



humanly

Applying human-centred design to an existing social care innovation

UCD Gathering 2022

Search for carers

Please go to pg4

@designhumanly @ali_fawkes

Would you like to 'post a job' or 'search for carers'?

About my carer

Gender preference

Other preferences

Circle anything you think is important.
Please comment on anything you think
we have missed.

Unpaid carer

About me

Description of care needs

- Meal prep
- Bathing / washing
- Getting out of bed
- Companionship
- Help with medication
- Other

Self fill in boxes

Hobbies / Interests

Preferences

Confusing

X does this need to be in?

My daily life

Location

0 miles

50 miles

Gender

- You may tick multiple boxes
- Women
 - Transgender
 - Doesn't matter
 - Men
 - Non-Binary

Languages

- You may tick multiple boxes
- English
 - Polish
 - Yoruba
 - Urdu
 - Hindi
 - Other

Skills

- Personal Care
- Companion
- Ergonomic
- Meal Preparation
- Time Management
- Wound Dressing
- Confidentiality
- Other

Qualifications

- Health and Safety
- Mental Health
- Medication
- Manual Handling
- Dementia Training
- Health and Social Care Level 2
- Health and Social Care Level 3



humanly

Humanly is an award-winning
design studio specialising in
human-centred design for social impact

We develop:



+



Human-centred solutions

We create human-centred solutions, such as products, services and systems.

Human-centred organisations

We create human-centred organisations that are equipped to deliver innovative products and services.

About us



Ali Fawkes

Social Innovation
Consultant



Annika Patni

Service Designer

We work with organisations that share our commitment to positive social impact



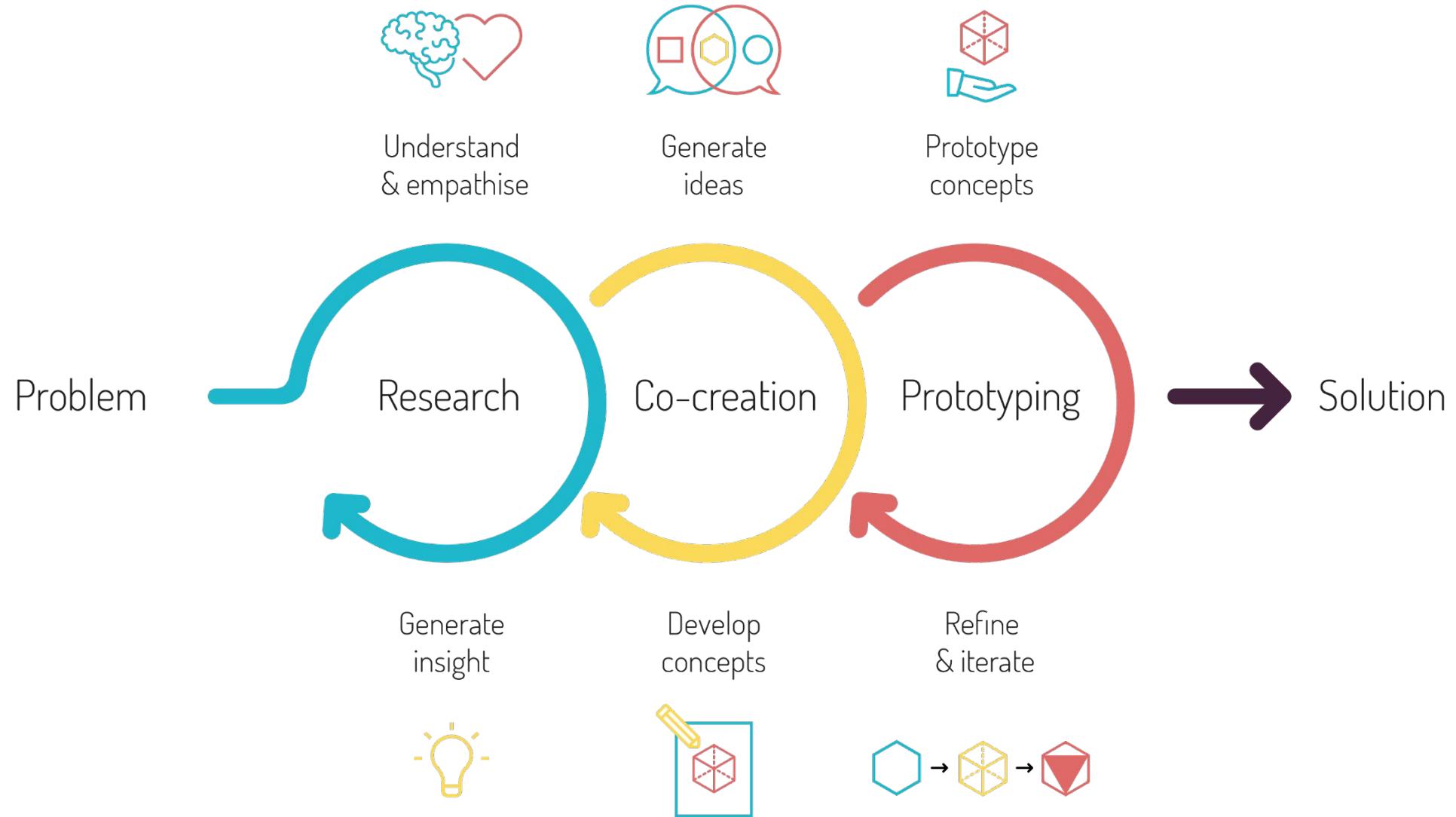
What we work on

We specialise in working with vulnerable groups and have tackled a wide range of complex social problems, including:

- Mental health
- Dementia
- Disability
- Cancer
- Adult social care
- Education
- Refugees
- Employment support
- Empowering women and girls
- Worker's rights
- Children's services
- Public transport
- Citizen engagement
- Climate change

Context

The Human-Centred Design Process



Why Human-Centred Design?

Traditional development process

Starts with an **idea**, often based on assumptions



Only one idea generated



Build, pilot, scale



Why Human-Centred Design?

Traditional development process

Starts with an **idea**, often based on assumptions



Only one idea generated



Build, pilot, scale



Human centred design process

Starts with **problems** and understanding people's needs



Lots of ideas generated in response to user insights and evidence



Rapid prototyping as early as possible before costly build

Tribe

The idea for Tribe started from the **real life experience** of finding it hard to find care in a rural part of the UK.

Although the project started with an idea, the **intention was always to develop Tribe using the human-centred design process.**



