



Co-designing for Society

Deborah Szebeko¹, Lauren Tan²

¹Founder, thinkpublic and PhD candidate, Middlesex University

²Associate, thinkpublic and PhD candidate, Design Council and Northumbria University

REVIEW

Please cite this paper as: Szebeko, D., Tan, L. Co-designing for society. AMJ 2010, 3, 9, 580-590. Doi 10.4066 / AMJ.2010.378

Corresponding Author:

Deborah Szebeko

thinkpublic

deborah.szebeko@thinkpublic.com

Abstract

Healthcare is the issue that touches the lives of everyone. Adapting, changing and continually innovating healthcare is a complex undertaking requiring contributions from many different stakeholders including governments, professionals, carers, patients and the general public. But how do these groups come together, work together and share ownership in identifying challenges and creating and delivering solutions for the future of healthcare?

thinkpublic is a multi-disciplinary social innovation and design agency. We aim to design better healthcare and develop lasting skills and capacity among service providers and users. We do this by using an approach called co-design. Our approach of co-design is grounded in understanding the real life experiences, ideas and skills of people, who use, need and run services. In the first Design + Health edition of the Australasian Medical Journal (AMJ) we presented Alzheimer100 [1] a project where co-design was used to collaboratively identify issues in dementia and develop a range of innovative responses that addressed them.

In this paper, we build and elaborate on co-design, outlining in more detail its approach, tools, processes and practices. We will illustrate co-design through several projects we have undertaken such as:

- Engaging residents of a council estate to improve health and wellbeing indicators;
- Co-designing Perinatal Mental Health services; and
- Implementing a dementia care service from the Alzheimer100 project.

We will also discuss the results and benefits of co-design projects including:

- Services that are more user-centred and more efficient;
- More active citizens who can save the state money;
- Unlocking sources of innovation at the service frontline;
- The utilisation of limited resources that reach their maximum potential;
- The output of creative solutions tailored to the real needs of people;
- The creation of social capital;
- The creation of buy-in and goodwill of key stakeholders;
- Reinvigorated trust between citizens and the public sector; and
- Empowered people who take more responsibility for their own well-being and the future.

At *thinkpublic* we believe that co-design has a crucial part to play in the future of healthcare and services. Through co-design we believe that health services and care can be better for patients, professionals, carers and other stakeholders of one of the most significant issues of our time.

Key Words

Active citizens; co-design; co-production; co-produced services; creativity; design;

List of abbreviations

AMJ: Australasian Medical Journal

NESTA: National Endowment for Science, Technology and the Arts

NHS: National Health Service

PD: Participatory Design

SROI: Social return on investment

UK: United Kingdom

Introduction

Exceptional healthcare and services are fit for purpose, efficient, cost-effective and provide the best experience possible for its users. At *thinkpublic*, we are passionate and committed to improving health and wellbeing in society. We believe that the people who use and deliver



services have the experience and ideas to make them better. Co-design is a powerful tool to achieve exceptional healthcare services that meet the needs of users and providers. *thinkpublic's* work with government, policy-makers, organisations and local communities demonstrates how co-design enables staff and patients to work together in transforming health services both inside an organisation and outside in the community.

thinkpublic are a UK-based social design agency who work with the public and third sector to enable frontline staff and citizens to work together to improve public services and tackle social issues. The use of creativity and design-based approaches by a multi-disciplinary team of designers, film makers, psychologists, programmers, marketers, artists and anthropologists helps us to better understand and tackle the social challenges of the 21st century. *thinkpublic* works extensively with UK government and public sector organisations including the Department of Health, local Councils around the UK, the National Health Service (NHS), NHS Trusts and charities such as the Alzheimer's Society.

thinkpublic was founded in 2004 by Deborah Szebeko. Her initial idea for the company came after volunteering as a project manager at Great Ormond Street Children's Hospital where she experienced first-hand the impact design can have on improving patient experiences. Evidence of using creative thinking to design better patient environments has been around for many years, but the use of creative thinking to focus on patient experiences is a much newer space that only began to emerge in the 2000s. In this space, people from the creative industries have been adapting and expanding their design skills moving from "brand, packaging and communications [to] more recently, using their skills as service and systems designers to support personalised services" [2] to tackle healthcare challenges.

