the map below.

If you travel by car, parking facilities close to the building are limited. A couple of the closest car parks are indicated on the map below. We are unaware of the various fees and time limits althrough most will allow full day parking. Full addresses, with appropriate post codes for SatNav purposes, are:
- Britannia Parking Arundel Gate Multi-Storey Car Park - 11A Arundel Gate, Sheffield, S1 2PN.
- Britannia Parking Sheffield Arundel Gate Car Park, Pond St, Sheffield S1 2PN
- Q-Park Charles Street - 72 Charles St, Sheffield S1 2NJ





Agenda

09:30	Registration opens
09:45 - 10:00	Welcome and introduction
10:00 - 10:40	Keynote: Prof Kate Sellen (OCAD)
10:40 - 11:00	*break (room setup)*
11:00 - 11:10	Activity structuring
11:10 - 11:30	Values of co-design
11:30 - 12:00	**Story sharing** *
12:00 - 12:30	Story prompts
12:30 - 13:30	*Lunch*
13:30 - 14:00	Theme identification
14:00 - 14:40	Learning & insights
14:40 - 15:00	Reflection
15:00 - 15:20	*break*
15:20 - 16:00	Community of practice

Background

A group of design researchers from the UK, Canada and USA came together in informal discussion about adaptations they had made to co-design work during COVID and the on-going learning from these adaptations. We were each having similar discussions with other people, each in our own networks; with colleagues, co-design partners, on social media.

We submitted a Trans-Atlantic Partnership proposal to explore this further. It was unsuccessful, but our commitment to continue this as a meta-research programme, and widen it to engage others was sustained. Individually and collectively we sought international and domestic funding to resource the work. Some from Canada were successful in securing domestic funding. Some from the UK were successful in securing a portion of existing portfolio funding.

This event marks the first concrete step in our activity and underlines our commitment to wider engagement. We hope the event will enable us to develop the direction of the work together, by sharing insights and building resources collectively. We hope some of you may join us as this activity progresses. This event is a precursor to formal research and will hopefully guide and steer

In preparing for this event, we discussed issues about inclusion, safety, data, publishing and much more.

We decided that everything contributed and shared by you for this event will be respected and treated as confidential. We have done this because we believe that the best learning opportunity for the day will come from sharing not just the successes but the bits that didn't go so well, and this confidentiality will (we hope) give people the safety to do so.
We will aggregate themes and insights that are defined on the day and braodcast these and we may come back to each of you later to request permission to publish or use as data or both.

Three things we would like you to consider before and during the event; three things that we will pick up on during the event and discuss further.

1 Publishing
We hope to publish something from this event. Publishing can take many forms; physical, digital, academic or non-academic. What is included in any publication, in full or redacted forms, is a choice to be streered by you. Who is attributed is also a choice to be steered by you.

2 Data
We hope the workshop will give us a better idea of what data we should collect and how to structure the data collection for more valuable analysis. There is a good chance that we may want to come back to some of you more formally after the event, for data collection. Again, this will be your choice.

3 Community of Practice
We hope to build a community of people to join us in this research and to guide and inform better co-design practice in the future.

Story Sharing *

Co-design efforts may have been curtailed, or adapted and evolved because of social distancing and other restrictions during the COVID-19 pandemic. Some people were included and others excluded by new ways of working. These new ways of doing co-design activities may have enhanced or amplified certain qualities of co-design. Or they may have restricted some features of co-design.

The purpose of this event is share:

1. **Experiences of co-design adaptations during COVID; what was good, what worked and what was bad or didn't work? And for whom and how?**
2. **What were the circumstances that made some things better and others worse?**
3. **What can be learnt from this for future co-design to be more inclusive and widen participation in healthcare change?**

During the day, time is set aside to share experiences of such adaptations. There will be ~40-50 people, so time will be precious.
To make best use of such limited time, we invite you to consider how you might share your experiences and we provide some prompts to help structure a narrative for each.

A provocation
If you have an image or object representing your adaptation, please bring a physical version.

The iterations
It will be valuable to share adaptations that 'worked' and those that didn't work so well.

Focus
There will be insufficient time to share full project case studies. The sharing will need to focus on the ***adaptations*** within projects.
To assist with this focus, we recommend a narrative strucutre along the following lines:

1 "the project purpose & partners"
- the project intended to ...

2 "the pivot"
- the process was adapted ...
- a turning point was ...
- we were able to make it work by...

3 "the specifics"
what change
- we did ... instead of ...
- we changed ... from ... to ...
- we introduced ...

why it changed
- our process had to change because ...
- we were able to do ... because ...
- our materials had to change because ...

4 "the experience"
- the changes made me realise ...
- I imagine that [it] was like ... for ...
- As a ... I experienced ...

5 "the enablers"
- the resources or tools that enabled it were...
- the people and skills that enabled it were...

Example...

"the project purpose and partners"

To co-design a Serious Incident investigation process that better involves patients & families. Partners: patients, families, staff, investigators, regulators, managers.

"the pivot"

The process was adapted to brig people together on-line rather than in-person. A turning point was sharing evidence of existing investigation processes before meeting online

"the specifics"

what changed...

