Early-Stage Innovation Centered on Making for Youth Mental Health: A Design-Led Approach

Abstract While the use of making in participatory co-design is common, I argue for the benefits that making-led participatory co-design can bring to two fields where its use is rare: early-stage innovation and mental health. I draw evidence from my situated cooperation with service users and providers of a regional UK mental health trust. The motivation for this action-research was twofold: to envision a better youth mental health service, and to explore how primary and secondary schools can practice mental health prevention. I observed that where there was an absence of co-making in a researcher’s stakeholder engagements, communicative exchanges became heavily verbal, and this increased the relational intensity between actors. As a result, the discussion of service user experiences—coping with mental health conditions and the struggle to access mental health services—became more challenging for contributors. By contrast, stakeholder engagements driven by co-making transcended the verbal. Making brought a level of informality that enabled participants to lighten relational intensity, soften professional/cultural boundaries, and open up to each other. A low-fidelity visualization is described that I propose can help maintain stakeholder agency and sustain relations between co-actors for the longer term.

Keywords
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**Subtext: Design as a Set of Practices in Transition**

The popular perception of the purpose of design is a product of how people see it being used: supporting the dominant economic model, the prevailing worldview. Business-as-usual is a powerful advocate of design – especially when it is materializing social relations through liberated, differentiating mass consumption. A very effective synergy this has been but as is all too clear, one that is exacting a socio-ecological price that has been accelerating alarmingly over the last thirty years.

Over the last ten or fifteen years, in an attempt to address looming crises, designers have been altering the traditional set of agencies they are known for to better support societal transitions toward sustainable practices, systems, and cultures of resilience. Steering clear of the traps that design, critical of prevailing models, has historically been vulnerable to – which include being co-opted or dismissed as merely in dissent – designers are cultivating a meta-discipline sensitive to the myriad system interdependences that constitute an extremely complex and unpredictable world. Designers are developing, with varying degrees of success, participatory methodologies and processes that construct small-scale versions of democracy. These democracies are not merely representative; they afford people agency to collectively enact and communicate visions of how they think the world – or at least their lives – ought to be.

Societal transition to sustainable practices will require complex boundary-spanning cooperation and collaboration among people unlike one another. Diverse transdisciplinary teams must work together in ways that can magnify relational values at the molecular scale of the specific encounter and the environmental scale of enabling systems. This kind of deep cooperation is difficult to achieve, and especially so when lifestyles in the globalized, developed, technocratic world – characterized by pathologies of convenience – are de-skilling people of the art of genuine participation. This article presents the action-research of Early Lab as an example of one way that designers are altering established forms of practice, in the way described above, to better meet the complex socio-ecological challenges characterizing the present time and exemplified by the current trends that are weakening communities-in-place. Early Lab prioritizes making – making things to visualize, physicalize, and externalize thoughts and feelings. Making is at the center of its methodology in an approach to very early stage situated participative engagement and co-envisioning with groups of people.

However, the potentialities born of the act of making are severely underutilized in early-stage innovation practice that has emerged predominantly as a design thinking predicated on verbal and written exchange – the kind of design that is more easily understood by global corporate business. Furthermore, the public participation methodology of design thinking for business-as-usual stands accused of helping institutions create merely the appearance of openness, responsiveness, and transparency – providing a veneer that obscures a neoliberal hegemony perpetuating itself through tightening dynamics of closure that deliberately holds publics back from the mechanisms of decision making and self-governance.

As an early-stage type of design-led participatory co-innovation centered on making, the future of the Early Lab project rests on the mission of equipping contributing actors to avoid/escape co-option by the forces of business-as-usual through their development of emergent forms of collective self-governance.

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**Early Lab**

Early Lab – of which I’m a co-founder, with Fabiane Lee-Perrella – is an early-stage design practice working to support social innovation. At the molecular scale, we...
approach this by providing a structured space in which people can activate their innate relational capacities that are triggered in collaborative encounters where they make things. We then review and configure the material findings from these encounters and present them back to stakeholders in the form of context-specific proposals that imagine favorable enabling ecosystems at an appropriate scale.

