Invisible minorities: A co-design framework to improve social care services for older immigrant people in the UK

A Thesis Submitted for the Degree of Doctor of Philosophy

By

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Declaration

I hereby declare that I am the sole author of this thesis, unless otherwise stated in the text. The work was carried out in accordance with the university's regulations. The results of this thesis are based on my own investigations and evaluations. I confirm that this work has not been previously submitted for any other degree of academic award.

Nevena Balezdrova

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Abstract

Participatory design practice has existed since the 1970s in various forms. Diving into a trend that has picked up traction in recent years, this study aims to explore the guiding principles of 'co' terms and the applicability of co-design in public service development. This is done by observing the context of social care service development in the UK and specifically looking at the experience of social care services for older immigrant people, an often overlooked and marginalised group. Research shows that conventional care for older immigrant people across the UK remains inaccessible. Cultural and system barriers impact self-confidence and personal agency. Often evading dealing with the state, this user group rely heavily on word of mouth and informal family care. Through a review of literature and expert interviews, the study aims to shed light on the service experience of non-native peoples and uncover some of the service and system challenges that impact their lives.

As explored through the review of literature, findings show an overall lack of co-design practice in social care service development within local government. These concepts have been further discussed in research and investigated through expert interviews that were conducted during the earlier stages of this study. A comparative case study approach explores other global public service systems to help form an understanding of the way social care service systems are structured, provision for older immigrant people and the relationship between different stakeholders. The larger part of the research aims to build an understanding of how co-design principles can impact the social care service development in the UK as a way of tackling representation and social isolation, considering how co-design can help enhance social care services for older immigrant people and meaningfully engage people into the wider community. The study examines how co-design can help strengthen the citizen-state relationship and cultivate community engagement.

The empirical outcomes of this research have been translated into a co-design framework and guidelines for the use in a local government setting. The framework aims to work on four main principles: understanding people, building trust, creating local

partnerships, ensuring on-going feedback and monitoring. The co-design framework builds on previous work that has highlighted the need for research that supports vulnerable groups in engaging with the co-design process in the public sector, by identifying the differences with existing user involvement processes.

Keywords: *Co-design, older immigrant people, social care service, community engagement*

List of terms

Adult Social Care Services

Long-term care and services aimed at vulnerable older adults. Services include community-based home care, leisure activities that support mental and physical health, daily support and home adaptations provided by local authorities through needs assessment procedures.

Co-Creation

A general term, outlining a participatory method that refers to the whole of the creation process, from initiation through to development and delivery where the key focus is to collaboratively engage multiple stakeholders in the creation process but is not design centric.

Co-Design

A specific instance co-creation, a participatory design approach that aims to include actors from different disciplines or people not trained in design to work together towards achieving a common goal. It does not focus on implementation or delivery but aims to collaboratively engage users within the design process by facilitating collaboration between stakeholders and designers.

Community Centres

A public space where members of a community can gather for a range of social, educational, fitness, leisure and cultural activities. Centres are run by local authorities, non-profit organisations, or community groups, and serve as hubs for fostering community engagement, support, and cohesion.

Community Profiling

A systemic process of collecting and analysing data about a community to gain an understanding of people's needs and resources. It is a process that builds a comprehensive understanding of the community, it includes demographic information, social and economic data and other community assets and challenges.

Community Participation

Participation measured by the involvement of local area residents in local clubs, civic groups, and projects that address specific community issues. The goal is to create improved outcomes and empower people to play an active role in issues which affect them.

Co-Production

A participatory approach that focuses specifically on the management, delivery, evaluation, and implementation of solutions with multiple stakeholders, this can include users of the product or service.

‘Hard-to-Reach’ or ‘Hidden Populations’

Referred to groups of people that are difficult to access. A term used to describe people who are vulnerable, subject to discrimination or stigma, hidden and under-researched due to lack of diversity in recruitment processes or sampling parameters.

Immigrant

The term ‘immigrant’, as is referred to people who are or intend to settle in a new country *permanently,* often as a foreign worker. Distinguished from the term ‘migrant’, a term deemed for people who *temporarily* reside in a new country.

‘Invisible Minorities’

A term coined in reference to people who are not always seen as part of a minority in the observable way, i.e. skin colour (Hussein and Oglak, 2012). Social markers, or the aspects of identity that differentiate people are blurred or not at all present, this adds a degree of indistinctness, permitting room for assumption. ‘Invisible minorities’ is also referenced by Gilbert et al. (2016) when describing France’s constitutional position in the way it regards minority rights.

Local Authority or Local Government in the UK

A one or two-tiered structure of governance (depending on location) that provides services to residents. Services are managed locally. Some authorities work in collaboration with national services to provide support on well-being, welfare and policing.

Local Municipality

A governing body responsible for administering a specific geographic area within a country, typically at the local level, such as a town, city, or district. Tasked with providing essential services and managing public resources and infrastructure within its jurisdiction. Local municipalities operate under the authority of higher levels of government and are essential in implementing policies.

MEDCs

MEDCs (More Economically Developed Countries) are nations characterised by higher levels of income, industrialisation, and standard of living compared to less economically developed countries. These countries typically have advanced technological infrastructure, strong healthcare and education systems, and higher life expectancy rates. MEDCs are often contrasted with LEDCs (Less Economically Developed Countries) in discussions of global development and economics.

Minority Groups

Groups that are defined as populations that differ from the majority in terms of ethnicity, race, religion, language, or other distinguishing characteristics, and who often experience different levels of access to resources, opportunities, and power within a society. These groups are typically marginalised and have less influence over social, political, or economic policies that affect them.

Older person

The scholarly definition of an older person often varies depending on the context, it refers to individuals who are aged 60 years and older. This age threshold is commonly used by organisations such as the United Nations and the World Health Organization.

Participatory Design

Participatory design is an approach that actively involves users and stakeholders in the design process to ensure the final product or service meets their needs and expectations. It emphasises collaboration, allowing those who will use or be affected by the design to contribute their insights and ideas.

'Pain Point'

In service design, a "pain point" refers to a specific problem or challenge that users encounter during their interaction with a service. Identifying and addressing pain points is crucial for improving the overall user experience and making the service more effective and enjoyable.

Patient and Public Involvement in Health and Social Care Research (PPI)

Refers to an active partnership with people who use or have used social care services, such as carers, family members, individuals with interest in the topic being researched, involving users to contribute to the research process or act as co-researchers.

Service Design

The process of creating and organising service components to ensure a seamless, user-centred experience. It involves understanding user needs, co-creating with stakeholders, and iteratively refining services through prototyping and testing.

Stakeholders

Individuals or groups who have an interest or stake in the outcome of the design, including users, clients, designers, and any other parties affected by or contributing to the project. Their involvement ensures that diverse perspectives and needs are considered, leading to a more holistic and successful design. Engaging stakeholders throughout the process is essential for achieving a balanced and well-informed final product.

User Engagement

User engagement in the co-design process refers to the active involvement and collaboration of users in the creation and refinement of products or services. It ensures that users' needs, preferences, and feedback are continuously integrated into the design, leading to more relevant and user-centred outcomes.

Vulnerable People

People with characteristics, such as age, cognitive or physical states, who interact with an external variable which places them in a position of powerlessness.

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Table of Abbreviations

Abbreviation	Meaning
ABCD	Asset-Based Community Development
ACM	Association of Computing Machinery
ADASS	Association of Directors of Adult Social Care
AT	Activity Theory
BORG	Brunel Older People Reference Group
BREO	Brunel Research and Ethics Organisation
DDM	Double Diamond Methodology
DDP	Double Diamond Process
DRS	Design Research Society
EBCD	Experience-Based Co-Design
GDPR	General Data Protection Regulation
GP	General Practitioner
HCI	Human-Computer Interaction
IBM	International Business Machines Corporation for Business and Government
LEDC	Less Economically Developed Countries
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, and questioning
MAIA	Method of Action for Integration of Health and Social Care in the field of Autonomy
MEDC	More Economically Developed Countries
NGO	Non-Governmental Organisation
NHS	National Health Service
NSW	New South Wales
OECD	The Organisation for Economic Co-operation and Development
PD	Participatory Design
PPI	Patient and Public Involvement
SDL	Service-Dominant Logic

UREC	Brunel University Research Ethics Committee
WHO	World Health Organisation

Chapter: 1 INTRODUCTION

CHAPTER 1: INTRODUCTION	
STRUCTURE OF CHAPTER 1: INTRODUCTION	**1.1 RESEARCH BACKGROUND** **1.2 RESEARCH PROBLEM** 1.2.1 Defining Research Problem 1.2.2 Addressing the Gap in Co-design for Vulnerable Groups 1.2.3 Significance and Relevance of the Research 1.2.4 Rationale for the Study 1.2.5 Problem Mapping and Visualisation 1.2.6 Key insights from the Problem Map Diagram **1.3 KEY RESEARCH QUESTIONS, AIM AND OBJECTIVES** 1.3.1 Key Research Questions 1.3.2 Research Aim 1.3.3 Research Objectives **1.4 RESEARCH SCOPE** **1.5 RESEARCH OUTLINE**

Figure 1: Structure of Chapter 1

Older immigrant populations face significant challenges in accessing adequate social care services, particularly in the UK, where barriers such as language proficiency, cultural sensitivity, and stereotypes within public services persist (Ahaddour et al., 2016; Chahal, 2004; Esser, 2006). Existing research highlights that these individuals are often treated as a homogenous group, overlooking the diversity of their experiences and needs (Torres, 2006; 2015). This approach has led to generalisations that perpetuate cultural assumptions and hinder the development of tailored, effective services (Hanh, 2011). Although co-design frameworks have the potential to address these challenges, current models often exclude vulnerable groups, including older immigrant people, due to factors like marginalisation, powerlessness, and reduced motivation (Baker et al., 2005; Dietrich, 2017). This thesis explores how co-design can bridge this gap by fostering trust, inclusion, and meaningful engagement with older immigrant communities. Through the exploration of co-design tools and processes, this study aims to improve social care

services for this demographic, ensuring their needs and voices are central to the design process.

1.1 Research Background

Research shows that conventional care for older immigrant people remains inaccessible (Ahaddour et al., 2016). Barriers and challenges include low language proficiency in the language of their host country, and challenges around cultural and religious sensitivity when dealing with statutory services (Esser 2006). Additionally, 'The Joseph Rowntree Foundation' reveals mono-cultural service provision, stereotypes, and assumptions towards ethnic minority communities are also prevalent issues in public services for this user group in the UK (Chahal, 2004). Research studies conducted by Torres (2006; 2015) acknowledge this as an issue as it perceives older immigrant people as a homogenous group. The results of these studies suggest that older immigrant people are problematised through cultural assumptions and generalisations. This identifies older immigrant people largely according to familial and traditional values (Torres, 2006; Hanh 2011), which could impact the way social care services for ageing immigrant people are developed and commissioned.

A review of existing literature reveals there is no comprehensive framework for involving vulnerable people as active participants in the service co-design process (Ostrom et al., 2015; Dietrich, 2017). Vulnerable people are impacted by age and cognitive capacity (Dietrich, 2017), they are said to be marginalised by society and experience powerlessness (Baker et al., 2005). This in turn reduces their motivation and willingness to contribute to the co-design process (Dietrich, 2017). Current co-design frameworks do not address the needs of vulnerable people, focusing primarily on innovative users and failing to consider the unique challenges and characteristics of vulnerable people (Dietrich, 2017). This highlights the need for research that examines co-design for vulnerable groups.

Research shows significant barriers to engaging communities and vulnerable people with public organisations, citing a lack of incentives, a lack of trust in authorities, failure to respond to outcomes and poorly executed participation programmes as key issues (Smith, 2005; Bovaird, 2008). The barriers experienced by older immigrant people in leaving former relationships behind and experiencing difficulties integrating into a new culture where different norms, values, languages and customs apply, making it difficult to construct new relations (De Witte and Regenmortel, 2022). Older immigrant people also show to experience more health risks and financial insecurities compared to the native population (Klaus and Baykara-Krumme, 2017).

This study aims to tackle issues of mistrust towards public authorities through co-design practice, as the process itself generates more inclusion and helps to create diverse social networks and supports integrated neighbourhoods. Using trust as a 'bridging mechanism' between the local community and the local authority, Uslaner (2010) argues that "residential segregation rather than diversity leads to lower levels of trust". Integrated and diverse neighbourhoods could lead to higher levels of trust, if people also have diverse social networks.

1.2 Research Problem

1.2.1 Defining the Research Problem

Older immigrant people in the UK face considerable challenges accessing social care services that meet their diverse needs. Language barriers, cultural insensitivity, and stereotypes that treat this group as homogenous are key issues that limit their inclusion and participation in statutory services (Ahaddour et al., 2016; Chahal, 2004; Esser, 2006). Compounding these challenges is a significant lack of engagement between older immigrant populations and service providers, which creates further barriers to equitable service provision, leading to social isolation and undermining trust between these communities and public authorities.

Existing approaches to designing social care services often fail to recognise the complexity of these experiences. Research highlights that many services operate on assumptions of familial and traditional values for older immigrant people, which can oversimplify their needs and perpetuate stereotypes (Torres, 2006; Hanh, 2011). This lack of nuance in service design reinforces feelings of exclusion and limits opportunities for older immigrant people to engage meaningfully with the systems designed to support them.

1.2.2 Addressing the Gap in Co-Design for Vulnerable Groups

Co-design is increasingly seen to improve service design by including users in the process. However, current frameworks rarely account for the specific challenges faced by vulnerable groups, such as older immigrant people. Factors like marginalisation, reduced motivation, and cognitive barriers often prevent their meaningful involvement (Dietrich, 2017). Without adaptations that address these issues, co-design risks excluding the very people it aims to help.

Local government initiatives that adopt co-design methods offer a promising way to address this gap by fostering active participation and improving older immigrant people's engagement with local services and processes. Co-design has the potential to empower older immigrant people by addressing barriers such as language and cultural disconnects, ensuring services are more user-focused and inclusive. However, a gap remains in developing and implementing co-design frameworks that specifically target the needs of this vulnerable group.

For older immigrant people, these barriers are compounded by broader integration challenges, including adjusting to unfamiliar cultural norms and navigating new systems of care. These issues are further intensified by economic insecurity and higher health risks compared to the native population (Klaus and Baykara-Krumme, 2017; De Witte and Regenmortel, 2022). Together, these factors highlight the urgent need for co-design approaches that actively include and empower older immigrant communities.

1.2.3 Significance and Relevance of the Research

The need to improve the inclusivity of social care services is growing alongside the increasing diversity of the UK's ageing population. Without frameworks that recognise and address the distinct needs of older immigrant people, services risk perpetuating inequalities and failing to meet their intended goals. Co-design has the potential to bridge this gap by fostering collaboration and ensuring services are more aligned with user needs. By prioritising methods that encourage engagement and inclusion, co-design can play a key role in creating solutions that are not only practical but also culturally sensitive.

This study contributes to ongoing discussions about how public services can become more equitable and responsive. By focusing on older immigrant people, it seeks to address a gap in both academic research and practice. Developing a co-design framework that considers their lived experiences can help improve service delivery, reduce social isolation, and rebuild trust between communities and public authorities.

1.2.4 Rationale for the Study

At the heart of this research is the idea that trust plays a central role in creating more inclusive social care services. As Uslaner (2010) suggests, trust can act as a bridge between diverse communities and public institutions, fostering better relationships and stronger networks. For older immigrant people, who often experience mistrust towards statutory services, this is particularly important. Co-design provides an opportunity to rebuild this trust by involving users directly in the design process, ensuring that their voices are heard and valued.

The rationale for this study stems from the need to address the long-standing exclusion of older immigrant people from service design. By exploring how co-design can be adapted to meet their needs, this research aims to offer practical solutions for policymakers, practitioners, and local authorities. Co-design methods also have the

potential to enhance older immigrant people's engagement with local government initiatives, building stronger links between these communities and the services they rely on. These findings will not only enhance the inclusivity of social care services but also contribute to broader efforts to create more integrated and cohesive communities.

This study integrates theoretical perspectives on vulnerability, trust, and co-design with practical insights from case studies and interviews. The goal is to develop a framework that is both conceptually robust and practically relevant, addressing the barriers older immigrant people face in accessing social care services. By focusing on trust-building, inclusive practices, and improved engagement, this framework aims to enhance how services are designed and delivered. Ultimately, it seeks to ensure better outcomes for this often-overlooked group while contributing to the evolving practice of co-design in public service development.

1.2.5 Problem Mapping and Visualisation

The diagram above (Figure 1) visualises the interplay of immigration-related factors and their causal linkages to the challenges faced by older immigrant populations. It highlights the intricate relationships between socio-economic status, immigration experiences, health outcomes, and social integration. This mapping method is adapted from Choi's (1996) framework on modernisation-related factors and their causal linkages to ageing problems.

Immigration related factors and causal links to major challenges faced by immigrant older people and their families

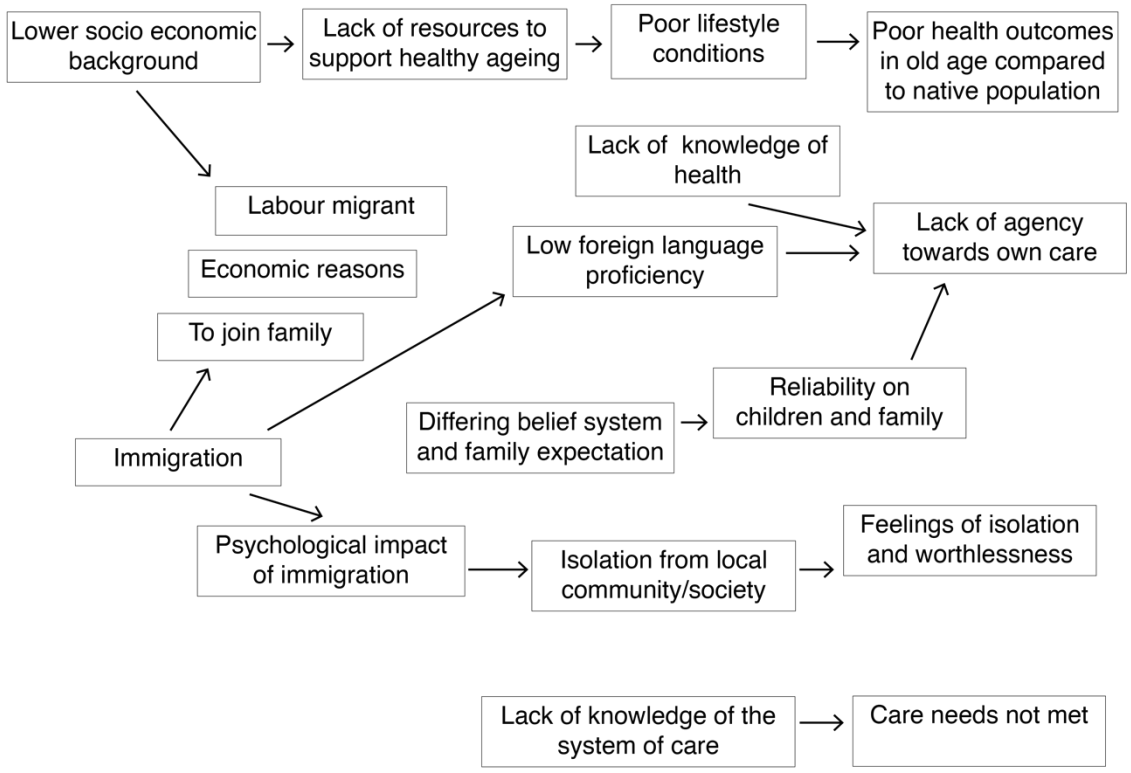


Figure 2: Problem Map (visualising immigration challenges of older people)

The mapping illustrates how lower socio-economic backgrounds and migration dynamics, such as labour migration or familial reunification, contribute to systemic barriers like low foreign language proficiency and cultural disconnect. These barriers, in turn, result in reduced agency in managing personal health and care needs. For instance, limited knowledge of healthcare systems coupled with inadequate language skills hinders older immigrant people from actively participating in their care. This leads to dependency on family, perpetuating feelings of isolation and exclusion from broader society.

The psychological impact of immigration is a critical aspect of the diagram. The visualisation effectively highlights the compounding nature of isolation, both social and emotional, stemming from unfamiliar cultural norms and physical barriers to community

engagement. The causal chain from economic instability to poor health outcomes, particularly in older immigrant populations, underscores a recurrent theme in literature: the compounded disadvantages faced by this group compared to the native population.

1.2.6 Key Insights from the Problem Map Diagram

The problem map situates these challenges within a broader context of ageing and immigration. It frames how systemic issues, such as cultural expectations and stereotypes, intersect with individual experiences. For example:

- **Socio-Economic issues** mean that **l**ower income levels often restrict access to healthy ageing resources, compounding the risk of chronic illness over time
- **Reliance on family** of older immigrant people means there are differing cultural expectations and belief systems place significant pressure on family structures, often resulting in unrealistic care expectations
- **Feelings of isolation** in older immigrant people equate to limited community integration due to linguistic or cultural barriers exacerbates feelings of worthlessness and alienation

By visualising these dynamics, the diagram provides a holistic understanding of the multiple, interconnected factors affecting older immigrant people. It serves as a tool for identifying gaps in service provision.

1.3 Key Research Questions, Aim and Objectives

1.3.1 Key Research Questions

Key Research Question

How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK?

