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EDITORIAL

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The lost art of service design

This editorial is clearly prompted in particular by the article by Colum Lowe and colleagues on the design of living environments for adults with autism, and the associated commentary by Tony Osgood. The notion of design has more general relevance, however, and I will try to connect it to the other articles in the current issue also.

Lowe et al say “everything made by humans is designed...but not everything has been well designed”. They are primarily talking, of course, about tangible objects or environments. The notion applies, however, more broadly. The healthcare system which failed to diagnose B’s cancer in the case presented by Reza Kiani and colleagues has, at least in some senses, been designed. But that design is perhaps too reliant on the “self-advocacy” of the typical patient who can describe his or her symptoms as part of a continuum of experience over several years. As Julie Foster and Bob Marks note, “someone in B’s position, who was able to advocate for himself, might well have been asking for more investigation and explanation of their recurring illness”. So this healthcare system is, at least from the perspective of B and those like him, poorly designed. But the design issue here is not about the building or any other aspect of the physical environment, it is about how the “system” works and whether it has been adequately tested across the range of individuals required to use it.

The article by Katja Koski and her colleagues is particularly welcome as a contribution from one of our European neighbours. As noted in a previous editorial, we are keen to encourage articles from Europe and further afield while, at the same time, preserving the journal’s main focus on practice and policy in the UK. We would expect any service provided for individuals who have profound and multiple learning disabilities to include a particular focus on communication and Koski’s article exemplifies the importance of training staff to communicate in the adapted ways necessary if successful communication partnerships are to be achieved. But, of course, training is not all that is required. The new skills have to be used in practice and have to be supported by staff’s supervisors and managers if they are to be maintained over time. In other words, a system has to be “designed” that will change staff behaviour in the long term and it has to be a system (as noted also in respect of the healthcare system) that is not overly dependent on specific actions (complaints, requests etc) by users of the system. Such a system needs a range of “inputs” including information about what the system is meant to produce and how to do it. Jill Bradshaw’s commentary shows how we have a fairly clear idea about the former (as exemplified in the “Five Good Communication Standards”) but incomplete evidence on the latter – we need more research to know exactly what sorts of skills staff should possess if these Standards are to be achieved.

Design is, therefore, a relevant concept to many aspects of support for people with intellectual and developmental disabilities. The physical environment, as suggested by Lowe, should be designed to take account of the needs and preferences of users. More generally, it should be “intelligible”, easy to understand and respond to. Large social systems (such as a National Health Service) should be designed to enable good treatment for all users, not only those who can speak for themselves. And local support systems involving small numbers of staff supporting one or more individuals should be designed to ensure the effective delivery of competent support.

We have known this for a long time (e.g. Felce, 1988; Mansell, McGill & Emerson, 1994) but, for a number of reasons, have perhaps not used these ideas as much as we could. First, the increasing complexity underlying the provision of support for people with disabilities makes the design process harder and creates obstacles to implementation. Second, our awareness of the importance of ownership or co-production with disabled people sometimes leads to less confident assertions about effective approaches. Third, the notion of design must always be considered within a broader context of development, change and evolution. Buildings may stay more or less the same for quite lengthy periods of time but systems can change very rapidly, often in ways that reflect the interests of the most powerful actors within the system.

So the notion of design is a good one but, like everything, not a complete answer. We should not stop designing things the way we want them to be. We should get better at doing this in ways which deal with complexity, acknowledge the different skills and interests of different stakeholders, and, as far as possible, prevent perverse, unplanned change. At the same time we should accept the limitations of design else we may need to be reminded, a couple of weeks short of Burns night, of my national poet:

The best-laid schemes o' mice an' men
Gang aft agley,
An' lea'e us nought but grief an' pain,
For promis'd joy!

References

Felce, D. (1988) *Staffed housing for adults with severe or profound mental handicap: The Andover project*, Kidderminster: BIMH Publications.

Mansell, J., McGill, P., & Emerson, E. (1994). Conceptualizing service provision. In E. Emerson, P. McGill & J. Mansell (Eds.), *Severe Learning Disabilities and Challenging Behaviours: Designing High Quality Services* (pp. 69-93), London: Chapman & Hall.