Early Lab has spent the last three years addressing the wellbeing and mental health of children and young people in the UK. During that time, we helped the Norfolk and Suffolk NHS Foundation Trust (NSFT) begin the transformation of their mental health service for children and young people, reframing the challenge along the way. This article relates an account of this project so far (beginning in late 2014) to argue for the value of a methodology of public engagement with making at its core. It will focus on the contribution of a making-led design thinking process to the generation of social forms that have made this experimental project meaningful – primarily as an exercise in weaving people and place. It features collaboration between people from different communities and different places. All parties in the collaboration created a space of possibilities together. It was an exercise in critical questioning and envisioning embraced by the service users, service providers and partners of a UK-based regional public health trust. This is a story of a relationship brought into being by the social and communicative agencies of making-led design thinking as practiced by Early Lab in co-operation with a regional health trust.

Method

The Early Lab method is to take its design team to a place where people are enduring a specific challenge every day, engage those people in making things that materially express their thoughts and feelings, reflect on this back at base, configure reflections into proposals, and then return to the place to present proposals back to the people and to those in a position to make things happen. We use a co-design process fuelled by conversation tools made jointly in workshops by project stakeholders and the Early Lab team. These are expressive physical objects called empathy tools that aim to help stakeholders activate local capacities. More on what empathy tools are later.

We find traveling to stakeholders preferable to them coming to us or working remotely with them because any challenge endured by people is always mired in the systems and environment of where they live and work. This is not to say that we import the know-how into these instances. It is important to emphasize that expertise resides with those in the locale—that is why we go there. However, visiting-outsiders like us not only bring a fresh perspective; much more significantly, we bring structure to a space of possibilities that can make materially tangible people’s relationship with the often invisible phenomena of systems, services, infrastructure, media, and socio-ecological environment in which their lives are inextricably entwined. Understanding the complexity of this experiential entanglement with local phenomena is the first step in a very early stage innovation practice envisioning favorable enabling ecosystems together with people in their communities.

Our attention to the specificity of local conditions counters inherent tendencies—that we associate with a neoliberal Modernist mindset—to overestimate the potential of our proposals to be universally applicable. Universal implementation of policy formulated from a narrow research base within sensitive systems can dynamically ramify throughout in unpredictable ways with potentially damaging consequences. 11
The Context and the Challenge for Early Lab

Public assurances on the wellbeing of children and young people in the UK delivered by regional NHS youth mental health services have been undermined by government policy that—despite recent mediated public assurances to the contrary made by the last two prime ministers—has been reactionary, lacked long-term strategies, and been short on ambition. Demand for support and care is rising alarmingly while current public investment in mental health services is being reduced, compounding the severity of the situation. However, an absence of vision defines the issue more than a lack of funds. Nevertheless, out of the present crisis is emerging an appetite (at regional and central government levels) for real, innovative, and fundamental system change.

In the UK, one in ten children experience a condition of mental ill health and this rises to one in four in adulthood. The sooner young people experiencing mental ill health receive adequate support, the higher chance there is of preventing their condition from developing. Seventy-five percent of all mental ill health is developed by the age of eighteen. It is estimated that seventy-five percent of children and young people needing support at any one time are not managing to access it. It is reckoned that sixty to seventy percent of children and young people experiencing difficulties have not had appropriate interventions at a sufficiently early age. The current, narrowly targeted clinical service model coupled with dwindling public investment is wiping out genuine early intervention and reducing services to crisis-response, a mode that is producing an acceleration of demand.

NHS England knows that the key to putting things right lies in the prevention of mental ill health. It is also aware that it will take a whole-system approach across public sector boundaries, where responsibility for the wellbeing of everyone will be not just that of health but shared with social care, schools, and youth justice sectors working together with local authorities and voluntary organizations. The principal challenge is how to get specialists working successfully with their colleagues in other fields so that integrated care pathways are opened up and can be navigated easily without stigma by children, young people, and their families.

In light of all this, the NSFT decided that it needed to experiment with approaches and methods from outside of its health domain if it was to succeed in the required transformation of its mental health service for children and young people. NSFT’s Research Director, Dr. Jon Wilson, is interested in the use of design methodologies in this context. His interest was heightened following discussion with Early Lab (when it was founded at University of the Arts London, (UAL)) and separately with the Engineering Design Centre at University of Cambridge.

Since early 2015, Early Lab has been helping NSFT to make a start on the long process of service transformation. Bringing teams of design students and academics from University of the Arts London on field trips, Early Lab hosted a series of making workshops with NSFT service users, NSFT service providers, members of the local CCG (Clinical Commissioning Group), local education professionals, and leaders of local voluntary organizations. The objective of the workshops was to engage these experts in envisioning a new mental health system for children and young people. The aim being to help NSFT articulate not only how an entirely transformed new kind of service system could operate, but also what it could look like and what it might feel like to use and to deliver—and primarily to help NSFT establish the beginnings of a radical new service vision out of the lived experience of those that were supporting it, using it, and delivering it at that moment.

