



ILFRACOMBE PLACE BASED DISABILITY PILOT

A design-led collaborative community engagement programme

Dr. Louise MacAllister, Harry Bonnell, Annabelle Murray
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1.1 BRIEF

Devon Communities Together (DCT) was commissioned by Devon County Council, funded through the Improved Better Care Fund, in August 2019 to use design led principles to support a process of co-design, working in partnership with North Devon Adult Social Care Services and One Ilfracombe to:

- ✔ Deliver a community based co-design approach to improving access within existing funding limits to appropriate locally based support, services and accommodation for people of a working age with disabilities living in or originating from Ilfracombe.
- ✔ Design a place based community engagement disability pilot for the town of Ilfracombe. The pilot, following outcomes from the Devon County Council Place Based Profile and Place Based Reviews identified the following priority areas:
 - » Access to community-based activities/services in the community and voluntary sector appropriate for people with disabilities
 - » Need for appropriate housing solutions in particular a lack of Housing with Care services (Supported Living, Shared Lives, ECH) for people with more complex needs
 - » Carer support and respite services
 - » Development of the Personal Assistant offer

1.2 PILOT OBJECTIVES

Delivery of an engagement process that:

- Focusses on the Key Priority areas
- Is owned by the Ilfracombe community, hosted through One Ilfracombe and it’s Living Well Group
- Is based on sound evidence of needs and assets including JSNA, place based disability profile, community asset mapping & Feedback on unmet need from care reviews.
- Ensures that the people with disabilities and their family carers are involved as equal partners in the codesign process
- Brings together stakeholders to work collaboratively in the codesign that includes independent, not for profit and DCC social care providers; social care and NHS practitioners; community and voluntary services and commissioners/funders
- Delivers an action or development plan for future work signed up to by key stakeholders
- That improves people with disabilities experience of support and services

1.3 CONTEXT

- DCC Adult Social Care Teams arranges services for people of a working age with disabilities in the Ilfracombe area;
- Of 65 people supported 31 have primarily needs associated with a learning disability and most people have a family carer.
- 87% of people live at home, alone with friends or with family and of those the majority (70%) arrange their own services using a direct payment the rest using community services some of which are not based in Ilfracombe.
- Local Adult Social care teams report challenges in sourcing services supporting people at home or in day services in the Ilfracombe area, consequently Direct Payments are used to pay Personal Assistants
- Compared to other similar towns in Devon fewer people are accommodated in Supported Living Units or host family type care (Shared Lives)
- There is a strong community identity and an enthusiastic community and voluntary sector but most support at the moment is targeted at older people.

The health and social care commissioners invested Improved Better Care Funding into the development of Ilfracombe's social prescribing model, which includes resources to connect people who need support to appropriate community and voluntary sector support and to build capacity in the community and voluntary sectors.

One Ilfracombe, as a key delivery partner, are embedded within the community and have a proven track record of engaging with the community through the Living Well group .

DCC operational teams wanted to undertake a different approach to the review of people with disabilities who receive DCC funded support. This approach is built upon a conversation with the person needing support and their family carers which explores the outcomes they want to achieve and the support that might make a difference to then in achieving those outcomes. This approach will identify areas where needs are unmet or met in a less than ideal way or where outcomes or life aspirations are not being addressed; to inform the design process.

This report will proceed to document the pilot workshops, following an overview of the methodology used, before concluding with key recommendations.

2. METHODOLOGY

2.1 METHODOLOGICAL BRIEF

DCT facilitated a process, inclusive of people with disabilities and their family carers, service providers, the community and voluntary sector and the local Adult Social Care Team to deliver an asset-based community development model using co-design and co-production principles. The model was used to explore and identify creative solutions to local challenges (This model had been successfully used by Devon Communities Together as lead delivery organisation for the Devon Transform Ageing Programme 2017 - 2019)

Devon Communities Together's experienced practitioners had completed Design Council training, based on Design Led Framework for Innovation Toolkit techniques.

The approach to working in collaboration with adults with disabilities and their family carers in Ilfracombe was governed by 4 core principles, to unlock new ideas and deliver opportunities for innovation:

- 1) Be people centred - i.e. listen, use empathy, real needs and solutions not imagined ones
- 2) Communicate Visually - big emphasis on the visual to get people thinking and testing
- 3) Collaborate and co-create - multi-stakeholder working.
- 4) Iterate, iterate, iterate.

Initially, Devon Communities Together (DCT) was tasked to work with undertaking this pilot project with people with learning disabilities, their carers, and service providers within Ilfracombe. This remit was subsequently expanded by Devon County Council to include people with physical and mental health disabilities. DCT therefore adapted to this requirement and reflections on this widened remit can be found in section 5, 'Learning from Experience'.



SUMMARY OF KEY FINDINGS:

1. The Design Led Thinking Tool provided an effective method for creative people-centred, place based solutions.
2. Bringing together a range of stakeholders created a range of positive outcomes including building supportive networks and peer to peer learning.
3. Participant feedback was good
4. Two innovative solutions were taken forward to the prototype stage; a 'Blue Zone' disability awareness and support area, and a public transport circular route that prioritised the needs of those with disabilities.

Devon County Council (DCC) identified four priority areas for investigation through this pilot project which DCT were mandated to explore:

1. Access to community-based activities/services in the community and voluntary sector appropriate for people with disabilities
2. Need for appropriate housing solutions in particular a lack of Housing with Care services (Supported Living, Shared Lives, ECH) for people with more complex needs
3. Carer support and respite services
4. Development of the Personal Assistant offer



2.2 DESIGN LED THINKING

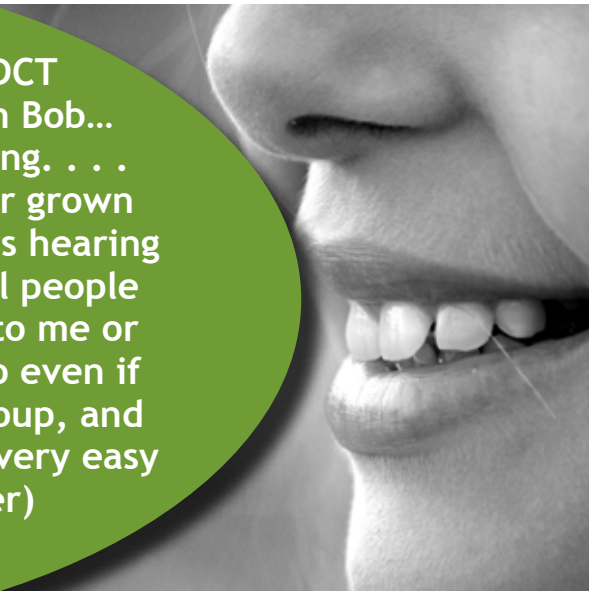
The Ilfracombe Place-based Disability Pilot (PBDP) was based on a Design Led Thinking (DLedT) methodology in order to engage participants with the exploration of these priority areas. This took the form of a series of four workshops (abbreviated throughout to WS1, WS2, WS3, WS4). As well as using Design Led Thinking in the workshops, on 14th October 2019 DCT trained six members of staff from the key project stakeholder, One Ilfracombe in the use of Design Led Thinking methods to support their contribution to workshops and their everyday work.

Design Led Thinking is a creative methodology which works through an explorative series of process steps with multiple stakeholders to find innovative solutions. Central to this process is a person-centred approach which emphasises the importance of ensuring that the solutions are fitting with the real-life problems. These process steps take the form of:

1. Discovery - in which the problem is explored from multiple angles.
2. Definition - a narrowing of the issue to be addressed based on the explorations of the discovery phase.
3. Development - a creative exploration of potential solutions to the problem(s) identified in the definition phase.
4. Delivery - a refinement of the potential solutions identified in the development stage in to a workable solution.

A full overview of the principles of Design Led Thinking can be found in Appendix 1.

Devon Communities Together staff, trained in Design Led Thinking and experienced in bringing communities together facilitated the workshops. Working with people with disabilities required additional facilitation to ensure inclusion, one participant particularly commented on the importance of this:



“If you’ve got more people like you [DCT facilitator], doing what you’re doing with Bob... as well as me being here and participating. . . . and it’s nice to be free to talk to another grown up occasionally. Bob’s dementia affects his hearing and his sight, and in a group with several people talking - unless he’s talking one to one (to me or a facilitator) everything else gets lost. So even if you are confident enough to go into a group, and people are talking across each other, it’s very easy to sit there and feel isolated.” (Carer)

In all workshops, alongside the aim of sequentially progressing the Design Led Thinking process, was the additional aim of strengthening relationships between participants, which would both aide the workshops themselves, and provide the additional benefit of creating and strengthening networks beyond the workshops.



The pilot project was undertaken in the following phases.

1. October - December 2019. Design, using design led thinking methodology a sequential workshop delivery using creative and engaging people-centred tools was developed.
2. November 2019 - January 2020. Recruitment and logistics. Working with key stakeholders One Ilfracombe and Devon County Council, participants were recruited by invitation. Workshop design went through a reiterative process itself in order to fit the real-world constraints presented in recruitment - in particular that not all participants would be able to attend all workshops as had been the original plan.
3. Execution of four workshops located at The Lantern in Ilfracombe. Each workshop took three hours and followed each stage of the design led thinking process as follows:
 - WS1, ‘Discovery’ 9th January 2020
 - WS2, ‘Definition’ 6th February 2020
 - WS3 ‘Development’ 13th February 2020
 - WS4 ‘Delivery’ 20th February 2020
4. January 2020 - May 2020. Analysis of findings and the success of the methods and approaches used. Writing final report.

3. DELIVERING THE PILOT 'EXPLORE THE CHALLENGE' WORKSHOPS

Each workshop was designed to sequentially work towards innovative service ideas, and in doing so a range of other 'soft' outcomes also emerged in the form of smaller changes, new networking, and knowledge sharing. The sections below detail each workshop and the methods can be found in more detail in appendices 2 - 5.



Devon Communities Together has produced a video taken at the event to capture the process, activities, and feedback from attendees. The video can be accessed online at - https://www.youtube.com/watch?v=pD6_fuTHKBQ

3.1 WORKSHOP ONE

3.1.1. Delivery

5 participants attended this workshop. Only service providers were present at this workshop and this included representatives of: Learn Devon; One Ilfracombe; Beckcare Homes; Ilfracombe Adult Social Care; Emmanuel Church.

For workshop 1, the 4 subject themes from the DCC project mandate were shortened into 4 problem statements for participants to consider:

- Housing provision
- Access to community-based activities/ services
- Carer support and respite
- Personal assistant offer

The design of workshop one was based on the 'discover' phase of the Design Led Thinking process, aiming for participants to look at the topic(s) in a fresh way and gather new insights into the problems being explored. Participants were able to share knowledge, discover key information, expand on how each challenge currently manifests in Ilfracombe and explore what contributes to it being a challenge (or not). The lenses of 'Gaps'; 'Challenges'; 'Working well'; and 'Aspirations' were applied as prompts.

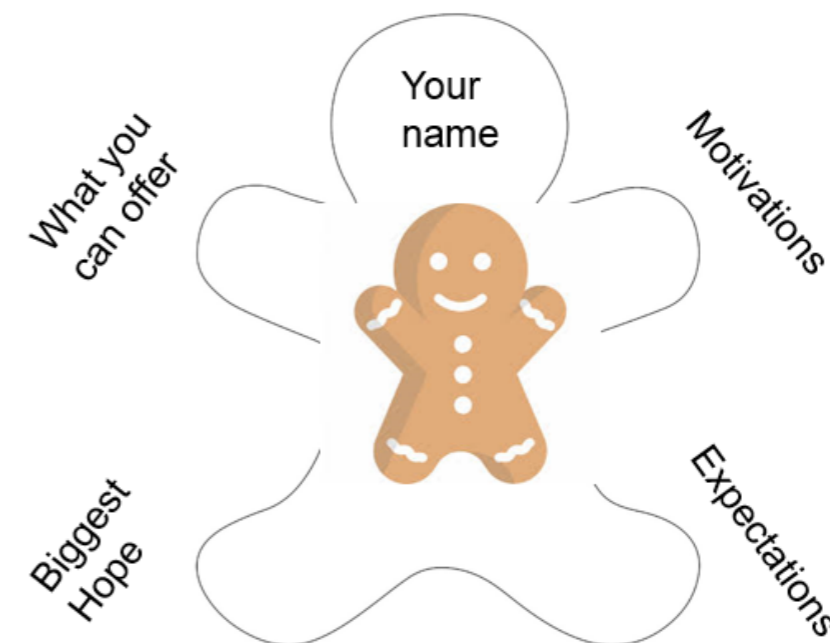
3.1.2. 'Discovery'; Exploring the problem statements

The tools used in this workshop were designed to collectively work towards the overall aim of exploring the problem statements. Individually these tools acted as; an icebreaker and focussing exercise (Gingerbread men - see figure one); building trust and creativity (River of Life); understanding service provision (Asset Mapping); exploring the problem statements (Brainstorming and the Problem Statement Matrix); role reflection (Organisational Matrix); refining focus (Dot Voting). Tools used and the process of their application are detailed fully in Appendix Two.

a) Housing provision

Although acknowledging there is some excellent housing, participants agreed with the general view that Ilfracombe needed more

Figure One; The Gingerbread Man Exercise



suitable and accessible housing choice.

Additionally, it was felt that there is a lack of access to housing advice in local accessible locations, and what is provided is provided by under trained and over stretched staff or volunteers.

This is compounded by the fact that applications for housing are via the internet, which can be difficult and alienating for some.

