Emily Yates:

[00:00:00 - 00:00:12]

We live in a world that is always evolving, changing and rebuilding itself. MIMA are on a mission to ensure that in this fast moving world, we don't lose sight of what matters. People.

Oliver Bennett-Coles:

[00:00:13 - 00:00:23]

This podcast will bring together thinkers from parallel industries to discuss how human centered design can solve complex and crucial business challenges to create a more sustainable future with design.

Emily Yates:

[00:00:23 - 00:00:35]

The series will allow the sharing of ideas, the opportunity to step into different terrains, create connections and the creative thinking we need to keep designing and creating a better world.

Oliver Bennett-Coles:

[00:00:36 - 00:00:46]

Hear us in conversation with some of the most interesting boundary pushing people working in design or design adjacent fields, discussing the importance and positive impact design has on our everyday lives.

Emily Yates:

[00:00:46 - 00:00:54]

This series is for the curious, the playful, the creative and the creators. Welcome to Redesign.

Oliver Bennett-Coles:

[00:00:54 - 00:01:09]

Welcome back to Redesign, a podcast series from mima. We're a human centered design agency who believes in working together with our clients and partners to make infrastructure accessible and inclusive to all. I'm Molly Bennett Coles, head of marketing here at MIMA and one of your hosts for this series.

Emily Yates:

[00:01:09 - 00:01:15]

And I'm Emily Yates, head of Accessibility and Inclusive Design, your other host for this podcast.

Oliver Bennett-Coles:

[00:01:15 - 00:01:25]

Have you ever seen a vision for the future of your industry? Have you ever noticed an alarming gap which you could create a solution for? And have you ever found yourself wanting to create change to best suit the needs of everyone?

Emily Yates:

[00:01:26 - 00:01:42]

In this episode, we'll draw from the experience of two prominent innovators and change makers, giving you real world insights into how best to create not only impactful but enduring change. So who can we expect to hear from in today's episode? Ollie.

Oliver Bennett-Coles:

[00:01:42 - 00:01:58]

Thanks, Em. I'm really excited about today's guests. First up, we're welcoming internationally renowned human centered change and innovation specialist Matt Marsh. As a former director of IDEO, a published author, Emily Yateslecturer and TEDx speaker, Matt's got plenty of knowledge to share with us. Welcome to Redesign Matt.

Emily Yates2:

[00:01:58 - 00:02:00]

Great to be here. Thanks, Ollie.

Emily Yates:

[00:02:00 - 00:02:12]

And our second Emily Yateson today's podcast is the dedicated and innovative Dr. Nikki Longley. A true leader in her field and of course, very people passionate. It's a real pleasure to have you on, Nicky.

Guest:

[00:02:13 - 00:02:13]

Thank you.

Oliver Bennett-Coles:

[00:02:14 - 00:02:23]

Okay, so diving right into it, let's talk about each of your journeys. Why are you so passionate about people and what's led you to do what you're doing now? Matt, let's start with you.

Emily Yates2:

[00:02:23 - 00:02:57]

Okay, so I suppose it's partly because I'm a child of my time, you know, growing up in the 80s and the brutality of things that were going on there. And I was always had an interest in people and improving the world. And in fact, I thought what I was going to do was become a civil engineer and build dams and irrigate and feed the world and all of that kind of good stuff. And then I went and looked around universities, discovered actually it was all about understanding the compressibility of mud and stone and so forth. And that wasn't quite what I thought I was signing up to.

Emily Yates2:

[00:02:57 - 00:03:22]

Then I was a little bit confused and I'd kind of discovered this kind of idea of, you know, industrial psychology. Wasn't entirely sure what that was. And what actually happened was a bit of kismet, you know, a bit of luck. And I was talking to somebody and I said, do you know, Matt, why there's almost always a mirror next to a lift door? That's an interesting thing because the reason is, is that it distracts you whilst you're waiting for the lift to come so that you get less frustrated.

Emily Yates2:

[00:03:23 - 00:04:00]

And for me that was a kind of a real moment because I suddenly realized that design wasn't just about form and esthetics, it was about getting inside people's heads and that there was an opportunity to design in that way. And that led me into the behavioral sciences, studying at Loughborough. And I was always quite interested in making. So I then kind of went on and made my first company just after I graduated, providing kind of human centered design skills. And then I got hired by a big shop company out in California called Ido and went out there and it's always been this idea.

Emily Yates2:

[00:04:00 - 00:04:22]

So I guess I sort of started my early years as a what was called a user centered designer and then moved into human centered design and then into innovation and product design and now more lastly kind of customer experience strategy and service design. But in the end it's all about trying to make something that the world actually needs and wants and not the next bit of landfill, really. So that's kind of where I come from.

Emily Yates:

[00:04:22 - 00:04:38]

Yeah, that's really nice, Matt, thank you. And I love the lift mirror thing. Nothing like a bit of narcissism to save the day. That's really great, thank you. And Nikki, we know that you've spent loads of time traveling and have experience working and living in different areas.

Emily Yates:

[00:04:38 - 00:04:43]

Would you like to share some of your journey with us? Let's talk about the work you out in Uganda, for example.

Guest:

[00:04:44 - 00:05:38]

I mean, I've always been really interested in people and travel and I've also had sort of digressing slightly already from Uganda, a real interest in art and creativity and had a juncture earlier on in my career of should I go down the creative front or should I go down the medicine front? And I guess it's bringing it all together and understanding people and what makes people tick. And creating something doesn't necessarily need to be painting something, but you can look at where problems arise from and create something new with very limited resources. So I was out in Uganda a long time ago now, sort of 2004, slightly strangely employed by the Ugandan Ministry of Health to help with the bringing in of antiretroviral treatment in the sort of peak of their HIV epidemic. And we had really limited resources but a huge amount of willing.

Guest:

[00:05:38 - 00:06:13]

And so there was fantastic elements of design that you could do there. Like for example, when people, you had children who had asthma and I think for anybody who's seen anybody with asthma, the kids often in the uk have a spacer device which is a sort of plastic thing that costs a bit of money and they suck on one end and put the inhaler in the other end and take a deep breath and they didn't exist there. And so we were able to find bottles that you could cut the end off and put an inhaler in. So I think it was very much of what is the problem? What can you see and how can we change it and work with what we've got rather than bring it to.

