Relational identities: how service co-design can help improve the minority experience and becoming ourselves

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Abstract

Research shows that conventional care for older immigrants across the UK remains inaccessible. Cultural and system ensued barriers impact on self-confidence and personal agency. Often evading dealing with the state altogether, this user group rely heavily on word of mouth and informal family care. This significant lack of personal agency is shown to negatively impact on the construction of the 'self'. In answer to this impending social challenge, this preliminary paper explores how co-design methods can help strengthen the citizen-state relationship and cultivate community engagement. Through a review of literature and expert interviews, the study aims to shed light on the service experience of non-native peoples and uncover some of the service and system challenges that impact on the lives of this often-overlooked group. This forms part of a larger study that aims to improve social care services and the overall system of care for elderly immigrants in the UK.

Introduction

According to the Office of National Statistics in 2016, an estimated 21% of the UK-born population was at least 65 years old, where 10% are foreign-born residents (ONS, 2016). The largest ethnic groups in the UK are 'White other', 'Caribbean', 'South East Asian' and 'African' (ONS, 2016). Along with the main BME minority subgroups, most of whom are considered collectivist in their dynamic (Willis, 2012), if we were to break down the 'white other' subcategory further, we will also find traces of collectivist behaviour exhibited within communities of Turkish descent (Göregenli, 1997). The main characteristic of collectivist societies in the context of this study is explored in their approach to family and care dynamics. Specifically, in that they behave in a network reliant fashion, often having a close, long-term commitment to their family, extended family and community network. Stereotypes on increased informal care giving amongst ethnic groups in Britain is often a common dynamic (Willis, 2012). Assumptions that impact the provision of care in that user need is typically met through family and there is often a lack of need for institutional support (Schoenmakers et al., 2017).

The key driver for this study is that despite small changes that have recently been developed to consolidate care services in the UK around this user group, almost 70% of them still feel they do not know enough about current care system changes, services and opportunities (Healthwatch, 2018). Consequently, some authors argue that due to the limited use of care services by immigrant populations, institutions aren't stimulated enough to offer services tailored to their needs (Ahaddour et al., 2016). In his book presenting a selection of research in the field ('Migrants Unbound'), Paolo Ruspini argues that a lack of research and understanding often leading to simplistic assumptions have 'problematised' aspects of living for older immigrants (Ruspini, 2019). Overall, poor mental health adjustment, feelings of threat to identity and general well-being are found to be negatively impacting factors in the lives of ethnic older people (Radermacher & Feldman, 2015), aspects of which will be explored further in this paper.

By taking these considerations into account, co-design methods can be employed not only to provide better knowledge of existing structures of care. By using co-design, as tools-based activity and involving multiple stakeholder into the design process and using collaborative team approaches to allows non-designers to become equal members of the design team (Sanders and Stappers ,2008), we can increase engagement with hard to reach user groups and provide services that align with needs much more closely. Overall, this type of community participation is seen to strengthen the role of the citizens, which is identity-establishing and is considered a part of positive community development (Mueller et al., 2018).

The primary purpose of this exploratory, inductive study is to explore how the design of services and aspects of stigmatisation impact on the immigrant public service experience, including aspects of care. In consideration of how service co-design can help improve the current citizen-state relationship, the study explores social theory and its alignment with service interaction. Expert interviews, on the other hand, aim to uncover some challenges and aspects of improvement within said interactions. This is to form initial blocks of a larger study, which aims to establish a framework of co-design principles with insights from elderly immigrants for the use of service designers in the public and private sector, to help improve social care service appropriateness and engagement for this user group. As one study outlines, shifting focus away from experts and towards service users much more drastically is vital for service improvement: "the "ageing society" will not only generate higher demand for health and social care but could also help improve services much more efficiently" (Löffler et al., 2008).

Literature review

The literature review for this part of the study aims to uncover processes and structures in public services, as well as to show an understanding of the service experience of minority groups, with a special focus on immigrant elders. Social theory on the other hand, is used to better understand interactions and dynamics of the experience in minority groups. Finally, by identifying some of the current approaches and benefits of co-design in the public realm, processes and methods are outlined in order to provide a basis for development in later stages of this research.