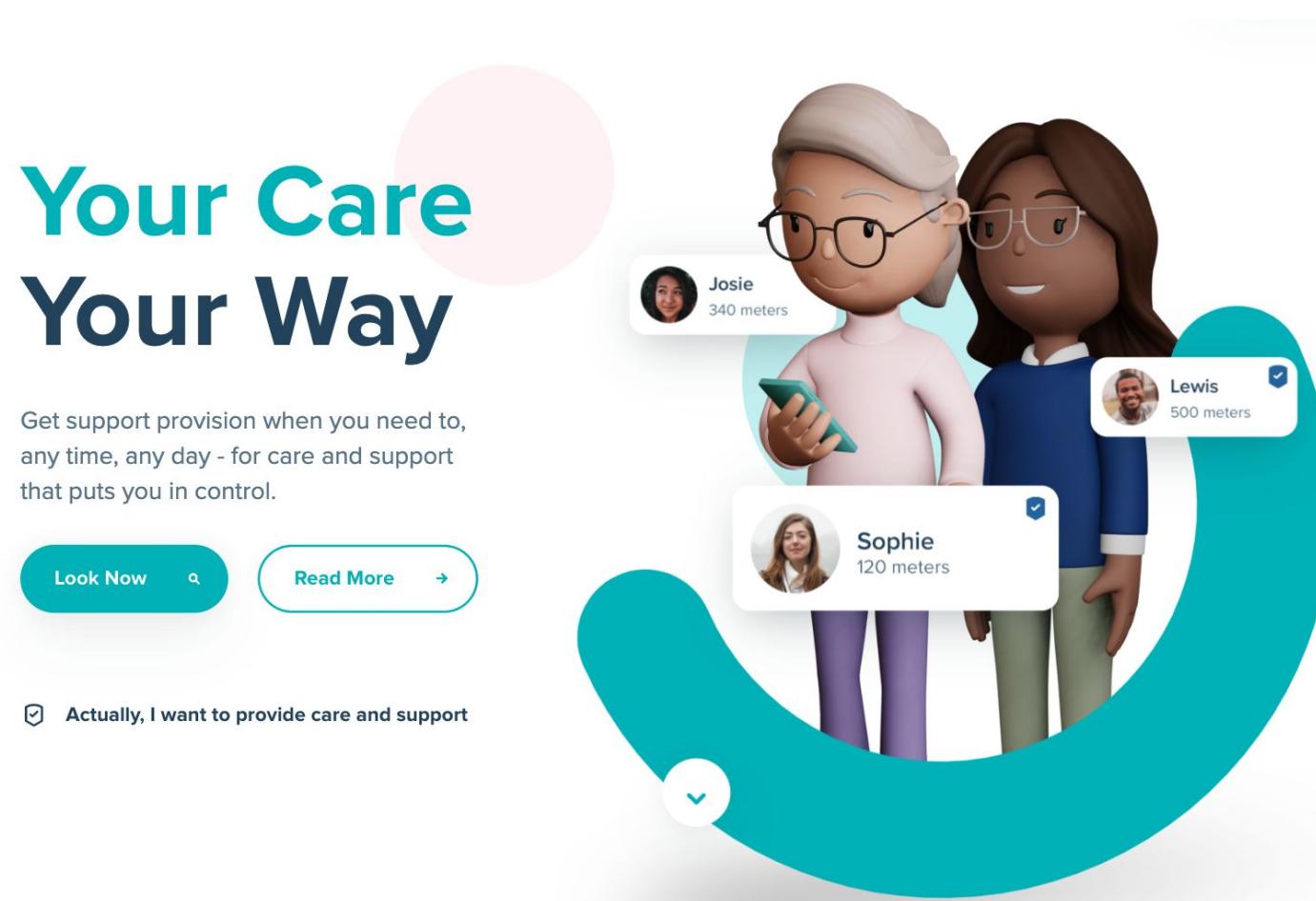
UK Research
and Innovation



'The mission of Tribe is to increase social action, improving the quality of life for millions of people. Through use of applied technology we will reduce pressure on public services to address the care challenges across the UK.'

Richard Howells,
Founder of Tribe

Tribe is an app that enables people to arrange and pay for care from self-employed carers in their local area.



The landing page features a large teal circle containing three 3D avatars: a man with glasses holding a phone, a woman with glasses, and another woman. Callouts above each show their names and proximity: Josie (340 meters), Lewis (500 meters), and Sophie (120 meters). Below the circle are two buttons: "Look Now" and "Read More". A checkbox at the bottom left is checked, reading "Actually, I want to provide care and support".

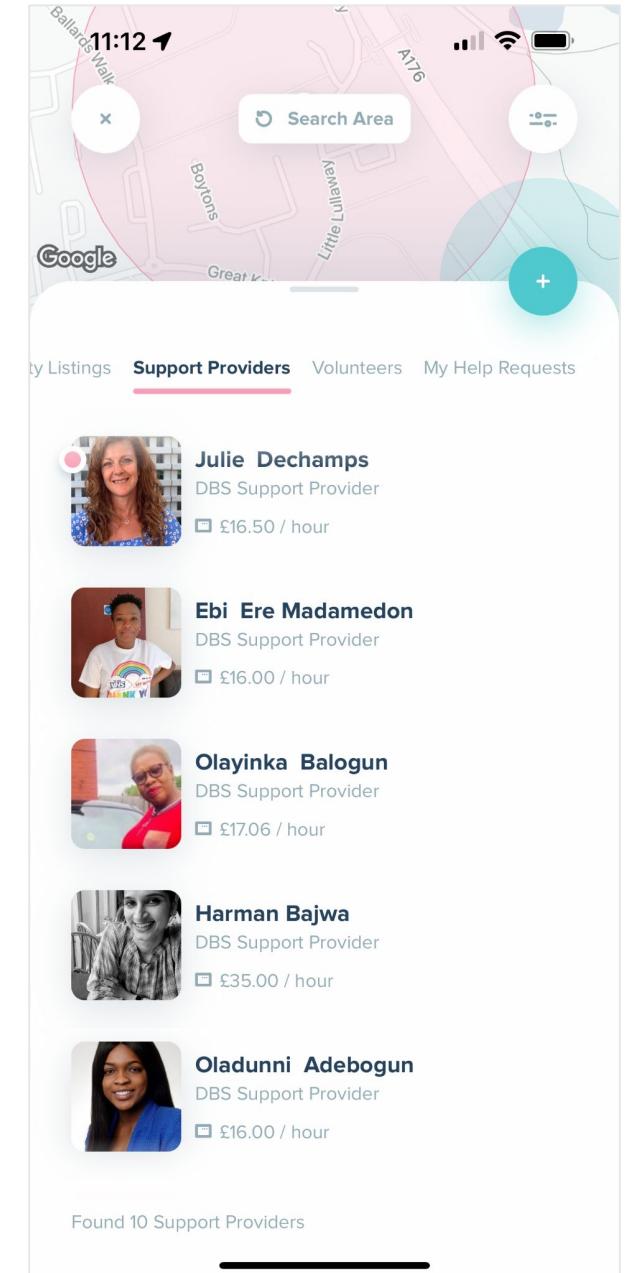
Your Care Your Way

Get support provision when you need to, any time, any day - for care and support that puts you in control.

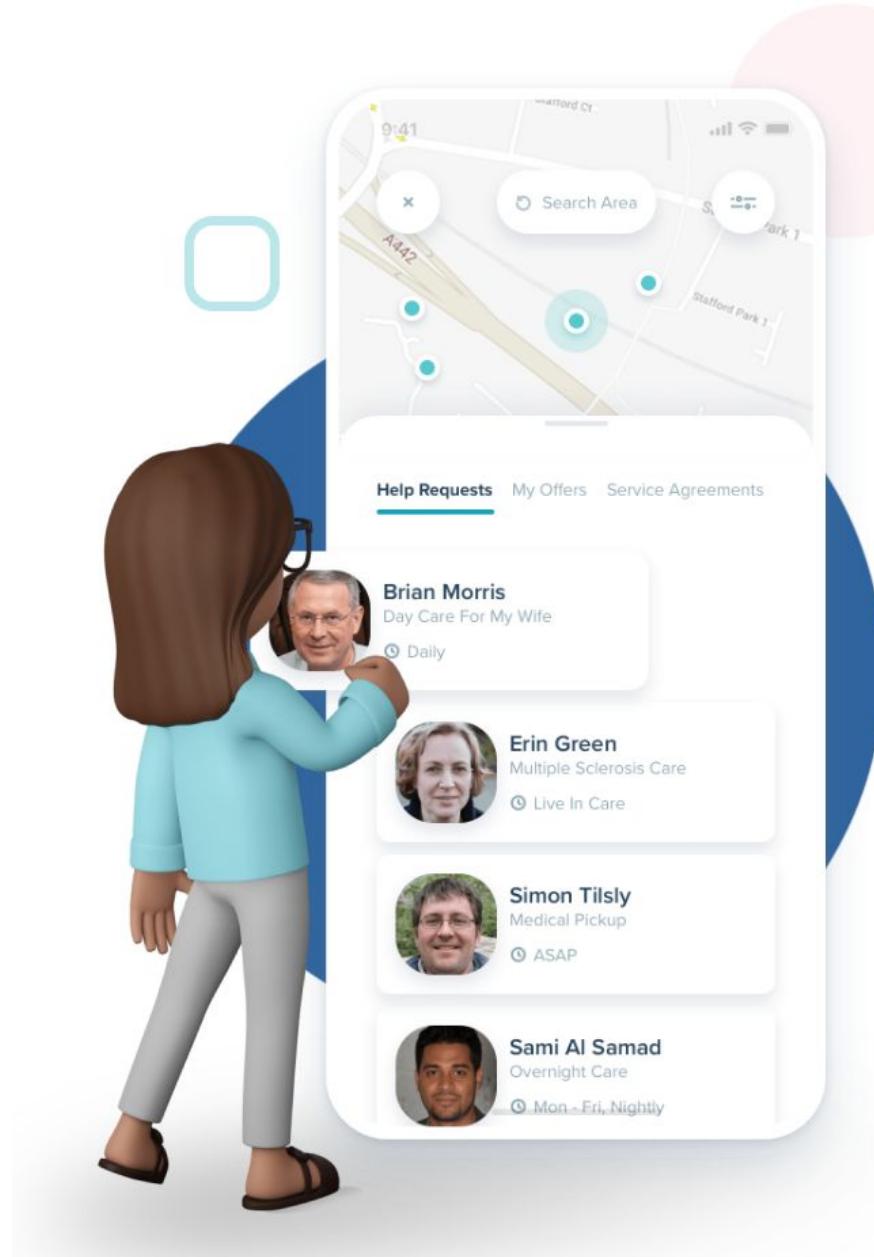
[Look Now](#)