Participants felt there needs to be more 1-2-1 and face to face housing support, and that housing support staff with a better awareness of mental health conditions could help people with disabilities to live independently.

b) Access to community based activities/ services

Whilst acknowledging that there is a good public spirit in Ilfracombe with a number of active groups run by volunteers, the key issues are around communication and awareness and the need for publicity via the creation of a directory. It was noted that One Ilfracombe are currently working on this.

Additionally, affordable and accessible transport was named as a major barrier to access community services and activities.

The discussion on providing more activities

focussed in on a lack of providers in the town, especially those that are able to offer activities for adults with learning difficulties and people with disabilities or their carers of working age (for example there are not activities after school or in evenings).

Participants felt that this could be improved by designing services and activities in collaboration with the user target group.

It was felt that Hele Community Resource Centre; Belle's Place, Active Devon funded events, and the Salvation Army food bank are currently working well in the town.

c) Carer support and respite

As this workshop was made up of service providers, discussion was primarily oriented towards paid carers.

It was felt that there is a severely limited number of local respite carers in Ilfracombe. The job role has low pay, and a very high rate of staff turnover - this in turn affects the quality of care offered. The high turnover also impacts on the level of signposting possible between carers and community, as it takes time to build knowledge of available services and trust in the community. Despite this challenge, a clear aspiration was identified to

embed sign posting within role of the carers. These challenges in the paid carer sector impact upon non-paid carers as they do not get the right kind of support they need, and this leads to increased family pressure, a sense of guilt and lack of respite.

There was a view that the value and worth of the caring role, both paid and unpaid, was not dually recognised and their sense of value needs to be reinforced, and that in the paid sector, quality of care was compromised by a focus on profit.

Key gaps noted were a lack of mental health support and a lack of hospice support, which needs to continue for survivors and relatives of the deceased.

It was felt increased funding was needed to address these issues.

d) Personal assistant offer

The level of this discussion around this topic was limited as most of the participants present had little or no knowledge on this topic.

It was noted that increased knowledge and

awareness about what the Personal Assistant Offer is, is essential, as service providers should be aware of it.

Further barriers discussed included the likely reliance on the internet (as discussed under the housing topic) for assessment and access, and therefore the reliance on others (who may not be trained, or available) to access the personal assistant offer on their behalf. Participants felt that what is available and for who, is continually changing, and that information on access and what money can be spent on needs to be user-friendly and easily accessible.

One aspect raised from a service provider viewpoint, was that the personal assistant offer allowed for the concept of independence and choice, however it was recognised that this is compromised by service users needing a better understanding regarding the priority for money use. For example, they may not understand why they need to pay for activities, or it was considered that they may spend their money on the 'wrong' things (e.g. alcohol).

3.1.3 WORKSHOP ONE KEY FINDINGS

- 4 out of 5 participants found all the tools 'excellent'. 1 out of 5 found the tools 'good'.
- Everyone that attended the workshop felt that they had learnt something.
- The Gingerbread men, River of Life and Organisational Matrix tools were effective in helping foster trust between participants, encourage collaborative working and built a platform of mutual understanding.
- The workshop enabled providers to really focus on the needs of people with disabilities within their job role.
- Participants benefitted from communication between service.
- A personal assistant offer exists in Ilfracombe but difficulties experienced by service



users in accessing and using online applications

- Ilfracombe has a great community, but businesses and groups need to work together for support and access to services
- Access to housing can be improved with an improved staff resource

“I used to do a lot of work in Ilfracombe, especially with young people with learning disabilities but this has dwindled quite a bit and I was hoping to engage with adults with LD.”
(Adult Learning Centre Manager, Learn Devon)

3.2 WORKSHOP TWO

3.2.1. Delivery

18 participants attended This workshop, 11 of whom were service users (i.e. people with disabilities or their carers) and 7 were service providers. 3 participants had also been present in WS1. Participants represented: Learn Devon; One Ilfracombe; Ilfracombe Adult Social Care; Ilfracombe Dice and Slice; Dementia; ADHD; Down Syndrome; Mobility Issues; Registered Blind; Autism.

7 problem statements were constructed from the tools and input from the participants of WS1, and reviewed at the start of WS2 to define the focus moving forward on the identified issues as follows:

- Activities are not available for all the different age groups: due to suitable timings, locations, and the right variety of activities.
- Being given money (e.g. via Direct Payments) that needs to be used for all of an individual's daily needs creates misunderstanding and difficulties.
- The high turnover of paid carers causes a loss of consistency in trust, signposting and knowledge sharing at community level.
- The internet as a key portal for service provision is problematic.

- Not all services work as well as Belle's place or Hele Good Neighbours.
- Transportation around Ilfracombe is limited.
- Community infrastructure (e.g. village halls and church spaces) are underused.

Workshop 2 was the 'Define' phase of the Design Led Thinking process, with the aim being for participants to make sense of what matters most and which area(s) to focus on. Participants were able to share knowledge, discover key information, and expand on how this challenge currently manifests in Ilfracombe and what contributes to it or mitigates this challenge. By the end of the workshop the aim was for participants to have selected 3 or 4 key areas (problem statements) to work on for the remaining workshops.

3.2.2. 'Definition'; Refining the Problem Statements

The tools used in this workshop were designed to; confirm focus from WS1 (Bullseye); build equality with an asset based approach (Three Houses); undertake experiential asset mapping (Hand Template and Journey Mapping); refine focus (Dot Voting). Tools used are detailed fully in Appendix Three.

Following the workshop activities, it was decided to take forward the problem statements of:

1. "Transportation around Ilfracombe is limited"

2. "Activities are not available for all the different age groups: due to suitable timings, locations, and the right variety of activities"

Additionally, through themes emerging within the activities, a further statement was configured to amalgamate the overriding theme that cut across a number of previously identified problem areas. This statement was:

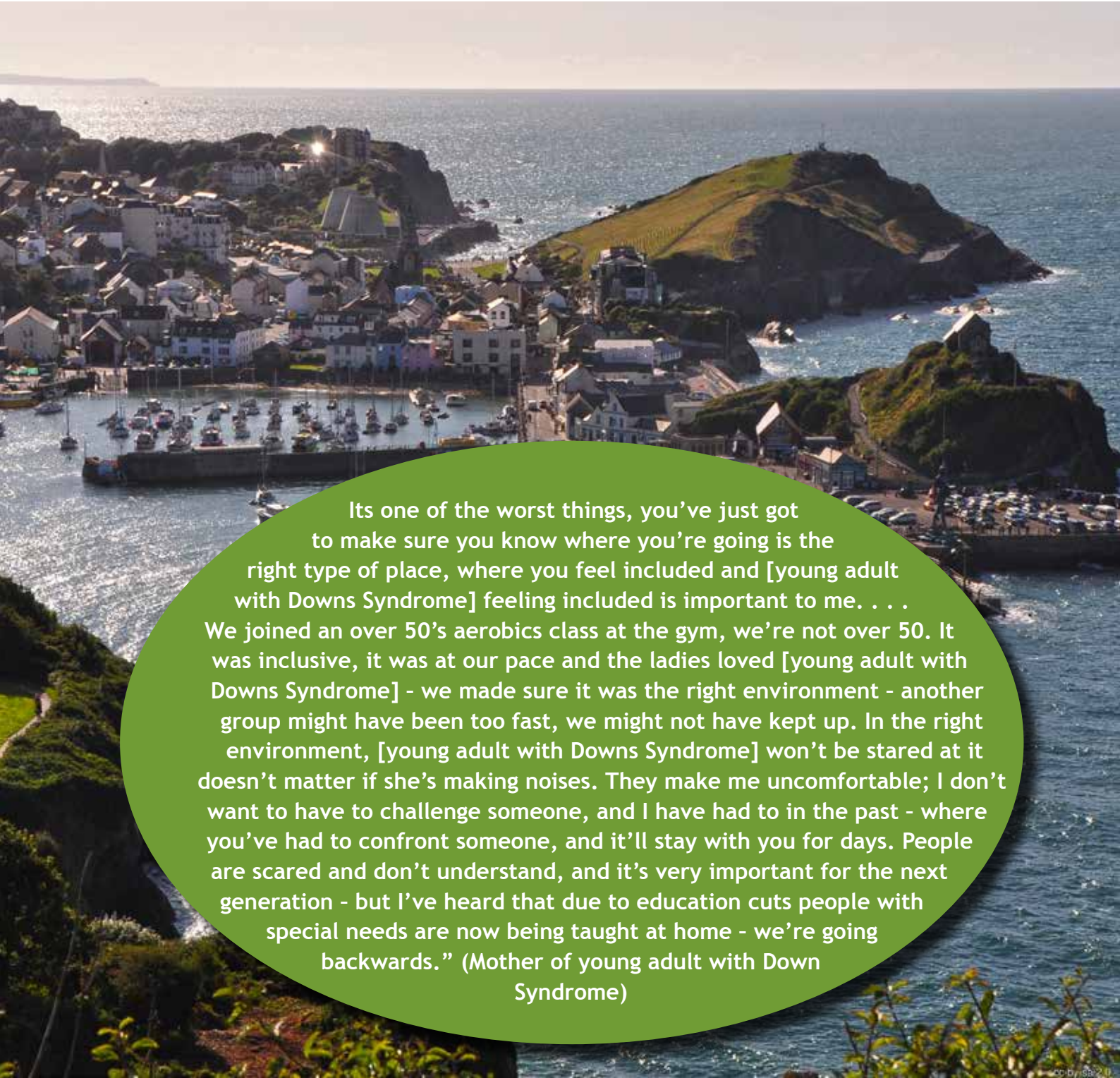
3. "Signposting and knowledge sharing needs to be improved (receiving information, giving information and how we are able to give information)".

Below are examples of how the themes of this statement were expressed across earlier iterations of problem statements:

- Activities - "We need a directory to know what even exists"
- Internet - "The internet is a great resource, but it cannot be used in isolation. It must be part of a joined-up approach, using multiple delivery methods"
- Direct Payment Offer - "peer to peer groups are expected to help share knowledge" (But need support to do so)
- Carers - "we don't have time to network, staff are overstretched"

As an outcome of these discussions, an attendee from One Ilfracombe explained how this will impact their future service design;

"A positive thing I would take back, is reiterating that there is so much going on but not enough people know. So from One Ilfracombe's side is going back and thinking about how to get that information out there - because it's a shame there's so much going on and people don't know about it."



Its one of the worst things, you've just got to make sure you know where you're going is the right type of place, where you feel included and [young adult with Downs Syndrome] feeling included is important to me. . . . We joined an over 50's aerobics class at the gym, we're not over 50. It was inclusive, it was at our pace and the ladies loved [young adult with Downs Syndrome] - we made sure it was the right environment - another group might have been too fast, we might not have kept up. In the right environment, [young adult with Downs Syndrome] won't be stared at it doesn't matter if she's making noises. They make me uncomfortable; I don't want to have to challenge someone, and I have had to in the past - where you've had to confront someone, and it'll stay with you for days. People are scared and don't understand, and it's very important for the next generation - but I've heard that due to education cuts people with special needs are now being taught at home - we're going backwards." (Mother of young adult with Down Syndrome)

3.2.3 WORKSHOP TWO KEY FINDINGS

- Alongside discrete 'problem statements' are cross cutting themes relating to connectivity and knowledge.
- Implemented solutions require a sense of the individual and their needs, as well as the support around them and an informed community.
- All participants engaged with the tools either as individuals or with their carer. All the tools were considered either good or excellent.
- There is a need for facilitators and participants to remain flexible to meet overriding themes across all 'problem statements'.



3.3 WORKSHOP THREE

3.3.1. Delivery

11 participants attended this workshop, 6 of whom were service users (i.e. people with disabilities or their carers) and 5 were service providers. 2 participants had also been present in WS1 and WS2; 6 participants had also been present in WS2; 1 participant had been present previously only in WS1; 2 participants were new. Participants represented: Learn Devon; One Ilfracombe; Devon County Council; Emmanuel Church; Ilfracombe Depression and anxiety group; Ilfracombe Dice and Slice; Dementia; ADHD; Down Syndrome; Mobility Issues; Registered Blind; Autism.

At the end of WS2, problem statements had been defined to be taken forward in WS3 to create potential solutions. These were:

- a. Signposting and knowledge sharing needs to be improved (receiving information, giving information and how we are able to give information)

- b. Transportation around Ilfracombe is limited
- c. Activities are not available for all different age groups due to suitable timing, locations and the right variety of activities.

Workshop 3 was the ‘Develop’ phase of the Design Led Thinking process, with the aim of participants building upon previous workshops to create potential solutions and to test and iterate around them. Participants would be able to share knowledge and offer feedback to help refine solutions. By the end of the workshop they would have selected 2 or 3 key ideas that address the problem solutions which they would develop further in workshop 4.

3.3.2. ‘Develop’; emerging solutions

In order to work towards the discovery of potential solutions this workshop used two tools. First was a ‘Word Café’ Brainstorming session to ‘cross fertilise’ ideas between participants and generate blue-sky thinking ideas (see figure two).