Guest:

[00:06:13 - 00:06:34]

To sort of huge, great shifts in finance, which becomes incredibly difficult. And I love that sort of bit of innovation of going, what have we got here? How can we change it to make it better not just for the people who are using it, but for those who are providing it, because it reduces frustration and then you have a more harmonious, better environment to work in.

Emily Yates:

[00:06:34 - 00:06:44]

Yeah, I love that. So making things better not just for the customer, but for the colleague as well, wherever possible. And you did some work out in South America as well, didn't you? Could you tell us a little bit about that?

Guest:

[00:06:45 - 00:06:59]

I mean, South America was. That was a very sort of little stint. You know, I take opportunities to travel with work when I can. And so I did an expedition medicine thing for a while. I was looking after a bunch of gap year students in the Amazon jungle.

Guest:

[00:06:59 - 00:08:33]

And actually the company that we went out with and I supported as a medic, but got very involved with the work out there, were employed by the Guyanese Amerindian population because a big road had been built between Guyana and Brazil and there was a lot of deforestation going on and the Amerindian communities that had been previously very isolated from the outside world suddenly had a big road coming down and they were completely, rightly a lot of their young were being exposed to new technologies, there were drugs coming through and they wanted to protect their infrastructure but also be able to grow with that and work with a sort of eco tourist trade. So we were building eco huts and based on the things that were there, so they had sort of giant river otters and bits of mountains. So a lot of what we were doing was sort of helping to map out the mountains, helping to dig and build and at the same time of working with a community and looking after some less responsible 18 year olds on a gap year. So it was definitely I was just there for a sort of three month period and I guess I spent a longer period of time in South Africa which again was a sort of work innovation. So I had a Wellcome Trust funded research grant and we were looking at people living with HIV in the very late stages and we know that there's a fungal meningitis that is one of the lead causes of death in people with late stage hiv.

Guest:

[00:08:33 - 00:09:33]

And so we were rather than thinking about the treatment, thinking about is there something we can do to detect this earlier to prevent people from getting unwell. So I was working in communities there and helping to identify earlier diagnosis and making sure that again a lot of this sort of feedback of people you're working with and people you're working for and one of the things was, which wasn't my project but I was massively inspired by, was to try and reduce the transmission between mothers and children. Rather than having external healthcare workers, there was a big program called Mothers to Mothers which whereby you trained up peers who were living with HIV to talk to the community about the transmission, to prevent onward transmission and real empowerment. And I think it's that that has sort of led a lot into the work that I'm doing now that I think we'll probably talk about later. Just that inspiration of going.

Guest:

[00:09:33 - 00:09:43]

It shouldn't be those from the outside imposing ideas but really working with people where the problem is to go. How can we find a solution to this Amazing.

Oliver Bennett-Coles:

[00:09:43 - 00:09:55]

Wow, inspirational stuff. Thank you Nikki. Matt, with so much experience, could you give us a little glimpse into your role today? Do you find it's always the same or is it different depending on the client you're working with? And can you give us an idea of what your day to day looks like?

Emily Yates2:

[00:09:55 - 00:10:33]

Well, in a word, I think every client is pretty unique actually. You're out there trying to help someone do their next new thing. Just building on what Nikki was saying, you know, is that you're trying to mitigate the unintended consequences of the march of progress and it's always really hard to know what might happen. You know, like you were saying about the road being built and, you know, the consequences of that happen. And I think the beauty of human centered design in terms of thinking about people in the broader sense, but also looking at the detail of it is to try to think through, you know, there's a big conversation at the moment surrounding is it human centered design or planet centered design?

Emily Yates2:

[00:10:34 - 00:10:59]

For me it's always been inextricably linked personally, you know, going all the way back. So yeah, I think each client is different, it has different personalities, different egos, different challenges. And if you're dealing with different clients, then your day's extremely varied. So, you know, try to get my ducks in a row, figure out my diary, prepare and you know, think things through and then roll with it and then figure out what happened at the end of the day.

Oliver Bennett-Coles:

[00:11:01 - 00:11:01]

Thanks.

Emily Yates:

[00:11:01 - 00:11:11]

Matt and Nikki, similar question for you. What does your day to day life look like? We know that you both an academic and a clinician, so how do you wear those two hats?

Guest:

[00:11:11 - 00:11:36]

Well, I think there's never enough time for anything and I think when you sort of chuck three children into it as well and various other bits and pieces, I feel like I'm constantly spinning lots of plates. But I think that's also, you know, my day is never boring and it is exciting. I have a really flexible workplace and work people. So we all work very hard but we all really look after each other. I would say actually I'm very lucky with that.

Guest:

[00:11:36 - 00:12:12]

So my Split is nominally 40, 60 academic clinical with lots of sort of service development time in but very rarely do I have a fixed day. That is one thing. And it's more sort of managing things as they come along and trying to carve out. So I've got a lot of

teaching on at the moment with various courses and you know, is always sort of trying to write up papers and do things like that. But also then there's the clinical side and the clinical service and a lot of that is managing the people that I'm working with as well as looking after the patients directly.

Guest:

[00:12:12 - 00:12:38]

So for example, we have a respond our refugee asylum health service that we've set up and it's not a one person job, it's a huge team and a huge collaborative effort. So it's making sure that we're all there for everybody and that those who are going out and Seeing individuals feel supported, to be able to call up and go, there is this problem. What can I do about it and who can help with that?

Emily Yates:

[00:12:39 - 00:12:40]

What are you teaching at the moment, Nikki?

Guest:

[00:12:40 - 00:13:07]

I'm teaching on a tropical medicine course at the London School of Tropical Medicine and I've got a travel medicine course coming up at the beginning of November. So I'm sort of organizing all of that. We've got a big day on Wednesday where we've got a team of people who are coming in to think about migrant and refugee health. So I've got a big panel coming in and we'll have the students involved with that and having a sort of rethink of the aid system.