[Read More →](#)

Actually, I want to provide care and support



Tribe also supports people to become self-employed carers and offer care in their own communities.



Tribe Project Team

Project Funders



UK Research
and Innovation

Lead



bronze
labs.

Partners



TSA™

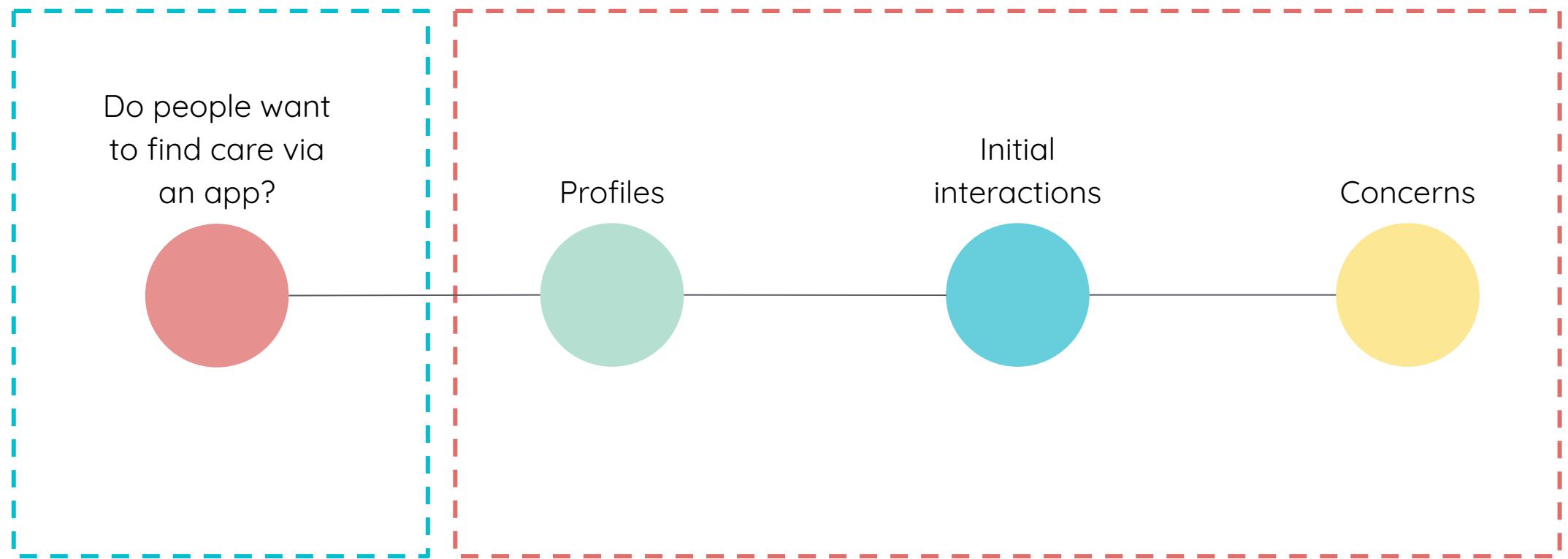


Design and evaluation



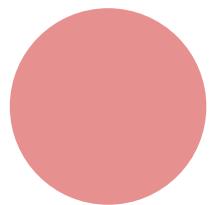
Applying the human-centred approach to an existing solution

Applying human-centred design to Tribe

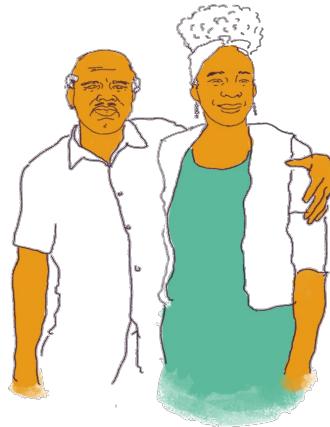


Applying human-centred design to Tribe

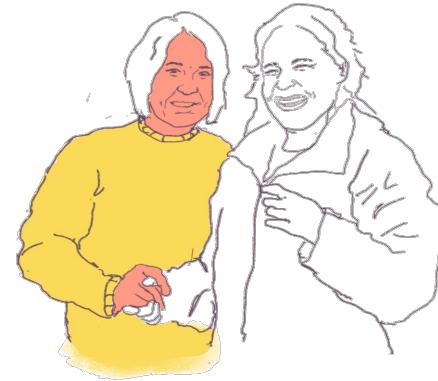
Do people want
to find care via
an app?



Do people want to find care via an app?



Unpaid carers



People receiving care



Care workers



Volunteers



Previous users
of Tribe

What we learnt

An overwhelming YES

'It's not us who don't want to pay the carer properly'



'When I get my wage slip at the end of every month I feel shattered because I work so hard and it's ridiculous'



What we learnt

An overwhelming YES

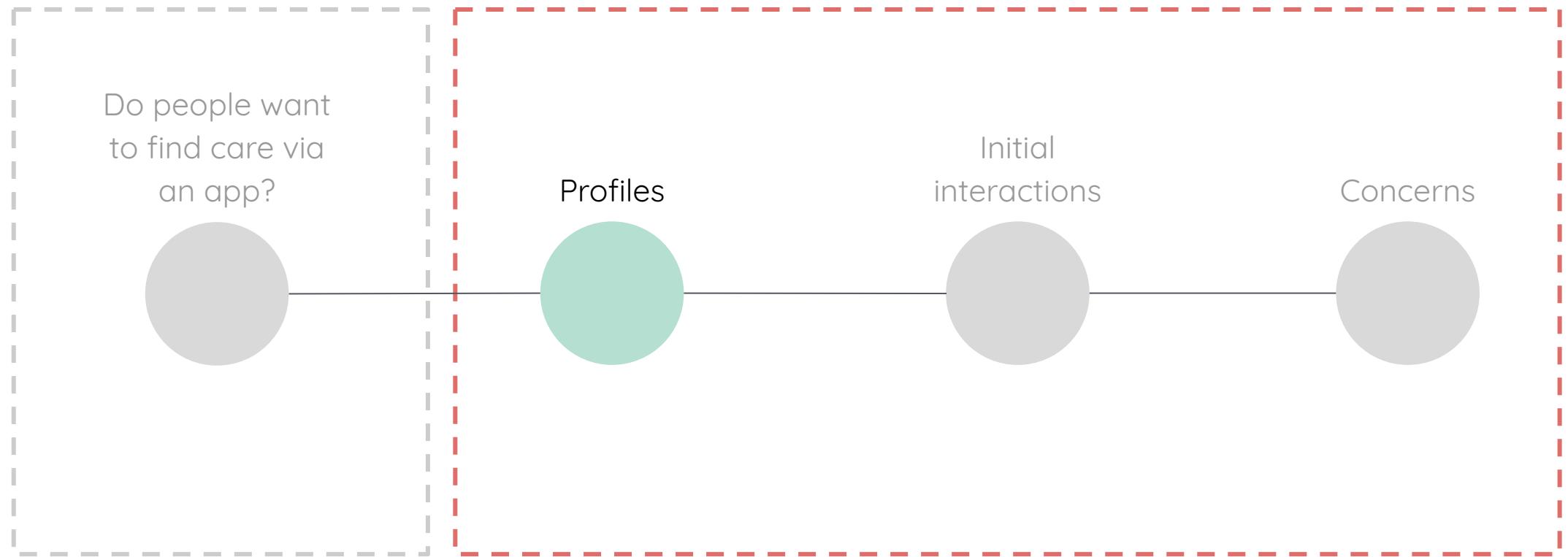
**'I think I'd prefer that
the carer would be like
a paid friend'**



**'I was giving the best care I
could, but there was no time
for personal chats or getting
to know people'**



Profiles



Profiles | What we did



Profiles | What we learnt

Taking a professional photo

When creating a profile on Tribe care workers will need to take a photo of themselves. We want to test what guidance care workers need to take a professional photo for their work profile. After following this guide, please take a photo of yourself and send it to hello@designhumanly.com

TIPS!