Through the ‘Word Café’ Brainstorming session a number of potential solutions were generated. This is summarised in Table 1, below:

PROBLEM STATEMENT:	Transportation around Ilfracombe is limited	Signposting and knowledge sharing needs to be improved (receiving information, giving information and how we are able to give information)	Activities are not available for all different age groups due to suitable timing, locations and the right variety of activities.
Number of solutions/ suggestions	20 Solutions/ suggestions. 8 of these could be said to refer to the issue of personal car travel; associated parking; and disabled badge concerns. 12 statements related to creating/developing bus services and community travel schemes.	17 Solutions/ suggestions. Although solutions were overlapping: 3 referred to signposting for those with dementia; 5 related to referral processes and a drop in centre; 9 related to wider awareness raising.	12 Solutions/ suggestions. 2 of which referred to advertising of groups; 5 referred to group design and supporting infrastructure; 5 referred to types of activities.
Sample of solutions	<ul style="list-style-type: none"> “Dementia doesn’t get a badge” “Simple process to get disability parking outside private residence” “extended bus routes (Woolacombe, Combe martin, Lee and surrounding areas) especially post 6pm” “family carer parking needs to be next to location for information with 121 upskilled support” “existing community car service is on Facebook but under promoted” “Circular local route extended hours including weekends” 	<ul style="list-style-type: none"> “dementia awareness amongst service staff - with simple conversation prompts” “drop in centre centralised for information: 1 Ilfracombe centre” “updates to Tourist Info Centre for disability access” “library as gateway - links to naming social platforms” “Use ‘Gossip around Ilfracombe’ Facebook page” “Adverts in ‘Jefferies’ [shop]” 	<ul style="list-style-type: none"> “Dog walking groups - someone to walk with me” “community café - run groups, craft, knit group, mental health singing group” “dementia, mental health - 121 help in groups; respite for carers; upskilling volunteers” “finding each persons needs right answer for everyone, each person is different” “knowledge, one directory, not all online”

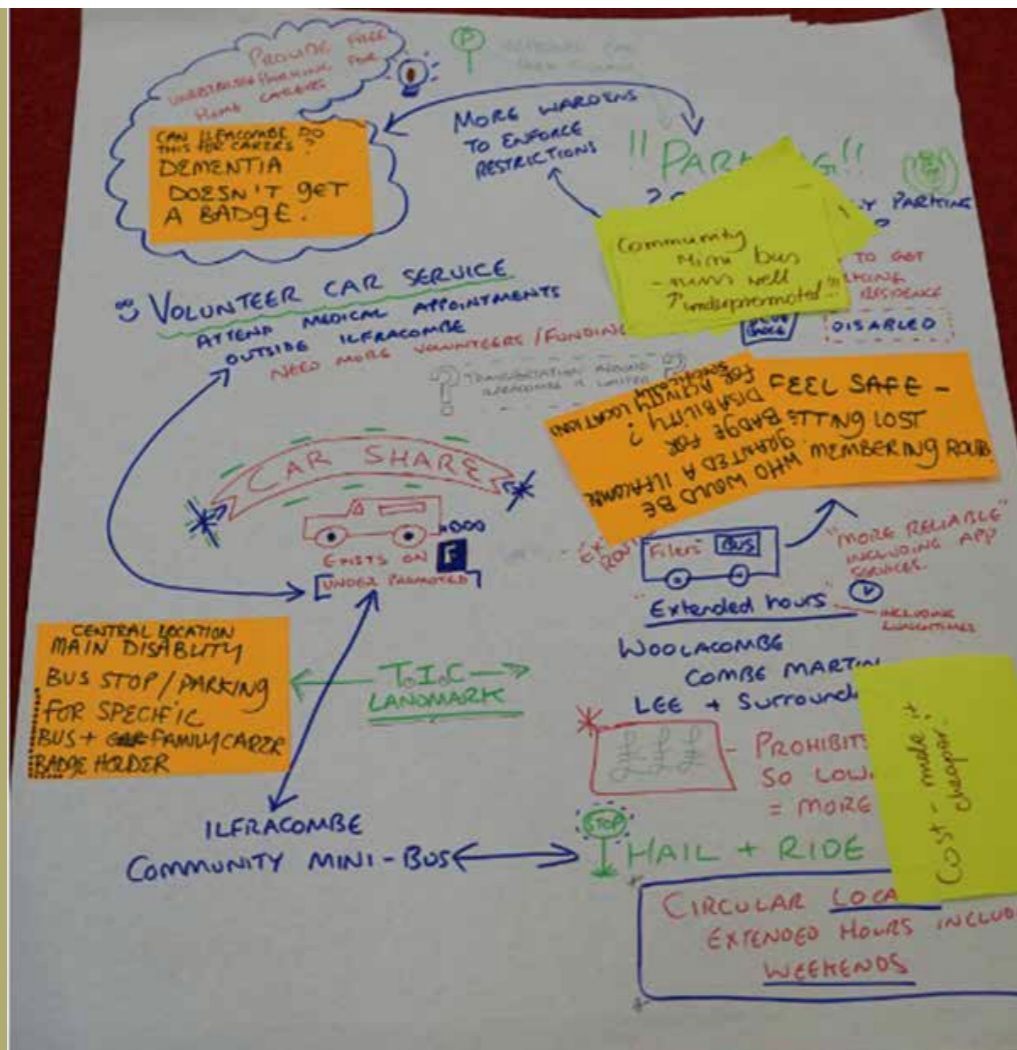


Figure Two; World Café Brainstorming output around the problem statement of ‘Transportation around Ilfracombe is Limited

Next, a ‘How Might We?’ exploratory tool was used to introduce pragmatism and logistics while maintaining a commitment to creative thinking to overcome obstacles. Taking the suggested solutions from the ‘World Café’ forward to the ‘How Might We?’ exercise, each possible solution was scrutinised in terms of how it could be implemented with participants working in pairs. Through this process of scrutiny two potential solutions were decided upon to take forward to WS3:

- ‘Circular Route’ public transport
- ‘Ilfracombe Disability Awareness Blue Zone with Social Media Overseer’ : this would be a designated area in the centre of Ilfracombe dedicated to supporting the needs of those with disabilities and their carers. The ‘Blue Zone’ would combine a café as well as access to a level of bespoke 121 engagement with staff to encourage trust, familiarity, safety and an inclusive supportive network. In doing so this would address the identified overlapping problems related to signposting and access to activities/services.



3.3.3 WORKSHOP THREE KEY FINDINGS

- Both private and public transport could be improved for people with disabilities in Ilfracombe.
- There is potential to better utilise existing information hubs such as the Library and local Facebook groups to provide signposting and knowledge sharing.
- Participants ideas for increasing the range of available activities was too diverse to pinpoint a clear consensus idea, however there were overriding themes of accessibility and approachability in order to enable a wider participation.

3.4. WORKSHOP FOUR

3.4.1. Delivery

7 participants attended this workshop, 4 of whom were service users (i.e. people with disabilities or their carers) and 3 were service providers. 1 participant had attended all previous workshops. 4 participants had previously attended WS2 and WS3; 1 participant was only previously present in WS2; 1 participant was new. Participants represented: One Ilfracombe; Learn Devon; Devon County Council; Dementia; ADHD; Mobility Issues; Autism.

2 ‘prototype’ ideas were constructed based on the outcomes of workshop 3. These were:

- ‘Circular Route’ transport.
- ‘Ilfracombe Disability Awareness Blue Zone with Social Media Overseer’.

3.4.2 ‘Deliver’; finalising the solutions

Workshop 4 was the ‘Deliver’ phase of the Design led Thinking process, where solutions are finalised, produced and launched. ‘Launching’ solutions would not be possible in this pilot series of workshops, but the aim was for participants to pragmatically map and plan the prototypes, incorporating feedback, and thereby further refining and enhancing the value of the prototype ideas for potential implementation.

In this workshop delivery began with a creative visioning exercise using a ‘future headlines tool’ (see appendix 5 for full details of tools and processes used in this workshop). This tool enabled participants to play with the idea of how the future may look with their solutions implemented and provided a positive orientation for participants before moving on to split into groups and work through practical planning that would be required to implement the ‘prototype’ ideas. The full process for each group is detailed in appendix 5 with the key outputs summarised below.

3.4.3 WORKSHOP FOUR KEY FINDINGS

The full process and considerations that were worked through for each process can be found in Appendix 5. Here the finalised vision for each prototype is summarised.

3.4.3.1 BLUE ZONE PROTOTYPE

Following a participant idea within the ‘How Might We’ exercise to bring support together under the title of a ‘Blue Zone’, this idea was created in which a designated area in the center of Ilfracombe would be dedicated to supporting the needs of those with disabilities and their carers. This ‘Blue Zone’ would address content related to the overlapping challenges of signposting and access to activities/services.

- The ‘blue zone’ would combine a café as well as access to a level of bespoke 121 engagement with staff to encourage trust, familiarity, safety and an inclusive supportive network that could connect people across services and activities.
- Being located in the centre of town, with parking and bus stops as part of its provision, would ensure that carers can go around town and know that there is a safe space for the PWD to be at whilst they are away.

- It would be aligned with a partner awareness raising campaign, to enable carers and PWD to be able to connect with other sites in town and navigate the centre of Ilfracombe safely.

The next steps that were identified by stakeholders to take this idea forward would be to undertake a full feasibility study of the Blue Zone idea including financial modelling of different levels of service and income generation (eg via a café), potential site exploration, and understanding demand for differing aspects of the proposal via community consultation.



3.4.3.2 CIRCULAR TRANSPORTATION ROUTE

- A 'number 8' bus service with a figure of 8 route encompassing all housing areas and off roads around Furze Hill Road, Slade, and Lee.
- Running as a regular service throughout the day on Wednesday and Saturday. One Ilfracombe, the town council, and community minibus service would work collaboratively to coordinate the service (e.g. with a wheelchair you would have to book on in advance).
- The route could be associated with blue badge holders only, or those who financially are impacted by disability but would likely not be exclusively for people with disabilities. Rather it would put disability concerns at the fore (e.g. quiet space for persons with autism).

The first stage stakeholders identified in taking this idea forward would be an initial community consultation. The consultation would aim to understand the demand and viability of the route, and secondly what adjustments would enable people with disabilities to access the service.



4. KEY ACHIEVEMENTS

- ✓ This was an innovative place based pilot - centred around people with disabilities and their Carers, delivered through co- design and collaboration
- ✓ The design led process was an effective methodology to create an inclusive engagement process
- ✓ Feedback from workshop participants was positive, both in terms of the experience and the process
- ✓ In the process of focusing in to the creation of 'prototype' ideas that were taken forward, a vast array of possible solutions were raised. While the process necessitated a focus on those ideas that were selected with the largest consensus in the groups, a range of practical solutions not taken forward here may still have merit to explore further including:
 - » Mapped and signposted dog walking routes and a 'pairing up' for dog walking matching service to create social bonds, safety, and support.
 - » Enhanced promotion of existing community car service.
 - » Upgrading the Tourist Information Centre to enable disability access.
 - » Using the Library as a service gateway
 - » Upskilling volunteers to provide 121 support for people with disabilities in groups to provide both carer respite and ensure equality of participatory access.
 - » Improved use of advertising services, support, and awareness raising both on community Facebook groups (eg 'Gossip Around Ilfracombe') and also in local shops with noticeboards (eg Jeffries).
 - » Expanded dementia awareness training.

Two place based solutions were co-designed through the workshoping process:

1. A new circular bus route for Ilfracombe - a 'number 8' bus service with a figure of 8 route encompassing all housing areas running as a regular service throughout the day on Wednesday and Saturday. One Ilfracombe, the town council, and community minibus service could work collaboratively to coordinate the service The route could be associated with blue badge holders only, or those who financially are impacted by disability but would likely not be exclusively for people with disabilities. Rather it would put disability concerns at the fore (e.g. quiet space for persons with autism).
2. Creation of a 'Blue Zone' - a designated disability friendly/ aware area in the centre of Ilfracombe dedicated to supporting the needs of those with disabilities and their carers. The 'blue zone' would combine a café as well as access to a level of bespoke 121 engagement with staff to encourage trust, familiarity, safety and an inclusive supportive network that could connect people across services and activities. Being located in the centre of town, with parking and bus stops.

5. LEARNING FROM EXPERIENCE

As a pilot project the methodology and application to creating innovation within this group was a novel approach from which the following learning points emerged:

1. The Design Led Thinking process offers a range of useful tools and process steps. However, these need to be approached with contextual flexibility and responding to the needs of stakeholders. For example, Design Led Thinking would ideally involve the same actors attending all workshops. In reality this was impractical due to individual time constraints especially amongst this particular target group with diverse responsibilities and needs. Therefore, innovation design requires flexibility in approaching the process.

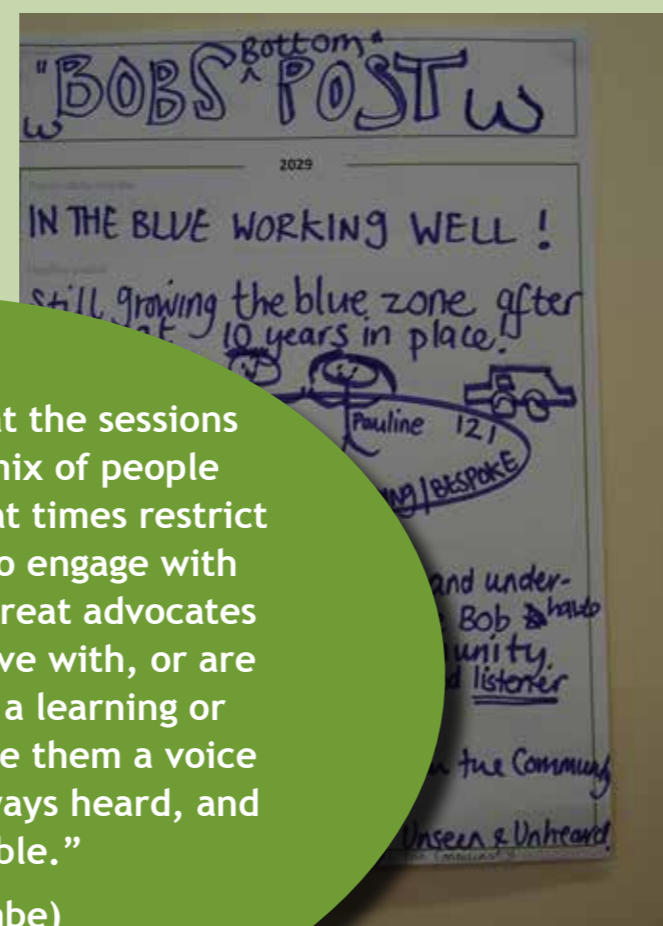
2. Relatedly, while organisers and facilitators should be flexible around the ability of stakeholders to attend all workshops, stakeholders should be clearly informed of the importance attending once they have confirmed their place.