Instead of sharing evidence of current investigation processes & policies as documents, reports or slides, we created a 'game'.

This 'game' enabled partners to interact with evidence of the process from multiple stakeholder perspectives and gave all partners a common experience that enabled them to connect when they first met online

why it changed...

We wanted two things: (1) people to interact with the evidence of current investigation practices from all perspectives & (2) to have a shared experience before meeting online

"the experience"

The experience made me realise:

(a) that enabling people to interact with evidence is far more effective at enabling them to digest it and make sense of it, than simply giving them written information

and

(b) that even though we might not meet in-person, it is still possible to enable people to have shared experiences (even at different times and different places) - and these shared experiences can be effective at support people to build relationships

"the enablers"

This adaption was supported by:

(i) project funding
(ii) supportive project leadership
(iii) design skills and experience
(iv) time
(v) a passionately engaged group of co-design partners

Your Story for Sharing...

"the project purpose and partners"

"the pivot"

"the specifics"

what changed...

why it changed...

"the experience"

"the enablers"

Another Story for Sharing...

"the project purpose"

"the pivot"

"the specifics"

what changed...

why it changed...

"the experience"

"the enablers"

Themes

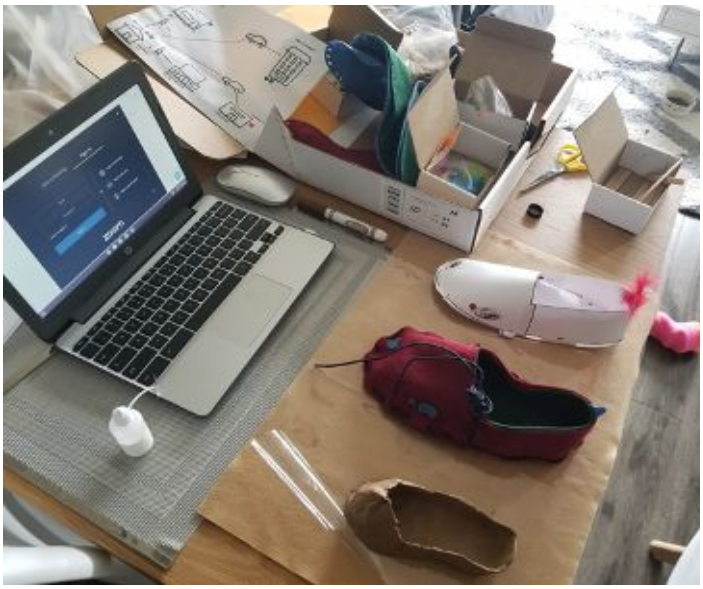
The following draft themes have (so far) been derived from experiences shared to date. Feel free to add your own or suggest amendments to those below.

Technology and Access	**Equity and Inclusion**	**Shared Decision Making**	**Creativity and Engagement**
Communication, Connection and Interaction	**Materials and Making**	**Timeline and Pace**	**Online → Offline**
Group and Individual	**Synchronous and Asynchronous**	**Recording and Documentation**	**Facilitation and Participant Support**



Provocations

The following images represent adaptions made based on experiences shared to date.



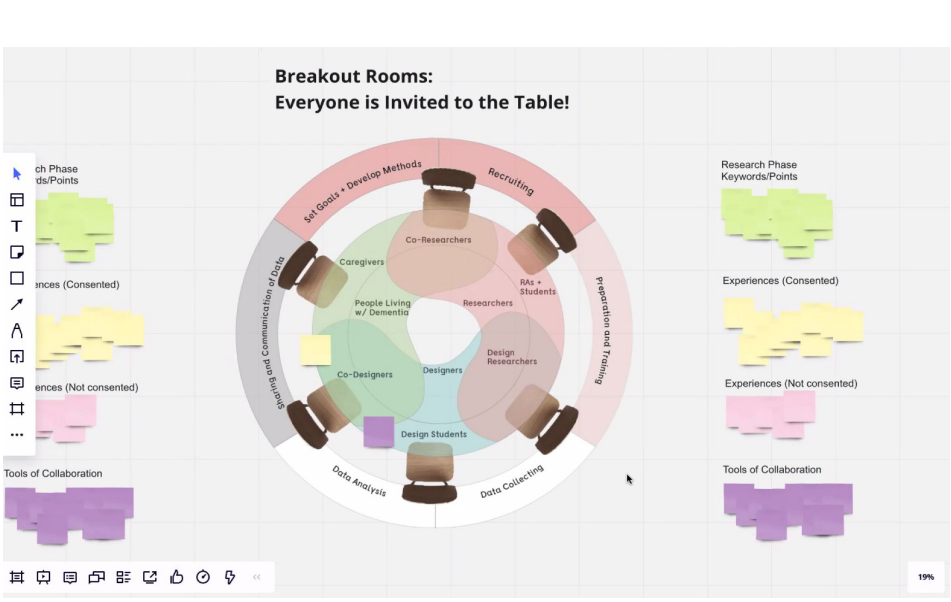


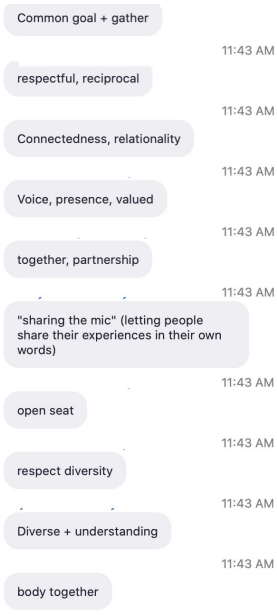




Insights on the service experience of clients with orthotics - how does communication impact comfort and use?