This paper is about one key approach *thinkpublic* use in their work with healthcare. In an earlier AMJ paper titled 'Co-designing for dementia: The Alzheimer 100 project' [3] the authors presented the approach of co-design using a project to illustrate the practice. In this paper, the focus is on co-design itself. More specifically its historical influences, approaches, tools and processes in order to provide a better and deeper understanding of what co-design is, how it can be used and the benefits and value it has brought to projects to improve and innovative the future of healthcare.

A historical perspective on co-design

An abundance of literature in design and in other fields provides a good understanding of the roots of co-design which are grounded in the participation of people in decision-making and development processes. For the purposes of this paper we draw upon literature from the disciplines of design and architecture only, to show some of the more direct influences and roots of co-design.

In the 1960s and 1970s practices in design and architecture were increasingly being influenced by the participation of

people in the creative process. In the 1960s the Scandinavian Participatory Design (PD) Movement emerged out of the ideology of workplace democracy. It was believed that involving users in decision-making of workplace computer systems would positively influence outcomes [4] [5] [6]. Concurrent to this movement, in the discipline of architecture and planning 'community design' was emerging out of the "growing realisation that mismanagement of the physical environment [was] a major factor contributing to the social and economic ills of the world" [7]. In 'community design' architects and planners actively involved people in shaping and managing their environments. Both 'community design' and PD challenged traditional approaches of designing where the role of the designer up till then, had mostly been as the sole "creator and the artist behind the object" and this still remains the most common perception of a designer today [8]. In 1971, Victor Papanek [9] responded to this role of the designer by outlining in his manifesto, *Design for the Real World: Human Ecology and Social Change* that designers should adopt more economic and social responsibility in their work and move from designing for "people's needs rather than their wants." [10]

Since the 1970s however, the coinciding Design Methods Movement that sought to bring more rigour to designing by codifying design processes, weakened the progress of Papanek and the PD Movement. The idea of an ideal design process established that a designer using this process could "serve any need" [11]. So between the 1970s and early 2000s, Papanek and PD receded while design prospered in the context of globalisation elevating even more, the idea of the designer as the sole creator, artist and celebrity [12] [13].

Since the turn of the 21st century, human participation in design and the work of Papanek has seen a renaissance among many authors and designers. For example, John Thackara's [14] manifesto, *In the Bubble: Designing in a Complex World*, echoes Papanek's call for increased responsibility of the designer. Thackara suggests that in order to do so, the designer must move from designing *for* people to designing *with* them, and develop a more conscious focus on putting people at the centre of product and service development. Many other areas in design such as user-centred design [15], inclusive (or universal) design [16] transformation design [17] and experience-based design [18] share this common principle where "at the heart of the approach... a new role for users who will no longer be just on the receiving end of services." [19] Co-design differs from some of these areas as it includes all stakeholders of an issue [20] not just the users, throughout the entire process from research to implementation. Co-design sees the user as collaborator, rather than just a research subject [21] the latter being the common view of the user in other areas of design seeking the participation of people.



Understanding co-design through literature

Since the turn of the century, a handful of literature has emerged from the field of design to create a better understanding of co-design.

Elizabeth Sanders of MakeTools [22], Deborah Szebeko co-author of this paper and founder of *thinkpublic* and the former RED Unit [23] a team within the Design Council that used design to tackle social and economic issues, have created some of this pioneering literature.

In 2004, the RED Unit connected design to public services where they recognised that the UK Government sought to drive public services that were designed “around the needs of the user; the patients, the passenger, the victim of crime.” [24]. RED saw that “existing approaches to organisational change have limitations which make them unsuitable for tackling the predominant issues” and argued for a new approach called co-creation which would be based on new relationships between users, workers and professionals [25]. Co-creation, or co-design, uses the process and skills of designers and applies these to address social and economic issues.