3. Whilst pilot workshops 2, 3, and 4 were ran with only a week between each, and while this was sufficient, the timeline could have been optimised. Having a minimum of two weeks between workshops to carefully analyse findings and communicate priming material to the next workshops attendees would benefit stakeholders and enable the design of each workshop to fully build on the preceding workshop.

4. This project was initially intended to only include people with learning disabilities and their carers and services. However, parameters were widened to include people with other disabilities. In bringing together such a diffuse range of disabilities the needs of specific disability groups were diluted. Working with people with specific disabilities, their carers, and support services, may produce more specific ideas to support that group.

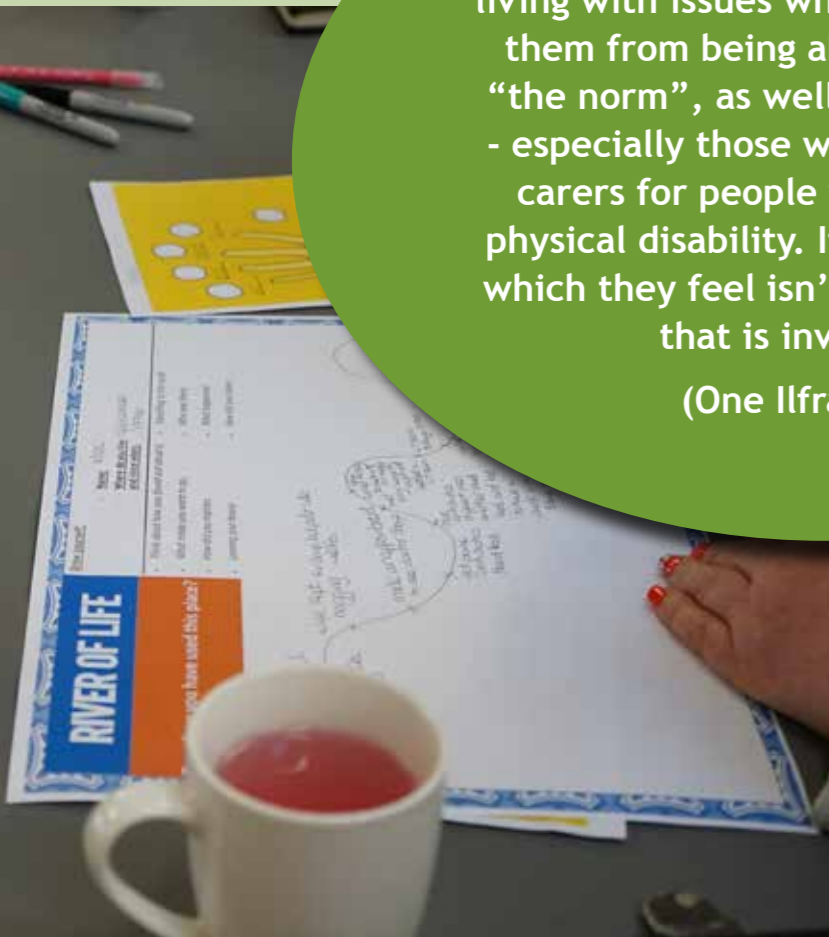
5. With a diverse group reaching consensus and meeting the needs of all is an increased challenge. It is therefore essential to spend sufficient time on consensus exercises such as dot voting.

6. In working with people with disabilities it is vital to understand the needs of individuals prior to the workshops to ensure a suitable level of support. When support levels could not be maintained by facilitators the support fell to the carers who were equal participants in the workshop process. However having to focus on supporting the person they care for reduced their ability to participate. Providing adequate support is essential to maximise multi-stakeholder contribution in the process but requires a support budget or identification of suitable volunteers.



“It was great to see that the sessions engaged with a good mix of people living with issues which at times restrict them from being able to engage with “the norm”, as well as great advocates - especially those who live with, or are carers for people with a learning or physical disability. It gave them a voice which they feel isn’t always heard, and that is invaluable.”

(One Ilfracombe)



6. CONCLUSION

Design Led Thinking provides a useful person-centred and place-based process methodology, with an associated creative toolkit from which innovative solutions can be collaboratively developed. The process should be adapted to fit the context and with a level of flexibility and therefore it is important that facilitators are experienced, trained, and supported.

In the case of the Ilfracombe Place Based Disability Pilot, a flexible application of the Design Led Thinking Methodology enabled a multi-actor group to develop innovative solutions to local issues.

Each workshop informed the next in a process that generated hard and soft outcomes as show in Table 2.

Table two; Workshop Outcomes

	HARD OUTCOMES	SOFT OUTCOMES
WORKSHOP 1	Insights were gained into the problem statements	A range of service providers were able to network and develop working relationships
WORKSHOP 2	Problem statements to be taken forward to the solution stage were defined and confirmed	Informal peer learning took place throughout, especially between carers
WORKSHOP 3	Two potential solutions to take forward to detailed planning were defined	A wide range of possible solutions at a range of scales were discussed within a process of creative exploration
WORKSHOP 4	The two potential solutions were visioned and taken to a stage whereby next actions to develop the plans were mapped and agreed	Service providers, carers, and people with disabilities were empowered to develop a solution to problems they experience.

The pilot study has therefore not only created two potential solutions to stakeholders defined problems, but has generated peer learning, networking, and built relationships of trust, therefore increasing the capacity of participants to access support.



6. APPENDICES

APPENDIX 1 - DESIGN LED THINKING

Design Led Thinking is a methodology developed by The Design Council in 2004 based on the theory that in all creative processes a number of possible ideas are created ('divergent thinking') before refining and narrowing down to the best idea ('convergent thinking'). This can be represented by a diamond shape. The Design Led Thinking methodology however is represented by the Double Diamond model to indicate that this process happens twice - once to confirm the problem definition and once to create the solution. One of the greatest mistakes in innovation that this model aims to overcome is to omit the 'left-hand diamond' (AKA deep understanding of the problem and how it is experienced) and therefore the risk of solving the wrong problem, or a version of the problem based on assumptions.

This is visualised in Fig 3:

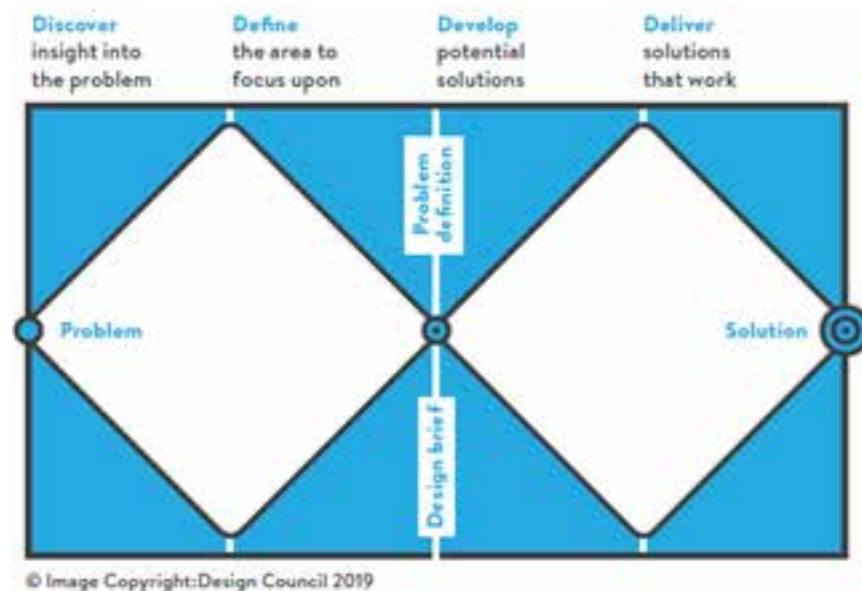


Fig 3: diagram of Design Led Thinking Strategy

Based on the key concepts of the double diamond problem to solution model, and the iterative cycle, the Design Led Thinking process is broken down into four stages which formed the basis of each of the four Ilfracombe PBDP pilot workshops as follows.

1. Discover phase. The process begins with looking at the topic in a fresh way, using creative tools to think about things in new ways and gather insights into the problem.
2. Define phase. The process proceeds to make sense of what matters most and which area(s) to focus on.
3. Development phase. Now potential solutions and concepts are created, tested and iterated.
4. Delivery phase. Finally, solutions are finalised, produced and launched.

Alongside the process methodology, Design Led Thinking is rooted in core principles of:

1. **A person-centred approach to gain insight into the lived realities of participants. All input is valued and equal. Tools and approaches used in the Ilfracombe PBDP to adhere to this principle include:**
 - 1-2-1 support to allow voices to be heard which could otherwise be lost in a group situation (all workshops)
 - Introductory framing to assert the principle of equality of input for all participants (all workshops)
 - 'River of Life' tool, where participants mapped and shared their direct experience (WS1 and WS2).
2. **Visual communication. This principle is based on the theory of visibility aiding creativity and accessible sharing. (However special consideration for visually impaired is necessary). Visual tools and approaches used in the Ilfracombe PBDP include:**
 - 'River of Life' tool (WS1 and WS2), where participants sketched their experience
 - 'Future Headlines' (WS4), where participants sketched an imagined idea to stimulate creativity.
 - A selection of tools, and findings, from previous workshops were displayed around the walls to allow participants to easily review each other's contributions.
3. **Collaborate and co-create. Any single challenge may have a vast variety of framings and impacts on individuals with very different roles and experiences. This principle is driven by the belief that no one person holds the answers and therefore multi-stakeholder working is essential to engage with a variety of perspectives and potential solutions. Tools and approaches used in the Ilfracombe PBDP which are examples of this include:**
 - Recruitment of a range of stakeholders.
 - The overall framing of workshops, and several exercises, were explicitly designed to create a feeling of trust and familiarity between participants so they could speak comfortably and honestly.
 - 'How Might We' tool (WS3), where participants worked in pairs on an idea which was then circulated around the room for two rounds of feedback and development.
 - 'Prototyping' (WS4), was developed by working in 2 groups of participants, who by this stage were familiar with each other. Feedback was directly given by each group to the other.
4. **Ongoing re-iteration. This principle foregrounds the importance of developing and refining ideas through feedback and re-creation. There must be a willingness to dismiss previously held views. Tools and approaches used in the Ilfracombe PBDP as examples of this principle include:**
 - o Using overlapping structures across workshops, to make sure problem statements and solutions were refined and developed.
 - o 'Bulls Eye Voting' (all workshops), was used in several workshops, but especially in

workshop 2 to track how participants priorities developed before and after discussion.

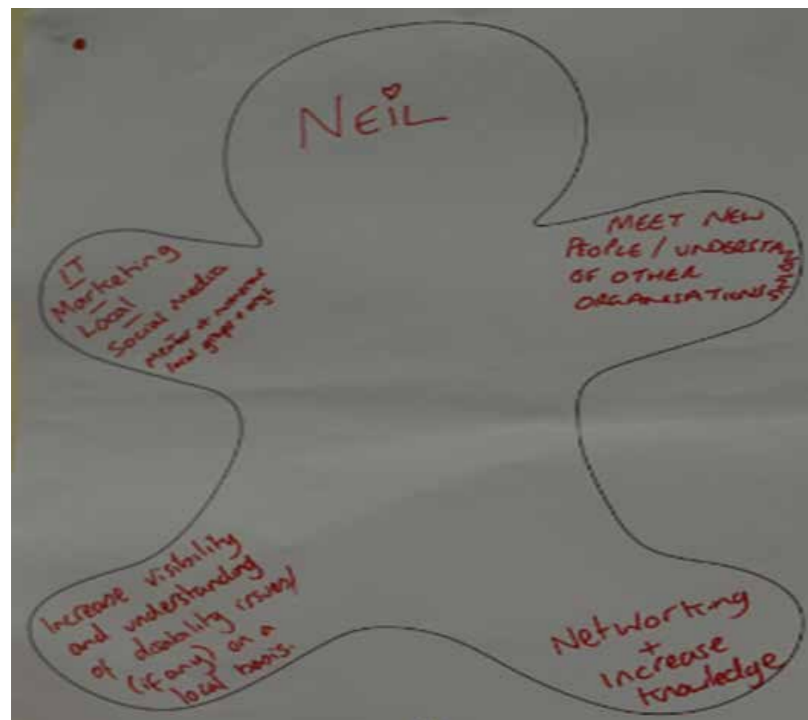
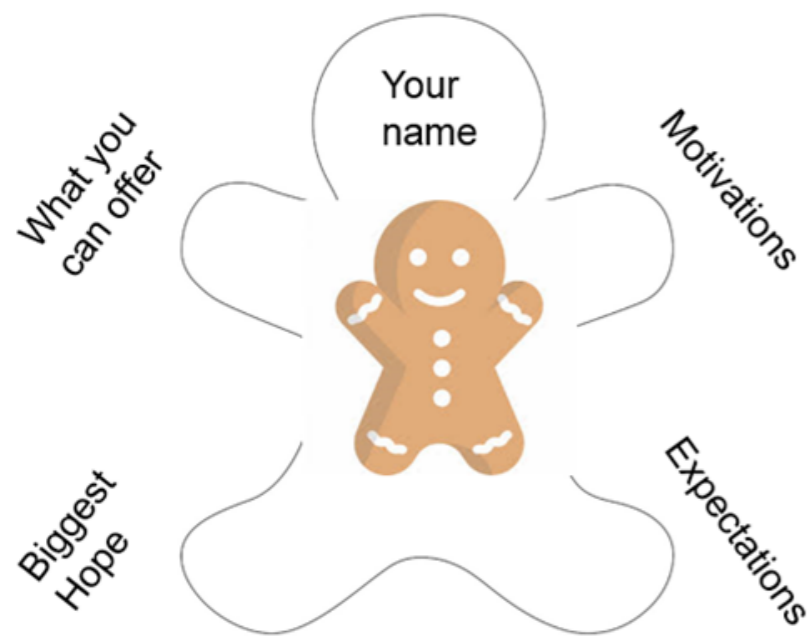
APPENDIX 2 - TOOLS AND REFLECTIONS FROM WORKSHOP 1

1. Gingerbread men

Rationale and Description:

This introductory tool, helped set clarity of intention for participants. This tool gave us information into what the individual participants could bring and what they wanted to get from the workshop. Individuals, whilst waiting for others to arrive, wrote on a 'Gingerbread man' template as shown in figure 4 below:

Figure 4; 'Gingerbread Man template and completed template



Selection of key findings from this tool:

- Raising Awareness of disability issues
- Gathering information
- Networking and Inter- organisational sharing
- Localism
- Understanding of disability at local level

2. River of life

Rationale and description:

This tool would help to warm people up to working in a way that embraced creativity and visualisation. It would:

- Help people 'show up' in the room and become personally invested.
- Build trust and familiarity in the room - as having people hear each other's stories lets them see each other as people and not only their job role. This in turn will lead to richer, more honest conversations.
- Give some initial insight into problem statements.
- Familiarisation with a tool which would be adapted and used again at workshop 2 and potentially 4.