To address the main research question, the study explores the following sub-research questions:

1. What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?
2. What insights can be drawn from international approaches to co-design and social care for older immigrant people?
3. How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?

1.3.2 Research Aim

The study aims to formulate a co-design framework that helps to improve UK social care services for older immigrant people. This will help better engage older immigrant people with co-design processes and enhance the understanding of user needs.

1.3.3 Research Objectives

Collectively, the following objectives address the overarching research question by integrating literature review, empirical investigation, and framework development.

Table 1: Research Objectives Addressed in the Thesis

Objective	**Chapter**
1. To gather relevant research, theory and definitions of co-design, service design, and social care services; to gather research on the experience of older immigrant people in social care. This will help provide the basis of research and identify opportunities, barriers, and challenges	Chapter 2, Chapter 4, Chapter 5
2. To identify all stakeholders and their contribution to social care; to understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships	Chapter 2, Chapter 4, Chapter 5, Chapter 6

3. To gather and compare findings of social care services of MEDCs (more economically developed countries) and key learnings from co-design projects. This will help provide recommendations for best practice	Chapter 4, Chapter 5
4. To examine and compare the social care service experiences of older immigrant people and native populations, identifying differences and commonalities. This will provide insights into user needs, expectations, and perceptions	Chapter 2, Chapter 5
5. To explore the relationships between local communities, community leaders, and social care service providers, identifying their roles, interactions and impact. This objective aims to validate the findings from the literature review and uncover strategies to effectively leverage co-design for fostering collaboration and improving service outcomes	Chapter 2, Chapter 4, Chapter 5
6. To examine the operational practices of social care services across diverse cultural contexts, identifying key challenges, opportunities, and transferable insights. This objective will inform the development of culturally adaptive and inclusive approaches to service design for older immigrant populations	Chapter 2, Chapter 4, Chapter 5
7. To formulate and evaluate a co-design framework, that aims to improve the development of social care services with older immigrant people and enhance stakeholder partnerships	Chapter 6

1.4 Research Scope

The research scope of the study refers to the specific areas of focus and direction of the research. These are areas that have been identified where the study will focus to help achieve a thorough understanding of the research topic, answer the key research questions and reach the study objectives. The research explores co-design, co-design tools and approaches, use of co-design in local government settings, barriers and challenges, service design, social care services and the experience of social care for older immigrant people. The diagram below shows how and where these elements overlap, as well as subcategories of the research. Subcategories for each of the three main sections of co-design, social care and older immigrant people includes: tools and approaches, meaningful engagement, recruitment, public service co-design, social care service commissioning and development, health narratives, issues of trust, autonomy of older immigrant people and family dependency, impact of socio-economic background, cultural beliefs and systems.

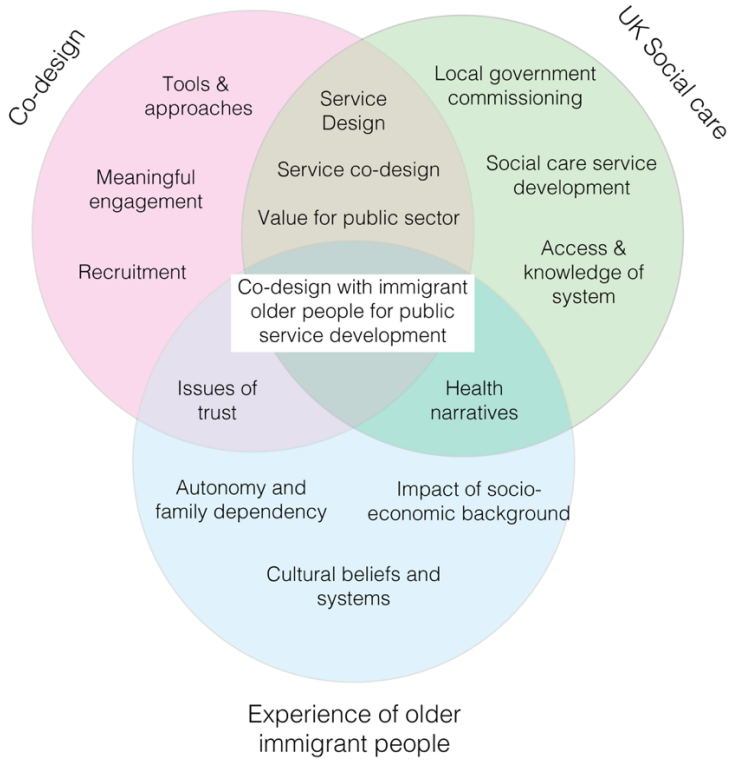


Figure 3: Research scope diagram

1.5 Thesis Outline

Research clarification and methodology

Chapter 1: Research outline

This chapter presents an overview of the research. Outlining the research background, research scope, problem map, key research question, aim and objectives of the research study. This chapter responds to the identified research gap. The aim of this chapter is to set the context and principal parameters of the study.

Chapter 2: Literature review

This chapter explores a thematic review of literature. The aim of this chapter is to gather relevant research, theory and definitions of co-design, service design, and social care services; to gather research on the experience of older immigrant people in social care.

This will help provide the basis of research and identify opportunities, barriers, and challenges.

Chapter 3: Research methodology

This chapter explores the methodological approach that has been selected to reach the study aim. Justification and key approaches selected, appropriate for the research type. The aim of this chapter is to provide justification of methods and theory used to conduct the study and data analysis.

Exploration and investigation

Chapter 4: Case Studies

This chapter presents the exploratory aspect of the study, presenting key elements such as findings from exploratory and in-depth expert interviews, user interviews and focus groups and country case studies. The aim of this chapter is to understand the experience of older immigrant people, provide expert insight and provide case studies for best practice to help formulate the recommendations of the research.

Development and evaluation

Chapter 5: Primary Data Collection

Starting with framework goal, this chapter presents the process and recommendations of the co-design framework development. Outlines the process of framework formation by looking at how data is drawn to formulate the co-design framework elements, core categories of the framework and framework guidelines.

Finalisation and conclusion

Chapter 6: Recommendations

This chapter outlines the evaluation process of the co-design framework with experts, showing subsequent drafts and final recommendations based on expert insights. Concluding the chapter with framework finalisation and framework guidelines.

Chapter 7: Conclusion

This chapter presents conclusive remarks, with overview of the research topic, key research questions, objectives and a summary of key discussions of the study. This chapter outlines the contribution of the research, limitations of the study, and as future recommendations.

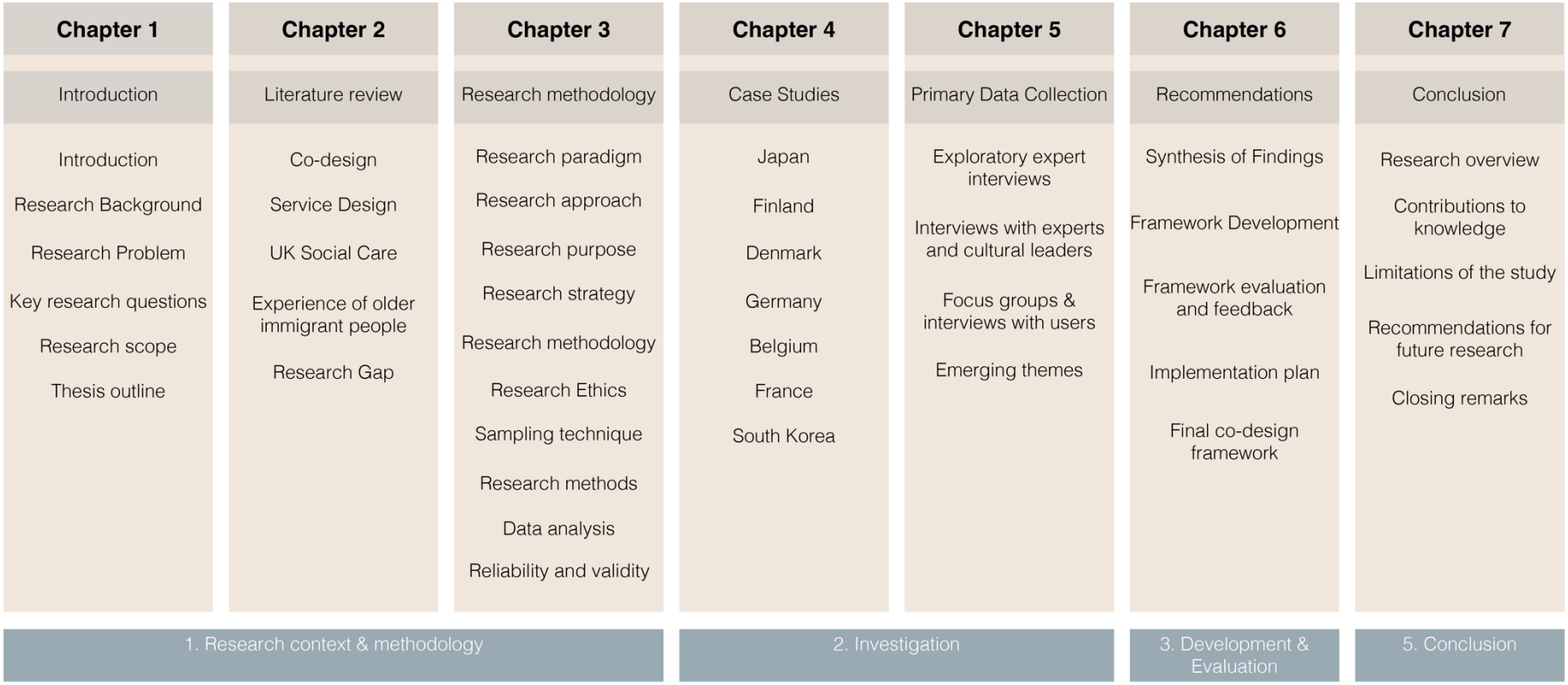


Figure 4: Thesis outline

Chapter: 2 LITERATURE REVIEW

CHAPTER 2: LITERATURE REVIEW

STRUCTURE OF CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

2.2 CO-DESIGN
2.2.1 Origin of Co-design
2.2.2 Defining 'Co-' terms
2.2.3 Principles of Co-design
2.2.4 The Co-design Process
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2.3 CO-DESIGN IN THE PUBLIC SECTOR
2.3.1 History of Participatory Design in UK Public Sector
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2.6.2 Why Commissioning Matters
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2.6.5 Access and Engagement to Social Care for Older Immigrant People

2.7 RESEARCH GAP

Figure 5: Structure of Chapter 2

2.1 Introduction

This chapter explores the following key aspects: principles of co-design and service design, participatory approaches through history, exploration of the social care service system in the UK, and the experience of older immigrant people in accessing social care. The objectives for this chapter, as related to the structure of the study are as follows: **[1]** To gather relevant research theory and definitions of (i) co-design, service design, and social care services; (ii) experience of older immigrant people in social care; (iii) identify opportunities, barriers and challenges **[2]** Identify stakeholders and their contribution to social care; understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships. The chapter concludes with a description of how the key research questions are being addressed, a description of the knowledge gap, a summary of key findings and how these findings inform the rest of the research process.

2.2 Co-Design

2.2.1 Origin of Co-design

A growing civil rights movement in the 1960s and 1970s saw an increase in demand for decision-making power of citizens (Simonsen & Robertson, 2012). In response to this, participatory design (PD) of information technology began to take place across Europe and Scandinavia, also known as the workplace democracy movement (Bjerknes et al. 1983). With the introduction of new technologies in the 1970s, there was a greater need for new information systems development for the workplace, where PD emerged to engage workers in the design process (Sanders and Stappers, 2008). The contributing factor from this development was the enablement of employees and managers to work collaboratively towards a common goal, facilitating the participation of those who are directly affected by the results (Bødker, 1996). In this way, the origin of 'co-design' can be traced back to the emergence of PD in Scandinavia in the 1970s (Robert et al., 2021).

Early participatory design projects have been described as enabling 'the resource-weak stakeholders' in developing strategies for their effective participation in design and

decision-making (Bjögvinsson et al., 2012). It could be argued that this is where the democratic position of co-design originated. Today, key features of co-design are impacted by the evolution of participatory processes. This can be seen in the inclusive approach to modern co-design methods, as described later in this subchapter.

2.2.2 Defining 'Co-' terms

In recent decades variations of 'co' terms have emerged, which refer to different instances of the collaborative process between citizens and stakeholders (Masterson et al., 2022). Often used interchangeably, these include co-commissioning, co-creation, co-production, co-design, and co-delivery (Bovaird et al., 2017). Williams et al. (2020) coins these 'co-biquity' terms, which are used to describe 'an emergence of a plethora of co-words, promoting a conflation of meanings and practices from different collaborative traditions'.

'Co-production' is often used in relation to public service development. The use of the term 'co-production' originated from the work of Elinor Ostrom (1996) in her 'Workshop in Political Theory and Policy' (Ostrom, 1996). It was coined in the public sector to highlight how informal collaborations between public service providers and citizens can improve the quality of public service provision. Co-production and co-design are often closely related in their use in the health and social care contexts (Masterson et al., 2022). Co-production is referred to as the process by which 'citizens can play an active role in producing public services of consequence to them' (Ostrom, 1996). Co-design, co-creation and co-production are all based on a set of common core principles of user-centredness and participatory design techniques to create more person-centred public services (Bason, 2010; Bate and Robert, 2007; Parker and Heapy, 2006; Voorberg et al., 2015; Farr, 2018). Due to these commonalities, when conducting literature search and discussion, the study uses the terms co-creation, co-design and co-production. However, the selection and justification of co-design as a focus for this study is explored further in this chapter.

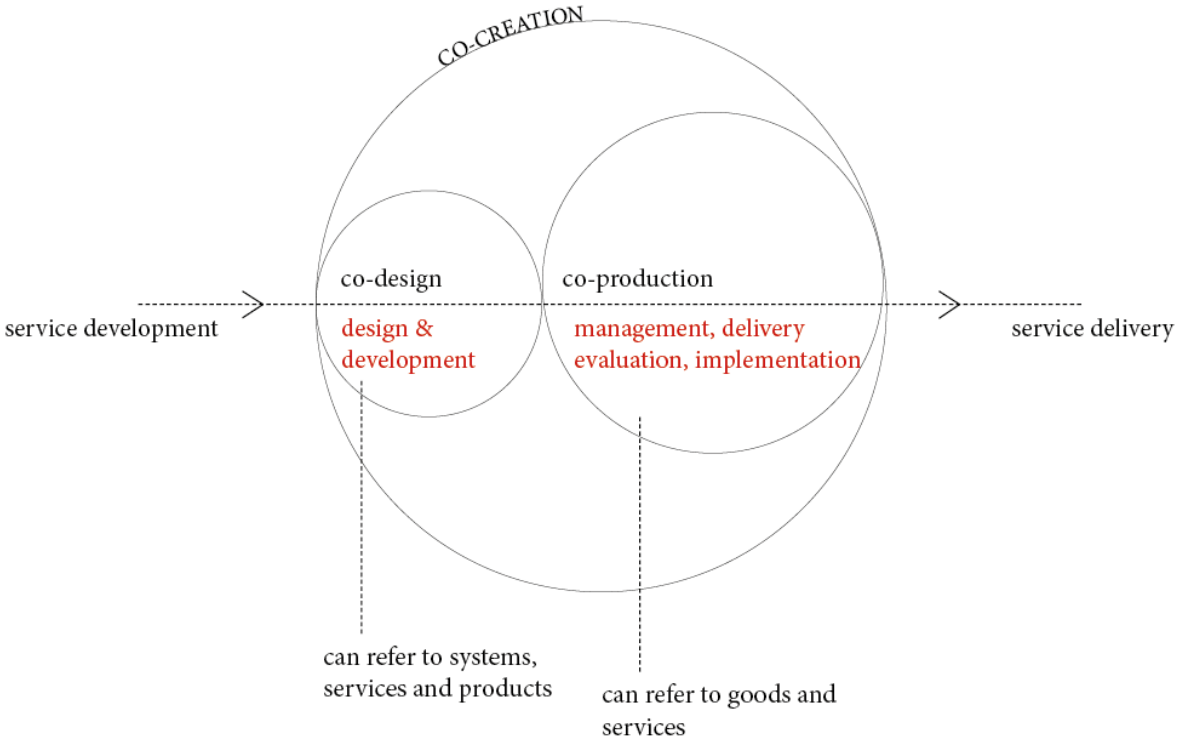


Figure 6: Interpretation of co-creation, co-design and co-production

In the case of service development and service delivery, Figure 4 helps to visualise where co-design sits on the service development spectrum. Although similar in how they involve actors into the development, administration and delivery of goods and services, the variations of co-terms speak to different stages of the service development process. According to Sanders and Stappers (2008), the term 'co-creation' is 'more of a mindset than an activity'. The authors attribute this general definition of as an 'act of collective creativity that is experienced and performed jointly by a group of people' (Sanders & Stappers, 2008), Figure 4 illustrates this as the overarching activity in the participatory process. Thus, co-design is referred to as 'collective creativity that is harnessed across the whole span of a structured design process' **(**Sanders and Stappers, 2008). Ultimately, co-creation is referred to as the collective creative approach, and co-design as a specific design activity that places itself within the span of the development phase. It is important to note that co-design undertakes a more holistic and detailed understanding of the user experience within a service, beyond that of the service interaction (Strokosch, 2019). By

expanding on the key definition of each term, Table 2 below aims to provide clarity and frame the discussion on co-design as a choice for this study.

Table 2: Definitions of 'co' terms

Term	Definition
Participatory design	A general term **rooted in political ideology** due to its origin (Simonsen and Robertson, 2013). **The practice of collective creativity in design** (Sanders and Stappers, 2008). Described as "the process of investigating, reflecting upon, establishing, developing and supporting mutual learning between multiple participants in a collective 'reflection in action' (Simonsen & Robertson, 2013; Schon, 1983)
Co-production	Can be voluntary or involuntary, **involvement of public service users in any of the design, management, delivery or evaluation processes** (Laitinen et al., 2018); "The relationship between providers and users of goods or services sharing resources, including knowledge and legitimacy (including power) to create public value" (Laitinen et al., 2018). "The joint working of people who are not in the same organisation to produce goods or services" (Oliver et al. 2019)
Co-creation	'The active involvement of end users during varies stages of the production process', a **broad term applied in reference to the collaborative process that generally involves end users** (Von Hippel, 1987). The co-creation process considers the user throughout the service delivery process, co-construction through to increased overall participation in service development - during the entire service production process. With long-term, embedded involvement for a more personalised experience (Prahalad and Ramaswamy, 2004; Maglio et al., 2008; Vargo and Lusch, 2008)
Co-design	**A specific instance of co-creation**, referred to as the "collective creativity as it is applied across the whole span of a design process" (Sanders and Stappers, 2008); A tools-based activity involving multiple stakeholder or actors into the design process. It uses a collaborative team approach that allows non-designers to become equal members of the design team (Sanders and Stappers ,2008). In-depth and accountable: holds central accountability, has well-defined roles for all actors involved, and begins by usually documenting key elements of the research context, i.e. community values, characteristics, perspectives, and reform initiatives (Roschelle et al., 2006)

Co-design specifically refers to as a process using a set of design tools that **involves multiple stakeholders** that collaborate, turning users into **experts by experience** (Sanders and Stappers, 2008). Within the process of co-design, all participants have a set of well-defined roles, there is an element of accountability that is central to the process, and adherence to design structures, an understanding of context and community values (Roschelle et al., 2006). Co-design has been selected as the focal point of this study due to its ability to empower people who might be marginalised by society due to age and cognition (Baker et al., 2005) and feel a sense of powerlessness

(Ostrom et al., 2015). Literature shows a lack of insight on how these 'vulnerable' consumers might be involved and supported by their engagement with service co-design (Dietrich, 2017).

2.2.3 Principles of Co-design

A core principle of co-design is to empower the end user and stakeholders to contribute to the design process through their experience and expertise (Mattelmäki, 2008). Research conducted by Bradwell and Marr (2008) outlines the following basis of co-design principles: participation (in relation to who is involved in the process), development (must be an adaptive process**),** ownership and power (relating to ideas and knowledge generation), outcomes and intent. Building on this foundation, the study further outlines five key elements to co-design practice: goal, purpose, intent, recruitment, participation and multi-disciplinarity (Bradwell and Marr, 2008). The goal, purpose and intent of the co-design activity is established to give direction and order to the project. Recruitment and participation tackle who must be involved in the co-design process and how. Finally, multi-disciplinarity ensures diversity of contribution and collective ownership of ideas. The Australian Council of Social Service developed the following expanded version of co-design key principles of practice:

Table 3: Co-design principles

Principle	Description
Inclusive	To include key stakeholders as representatives of user needs within the co-design project, from problem framing to designing solutions. This principle uses the data and suggestions gathered from users with a lived experience, or specific experts, in order to improve solutions
Respectful	Experience is equally valued amongst all those involved, regardless of formal training or other types of perceived inequality. Negotiation is often practiced
Participative	Open, empathetic, and responsive approach with a series of interactions that generate meaning. Themes are extracted based on these interactions. All participants must take responsibility for the effectiveness of the overall process
Iterative	A process that is open and flexible, improving possibilities and insights as they emerge, regardless of perceived risk of failure. This part of the co-design process can also be used to evaluate potential effectiveness of ideas and solutions
Outcomes focused	'Used to create, redesign or evaluate services, systems or products', effectiveness of solutions can often be measured, developed and scaled up within context and involvement of key stakeholders

(Adapted from Burkett, 2017, 'NSW Council for Social Services')

Created during the 'Fair Deal Forum, 2016', the study presents the community sector's perspective on what they have identified as the key elements of co-design practice (between government and the local community). Outlining the effectiveness of government agencies using co-design processes for working with the local community, as well as local organisations using co-design to inform and improve service delivery.