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca



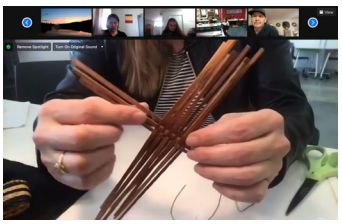


Virtual workshop about the inclusion of people with dementia on research project teams

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

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"Decolonizing the Healthcare System through Cultural Connections" - virtual workshops

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

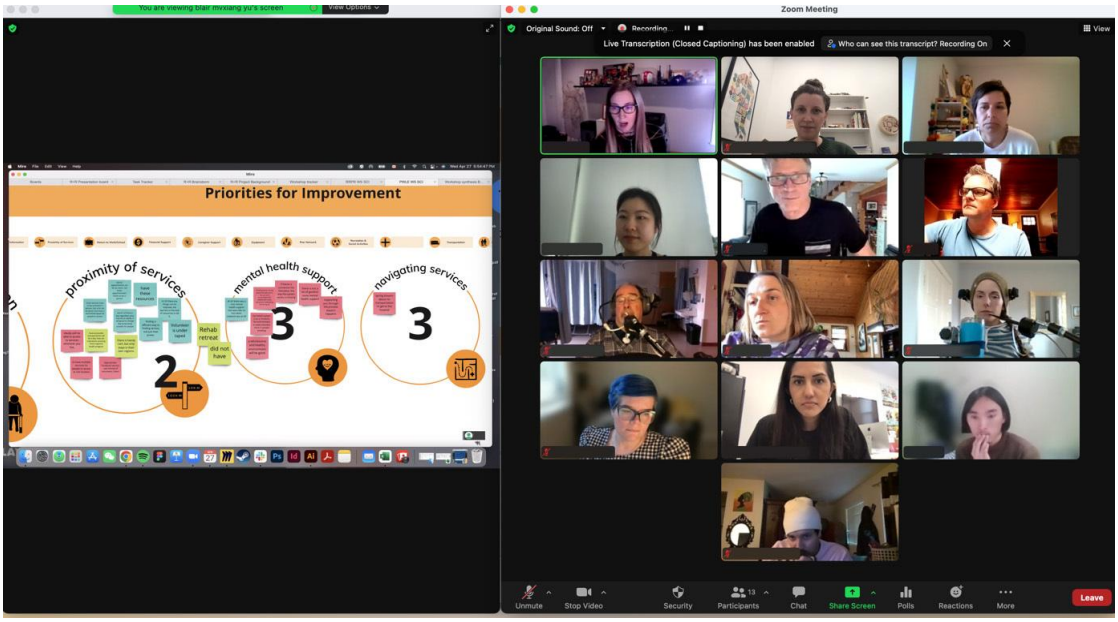




"Decolonizing the Healthcare System through Cultural Connections" - in-person workshops

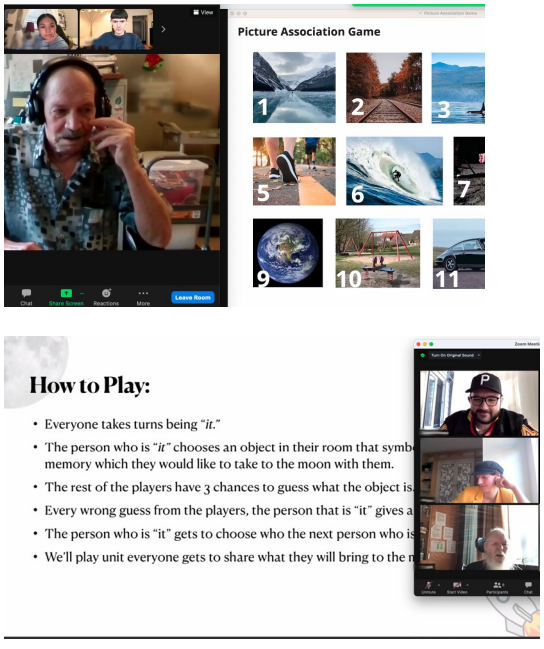
Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

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Developing a provincial strategy for community-based rehab and recovery for people with lived experience of stroke, spinal cord injury and traumatic brain injury