Access and service experiences of minority ethnic groups

Research shows that often unrealistic assumptions that needs are met through this user group's own family and community are made by service institutions put in place to support them (Schoenmakers et al., 2017). Access to statutory health and care services depict a comparable difference in health and well-being as well as care service utilisation amongst native and non-native service users (Verhagen et al., 2014). A significant lack of health literacy and support in making sense of the service structure are listed to contribute significantly to disengagement with state health and social care services. A study conducted on Black Ethnic Minority Elders (BME) in London by the King's Fund in 2002, referred to a lack of adequate care service advertising, poor service access, lack of interpretation services and lack of liaison with external independent sector service provider seriously harm BME service engagement (Kapasi et al., 2002). Ultimately, research suggests that we must place large importance on the feature of identity, specifically in co-design processes. Aspects of representation and identity formation play a large role in understanding how to transform relations of power and encourage civic service engagement processes (Renedo & Marston, 2011).

Benefits of co-design in public sector

As method that requires shared values, deep empathy and trust, co-design has been able to better understand, design and deliver public services, not only "as loosely coupled networks but as closely coupled systems" (Laitinen et al., 2018). Research shows that since its inception in the health and care sector, co-design has supported active participation of patients, where it has significantly enhanced project outcomes in clinical care and quality improvement (Bowen et al., 2010). The quality of service design in co-design projects, however, has been listed as depending largely on four main parameters: how easy it is to get information, how useful the information is, what information is available, and how easy it is to use online services (where applicable) (Sinni, 2017). Keeping this in mind, co-designing social care services for marginalised, vulnerable users cannot be approached in the same way as regular co-design projects are structured, where studies list increased empathetic empowerment and enablement as two vital aspects in addressing the needs of older non-native people (Dietrich, 2017).

Research shows that inclusive and participatory approaches can lead to improved overall well-being outcomes, all the while, providing accessible services, increasing social capital and people's self-confidence as well as health and well-being enhancing attitudes (Sangiorgi, 2011).

Aligning with social theory

A study that aimed to examine the key socio-psychological elements of community engagement and participatory processes established that even where there was an institutional infrastructure to promote civic engagement with state services, successful public and community participation was hindered due to negative underlying processes (Renedo & Marston, 2011). Consequently, a link was made between the user's own self-image and the general social representations in participatory public processes. In conclusion, the study explored users' construction of their personal identities through engagement with professional discourse and how this could help foster community processes that are 'positive and enabling rather than negative and limiting'. Inhibitions, misplaced fear, and feelings of anxiety are just some of the factors associated with the dynamics of dealing with state services. These emotional responses cultivate a loss of agency and impact on the formation of our individual identities, preventing us from becoming our true selves, and instead adopting the identity or label that is being assigned to us as 'nomadic' individuals (Barrett, 2019).

One argument presented on the phenomena of culture is that one cannot study ethnicity, minority groups or the behaviour and characteristics of immigrant communities without in itself understanding the majority of culture in that society (Jenkins, 1994). It is therefore, important to point out that in understanding cultural difference and social dynamics, influential anthropologist Fredrik Barth's take on the philosophy dictates that what makes social groups different from one another is not exactly the feature of specific characteristics, but rather the interaction with other social groups (Freedman & Barth, 1970). In building a clear picture of the guiding principles of human behaviour, this means that there is a key intersection that must be considered: values and consciousness of the parent society as well as macro versus micro social interactions. The guiding principle here is the theory of relational identity, which communicates that on an individual level, we continuously position ourselves in relation to others,

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often defining ourselves according to these perceived relations (Shapiro, 2010).

Expert interviews

Six hour-long, semi-structured exploratory interviews were conducted with specialists in the following fields: service design in UK local government; co-design specialists (community orientated projects); social policy, citizenship and migration (academia); social identity (academia and practice); service design for nomadic communities (academia and practice). The purpose was to explore service and co-design challenges in the public sector, and to better understand the impact of the minority ethnic and immigrant experience with regard to public services. Thematic analysis was used to group these findings, as the problem themes emerged out of raw data.