Oliver Bennett-Coles:

[00:13:07 - 00:13:15]

Big stuff. Absolutely. So Matt, you also have experience lecturing as well, don't you? What's it like teaching human centered best practice to a crowd?

Emily Yates2:

[00:13:15 - 00:13:46]

Oh, I think there's a great deal of pleasure really. I teach up at Judge Business School and occasionally at the Royal College and occasionally down at Ravensbourne. And it's a great deal of fun to facilitate these individuals finding their inner creativity and expressing it. So doing all the good things that we like. So interviewing people and learning how to interview and not to post, rationalize your idea and actually to stay open and find new things.

Emily Yates2:

[00:13:46 - 00:14:19]

The joy of prototyping, getting people to do constructive critiquing, sharpening the pictures and you know, the way they communicate those ideas. You know, just getting people to work in teams in a hands on, practical way and coming in with a view of deferring judgment and not designing for yourself. And that is incredibly enjoyable I think, you know, it's not endless slide decks, it's, you know, it's actually a hands on experience and I think that is the best way to learn actually is to learn by doing so. Yeah, I really enjoy it.

Oliver Bennett-Coles:

[00:14:19 - 00:14:24]

Amazing. Nikki, talk a little bit more about teaching a human center best practice to a crowd. How do you find that?

Guest:

[00:14:24 - 00:14:47]

Yeah, I mean completely. I think I'd like to really reiterate some of the things Matt's saying. I think sitting and listening to didactic lectures just fall asleep. So you have. There are a certain number of facts that people have to get in but I try to do it in a practical, case based way and give people a problem to think about or a clinical scenario to think about and then pull it apart and try to make the audience do the work.

Guest:

[00:14:47 - 00:15:25]

So as well as having some sort of lectures and even in the lectures I try to bring everybody into it. We try to do more small group sessions and really get them to think and turn things on their head. And so, you know, sort of this session that we're setting up on Wednesday, rather than doing two one hour lectures, I've got a panel of five experts coming in from globally who've got experience around different sort of elements of migration and migrant health. And I'm getting them to do just 10 minutes of why they're the expert and then trying to really turn the teaching on its head. So to get the students to ask questions, having given them problems before.

Guest:

[00:15:25 - 00:15:40]

And I think otherwise you sit there and you don't get that spark. I think what you want in your students is that spark. And trying to get them to learn to think and go, well, what are the problems and how can we solve? And is the way that we've been doing it forever the only way? Or are there other things?

Guest:

[00:15:40 - 00:15:47]

And of course there's some of the things that we've done forever are good, but some of them, life has changed and moved on.

Emily Yates:

[00:15:47 - 00:16:19]

Yeah, love that idea of learning by doing and giving a problem to find a solution for and giving some ownership over asking questions and finding out answers. We've recently been working with Ravensbourne as well, Matt, to deliver a bit of a designing for disability module and specifically focusing on the Fixperts program and allowing people to find somebody that they want to design a solution for, getting to know them, building curiosity and empathy in finding that solution. That's really great.

Oliver Bennett-Coles:

[00:16:19 - 00:16:32]

I'd love to. Next to the projects that you've created that kind of impactful change through, Matt, would you like to highlight a piece of work where you're creating that positive change and maybe can you shed some light on some of the challenges, learning and insights from that project?

Emily Yates2:

[00:16:32 - 00:17:05]

Okay, well, the first one I want to talk about goes back a little while, but it's back to around 2009, actually, which is a long while ago. And it was for the Science Museum. And the challenge was how to curate a completely new kind of visitor experience for people visiting the Science Museum. And it was about their permanent exhibition on climate change, which was interesting in itself because most of the stuff in the Science Museum has caused climate change. So there's a kind of an enemy, an immediate, intriguing contradiction going on there.

Emily Yates2:

[00:17:05 - 00:17:35]

You know, the thing is, what sort of visitor experience would be attractive to visitors who had come to see cars and spaceships and locomotives, etc. You know, so we took a kind of people centered approach. I mean, the first thing we did, obviously is we did a bit of benchmarking what had been tried elsewhere, what worked, what hadn't and why. And then we kind of took a look at analyzing who actually came to the Science museum or the reasons why they came to the science Museum. And it was quite interesting because really they described their visitors in three ways.

Emily Yates2:

[00:17:36 - 00:18:09]

Either kids coming as part of a school trip, younger ones, tourists who are visiting London, it's free to visit the Science Museum. And last, grandparents bringing their grandchildren. Now, of course, those descriptions of the types of visitors wasn't going to help us one iota in terms of moving forward. So we needed to find a new way to describe the intended audience so that we could actually design something that was going to work for the needs of the people. And what we did is that we brought together, you know, scientists, graphic designers, service designers, subject matter experts, curators.

Emily Yates2:

[00:18:09 - 00:18:52]

So you know, classic again, approach of bringing disparate views together so that you're going broad. And what we did with those people is first of all really try to redefine what the problem statement was, you know, what the unmet needs were, then translate those into kind of sketch Personas so that again, we're not designing for ourselves to help inform us. Then going into the ideation approach, refinement, testing, and finally coming up with a concept and proposition. And we needed to do more than just design the actual physicality. You know, we have to design the attraction experience, what's going to encourage people to come in, as well as the actual use experience itself, of course.

Emily Yates2:

[00:18:52 - 00:19:35]

And what we discovered was that there were really three different types of audience for this permanent exhibition on climate change. The first lot, one, people who are really there to look at all the other cool stuff and who'd be visiting the exhibition as a bit of an afterthought, let's call it how it is. The second lot were people who already had some interest in climate change and wanted to discover how the evidence and science had changed or evolved since they last looked at it. So a very different user group, and then the third kind of audience, as it were, were those who actually really quite deeply engaged in the climate change conversation and wanted an opportunity to get involved. So the final concept that we came up to had to accommodate all three types of audience.

Emily Yates2:

[00:19:36 - 00:20:03]

And what we did is that we designed a circular format with diagonal crosswalks across it. In the center were the big aha type exhibits. And this was really the part of the experience. What was designed for the first group was like, okay, I've seen some space rockets, I'll go and have a quick look in there and I'll be in and out quite quickly and then around the circular layout. We then wanted to design some stuff for, you know, the more in depth experience so you could go down deep.