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

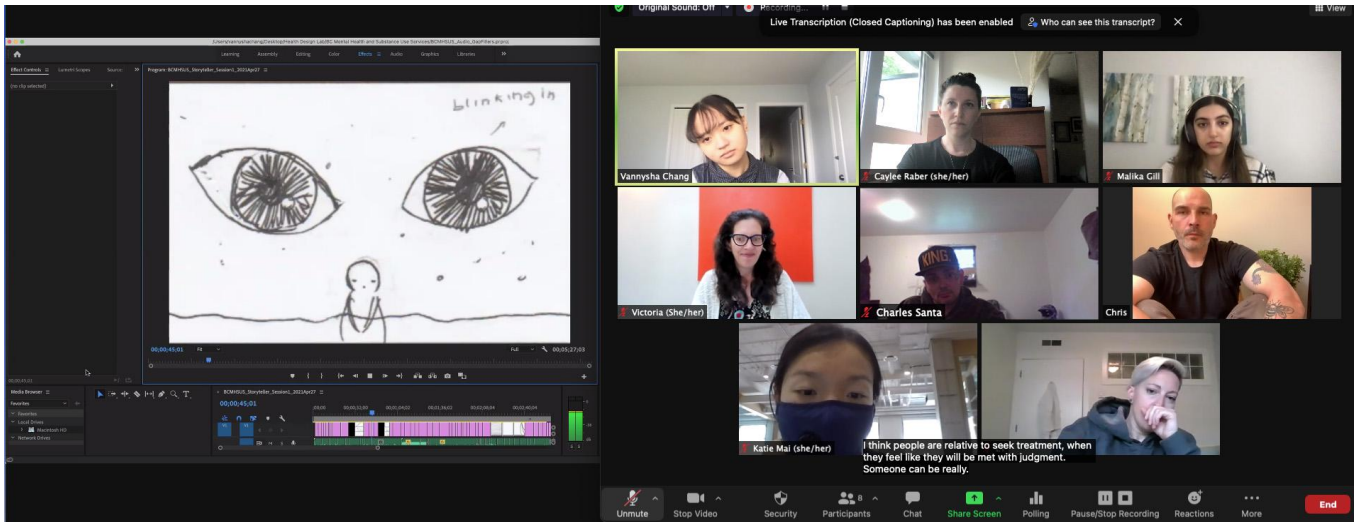




Perspectives Program - Virtual co-design with people living in long-term care

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

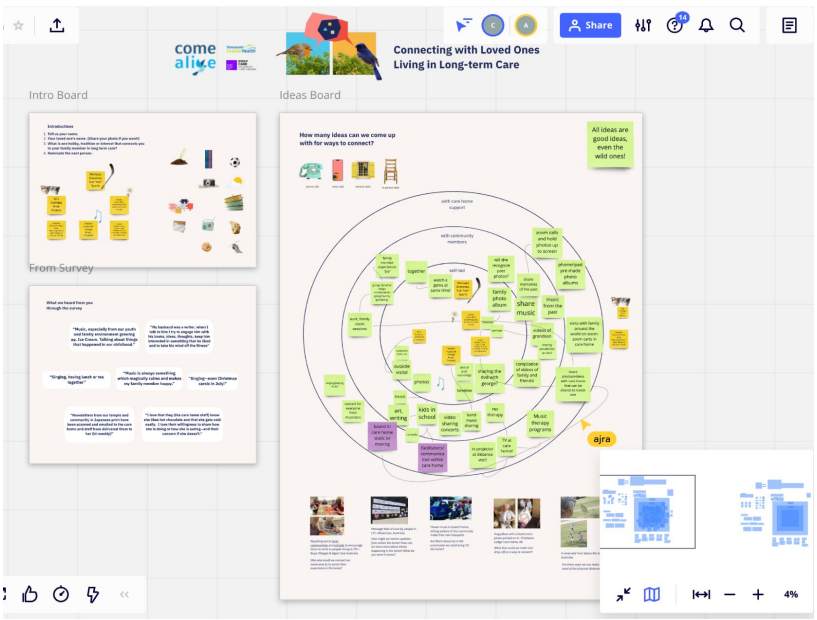
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Co-Design of animated video series about stigma, by people with lived experience of mental health challenges, substance use and the criminal justice system