NSFT’s requirement was for this new vision to guide the emerging shape, feel, and approach of their service while setting up realistic expectations for potential users of what is on offer and where—and do so using a voice children and young people would see as theirs.

12 Government oversight and performance is consistent with a right-wing ideology, prevailing for the last thirty to forty years, that makes public claims to want to rescue public services but in reality is running them down until a crisis is reached at which point it may dismantle public services by packaging up parts of it for sale to private contractors to run. A subject researched by Nancy MacLean in Democracy in Chains: The Deep History of the Radical Right’s Stealth Plan for America (New York: Viking, 2017).


15 A survey carried out by the Office for National Statistics (ONS) on behalf of the Department of Health and the Scottish Executive, Hazel Green et al. “Mental Health of Children and Young People in Great Britain, 2004, Summary Report,” NHS Digital, August 31, 2005, http://digital.nhs.uk/catalogue/PUB06116. The ONS states that this survey remains the most recent. Over the past thirteen years, the state of children’s and young people’s mental health in the UK is expected to have worsened. The combination of factors thought to be contributing to this includes use of social media (in its infancy in 2004, with smartphones still a few years away and Twitter yet to be launched) and a marked increase in the use of testing in schools (turning schools into competitive, high-pressure environments). Work on the next ONS survey started in early 2017 and is expected to be published in 2018. Tim Vizard, “Mental Health—How Are Children and Young People...
Public Engagement Setup

**Programming**

Early Lab field trip activities are structured according to relevant themes. When co-making with mental health service users and providers, the themes were *people, places, and stories*. When bringing school education professionals together with mental health professionals to co-make, the issue was cooperation across professional boundaries. No single workshop has lasted more than three hours or less than one hour. We make creative use of refreshment breaks as informal opportunities to address the same issues with our field trip participants from a different angle. During breaks on one field trip, we handed out small cups of water in return for simple promises made by the recipients to address the wellbeing of themselves or that of friends.

**Welfare**

Every workshop participated in by service users has been observed by an NSFT clinician known to the service users who could monitor their wellbeing. Every day has ended with a friendly social, a wind-down gathering for the stakeholders, and after that a relaxed, informal debriefing session for the student members of the Early Lab team. No pressure has been placed on any service user to participate—all have been volunteers and could come and go from proceedings as it suited them. All Early Lab student team members have been volunteers and have competed for the privilege of a place on the team against other UAL art and design students.

**Documentation**

A roster of Early Lab student team members has taken photos and videos of proceedings each day. On one field trip we had a student team member making illustrations. We like to have a filmmaker attend at the end of the event to film video interviews with all participants. Students not documenting like this are the ones collaborating with stakeholders in the workshops helping them to make objects—maps, diagrams, schematics, storyboards, animations—that can communicate their experiences, thoughts, feelings, and ideas. All data is stored on secure hard drives not connected to the Internet.

**Making**

This section gives an account of what the Early Lab team does: what and how we make things with service users and providers.

Our use of making with groups of participants is not therapy. It is important to say that we do not do this to make people feel better. So far, we have made things together with people to help them visualize their personal circumstances and tell stories about themselves, and based on what they learn, help them imagine how things could be better—for example, as a result of the transformation of a mental health service or altering the culture of schools. It is possible that participants might experience the externalizing of thoughts and feelings captured in an object they make with us as a therapeutic release, but this is not our aim—although it is no doubt a bonus. Youth mental health service users we worked with on one field trip acted selflessly since any positive impact their work was to have on either the mental health service or schools would not be enjoyed by them because they had already passed through both health and school systems and out the other side. However, they recognized that helping others—those younger, passing through these systems—could have a positive effect on their capacity to cope with challenges their own conditions might present in the future.
For Early Lab, the field trip is a form of public engagement, but we would like to question the use of the word public in this instance. A public is not an accurate way to describe the participants that we have engaged with during field trip exercises. Over the past three years, we have chosen to work with users and providers of a youth mental health service and with school education professionals responsible for pupil wellbeing. We have travelled from London to where they were because we wanted access to their expertise and to learn from them the relationships they and their communities have to service systems in their region. It is fair to say that public is a word that better describes us (the Early Lab team), entering as we did as outsiders into this context, than it does the so-called “public” with whom we engaged. It makes better sense if we call the field trips we have devised an exercise in expert engagement.