Emily Yates2:

[00:20:03 - 00:20:33]

And then they would circle around the exhibition for a more of a deep dive into the content. And then finally, interspersed within this circle and at the entrance and the exit were opportunities to join an online experience, a place where they could actually contribute their knowledge and experience. So we're working at three different levels of degrees of engagement. And these online experience, you know, came in two forms, a game called Risk and a community of practice. And it was pretty successful.

Emily Yates2:

[00:20:34 - 00:21:02]

So this is some of the data from the first year. The gallery received over 730,000 visitors in its first year, far exceeding its 400,000 target. The gallery was visited by international visitors, including Al Gore, Chinese ambassador, delegation of MPs, all sorts of folks. And all of them were really interested in how the museum has successfully communicated this complex issue. So another good practice, learn from others, don't reinvent the wheel.

Emily Yates2:

[00:21:02 - 00:21:48]

Evaluation visitors described it as interesting, nearly 90%, enjoyable, 80% and educational, over 75%. But one of the interesting ones for me was that 70% of participants stated they discussed their experience with someone else after their visit. So this is, you know, creating the promotion advocates experience that goes beyond the actual moment. The game appeared apparently on over 1300 websites and was played over 3.3 million times. So that's kind of an interesting one for me because we're thinking about that whole path to participation from the attraction experience, right the way through the use experience to the promotion and advocate experience, which of course then feeds, you know, the attraction experience in and itself.

Emily Yates:

[00:21:48 - 00:22:05]

Thank you, Matt and Nikki, as someone in the health industry, your day to day is filled with work where you create impactful and lasting change. Could you tell us a bit more about the project you created with your colleagues giving NHS access to refugees and those seeking asylum?

Guest:

[00:22:06 - 00:22:46]

Yes, I mean, this was a project that during COVID and I'm sure everybody, it's sort of at the forefront of everybody's memory, but also at the same time feels like a sort of distant hazy dream. And during the sort of height of the COVID pandemic, when everything closed down and the international flights stopped and people were generally not allowed out. And I work at University College Hospital London, which is up Warren Street, Central London. And so the local population is not as typical as other bits of London. So we often have a lot of students living around there and there's lots of hotels around there.

Guest:

[00:22:46 - 00:23:39]

And as you can imagine, during the COVID pandemic, those multi occupancy places emptied out and the flights, you know, weren't coming in. And I work in a department that is one of the only centers for tropical medicine in the country and that is usually having people coming to us before they go away overseas or coming back and being unwell with malaria, et cetera, et cetera. And so we were in this slightly strange situation that we were at the forefront of the COVID pandemic and looking after that. But the general day to day work not only had gone away because of that mandated stay at home, stay safe, don't go outside, but also because our day to day usual work had disappeared. And this coincided with there being a huge bottleneck in the Home Office standard process for looking through asylum and refugee applications.

Guest:

[00:23:40 - 00:24:15]

And so they placed Almost overnight around 2,000 people seeking asylum in the temporary accommodation around our trust, which completely overwhelmed the local primary care services. So my colleague, who is one of the leads for safeguarding for children or the social workers and primary care physicians because she works in the community, a lot had come to her to say, I don't know what's going on. We've had, you know, 500 new registrations at our primary care practice in this week. We really can't cope. Is there anything you can do to help?

Guest:

[00:24:15 - 00:24:53]

And so it was this sort of perfect storm at the same time as us having some resource at the same time as working in a trust that really has a huge focus on inclusion health, which is saying, how can we bring better access to health for those who are often marginalized from standard systems. And so what we did is we said, you know, there is this problem of an increasing number of asylum seekers and refugees in the area. There aren't the services there. And the usual thought, if you ask a range of people in health, is these people don't often get access to care. So we said, well, why is that?

Guest:

[00:24:54 - 00:25:46]

And so you have to look at the barriers. And this was made a huge amount worse with COVID because if you are asking people who are living in a new place, who don't often have that connectivity, who don't have English as their first language, who don't understand a very complex health system, and we've all had problems navigating this system, who are now having to go through a multiple telephone tree, even if you have the phone number and then have an online telephone call to screen as to whether you need to have a healthcare appointment, it's almost impossible. And to know what the system needs. And then when you look at the structure of a normal health appointment, it would be one 10 minute appointment for one problem and just thinking about health in one way. And if you think, if you have left your home to try and find a place of safety with your family or on your own, your problem is not just health.

Guest:

[00:25:46 - 00:26:27]

And actually that might be right down your list of priorities. You're probably thinking, I need a roof over my head, I need to be safe, I need to have something to eat, I need to make sure my children are okay. And I'm worried about those and the things that I've left behind. So what we did is we said, well, how can we work through these problems and bring it all together? And so we went into the hotel accommodation and we offered a longer, sort of hour long, holistic health screening appointment where we talked to people and gave them time to hear what they wanted in a trauma informed way to say, we're not going to ask you the same list of questions again and again, but are you ready to tell us what is important?

Guest:

[00:26:28 - 00:27:08]

And we will focus on mental health, physical health, social situation, and do all those screening tests or offer them to you at the same time. So we're not saying after you've seen your healthcare provider, you now need to book another appointment to have a blood test and something else. We'll do it all in one go. And then what we will do is we will try to empower you so you have some control over the situation you have very little control over. And we will give you a written report, both electronically and handheld in your first language, telling you everything that we have done, those things that we suggest need doing and the things that haven't been done.

Guest:

[00:27:08 - 00:27:51]

So if you get moved to other accommodation, we're not asking the health service to repeat the same things again and again. And it gives you some control over this situation. We work very closely with primary care and social services and the third sector. So we work very closely with Helen Bamber, who look after victims of trauma and torture and many other sort of third sector organizations. And then one of the really unique things that we host is a multidisciplinary team meeting where we have representatives from adult and child mental health, adult and child infection safeguarding, and then we bring in primary care and social care and school nursing, and then we bring in other experts as and when needed.