Service administration

As marketed private services become more readily available to the public, social care services fail to be more universal and often do not converge with the overall system of care. This severely impacts on the way elderly people use services as increasingly, not enough is being done to manage recovery when users become a part of a disjointed system of care. Policy on the other hand, gives a 'backdrop to hostility' with assumptions often made that immigrant elderly are being taken care of by their family members on an informal basis. This becomes a part of the generational stream & expectation, with what is seen as the burden of care being deployed elsewhere. A way to manage some of these challenges, experts agree, is to ensure thorough citizen-state involvement, where the service user becomes 'expert by experience', allowing for family members who are also carers to participate in the research dialogue and service development process. Most importantly, within these processes, service users can learn about the care service structure and eligibility. It is important also to note that specific discussion was formed along the themes of social identity and prejudice against marginalised groups of people within the system of care. It was suggested that a way to mitigate this issue is to provide consistent, compassionate forms of training and care amongst service representatives on all levels of practice, including but not limited to service development and user testing.

Issues of user research in public service design

Respondents outlined two major issues in service administration, design and delivery in the public sector. Pointing to a lack of 'discovery phase', described on the UK Government website as a means of 'learning about your users and their context', a process that helps to reduce uncertainty and assumptions made about consumer needs. Despite the UK Government Digital Service, which formed in 2010 to help improve and consolidate digital public services within central government, it seems much less has been done about the spread of the same user-centred values outside of UK central government. Another key issue discussed is a significant lack of user testing before service roll-out. At this stage of the process, it is already too late to make any significant improvements to the service. Public services would often go through major transformations such as a channel shift from a physical to a digital representation, without acknowledging user requirements. Described as taking a passive view, institutions would assume the view of simply knowing what's best for the service user, and often unwittingly excluding elderly citizens and digitally illiterate service users. When prompted about the cause of these major discrepancies, respondents listed issues of management, lack of resources and time restraints. One way to overcome these issues, experts agree, is to apply incentives that focus on quality and process management during the service design process. This motivates service designers and providers to adhere to the whole process of user testing and permit usability measurement. As suggested, a 'mandate discovery phase', could be the answer to fostering a better designer-citizen synergy.

The role of the designer on creating conditions for identity and representation

In research, the designer is referred to as sense-maker, one that establishes collective communication among different groups. Fostering familiarisation by establishing a common ground, in order to 'bring everyone to the same level', disintegrating feelings of fear often felt in dealing with the state among vulnerable groups. As part of the collective community building process, experts agree that it is up to the designer to build personal and collective awareness of cultural nuance and help the wider community adapt themselves, in order to create better conditions for participation. When often met with resistance, the only way to overcome it is through establishing a rapport with community key-holders and creating a reference panel group that represents marginalised groups within the

community. The final element of this process is expectation management. From the beginning of the co-design research process, it is important for the designer to clearly relay an understanding of project outcomes and how findings will later be relayed to the wider community, actively closing the feedback loop. This important step establishes a reciprocal, on-going relationship.

Conclusion

To summarise, this paper has gathered a preliminary understanding of the minority and immigrant state service experience, outlining some of the key challenges gathered from literature. Anxiety in dealing with state-run services negatively impacts the user experience and identity formation. What social theory can teach us about service interactions is that often stigmatisation, instability and prejudice impact on user self-esteem and feelings of worthiness. This aspect of perceived group membership impacts on the way people relate themselves and to the state and therefore their ability to interact with state services. This permits consideration on the way in which co-design methods can be better integrated into the service design framework in impacting identity formation for marginalised groups during service co-design processes. The dynamics of collectivist societies, it could be argued are somewhat similar to those of familial societies, in that inter-generational living takes place and assumptions lay bare on who is responsible for older people's care needs.

This paper invites you to discuss how the aspect of collectivist societies and their family and care structures, flourishing within western societies can be a rich source for building improved care services, service development and co-design processes overall. Considering mainly the impact of citizen-state interactions.

The paradigms explored help build the foundations for research to follow. By building upon expert discussion, the next steps of the study will see to produce a co-design framework that focuses on service improvement via personalisation and appropriateness of services for elderly immigrants. Through the use of focus group sessions and expert feedback, these guidelines should help improve the overall service design process within social care.

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