Early Lab student members, being designers with experience and expertise in making things, approached the making workshops with confidence and without the nervous apprehension brought to them by the stakeholders—the local experts, in this case: service users, clinicians, and managers. This meant that though all stakeholders were co-actors in this activity, they came to it unequal. Thankfully, Early Lab students were sensitive to this gap and engaged participants in the making supportively and playfully, intuitively sensing how far they could push things. Expect too much, and this requires too much input from the student—which in turn risks eroding the participant’s agency and sense of ownership of the ideas.

Our design students enter these co-making engagements without the preconceived notions of problem-solvers and instead invest in listening to gain trust and become empathetic with participants with whom initially they have no social ties. Field trips tend to get going slowly and unspectacularly with the Early Lab team sitting and merely listening to the experts share their own experiences, thoughts and feelings—allowing them to take the lead.

One such field trip began this way in Norwich in March of 2015. Six service users shared their experiences accessing youth mental health services in Norfolk and Suffolk with the Early Lab student team. The trust we earned meant it was a good start except for the overly verbal nature of the workshop format that proved extremely challenging for one of the participants.

Only one person spoke at a time, and this left a less socially confident service user feeling overly exposed. He was sitting next to another service user who was very vocal. As a result of his discomfort, he decided to leave at the end of the workshop and didn’t make it back for the rest of the week. All our workshops give participants an opportunity to lead proceedings, for example by sharing experiences, providing the content for the making, or leading a tour of their neighborhood. This can give them a level of control and can add to their sense of security. However, we have found that some participants can find this extremely difficult to deal with when the workshop proceeds exclusively through verbal means—when it doesn’t involve making.

In the second workshop of the Norwich field trip, and the first involving making—the theme was people—we asked the mental health service users to map their personal networks of support. We asked who the people were that they like to turn to for support, how important they were, and where they were located. Are they family, friends, people in school, in work, peer support people, service managers, carers, clinicians? And are those networks resilient? To lighten the task, we asked the service users to make their maps using colorful crochet yarn woven into stretched canvas with the help of Early Lab student team members (Figure 1). The aim was not only to make the session fun, but also to reduce the literalness with which the maps are drawn to allow them to be analogous or coded—objects that can invite multiple interpretations, provoke discussion, and demand to be explained.
Three personal network support maps were made simultaneously by three groups (each group consisting of two service users and one Early Lab student). This parallel activity reduced the risk of any one contributor being subject to the attention of the whole group. During the making, many short, impromptu, one-to-one and one-to-two conversational exchanges would rise and fall; many arising out of the significance of the mapping decisions the service users were making, others serving merely a practical purpose: for example, asking someone to pass the scissors. The hubbub that ensued provided cover for the quieter, shy service users to talk and express themselves much more than they would have done in a larger group or in a workshop where no making was taking place.

Other Early Lab workshops have had service users storyboard fictions based on their own experiences of trying to access mental health services and then make stop-motion animations of them using small model figures on tabletop stage sets. This enabled service users to express and externalize moments of emotional crisis in the physical form of something they can be proud of; but also, later, watch as if the event portrayed was the experience of someone else. Notably, we saw service users choose to use humor when dramatizing and making accessible the symptoms of mental health challenges.
their mental health conditions (Figure 2). To communicate the emotional intensity of moments when the experience of their conditions became all consuming, service users resorted to highly metaphorical, expressionistically visual tropes (Figure 3). Turned into pieces of entertainment — without trivializing the issue of mental health — service users were able to share their personal experiences, for others to learn from, and not suffer in the process. To recount the same experiences in a workshop without making — one likely to be much more verbal as a result — would have been virtually impossible to do without service users risking emotional upset.

We select materials for these co-making workshops with which we know contributors will struggle to make literal representations. This is entirely deliberate; we don’t want them to get distracted from how they feel and think by the literal details of events and then be critical of their own efforts regarding how they might fall short of depicting reality accurately through what they make. We recognize that words often fall short of what someone is trying to express, even though it is relatively easy to describe an event precisely with them. Recently, with this strategy front of mind, Early Lab brought together two kinds of experts working within very different operational models who, for the sake of children’s wellbeing, need to learn to work together better: youth mental health professionals and school education professionals.20

Figure 2  The flying grandma — part of an NSFT service user’s story about coping with a mental health condition (where a symptom was seeing a late relative flying around them), told through stop-frame animation. This is an example of the use of humor to normalize mental ill health (workshops 3 & 4, Early Lab field trip, Norwich, 2015). Copyright © 2015 Early Lab.