2.2.4 The Co-design Process

The participatory design process in its minimalist form is a combination of the **'make, tell, enact'** model, is circular and illustrates the interactivity of the process between the three elements (Brandt et al., 2012). The diagram illustrates how these actions are connected and the way design actions can go both ways within the circle. All three elements refer to the activities within the co-design process that are created to facilitate

engagement. ‘Telling’ refers to tools and techniques that are verbal, i.e. exploring narratives and storytelling, ‘enacting’ refers to activities like theatre techniques and scenario building, whereas ‘making’ refers to prototyping (Zimmerman, 2007). The model provides a framework for holistic engagement of participants, using a multi-modal approach, capturing diverse perspectives (Bødker, 2000).

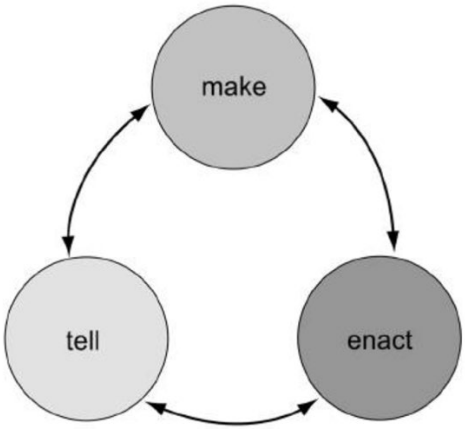


Figure 7: The ‘make, tell, enact’ diagram

(Brandt et al., 2012)

In 2019, Trischler et al. proposed co-design framework for public service design that focused on representation of vulnerable and marginalised groups, as equal contributors, ‘actively involving those that are affected by the design’ (Dietrich, 2017; Trischler et al, 2019). The co-design framework for public service design with vulnerable and marginalised people has 6 stages of process, as follows:

‘Resourcing’ stage - refers to the co-design process typically outsourcing innovation activities to help empower users to take ownership and source information from different places. An example of this would be using spaces such as innovation labs. The study here proposes that this may not be achievable when working with vulnerable consumers, as stated, ‘users may not have the ability or willingness to innovate independently. Furthermore, the proposition here is to assign a key role to researchers during the co-design process, to source relevant inputs that would help engage vulnerable people more meaningfully – i.e. topic-specific design tools like activity cards.

'Planning' stage - during a typical co-design planning period, it is expected that experts would corroborate with users directly on matters of organising co-design sessions. The study refers to the need to extend the planning period and collaborate meaningfully with different stakeholders, or intermediaries such as governmental bodies and not-for-profit organisations to form strong bonds and prevent drop-out of vulnerable people involved in the co-design session. The study underlines the need for close collaboration and extended communication between intermediaries and co-design experts.

'Recruiting' stage - In reference to ensuring good stakeholder relationships and communication, to gain a rich resource in helping with the recruitment procedure. The study outlines how working with existing staff within an organisation who is a partner in the co-design process, has been beneficial in helping recruit diverse vulnerable participants in larger numbers due to leveraging their own relationship and knowledge of users.

'Sensitising' stage - Preparing participants with the requirements of the co-design session. This is referred to as a critical step in co-design with vulnerable consumer, allowing users to experience and test designed activities and become familiar with the respective research context. Helpful in public service situations where users do not readily identify themselves as knowledgeable on a given topic.

'Facilitation' stage – The necessity for co-design experts to take a more central role during the co-design process with vulnerable consumers.

'Evaluation' stage – or an iterative process of 'Reflecting, Building for Change' – Referring to as a challenge, the evaluation of the co-design process involving vulnerable consumers are likely to follow different outcome objectives, such as transformation and improvement consumer well-being.

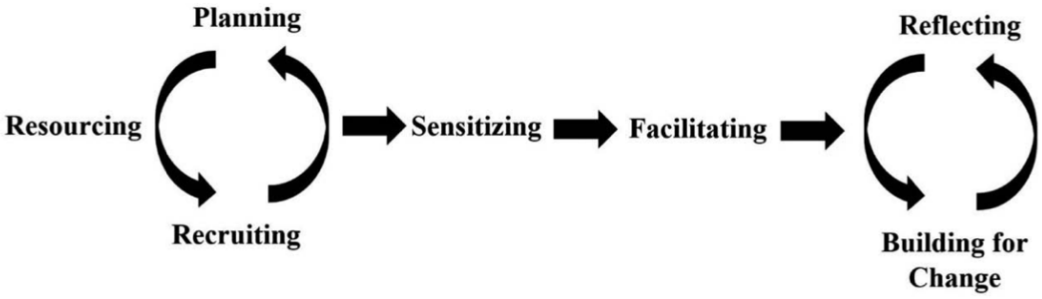


Figure 8: 'Co-designing services with vulnerable consumers' framework

This framework seeks to empower vulnerable groups by actively involving them in the process and ensuring that needs and preferences are a core element of the process, leading to more inclusive and effective outcomes. The improved service relevance means that services are more likely to meet the actual needs of consumers, leading to overall better outcomes. The framework further helps to build trust and collaboration, by fostering a collaborative environment between service providers and vulnerable groups. This collaboration enhances the quality of the process and makes services more accessible. It addresses barriers and challenges by identifying specific barriers that people face in access to services, and finally it contributes to the overall sustainability of co-design and services by continuously adapting based on feedback. The framework can be easily scaled and applied to various contexts making it a versatile tool for service design.

2.2.5 Roles of Participating Actors

In co-design, the roles of participating actors are flipped, in that the 'user' or consumer of a product or service is put in a position of 'expert' by way of their experience (Sanders and Stappers, 2008). This means that 'users' can actively participate in contributing to public service ideas (Trischler, 2019). The overall aim is to include the end-user in the design process to capture their experiences and generate new ideas (Taffe, 2015). Users are considered co-designers, where participants who are not trained in design can collaborate throughout the whole of the design process with the aim of achieving a

common goal (Sanders and Stappers, 2008). Co-design requires a diverse range of participants to help explore, develop and test responses to shared challenges (Bloomkamp, 2017).

The designer's role on the other hand, is defined by their ability to observe activity in a critical way (Maher, 2007). The designer is considered a 'sense maker', 'multi-disciplinary guide' and skilled facilitator in the co-design process (Luck, 2007; Sanders and Stappers, 2008; Holmlid, 2009; Manzini, 2015). The designer is significant to the process of engagement by helping shift knowledge and power between different participants and key stakeholders during the process of collaboration (Sinni, 2017). Differences in language and culture can impact participants' communication needs, thus, designers need to ensure communication is responsive and adjusted accordingly (Pirinen, 2016). Pirinen (2016) also refers to going from 'hard' and 'soft' vocabulary, i.e. emphasising feelings, ensuring greater understanding of unfamiliar concepts and less jargon in settings between participating actors.

Nambisan and Nambisan (2013) identify four key roles for participants in the co-design process in public service design, marking the shift from passive beneficiaries to active co-creators. These roles include **Explorers**, who identify and define emerging problems; **Ideators**, who conceptualise novel solutions; **Designers**, who implement solutions to well-defined problems; and **Diffusers**, who facilitate the adoption of solutions among others. The way this study adopts the idea of these roles is by examining the way older immigrant people can step into and engage with co-design – helping participants to move beyond passive recipients of care to active contributors in the co-design process. The research seeks to enable these groups to step into roles such as Explorers or Ideators, ensuring their voices are central to the design and diffusion of public services that meet their needs.

2.2.6 Co-design Tools and Techniques

Co-design explores participant's experiences through emotional elements to enable connection (Bason, 2010) and to bridge the gap between different knowledge domains (Brandt et al., 2013). To start with, tools and techniques in service co-design include touchpoint analysis, stakeholder mapping and service prototyping (Parker and Heapy, 2006). As we move on further into the co-design process, visualisation and prototyping techniques become more critical to help find a common language between different stakeholders in the service co-design or co-creation process (Segelström and Holmlid, 2009; Akoglu, 2016).

Design tools, also referred to as 'tools for conversation' are essential to helping empower users and facilitate collaboration throughout the co-design process (Mattelmäki and Visser, 2011; Dietrich, 2017). Tools can involve creative items or design games, context mapping, and tangible objects that help participants be creative and effectively integrate their shared group resources (Visser et al., 2005; Brandt, 2006; Clatworthy et al., 2014; Vink et al., 2016). Some examples of tools include, posters, slideshows, videos, interactive media, board games and playing cards (Mattelmäki, 2008; Dietrich, 2017).

In the realm of co-design, there is a balance between abstract and tangible tools. Abstract tools, such as 'What if' scenarios, future or fictional narratives, play a crucial role in establishing a space where normal structures of meaning and expectations are bypassed, allowing participants to think creatively beyond conventional boundaries. These approaches enable participants to explore new possibilities and envision alternative futures, fostering innovation and fresh perspectives in the design process.

By carefully choosing and applying these tools, facilitators can better support participants in articulating their ideas, overcoming communication barriers, and ultimately contributing to the creation of more effective and inclusive service designs. The table below presents tools and techniques and their application according to their purpose, as proposed by Sanders et al. (2010). This categorisation helps to clarify how different tools can be strategically employed within the co-design process, ensuring that the appropriate methods are selected to meet the specific needs and goals of the project.

Table 4: Co-design tools and techniques

Tools and techniques	PROBE	PRIME	UNDERSTAND	GENERATE
MAKING THINGS TANGIBLE				
2-D collages: using visual and verbal triggers on backgrounds with timelines, circles.	X	X	X	X
2-D mapping: using visual and verbal components on patterned backgrounds		X	X	X
3-D mock-ups: using e.g. foam, clay, Legos or Velcro-modeling				
TALKING, TELLING, EXPLAINING				
Diaries: and daily logs through writing, drawing, blogs, photos, video, etc.	X	X	X	
Cards: to organise, categorize and prioritise ideas. The cards may contain video snippets, incidents, signs, traces, moments, photos, domains, technologies, templates and what if sentences			X	X
ACTING, ENACTING AND PLAYING				
Board games: game pieces, and rules for playing		X	X	X
Props and black boxes			X	X
Participatory envisioning and enactment by setting users in future scenarios				X
Improvisation				X
Acting out, play acting			X	X

The table is organised by form, i.e. using the 'make, tell, enact' structure of co-design. The 'X' indicates which technique relates to which purpose. **'Probing'** aims to develop a

dialogue between the user and the designer to stimulate the generation of new ideas during the co-design session (Mattelmäki, 2008). '**Priming'** on the other hand, refers to 'training' or 'immersing' participants of the co-design process into the topic that is being discussed, helping to motivate and encourage more meaningful participation (Sanders et al., 2010). '**Understanding'** helps to provide a better understanding of the users' point of view, with '**generating'** helping participants to produce outcomes of the session (Dietrich, 2017).

In summary, the thoughtful integration of both abstract and tangible tools within the co-design process not only facilitates communication and collaboration among diverse stakeholders but also nurtures a creative environment where innovative ideas can flourish. These tools are instrumental in bridging the gap between different knowledge domains, enabling participants to co-create services that are truly responsive to the needs and experiences of the end-users. As such, they form a cornerstone of successful co-design practices, ensuring that the final outcomes are both meaningful and impactful.

2.2.7 Theories and Conceptual Models

Theoretical and conceptual models provide the foundation for understanding complex processes and framing research within a broader context. This section explores key models that underpin the co-design process, particularly in the context of social care services for older immigrant populations. Each model offers specific insights into power dynamics, user participation, and collaborative innovation, contributing to a more inclusive and effective approach to co-design. The inclusion of these frameworks is justified by their ability to address critical challenges in participatory design, such as accessibility, equity, and sustainability. By applying these models, the research aims to establish a robust theoretical base that informs the outcome and practical recommendations.

2.2.7.1 Framework of the Meta-Design Approach

The meta-design approach is a conceptual framework that facilitates deeper engagement between designers and stakeholders, enabling the latter to actively participate in the design process. This approach shifts the traditional role of the designer from a sole creator to a facilitator of participatory and evolutionary design processes (Fischer & Scharff, 2000). Meta-design fosters environments were stakeholders transition from passive consumers to active co-creators, using conceptual tools to shape design outcomes (Fischer, 2000). By prioritising open and evolvable systems, meta-design enables continuous refinement and adaptation, ensuring that designed solutions remain relevant and responsive to evolving user needs (Giaccardi, 2003).

Gerhard Fischer (2000) positions meta-design as a framework that establishes new socio-economic and technical infrastructures to support collaborative design. This framework is particularly valuable in interdisciplinary contexts, where it fosters the emergence of collaborative opportunities that transcend disciplinary boundaries. Key principles underpinning meta-design include convivial tools, domain orientation, open and evolvable systems, under-designed structures, and collaborative work practices. These elements collectively enable stakeholders to invest meaning into their work, focus on tasks, assume ownership of problems, and engage in iterative design elaboration (Fischer & Scharff, 2000; Giaccardi, 2003).

A crucial aspect of meta-design is its emphasis on empowering users to become co-designers rather than mere end-users. However, for vulnerable and marginalised groups, this empowerment is not automatic. Critically applying the meta-design approach necessitates that designers ensure accessibility and inclusivity in the tools and environments created for stakeholder participation. For instance, if a meta-design process relies heavily on digital tools, it may inadvertently exclude individuals with limited digital literacy, thereby reinforcing existing barriers to participation (Bovaird, 2007).

Ensuring inclusivity within the meta-design framework requires a deliberate and reflective approach to co-design. Designers must critically assess whether their environments foster genuine inclusivity by questioning whose voices are amplified and whose are overlooked. This aligns with broader discussions on participatory and user-centred design, which emphasise the importance of representation in the design process (Bovaird, 2007). Practical implementations of inclusive meta-design may involve additional support structures, such as language translation, cultural mediation, or adapted engagement methodologies that accommodate diverse abilities and backgrounds.

Additionally, the meta-design approach intersects with the concept of co-production in public services, wherein users and communities actively shape service delivery and governance (Bovaird, 2007). By framing design as an ongoing, participatory process rather than a fixed outcome, meta-design aligns with broader efforts in social innovation, where power dynamics between designers and users are continuously negotiated and reshaped. In the context of this research, meta-design provides a valuable lens for examining how co-design frameworks can be applied to engage older immigrant populations in public service design. The approach's emphasis on social creativity and the 'symmetry of ignorance' (Fischer, 2000) highlights the importance of integrating diverse perspectives to generate more inclusive and effective design solutions.

2.2.7.2 Normann's 'Relieving Logic' Concept

Normann's Relieving Logic concept introduces a novel approach to service design, positioning the user as a co-producer at the point of service delivery (Normann, 1984; Bovaird, 2007). This model shifts away from traditional provider-centric service delivery, advocating instead for partnership-building and the negotiation of norms and conduct. Within this framework, users are not passive recipients but integral participants in both the design and delivery of services. The *Relieving Logic* model contrasts with Normann's *Enabling Logic*, which sees service professionals facilitating rather than

directly providing services, thereby encouraging greater autonomy among service users (Normann, 1984; Alford, 2009).

This paradigm shift is particularly relevant in co-design contexts, where user involvement is essential for the development of effective and responsive services. It aligns with theories of co-production, which argue that public services can be more effective when users contribute actively to their design and implementation (Joshi & Moore, 2003). The framework also resonates with Arnstein's *Ladder of Participation* (1969), which highlights the varying degrees of citizen involvement in decision-making processes.

However, the *Relieving Logic* framework necessitates careful negotiation of power and expectations between service providers and users. In a critical context, this involves actively dismantling traditional power structures that might otherwise dominate the co-design process (Bovaird, 2007). For example, marginalised users may require additional support, such as culturally appropriate facilitation, language translation, or digital literacy training to fully engage in participatory processes. Ensuring that their contributions are valued equally to those of more powerful stakeholders is crucial to fostering truly inclusive service design (Fischer, 2000).

Empirical studies show the challenges and opportunities of applying Relieving Logic in practice. For instance, participatory budgeting initiatives, such as those in Pôrto Alegre, Brazil, illustrate how power-sharing mechanisms can enable communities to shape public services effectively (Kelly, Mulgan, & Muers, 2002). Similarly, Bovaird (2007) discusses examples of co-produced health services, where patient involvement has led to better healthcare outcomes and more personalised services. These examples highlight the need for structured support mechanisms to ensure equitable participation in co-design initiatives. The Relieving Logic model highlights the importance of rethinking traditional service delivery models. By embedding co-production principles within service design, it is possible to create more inclusive, equitable, and effective services that reflect the needs and aspirations of all stakeholders.

2.2.7.3 Nolan's 'Senses Framework'

Nolan's 'Senses Framework' is a comprehensive model designed to enhance the experience of individuals within care settings by focusing on six key senses: belonging, significance, security, continuity, purpose, and achievement. Each of these senses plays a critical role in ensuring that individuals feel valued, supported, and motivated within their roles (Nolan et al., 2006).

- **Belonging**: To feel part of a defined group with a clear and valued role to play.
- **Significance**: The recognition of having made important contributions.
- **Security**: The freedom to learn and explore roles and competencies within a supportive environment that recognises vulnerabilities.
- **Continuity**: Continuous and integrated exposure to positive and consistent role models and high standards of practice.
- **Purpose**: To have something meaningful and important to aim for, identifying personal and professional goals.
- **Achievement**: The fulfilment of professional goals and development of competencies.

These elements work together to create an environment where individuals can thrive, both personally and professionally, by fostering a sense of identity, purpose, and accomplishment. When applied critically in co-design, particularly with vulnerable populations, it is vital to focus on these emotional and social needs from the outset (Ryan et al., 2008). The 'Senses Framework' also highlights the need for continuity and purpose. In critically applying this framework, designers must consider how to sustain the engagement of vulnerable participants throughout the co-design process and beyond. This involves not only ensuring that participants feel valued during the process but also that the outcomes of the design genuinely reflect their contributions and continue to meet their needs.

By integrating these theoretical and conceptual models, this research establishes a co-design framework that is both inclusive and adaptable to the unique needs of older

immigrant populations. The meta-design approach informs the structure of co-design by positioning older immigrant people as active co-creators rather than passive recipients, ensuring that solutions remain responsive and evolve with their needs. Normann's Relieving Logic further strengthens this framework by challenging traditional power dynamics in service provision, emphasising the role of older immigrant people as partners in shaping public services. Finally, Nolan's Senses Framework reinforces the importance of fostering emotional and social well-being within the co-design process, ensuring participants feel a sense of belonging, significance, and continuity. Together, these models enable the development of a co-design framework that prioritises accessibility, empowerment, and sustained engagement, helping to address key barriers to participation in public service design for older immigrant communities.

2.2.7.4 Arnstein's Ladder of Participation

'Arnstein's Ladder of Participation', introduced by Sherry Arnstein in 1969, remains a foundational framework for examining the power dynamics within participatory processes, particularly in the realms of urban planning and public policy. The ladder metaphorically represents eight levels of citizen participation, ranging from non-participation (manipulation and therapy) through varying degrees of tokenism (informing, consultation, and placation) to genuine citizen power (partnership, delegated power, and citizen control) (Arnstein, 1969). The ladder serves as a tool for understanding how power is distributed in participatory processes, highlighting the varying degrees of influence that citizens can exert over decisions that impact them. The core of Arnstein's Ladder revolves around the concept of power, the extent of power that citizens hold, or are denied, in shaping decisions that affect them. The lower rungs of the ladder, such as Manipulation and Therapy, depict scenarios where citizens are given the illusion of participation, but their input has no substantial impact on decision-making. These levels are characterised by a paternalistic approach, where authorities use participation as a way to control or placate citizens rather than to genuinely involve them in decision-making.

As the ladder is ascended, power dynamics begin to shift, though the balance of power still heavily favours those in positions of authority. The middle rungs - informing, consultation, and placation - represent stages where participation becomes visible, yet its impact remains limited. At these levels, citizens receive more information and opportunities to express their views, but the actual decision-making power continues to reside primarily with officials or other authority figures.

Placation is a particularly significant stage in Arnstein's ladder, as it represents a form of tokenism where citizens and stakeholders appear to have a more substantial role, yet their influence is still constrained. At this level, two-way communication is established, and citizens may be invited to join advisory committees or offer input on decisions. However, Arnstein (1969) critiques placation as a superficial form of participation because, despite the outward appearance of influence, the ultimate power remains firmly in the hands of the authorities.

In the context of co-design, placation can be seen when stakeholders are involved in discussions, workshops, or decision-making bodies, yet the final decisions are still made by those in control, often filtering or moderating the input received. This practice can give participants a false sense of empowerment, while maintaining the existing power structures and limiting the potential for genuine co-design. Arnstein's critique of placation emphasises the need for careful examination of participatory structures to ensure they do not merely serve as "window dressing" (Arnstein, 1969). In placation, the feedback from citizens or stakeholders is often acknowledged but not necessarily acted upon, leading to potential frustration and disillusionment among participants.