- Practice taking a few shots
- Ask friends & family which pictures they like best

1. Choose a simple background

2. Choose good lighting

3. Look approachable and friendly

4. Position yourself in the frame

5. Make sure the photo isn't blurry and there isn't anything distracting!

Feedback:

- Does this guidance help?
- What else might be helpful?

→

1. Look approachable and friendly

2. Choose good lighting

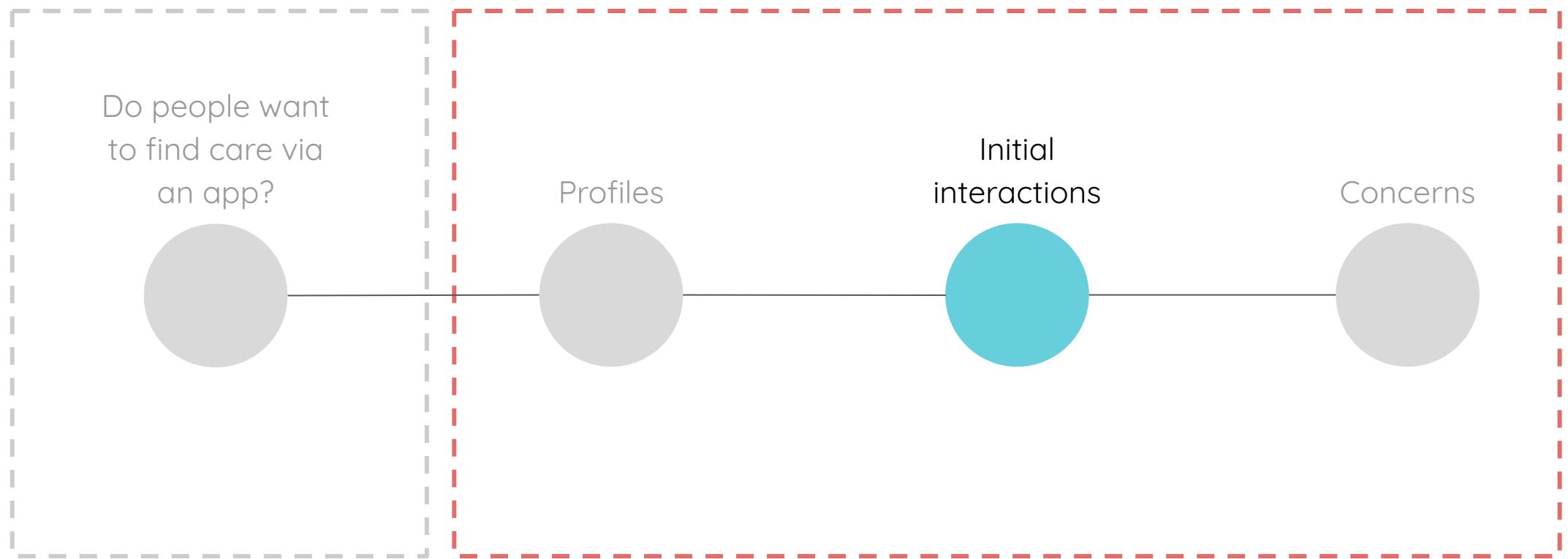
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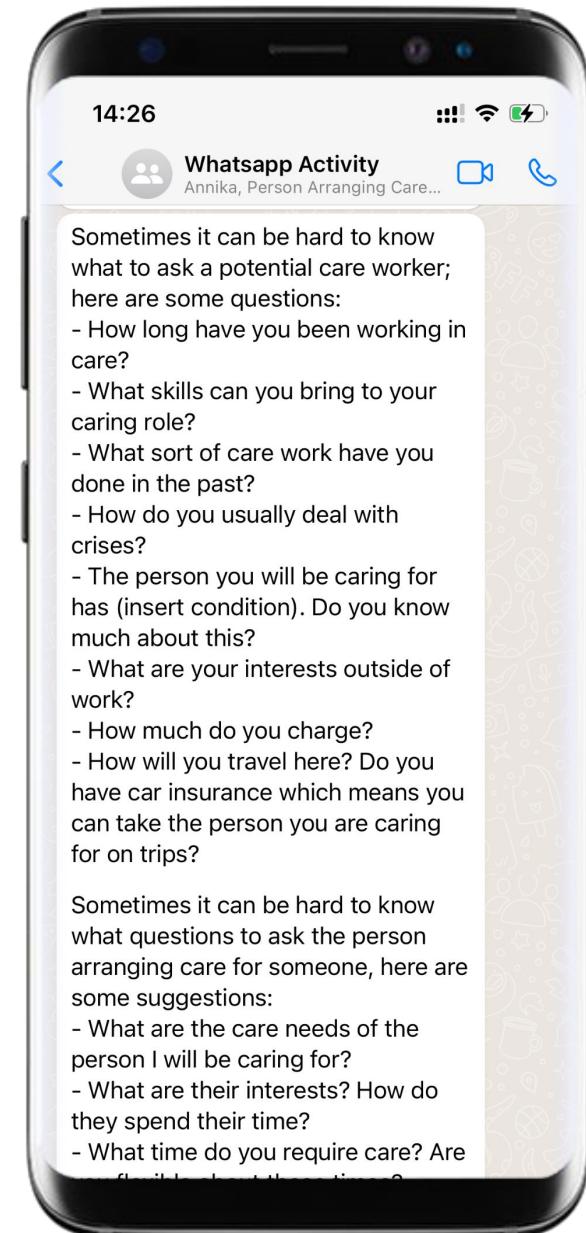
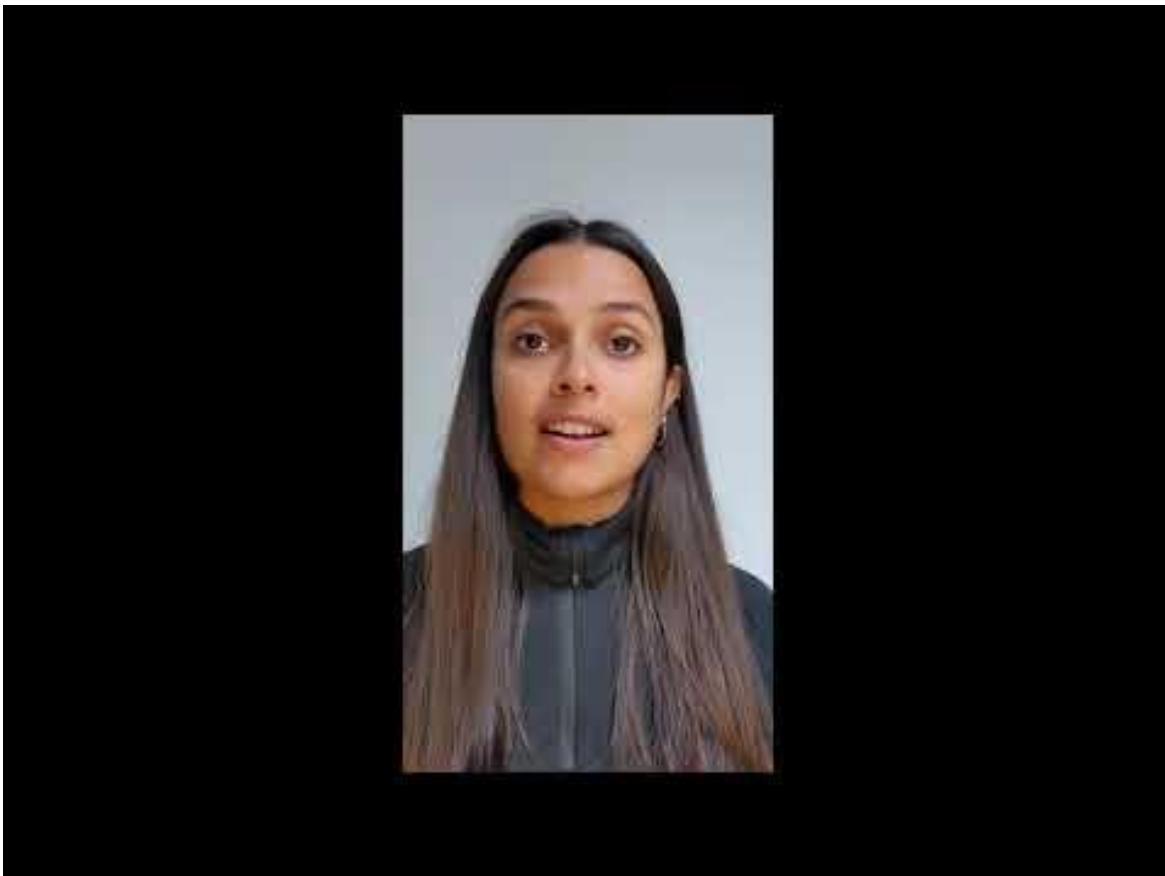
5. Make sure the photo isn't blurry and there isn't anything distracting!