Figure 3  “I feel scared” — part of an NSFT service user’s story about coping with a mental health condition told through stop-frame animation. This is an example of the use of highly expressionistic and dramatic visual tropes to communicate what coping can feel like (workshops 3 & 4, Early Lab field trip, Norwich, 2015). Copyright © 2015 Early Lab.

20 Early Lab was invited by the East of England branch of the CLAHRC (Collaboration for Leadership in Applied Health Research and Care) at NIHR (National Institute of Health Research based at the University of Cambridge) to deliver a workshop at a one-day symposium, Innovation in Education, at Cambourne, Cambridge in November 2016. The event, restricted to just sixty minutes, addressed the question of how health and education professionals can work together better to succeed in their support of the wellbeing of children in schools. Through our workshop activity, we were asked to consider the wellbeing of children and young people in the context of the prevailing cultures found in UK state primary and secondary schools.
In this workshop, we asked seven teams of two—pairing one health specialist with one education specialist—to make small figures out of white clouds of hollow-fiber toy-filling stuffed into nylon stockings, wound with crochet yarn and elastic bands, and shaped using pins (Figure 4). Teams created characterful fictional figures representing vulnerable children and young people whose recent life experiences (specified by us) included: the young person having thoughts about their sexuality, the child whose parents find it difficult to cope, and the child who has just suffered a family bereavement.

Child character traits emerged during the co-making of the small figures as the health and education specialists co-imagined how vulnerable personalities manifest as a result of the kind of given environmental circumstance or life story. Set within a school context, we then asked each duo to act out a one-minute narrative to communicate their imagined story of each child.

In the interest of integrated care, this co-making exercise aimed to get specialists working together whose ways of working are very different. The first part of the workshop got them to focus on the traits of vulnerable children, and this enabled them to ignore their professional differences temporarily. The last part of the activity, however, got them thinking about how the wellbeing system might be altered to better help schools anticipate and support vulnerable children like those portrayed. As soon as each duo slipped into problem-solving mode, we knew that the contrasting cultures of their respective operational silos would come to the fore. Therefore we asked each party—having collaborated so successfully in co-making their child figures—to have the confidence to allow their differences...
to show. We asked them to resist the temptation to seek a resolution through the search for common ground (to resist a dialectic process). Instead, we implored them to let their differences show and revel in the ambiguity of cooperation that is complex because it is boundary spanning. The principle belief underpinning this strategy being that consensus is a veneer that masks what we need to know about our collaborator’s motivations and beliefs.\(^\text{21}\) The recent record of ideological, political consensus (as an example) is that it tends to preserve business-as-usual practices, leaving them unchallenged.\(^\text{22}\)

### The Results of Making

Compared to workshops where the verbal and the written are the dominant modes of exchange, Early Lab has found that our co-making workshops give rise to looser, easier, shorter, and more numerous conversations between participants. This resulting informality has tended to lighten relational intensity making the discussion of emotionally painful experiences easier for participants to handle. In workshops where no making took place and, consequently, where verbal communication became prominent, the level of emotional intensity rose to be challenging for participants. Conversely, the lightening of emotional intensity due to making enabled participants to take their critiques of the status quo far enough to tip over into the envisioning of constructive proposals. Despite the sensitive nature of the subject matter (the barriers preventing access to youth mental health services) participants managed to articulate—through the objects they made—alternative ways of doing things in youth mental health services.

The inherent resistance of the materials we selected for use in the making workshops forced collaborating participants away from a precise literalness towards ambiguous, expressionistic, visual analogies and metaphors. Crochet yarn, stretched canvas, modeling plasticine, hollow-fiber toy-filling—materials woven and pressed into shapes choreographed on table-top stages relating narratives of poignant personal experience. The struggle with materials resulted in communicative objects and media—maps, model figures, and animations—that were tangible embodiments of the thoughts, feelings, and ideas of stakeholders.