In Szebeko’s [26] essay, *Co-designing for communication and service in the healthcare environment*, she outlines more specifically how methodologies of graphic and communication design can help co-design healthcare services by involving staff and citizens citing that:

“... one of the great strengths of design is its capacity to respond to complex phenomena with holistic and collaborative solutions [...] communication should be involving and evolving – capable of continuous adjustment and of capturing the shifting patterns of people’s views and experiences.” [27]

Alongside RED and Szebeko, Elizabeth Sanders has authored several papers on co-design. She writes that co-design broadly refers to “the creativity of designers and people not trained in design working together in the design development process.” [28]

Today the literature for co-design is still growing. In 2008 *thinkpublic* [29] produced a film, *The story of co-design*, to illustrate how co-design works and how it results in building capacity and coalitions among communities, creating a strong sense of ownership of the many ideas that result from co-design. *thinkpublic* see that co-design can extend to many different areas and issues such as crime, education, housing, local government, employment and of course, health. In the same year, UK-based think tank DEMOS published a study on the use of co-design in public services around the world. From their study DEMOs maintain that:

“Co-design broadly refers to the effort to combine the views, input and skills of people with many different perspectives to address a specific problem.” [30]

In the same year, the *Copenhagen Co’creation Designing for Change* event brought together leaders, experts and

practitioners involved in co-design to create dialogue for moving the field of co-design forward. Their resulting manifesto explains that co-design:

“Changes the game of innovation for designing FOR people to designing WITH people... [it] is a mindset and a movement that celebrates the creativity of mankind by creating value at all levels.” [31].

As recent literature shows, co-design has a very young history. RED showed its relevance to UK policy, supported further by subsequent literature that discusses co-design as “changing the game of innovation” [32] where designers design *with* rather than *for* people in product or service development. The remainder of this paper aims to build on the emerging field of co-design, bringing more depth in understanding through profiling and illustrating co-design as practiced by *thinkpublic*.

What is co-design?

Co-design is a creative approach that supports and facilitates the democratic involvement of people in addressing social challenges. It can be a powerful change management tool, encouraging the collaboration of people within organisations and among local communities. It also offers a foundation for citizens to become active in taking more responsibility in their own health and wellbeing and brings “intrinsic value” where “the act of participation is valuable in itself, quite apart from any value it may have in helping to achieve other good things.” [33]

Co-design uses creative methods to create an equal relationship between a range of stakeholders, for example patients, doctors, carers, nurses, cleaners and managers. The key principle in its approach is to view all stakeholders of an issue as valued partners in the development and decision-making process, rather than being passive recipients of products or services. Co-design respects everyone’s experiences and views connected to the issue. The process of co-design captures these experiences, then shares, analyses, debates and uses them as a foundation for inspiring new ideas and responses to challenges. Co-design methods come from the designer’s toolbox for example focused observation, user insights, visualisation, creative thinking, prototyping, branding etc. The co-design approach enables stakeholders to work together for the improvement or creation of shared solutions that are fit for purpose and are based on the real needs and desires of those are the direct beneficiaries of them. This ensures a shared ownership for solutions and the delivery and dissemination of them.

The process of co-design

There are six key activities undertaken in *thinkpublic’s* practice for co-design in the public sector (see Figure 1.) They are:



- Diagnose;
- Engage and Discover;
- Design;
- Develop and Test;
- Influence, Deliver and Enterprise; and
- Measure and Sustain.

Co-design enables designers to work throughout a project with clients and other stakeholders. These activities are outlined below and are illustrated with some of *thinkpublic's* projects.

Diagnose

In this stage, questions are asked to fully understand the nature of an organisation or community and their challenges. A 'deep dive' with existing research is undertaken to really unpack the complexities of an issue and ensure that everyone begins the project on the same page. The problem is then defined as a creative brief with the project stakeholders, and this stage is also about determining what success in the project means.

Engage and Discover

At the start of any co-design project, communication plays a key role in building a presence for the project, bringing the right people into the project and conveying the value of participation to each stakeholder group. In Engage, the benefits of participation to each stakeholder group are identified, and communication such as branding, is created to convey these messages. For example *thinkpublic's* project called YouCanKingston aimed to understand and identify opportunities for better community health and wellbeing. The project began with creating a brand for the project, naming it YouCanKingston and designing a logo. The brand was then used across various communication channels such as text messaging, guerrilla murals (Figure 2.), a dedicated project website (see <http://youcankingston.com>), social media such as Facebook and Twitter, and direct leafletting around the estate to encourage residents to provide comments and feedback on increasing resident health and wellbeing. In the latter stages of the project, the project brand became valuable in unifying all those involved and helping them share the project and its stories with others. In the Engage stage for YouCanKingston, numerous communications methods were used to promote the project and build relationships with residents in creative and engaging ways reaching each of the 1049 homes on the estate. The YouCanKingston project then co-designed a broad range of innovative responses with residents that aimed to improve community health and wellbeing. These ideas have since informed the business case for new health services and a new resident-centred wellbeing centre.