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

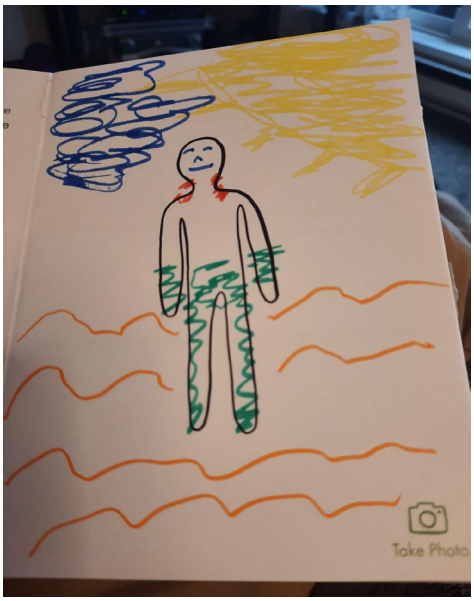


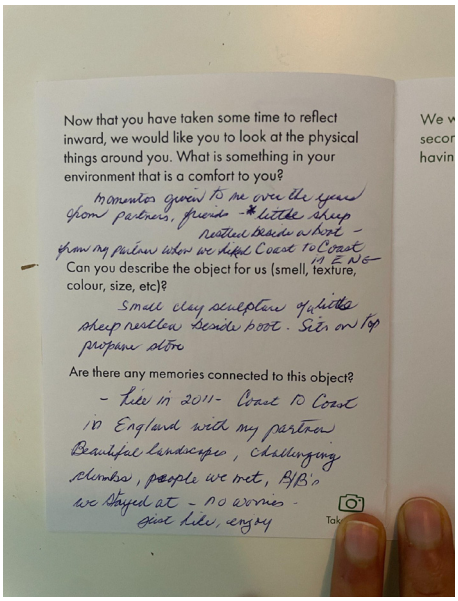


Virtual brainstorm for people with loved ones in long-term care

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

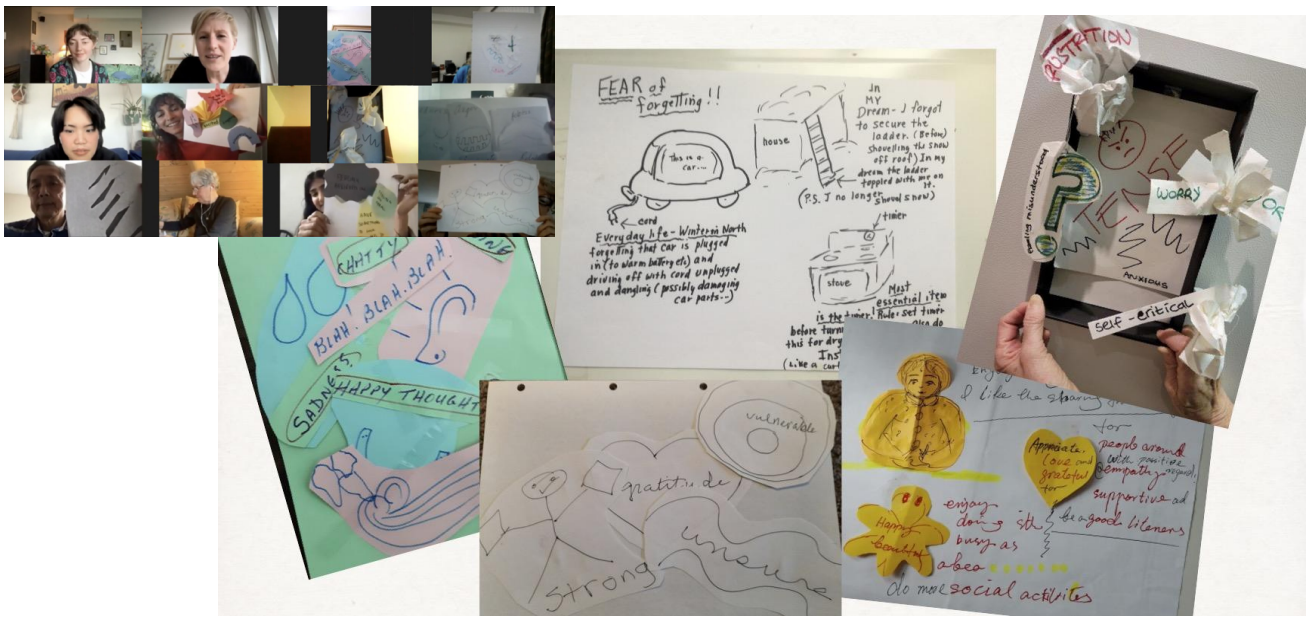
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Understanding mental health priorities for older adults - Connection kit mailed in advance

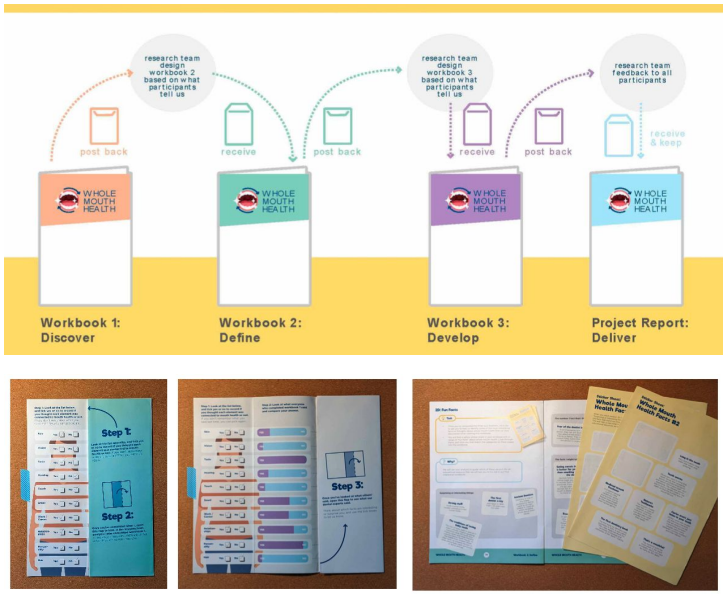
Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