We have learnt that our social design method that uses the co-making workshop as collaborative encounter can help groups of people from different personal and professional backgrounds to work together more effectively. We have found that the shared unfamiliarity of the making activity and the positive apprehension all stakeholders often share (at the beginning of a co-making workshop) can act as a leveler between them—it provides them with something in common. If the act of co-making is unfamiliar enough for participants—if, for example, they are asked to make a small childlike figure out of materials such as hollow-fiber toy stuffing and nylon stockings (like we did at NIHR’s Innovation Schools symposium)—this can push all parties out of their comfort zone. In this context, discomfort often registers as mild embarrassment but is commonly managed with humor (with the occasional exception).\(^\text{23}\) This approach has involved asking diverse groups of participants to make something using materials they have no mastery over. We have observed that the absence of precision and resulting lack of literal meaning making by participants leads to informal, self-deprecating behavior that opens them up to each other. It also means they instantly have lack-of-mastery in common.

Health and education specialists are comfortable talking because it is something they are well practiced at their work. As a challenge to their usual practice, we asked them to discuss the subject of child wellbeing through the making of a childlike figure out of hard to handle materials. This was an attempt to tease them out of the certainties their own respective professional conditioning silos them...
in – models of thinking and action (in this instance from the fields of health and education) that can act as a barrier to good boundary-spanning cooperation. The exercise softened the professional boundary between them in the hope that cross-sector sharing of responsibility (in this case for child wellbeing), designed to create co-dependency between specialists from different fields, can begin to be contemplated. Shared cross-sector accountability is urgent because the complexity of challenges facing public services can only be addressed sustainably by service systems consisting of multiple, overlapping, interoperable practice models.

Co-making carried out in this way can provide groups of people – who have had different lives, or work in different fields with different operational cultures – the opportunity to not only exchange information and compare methods, strategies, and processes, but also to exercise their relational capacities together. Through co-making workshops, diverse groups of people can practice their skills of cooperation. Sociologist Richard Sennett says, “people need to practice their relations with one another, learn the skills of anticipation and revision in order to improve these relations.” He thinks that the techniques, methods and processes we bring to making physical objects have something to teach us about being social. “[M]aterial challenges like working with resistance or managing ambiguity are instructive in understanding the resistances people harbour to one another or the uncertain boundaries between people.”

When reflecting on our Early Lab work and discussing our workshop co-making methods with others, it came to our attention that the objects co-made in our workshops could be operating as empathy tools – except that the purpose and use of our co-made objects differ from what we understand traditional empathy tools are. In utilizing them, our aim is not to simulate the experiences of stakeholders – the common purpose of empathy tools. The Early Lab version of an empathy tool focuses attention on the stakeholder by allowing them to externalize personal experiences they want to share. In the Norwich workshops, it gave Early Lab student team members a chance to demonstrate how carefully they had listened, enabled them to register their commitment through comprehension of the nuances, and gain the trust of the service users. We didn’t put to use pre-made empathy tools, we co-made them, co-designed them with the stakeholders in the workshops. In this act of co-making – embracing the mistakes and revisions – empathy slowly emerged.

We did not seek to simulate the experience of the stakeholder because we thought this would have been patronizing and would have trivialized it. As designers living different kinds of lives, we accept that we can never fully experience what the stakeholder is going through. All simulations, no matter how faithful, will never succeed in recreating a specific event because they will never be experienced, processed, or reacted to by other individuals in anywhere near the same way. However, we think we can get to profoundly improve our understanding of contributors through empathy tools when they are created with participants.

The communicative, physical activity of making the empathy tool together gives the stakeholder agency to help build empathy in their co-maker (a designer in this case), and enable their co-maker to act more intuitively – to understand them better without trying to be them. Patricia Moore’s method for becoming more empathetic was to try to be the person on the receiving end of her design service. Famously, as a designer in her twenties, she attempted this by dressing up as a grey-haired, bespectacled woman in a costume that inhibited her movements (shortened her stride, made her stoop), simulating those of a woman in her eighties. This was a bid to take personal control by trying to replace the people who are the genuine experts of the context being designed for (inclusive, accessible design) – the people who were Moore’s potential collaborators and co-designers. This is an example of...
the designer as method actor where the designer assumes they can only do the job by becoming the expert. This is not empathy. This is an approach that demonstrates a severe lack of empathy. Learning from Moore’s work, which was groundbreaking at the time (although the extreme lengths she was prepared to take to wrestle control betray a typically Modernist mindset), the Early Lab team accepts that empathy cannot be obtained by trying to be the stakeholder. We know that our real value as designers lies in the fact that we are not them and that we cannot become them. Instead, by being immersed in proximity, co-making things with stakeholders (co-making objects and media that remain authentic to that moment), we see some sufficient understandings emerge.