With this tool each participant created an individual 'journey map' answering the question: 'How did you come to be here today?', before then sharing with the group.

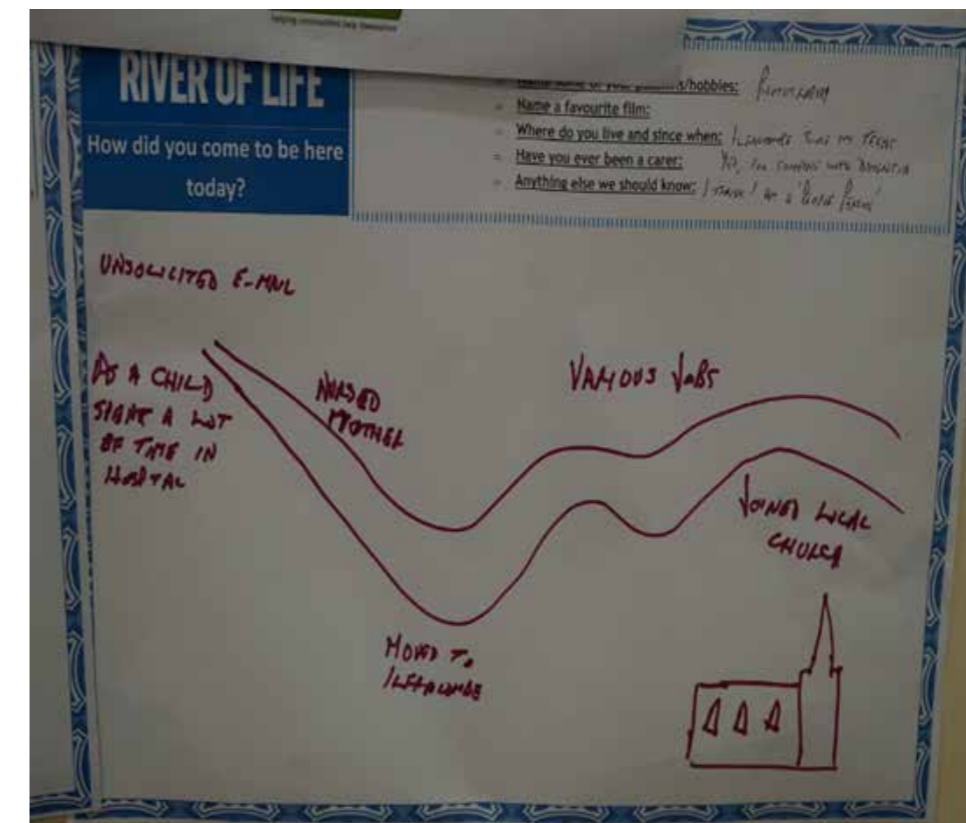


Figure 5; Completed 'River of Life' template

Selection of key findings:

The findings from this tool were positive. For example:

- Understanding that one participant had gone into carer work due to previously having relatives in care. They would, therefore, bring knowledge and empathy from a voluntary carer role as well as their current service provider role to workshops.
- One participant addressed the issue of access to services by vocalising that the church does not currently have disability access and the challenges of building adaption.

3. Asset map

Rational and description:

This activity was to inform and ground the place-based nature of the workshops and exploration of problem statements. It would potentially provide insight into all problem statements, but especially relate to Housing provision and Access to community-based activities/services

In order to understand important assets in the town printed out template lists were spread around the room on walls to brainstorm 'key assets'. Participants were asked to indicate:

- Frequency of use
- How used
- Who uses
- Any comments/improvements

The group were also asked to include any daily life assets not already in the lists, (e.g. post office, bank account, supermarket. Before returning together as a group to discuss.

The lists provided included a total of 98 assets from in and around Ilfracombe which DCT had compiled from desk research. The list named: 9 as Accommodation; 7 as Day Care; 50 as Activity Provider; 6 as Advice and Support; 2 as Community Transport; 10 as a Venue; 11 as a Volunteering Organisation. A Google Map (include an appendix X map and list?) as a guide of what we may develop over workshops was also shown. It was expected that some of these were no longer operating, and the exercise would help unearth these.

Selection of Key Findings:

- Swimming pool needs refurb
- Cinema has autism friendly screenings
- Directory needed

4. Brainstorming

Rational and description:

This formed the bulk of the workshop and served to start systematically exploring the problem statements and their surrounding context.

Two exercises to aid brainstorming were used: a) focusing on the individual service provider's role and organisation; b) focusing on the 4 problem statements. Both approaches used the lenses of 'Gaps'; 'Challenges'; 'Working well'; and 'Aspirations'.

a) Professional role and organisational matrix

Rational and description:

As we were working with service providers, the aim was for them to reflect on their own roles and organisations closely, and their position in Ilfracombe especially in relation to individuals with disabilities and other services.

A matrix template was created using set headings (explored below) and participants were asked to spend time filling in this matrix on their own. Within the workshop, after all individuals had finished, patterns across service providers were highlighted in plenary by DCT staff and discussed with the participants.

name:-	MARTIN	Role:- Lay Pastoral Role	
	Working well	gaps	challenges
Professional Role	Carins for others	PERSONAL ORGANISATION	TIME MANAGEMENT
Organisation	CHURCH	ACCESS	POSITION COMMUNICATION
networking with other Services	When given the opportunity	BEING OVERLOOKED	Blowing our own trumpet
Placement in the Community	CARINS	PUBLICITY	LOCATION
Engagement with P.W.D	Wheelchair Access Difficult	ACCESS	COMMITMENT

Figure 6: A completed matrix template

Selection of key findings:

This tool revealed the service provider organisation's overall form of delivery and their delivery in terms of disability and gave a sense of the service provider personally - their

passion and commitment. This would help going forward into the other workshops with greater understanding between the organisational representatives of what they each represented in terms of disability delivery and why they needed to be part of the pilot to help improve it. Below are some of the findings:

Professional Role	Organisation	Networking with other services	Placement in the community
<p>Specific examples included:</p> <ul style="list-style-type: none"> - Professional from Learn Devon being confident in networking, especially with childrens centres and housing associations. But feeling there was a gap in engagement away from the central hub. <p>General areas individuals named as working well or challenges included:</p> <ul style="list-style-type: none"> - Time management - Transportation - Finance - training 	<p>Specific examples included:</p> <p>Professional from Beckcare believed her organisation provided good support to individuals, but there is a gap around referrals and the slow speed of working with other services.</p> <p>General areas individuals named as working well or challenges included:</p> <ul style="list-style-type: none"> - Communication and awareness of organisation. Including networking, outreach and PR. - Localism in terms of funding and resources - Accessibility 	<p>There were clear commonalities in the results. Including:</p> <p>A lack of understand regarding what their service provides.</p> <p>A lack of networking with PWD service providers and a lack of PWD service providers to network with</p> <p>Being unsighted on disability specific services and therefore being overlooked.</p> <p>It was felt that networking is essential to increase service visibility, and understanding of other services, but time, resources and confidence impacted this.</p>	<p>Specific example includes:</p> <ul style="list-style-type: none"> - Professional from Ilfracombe adult social care feeling they are working well with Tyrrell Hospital but lack the wider community support. <p>General areas individuals named as working well or challenges included:</p> <p>Communication and publicity difficulties related to both PWD and the general public around, organisational reputation and how they can gain wider publicity.</p>

Table Three; professional and organisational matrix findings

Engagement with people with disabilities

All organisations involved work with people with disabilities to varying degrees. General challenges noted in working with people with disabilities were specifically raised around communication and networking. Participants also demonstrated they are struggling in specific ways working with people with disabilities. For example:

- Learn Devon are running workshops and courses specifically for Adults with LD however their reach and engagement into the community limits their numbers.

- One Ilfracombe felt their work in this area was ad hoc did not have specific events.
- Beckcare provide good 1-2-1 support and relationship building, but don't have good access to other services.
- Emmanuel church, felt that the commitment from their members and difficulty of access was a challenge.
- Adult social care felt their work was good and visible, but was too light touch and would benefit from being more continuous.

b) Problem statements matrix

Rational and description

This exercise allowed the participants to explicitly discuss the 4 problem statements in terms of 'challenges', 'gaps', 'working well', and 'aspirations'.

The group was asked to write comments related to each problem statement, they were encouraged to draw on their general knowledge and experience as well as trying to imagine these problems from the perspective of a service user. Using a post it note exercise, participants were able to discuss and refine their ideas to produce a clear descriptor of the problem statements as they are experience, and this is discussed within the report in section 5.1.2 as a key output.



Figure 7; Problem statements matrix exercise

5. Dot Voting

Rationale and description

Participants were asked to use a 'sticky dot', to indicate the key statements and challenges which they feel should be further explored to ensure consensus on the specific areas to focus on in subsequent workshops. Such approaches have the benefit of emphasising the participant led process.

A selection of findings

The dots placed on key statements allowed the specification of seven specific challenge statements as the starting block for workshop 2.

APPENDIX 3 - TOOLS AND REFLECTIONS FROM WORKSHOP 2

1. 'Bull's Eye' sense check voting

Rationale and Description:

As the majority of WS2 participants were not present at WS1, time was given at the start of WS2 for participants to review the problem statements which had emerged from WS1. A 'bull's eye' template was used to quantify how relevant the statements were and if they resonated with the participants. Participants were asked to use the bulls eye to indicate 'Whether you feel this statement is a problem for Ilfracombe'. With a score of 0-4 in concentric rings from the centre of the bullseye.

The statements used here would also be revisited at the end of the workshop, after other tools and discussions had taken place. The statements and their score following bullseye voting are shown below:

- Activities are not available for all the different age groups: due to suitable timings, locations, and the right variety of activities - 44 points
- Being given money (e.g. via Direct Payments) that needs to be used for all of an individual's daily needs creates misunderstanding and difficulties - 16 points
- The high turnover of paid carers causes a loss of consistency in trust, signposting and knowledge sharing at community level - 19 points
- The internet as a key portal for service provision is problematic - 37 points
- Not all services work as well as Belle's place or Hele Good Neighbor's - 21 points
- Transportation around Ilfracombe is limited - 34 points
- Community infrastructure (e.g. village halls and church spaces) are underused - 47 points

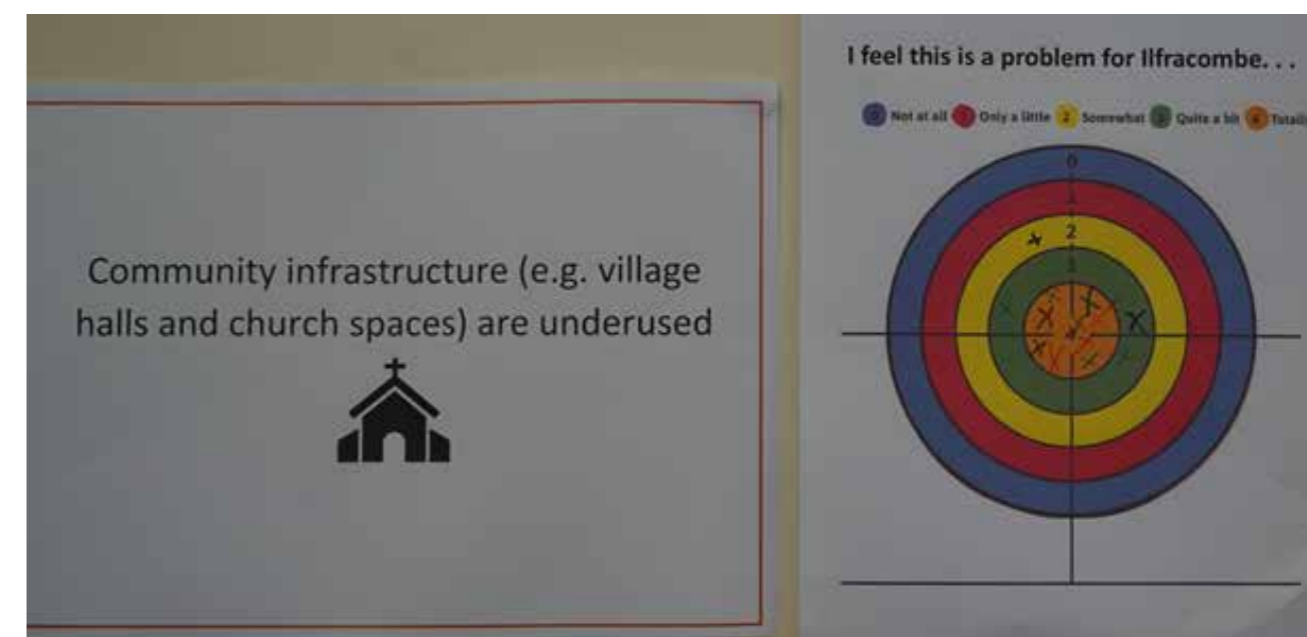


Figure 8; Bullseye voting

2. Three Houses

Rationale and description:

This tool visualized 3 houses on a template, one for each of the headings 'Strengths'; 'Challenges'; and 'How I Overcome' and participants were asked to fill in each house, with words or pictures. Some members of the group then chose to share their '3 houses' with the whole group.