**Take a NEW photo!
Don't use an old passport photo.**

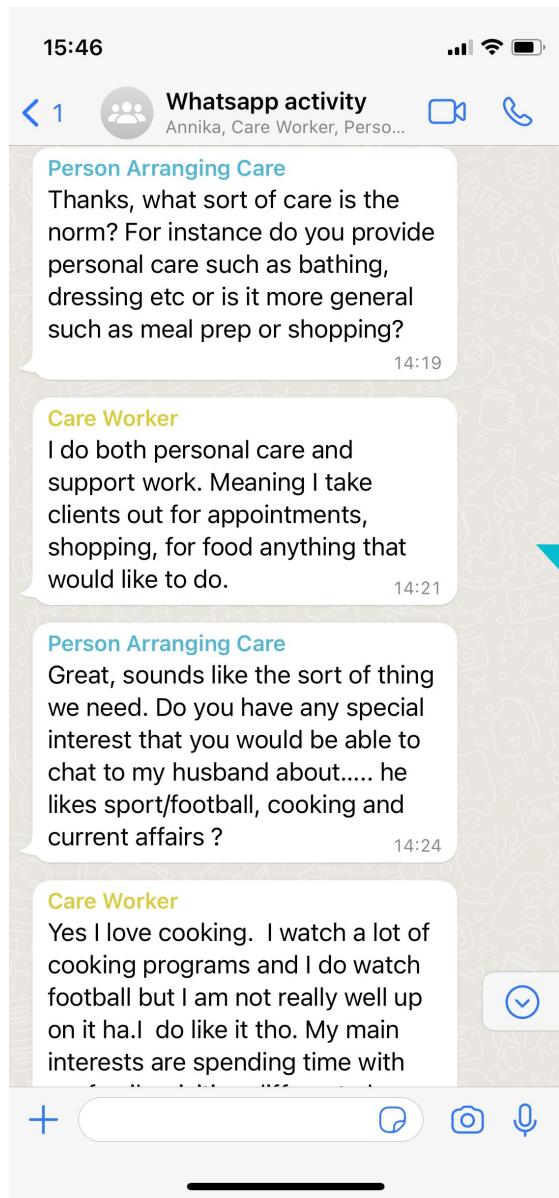
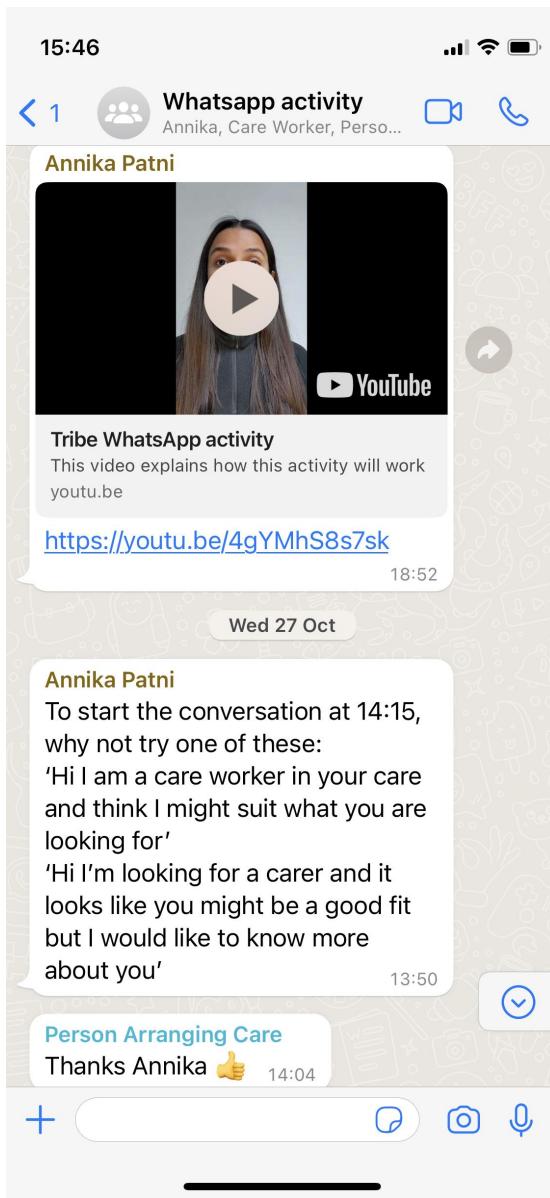
Initial interactions