Placation highlights the importance of scrutinising participatory processes to ensure they move beyond tokenism. In co-design, achieving meaningful participation requires more than just inviting stakeholders to the table; it necessitates a genuine transfer of power, where the input of participants is not only heard but also has a tangible impact on the outcomes. Arnstein advocates for higher rungs on the ladder - partnership, delegated power, and citizen control - where power is more equitably distributed between citizens and authorities. In the Partnership rung, decision-making responsibilities are shared,

allowing for a more collaborative process where citizens have a meaningful impact on the outcomes of co-design initiatives.

At the levels of delegated power and citizen control, citizens hold significant authority, ensuring accountability and empowering them to shape services, policies, and projects according to their needs and priorities. In a co-design context, reaching these levels would mean that citizens are not only participants but also decision-makers with the authority to implement and oversee the outcomes of the design process. This level of involvement ensures that the final product genuinely reflects the collective input and desires of the community. Achieving these higher levels of participation in co-design requires a deliberate effort to redistribute power. It challenges traditional power structures and necessitates a commitment to ensuring that citizen input is not just symbolic but is integral to the decision-making process.

'Arnstein's Ladder of Participation' provides a strong framework for analysing the dynamics of power within participatory processes, including co-design. The ladder illustrates the degrees of citizen influence, from non-participation and tokenism to genuine power-sharing. Placation, as a middle level, serves as a critical point of analysis, where participation may appear meaningful but often remains superficial, with real decision-making power still concentrated among authorities. Moving beyond placation to higher levels of participation - such as partnership, delegated power, and citizen control - requires a conscious effort to dismantle existing power hierarchies and ensure that citizens have a genuine influence on the outcomes of co-design processes. For co-design to be truly effective, it must strive to reach these higher levels of participation, where citizen input is not only solicited but also actively shapes the final outcomes.

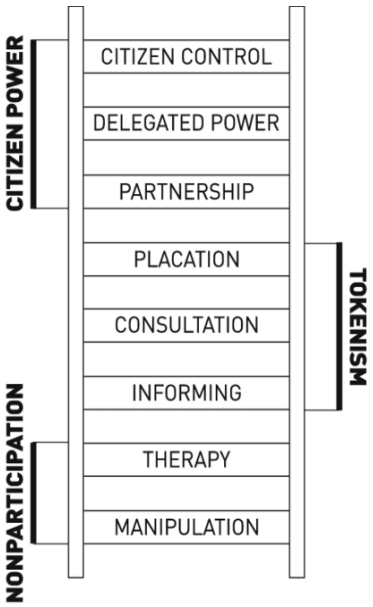


Figure: Arnstein's ladder of participation

Manipulation: This is the initial level at which all citizen-state relations begin. It is considered non-participative and achieves public support through simple public relations.

Therapy: This subsequent level aims to educate or 'cure' participants. It could be considered that in co-design for social care, participants become informed about public care structures and access to care. Very early stages of this process act as a form of engagement with the elderly immigrant user group.

Informing: This level is considered to foster a one-way flow of information during the process of co-design with the user group or stakeholders, no feedback is taken into account in order to improve processes for the future.

Consultation: This level begins to consider power dynamics. Even by applying various ways of consulting the user group and stakeholders thorough public enquiry, this stage of the ladder is still considered a "window dressing ritual", as the final decision is usually still made by those consulting.

Placation: Stakeholders have more of an impact through opinions, ideas and outcomes. Here, two-way communication lays at the core. Hand-picked participants are requested into committees; however, final say remains with power holders in order to judge legitimacy of the feedback collected.

Partnership: At this level, power is redistributed amongst citizens and power holders. Planning and decision-making responsibilities are better shared amongst those involved in the process of co-design or project.

Delegated Power: Citizens have hold much more power on this level, this strictly ensures accountability and discussion on improving service appropriateness is strongly considered. Impact on this level is much more secure.

Citizen Control: This level does not account for intermediaries; all program and project processes are accounted for by the people.

2.2.7.5 Tackling Power Dynamics in Co-design

To further comprehend the dynamics of power and enable meaningful citizen influence and participation, it is essential to critically examine the elements that contribute to or hinder the effectiveness of co-design processes in the public sector. Farr (2018) provides a valuable framework for exploring these dynamics, utilising a set of questions that draw on Archer's realist theory (1995) and case comparative analysis. These questions, which fall into four main categories - 'who is involved,' 'what is the social interaction,' 'how to work within and across structures,' and 'what are the outcomes' - offer a comprehensive approach to identifying and addressing power imbalances in co-design.

One of the critical elements in co-design is understanding **'who is involved**' in the co-design process. This includes recognising the diversity of participants, both in terms of the hierarchical position of staff and the backgrounds of citizens. Farr (2018) suggests that effective co-design requires a deliberate effort to include a wide range of voices,

particularly those from marginalised or underrepresented groups. Acknowledging the role of partner organisations at the local level, such as third sector organisations, is also crucial. These organisations often have closer ties to the communities they serve and can provide valuable insights and resources that might not be available within the public sector itself. While diversity of participation is essential, there is a risk that merely assembling a diverse group of participants does not automatically lead to equitable contributions or outcomes. Power imbalances may persist if not actively addressed, with dominant voices continuing to steer the process. Therefore, it is not only about who is involved but also about how their participation is facilitated and valued.

The second category, **'what is the social interaction**,' focuses on the quality of engagement between participants. Key considerations include ensuring that there is freedom to discuss topics openly and that accessible tools and techniques are used to aid understanding and build trust among different participants and partners. This involves careful attention to the language used, the choice of venues, and the design of activities to avoid barriers that might disengage participants. Moreover, it is vital to challenge existing inequalities and actively empower people, creating an environment where all voices are heard and valued. The nature of social interaction in co-design can be a double-edged sword. On one hand, fostering open dialogue and using accessible tools can democratise the process; on the other hand, if these interactions are not carefully managed, they can reinforce existing power dynamics. For instance, certain participants may dominate discussions, while others may feel excluded or overwhelmed. Therefore, facilitators must be skilled in creating an inclusive atmosphere that encourages equitable participation.

The third category, **'how to work within and across structures**,' addresses the practicalities of navigating organisational and systemic constraints. Co-design offers opportunities to build partnerships between different entities, but it also requires a strategic approach to leverage existing resources and hierarchical positions to enact change. This might involve identifying champions within the organisation who can advocate for co-design and ensuring that these efforts are aligned with broader institutional goals. Working within and across structures can be challenging due to the

often rigid and hierarchical nature of public sector organisations. There is a risk that efforts to enact change through co-design might be stymied by bureaucratic inertia or resistance from those in positions of power. It is crucial to recognise that structural change is a slow process and that co-design initiatives must be persistent and resilient in the face of such challenges.

Finally, the category '**what are the outcomes**' focuses on the impact of co-design on participants and the organisation. Ensuring that there is a clear link between participant values, motivations, and personal agency is key to driving meaningful change. The process should challenge structural and oppressive issues within the organisation and society at large. Additionally, it is important to consider how the outcomes of co-design can be sustained within the organisation over the long term, ensuring that the benefits of the process continue to influence practice and policy. While the outcomes of co-design are often framed in terms of immediate benefits, such as improved service design or increased user satisfaction, it is important to think critically about the long-term impacts. Co-design should not be a one-off event but rather an ongoing process that continually informs and shapes organisational practice. There is also the challenge of ensuring that the insights and changes generated through co-design are embedded into the organisational culture and are not lost once the initial enthusiasm wanes. Below is a diagram showing Farr (2008) questionnaire to help tackle these elements.

WHO IS INVOLVED IN CO-PRODUCTION?
Involving public participants
○ Are a diversity of public participants involved? Who may be excluded from conversations? How can their perspectives be included and accounted for?
○ Are volunteers taking on previously paid staff roles?
○ Are participants being paid appropriately for their time and skills?
Involving staff
○ Are a range of hierarchical levels of staff involved?
○ Are staff given time to get involved or are they expected to contribute in their own time?
○ Which senior leaders can promote these co-production practices? Which key people can help to facilitate change? How can their own interests catalyse their involvement?
Involving other organisations
○ Could trade unions be involved as partners?
○ What service user organisations and movements could be involved?
○ Who else may have skills, resources or knowledge in the area of interest to support collaborative goals (e.g. research, policy, third sector organisations)?
SOCIAL INTERACTION
○ Can staff and service users speak freely about their experiences?
○ What techniques can be used to help see others' perspectives and values?
○ Are involvement methods accessible? • What language is used? Can people express themselves in their own ways? Are diverse forms of knowledge included? • How are agendas agreed? Do professionals cede control? How are conflicting priorities managed? Can common ground be identified? • Are a range of venues and types of activity used to involve different people? Can different activities facilitate connections between different people? • What barriers to involvement exist and how might they be reduced? • Who is disengaging with the process and why?
○ How is trust developing between different partners?
○ How can people's skills be developed? To what extent are the processes empowering people?
○ How does collaboration enable challenging of wider structural inequalities?
WORKING WITHIN AND ACROSS INSTITUTIONAL STRUCTURES
○ Where can collaborative processes build bridges to connect people from different contexts and institutions, to work together to achieve shared goals?
○ What organisational or policy priorities and resources can be harnessed to promote changes?
○ How can bureaucratic structures, resources and roles be used to enable and empower people, as opposed to constrain action?
○ How can hierarchical positions be used to share power and enact changes?
○ At what institutional levels is co-production working (e.g. community/ service/ policy)?
WHAT CHANGES DO PEOPLE MAKE BECAUSE OF CO-PRODUCTION?
○ How are people's values and motivations connected with to generate a sense of personal agency to create changes?
○ Do processes enable collaboration and *power with*, so people can instigate change?
○ Are actions challenging oppressive or paternalistic practices?
○ Are senior staff/managers/policy makers involved in implementing solutions?
○ Is co-production more rhetorical with little transfer of power, or impact?
○ What wider political and structural issues may be setting the conditions of possibility for change? Can any actions bear pressure on these?
○ Are power and resources being transferred from organisations to people who use services?
○ How can co-production and co-design be embedded into everyday practice and systems?

Figure 9: Addressing power dynamics in the co-design process

(Farr, 2018)

In summary, understanding and addressing power dynamics is crucial to the success of co-design initiatives in the public sector. Farr's (2018) framework provides a valuable tool for practitioners to critically reflect on who is involved in co-design, the nature of social interactions, how to navigate organisational structures, and the long-term outcomes of these processes. However, these elements must be approached with a critical awareness of the potential pitfalls and challenges. Diversity of participation, the quality of social interaction, strategic navigation of structures, and the sustainability of outcomes are all areas where power imbalances can persist if not carefully managed. By recognising and addressing these issues, co-design can become a powerful tool for creating more inclusive, equitable, and effective public services.

2.3 Co-design in the UK Public Sector

The adoption of co-design in the public sector reflects a growing recognition of the value of collaborative, user-centred approaches in addressing complex societal challenges. Co-design enables public institutions to involve citizens and stakeholders actively in the development and delivery of services, fostering inclusivity, innovation, and better alignment with user needs. This section explores the evolution, application, and impact of co-design within the public sector, highlighting its potential to transform traditional service delivery models. By examining historical practices, current frameworks, and case studies, this section provides a comprehensive understanding of how co-design has been utilised to bridge the gap between public institutions and the local community.

2.3.1 History of Participatory Design in UK Public Sector

Examining the historical development of participatory design informs this study by contextualising the principles and practices that underpin co-design in the public sector. It reveals the systemic shifts towards inclusivity and user empowerment, offering critical insights into the successes and limitations of past approaches. This understanding allows the research to identify gaps in current practices, such as issues of tokenism and power imbalances, and to propose more effective frameworks for engaging marginalised groups, such as older immigrant people. Furthermore, the historical analysis demonstrates the relevance and adaptability of participatory design principles across different eras and challenges, strengthening the theoretical foundation of this study and its application to modern social care services.

The history of participatory design in the UK public sector is a vital foundation for understanding the development and implementation of co-design practices. Tracing the evolution of participatory initiatives provides context for the current emphasis on user-centred approaches in public service delivery. It highlights milestones such as the Mass Observation group, the Skeffington Report, and the Putting People First programme, which have shaped participatory frameworks and set the stage for modern co-design

practices. These historical insights not only demonstrate the progress made in public engagement but also underline the need for ongoing innovation and inclusivity in addressing societal challenges.

The evolution of participatory practices in the public sector in Britain can be traced through several key initiatives and legislative changes since the post-war period. These developments have significantly shaped the landscape of public engagement and have laid the foundation for contemporary co-design and co-production practices within the UK government. Understanding this historical trajectory is crucial for this research as it informs the design of inclusive frameworks tailored to support vulnerable and underrepresented populations.

One of the earliest and most influential initiatives was the Mass Observation group, established in 1937. This initiative was based on public research and played a crucial role in shaping Britain's public policy between 1937 and the 1960s. The group collected data on the everyday lives of ordinary citizens, which helped to inform government decisions and policies during a transformative period in British history (Hubble, 2010). The data gathered through Mass Observation provided insights into public opinion and behaviours, thus pioneering a form of participatory research that would influence future public sector practices.

In 1969, the publication of the Skeffington Report marked a significant milestone in community involvement and planning within the UK public sector. This report was the first systematic attempt to formalise community engagement in the planning process, specifically examining how the British public could be involved in the early stages of local development plans (Glass, 2017). The Skeffington Report laid the groundwork for more structured and formalised community participation in urban planning, acknowledging the importance of public input in shaping local environments.

Moving into the 21st century, the Putting People First programme represented a landmark in public service reform. It was the first initiative of its kind to be co-developed, co-produced, and co-evaluated with the direct involvement of service users, their carers,

and families. This programme aimed to empower individuals by giving them a leading role in shaping the services they use, particularly in ensuring independent living for all adults. This marked a significant shift towards a more inclusive and participatory approach in public service delivery, where the voices of service users became central to the design and evaluation of services (Carr, 2010).

The Marmot Review, published in 2010, further exemplified the UK's commitment to addressing health inequalities through participatory practices. The review highlighted the social determinants of health and called for a strategic approach that involved communities in tackling health disparities. The recommendations of the Marmot Review have since influenced public health policy, ensuring that community engagement is a key component in the effort to reduce health inequalities across the country (Marmot, 2010)

The Think Local Act Personal Partnership, launched in 2011, was another significant initiative aimed at increasing the range and availability of community-based support across England. This partnership focused on personalising care services and ensuring that local communities had a greater say in the services provided to them. By prioritising local input, this initiative reinforced the importance of community-based decision-making in public service provision (Think Local Act Personal, 2011).

The Localism Act of 2011 further decentralised decision-making power, granting local authorities and residents more control over how their local areas are governed. A major development from this act was the establishment of local committees, which allowed residents to have a direct impact on local governance and service delivery. The Localism Act represents a significant shift towards empowering local communities, fostering greater participation, and ensuring that government decisions reflect the needs and preferences of local populations (Wills, 2016).

Affiliated with the participatory design movement of the 1970s, the UK also saw progress in the development of co-design practices in architecture, urban planning, and community design (Szebeko & Tan, 2010). This period marked the beginning of more

inclusive approaches in these fields, where the input of community members was increasingly recognised as essential in the design process

As these initiatives illustrate, significant changes have taken place since the establishment of the Design Council in post-war Britain. The focus on user-centredness has grown steadily, driven by a deeper understanding of user needs and the complexity of modern service systems. The evolution in technology and the need to improve siloed government structures have further prompted a more integrated approach to public service delivery, aiming to achieve better outcomes through enhanced user engagement.

The evolution of participatory practices in post-war Britain has been characterised by a gradual but significant shift towards more inclusive and user-centred approaches in public service development. Initiatives such as the Mass Observation group, the Skeffington Report, and the Putting People First programme have paved the way for modern co-design and co-production practices. These developments have empowered citizens, enhanced community engagement, and fostered a more collaborative relationship between the public and the government. As a result, the UK's public sector has become more responsive to the needs of its citizens, ensuring that services are designed and delivered in a way that truly reflects the aspirations and requirements of the communities they serve. The table below examines these key developments and their impact on UK government user engagement practices, as well as their broader implications for society.

Table 5: History of participatory design in UK public sector

Date	Major UK Development	Goal, value, impact
1930-1950	Post-war Britain Participatory techniques slowly emerge in urban development and planning processes, helped along by central and local government officials	Goal: Redevelopment of post-war urban environments. User engagement, user surveys and consultation taking place in reconstruction efforts and to improve lives. UK Gov. hires the 'Mass Observation' Group to help establish the public's needs and wants from housing / social housing
1943-1944	Stepney Green Reconstruction Group	Surveyed users about their infrastructure needs (post-war Britain rebuilding communities). These drove much of the public engagement activities in the UK today
1944	Hugh Dalton (president of the Board of Trade) founds 'The Council of Industrial Design' known today as the 'Design Council'	Goal: To 'promote the improvement of design in the products of British industry' in post-war Britain. Major significance: promoting inclusive design across all sectors. Impacts the perception on the importance of design and inclusive methods for research
1960s	Design Thinking and Human-Centred Design practice begin being more established in the public sector	'The call for public participation was renewed' due to undemocratic approaches by governments across the world. Increase in the difference between lip-service and meaningful public engagement
	Participatory Design practice	'Dubbed the Scandinavian approach', method acknowledged as Participatory Design
1969	UK Government publishes the 'Skeffington Report' to accommodate better public consultation and engagement programs	Goal: To set out plans on involving the public in post-war Britain in decision-making for urban planning and development. Increased public engagement methods begin taking place
2007	'Putting People First' program run by Department of Health	The 2000s sees an expansion of community involvement efforts from UK government. Influenced the initiation of 'Think Local Act Personal' partnership
2010	Government publishes 'The Marmot Strategic Review'	Report aimed to review health inequalities and establish new ways the public and third sectors can adopt new roles and take more control. Significant shift towards improved public participation
2011	Launch of 'Think Local Act Personal' partnership	Goal: Partnership coordination between communities and national organisations (NHS, local and central government), offering predominantly community-based support
	Launch of Government Digital Service (Gov.UK) – Fundamental change to the way central government public services are designed and delivered	Goal: To transform online public services. Impact on increased focus on improving service design, user engagement and better user-centredness, inclusivity criteria and practice, in-depth research, information restructuring, simplification of steps, larger focus on frictionless user experience. Helps teams in government to work with each other. Challenges: successfully translating practice for local authorities
	UK Government enacts 'The Localism Act'	Goal: To relinquish more decision-making power to local authorities. In turn, this offers local people more choice over how their local councils are governed; and on how to involve the public in decision-making through the establishment of local committees

(Adapted: Make Good, 'A History of Participatory Design', 2017)

2.3.2 Co-design Case Studies in UK Public Sector

Co-design has emerged as a pivotal approach in public service development, particularly within the context of increasing complexity in societal challenges and the demand for more collaborative and citizen-centred approaches. The IBM Centre for the Business of Government (Nambisan and Nambisan, 2013) outlines four key roles for citizens in the co-design and co-creation of public services: explorers, ideators, designers, and diffusers. These roles highlight the essential need to involve citizens in service co-design, redefining their engagement with public services to better address complex issues through collaborative methods.

In healthcare innovation, co-design has been instrumental in improving various aspects of service quality. For instance, the former National Health Service Institute for Innovation and Improvement (NHS III) developed the **Experience-Based Co-Design (EBCD)** toolkit between 2005 and 2013. This toolkit aimed to involve non-design users - particularly patients - directly in the service development process, marking a significant shift towards patient-centred care (Bate, 2007). This initiative exemplified the growing recognition of the value of patient involvement and primary data collection in public service development, tipping the scales of power towards more inclusive practices.

Participation in co-design processes varies in degrees, reflecting different levels of engagement from abstract to concrete. Lee (2006) categorises these levels as public participation in abstract space, community participation in concrete space, and design participation within the overlap space, which he terms the 'realm of participation.' Active participation by patients and service users in clinical care and quality improvement has been shown to significantly enhance project outcomes (Bowen et al., 2010). This is evident in UK strategies such as the Social Value Model for service development, as outlined in the Public Services (Social Value) Act 2012, and the ‘Turning Point Connected Care Model’ (Bauer and Fernandez, 2012; Turning Point, 2012).

The Public Services (Social Value) Act 2012, which introduces the Social Value Model, emphasises the importance of considering the social, economic, and environmental value that contracted services bring to local communities. By embedding specific criteria into service commissioning processes, this model ensures that potential social benefits are considered before contracts are awarded, thereby enhancing community engagement and service quality. This model operates within the framework of EU procurement rules and is upheld by local councils across the UK, providing a structured approach to integrating social value into public service delivery (Public Health England, 2015).

In contrast, the **'Turning Point Connected Care Model'** represents a peer-led approach that trains local community members to act as researchers in the co-development of services and solutions. This model shifts the balance of power in favour of local people, fostering bottom-up approaches that are more community-focused (Bruce et al., 2011). Since its inception, the Connected Care Model has significantly contributed to the development of new community networks and improved the uptake of services within local communities, highlighting the effectiveness of engaging diverse stakeholders throughout the service development process (Bauer and Fernandez, 2012; Turning Point, 2012).

Research on co-design in healthcare services, particularly with elderly participants, has identified several key benefits of employing co-design as a means of enhancing service delivery and systems. Steen et al. (2011) categorise these benefits into four main areas: improving idea generation, enhancing the service itself, refining project management, and ensuring long-term impact. These benefits underscore the value of co-design not only in improving the immediate outcomes of service development projects but also in fostering sustainable practices that continue to benefit users and organisations over time.