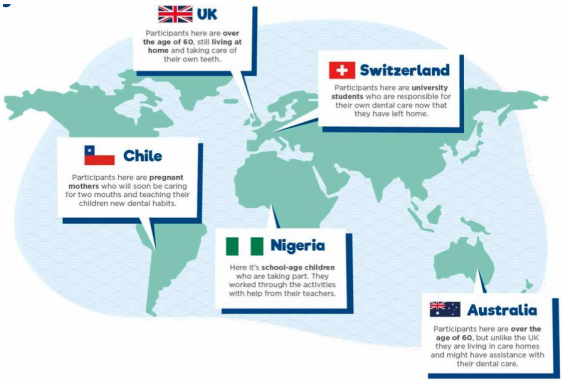


Understanding mental health priorities for older adults - virtual collage activity

Health Design Lab, Vancouver Canada
Caylee Raber - raber@ecuad.ca

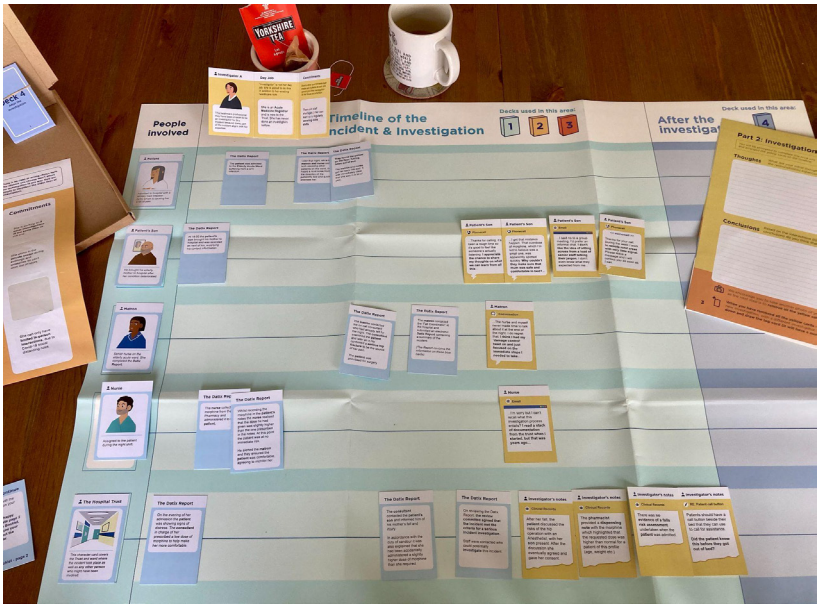
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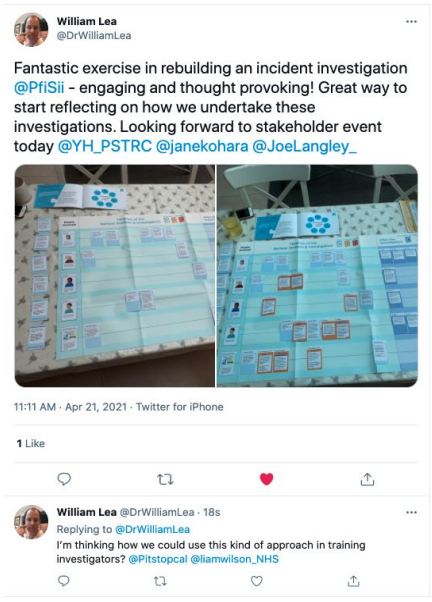




Global, life long behaviours and attitudes towards oral public health. How do we collaborate over space and time?

Lab4Living, Sheffield, UK
Joe Langley - j.langley@shu.ac.uk





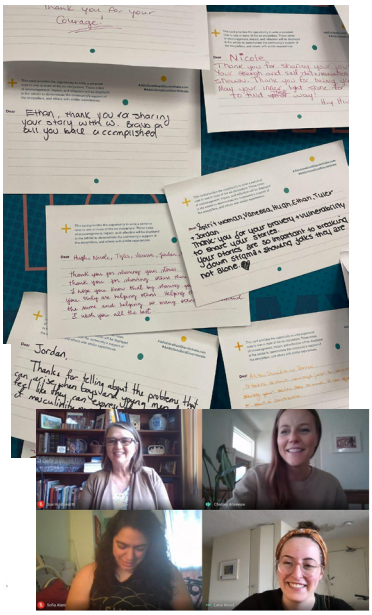
Involve patients and families in Serious Incident Investigations. Reflecting and provoking before codesign

Lab4Living, Sheffield, UK
Joe Langley - j.langley@shu.ac.uk

Provocations







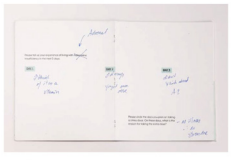


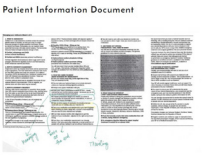


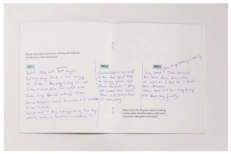


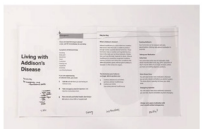
Addictions Don't Discriminate Workshops + Exhibition

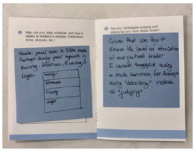
University of Alberta, DHRIL
Gillian Harvey - gharvey@ualberta.ca