Guest:

[00:27:51 - 00:28:26]

So, you know, we had a couple of situations when we had people who had left their country for being persecuted for gender reassignment issues and then had been placed in accommodation with the same sex as they were assigned at birth and so were almost in a more dangerous situation than they were when they left home. So we were able to go right, this is an issue. People have felt safe enough to tell us about this. We can bring in experts from around the world and find a solution as to how can we make you feel safe and how can we address all of these other needs in one go.

Emily Yates2:

[00:28:26 - 00:28:48]

I'm just being blown away by Nikki and the approach that she's taking to, you know, the work that they're doing, which is so much sensitivity, so much empathy, so much understanding the context and how if you don't think that way, you just don't come up with the right solution. And warms my heart to hear about that work. So that's just fantastic.

Emily Yates:

[00:28:48 - 00:29:02]

Thanks, Matt. It sounds like such an innovative and change and solution focused project as well. And it'd be really good to know if there was any insights from that that have led to changing other things that you do or focus on.

Guest:

[00:29:02 - 00:29:30]

It's a model that is replicable for any situation. I mean, really, I think the difficulty is that we are working in a way that is very difficult to break old structures down. So everybody we talk to is hugely supportive, our trust is hugely supportive. But when you try to find funding solutions, it's really difficult because all funding structures are for this one thing. So, you know, it's not anybody's fault.

Guest:

[00:29:30 - 00:29:45]

But the way you fill out an application form or ask for some money from a sort of public sector thing, it will be around. Is it a problem that is health? Is it a problem that's public health? Is it a problem that is social? And there isn't that one place that brings it together.

Guest:

[00:29:45 - 00:30:20]

So everyone goes, this is great, but oh, and so what you're then talking about is dismantling absolutely everything, which is really, you know, it's sort of, it's like being a disruptor in whatever, you know, sort of new technology or Fintech or whatever it is. And it's really difficult because there's not one place that it comes from. But I think it is

changing and people are listening and people think it is a good idea. I mean, I think one of the other big things that we did with this is looking at family units. And often if you have an entire family, and so I'm, I specialize in infection.

Guest:

[00:30:20 - 00:30:53]

So the people that I tend to see are those we've identified as having a treatable infection. And if you have a family of say eight or 10 people, which often we see these families and in the standard NHS structure, if everybody had, for example, worms, everybody who has any children has had worms at some point in time. If you have a whole family of eight people that somebody has had worms, then they would normally have to go and have eight separate appointments to get their medication. Even if it's just going to a pharmacy. You'd go to a pharmacy eight times.

Guest:

[00:30:53 - 00:31:37]

And what we do is we say, actually as long as everybody in the family is happy and you have the opportunity to be seen separately. So it's always with, you know, working with that family, we'll see you in one appointment. We're saying the same thing to everybody, we're explaining it to all of you. But at the same time, in order to get to really make sure nobody gets reinfected with the standard worms that everybody has, you also need to make sure you all wash your bed clothes at 60 degrees, wash all your towels at 60 degrees, take your tablets, learn about how to wash your hands and learn about washing your vegetables. If you tell one person and treat them on one day and then you get everybody dotted in as to when they can take certain amount of time off work.

Guest:

[00:31:37 - 00:32:10]

This process just goes on and on forever. If you see everybody in one appointment, you're all feeling like you're part of it. There's no blame attached to anybody. And that whole washing and education cycle happens in one go and it's much more likely to work, so it's hugely more effective and everybody feels happier for it. And as healthcare providers, you can have two of you in the appointment, so somebody can distract the children and someone else can do the talking or the typing, which also makes it more efficient.

Guest:

[00:32:10 - 00:32:29]

And you sort of come out of it going. It feels like this is a win win situation for everybody. But what's really difficult is then when you go to the sort of funding and the structure, it's like, well, where does the money for that appointment go to which department, what front? And that's where it's really difficult to tie it all together. But it will change.

Guest:

[00:32:29 - 00:32:52]

It just takes time and it takes backing and it takes people to be able to see that the outcomes are long term outcomes. You might need to put more money up front, but actually to make people feel, I guess, really actualized, you need to be able to sort of feel like you're part of that process and you're not marginalized and that this is working with you in your normal day.

Emily Yates2:

[00:32:53 - 00:33:39]

I think Nicky brings up a really important point for this topic around human centered design is that kind of systems thinking and Systems analysis can be a really, really critical part of the design process and trying to identify where resistance or reluctance or barriers to change are going to exist. And far better to have an understanding of where those challenges might lie at the beginning of the process rather than to leave them out to the end and then find out, oh so and so can't figure out the way to fund doing this in a much more efficient way. So I just echo what Nicky's been talking about there in terms of the breadth of thinking that you need to bring to solving these somewhat intractable problems.

Oliver Bennett-Coles:

[00:33:39 - 00:33:49]

Absolutely. And on that note, Matt, you've got your own experience in the health sector with your gestational diabetes project. Are you able just to tell us a little bit about that and, and what the brief was like in the challenges?

Emily Yates2:

[00:33:49 - 00:34:11]

Yeah, well, yeah. In for a penny, in for a pound. Yeah, I mean, you know, I mean healthcare, yeah, it's just one of the most rewarding places to operate in. So this is a story around reinventing the diagnosis of diabetes. Whether it's diagnosing diabetes in middle aged people, pre diabetes or during pregnancy, the old way is incredibly inconvenient.

Emily Yates2:

[00:34:11 - 00:34:56]

You have to fast overnight, get up in the morning, no coffee, can't have a smoke, can't eat anything, then you've got to go into your appoint appointment at your various health care location, which means, you know, if a lot of getting on a bus, you're hungry, you might have the children to look after. The appointment might not be until 11 o' clock or something. You've got to take time off work, you tip up, they take a blood sample, you take a glucose drink, you wait for two hours and then you take another blood sample and you see how the sugar has been metabolized in that area, you know, then you're told, okay, now you can go and have something to eat. Or it's just like so for pre diabetes, of course, because you're not necessarily certain that you're that ill, you just don't bother. Right.