This tool was to allow participants to:

- Build equality by seeing that everyone in the room (with disabilities or not) have challenges and strengths of their own as individuals. Helping to build a sense of collaborative working across all participant groups.
- Using an asset-based approach helped individuals see their strengths and resilience when it can be easy to focus on problems.
- Build trust and familiarity with each other in the room, developing understanding that it was a safe space.
- Name areas which could be taken into further exploratory conversations.

Key findings:

A selection of the challenges named are shown in fig. 2 below. Specific challenges for PWD participants included: Poorly lit shops and streets for visually impaired; Not being able to follow storylines on TV for a Dementia sufferer.

Specific challenges for carers included: Not being able to leave [my daughter] on her own.

Solution named included the 'wonderful' Barnstaple services; asking others to do the forms for me; and reliance on family and friends.

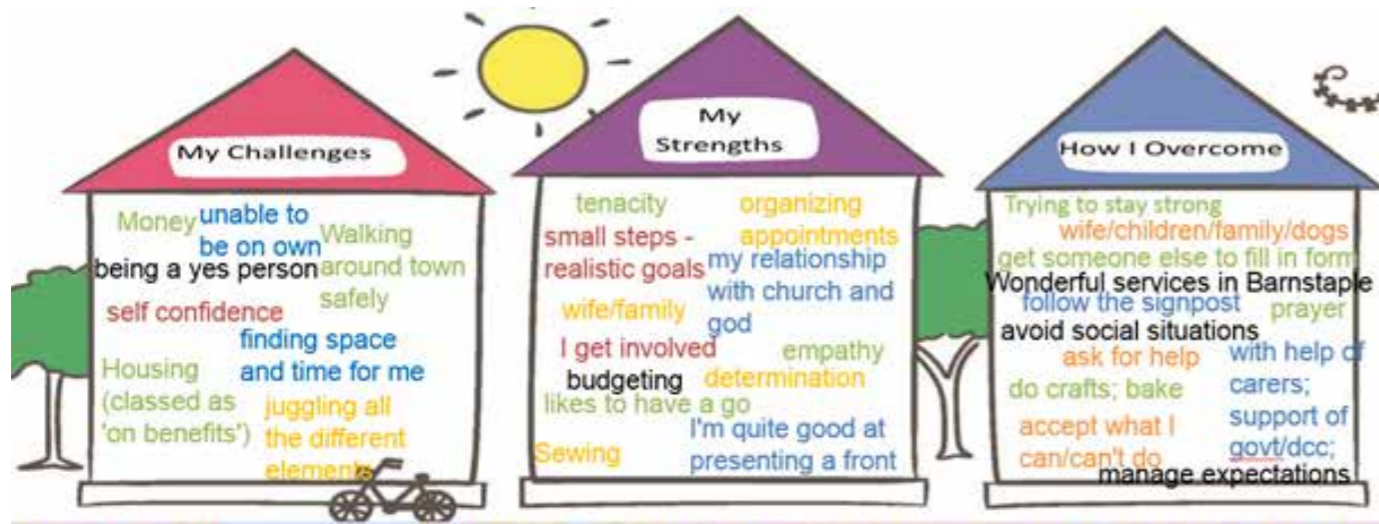


Figure 9; 'Three Houses' example

3. 'Hand Template'

Rationale and description:

The participants filled out an 'Hand template' naming Places/Groups/Help/People you've visited in the last month (service users) or Services/Groups/User groups you talked/worked with in the last month (service providers).

This was a lead-in activity for the next exercise (journey mapping), and also served to compliment the asset mapping activity from WS1.

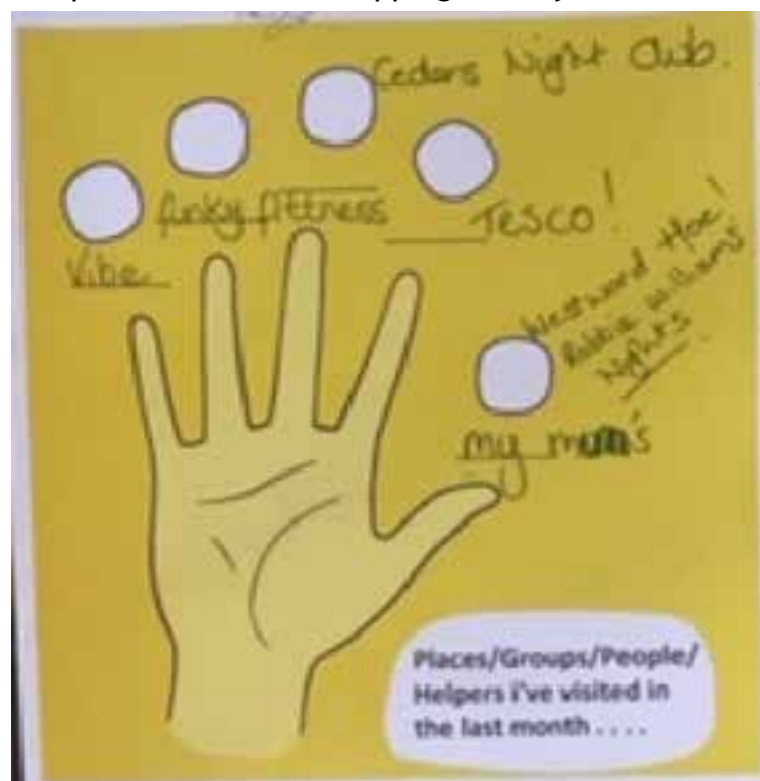


Figure 10; Completed Hand Template

4. Journey mapping

Rationale and description:

Taking an asset from their hand template, participants were then asked to make a 'River of life' journey map on how they used this asset, or how it fitted in their working life. Prompts were given, such as: Start from the beginning - think about how you found out about it; what made you want to go; how you registered; leaving your house to travelling to the asset; who was there; did you pay for it; what did you do there; leaving.

People were then asked to work together, mixing service users and providers, to share their stories and note, using sticky faces, the 'emotional dimensions' of the story.

This tool would enable a more focused look at activities, assets, services and places from a first-hand perspective helping to pinpoint areas of success and challenge, for future solution development.

Selection of findings:

Figure 11: shows a member of the Adult Social Care Team's journey from receiving a referral from children's services through to supporting the individual with a place at Petroc. It highlights the: stress of collaboration and triaging; the success of an Education, health and care plan meeting; difficulty of hearing all the views of the family; stress of arranging transport; happiness at seeing the individual at Petroc gardening.

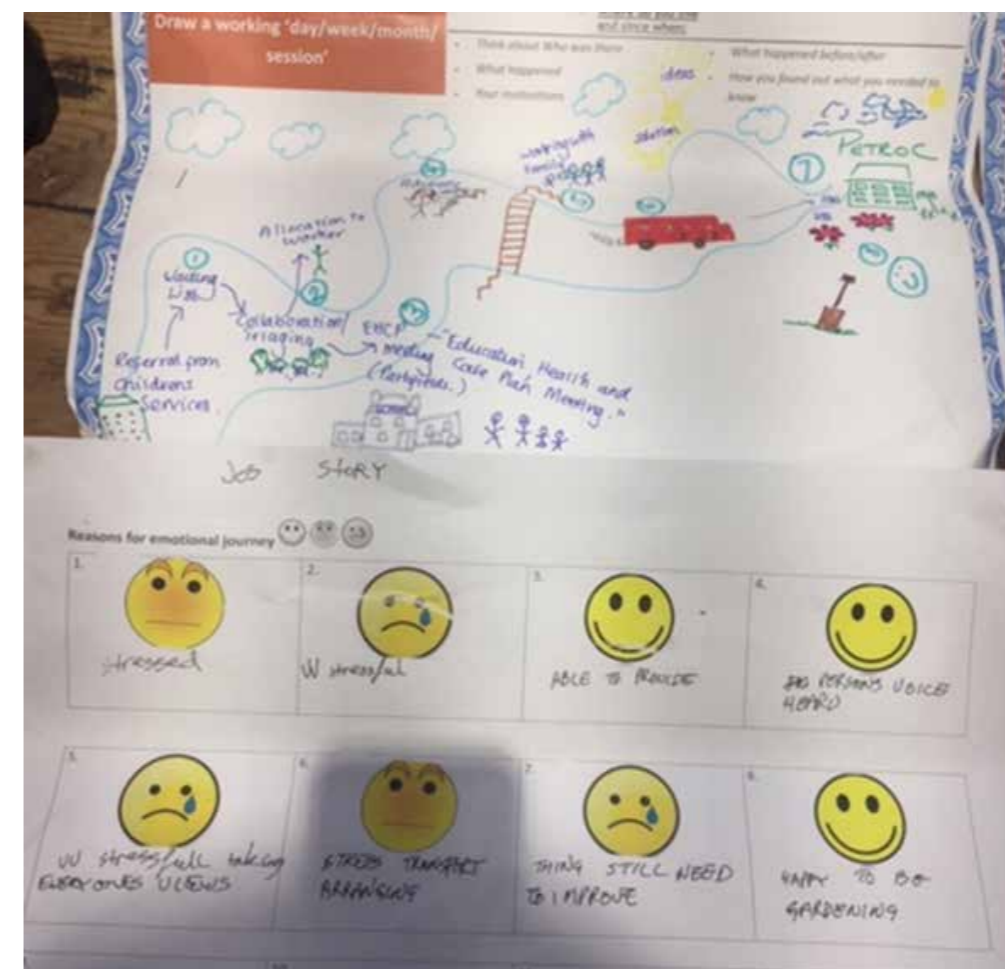


Figure 11; Completed journey map

A participant who is a home carer for husband 71 and daughter 23 shares her River of Life regarding getting resources in place to assist her husband. This reveals the very real stress of: 'waiting' for services; for community understanding; for telephone calls; for paperwork; on keeping on going without much support.

"I am needing help with a chair, which I still haven't got, and it's been months. And everything is a fight, we tried to get a disabled bay in the road, and the neighbour objected and they said they'd reinstate one across the road and it'd take up to 4 months, and we've been there 12 months and they still haven't done the bay - and we're not bothering now - cause what is the point of pushing them again if we are going to move. And I get fed up of phone call after phone call after phone call trying to chase somebody. . . . and I've got to do all the paperwork, all the phone calls - my husband won't speak to anyone if he can get out of it, and my daughter it depends on how the mood takes her - she's 23, and has anxiety and depression"

Participant Carer River of Life response

Confirming problem statements to take forward

'Transportation around Ilfracombe is limited' (6 votes) and 'Activities are not available for all the different age groups: due to suitable timings, locations, and the right variety of activities' (7 votes) featured clearly at the end of the workshop to go forward to workshop 3.

However, there were other problem statements which scored a generally equal score, but, had scored highly at the start of the workshop and had very detailed discussion during the workshop. For this reason, for workshop 3, a further statement was configured to amalgamate these problem areas. This statement was 'Signposting and knowledge sharing needs to be improved (receiving information, giving information and how we are able to give information)'. Below are examples of how the themes of this statement were expressed across most problem statements by participant feedback:

- Activities - 'We need a directory to know what even exists'
- Internet - 'The internet is a great resource, but it cannot be used in isolation. It must be part of a joined-up approach, using multiple delivery methods.'
- Direct Payment Offer - 'peer to peer groups are expected to help share knowledge'
- Carers - 'we don't have time to network, staff are overstretched'

APPENDIX FOUR - TOOLS AND REFLECTIONS FROM WORKSHOP 3

1. 'World Café' Brainstorming

Rationale and description:

'World café' allows for people to spend time in conversation and would help to start generating solutions to each of the 3 problem statements. It's format allows for 'cross fertilisation' of ideas between participants and topics, where people are able to see other people's views and allows for people to feel they are contributing to each topic.

1 of the 3 problem statements were placed on each table. Participants were asked to spend time, in groups, on each table discussing and noting down solutions to this problem, while one

person acted as the 'host'. After a set time individuals, except the host, would move table allowing them to engage with other participants and other topics. The host would introduce how the previous conversation had gone and solutions arisen.