In summary, co-design in public service development serves as a crucial mechanism for enhancing the inclusivity, effectiveness, and sustainability of services. By actively involving citizens and service users in the design process, co-design bridges the gap

between different knowledge domains, empowers communities, and ensures that services are better aligned with the needs and expectations of those they serve. The continued evolution of co-design practices, as exemplified by models like the **Social Value Model** and the **Connected Care Model**, demonstrates the growing importance of collaborative approaches in addressing complex public sector challenges.

The examination of co-design case studies offers valuable insights into how participatory approaches are applied in real-world settings. These case studies highlight the practical benefits and challenges of co-design, illustrating its impact on service innovation, user engagement, and community well-being. By analysing examples such as **Experience-based Co-design** (EBCD) and the **Turning Point's Connected Care Model**, this section explores the tangible outcomes of co-design in public services. These case studies provide a critical foundation for understanding how co-design principles can be effectively implemented, offering lessons that inform the development of more inclusive and responsive service frameworks.

2.3.3 Experience-based co-design (EBCD) for Public Services

The experience-based co-design is a method created by the National Health Service (NHS) in the UK, that combines user-centred design and participatory design to identify areas for improvement of healthcare services (Dimopoulos-Bick et al., 2018; Ziebland et al., 2013). The **EBCD principles** focus on staff and service users actively working together towards decision making throughout the entire service improvement process (Dimopoulos-Bick et al., 2018). EBCD centres subjective, personal feelings and experiences of service users, carers and staff to help improve 'moments that form a person's overall experience of a service' (Donetto et al., 2014; 2015).

While there are clear and demonstratable benefits to EBCD, Dimopoulos-Bick et al. (2018) outline two major challenges: 1. Service users and staff can find it difficult to reconfigure relationships and the balance of power; and 2. The challenge for service

users is the need to balance their intrinsic motivation to improve health care with life demands.

2.3.4 The Turning Point's 'Connected Care Model'

The Turning Point's 'Connected Care Model' is a peer led model, based on training people from the local community to act as researchers to help develop services and solutions together for the community. **The Turning Point's Connected Care Model** represents a significant departure from traditional top-down approaches to public service design by empowering local communities to co-create solutions tailored to their specific needs (Bruce et al., 2011; Bauer and Fernandez, 2012). As a peer-led initiative, the model focuses on training community members to act as researchers, embedding lived experience into the design process. This approach fosters a bottom-up methodology that prioritises local knowledge and strengthens community ownership over services. However, this model also faces critical challenges. The reliance on community members as researchers requires robust support mechanisms, such as training, mentoring, and sustained funding, to ensure the quality and consistency of outcomes (Carr, 2010; Turning Point, 2012). Moreover, power dynamics within communities can affect whose voices are prioritised, potentially marginalising less dominant perspectives if not carefully managed (Bovaird and Loeffler, 2013). Despite these challenges, the *Connected Care Model* offers a promising framework for enhancing trust, accountability, and relevance in public service delivery. It demonstrates the potential for participatory approaches to not only address immediate service gaps but also build long-term capacity and resilience within communities, making it a valuable contribution to the broader co-design discourse (Bauer and Fernandez, 2012).

2.3.5 The Value of Co-design in UK Public Service Development

There is substantial evidence indicating that co-design with users has the potential to generate innovative service ideas that more effectively address user needs (Steen et al., 2011; Patrício and Fisk, 2013; Chang and Taylor, 2016; Trischler et al., 2019). This body of

research suggests that involving users in the design process leads to services that are better tailored to their requirements, thereby increasing the overall effectiveness and satisfaction of the services provided. Additionally, some scholars argue that co-creation is an inherent aspect of services, setting them apart from goods, as services inherently involve an interaction between providers and users that contributes to value creation (Blau, 2009).

In the context of public services, the concept of co-production has been particularly influential. Bovaird and Löffler (2012) provide a key definition of community co-production of public services, describing it as the public sector harnessing the assets and resources of users and communities to achieve better outcomes or reduce costs (Governance International, 2011). This approach challenges the traditional view of the service consumer as a passive recipient and redefines users as active contributors who are essential to making services work. According to Bovaird and Löffler (2012) service users are crucial to the functioning of services; possess knowledge that professionals may not have; are resource-rich and willing to assist others; have diverse capabilities and are valuable contributors to their communities; can act as potential marketers for the public services they receive; engage in collaborative rather than paternalistic relationships with staff, other service users, and the public.

2.3.6 The Role of Value Creation in Co-design

Value creation in the co-design process occurs before the service is even utilised. Co-design refers to the sustained involvement of users and other stakeholders throughout the design process, which contrasts with co-creation that generally relates to value creation during the actual use of a service. Vink et al. (2016) argue that **Service-Dominant Logic** (SDL) provides a valuable framework for positioning co-design within the value creation process, helping to re-frame the role of co-design in relation to service delivery.

Co-design and social capital

Co-design is also instrumental in building sustained social capital. Through the co-design process, participants experience a sense of involvement and ownership, which strengthens community bonds and empowers individuals (Bradwell and Marr, 2008). This increased social capital contributes to the overall success and sustainability of the co-designed services.

Co-design and community well-being

The impact of co-design extends to community well-being. When local actors collaborate to address shared concerns and solve local problems, the result is successful community development, which enhances the well-being of the community (Matarrita-Cascante, 2008; Claude, Bridger, and Luloff, 2000; Theodori, 2000). Co-design processes that engage community members in meaningful ways lead to more robust and resilient communities.

Building meaningful relationships through co-design

Co-design forges meaningful relationships by bringing together diverse groups of people, facilitating the creation of strong social connections (Alam, 2002). These relationships are crucial in addressing issues such as disengagement and low trust in government (Bradwell and Marr, 2008; Blomkamp, 2017). Co-design techniques explicitly focus on exploring people's experiences through service touchpoints, stakeholder mapping, and prototyping, with an emphasis on emotional elements. This focus helps to build strong, trust-based relationships between service users and staff (Bason, 2010; Parker and Heapy, 2006).

Co-design as a vehicle for co-learning

Another significant benefit of co-design is its role in generating co-learning. Participants gain a deeper understanding of the context - such as the social care service system, by engaging in the co-design process (Schuler and Namioka, 1993; Muller, 2002; Alam, 2002; Light and Seravalli, 2019). This continuous learning and innovation are essential for adapting services to meet evolving needs (Burns et al., 2006).

Externalities in Co-Production

Finally, Bovaird and Loeffler (2010) explore the value created by 'collective' co-producers, which they term 'externalities in consumption'. This concept refers to the additional value generated by co-production processes that benefit three key stakeholder groups:

- People close to the user: carers, friends, and volunteers who benefit from improved service outcomes that help maintain the user's quality of life
- Other users: individuals who learn how to better utilise the service, improving their own outcomes
- Other people: future service users who are reassured by the effectiveness of the service, knowing that it will meet their needs when required

In conclusion, co-design and co-production in public services have been shown to significantly enhance the innovation, effectiveness, and relevance of services by involving users and communities directly in the design process. These approaches transform service users from passive recipients to active contributors, creating value both before and during the service's use. Co-design not only fosters innovation and improves service outcomes but also strengthens social capital, enhances community well-being, and builds meaningful relationships among stakeholders. The collective value generated through co-production further underscores the importance of these participatory approaches in public service delivery, highlighting their potential to improve the quality of life for individuals and communities alike.

2.3.7 Barriers to Co-design in the UK Public Sector

Different organisations exhibit varying levels of maturity in their utilisation of design, as highlighted by Brown (2009). While some companies have embraced design thinking and co-design practices, others have been slow to adopt these approaches due to a range of internal and external factors. The adoption of co-design within companies often faces resistance because it challenges existing professional hierarchies, contradicts traditional consumerist approaches, and is perceived as an academic endeavour with limited relevance to business outcomes (Sanders and Stappers, 2008). In the public sector, the challenges are somewhat different but no less significant. Here, the fear of novelty, risk aversion, and prejudice against unconventional working methods often impede efforts to experiment with service design and co-design initiatives (Bason, 2014; Kurronen, 2014; Pirinen, 2016).

Bovaird and Löffler (2013) discuss several barriers to co-production in the public sector. These include funding and commissioning obstacles, difficulties in generating evidence of value that satisfies stakeholders such as users, professionals, funders, and auditors, the need for developing professional skills to mainstream co-production, and the broader issues of risk aversion and reluctance among political and professional circles to relinquish status and control.

Pirinen (2016) further elaborates on specific barriers and challenges to incorporating service co-design in the public sector context, identifying the following issues:

- **Administrative language barriers**: the use of specialised administrative language, unfamiliar words, and terms often leads to misunderstandings. These barriers can be mitigated through personal, face-to-face communication, but they remain a significant challenge in large organisations
- **Conflicting goals and expectations**: different stakeholders may have varied, and conflicting, goals and expectations, which complicates the co-design process

- **Organisational complexity**: the size and complexity of public sector organisations, with their intricate processes and procedures, create additional layers of difficulty in implementing co-design effectively
- **Lack of ownership and leadership**: successful co-design requires strong leadership and a sense of ownership, both of which are often lacking in public sector initiatives
- **Lack of commitment to co-design**: there is often a lack of genuine commitment to co-design principles, resulting in superficial or tokenistic efforts rather than meaningful engagement
- **Resource constraints**: a lack of time, resources, and funding dedicated to co-design activities, which limits the scope and impact of these initiatives.
- **Personal motivation and incentives**: the absence of personal motivation and appropriate incentives for staff can lead to disengagement and low participation in co-design efforts

Several other limitations towards the application of co-design in the governmental context have been identified. One significant issue is the diminished control over projects within a co-design setting, as it necessitates the involvement of numerous people, departments, and organisations (Roser and Samson, 2009; Hoyer et al., 2010; Steen et al., 2011). This involvement inherently increases the complexity of projects, requiring careful coordination and a sensitive approach to the different objectives and interests of the various stakeholders involved (Strange, 2016). Additionally, there is often reluctance to implement findings from co-design processes, stemming from bureaucratic systems' lack of built-in mechanisms for experimentation and responsiveness. The perception of co-design's legitimacy within these systems is often low, further hindering effective implementation (O'Rafferty et al., 2016; Strange, 2016). Pirinen (2016) also highlights the inherent tension in applying co-design to services, where traditional structures may resist such participatory approaches.

Another set of challenges revolves around participant engagement and the emotional dynamics involved in co-design. Participants' willingness to engage is crucial for the success of co-design, yet this can be hindered by feelings of inadequacy among users

who may not feel equipped to contribute meaningfully. Trust issues also play a significant role; without a foundation of trust, the co-design process can falter. Meaningful engagement with participants is essential to achieving true user empowerment and ensuring that their input has a genuine influence on the outcomes.

In summary, while co-design offers substantial potential for innovation and improved public service delivery, its implementation is fraught with challenges across different organisational and governmental contexts. Resistance to co-design within companies often stems from its challenge to existing hierarchies and consumerist models, while in the public sector, risk aversion, and traditional working methods pose significant barriers. Additional challenges include the complexity of coordinating diverse stakeholders, the reluctance to implement co-design findings, and the critical issues of participant engagement and trust. Overcoming these barriers requires not only a commitment to the principles of co-design but also an organisational culture that values collaboration, experimentation, and responsiveness. Addressing these challenges is essential for realising the full potential of co-design in creating services that meet the needs of users.

2.4 Co-design Frameworks Analysis

This section of the study critically analyses two frameworks, the *Steady, Walking, Talking* Co-design Framework (Wright et al., 2021) and the *Generative Co-design Framework for Healthcare Innovation* (Bird et al., 2021), to identify key components, strengths, and relevance to co-designing social care services for older immigrant populations. These frameworks were selected for their alignment with the research objectives and their ability to address complex societal challenges through culturally aware, iterative, and participatory approaches.

The *Steady, Walking, Talking* Framework offers a culturally sensitive methodology rooted in Indigenous practices, emphasising trust-building and decolonising service delivery. Its focus on engaging Aboriginal Elders and youth shows how culturally secure practices can empower marginalised communities and challenge systemic inequalities. This provides valuable insights into how cultural leaders and community advocates can play a central role in co-design processes for diverse populations.

The *Generative Co-design Framework* complements this by offering a systematic and adaptable approach to user engagement. Its iterative and collaborative design principles address hierarchical barriers and ensure stakeholder inclusion throughout the development process. This aligns with the need for adaptable frameworks in designing public services that accommodate the dynamic needs of immigrant communities. By comparing these frameworks, this analysis explores their applicability in addressing cultural sensitivity, user engagement, and inclusivity within social care services, contributing to the development of more effective co-design practices.

2.4.1 'Steady, Walking, Talking' Co-design Framework

The paper *"Our journey, our story: a study protocol for the evaluation of a co-design framework to improve services for Aboriginal youth mental health and well-being"* by Wright et al. (2021) seeks to address the critical need for culturally secure mental health

services for Aboriginal youth in Australia. The study is rooted in the understanding that colonial policies have had lasting and intergenerational effects on Aboriginal communities, contributing to significant mental health challenges among Aboriginal youth. The research focuses on evaluating the effectiveness of the ***Steady Walking Talking* co-design framework**, which was developed to improve the accessibility and responsiveness of youth mental health services to better serve Aboriginal young people. This framework is grounded in Indigenous methodologies and emphasises the importance of **building culturally secure services** through collaboration with Aboriginal Elders, youth, and mental health service staff.

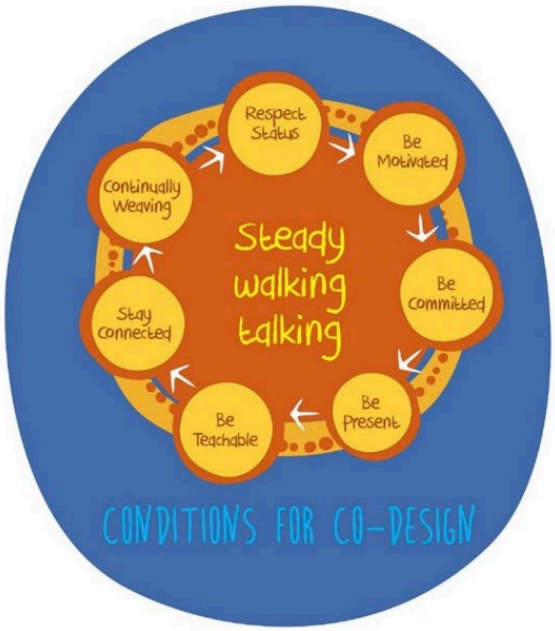


Figure 10: Steady, Walking, Talking' Co-design Framework

(Wright et al., 2021)

2.4.1.1 Key strengths of the co-design framework

This framework is decolonising in nature, privileging Aboriginal ways of being, knowing, and doing. It emphasizes seven culturally informed conditions for relationship building, supported by experiential learning sessions led by Aboriginal Elders. The framework's strength lies in its ability to model the interconnectedness of Aboriginal protocols,

values, beliefs, and research practices within Indigenous methodologies. The approach is innovative because it not only involves Aboriginal people in the co-design process but also actively challenges and seeks to change the organisational culture of mainstream mental health services. This includes addressing power imbalances, stigmatisation, and bias within these services. The framework has been validated through years of participatory action research with Nyoongar Elders and is applied to ensure that the mental health services provided are culturally secure and responsive to the unique needs of Aboriginal youth. The study's goal is to establish and sustain partnerships that allow for the co-design of service models, systemic interventions, and evaluation tools that genuinely reflect the needs and perspectives of Aboriginal communities, particularly youth.

2.4.1.2 Engagement Stage

The framework is rooted in Aboriginal cultural practices and Indigenous methodologies. The culturally grounded approach aims to create services that are accessible and responsive to the needs of Aboriginal young people. By favouring Aboriginal approaches, knowledge, and experiences, the framework helps to challenge the colonial and Eurocentric practices of mainstream mental health services.

The study adopts an approach aims to challenge power and 'knowledge' imbalances, stigma, and bias within public services. This approach is innovative and important for addressing the historical and ongoing impacts issues found in these communities, by reframing responses to health inequities. Building on elder's experience and values. Their cultural leadership and insights are essential for ensuring that the services designed are culturally appropriate and effective. The commitment to including these voices throughout the research process, from design to implementation, strengthens the validity and relevance of the findings. The use of participatory action research is a significant strength. PAR aligns with collective cultural practices, emphasising mutual respect, co-learning, and shared decision-making. This approach ensures that the

research is community-led, fosters trust and long-term engagement between Aboriginal communities and public services.

2.4.1.3 Key Components of the Co-design Framework Relevant to this Study

Overall, this paper offers a well-constructed, insightful, and culturally sensitive approach to enhancing mental health services for Aboriginal people. The study's strengths are rooted in its culturally grounded co-design framework, the use of participatory action research, and its decolonising methodology. However, there may be challenges related to the generalisability of the findings and the complexity of implementing the proposed framework.

The relationship between Aboriginal people in Australia and the government has historically been fraught with deep mistrust, particularly regarding institutional interactions. In the context of mental health services, self-determination is crucial, yet it is often lacking in both policy and practice. The author of the journal underscores the importance of culturally secure services that acknowledge and integrate Aboriginal cultural practices and worldviews. This consideration is essential not only for Aboriginal communities but also resonates with the cultural needs of older immigrant populations in the UK. While the contexts differ, the importance of recognising and incorporating key cultural aspects and worldviews in the co-design process is a shared priority, as highlighted in primary research and in-depth interviews conducted during this study.
The co-design framework outlined in the paper identifies seven culturally informed conditions that model the interconnected relationship between the values, beliefs, and practices of the Aboriginal community.

The strengths of the framework are that it is designed to promote intended outputs and outcomes through a culturally grounded and relationship-based process. It incorporates culturally appropriate evaluation tools to assess the effectiveness of services in meeting the specific needs of Aboriginal youth. Additionally, the framework carefully evaluates the key attributes of a "culturally secure health service." This involves considering

whether these services effectively address the needs of Aboriginal people while acknowledging the variations in perceptions, cultural norms, and beliefs among different Aboriginal communities - factors that significantly influence their interactions with public services. Furthermore, the study highlights the importance of engaging stakeholders as co-researchers, ensuring that the research process remains both collaborative and inclusive. This approach not only aims to improve service delivery for Aboriginal communities but also offers valuable insights for applying culturally sensitive co-design processes in other contexts, such as with immigrant older adults in the UK.

2.4.2 Framework 2: ‘A Generative Co-design Framework for Healthcare Innovation’

The paper "A Generative Co-Design Framework for Healthcare Innovation: Development and Application of an End-User Engagement Framework" by Bird et al. (2021) presents a structured approach to improving healthcare services through active end-user engagement. The study is grounded in the belief that involving end-users - patients, healthcare providers, and other stakeholders directly in the design process is essential for creating services that are both innovative and responsive to user needs. The framework developed by Bird et al. is intended to facilitate this engagement by providing a clear and actionable model for co-design within the healthcare setting.

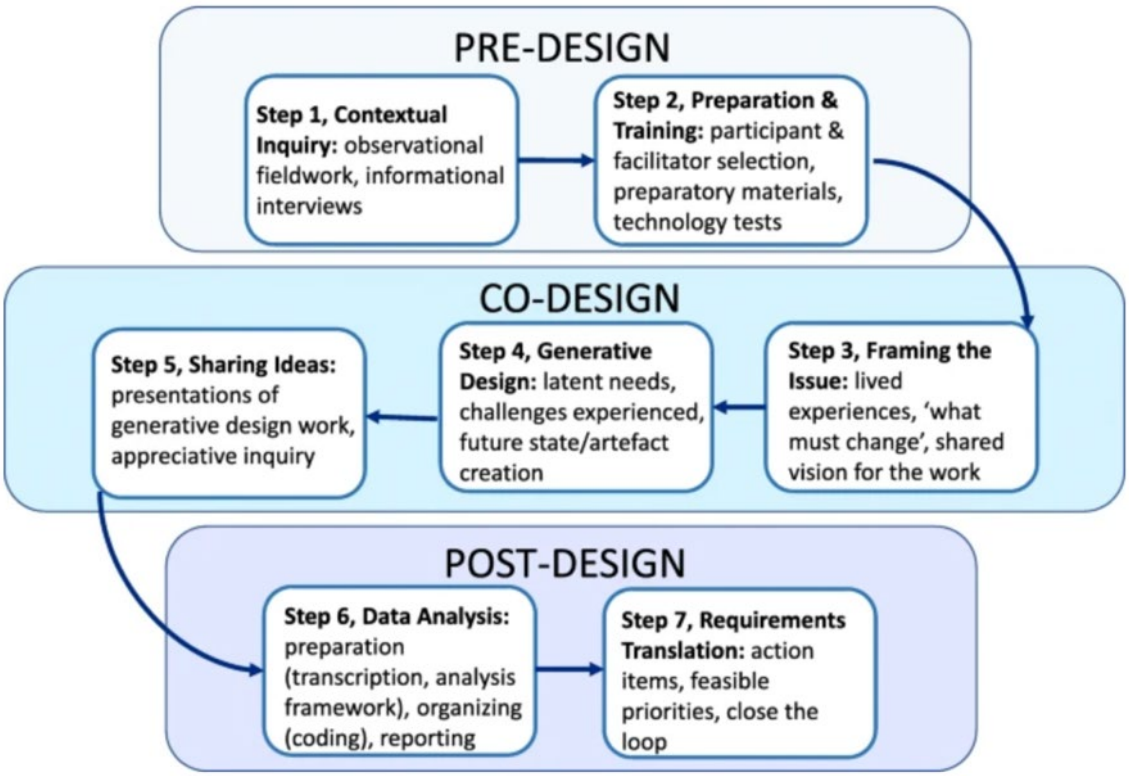


Figure 11: A Generative Co-design Framework for Healthcare Innovation

2.4.2.1 Key Strengths of the Co-design Framework

The generative co-design framework presented by Bird et al. (2021) is notable for its structured approach to fostering healthcare innovation through user engagement. One of the key strengths of this framework is its emphasis on generative methods, which actively involve end-users in the creation of service concepts and solutions. This participatory approach is crucial in healthcare, where the needs and experiences of patients and providers are central to effective service design.