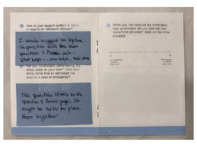














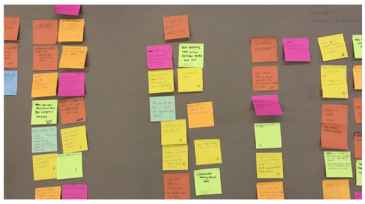












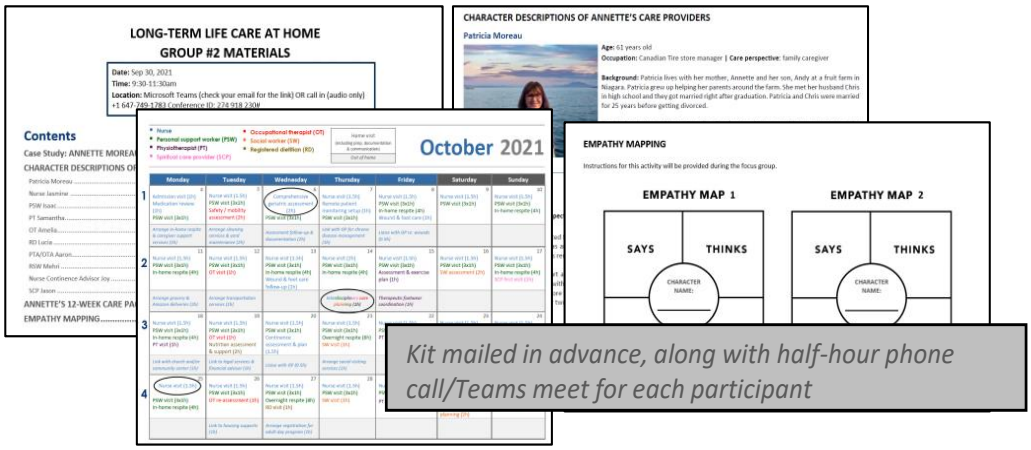




Adrenaline Insufficiency (Addison's Disease) Patient Materials

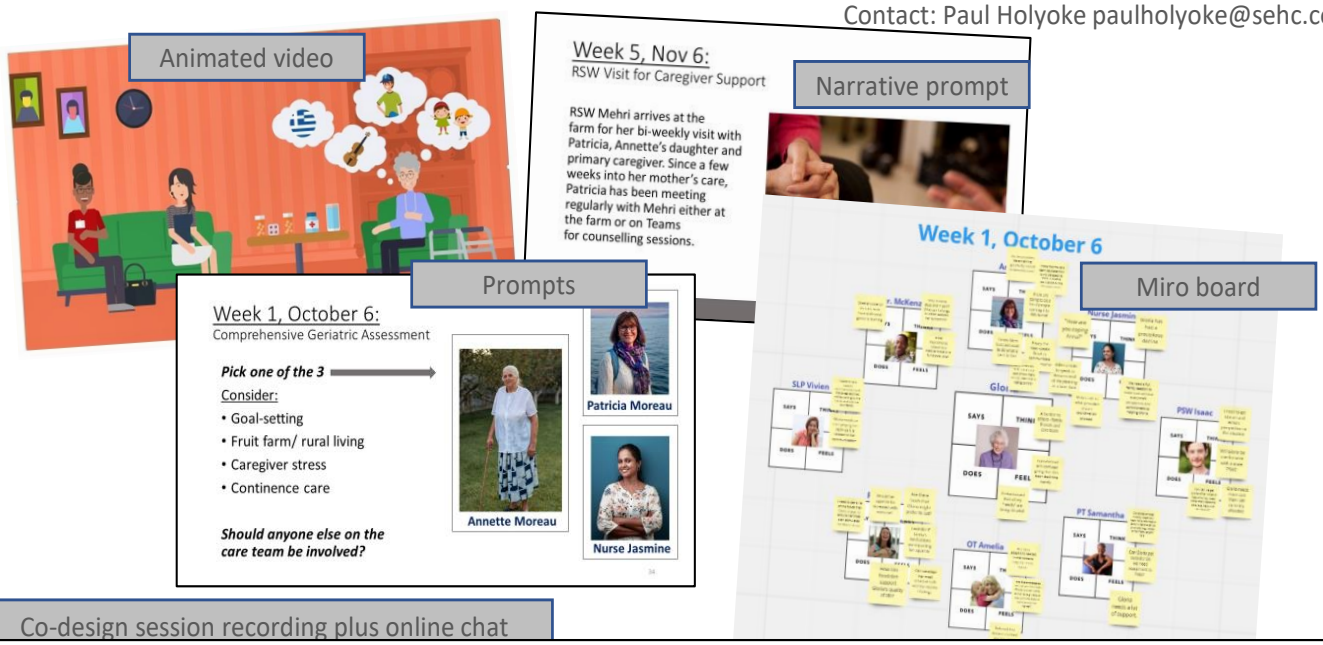
University of Alberta + Faculty of Medicine and Dentistry
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Long-term Life Care @ Home – co-design of holistic home-based care packages for older adults as an alternative to institutional care