PROBLEM STATEMENT:	Transportation around Ilfracombe is limited	Signposting and knowledge sharing needs to be improved (receiving information, giving information and how we are able to give information)	Activities are not available for all different age groups due to suitable timing, locations and the right variety of activities.
Number of solutions/ suggestions	20 solutions/ suggestions. 8 of these could be said to refer to the issue of personal car travel; associated parking; and disabled badge concerns. 12 statements related to creating/developing bus services and community travel schemes.	17 solutions/ suggestions. Although solutions were overlapping: 3 referred to signposting for those with dementia; 5 related to referral processes and a drop in centre; 9 related to wider awareness raising.	12 solutions/ suggestions. 2 of which referred to advertising of groups; 5 referred to group design and supporting infrastructure; 5 referred to types of activities.
Sample of solutions	"Dementia doesn't get a badge" "Simple process to get disability parking outside private residence" "extended bus routes (Woolacombe, Combe martin, Lee and surrounding areas) especially post 6pm" "family carer parking needs to be next to location for information with 121 upskilled support" "existing community car service is on Facebook but under promoted" "Circular local route extended hours including weekends"	"dementia awareness amongst service staff - with simple conversation prompts" "drop in centre centralised for information: 1 Ilfracombe centre" "updates to Tourist Info Centre for disability access" "library as gateway - links to naming social platforms" "Use 'Gossip around Ilfracombe' Facebook page" "Adverts in 'Jefferies' [shop]"	"Dog walking groups - someone to walk with me" "community café - run groups, craft, knit group, mental health singing group" "dementia, mental health - 121 help in groups; respite for carers; upskilling volunteers" "finding each persons needs right answer for everyone, each person is different" "knowledge, one directory, not all online"

Table four; World Café Summary of findings

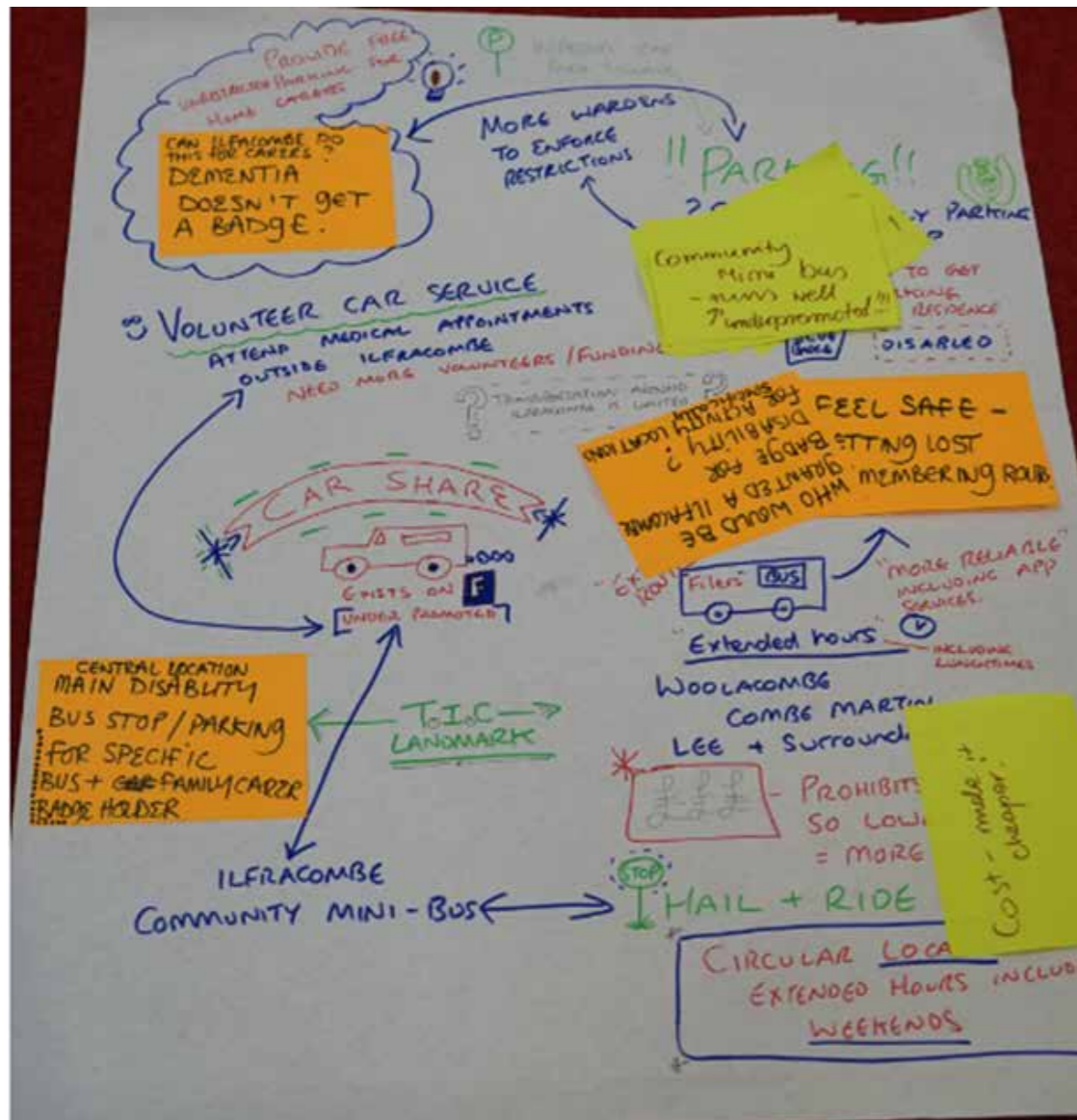


Fig. 12: World Café on ‘Transport in Ilfracombe is limited’

2. How might we template

Rationale and description:

Building on the brainstorming from the previous exercise this tool allowed for pragmatic detail to start being added to solutions and to gain input from all participants to refine ideas.

Participants were given a template and asked to work in pairs to develop one of the solutions from the previous round. After some time, DCT moved the templates around the room and a different pair was asked to say why this solution would/could not work. After some time, templates were circulated again for a third pair to comment on how the challenges from the second pair could be overcome. Finally, the template was returned to the original pair for a further period of refinement, before sharing their idea with the room.

Finally, the templates were placed on the wall for people to vote on which templates they would like to take to the next work on.

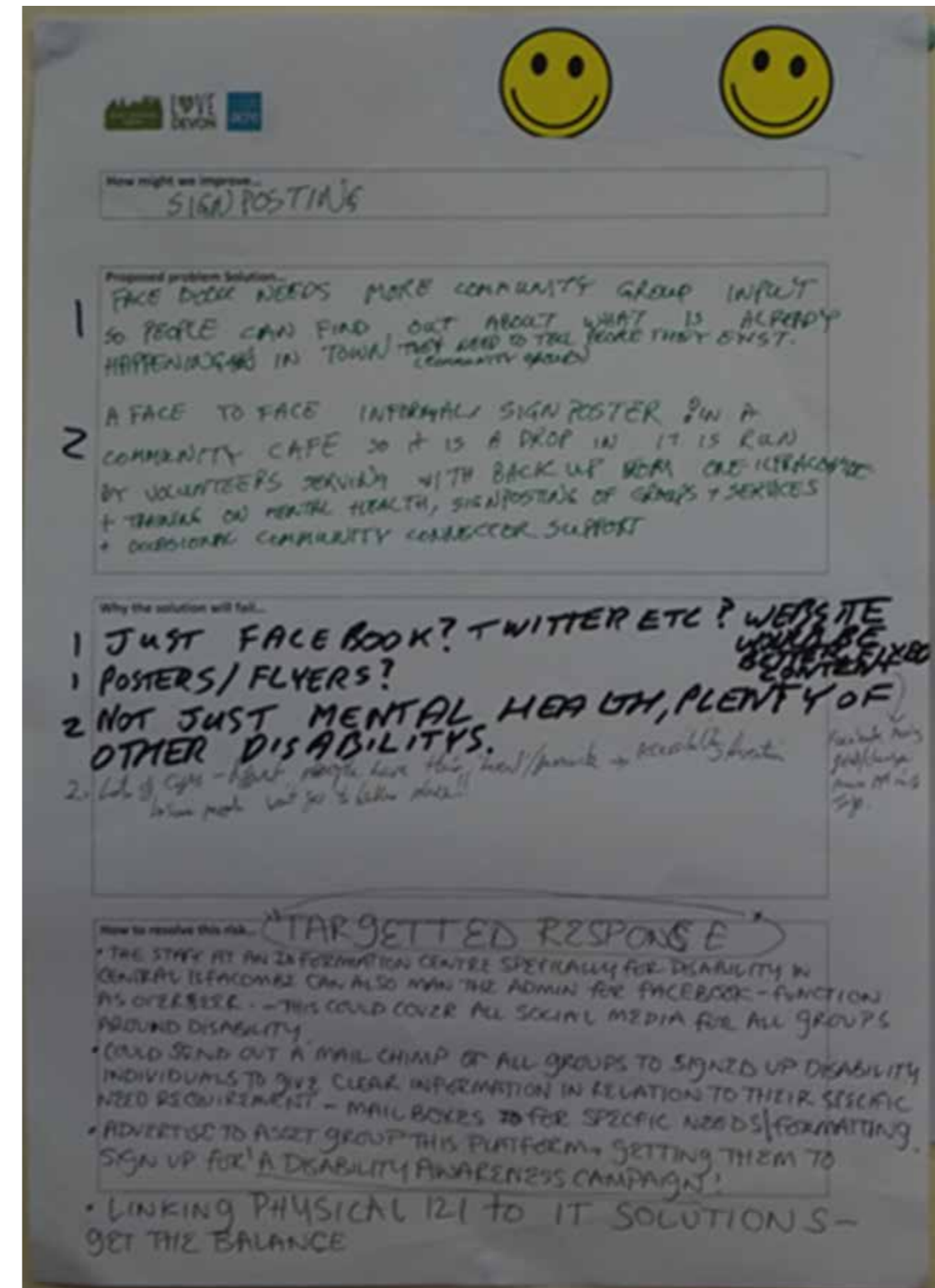


Fig 13; ‘How Might We’ template for ‘Signposting’

Selection of findings:

Table five shows the number of votes each idea gained when sharing the idea templates with all participants.

Title	Votes received to take this idea forward
1. 'Linking all 3 areas [i.e. transport; signposting; activities] for dementia'	5
2. 'Signposting café'	5
3. 'Using gossip around Ilfracombe'	1
4. 'Transport - circular route'	3
5. 'Dog walking groups'	0
6. 'Craft activities - make Learn Devon cheaper'	0

Table five; confirming ideas to take forward to workshop four

Through the exercises undertaken in WS3, two prototypes to be developed and explored in WS4 were defined as:

- 'Circular Route' transport. This received 3 yes votes but was also mentioned in 'Linking all 3 areas [i.e. transport; signposting; activities] for dementia', which received 5 yes votes.
- 'Ilfracombe Disability Awareness Blue Zone with Social Media Overseer'. This was not a direct title of any of the How Might We templates, but combined overlapping elements from 'Linking all 3 areas [i.e. transport; signposting; activities] for dementia' (5 Yes votes); 'Signposting Café' (5 Yes votes); and 'Using Gossip around Ilfracombe [Facebook Page]' (1 Yes Vote).

APPENDIX 5 - TOOLS AND REFLECTIONS FROM USED WORKSHOP 4

1. Future Headlines.

Rationale and description

This tool helped to 'warm up' participants, by revisiting the ideas from the previous workshop and get creativity going. By imagining, and drawing, a solution's reality in 20 years time (using the template) it serves as a first level prototype plan.

Each individual was asked to select a solution ('Circular transport' or 'Blue Zone') and create the front page of a local newspaper from 2040 describing what this scenario/solution would look like in 20 years time.

Selection of findings

One Future Headline was "Café reduced loneliness by 40%" (Fig 14). This visual, imaginative, tool allowed the description of her solution to become more rounded and embodied, combining the topics of loneliness, disabilities and mental health in a way that draws on real experience.

The participant envisioned the impact of this café as follows:

- The ability to get a coffee with someone to chat to has made a difference to all ages in the community.
- Having staff trained to support people with both mental and physical disabilities, and provide activities so people can connect while doing something else
- It has reduced mental health crises in the town so disabled peoples' mental health is better so they are able to function better."