Emily Yates2:

[00:34:56 - 00:35:21]

So you just miss loads of people. And you know, it can take some time before your blood samples are sent off to get analyzed and so the quality of the results aren't so good. So it all in all, it's a bit of a faff, quite honestly. So a brilliant inventor, a guy called James Jackson, and he founded a company called Digestic, came up with a way of making it technically possible for someone to perform the test in their own homes. Okay, fine.

Emily Yates2:

[00:35:21 - 00:36:18]

But the challenge was how to design something people would actually want to use and could use on their own, in their own home and get it right first time, because if you get it

wrong, people are pretty reluctant to go around the block again. So, you know, and you've got to bear in mind most people who don't have diabetes have never experienced pricking themselves with a, you know, a finger pricker, fasting overnight, doing one of those, or placing the blood drop in the right place and the right time and performing the test. So with this one we started with user research, of course, as you would in people's homes, to understand where the kind of usability and adoption challenges might lie. Then we actually went through a really comprehensive prototyping phase. And by comprehensive I mean, I reckon that we must have gone through around 40 different prototypes, I mean, quick and dirty prototypes, but using different color, different text, different language, different presentation methods until we actually got it right.

Emily Yates2:

[00:36:18 - 00:36:52]

And of course we tested and involved end users, nurses, diabetes experts, other health practitioners along the way. And then eventually the solution we came up with was a small rectangular device about an inch wide and about 11 inches long. That was important because it need to go through a letterbox to be delivered to people. And inside it were two blood sensors, a timer, a data strip that could be detached and either posted back because you can't put blood contaminated products in the post. So it's a detachable data stick, but you could also scan it with your mobile phone as well.

Emily Yates2:

[00:36:52 - 00:37:20]

So if you want to use the mobile phone, there's a back route. And in addition in the kit there were the instructions booklet, a sugary drink and some finger prickers. So everything was there. And the advantage is, is that this means that people not only can do it at home, they don't have to do all that traipsing into the hospital, but they can choose whether to do it on a Saturday or Sunday or a day that they've got it off. Off or a day when if you have a partner, they can take, you know, the older children to school or whatever it is.

Emily Yates2:

[00:37:20 - 00:37:56]

So it introduces a whole level of flexibility so that the test fits around people real lives rather than forcing people to change their lives to fit around an existing system. So going

back to the comment you were making a minute ago, Nick, about system. So once we got to this point, what we did is that we went into formal trials and of course we did not test it ourselves because there's always a tendency to be maybe a little bit generous with your results if you test your own idea. So we made sure that we gave it to somebody Independent. And we did 400 people age between 14 and 17 and we scored 100% usability on it, which is kind of unheard of.

Emily Yates2:

[00:37:57 - 00:38:26]

I mean, everybody did it right. Very proud of that. And then sitting around the actual diagnostic device, you know, we also made short animated videos that people could watch beforehand that gave them a sense of preview about what to expect. We made good quality instruction booklets with proper photos in it so people could actually see exactly what they needed to do. And with short instructional bullets like do this, do this, wait for this, do this, do this.

Emily Yates2:

[00:38:26 - 00:38:47]

Right. And finally, we used icons on the device which we were inspired by the sorts of icons that are on flight safety cards. So again, to gave people another clue. So you've got three levels of information design there. You've got the animated videos, you've got the instruction booklet which you could read beforehand and using it.

Emily Yates2:

[00:38:47 - 00:39:05]

And then you had the actual in use kind of graphics. So, you know, again, that kind of human centered design is about extending out, not just thinking about the product or in the moment, but what happens beforehand, what happens after. And that's the way that you end up with a really, really winning design.

Guest:

[00:39:05 - 00:39:29]

I think, I think that's amazing, Matt. And I think that it's just that whole sort of very simple but pictorial instructions. I mean, it's such a winner because often there are things you look at, it doesn't matter whether it's in health or something else. And people have used the longest words possible to make it sound as scientific as possible. And I often sit there going, oh God, I have absolutely no idea what's.

Guest:

[00:39:29 - 00:39:32]

And I've lost interest before I get to the bottom.

Emily Yates2:

[00:39:32 - 00:39:39]

That's right. And there are always people who want to skimp and, you know, make the paper thinner. Why do we need color photos? Why do we need this? Why do we need.

Emily Yates2:

[00:39:39 - 00:39:58]

You know, again, I think this is one of the powers of taking a human centered is that by going out and getting evidence from actual people. So instead of saying, well, I don't think the language is very good, look, we went out and we showed it to 20 people. 19 of them had no idea what we were talking about. Right. And you can't argue that.

Emily Yates2:

[00:39:58 - 00:40:26]

And I think this is the difference between some of the other approaches where there's the savior design kind of mentality, which is this is what real people are telling you. You can't kind of ignore it. And this is why it's worth upping the print quality because the low print quality doesn't work as well. And I think that, you know, these are the things that I think most of us who work in this field spend all day fighting for doing it right and why it's worth doing the right.

Guest:

[00:40:26 - 00:40:56]

Totally. And I think that was actually one of the things that we really found with our project as well, was that we invested in the data. So not just the sort of hard numbers of collecting the data, but also that sort of of going out and talking to people and saying what is important to you. And lots of people don't, you know, they might come up with the same thing at the end, but they haven't got those numbers down. So they can't then go back to funders or to the people and say, look, I've got it written here.

Guest:

[00:40:56 - 00:41:22]

What is important to everybody is to be close to where they live and to give them time to speak and to feel listened to. And look, you know, when we're saying we wanted to do all of these additional tests, we can show you that we found that over 50% of people, these tests became positive. Therefore, it is worth investing in it because we're picking up people you wouldn't have done otherwise. Whereas if you just go, I think no one's going to listen to you. And you also don't know.

Guest:

[00:41:22 - 00:41:34]

And then it's going back and going, right, how can we tweak this? And it doesn't matter if you're designing a pen or a ruler or a health system or a new place in the science museum. I think it's just that whole feedback. It's really important.