Discover sees that research is undertaken with people to explore their different experiences and needs. A multi-disciplinary approach is taken where multiple research methods are used from various disciplines including design, marketing and ethnography. For example research methods can include cultural probes [34], ethnographic films,

shadowing and vox pops to gain insight into people's experiences, real lives and for spotting opportunities that can address a challenge. *thinkpublic's* work with NHS Perinatal Mental Health Services used a mix of research methods such as observation (Figure 3.), in depth interviews and mapping service user journeys (or journey mapping) with interviewees to uncover deep insight into the lives of new mothers and their carers. This research identified opportunities for improving perinatal health services. Ethnographic research was key to overcome instances where people might say something, but do another. Ethnographic methods such as in-depth interviews combined with observations, triangulate research findings to reveal people's true motivations and behaviours.

Design

At this stage designers bring together all project stakeholders to share findings, vote on key priority areas as a community, and begin generating ideas. Usually marked by an event or workshop the insights captured in the Engage and Discover stage are used as stories to inspire the co-creation of innovative responses and ideas to address social challenges. In a project done with the Strategic Health Authority, the Department for Health and three different gypsy and traveler communities in the South East of England, *thinkpublic* explored how paper-based personal health records could be designed and used by traveling communities who had differing needs, beliefs and superstitions around health. In the Design stage a range of creative activities and design methods were used such as storytelling, brainstorming and idea generation to include all the stakeholders in co-designing prototypes of personal health records.

Develop and Test

In this stage creative and design-based methods are used for prototyping. Prototyping is an iterative process which allows ideas or services to be rapidly created and tested for viability and usability by generating feedback from potential users. From the feedback, refinements help develop ideas to be fit for purpose solutions. Prototyping also helps correct costly errors before piloting or implementation. In the project described above, prototypes were made by mocking up different versions of health records. The prototypes were used for testing (Figure 4.) and refinement with the traveling communities to ensure the health records were useful, usable and desirable. The prototypes were also tested with medical professionals to ensure the new health records were professionally acceptable and credible.

Influence, deliver and enterprise

At the end of a co-design project, a multitude of ideas and opportunities are collected, ranging from those that are little-to-no cost to ideas that have the potential to influence and inspire policy. In *thinkpublic's* Alzheimer100 project, a project discussed in a previous paper for this journal, a co-design approach was taken to design a range of innovative responses to the future of dementia care. The project resulted in a suite of innovative ideas



including a volunteer mentoring service for carers; a model of a Safe Wandering Garden for a dementia care home; and a Signposting service to help people with dementia and their carers navigate the many disparate dementia services available. *thinkpublic* used learnings from the project and its co-design approach to influence the policy development of the Government's *National Dementia Strategy*. The strategy was launched in February 2009 and included one of *thinkpublic's* recommendations stating the need for dementia care to be easily accessible:

“Objective 4: enabling easy access to care, support and advice following diagnosis. A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.” [35]

This paved the way for the development and implementation of the Signposting Service. The Alzheimer's Society commissioned *thinkpublic* to co-design this service (Figure 5 & 6) which became known as Dementia Advisors. The service gives the dementia community access to an adviser who helps them navigate a range of existing health and dementia care and support. In 2009, the Department of Health put out to tender funding to deliver a dementia signposting service and the Alzheimer's Society won 18 of the 22 tenders. Today, the Dementia Advisors service is being delivered across the UK [36] and will begin to be evaluated in late 2010.