Initial interactions | What we did

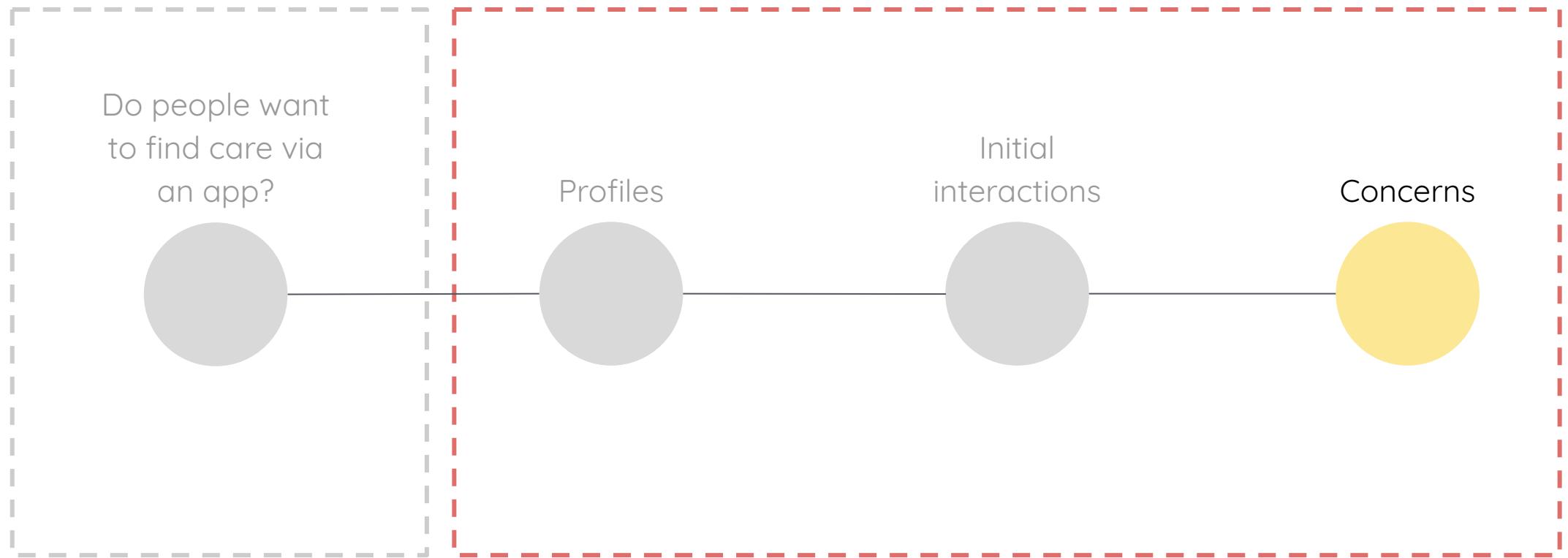


Initial interactions | What we learnt



'Yes, I wanted to write in order to iron out the details. I don't want to be nice and chatty to a person if I know I'm not going to hire them. I'd rather that they meet all the criteria before you want to speak to them'

Concerns



Concerns | What we did

Scenario 1

Faye-jing goes to your parents house every day to help them both as they struggle to do some activities like getting out of bed. You go in the evening to help them with dinner and get them into bed.

One day you realise you've forgotten your laptop at your parents house, so you go in the morning before work to pick it up. Faye-jing is there and you chat with her whilst trying to find your laptop. Faye-jing is helping your parents get dressed, and you notice that she puts your mum's false teeth in her mouth without brushing them first. You are surprised; however, the moment passes and Faye-jing is already helping your dad. You are unsure how to tell her that she really ought to brush the false teeth.

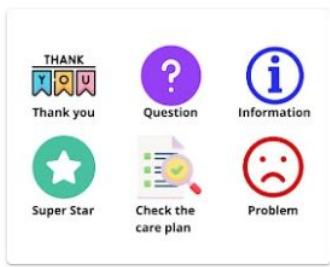
How would you like to feedback to the care worker? *



Talk to the care worker directly



Use a Smiley face feedback mechanism



Use the more specific feedback option with icons

1. Concern that the person you are looking after is being neglected.

You have worked with Martin for a year, coming to his house a few times a week to bring his shopping, batch cook meals, do his cleaning and sometimes have a chat with him. Martin's adult children live half an hour away by car, and although his children said that they would visit Martin at the weekends and cook him meals, in the last few months there is little evidence of them visiting and cooking for him. Martin is closed lipped whenever you ask how his weekend was with his children, and you start to wonder whether Martin even eats a meal at the weekends.

- Do nothing
- Talk to person/family
- Contact Tribe
- Other

Please specify why you chose this option, and what you would want to happen when choosing this option

Concerns | What we learnt

'I always think things get sorted if you speak face-to-face. If someone didn't like the way I did something I would prefer for them to just say "Can you do this a bit different?".'



'When you're dealing with care, you sometimes need an immediate response. I wouldn't mind a message but it would have to be immediate'



Collaborative working

Collaborative working with Bronze Labs



Collaborative working with Bronze Labs

The image displays two mobile application screens side-by-side, illustrating a collaborative working environment.

Left Screen: Profile View

- User Profile:** Shows a circular profile picture of a woman named Annika Patni, identified as a Support Provider.
- Interaction Buttons:** Includes three buttons: "Call", "Video", and "Message".
- About Section:** Contains a bio: "I am a passionate and professional care provider with empathy and compassion delivering diligent service." Below this is a 5-star rating icon and a "Leave a Review" link.
- Checklist:** Lists two items: "Covid19 Vaccinated" and "Transport".
- Navigation:** Includes links to "Experience >" and "Qualifications >".

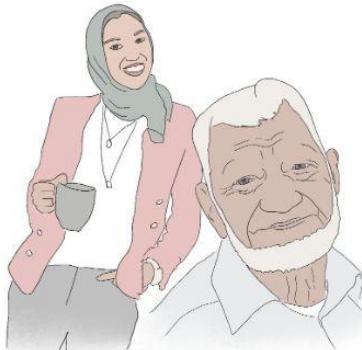
Right Screen: Resolution Centre

- Header:** Displays the time as 15:53 and battery status.
- Filter:** Shows a dropdown menu set to "Past 7 Days" with filter options: "Open", "In Progress", and "Closed".
- Search:** A search bar with placeholder text "... Search Case ID".
- Message:** A message stating, "You have no open cases in the past 7 days. Try a different search." with a "Raise an Issue" button below it.
- Handy Documents:** A section titled "Handy Documents" featuring links to "Procedures", "Terms of Service", "Community Guidelines", "Helpful Resources", and "FAQs".

Designing ourselves out

Persona Criteria Matrix | People arranging care

	Mary	Gerald	Fatima & Kadir	Sam	Frank
Age	58	73	42 & 84	32	82
Gender	Cis woman	Cis man	Cis woman & Cis man (daughter and father)	Non-binary	Cis man
Level of care required from care worker	Low-level care - supervision, food prep, light household tasks	Mid-level care - daily care visits including manual handling and personal care	Mid-level short-term. Lives alone and requires help with daily tasks including meals, shopping, getting out of bed	Some support required with physical tasks such as dressing, cooking and washing	Mid/high long-term support required, which will increase over time. Daily support with getting up, dressed, washed and going to bed
Sudden or progressive care need	Sudden - stroke	Progressive - dementia	Improving - broken leg	Lifelong physical impairment - cerebral palsy	Progressive - dementia
Location	Essex, urban small town	North Yorkshire, rural village	North Yorkshire, rural small village	Leeds, urban city	Essex, semi-urban small town
Funding type	Self-funding	Self-funding	Self-funding (short-term)	Direct Payments	Fully funded by local authority
Financial situation	Temporarily comfortable but could not afford large amounts of care	Not eligible for funding but struggling	Able to afford care short-term	Both Sam and their partner Bobby work and Sam receives Direct Payments to fund their care. This does not always cover what they feel they need though	Limited assets and savings, income is from state pension and a small private pension
Support network	Family live close by but Mary doesn't like to call on them	Adult children live far away, good local support	They live far apart (London and North Yorkshire) and Kadir has very little local support	Loving stable partner who is also a carer and a network of good friends	Elderly wife, no other close family or friends
Experience or knowledge of care system	New to the system, no prior knowledge	No prior experience but has a network of friends who have experience of care	Understand the system but have had negative experiences	Very experienced	No experience or knowledge
Technology access and confidence	Access to relevant technology and has good, basic knowledge of apps	Good access, limited ability, is aware of vulnerability to scams so he is nervous and doesn't like sharing personal data online	Very good access to tech, confident, however could be unknowingly vulnerable	Good access, knowledge and confidence	No access or knowledge
Arranging care for self or other?	For husband	For wife	Fatima arranging care for Kadir, with Kadir's input	Sam arranges their own care	Care is arranged by the local authority in conversation with Frank and wife Jill
Proximity to care recipient	Live together	Live together	Far apart - London and North Yorkshire	N/A	N/A
Other factors	Medical needs - husband has diabetes and requires insulin injections	Only wants female carers	N/A	Prefer an LGBTQ+ friendly carer	Tribe unlikely to be suitable



Key Info



How care is arranged

Fatima arranges care for her dad Kadir



How care is funded

Self-funding for now



Living situation

Fatima lives with her children, Kadir lives alone



Care requirements

Personality match is important



Tech access, ability and experience

Good access, but limited digital confidence and concerns about security

“It's really difficult being so far away from my dad when he needs help. It feels like we're both quite isolated. It really helps having technology to organise his care and communicate with him”

Fatima and Kadir's Story

Fatima's dad, Kadir, is in his 80s and has always been very fit and independent. However, he fell on ice and broke his hip, resulting in a long period in hospital. Fatima lives in London and Kadir lives in Dalton, a small village in North Yorkshire.