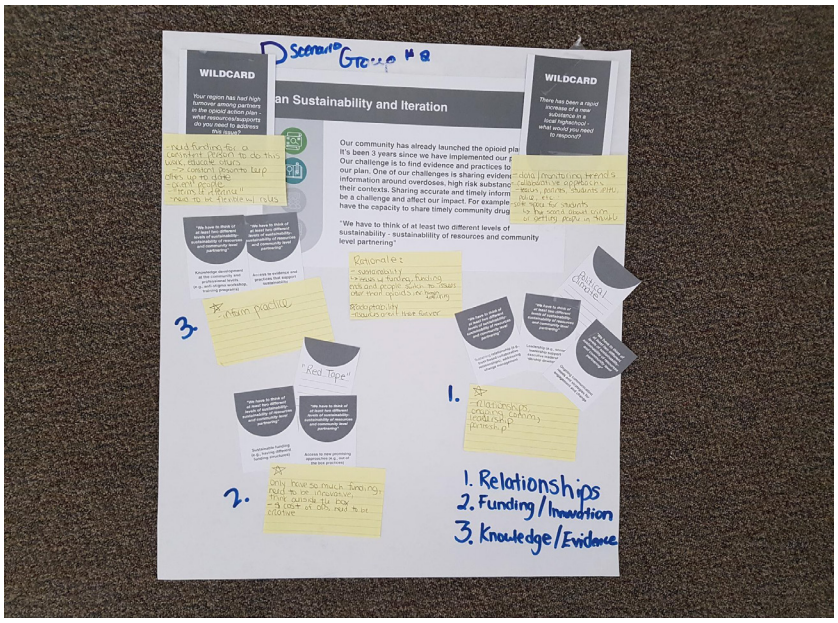
SE Research Centre, Canada
Contact: Paul Holyoke paulholyoke@sehc.com



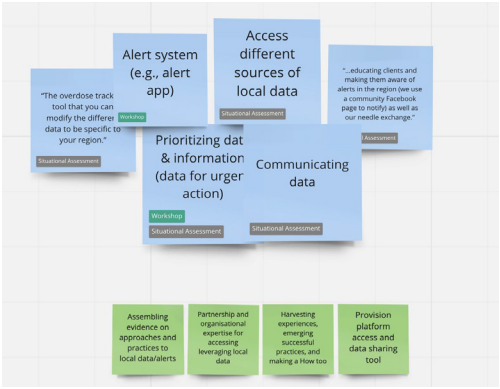
Co-design session recording plus online chat

[Yesterday 4:57 p.m.] OA13 - I'm also wondering about Isaac, the PSW. If I am an 85 year old woman I might be uncomfortable getting help bathing from a young man. (or does someone else do this?)
[Yesterday 4:58 p.m.] - Great point [redacted] regarding the need to match the care team with the client's needs and comfort
[Yesterday 4:59 p.m.] OA13 - People do well when they also try to help others. Once Maya is doing well she could tech people to cook a few Nigerian dishes.
[Yesterday 5:01 p.m.] C7 - Just make sure all the appointments don't turn into a gilded cage. Maya may want some control over the timing of her day.
[Yesterday 5:02 p.m.] OA13 - What about getting her out for walks? Is there a liability issue? That would do her good when she's strong enough
[Yesterday 5:03 p.m.] C7 - Thank you. I would love to continue to be involved.
[Yesterday 5:03 p.m.] HCP17 - Thanks everyone, great session

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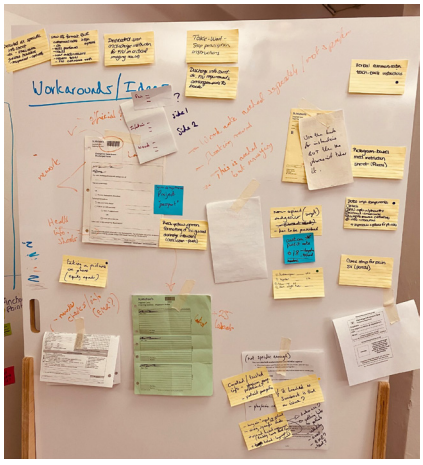
Capacity building for local opioid response planning with Public Health Ontario, in person and online co-design



Health Design Studio, OCAD University
Kate Sellen, ksellen@ocadu.ca



D-DEC Designing Discharge Communication for the Emergency Department, Unity Health, Toronto. In-person and online



Health Design Studio, OCAD University
Kate Sellen, ksellen@ocadu.ca

Provocations





Participatory installation on end of life decision making and choice, social media experiment

Health Design Studio, OCAD University
Kate Sellen, ksellen@ocadu.ca

Thank you

You can get in touch with any of us who have begun to share experiences and reflections about this topic via the following means:

Kate Sellen	ksellen@ocadu.ca
Sarah Walker	secwalkr@uw.edu
Caylee Raber	raber@ecuad.ca
Gillian Harvey	gharvey@ualberta.ca
Paul Holyoke	paulholyoke@sehc.com
Joe Langley	j.langley@shu.ac.uk