Measure and Sustain

Co-design is still a relatively new area and is only developing knowledge around how impact can be measured from its projects. From the authors' experiences co-design creates a positive impact on individuals, communities and organisations. If co-design is done well its impact includes:

- More user-centred services that are more efficient;
- More active citizens who can save the state money and resources in service delivery;
- Unlocking sources of innovation at the frontline of service delivery and among local communities;
- The utilisation of limited resources to reach their maximum potential;
- The rapid development of ideas, moving good ones forward and letting go of less impactful ideas;
- The output of creative solutions tailored to the real needs of local people who will interact and use them;
- Services that cut out waste and are more efficient;
- The creation of social capital where informal networks spin out of a project. These networks share common challenges and/or a common goal they seek to address;
- A high level of buy-in and goodwill from all stakeholders of the ideas and the project. This creates ownership and human agency ensuring the progression and implementation of ideas;
- Reinvigorated trust and relationships between citizens and the public sector; and
- Empowered people who are involved and take more responsibility for their own wellbeing and the future.

The next steps for co-design will include the need to measure its impact in more concrete ways. The authors see that measurement of co-design should include:

Recapturing user experiences

Part of the co-design process is capturing the current context of the challenge. Once a co-design process has occurred, a re-capture of user experiences in the same context can be compared to the earlier captures;

Measuring lean processes

In the testing or implementation of ideas, time for service deliverers can be measured and compared with time they would have spent doing things the traditional way. For example, does a nurse have more time to care in the new service that has been co-designed;

Cost mapping

The blueprinting of current and new services can be formed in a co-design project. These two maps can be compared to show costs at each stage and costs overall in the delivery of a service.

The authors have also looked at the concept and principles of 'social return on investment' (SROI) which developed out of a three-year study by the New Economics Foundation (NEF) in the UK [37]. SROI uses six stages in its analysis:

1. Establishing scope and identifying key stakeholders;
2. Mapping outcomes;
3. Evidencing outcomes and giving them a value;
4. Establishing impact;
5. Calculating the SROI; and
6. Reporting, using and embedding. [38]

Finally, we have been exploring and understanding how measurement can incorporate more staff and patient perspectives, and how the integration of measures can support future co-design work for public services and healthcare.

What next for co-design?

Since *thinkpublic* was founded in 2004 a lot has changed economically, environmentally, politically. During the authoring of this paper, the UK faced a time of significant political change with the election of a new Coalition Government in May this year. The Coalition sees the formation of two political parties, the Conservative and the Liberal Democrats who recently announced extensive budget cuts across the entire UK public sector in an effort to reduce the country's deficit. UK Prime Minister, David Cameron also advocates, "a society where the leading force for progress is social responsibility, not state control." [39] More specifically in the public health sector, Health Secretary Andrew Lansley, outlined key priorities for the NHS over the next five years announcing one of these as:



“Making patients the starting point of everything we do, not just as beneficiaries of care but as participants in its design.” [40]

These new ways of operating will require the government, public sector and civil society to radically transform the way services are design and delivered. As RED pointed out in the transformation of public services:

“The point is not just to deliver distributed versions of traditional services. Nor is it simply self-service: getting the users to do more of the work within a traditional service format. Users play a far larger role in helping to identify needs, propose solutions, test them out and implement them, together.” [41]

In the current UK political climate, as the government passes more control to communities and individuals, co-design will have a significant role to play in the transformation of public services. The authors have identified three service models that support and enable this shift including: Co-designed, Co-produced and User-owned services. These three models of service development and delivery are outlined below.

Co-designed services

Co-design brings a range of stakeholders together to identify, prioritise and co-create solutions and services that meet the needs of people using and delivering public services. In a co-design project, the outcome of the service usually remains under the traditional model of public ownership. For example *thinkpublic's* Dementia Advisors project was commissioned by the Department of Health.

Co-produced services

Co-produced services create a partnership in which users and professionals work together to design and deliver public services. In Boyle and Harris's [42] discussion paper on co-production in public services:

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.” [43].

For example Time Banking UK provides support to “link people locally to share their time and skills. Everyone's time is equal: one hour of your time earns you one time credit to spend when you need.” [44]

User owned services

This model is where the user or users spot an opportunity and develop a service they, and other users, own and deliver themselves. Users may also have a financial responsibility in the service. One of the best examples the authors have seen is the model of online network and website Mumsnet [45]. In 2000 Mumsnet was set up by two mothers who wanted to make the lives of parents easier by pooling together knowledge, experience and support on parenting. The site has

grown rapidly since it was founded with more than 1 million visitors each month, mainly from the UK [46].