Oliver Bennett-Coles:

[00:41:35 - 00:41:56]

Exactly. So we touched upon fascinating projects from both of you. You, Matt, in your line of work as a consultant, you must have seen how multiple organizations across vastly different sectors operate. From your perspective, what are some of the challenges that persist across all those industries when it comes to human centered design? And it's a double question here, but can you tell us a little bit about your recent focus shift to human centered change?

Oliver Bennett-Coles:

[00:41:57 - 00:41:59]

What does that mean and how does it differ?

Emily Yates2:

[00:41:59 - 00:42:11]

Okay, let me deal with the first one. What do I think that the pattern is in terms of the challenges? Right. I found that the problem isn't that there's a lack of ideas. It's that there are almost too many ideas floating around.

Emily Yates2:

[00:42:11 - 00:42:57]

And this is one of the things is that part of human centered design, one of the ethics is that you're encouraging people to participate in that creative process and share their thoughts. But the thing is, is that when you do that, individuals can get very passionate about their idea and they don't want to let it go now, there's all sorts of good ideas, right? But sometimes those ideas can be incompatible with each other, right? And if you try and just kind of do all of them, you end up with confusing mediocrity. So this is the challenge that you end up with if you start engaging with end users and stakeholders and getting different opinions, is that somehow you've got to arbitrate those and combine those into a final concept of some kind.

Emily Yates2:

[00:42:58 - 00:43:32]

And just ignoring and trying to shut them down doesn't work work because those people then feel alienated, like, well, they asked my opinion, you know, and they've just ignored me. So they tend to kind of withdraw out of the process and you need them in for the long time. And so somehow you need to surface and then arbitrate these different viewpoints and somehow persuade everyone to align around one really strong direction. And again, you know, there are various techniques for doing this. And again, then going out and getting good evidence and seeing, you know, what works and what is confusing.

Emily Yates2:

[00:43:32 - 00:43:47]

So in the end, we have to neutralize two things. The first one is designing for yourself. And that can be in the broader teams and other stakeholders as well. Look, you're not the end user in this thing, okay? We're all trying to work towards a different thing.

Emily Yates2:

[00:43:47 - 00:44:18]

And then the other thing is, to be honest, is to kill the ego which does surface its head when you're making the next new thing. And it does raise passions in people, people. So for me, I think that's one of the things that that's a reoccurring challenge in everything. The second question you asked me was about where does human centered design and human centered change collide? In the end, I've become fascinated about why so many transformation modernization programs fail.

Emily Yates2:

[00:44:18 - 00:44:43]

And the numbers are horrendous. At best, it's 3 in 10 or even lower than that, you know, know 5% are reported as having been successful and they end up stalling, right? And these are the people who lead these organizations. And my take on it is that there's this thing out there which is known as aversion to change. There's lots of good reasons why people don't want new things to come along.

Emily Yates2:

[00:44:43 - 00:45:10]

Very human reasons. You're asking people to change the way that they have been doing it for years. Change often means a lack of seniority, influence, budget, having to change your teams and so forth. So there's lots of very, very human, visceral reactions to this desire to kind of improve things. It goes back to, you know, Nikki saying earlier, you know, the unintended consequences of, you know, kind of bringing in the next new thing.

Emily Yates2:

[00:45:10 - 00:45:53]

And so I think this resistance and reluctance to change are often kept hidden because you kind of can't politically say, oh, I don't want to modernize, I don't want to transform, I don't want, especially at senior management and system level level thinking. So the sharing thing, given that I come from a world of product service innovation, was what we used to call latent needs. The hidden, the unmet needs that are out there. And I think that's where the similarity in human centered, or what I call people shape change is, is that these are hidden human traits that need to be revealed. And then you need to design an intervention which moves those people from being blockers into advocates and promoters of it.

Emily Yates:

[00:45:53 - 00:45:53]

It.

Emily Yates2:

[00:45:53 - 00:46:34]

And so it requires a sensitivity. You know, it starts with empathy and understanding how do people actually feel and how do we actually motivate them to willingly accept these changes or modernization ideas. So that's where I think the two things lie. But again, apart from the empathy, it's about bringing people together, working things out, seeking out evidence, bringing that back into the process, discussing it. And all of those iterative, interdisciplinary, human centered philosophies that, you know, form the bedrock of human centered design equally apply in this world of what I call people shape change and how to up the success rate of those things.

Guest:

[00:46:34 - 00:47:20]

I could just mirror that, Matt, completely in our project that I've just been talking about, because one of the things to start with is we were asking our very highly trained nurses to go out into hotels on their own to go and see a vulnerable population. And that was difficult to start with for people. And we found that not only was it difficult because they felt isolated and they were working outside of a health setting, but also they were dealing with people who had very traumatic stories to tell day in, day out. And they had to travel there and carry kit with them and bring it back. So, you know, we spent a long time working with our staff to say, well, what will make this better for you as well?

Guest:

[00:47:20 - 00:48:33]

And so there were enormous discussions around label printers, which sound ridiculous, but that was the one thing that was really hard because when they had to go and take blood samples out there, we needed to find a way for a label printer that's in a hospital to be able to work in some capacity and, you know, involve just a change of the booking process basically so that they could go there already with the label so they weren't having to do two journeys backwards and forwards, but also that we gave them enough time afterwards, so A, we buddied them up with somebody and it didn't matter who that was, but they weren't on their own, so they felt that they were in this journey together to solve these problems and that they then had enough time after having the face to face appointments to have a day where they could be in the office with other people to reflect on those stories and do their admin. And so we just changed the shifts around. And so it's that whole. It is change, but you're then having your staff that you've made a massive shift from what they were doing before to something else, but they're part of that journey and part of shaping that change and it's allowing them to sort of come with you on it.

Emily Yates2:

[00:48:33 - 00:48:44]

That's a lovely story because sometimes the devil is in the details. There's some little thing, right, and you've got to pay attention to these little things and fight for them in order to get a good solution.

Guest:

[00:48:45 - 00:49:08]

And I think it's also reflecting on yourself. We all know that there are times when you feel uncomfortable and you put your heckles up and you sit and go, what is it about that? You know, what is it? You know, I like new things, I like innovation, but I like to know it's going to happen, right? You know, so I've sort of done a lot of reflecting going, I don't mind if I do something different every day of the week, but I like to know roughly when's that going to happen or where's my stability?