Another strength of the framework is its focus on iterative development. The framework is designed to be flexible and adaptive, allowing for continuous feedback and refinement of ideas. This iterative process is particularly valuable in the healthcare sector, where the dynamic nature of patient needs, and technological advancements requires ongoing adaptation.

Moreover, the framework promotes multi-disciplinary collaboration, bringing together stakeholders from various fields such as healthcare, design, and technology. This collaborative approach ensures that the solutions developed are comprehensive and consider the diverse perspectives and expertise needed to address complex healthcare challenges. The framework also incorporates evaluation tools that are culturally and contextually appropriate, ensuring that the outcomes are relevant and applicable across different healthcare environments. By integrating these tools, the framework not only aims to generate innovative solutions but also to validate their effectiveness in real-world settings.

2.4.2.2 Engagement Stage

The engagement stage of the framework is critical to its success, as it directly involves end-users in the design process. Bird et al. (2021) emphasises the importance of contextual understanding, where the specific needs, values, and constraints of the healthcare setting are carefully considered. This approach ensures that the co-design process is grounded in the realities of the environment in which the services will be implemented. The framework's user-centred focus aligns with principles of human-

centred design, ensuring that the perspectives and experiences of end-users are at the forefront of the innovation process. By involving end-users early and throughout the process, the framework helps to ensure that the solutions developed are not only effective but also embraced by those who will use them.

Power dynamics are also addressed within the framework. Bird et al. (2021) recognise that healthcare settings often have hierarchical structures that can inhibit open collaboration. The framework includes strategies to mitigate these dynamics, encouraging a more equitable participation from all stakeholders. This is particularly important in healthcare, where the voices of patients and lower-level staff might otherwise be overshadowed by those of more senior professionals. The framework also emphasises collaborative prototyping, where ideas are not only discussed but also visualised and tested in a collaborative manner. This hands-on approach allows stakeholders to see the tangible implications of their input and adjust as needed before full-scale implementation.

2.4.2.3 Key Components of the Co-Design Framework Relevant to This Study

Bird et al.'s (2021) framework provides a comprehensive, adaptable approach to healthcare innovation that is deeply rooted in the principles of co-design. Its strengths lie in its generative, iterative, and collaborative methods, which are crucial for developing user-centred healthcare services. The framework's emphasis on engaging end-users and addressing power dynamics within healthcare settings makes it particularly relevant for complex, multi-stakeholder environments.

However, there are potential challenges in applying this framework, particularly in terms of scalability and generalisability. The framework is designed to be adaptable, but its effectiveness may vary depending on the specific context and the resources available. Additionally, the framework’s reliance on deep, ongoing user engagement may present difficulties in settings where resources are limited or where stakeholders are resistant to participatory approaches.

Overall, Bird et al.'s (2021) framework offers a valuable contribution to the field of healthcare service design. It provides a structured, yet flexible approach to co-design that is well-suited to addressing the complexities of healthcare innovation. The framework's focus on iterative development, multi-disciplinary collaboration, and culturally appropriate evaluation tools ensures that the services developed are not only innovative but also grounded in the real-world needs of end-users. This framework, while tailored to healthcare, offers insights that could be applicable in other contexts where user engagement and iterative development are critical. For instance, the principles and strategies outlined by Bird et al. could inform the design of services in other sectors, such as social care or education, where the involvement of end-users is equally important.

2.4.3 Justification for Selection of Two Co-design Frameworks for Comparison

Some of the key elements for the selection of two co-design frameworks fall into 5 main categories. Firstly, alignment with research objectives: both frameworks 1 and 2 align with the research objectives of this study. This study focuses on co-designing social care services for older immigrant populations. **Framework 1** (Steady, Walking, Talking Framework) prioritises culturally secure methodologies, decolonising practices and long-term community engagement. It uses community-led participatory action research which mirrors this study's aim to integrate the perspectives of marginalised groups. Framework 1 incorporates Aboriginal Elders as cultural leaders, which can serve as a model for involving community leaders or advocates from immigrant populations in this study.

Framework 2 (Generative Co-design Framework) emphasises user engagement and iterative development, directly aligning with the need to co-create solutions that reflect the nuanced and evolving needs of user groups. Framework 2 explores how to mitigate hierarchical barriers in healthcare design, offering strategies that could be adapted to the interactions between social care services (or public services) and immigrant communities.

Framework 1, **'The Steady, Walking, Talking Framework'** contributes a culturally grounded, trust-building methodology that aligns with relational identity and psychological impact of immigration that is being highlighted in this study. Framework 2 on the other hand, **'The Generative Co-Design Framework'** offers a systematic, iterative design approach that ensures adaptability and stakeholder inclusion in different contexts, which helps align with the implementation requirements in the design for public services.

2.4.4 Key Findings from Co-design Framework Analysis

Importance of cultural sensitivity and inclusivity is the focus of the "Steady, Walking, Talking" Co-design Framework by Wright et al. (2021), which underscores the necessity of creating culturally secure services, particularly in contexts where there is a history of marginalisation, such as the Aboriginal communities in Australia. For local government in the UK, this highlights the importance of integrating cultural practices, values, and worldviews of older immigrant populations into the co-design process. Ensuring that services are culturally appropriate and reflective of the diverse needs of vulnerable communities is crucial for their effectiveness and acceptance.

Bird et al. (2021) also highlight the importance of multidisciplinary collaboration in the co-design process, bringing together diverse expertise from fields such as healthcare, design, and technology. In the UK, fostering collaboration between local government, service designers, community leaders, and other relevant stakeholders can enhance the comprehensiveness and effectiveness of the co-design framework. This approach ensures that the solutions developed are holistic and address the complex needs of vulnerable populations.

Both frameworks emphasise the need to address power dynamics within the co-design process. Wright et al. focus on challenging colonial legacies and biases within service delivery, while Bird et al. acknowledge the hierarchical structures in healthcare that may

inhibit open collaboration. In the UK context, it is vital to create a co-design framework that actively works to mitigate power imbalances, ensuring equitable participation from all stakeholders, especially those from marginalised or vulnerable groups. Finally, both frameworks incorporate tools that are culturally and contextually appropriate, ensuring that the outcomes are relevant and applicable. The emphasis on feedback loops and iterative improvement in Bird et al.'s framework is particularly relevant. For the UK context, embedding robust evaluation mechanisms within the co-design framework will enable local governments to continuously assess and refine the services they provide, ensuring they meet the evolving needs of vulnerable populations.

2.5 Service Design

Service design within local government in the United Kingdom encompasses a range of features that are geared towards improving the efficiency, accessibility, and responsiveness of public services. These features are underpinned by principles of user-centred design, which emphasise the importance of understanding the needs and experiences of service users, particularly those from diverse and marginalised communities (Parker & Heapy, 2006). Services are fundamentally distinct from physical products in that they manifest as activities or performances rather than tangible assets. Unlike products, services are inherently intangible, often inseparable from the provider, variable in quality, perishable, and lack ownership (Kotler and Armstrong, 1996; 2010). To fully grasp how co-design can be effectively employed in service development, this section delves into the key principles, activities, and structural elements of service design.

2.5.1 Key Principles of Service Design

The following principles are critical to the successful design and delivery of services, particularly when leveraging co-design approaches:

Human-Centred: a human-centred approach prioritises the experiences of all individuals impacted by the service. It ensures that the design process considers the needs, desires, and limitations of the service users and other stakeholders, creating services that are more responsive and accessible.

One of the core features of service design in UK local government is the adoption of a user-centred approach. This approach prioritises the needs and experiences of citizens in the design and delivery of public services. It involves extensive user research, including interviews, surveys, and ethnographic studies, to gain deep insights into the challenges and needs of service users (Parker & Heapy, 2006). By placing users at the heart of the design process, local governments aim to create services that are more accessible,

intuitive, and aligned with the real-world experiences of the people they serve (Design Council, 2013).

Collaborative: effective service design is inherently collaborative, requiring the active engagement of stakeholders from various fields and backgrounds. By bringing together diverse perspectives, the service design process can produce more innovative and comprehensive solutions.

Co-design is another significant feature of service design in local government, where stakeholders, including citizens, service providers, and policymakers, collaborate in the design process. This collaborative approach ensures that the services developed are reflective of the diverse needs and perspectives within the community (Bovaird & Loeffler, 2012). Co-design fosters a sense of ownership and accountability among all stakeholders, leading to services that are not only more effective but also more sustainable over the long term (Bradwell & Marr, 2008).

Iterative: services must be continually adaptive, embracing an experimental and exploratory approach. This iterative process allows for ongoing refinement and improvement, ensuring that services remain relevant and effective in meeting users' needs.

Service design in UK local government also features iterative development and prototyping. This process involves the continuous testing and refinement of service concepts through feedback loops that include service users and other stakeholders. Prototyping allows for the identification and resolution of issues before full-scale implementation, reducing the risk of failure and ensuring that the final service is well-suited to the needs of its users (Brown, 2009). Iteration is particularly important in the public sector, where the consequences of poorly designed services can have significant social and economic impacts.

Sequential: services should be structured as a system, composed of a sequence of interrelated actions. This sequential arrangement helps ensure that each step in the service delivery process is aligned with the overall goals and objectives of the service.

Realistic: service needs must be thoroughly researched, and ideas should be prototyped and validated as realistic entities, whether physical or digital. A grounded, evidence-based approach ensures that services are feasible and effective in real-world contexts. Holistic: Service design should address the needs of all stakeholders, considering the entire service, system, and business context. A holistic perspective ensures that the service delivers value across multiple dimensions, benefiting not only the end-users but also the organisations that provide them.

Inclusivity and accessibility are critical features of service design in UK local government, particularly given the diversity of the population. Service designers are increasingly aware of the need to cater to the specific needs of different demographic groups, including older adults, individuals with disabilities, and ethnic minorities (Imrie & Hall, 2001). This includes designing services that are physically accessible, culturally appropriate, and linguistically inclusive. Efforts to improve accessibility are guided by legislation such as the Equality Act 2010, which mandates public bodies to consider the needs of all individuals in their service provision (Equality and Human Rights Commission, 2010).

Finally, service design in UK local government is characterised by a strong emphasis on evidence-based decision-making. This involves using data and research findings to inform the design and delivery of services, ensuring that they are grounded in empirical evidence rather than assumptions (Amann, 2000). Evidence-based service design not only enhances the effectiveness of services but also builds public trust by demonstrating that decisions are made transparently and are based on reliable information.

Service design within UK local government is characterised by a user-centred approach, co-design and collaboration, iterative development, digital integration, inclusivity, and evidence-based decision-making. These features work together to create public services

that are efficient, accessible, and responsive to the needs of all citizens, particularly those from vulnerable and marginalised groups. As local governments continue to adapt to changing social and technological landscapes, these features will remain essential in ensuring that public services meet the evolving needs of the population.

2.5.2 Characteristics of Services

Services differ from products in several keyways, which influence how they are designed, delivered, and evaluated:

- **Intangibility:** unlike physical products, services cannot be seen, touched, or stored. This intangibility makes it challenging to assess service quality before consumption.
- Inseparability: Services are typically produced and consumed simultaneously, meaning the quality of the service is directly linked to the provider's performance at the time of delivery.
- **Variability:** the quality of services can vary significantly depending on who provides them, when, where, and how they are delivered. This variability requires careful management to ensure consistent service quality.
- **Perishability:** services cannot be stored for later use; they are perishable and must be consumed when available. This characteristic necessitates precise demand forecasting and capacity management to avoid under or over-provisioning.
- **Non-Ownership:** unlike products, services do not result in ownership of anything tangible. Instead, consumers benefit from the experience or outcome of the service, which complicates traditional concepts of value exchange.

2.5.3 Theories and Concepts in Service Design

2.5.3.1 ‘Activity Theory’ in Service Design

Activity Theory (AT) serves as a robust analytical tool within service design, particularly when interpreting and explaining complex design situations. It provides a framework to understand team progression, dismantle the dynamics within collaborative design processes, and serves as a methodological tool for framing, understanding, and designing activities (Menichinelli, 2018). Within the context of service design, AT is instrumental in analysing user involvement by examining all elements that influence an activity, including the social and cultural contexts that shape it (Zahedi et al., 2017).

The AT framework, as originally conceptualised by Engeström (1987), is often visualised through a triangular model encompassing six interrelated components: real-life activity, historical context, culture, instruments (or tools), user motivations (or subjects), and the object (or outcome) that is being pursued. These components interact dynamically to shape the activity, providing a comprehensive view of the factors at play in the design process.

Activity Theory can be applied in service design in two primary ways: first, as a design tool that helps define the design brief and resolve challenges encountered during the design process; and second, as a qualitative framework used during or after project completion to understand, evaluate, and improve the co-design process (Engeström, 2000). This dual application of AT not only offers a structural backbone for analysing each stage of the design process but also enables the identification of contradictions and dynamic shifts within the process (Menichinelli, 2018; Zahedi et al., 2017). By using AT, researchers can systematically dissect the interactions and tensions that arise within a design team, leading to more effective and contextually informed service design outcomes.

2.5.4 The Service Lifecycle

The lifecycle of a service typically consists of several stages: service strategy, service design, service transition, service operation, and continual service improvement.

Understanding these stages is crucial for effective service management and optimisation:

Service strategy: this stage involves defining the service's objectives, identifying the target audience, and determining the value proposition. It sets the foundation for the entire service lifecycle.

Service design: in this stage, the service is conceptualised and designed to meet the strategic objectives. This includes designing the service delivery processes, infrastructure, and customer interactions.

Service transition: the service transition phase focuses on implementing the service design, ensuring that all elements are in place for a successful launch. This stage involves testing, training, and deploying the service.

Service operation: during this phase, the service is delivered to consumers. The focus is on maintaining service quality, managing day-to-day operations, and responding to any issues that arise.

Continual service Improvement: this stage involves regularly reviewing and refining the service to ensure it remains effective and responsive to changing needs. Continuous feedback from service users and stakeholders is critical to this process.

2.5.5 Service Design in the UK Public Sector

In the context of the UK public sector, service design has become increasingly important as government agencies seek to improve the efficiency and effectiveness of public services. Co-design approaches have been particularly valuable in this context, enabling public sector organisations to engage directly with citizens and other stakeholders in the service design process. This collaborative approach not only helps to ensure that

services are more closely aligned with user needs but also fosters greater transparency and accountability in service delivery.

The UK government has adopted several initiatives to integrate service design principles into public service development. By focusing on human-centred, collaborative, and iterative design processes, these initiatives aim to create public services that are more user-friendly, cost-effective, and sustainable. However, challenges remain, particularly in managing the inherent variability and intangibility of services within a highly regulated and resource-constrained environment.

Service design is a complex, multi-faceted process that requires careful consideration of various principles and characteristics. By embracing a human-centred, collaborative, and iterative approach, and understanding the unique challenges associated with the intangibility, inseparability, variability, perishability, and non-ownership of services, organisations can develop and deliver more effective and efficient services. In the UK public sector, these principles are increasingly being applied to improve service delivery, though the challenges of maintaining consistent quality and managing stakeholder expectations remain significant.

2.6 UK Social Care

In the UK, older adult social care is defined as all forms of personal and practical assistance for adults who need extra support. This includes mental, physical, and financial support for carers (SCIE, 2021). Services across England, Northern Ireland, Scotland, and Wales are managed differently, as each has its own separate system of private and publicly funded services (Scottish Government, 2021). This means that there are differing policies, priorities, and funding levels, with some key differences across the systems themselves (NAO, 2021).

Social care services for older adults in the UK are provided by local governments, which commission a large range of care service providers to fulfil their obligations (Department of Health and Social Care, 2021). Unlike the National Health Service, social care for older adults is not free at the point of use. Services are publicly funded for those who cannot afford care or can be partially subsidised by local government (NAO, 2021).

There are an estimated 17,900 organisations involved in providing social care in England as of 2021/22 (Skills for Care, 2022). These services are delivered at several locations, including supporting older people in their own homes (SCIE, 2021).

2.6.1 Major Developments in the UK Social Care System

To understand the current organisation, challenges, and limitations of older adult social care in the UK, it is important to situate the system within its historical and policy context. The development of social care has been shaped by post-war welfare reforms, the decentralisation of responsibility to local authorities, and ongoing tensions between national principles and local delivery. Table 6 provides a brief overview of key milestones that have influenced how social care services are structured, funded, and experienced today.

Table 6: History of social care development in the UK

Social care development	
1942	'The Beveridge report' was written by social economist Sir William Beveridge. It proposes the establishment of a National Health System that would subsequently lay the foundations of the Welfare State and the formation UK's social care service system in the subsequent years
1945	The Labour government establishes a series of measures known today as the 'Welfare State'. This was the first comprehensive system of social insurance designed to help support the general population out of poverty (Spicker, 1967). Today, the workings of health and social care services in the UK remain deeply influenced by this post-war welfare system (Glasby, 2012)
1948	Formation of the 'National assistance Act. This laid out the responsibilities of local authorities. Unlike the NHS – the challenge was that 1. It was not free at the point of use, and the local authority would subject recipients to means testing. "While the NHS was regarded as a service for all citizens, the services of the local authority were viewed as a more residual provision (Means 1986)." – less national, more local service provision
1950s	Preference was set towards the support of older people in local communities to live more independently. With the agenda to relieve financial pressures on state provision, governing trends towards allowing older people remain living at home for as long as possible, began to emerge
1990	Government passes the National Health Service and Community Care Act, bringing large scale major changes to the care for older people. Commissioning of care: reforms separated the purchasing of services from their delivery, creating an 'internal market'. It was argued that making providers compete for resources would encourage greater efficiency, responsiveness, and innovation
2014	**The Care Act is passed:** Outlines support on 6 main principles of care: empowerment, protection, prevention, proportionality, partnership and accountability. Emphasises outcomes to help people connect with their local community. Introduces the 'The well-being principle': outlined as the local authority's duty to ensure personal dignity, person autonomy and ensuring that it supports 'individuals know best' mentality on matters of care (Penfold, 2017). Provides an increase in independent advocacy (giving people as much control and information as they required regarding their care, via an external entity, not controlled by council). Focus on more equal, better quality service provision that is and person-centred. Gives more rights to carers, entitled to an assessment and legal right to receive support just like the people they care for

Taken together, these developments illustrate a gradual shift towards locally delivered and community-based models of care. More recent policy frameworks, including NHS England's Five Year Forward View and the Care Act (2014), explicitly build on this trajectory by emphasising local co-design and co-production, encouraging collaboration with local communities and leaders to enable people who use services to influence how services are designed, delivered, and commissioned (Farr, 2018; Care Act, 2014).

2.6.2 Why Commissioning Matters

Adult social care in the UK is shaped not only by eligibility rules and funding, but by the way services are commissioned and delivered locally. Understanding commissioning is important for this thesis because it identifies where user needs are translated into service requirements, where providers and third-sector organisations enter the system, and where co-design can realistically be embedded in decision-making and service improvement cycles.

The significance of local co-design and co-production in public services is underscored by both NHS England's *Five-Year Forward View* and the *Care Act 2014*. These documents highlight the importance of collaboration with local communities and leaders, enabling individuals who use services to have a direct influence on how those services are designed, delivered, and commissioned (Farr, 2018; Care Act, 2014).

Since the 1990s, UK social care reforms have introduced an 'internal market' aimed at enhancing efficiency and fostering service innovation. This approach allowed service providers to compete for resources, leading to the outsourcing of services to regional organisations, which in turn reduced costs and improved service quality (O'Flynn et al., 2011). The foundation for local government responsibility in supporting the public was initially established by the *National Assistance Act 1948* (Wanless, 2006).