In the current political climate the authors predict that delivery models for public and community services will progress from co-design and toward co-produced and user-owned models. *thinkpublic's* vision is to support all these models for the efficient and cost-effective delivery of services that provide the best experience possible for all stakeholders. *thinkpublic* believe that:

“... we need to make the most of what we have and develop existing resources, ie. the capacity and talent of public sector staff... This can be achieved by using a range of design, media and social research processes to train and enable frontline staff to engage, listen and innovate alongside citizens.” [47]

Some of *thinkpublic's* current work with organisations such as NESTA, who promote innovation throughout the UK, NHS London and charity the Calouste Gulbenkian Foundation, seek to achieve this. There has never been a more critical time for designers to be working with government, the public sector, civil society and citizens to help “reinvigorate public services under pressure from a more demanding public, increasing social complexity and overstretched resources.” [48] Designers bring creativity and design to support others in thinking differently, creatively and resourcefully about addressing social challenges of the 21st century.

Conclusion

This paper aimed to provide an in depth understanding of co-design, its approach, processes, tools and practices. It discussed the current understanding of co-design found in literature and provided insight into the practices of co-design though several different projects undertaken by *thinkpublic*. The issue of measuring co-design is an area that needs to develop to provide more robust evidence of the benefits and impact of this approach. *thinkpublic* and the authors of this paper are passionate about moving co-design forward into facilitating more co-produced and user-owned public services. These models will be crucial in the current UK political climate, and for other societies around the world, in creating better healthcare and services for all.

References

1. Tan, L and Szebeko, D: ‘Co-Designing for Dementia: The Alzheimer100 project.’ *Australasian Medical Journal* 2009: 1 (12). *Journal paper*.
2. Cottam, H. and Leadbeater, C: *RED Paper01. Health: Co-creating Services*. Design Council 2002. *London Report*.
3. Tan, L and Szebeko, D: ‘Co-Designing for Dementia: The Alzheimer100 project.’ *Australasian Medical Journal*. 2009: 1 (12). *Journal paper*.