When Kadir was discharged, reablement care was provided by the NHS. This care will shortly be coming to an end, but Kadir still isn't able to manage by himself around the house. He is able to physically get about, but cannot cook for himself or safely carry food. Fatima is also concerned that if he doesn't have any support, he will try to do more than he should and end up hurt again.

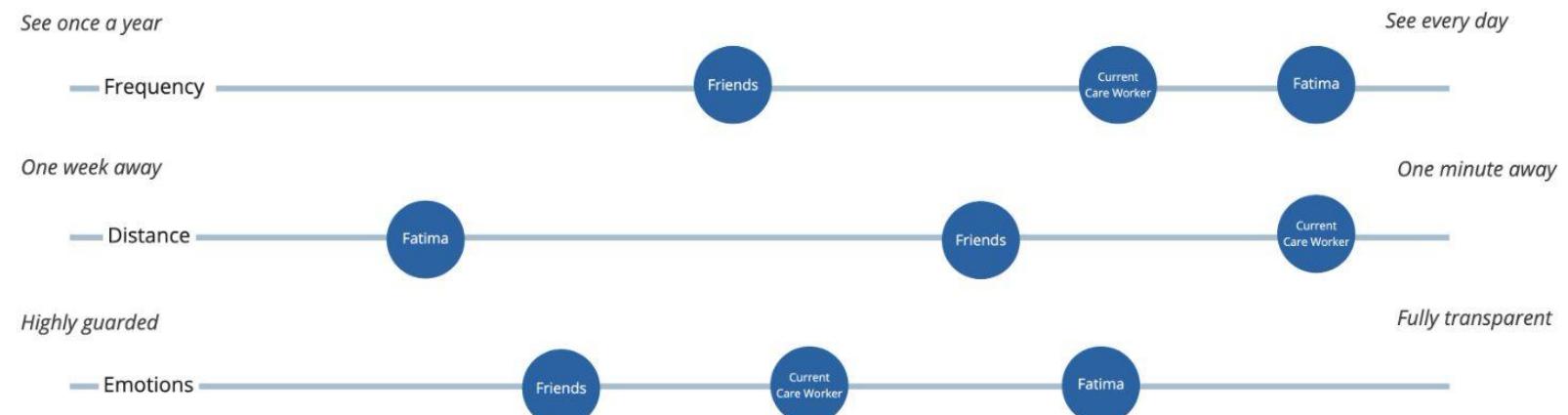
Kadir accepts that he needs help in the mornings to make sure he gets up safely; at lunchtime to support him to get a meal; and in the evening to help him get ready for bed. Additionally Kadir needs someone to come to the house to do some cleaning; Fatima thinks that this will need to continue long-term because even before the fall he was struggling to keep up with maintaining the house.

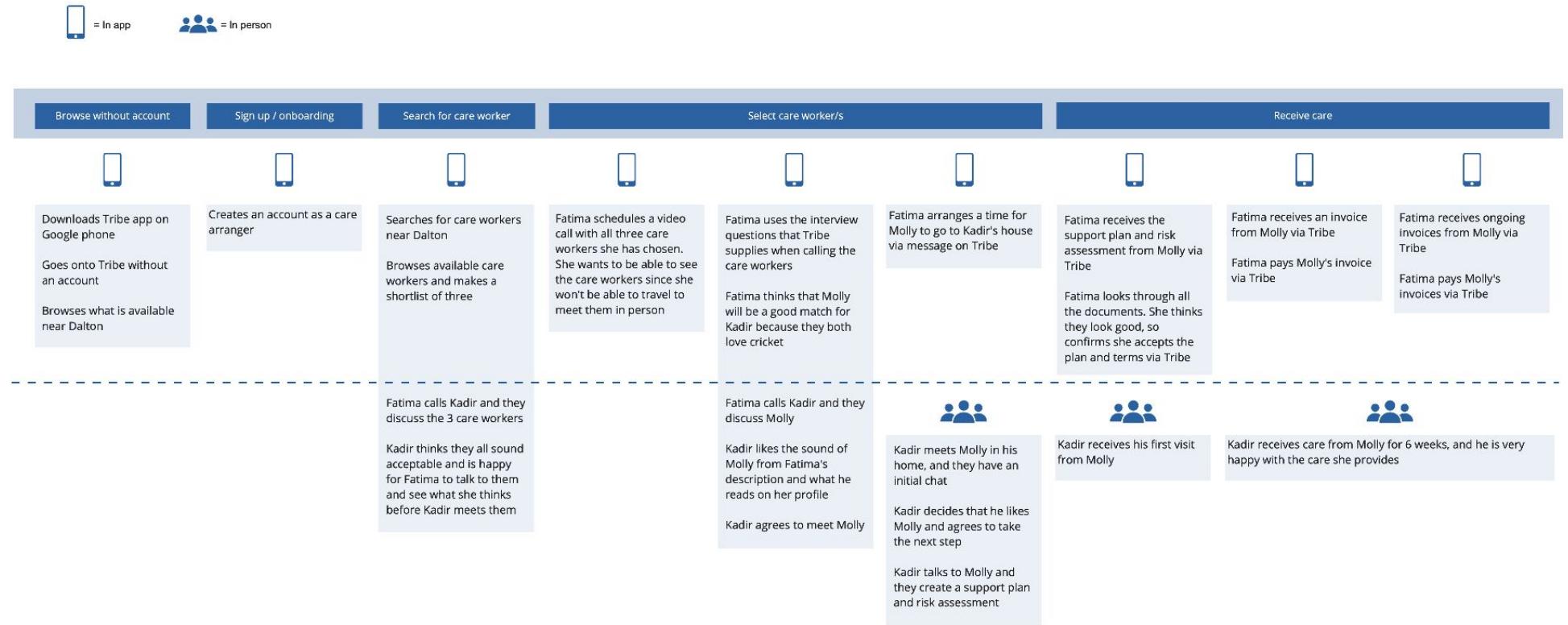
Fatima and Kadir have experience of the social care system from when Alye, Fatima's mum and Kadir's wife, was ill 7 years ago. They found that it took a long time to get an assessment, and that they had little choice about when care workers came, and who they were.

Kadir lives on a small private pension, however this will not stretch to covering any care costs. Therefore Fatima has decided that she will pay for Kadir's care, which she is able to do as long as the care is short-term. If Kadir's situation does not improve, Fatima will have to broach the subject of getting social services involved, because she will not be able to afford to pay for care indefinitely.

Kadir has good access to tech, and really likes the Kindle that Fatima got him because he can continue to read even as his sight deteriorates. He has a smartphone which he uses for calls and texts, and uses apps to look at the weather forecast and the news. Fatima also recently bought him a Google Nest Hub and doorbell; this means that Fatima can send him messages and call him any time. It also means that Kadir can see who is at the door before answering it, and that should he have a fall, he can shout to Google to call Fatima and the hub will call her. Kadir is quite confident with technology, but Fatima worries that he could be vulnerable to scams.

Fatima and Kadir's Network







Key Info



How care is arranged

Care is arranged by the local authority



How care is funded

Care is fully funded by the local authority



Living situation

Lives with his wife, Jill, 80



Care requirements

No specific requirements



Tech access, ability and experience

Poor access and no experience using technology

"Jill and I find coping quite difficult. We shouldn't really complain because we have carers from the council, but it's difficult with no family or friends around and not understanding technology well so we can't even video call them"

Frank's Story

Frank lives with his wife Jill in Coggeshall, a market town in Essex. Frank has dementia which has recently progressed, meaning that he requires more physical support. Up until recently Jill has cared for Frank by herself, but now that he needs support with personal care she can no longer manage on her own.

At a recent visit to their GP, their doctor suggested that he refer them for a needs assessment with the local authority to see if they would be able to get any help at home funded.

Following a needs assessment, Frank and Jill were offered a care package with care workers coming into their home in the morning to help get Frank up, washed and dressed, and again in the evening to help Frank to bed.