The physical and visual quality of the empathy tools Early Lab creates betrays the genuinely collaborative nature of their origin: that we make them jointly with stakeholders in a relatively short space of time, on the fly, as informal discussion meanders in workshop sessions that last an hour to three hours maximum. These objects differ significantly from the kind of material outputs typical of non-design-led, design thinking stakeholder workshops without co-making at the core of their engagement method. Routine to this most common species of design thinking, workshop outputs are written on sticky notes and, if at all visual, tend towards the merely diagrammatic. The task of readying this visually meager material for presentation and sharing is relegated to a subsequent stage executed by expert designers, remotely, who may not have participated in the original workshop session that it was a product of.

The early-stage innovation typical of design thinking, that isn’t design-led or making-led, makes use of trained expert designers in a way associated with the twentieth century – held back from the early, foundational stages, and in reserve for executing the final touches at the end. Expert designers (this author included) must take some of the blame for this predicament – given our weakness for conforming to the stereotypes neoliberal culture gives rise to. Well-meaning, eager to contribute and proud of our craft skills, we expert designers share a common tendency to want to use our virtuosity to persuade, to sweet-talk – a symptom of the market-serving tune that most design education danced to pretty much exclusively up to five or ten years ago. The expert, market-centric mindset leads to the perfection of visually sophisticated, complex, highly polished proposals designed to reassure by creating a sense of closure – appropriate for the final concluding steps right at the end of a project, in consummation of a script born of ideation from a much earlier phase. Yet these results are far less appropriate in the very early explorative, improvisational stages of design supporting social innovation. Such fastidious refinement leaves stakeholders feeling redundant—thinking all the issues have already been attended to by the experts. It closes down questioning and discussion and dis-incentivizes interaction. Instead, what is necessary is an inclusive democratic method of engagement if the diverse needs/capabilities of communities-in-place are to be responded to/catalyzed in such a way that can result in fruitful ongoing relationships.

Clearly, in order to improve on the visually deficient offerings that the early stages of non-design-led design thinking is hamstrung by, expert designers need to find a way to prove their value in this space. To secure a role in the very early, explorative stages of projects, expert designers need to temper their rarefied, back-end skills with a more social, improvisatory nous that front-end work demands. To allow designers into the early stages, the non-designer ‘expert’ design thinkers will, of course, have to release their grip on control; they will have to accept that what human beings mean is often not sayable but can nevertheless be approximated and empathized with by being made external and therefore tangible. And that the best way to achieve this is by using the making-led, design methods of
co-innovation to, for example, very quickly fashion improvised physical objects or media—empathy tools—with stakeholders during immersion.

Even if design does manage to become part of early-stage design thinking, both parties are nevertheless predisposed to closure—dividing up work into packages called projects with a beginning and an end. Tellingly, the geometry of the UK Design Council’s Double Diamond design process model steers multiple axes to converge on precise points in commodification of certainty at what appear to be conclusive moments: identify problem > define problem > deliver solution. We designers are susceptible to this simplistic solutionism because our clients are; such short-termism is inadequate when designing at the level of systems to support social innovation. Early stage innovation is a field where all interventions are provisional, have complex ramifications, and need to be followed up by successive interventions that perturb systems again unpredictably in myriad ways, demanding people’s ongoing attention and partnership. There is no cure, no solution—only iterations, temporary resolutions and maintenance, long-term, for better or worse.

This article does not cover the subsequent reflection, configuration, and presentation of the outputs from Early Lab’s public engagement workshops in Norwich. Nevertheless, we would like to mention the presentation stage briefly, as it helps to demonstrate the value of our co-making method, and describe further the quality and type of empathy tools it produced. NSFT service users and service providers have so far been extremely receptive to the proposals we have presented to them. We think this receptivity has something to do with the authenticity of the visual content in them and how this is proof of the active participation and contributions of the stakeholders themselves. We trod well the finely balanced line between “too unattractive roughness and too persuasive beauty” in employing sketches, 3D and 2D mind maps, storyboards, and animations obviously co-produced hurriedly in the field trip workshops by the hands of all participants that we chose not to recreate or refine before presenting. The presence of this open kind of visualization maintained the sense of co-accountability for the ideas presented in the minds of all stakeholder participants because they could see their own contribution in them. The unresolved, unfinished, low-fidelity visualization objects and media, “characterized by a playful attitude of just trying it out,” indicated that the proposals at hand were open-ended, had not been resolved and therefore required not only the continuing participation of stakeholders but their contribution through on-going questioning and development. Helping to sustain the relationship with the stakeholders into the future.