Guest:

[00:49:09 - 00:49:33]

And I think that's a. Some people are less flexible and find it harder. So I think you've got to always sort of take a step back and go, what is it that is making that person feel uncomfortable right now and is coming out as being obstructive? And if you can get to the root of that, then there are ways of getting to the end point that might be a slightly more sort of not a direct route, but you can get to the end point in the way.

Emily Yates:

[00:49:34 - 00:49:56]

Yeah, absolutely. And really love what both of you said there. It's almost like a famous phrase in the design world, isn't it, that the most dangerous thing that you can say is, we've always done it this way. But actually that's not quite true. As you were saying, Matt, it's a very human reaction to be adverse to change, but the important thing is to take people along the journey with you and make them advocates rather than blockers.

Emily Yates:

[00:49:56 - 00:50:07]

I'm going to take that away with me. That's really, really nice. Thank you so much. So, moving on to a very, very final question. Thank you both so much for going into such detail about everything.

Emily Yates:

[00:50:07 - 00:50:17]

We've learned so much. And I'm sure that people listening to this will as well. But I'd just like to ask you, what would you both like to work on next? And Nikki, should we start with you?

Guest:

[00:50:18 - 00:51:21]

If we're talking about work and health, I guess the next stage in the project that I'm doing now, let's keep it really simple because I could go massive and broad, is that I think some of the work that we're doing and what the big feedback that has come back from our service users is that they want to be heard and listened to and this is the first time

they have been heard and listened to. And we also know from our service providers that a lot of what they're doing takes a huge amount of time and a lot of that is the follow up, the phoning up, the helping to get people to see a dentist, the helping to get people to be integrated and have a sense of community and have a sense of belonging and going, right, what are those things that are out there for you in a charity? If you want to cook or play football or learn to do some art, how can we bring that all together? So I think what I'd really, really like to work on next is more of a sort of peer advocate model. So can we get people with lived experience who can help be part of this service to redesign the service and take it further?

Guest:

[00:51:21 - 00:51:51]

Can we bring more community based practice into the situations where vulnerable people are, rather than expecting someone to be able to look online and go, well, there's free football over here, but it's a half hour journey. Can we have some of that health navigation and some of that social navigation and some of that sense of community brought in by people who've been through this system and understand it and can be part of our service and work with it. So I think that would be my real next step in this project.

Emily Yates:

[00:51:51 - 00:51:53]

Lovely. And what about you, Matt?

Emily Yates2:

[00:51:53 - 00:52:42]

I think where I would like to be working and contributing is in helping what I would describe as some more legacy institutions, institutions that have been around for ages, at least 60 years or so. Because I think that's where I'm seeing the most resistance and reluctance to change. And at the moment there is a great deal of talk about change, reform, reinvention. But I think what we're seeing, you know, is that they're, you know, really quite a Lot of challenges and the sorts of organizations that I'm interested in, the ones that I'm afraid are sort of in the press, in the media at the moment, you know. So, yeah, I'm really interested in the NHS and how, you know, we can bring a people shaped approach to change into that.

Emily Yates2:

[00:52:42 - 00:53:02]

You know, bear in mind, it's not everybody. What you find is, is that there's little pockets of resistance and reluctance to change and they exist for really, really good reasons. Right. Looking at policing, you know, it's been 20 years since the Macpherson report and we still got dreadful issues to deal with. You know, they've been reinventing the TR years.

Emily Yates2:

[00:53:02 - 00:53:39]

So what is happening on the job that results in such poor behaviors and attitudes? Water supply, beyond the politics of it, it's a very complex set of stakeholders, you know, from farmers to chemical companies to the water companies themselves to, you know, leisure, all sorts of things, you know, let alone the politicians and, you know, the regulators. So very complicated set of stakeholders who all got different motivations for either embracing or resisting getting to net zero. Too much lip service. We see that playing out in low emission zones, reduction in cars, 15 minute cities.

Emily Yates2:

[00:53:39 - 00:54:12]

Lots of talk, but still lots of pockets of resistance going on. So those are the sorts of places that I think I would like to apply my intellect and my approach and experience to, because I think these are the places where you, you know, can have the biggest delta of positivity at the moment. But I have to confess, these are not easy organizations to penetrate. And I have experienced a certain amount of kind of what I've described as in denial or not for us, you know, and it's this classic thing, this is the way we've always done it. So I think that's my challenge really.

Emily Yates2:

[00:54:12 - 00:54:18]

How do I get under the skin of these, you know, legacy institutions and try and make a contribution? That's where I'm at at the moment.

Emily Yates:

[00:54:18 - 00:54:32]

Just some small things then. Just some small things. Well, thank you both so, so much. Sadly, we're coming to the end of this episode, but Matt, Nikki, thank you once again for joining us.

Emily Yates2:

[00:54:32 - 00:54:33]

Yeah.

Oliver Bennett-Coles:

[00:54:33 - 00:54:43]

You've both been so generous with your time and we really, really appreciate it. I say this at the end of every single episode, it seems, but it's sitting here, I feel like I'm listening to a TED Talk and it's truly inspirational to hear you both speak. Thank you so much.

Emily Yates2:

[00:54:44 - 00:54:47]

My pleasure. And it's great to hear about Nicky's work. Really inspirational.

Guest:

[00:54:47 - 00:54:49]

Thank you. Yeah. And Matt, yours as well.

Emily Yates:

[00:54:50 - 00:54:59]

And to all of our listeners out there. Thank you so much for tuning in. We hope you've enjoyed all the conversation and have gained some fresh new insights.

Oliver Bennett-Coles:

[00:54:59 - 00:55:07]

Please head over to our website, mimagroup.com for more information on our work, or if you'd like to reach out to see how we can help you and your organisation on your next project.

Emily Yates:

[00:55:07 - 00:55:09]

And once again, I'm Emily Yates.

Oliver Bennett-Coles:

[00:55:09 - 00:55:12]

And I'm Ollie Bennett Coles. And this has been the redesign from Mimer.

Emily Yates:

[00:55:12 - 00:55:19]

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