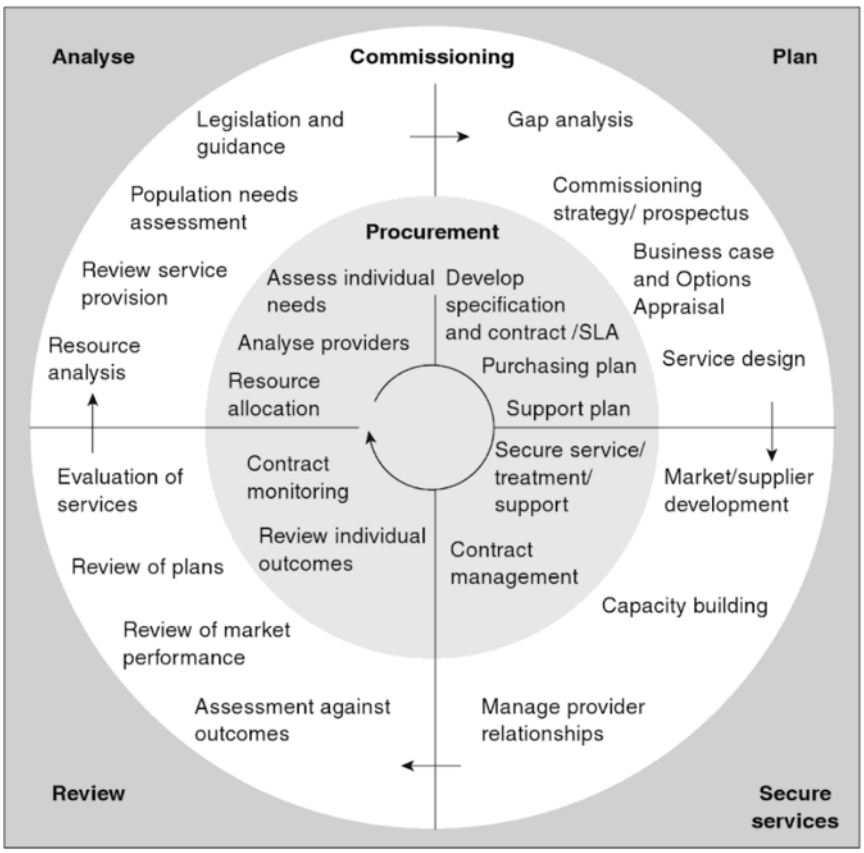


Figure 12: Commissioning process for health and social care services in the UK

(Adapted from Institute of Public care, 2014)

The service commissioning process begins with strategic planning, where user needs are assessed in relation to current services, and priorities are established. This is followed by the procurement stage, where service design is guided by the identified needs and priorities, shaping the overall structure of service provision. At this stage, managing demand and planning capacity are key considerations, and different providers may bid to deliver the service unless it is provided in-house by the local authority. After procurement, services are subject to ongoing monitoring and evaluation, ensuring that quality is maintained and that services continue to support patient choice through regular public and patient feedback. This process is cyclical, fostering continuous improvement in service delivery.

Social care services in the UK are means-tested, and once individuals meet the eligibility criteria, services are often procured and delivered by private and charitable sectors.

However, some local authorities continue to offer in-house care services. The responsibility for commissioning social care services primarily lies with local authorities, following a structured process often summarised as 'analyse, plan, do, review.' This process involves understanding the needs and values of all stakeholders, identifying gaps between existing services and community requirements, securing service delivery, and conducting continuous evaluation for service improvement.

The Health and Social Care Act 2012 further refined the commissioning arrangements, making local authorities responsible for commissioning publicly funded social services, including residential and home care. Health and Wellbeing Boards—formal committees that include local authority and NHS representatives—are tasked with conducting joint needs assessments with Clinical Commissioning Groups. This collaboration helps produce a joint strategic needs assessment and a joint health and wellbeing strategy for the local population (King's Fund, 2016).

2.6.3 Stakeholders and System Structure

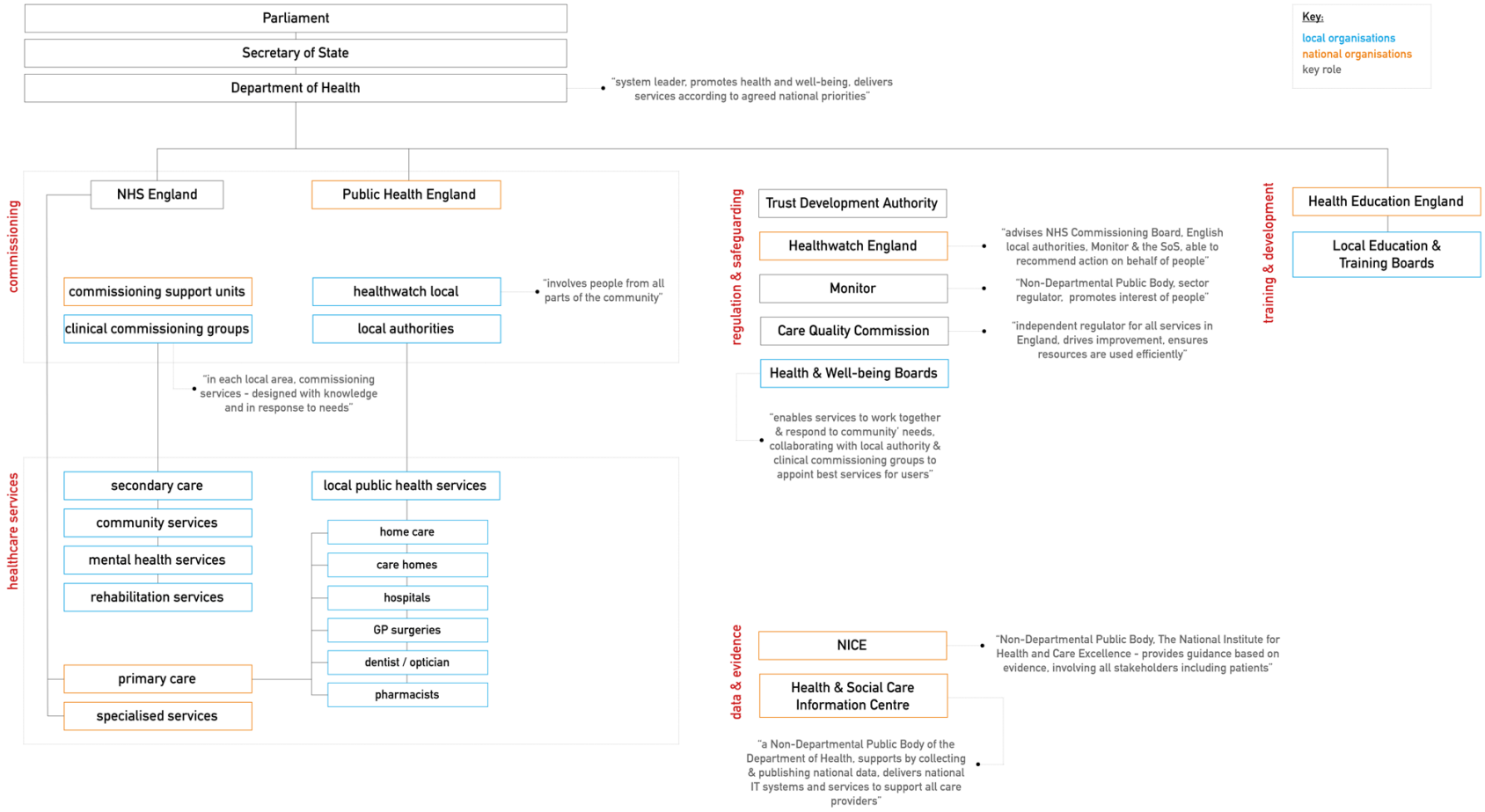
Following the discussion on the service commissioning process, it is essential to consider the structural organisation of social care services. The diagram below, Figure 13 (Department of Health, 2013; Tunstall UK Health), illustrates the complex network of national and local organisations involved in commissioning, delivering, regulating, and overseeing these services. The figure shows the development and implementation of public health and social care policies, shaping how services are designed and delivered in response to community needs. At the highest level, the Department of Health, under the guidance of the Secretary of State, provides strategic leadership, setting national priorities and overseeing service delivery across the country. The health and social care system operates through multiple layers, with organisations responsible for commissioning, service provision, regulation, and training.

Commissioning is primarily undertaken by NHS England and Public Health England, both of which allocate resources and design services to meet national and local needs. Within

NHS England, Clinical Commissioning Groups (CCGs) and Commissioning Support Units play a crucial role in tailoring service delivery to local populations. CCGs, formed under the Health and Social Care Act 2012, are responsible for commissioning the majority of NHS services, ensuring that care is responsive to patient needs and local priorities (King's Fund, 2016). These groups work alongside local authorities and Healthwatch Local public bodies that facilitate community engagement and co-production of services. Public Health England (PHE) works with local authorities to deliver public health services, ensuring that social care and preventive healthcare strategies align with broader government policies. Local authorities have statutory responsibilities to assess and address the needs of their communities through integrated service delivery (Care Act, 2014). The collaboration between NHS England and local authorities enables a more holistic approach to commissioning, reinforcing the co-design principles discussed in the previous section.

From a regulatory standpoint, it is critical that within social care, there is a system in place which ensures services meet quality and safety standards. The Care Quality Commission (CQC) serves as the independent regulator for all health and social care services, ensuring that resources are used efficiently and that patient outcomes remain central to service evaluation (King's Fund, 2016). Figure 13 illustrates how the 'Monitor', a sector regulator, further supports service improvement by overseeing NHS Trusts and Foundation Trusts. The Trust Development Authority provides guidance to health and care providers, ensuring that commissioning strategies align with best practices. Healthwatch England, another crucial entity, serves as a national advocacy body, ensuring that patient and public voices are represented in policy development. These regulatory bodies work alongside Health and Wellbeing Boards, which facilitate multi-stakeholder collaboration in service design and delivery.

This provides an insight into the commissioning process, helping to uncover the broader agendas that shape social care service development. By analysing which bodies influence decision-making and how user needs are considered within this structure, this study can assess the extent to which participation is considered in service provision.



Health & Social Care System Structure: England \\ Source: Department of Health, 2013 + Tunstall UK Health

Figure 13: Diagram of Stakeholders in Service Commissioning

2.6.3.1 System Map and Stakeholder Roles

Building on the previous subchapter, the following UK social care service system and stakeholder map (Figure 14) provides a more detailed view of the key actors within the social care system, their relationships, and some of the systemic challenges or 'pain points' that arise, focusing on the interaction between local government and the community. It visualises the complexity of responsibilities and interactions among different entities, highlighting the interconnected roles of public, private, and third-sector organisations at local level.

Key stakeholder groups represented in the map include commissioning bodies, service providers, local authorities, advocacy groups, and end-users. At the national level, the UK Government and the Department of Health set policies and funding priorities, with the Secretary of State for Health responsible for policy implementation. Regulatory bodies, such as the Care Quality Commission (CQC), ensure that services meet national standards regarding safety, responsiveness, and effectiveness. Another critical organisation is the Association of Directors of Adult Social Care Services (ADASS), which represents directors of adult social services and collaborates with policymakers to influence social care policy and service provision.

Healthcare providers, including the NHS, general practitioners (GPs), and consultants, direct patients to appropriate services and provide medical input for care plans. Local authorities, under the Care Act 2014, are responsible for assessing needs, commissioning services, and ensuring service delivery aligns with community needs. These authorities often work with third-sector organisations and community groups to provide targeted support to vulnerable populations.

2.6.4 Community Engagement and Challenges

Community organisations, including local community centres, cultural hubs, and non-governmental organisations (NGOs), are an essential link between older immigrant populations and local councils. They provide welfare advice, social events, and well-being initiatives, fostering trust and engagement with marginalised communities. However, there are critical gaps in accessibility, particularly in ensuring that services are culturally sensitive and inclusive.

Service designers, social care workers, and occupational therapists play a pivotal role in tailoring services to individual needs. The relationships among these stakeholders vary in formality, ranging from structured partnerships between government bodies and NGOs to informal support networks led by community leaders.

2.6.4.1 Issues in Addressing Systemic Barriers

This stakeholder map also highlights a series of structural weaknesses in the UK's social care system, including fragmented governance, where decision-making is often centralised, but service delivery occurs at the local level, creating inconsistencies in access and quality. Siloed operations, where there is currently limited cross-sector collaboration reduces efficiency and prevents the seamless integration of services. Barriers in needs assessments, where forms and procedures are often overly complex, using bureaucratic language that is difficult for older adults, particularly immigrant people, to understand. There is also a lack of culturally sensitive services where many services fail to account for linguistic and cultural diversity, making it harder for older immigrant populations to navigate the system. Over-reliance on informal networks due to the difficulties in accessing formal services, many individuals rely on family members and local community leaders for support instead of structured care systems.

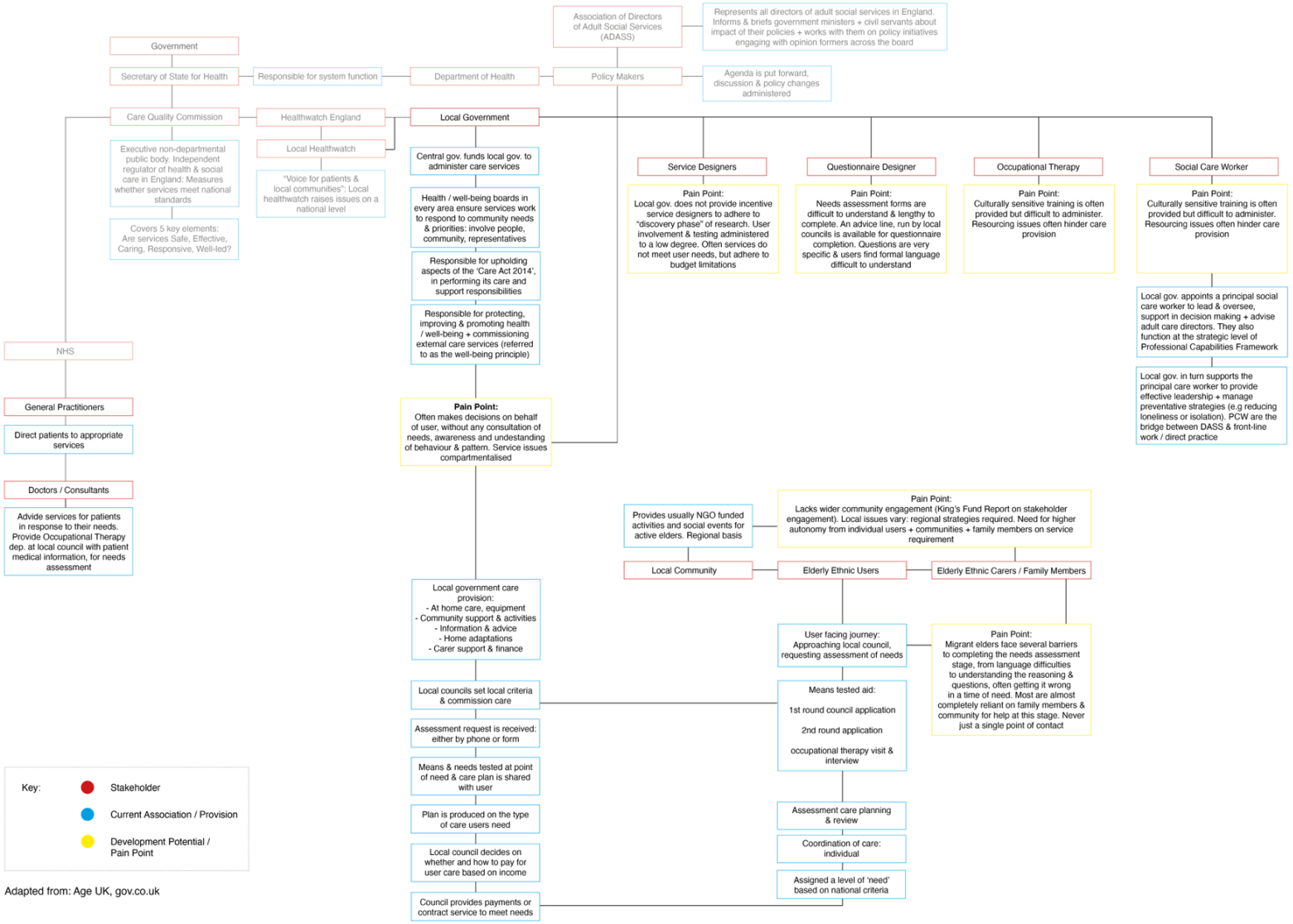
2.6.4.2 Implications for Co-Design and Participatory Approaches

The stakeholder map highlights the need for co-designed solutions that address the existing gaps in service provision. Collaborative approaches between service users, care

professionals, and policymakers can help mitigate issues such as tokenistic participation and power imbalances in decision-making processes. By embedding user-centred methodologies within service design, it is possible to create more inclusive and effective social care models that reflect the diverse needs of older immigrant communities.

(Figure 14 and discussion of findings adapted from: Age UK, gov.co.uk)

Figure 14: UK Social care service stakeholder map



Adapted from: Age UK, gov.co.uk

2.6.4.3 Local Authority and Third Sector Involvement in Service Provision

Social care services are primarily commissioned by local authorities, who oversee both in-house services (e.g., home care, council-run day centres) and services delivered by third-sector organisations, including social enterprises, charities, voluntary organisations, and community groups. The Quality Care Commission ensures oversight and quality assurance of these services (King's Fund, 2016). The third sector plays a vital role in filling gaps left by state-funded services, particularly for marginalised groups such as older immigrant people (Yazdanpanahi and Hussein, 2021). These organisations offer befriending services, meals for the elderly, recreational activities, cultural interpreting, and administrative support (Göttler, 2021). Given that many older immigrant people experience language barriers and low levels of formal engagement with public health services (Kristiansen et al., 2016), third-sector provisions are crucial in enhancing access, social inclusion, and independent living. While many council-run services are means-tested or free of charge, access to third-sector services often involves membership fees, registration processes, and location-based restrictions (Warnes et al., 2004). These barriers may disproportionately impact older immigrant people, particularly those facing financial hardship or those unfamiliar with the UK's social care system (Stephens and Breheny, 2019). Additionally, some services cater to specific cultural, ethnic, or gender-based groups, which, while promoting inclusivity, may also exclude individuals who do not meet specific criteria.

The social care service type map below aims to show the multifaceted elements of local service provision and its implications for older immigrant populations. By illustrating the roles of local authorities, in-house services, and third-sector providers, the diagram highlights key opportunities and challenges in access, engagement, and service delivery. Understanding these structures provides a critical foundation for evaluating policy frameworks and participatory service design within the broader context of social care accessibility for older immigrant people.

The health and social care system structure map visually represents the complex commissioning, regulatory, and service delivery frameworks that shape access to social care in England. In the context of older immigrant populations, the diagram underscores the role of local authorities in commissioning public health services, which are often delivered through a mix of in-house provisions and third-sector organisations. It highlights key agencies such as NHS England, Public Health England, and the Care Quality Commission, which influence service oversight, funding allocation, and quality assurance. The interplay between commissioning bodies, healthcare services, and regulatory authorities reveals both opportunities and systemic barriers, such as means-testing and location-based service restrictions, which disproportionately impact marginalised groups. By mapping these interdependencies, the diagram provides a structural foundation for assessing policy gaps and designing inclusive, culturally responsive social care interventions tailored to the needs of older immigrant communities.

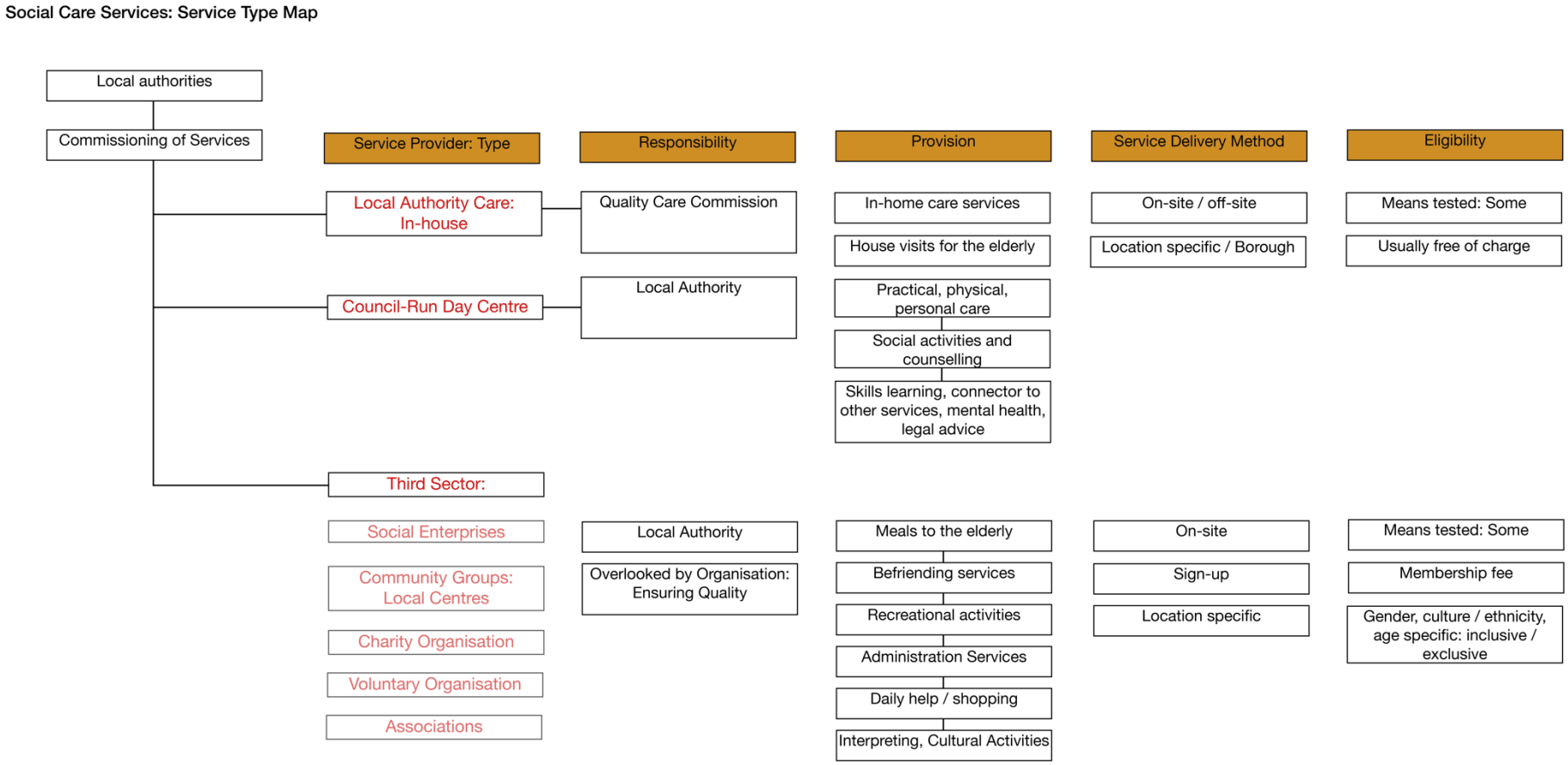


Figure 15: Social Care Service Type Map

(Adapted from Tunstall UK Health, 2013; and Department of Health, 2013

2.6.5 Access and Engagement to Social Care for Older Immigrant People

The ageing immigrant population poses distinct challenges for health and social care systems across Europe, including earlier onset of health needs, greater barriers to navigation, and heightened reliance on informal support. This section situates the UK within that wider European trend, before focusing on the UK-specific population context and what the literature indicates about access, trust, and engagement in later-life social care.