4. Beck, E: 'P is for Political - Participation is not enough.' *Scandinavian Journal of Information Systems*. 2002. 17: 77-92.
5. Luck, R. 'Dialogue in participatory design.' *Design Studies*. 2003. 24: 523-535. *Journal paper*.
6. Muller, M. J. 'Participatory design: The third space in HCI'. Handbook of HCI. *Erlbaum*. 2007. Jacko, J. and Sears, A. (Ed). USA.
7. Sanoff, H: 'Multiple views of Participatory Design.' *Middle East Technical University Journal of the Faculty of Architecture*. 2006. 23 (2): 131-143. *Journal paper*.
8. Valtonen, A: 'Six decades - and six different roles for the industrial designer.' *Nordes Conference In the Making*. 2005. Copenhagen. *Conference paper*.
9. Papanek, V: Design for the Real World: Human Ecology and Social Change. *Thames and Hudson* 1971, 1985. USA.
10. See 9.
11. Binder, T., Brandt, E. and Gregory, J: 'Design participation(-s)'. *CoDesign*. 2008. 4 (1). *Editorial*.
12. Thackara, J: In the bubble: Designing in a complex world. *MIT Press* 2006. Massachusetts.
13. Valtonen, A: 'Six decades - and six different roles for the industrial designer.' *Nordes Conference In the Making*. 2005. Copenhagen. *Conference paper*.
14. Thackara, J: In the bubble: Designing in a complex world. *MIT Press* 2006. Massachusetts.
15. Norman, D: The Design of Everyday Things. *Basic Books* 2002.
16. Helen Hamlyn Centre. *Royal College of Art* London. [<http://www.hhc.rca.ac.uk>] *Website*
17. Burns, C., Cottam, H., Vanstone, C. Winhall, J: RED Paper 02: Transformation Design. *Design Council* 2006. London. *Report*.
18. Bate, P. and Robert, G: Bringing User Experience to Healthcare Improvement: The Concepts, Methods and Practices of Experience-based Design. *Radcliffe Publishing* 2007. UK.
19. Cottam, H. and Leadbeater, C: *RED Paper01. Health: Co-creating Services*. Design Council 2002. London *Report*
20. *thinkpublic*: The story of co-design by *thinkpublic*. *thinkpublic* 2008. Retrieved 22 June 2009 from [<http://www.youtube.com/watch?v=HWgJlwTDIRQ%5D>] *YouTube film*
21. Sanders, E. and Stappers, P. J: 'Co-creation and the new landscapes of design.' *CoDesign* 2008. 4(1): 5-18.
22. Make Tools: [<http://www.maketools.com>] *Website*
23. RED archival website: [<http://www.designcouncil.info/mt/RED>] *Website*
24. Tony Blair, in Burns, C., Cottam, H., Vanstone, C. Winhall, J: *RED Paper 02: Transformation Design*. Design Council 2006. London. *Report*
25. Cottam, H. and Leadbeater, C: *RED Paper01. Health: Co-creating Services*. Design Council 2004. London *Report*
26. Szebeko, D: 'Co-designing for communication and service in the healthcare environment.' *Journal of Public Mental Health* 2005: 4(4). UK
27. See 26.
28. Sanders, E. and Stappers, P: 'Co-creation and the new landscapes of design' *CoDesign* 2008: 4(1): 5-18.
29. *thinkpublic*: The story of co-design by *thinkpublic*. *thinkpublic* 2008. Retrieved 22 June 2009 from [<http://www.youtube.com/watch?v=HWgJlwTDIRQ%5D>] *YouTube film*
30. Bradwell, P., Marr, S: Making the most of collaboration: An international survey of public service co-design. *DEMOS and PriceWaterhouse Coopers Public Sector Research Centre* 2008. London. *Report*.
31. Copenhagen Co'creation event 2009. [<http://copenhagencocreation.com>]
32. Copenhagen Co'creation event 2009. [<http://copenhagencocreation.com>]
33. Osmani in United Nations: Participatory Governance and the Millennium Development Goals (MDGs). *Department of Economic and Social Affairs, United Nations* 2006. New York.
34. Gaver, B., Dunne, T. and Pacenti, E. 'Cultural probes.' *Interactions* 1999: 6(1): 21-29.
35. Department of Health: 'Living Well With Dementia: A National Dementia Strategy Implementation Plan.' *Department of Health* 2009. UK. *Report*
36. Alzheimer's Society: 'What is a dementia advisor?' *Alzheimer's Society website*: 2010. Retrieved on 7 June 2010 from [http://alzheimers.org.uk/site/scripts/download_info.php?fileID=532] *Information sheet*.
37. Nicholls, J., Lawlor, E., Neitzert, E. and Goodspeed, T: A guide to Social Return on Investment. *The Cabinet Office of the Third Sector* 2009. UK
38. See 37.
39. The Conservative Party: 'Cameron unveils "Big Society" plan.' Wednesday, March 31 2010. Retrieved 4 June 2010 from [http://www.conservatives.com/news/news_stories/2010/03/plans_announced_to_help_build_a_big_society.aspx]
40. Health Secretary speech to NHS Confederation 24 June 2010. Retrieved 24 June 2010 from [http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_117005]
41. Cottam, H. and Leadbeater, C: *RED Paper01. Health: Co-creating Services*. Design Council 2002. London *Report*
42. Boyle, D. and Harris, H: The Challenge of Co-production: How equal partnerships between professionals and the public are crucial to improving public services. *DEMOS* 2009. UK. *Report*.
43. Cottam, H. and Leadbeater, C: *RED Paper01. Health: Co-creating Services*. Design Council 2002. London *Report*
44. Time Banking UK. Retrieved 29 June 2010 from [<http://www.timebanking.org/>] *Website*.
45. Mumsnet website. Retrieved 15 June 2010 from [<http://www.mumsnet.com>] *Website*.
46. Google Analytics January 2010.
47. Szebeko, D: Point of contact. *The Guardian Newspaper* 15 June 2010. Retrieved 15 June 2010 from [[586](http://www.guardianpublic.co.uk/think-</div><div data-bbox=)



[public-services-point-of-contact?CMP=tw_t_gu\]](#)

Newspaper article.

48. Bradwell, P., Marr, S: Making the most of collaboration: An international survey of public service co-design. *DEMOS and PriceWaterhouse Coopers Public Sector Research Centre 2008*. London. *Report*.

ACKNOWLEDGEMENTS

The authors would like to thank Ben Kingsmill, Alice Osborne and Laura Williams of *thinkpublic* who provided valuable feedback in the development of this paper.

PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

See second pdf for figures