Continuing on the theme of what sustains relationships, informalidad has emerged as an essential quality that has characterized workshop activity and made it work and be enjoyable for participants—or, should I say, contributors. While our field trip immersions are well organized, we don’t over-program them. Our sense of what contributors can pleasurably achieve in the time allotted to each workshop is realistic. While closely monitored, supporting the wellbeing of participating contributors, activity is loosely controlled. As relations between the Early Lab team and contributors develop, the aim is to allow both parties the agency and agility to steer co-making activity more autonomously and playfully.

An example of this earned informality was when, towards the end of a week-long field trip in a spontaneous pause from co-making animations in the studio they were working in, some of the Early Lab student team members and NSFT service users found a box filled with costumes. Significantly, both parties were relaxed enough with each other by this time to dress each other up and go cavorting in self-deprecating costumes around the cathedral cloisters immediately opposite (Figure 5). This unprogramed act—its spontaneity—we read as evidence of the success of the engagement. It suggested that the connections being forged through
their experience of co-making were genuine even though temporary. It was unofficial proof of a level of trust (on the part of service users) that afforded us to feel more confident about the integrity of the workshop outputs (empathy tools, service ideation, envisioning) they helped produce.

Afterword

In engaging with the users and providers of NSFT – the regional UK youth mental health service – Early Lab aimed to assist them in envisioning a better youth mental health service. This we succeeded in doing. Four months after the situated engagement in 2015, Early Lab presented the participant’s new service vision to NSFT service leaders and senior budget holders of the local CCG and Norfolk County Council. While not able to respond by making changes to their service immediately, NSFT service leaders are now confirming in 2018 that they plan to begin transforming their youth services later this year and that Early Lab’s presentation proposals will be one of their core references. This suggests that a sense of collective ownership of the ideas presented back then continues to persist at NSFT a full three years later. Early Lab feels this vindicates its making-led approach in this field.

Once people have invested energy in making something together, Early Lab has found that when confronted they are highly likely to explain/defend/debate what it is that something stands for by standing by it together – even those people who are the quiet, silent types in situated engagement workshops. The act of having made something, and having one’s externalized thoughts and feelings now embodied in a physical object, makes it natural to then identify oneself in it together with others it was made with and have a sense of collective accountability over the issue it represents. While knowledge of this kind of identification is nothing new, bringing
its existence to attention now is vital given that neoliberal economies have been steadily eroding collective forms of identification the last four decades. A collective sense of accountability kindles motivation through increased agency, and is one reason why making-led design thinking workshops in early-stage innovation afford a deeper level of contribution from participants compared to less material design thinking workshops that rely heavily on verbal exchange. Against the tide of neoliberalism, Early Lab’s experience is that the participants are the experts — those who, with a collective sense of accountability over the issues their expertise relates to, can feel empowered enough to propose new ways of doing things (in this case, new wellbeing systems) that will challenge the business-as-usual consensus that is currently working against them.

Early Lab has found, working in the field of youth mental health, that its situated engagements have led to the point where its partners (NSFT, NIHR) are less solely focused on service envisioning and have begun advocating better ways of living — in other words, preventing health problems from arising in the first place. The search for better ways of living that could be made through initiatives like these (this author’s examples):

- Developing cultures of peer support in schools (to temper the stresses on students caused by increased competition as a result of UK education policy);
- Re-embedding everyday life practices in localized relationship (in recognition that many of the habitual daily practices presented to people through advertising as ways they can meet their universal needs are pseudo-satisfiers);
- Instituting local forms of collective self-governance, which can incubate and sustain the everyday life practice transitions above (to rebuild forms of collective identification eroded by neoliberalism and combat loneliness).

All of which constitutes a long term preventative model in an attempt to escape from the short-termism of a problem solving model to mental health where only symptoms get addressed.

In the UK however, neoliberal central government and the powerful global corporates that lobby it are configured to profit from mental health problems — a political conflict of interest that, based on current performance, risks running down services into crises. If this happens, the resulting vacuum could provide opportunity for the creation of a private market for public service provision. In mitigation against this, while people cannot be told how best to live, they can be equipped to identify and create for themselves better ways of living that increase their chances of improving wellbeing, reducing the risk of mental ill health and the possibility of falling prey to emerging private health markets. It is with this that Early Lab and I aim to assist.

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