The care hasn't been ideal, but Jill likes the care workers who are polite and friendly. However, the time that they arrive varies, which means that she tries to help Frank get out of bed herself because he becomes agitated at still being in bed. She also finds it tiring having to wait up until they arrive to help get Frank to bed. Sometimes this is far later than she and Frank would choose to go to bed.

Jill and Frank don't have any children and no friends left in the area. Neither of them uses any technology and they rely on their landline telephone and letters for communication and information.

One of the care workers who visits put Jill in touch with a local volunteer group who now help out with shopping. A volunteer phones Frank and Jill every Monday to ask what they need from the supermarket, and then on a Tuesday they drop it round.

Frank's Network

See once a year

Frequency

One week away

Distance

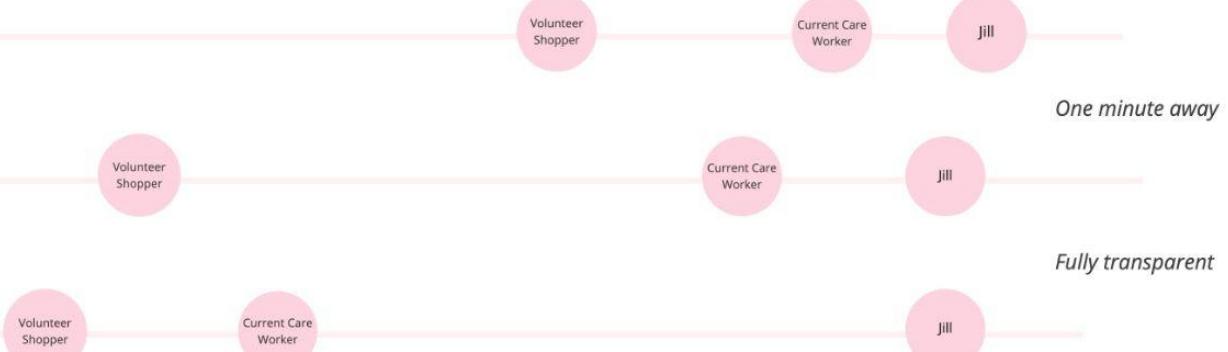
Highly guarded

Emotions

See every day

One minute away

Fully transparent



"My friend and I who are both care workers have spoken about setting ourselves up as a self employed team. We just don't know where to start!"



Key Info



Experience

5 years of experience in a range of settings



Desired work pattern

Full time



Motivation to care

Carer for parents before deciding to transition into the care sector



Financial situation

Requires a steady income to cover her outgoings



Tech skills

Very comfortable with all technology, and uses an app for work

Tina's Story

Tina lives a 30-minute drive from Scarborough, in a small village. She has worked as a care worker for 5 years in different settings. She is currently working in home care, but has worked previously in care homes for both older people and people with learning disabilities.

Tina became a care worker after spending two years caring for her elderly mum in her mid twenties. Her mother had a stroke, which she never recovered from, and so Tina took responsibility for her full-time care and moved back in with her mum.

Tina now lives with her partner, Dom, and two young children. Dom is a nurse at the local hospital. They share a car, but because Tina has to drive to see clients, she uses it most.

Tina is confident in her care work, and has developed good relationships with some of her clients, although often the visits are too short to really establish meaningful relationships. Tina is very good at managing multiple tasks, administration, and usually gets glowing reviews for her work.

Tina uses an app for work, which she finds really helpful as she is dyslexic. The app has spell check, so when she is writing updates about clients the spelling mistakes she makes are corrected. She also finds it really helpful that the app has in-built lists, so she doesn't have to remember what tasks she needs to do, but instead can just look at the app and tick them off when she has done them.

Tina works full-time. In an ideal world she would like her work to be a little more flexible, as it's often very difficult to pick her children up from nursery, and they often go home with friends' parents until either Dom or Tina can pick them up.

Tina has spoken to a friend who is also a care worker about setting up together. They have both agreed that it's a good idea, and that they could organically source their clients, but they have no idea about how to get started on this journey.

Tina's Network

Low knowledge of care



No skills



No support



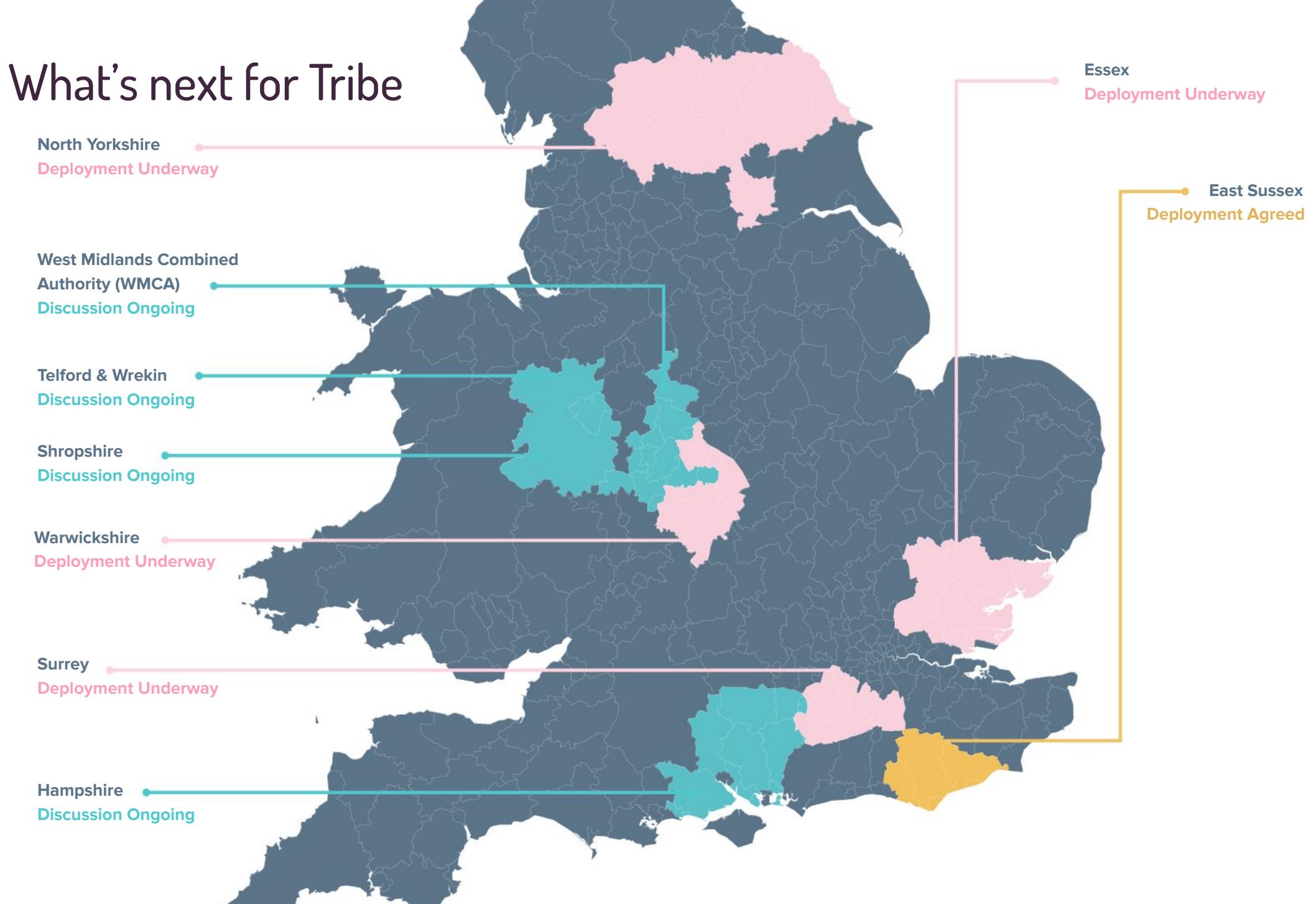
What we learnt

Applying HCD to
an existing
product can
work!

Keep things
simple and low-fi

A supportive
client is key

What's next for Tribe



Thanks!

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annika@designhumanly.com