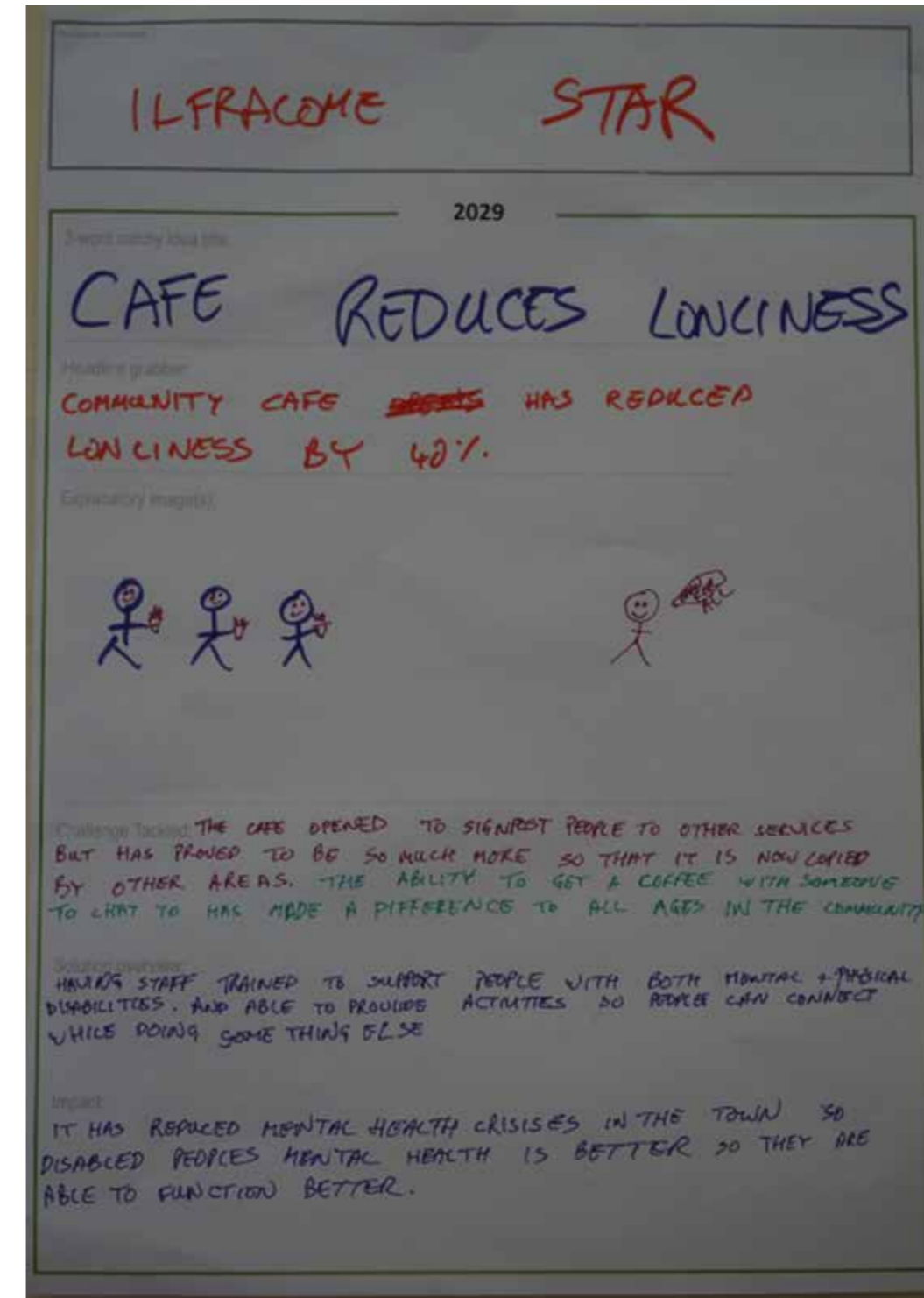


Figure 14; Future Headline completed template

Participants were then split into two groups to work on a detailed plan for each prototype. The groups were given a series of prompts regarding things they would need to think about such as staffing and costs.

5.1 Prototype 1 Ilfracombe Disability Awareness Blue Zone with Social Media Overseer

Participant engagement:

The group working on this prototype was made up of 3 participants and a DCT facilitator:

- 2 service users: a mother of children with ADHD and Autism; An individual with dementia
- 2 service providers: Devon County Council service commissioner; DCT project manager.

To aid discussion and development DCT provided: job description templates; examples of disability awareness campaigns.

Prototype components:

It was understood from the outset that each aspect of this prototype (as listed below) would need further research and information to really inform if this concept had feasibility in its entirety.

Overview

To have a designated area in the centre of Ilfracombe dedicated to supporting the needs of those with disabilities and their carers. This 'Blue Zone' would, address content related to the overlapping challenges of signposting and access to activities/services.

- The 'blue zone' would combine a café as well as access to a level of bespoke 121 engagement with staff to encourage trust, familiarity, safety and an inclusive supportive network that could connect people across services and activities.
- Being located in the centre of town, with parking and bus stops as part of its provision, ensure that carers can go around town and know that there is a safe space for the PWD to be at whilst they are away.
- It would be aligned with a partner awareness raising campaign, to enable carers and PWD to be able to connect with other sites in town and navigate the centre of Ilfracombe safely.

Site requirements

The 'Blue Zone' combines coffee shop and connecting space creating a unique safe space. A central location for this is essential to the nature of this prototype, and it was recognized that this could be an asset already in place in the community or something new. Existing sites discussed as suitable locations could be the 'Landmark Theatre' (using an available 'room' on ground level); the 'Blue Lotus' bar/cafe was also discussed as a positive existing space. Both these spaces have potential for parking nearby. Considerable parking capacity and access by public transport as part of site choice is deemed essential.

There was also discussion of a 'two-location proposal'. With the café/hub in town (lacking parking) served by a shuttle bus or other transport solution by an out of town 'hut' with considerable parking capacity. A 'hut' was proposed as a tentative solution to having staffing

provision at the out of town location who would provide signposting, familiarization, a trusted face and connections for the PWD.

Community campaign and 'Blue Zone Badge'

A campaign that is directed at the whole community of Ilfracombe would run in ongoing conjunction with the 'Blue Zone'. This campaign would bring awareness to the issues of disability on a local level and how everyone can make a difference. Specifically:

- Traders and all community asset/services personnel could get training and upskilling as part of participation in the blue zone infrastructure.
- The campaign could centre round a community recognizable logo specifically to Ilfracombe - a 'Blue Zone Badge'. It would be a badge for PWD cars/parking spaces; the PWD and their carers. That there would need to be an assessment process in place as to who qualifies for a Blue Zone Badge. This would need collaborative working across different departments and therefore would need to be implemented by the 'big connector and the community connector'. It was considered an option that it would need to be administered via a form that would be filled out and submitted via the GP's.
- The badge logo could also be for community shops and organizations that were blue zone 'friendly/trusted' in terms of training and upskilling. This aspect would identify an organization that a person with disability can safely connect with if they need help.

Signposting and community connecting:

The 'Blue Zone' itself will be a safe place providing some activities, via it's café, and provide advice through trained staff. However, a major role of the site and it's staff will be to function as a place-based sign-poster towards other activities in the area. Therefore ensuring collaborative partnering rather than asset stripping.

Staff of the site will have access to databases, to both understand the needs and history of service users, and the availability of provision and referral routes of surrounding services.

Staffing

A 'Big Connector' will be employed to be the 'glue' for the Blue Zone. They would be the key connector across larger organizational areas, like health and welfare, council infrastructures etc., holding a key role to 'join up the dots'.

This 'Big Connector' will be supported by a constellation of a 'Community Connector' and local volunteers. The Community Connector would be campaign organizer and oversee the website and social media channels, especially working in relationship with 'informal/non-referral' signposting routes such as the Facebook page 'Gossip Around Ilfracombe', becoming a known and trusted name in these circles.

All volunteers would be provided with appropriate training so they are safe and upskilled.

That the role of the Community Connector could be amalgamated with the role that is presently being delivered by One Ilfracombe (but is in need of further funding). The infrastructure for the social media and information portal, as a component of the role could also be an aspect that could be linked into One Ilfracombe. They have an information platform that they are already in the process of producing. This would give them the disability provision that was referenced in workshop 1's 'Organisational Matrix' as currently being 'ad hoc' and therefore a gap and a challenge.

Costs

After the group had discussed the form and structures needed for the 'Blue Zone' the discussion moved to potential costs. These costs were hypothetical based on an approximation and functioned primarily to help the participants consider what sort of outlay would be required and how that could shape the prototypes delivery. This list is not extensive, and is only a representation of what the group discussed in the session.

It was acknowledged that funding and sustainability of the project would be a challenge. Cost estimates and cost considerations are listed below:

1. Car parking - In terms of parking for the 'Blue Zone', it would need to consider the loss of income to NDDC. This cost would need to be quantified and this would need to be evaluated by the uptake of the blue zone badges for vehicles.
1. Manufacturing of the blue Zone badges and a two year campaign at £15,000 per year to build infrastructure and connection across the whole community.
2. Transportation - in the case of a 'Two Site Solution'. Bus maintenance, insurance, and a full time driver was estimated at £28,000 per annum.
3. 'Big Connector' - 30 hours per week £30,000 per annum with a time limit of 5 years
4. Upskilled staff (x2) for daily running of the centre alongside volunteers at £21,000 per ann - upskilling and training.
5. Community Connector - part time @£6,000 per annum

5.2 Prototype 2 Circular Route

Transport prototype: planned goals

The group focused on developing a new bus route(s) prototype for Ilfracombe was made up of 4 participants

- 2 service providers: from Learn Devon; and One Ilfracombe;
- 2 service users: a person with physical disabilities and mobility issues; and a home carer for an individual with dementia.

To aide discussion and development DCT provided: a large wall map of Ilfracombe and it's existing bus routes; bus timetables; examples of community transport schemes in other areas and their consultation processes.

The first stage of prototyping was to spend time discussing the goals of the group, i.e. what they were hoping to test, and how they were going to test it.

This group came up with three main points about the potential service that would need to be explored:

1. The route
2. The drivers/staffing
3. Expanding on the capacity of existing services.

They realized that the solution would need to know what local people want regarding these issues. Therefore, the stated goals of their prototyping were:

1. To develop an community consultation strategy
2. Develop a potential route for the service.

Transport prototype: 'findings' and discussion

a) The route

Over the course of the discussion several routes were suggested, but the dispersed and hilly nature of Ilfracombe meant that one simple 'circular route' could not easily be identified.

"You think Slade's just over there and Tesco just there so look close to each other, but actually it's so hilly" Pauline

The group summarized their discussion as follows:

"The first thing we looked at was a route, and as you can see Ilfracombe is a little bit all over the place. So initially we looked at whether we needed a route for the central bit, and then the inner and outer bit - and they already have got a reasonably frequent bus service with stops close together.

And this service [36 and 34] doesn't exist anymore and so this whole corner of Ilfracombe that doesn't have any bus provision at all, but it's actually one of the most densely populated areas. And their all up on hills as well.

So we looked at a 'number 8' bus service which would go in a figure of 8, encompassing all those housing estates and off roads [around Furze Hill Road and Slade] and would go all the way to Lee because we know that area always gets missed cause it's quite far out but it is still Ilfracombe.

In terms of frequency, we know too many things start off big - so start small on Wednesday and Saturday - the two most popular shopping days for people. Look at a regular service throughout the day on those two days. Make it accessible by using the Ilfracombe community minibuses, which is already there and doing some of these little routes already - and have wheelchair accessible busses.

We would look at One Ilfracombe, the town council, and community minibus service working collaboratively to coordinate it - like with a wheelchair you would have to book on in advance - because the last thing you'd want is turning up and three people with wheelchairs wanting to get on." Charmain, One Ilfracombe.

b) Consultation

The table below shows the simple overview of their consultation plan, this is then expanded on in the quotes below it:

Consultation Ideas		
What?	How?	Where?
Timings and frequency	Face to face	Lantern Centre
Costs	Social media	Hele
Who's best for co-ordination?	Local Public meetings (not big ones)	Lee
Routes	People visiting existing groups	Slade
Boundary lines	High street traders	Village halls
Accessibility	Online survey	Medical centres
		Sports clubs
		Holiday parks
		Shops/supermarkets

“The consultation needs to be in the outskirts, which would be Lee and that top part of Ilfracombe - that are currently very poorly served by anything.” Sandra

There was an acknowledgement about the need to keep a route viable, and pointed out that there did used to be a service (routes 34 and 36) in the Furze Hill Road area, but it stopped because people didn't use it. There was a view that when the bus wasn't being used (e.g. on days other than Wednesday and Saturday) it could be hired out to help subsidize costs.

The group summarized their discussion as follows:

“We'd consult, not just your basic 'standing in one place with a clipboard', but in those areas specifically who don't come into town who don't have the internet. Online surveys, postal surveys, going into the libraries and existing groups like pensioners clubs. Asking whether the routes/frequency/price (e.g. £2 return ticket). By consulting in those areas we'd find out the need, e.g. whether there is many wheelchair users in that area or just 2 or 3 and whether a dedicated wheelchair specific bus is needed.” Charmain, One Ilfracombe.

Discussion on whether disabled only or 'open to all' bus route:

“The route could be associated with blue badge holders only, or those who financially are impacted by disability - e.g. so it doesn't infringe on existing taxi's - but we didn't really want to think that way as exclusively for people with disabilities.” Charmain

“Because say, having 3 small children under 5 living in Doomway - actually is a 'disability' and you can't afford a taxi - so it puts you in the same category anyway.” Pauline

So need a consultation exercise that's two fold - one for whether the route is right and viable and desired, but also what do they need from the transport - what sort of adjustments are made. ” Paul Collinge, DCC

“For example, my daughter who is autistic - would have panic attacks getting on a bus, and completely freak. So it could be easier if the bus was quieter or you had 1-2-1 person with you.” Katy

“There is a view within design led thinking that by thinking about 'extreme users' first (instead of last as an add on) you create a service that is accessible to everyone.” Harry Bonnell, DCT

On the role of community minibuses

“And they had a solid little group together, and they all started going to groups together. And it's just by being on a bus together and being picked up near their homes - and it made a world of difference” Charmain, One Ilfracombe [Charmain on a previous group she's worked with]

“. . . and also if you're a regular [bus] user and you don't turn up on time people say 'where's Jo' and they go and investigate. It builds a little micro system.” Sandra, Learn Devon

On the wider benefits for individuals and town economy:

“cause people would come down if they could. I think in a lot of cases they'd come down to the front and be more involved in Victoria week activities and the carnival if they could get there and get home again” Pauline, carer

“the idea would be, if this did work, then the high street traders should benefit because the high street would be more accessible for everybody. Wouldn't that be nice, instead of all the empty shops and you hear from the holiday makers all the time 'oh the shops are up there - well we won't bother with the shops then' which is why our highstreet is suffering” Pauline, carer





73-74 Basepoint Business Centre, Yeoford Way, Exeter EX2 8LB
01392 248919 info@devoncommunities.org.uk

www.devoncommunities.org.uk