2.6.5.1 Addressing the Needs of an Ageing Immigrant Population in Europe

In recent years, Europe has witnessed a significant increase in the ageing immigrant population (Kristiansen et al., 2016). This demographic shift is expected to create new demands for public services across the continent, necessitating changes in the facilitation and accessibility of these services (Warnes et al., 2004; Dwyer and Papadimitriou, 2006). The context-specific nature of immigration to the UK highlights several key motivations: older forced migrants, European labour migrants, older non-European migrants, older family joiners, and returning post-retirement migrants (Warnes et al., 2004; Dwyer and Papadimitriou, 2006).

2.6.5.2 Health and Social Care Challenges for Older Immigrant People

Research indicates that older immigrant populations generally experience poorer health outcomes and earlier onset of age-related diseases compared to their native counterparts (Göttler, 2021). This suggests that older immigrant people may require social care services earlier in life. The increased health risks faced by this group are often linked to disadvantageous socioeconomic factors, language barriers, low health literacy, psychological vulnerability, and experiences of discrimination - factors that commonly affect older immigrant people throughout their lives (Göttler, 2020; 2021). Migration itself has been associated with health risks in later life, with one study noting that "migration is

challenging, and age can further exacerbate the effects of such change on adjustment" (Kristiansen, 2016).

For older adults from lower socioeconomic backgrounds, maintaining physical functioning and independence is a less attainable goal. Lifetime factors such as poor physical health, low wages, and physically demanding or insecure employment contribute to lower physical and financial capabilities in old age (Stephens and Breheny, 2019). This results in higher levels of dependency and disability, outcomes that are often beyond the control of these individuals due to persistent poverty throughout their lives. Language barriers and unfamiliarity with the UK system have been identified as significant obstacles to independence among older immigrant people (Yazdanpanahi and Hussein, 2021). These barriers can hinder access to services and exacerbate feelings of isolation, further complicating the challenges faced by this population.

2.6.6 Older Immigrant Populations in the UK: Diversity, Ageing and Social Care Access

The population of immigrants in the UK is substantial and diverse, forming a critical demographic context for social care provision in later life. According to the most recent Census, 16% of the UK population, are born outside the UK in 2021/22 (Cuibus, 2024). Older immigrant populations in the UK are diverse rather than a single homogeneous group, shaped by different migration routes, settlement histories, socio-economic positions, language profiles, and relationships with statutory institutions. A recurring issue in the literature is that migration and ageing are often treated as separate policy and research domains, which can obscure how life-course migration experiences shape needs, support networks, and service navigation in later life (Ahaddour et al., 2016).

The UK's foreign-born population is highly heterogeneous, shaped by diverse migration pathways, countries of origin, and settlement histories. Migrants originate from a wide range of regions, with India, Poland, Pakistan, Romania, and Ireland accounting for nearly one-third of the foreign-born population (Cuibus, 2024). Importantly, 63% of migrants were born outside the EU, reflecting long-standing migration from Commonwealth and non-European countries alongside more recent European mobility. These varied

trajectories, most commonly family- and work-based, produce markedly different social, cultural, and economic experiences, which in turn influence how individuals interact with public services, including social care, over time.

Geographic distribution further shapes these experiences. Nearly half of the UK's foreign-born population resides in London and the Southeast England, with London alone having over 40% of residents born abroad, compared to a national average of 16% (Cuibus, 2024). This spatial concentration is particularly relevant for social care provision, as local authorities in high-diversity urban areas face distinctive challenges in communication, trust-building, and service accessibility. Taken together, these demographic trends highlight why older immigrant people constitute a distinct and growing group within adult social care, whose needs cannot be assumed to align with either younger migrant populations or the UK-born older population.

Ageing within minority ethnic and immigrant populations is occurring at a rapid pace. A report by the Centre for Ageing Better shows that in England, 1.1 million people aged 60 and over identified as having a Black, Asian or Minority Ethnic (BAME) background in the 2021 Census (excluding White minorities), representing an 80% increase since 2011 (Centre for Ageing Better, 2025). While ethnicity and immigration status are not synonymous, these trends indicate a substantial and growing overlap between ageing, migration histories, and minority status. This demographic shift is expected to increase demand for inclusive social care services, appropriate housing, and culturally responsive forms of support for older people from diverse backgrounds.

Defining the study population and age range

This study uses the term immigrant to refer to people born outside the UK who have settled in the country on a long-term or permanent basis, consistent with demographic and policy usage in UK population statistics (Cuibus, 2024). While the terms migrant and immigrant are often used interchangeably in public discourse, migrant can also denote temporary or circular mobility, which is not the focus of this research (Merriam, 2018). Focusing on long-settled immigrant populations is particularly relevant in the context of ageing and social care, as length of residence is

closely associated with familiarity with public institutions, language, and evolving relationships of trust with formal systems.

Previous research suggests that individuals from lower socio-economic backgrounds, including some migrant and minority ethnic groups, may face persistent barriers in accessing secondary and tertiary health and care services, linked to informational, communicative, and institutional inequalities (Adamson et al., 2003). Over time, these barriers can shape patterns of delayed access, reliance on informal support networks, and mistrust of statutory services. As the UK population ages, these dynamics underscore the importance of understanding how trust, engagement, and service design intersect in shaping older immigrant peoples' experiences of social care.

The decision to focus on people aged 65 and over is grounded in both ageing and migration scholarship, which identifies later life as the stage at which health, social care, and support needs become most pronounced. Older adults are more likely to experience frailty, cognitive impairment, morbidity, social isolation, and dependency, all of which increase interaction with health and social care systems (WHO/Europe, 2018). For migrated older adults, these ageing-related risks are compounded by migration-specific factors, including language barriers, disrupted life trajectories, lower socio-economic security, and experiences of discrimination (Ciobanu et al., 2016; Martineau and Plard, 2019).

Evidence suggests that older migrants, particularly those who migrated later in life, face greater difficulty adapting to new cultural and institutional contexts and are therefore more likely to require higher levels of formal support while simultaneously encountering greater barriers to access (Slade and Borovnik, 2018; Migration Yorkshire, 2015). Focusing on long-settled immigrants aged 65 and over therefore situates this study at the point where interaction with social care systems is most frequent, and where issues of access, trust and engagement are most acute.

2.6.6.1 Ageing, Migration and Interaction with Health and Social Care in the UK

Research on older immigrant groups in the UK demonstrates that interaction with health and social care services is often characterised by increased need alongside limited direct engagement. Studies consistently show that older immigrant people experience social exclusion linked to language barriers, cultural differences, poverty, and poorer physical and mental health compared to native-born older adults (Ruspini, 2009; Aichberger et al., 2010; Solé-Auró et al., 2012; Chan et al., 2016).

Despite long-term residence, many older immigrant people continue to face difficulties understanding service information, navigating eligibility, arranging appointments, and communicating with professionals, leading to delayed or foregone care (Liu et al., 2016). These barriers are not solely practical but are closely tied to issues of trust, power, and fear of institutional racism, which shape how older immigrant people perceive and engage with formal systems (Ciobanu et al., 2016). Crucially, these experiences influence not only whether services are accessed, but how and through whom access is negotiated.

2.6.6.2 Trust, Mediation and Informal Pathways into Care

Importantly, trust in this context is shown to be relational rather than purely institutional. Older immigrant people often rely on informal intermediaries, such as family members, bilingual community staff, or trusted community figures, to mediate interactions with health and social care services. Liu et al. (2016) conceptualise these actors as *'bridge people'*, who play a critical role in translating not only language but also systems, expectations, and power relations.

This reliance highlights how engagement with care services is frequently facilitated through community-based trust networks rather than direct interaction with statutory authorities. Access to care is often negotiated socially before it is negotiated

institutionally, underscoring the importance of trust-building, cultural mediation, and relational approaches in designing inclusive social care systems for later life.

2.6.6.3 Institutional Trust and Social Care Engagement

Trust in social institutions plays a critical role in shaping immigrants' engagement with public services, including health and social care. A recent scoping review of 81 studies demonstrates that institutional trust among migrants, immigrants, and refugees is highly contextual and shaped by prior experiences of discrimination, marginalisation, legal insecurity, and interactions with state systems before and after migration (Godinho Nascimento et al., 2025).

Lower levels of institutional trust are consistently associated with reduced use of formal services and greater reliance on informal or community-based support, particularly among older and long-settled immigrant populations (Sarría-Santamera et al., 2016; Savas et al., 2024). Crucially, the review highlights that effective trust-building efforts are largely community-based and relational, underscoring the importance of understanding how institutional trust is negotiated in everyday settings where social care is encountered indirectly rather than through formal entry points (Godinho Nascimento et al., 2025).

Trust is also shown to operate across institutions, meaning that experiences with welfare, immigration, or local government services can shape perceptions of health and social care systems over time (Meyer et al., 2008). This reinforces the need to view social care engagement not as a standalone interaction, but as part of a wider institutional trust ecosystem that shapes older immigrant people' willingness and ability to participate in statutory systems.

2.6.6.4 The Impact of Living Arrangements and Co-dependence

Intergenerational co-residence is more common among older immigrant populations than among native-born individuals (Liversage, 2019; Gurak and Kritz, 2010; Ng et al.,

2007). One major factor influencing this living arrangement is the degree of integration and the socioeconomic status of the immigrant family (Kritz et al., 2000; Tian, 2016). Limited access to care homes for older immigrant people (Saka and Varol, 2007) suggests that, beyond cultural preferences, financial constraints and limited state care provisions play a significant role in the decision to live in intergenerational households.

A study on the impact of loss of control on health and well-being found that older individuals are particularly vulnerable to negative physical and mental health outcomes when they perceive a loss of control over their lives. Conversely, when older adults are given choices and their goals are supported, they exhibit improved health outcomes (Lidz et al., 1992; Mallers et al., 2013). A case study on co-creation with older people underscores the importance of involving the local community in this process, emphasising collaboration, choice, control, and the development of community partnerships (Sixsmith et al., 2018).

2.6.6.5 The Impact of Restrictive Policies

Migration's impact on psychological and physical well-being is profound, particularly for older adults who lose social and familial networks in the process (Haug and Pointner, 2007). Studies show that older immigrant people who successfully integrate into new social groups after migration experience better psychological well-being, as evidenced by higher life satisfaction and reduced perceptions of loneliness (Haslam et al., 2022). Successful integration and overall well-being for older migrants depend on structural conditions and individual resources, such as quality of life, political and legal context, sense of belonging, ethnic identity, social support, and economic resources (Brockmann, 2002).

2.6.6.6 Critiquing Cultural Sensitivity in Social Care

There is ongoing debate about the role of 'culture' and 'ethnic background' in addressing health inequalities in multicultural societies. Some scholars argue that focusing solely

on cultural competency models in social care overlooks the underlying reasons for differences and similarities across immigrant groups and between immigrant people and native populations. Instead, they advocate for a deeper understanding of how older immigrant people's expectations and use of services differ from those of the majority population (Gianfranco and Cattan, 2012).

The tendency to homogenise immigrant cultures, as seen in some contexts like Germany, can be detrimental. It creates a monolithic image of 'immigrant culture,' which fails to account for the diversity within immigrant populations (Göttler, 2021). This oversimplification can negatively impact how older immigrant people are perceived by both their host society and care providers, leading to inadequate service provision and support.

2.6.6.7 Understanding and Engaging with Local Communities

Community outreach

The term 'hard-to-reach' is frequently used in literature and by public institutions to describe population segments that are less likely to participate actively in research or community activities (Brackertz, 2007). However, the use of this term can be problematic when it implies homogeneity within these groups, defining the problem as an issue within the group itself rather than in the approach taken to engage with them (Smith, 2006; Murphy, 2006). The term has been used inconsistently to refer to ethnic populations, older people, people with disabilities, or other 'hidden' populations, creating potential stigma and misrepresentation (Jones and Newburn, 2001; Freimuth and Mettger, 1990). In the context of older immigrant people, these framing issues intersect directly with trust, power, and prior experiences of statutory systems, shaping willingness to engage.

Effective recruitment of 'hard-to-reach' populations depends on several factors, including the enhancement of recruitment materials, broader promotion, and engagement with communities and stakeholders throughout the research process (Rockliffe et al., 2018). Studies indicate that single-wave recruitment by individuals of the

same ethnic background can yield higher participant numbers and engagement, particularly in communities with a history of mistrust towards researchers (Heckathorn, 1997; 2002; Rockliffe et al., 2018).

Practical barriers, such as language difficulties, limited access to recruitment information, inappropriate timing or location of recruitment activities, and a lack of incentives or motivation to participate, further hinder engagement. Many potential participants may also feel they lack the necessary knowledge to contribute meaningfully to research. Additionally, mistrust of the research process remains a significant barrier, especially among vulnerable groups who may have experienced historical violations by researchers, leading to scepticism about who will benefit from the study results (Bonevski et al., 2014; Hynes, 2003; Rainbow Health Ontario, 2012).

Community analysis and active involvement

Community profiling exercises are employed by local governments to assess the needs and wants of local populations, monitor service delivery, and ensure that services meet community requirements (Hawtin and Percy-Smith, 2007). These exercises are crucial for better understanding the dynamics of community interaction, which in turn supports the development of policies and strategies aimed at increasing local participation (Matarrita-Cascante, 2009).

The concept of 'active community involvement' is central to community profiling, as full engagement by the local community is necessary for a comprehensive and accurate description of needs (Hawtin and Percy-Smith, 2007). However, local people may resist participation for various reasons, including mistrust of public institutions and researchers (Yancy, 2006). Building trust with local communities is essential, and understanding the importance of social interaction is key to fostering community engagement (Luloff, 1998; Matarrita-Cascante et al., 2006). Social interaction is the foundation of community, allowing individuals to express their interests in local issues and contributing to the emergence of a strong, cohesive community (Kaufman, 1959; Wilkinson, 1991).

Challenges in community participation

Marginalised groups often experience powerlessness, which reduces their motivation and willingness to participate in co-design processes (Dietrich, 2017). Networking, equity, and participation are vital components of 'self-help' and the empowerment of local people (Onyx and Benton, 1995). Community participation is closely linked to empowerment and 'self-help,' particularly for older adults. However, several key barriers to participation persist, including mistrust, practical challenges, and a lack of incentives.

The experience of older immigrant people is shaped by a complex interplay of socioeconomic, cultural, and systemic factors that influence their access to and engagement with social care services. Understanding these factors is crucial for developing effective community outreach and engagement strategies that foster trust, participation, and empowerment among marginalised groups.

2.7 Research Gap

Despite the comprehensive analysis provided, the literature review reveals several areas where further research is needed:

[1] Challenges in implementing co-design with 'vulnerable' populations: while the chapter discusses the theoretical underpinnings and benefits of co-design, it highlights the need for more empirical research on the practical challenges faced when implementing co-design with 'vulnerable' and marginalised groups, such as older immigrant people. This includes understanding the cognitive and emotional barriers these groups face during the co-design process.

[2] Effectiveness of co-design in diverse cultural contexts: the literature review highlights the importance of culturally sensitive co-design frameworks. However, there is a gap in research regarding the effectiveness of these frameworks across different cultural contexts within the UK. More studies are needed to evaluate how well these frameworks accommodate cultural diversity and whether they can be adapted to various community settings.

[3] Long-term impact of co-design initiatives: while the chapter emphasises the importance of co-design in improving public services, there is limited discussion on the long-term impact of these initiatives. Research is needed to assess how co-design practices influence service outcomes over time and whether they lead to sustainable improvements in public service delivery.

[4] Power dynamics in co-design: although power dynamics are briefly touched upon, there is a need for more in-depth analysis of how power imbalances between stakeholders affect the co-design process and outcomes. This includes examining how power is negotiated and shared among participants and how this influences the overall success of co-design initiatives.

By addressing these gaps, the study can contribute to a more nuanced understanding of co-design practices and their potential to create more equitable and effective public services. The four main points of focus above are extracted to inform the development of primary research methods of the study, i.e. interview questions and categories of focus.

Figure 16: Literature review axial coding

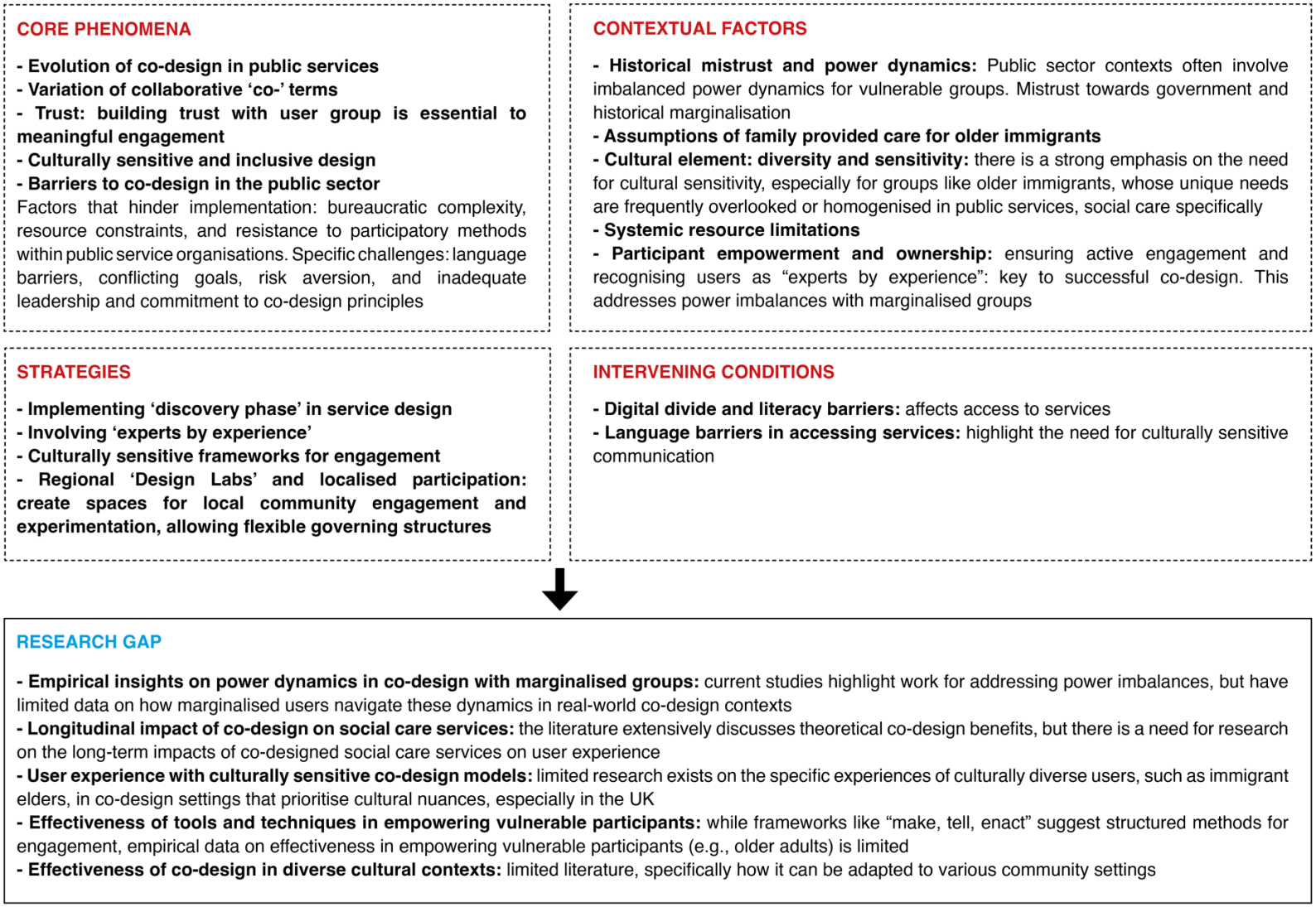


Figure 17: Literature review summary and next steps

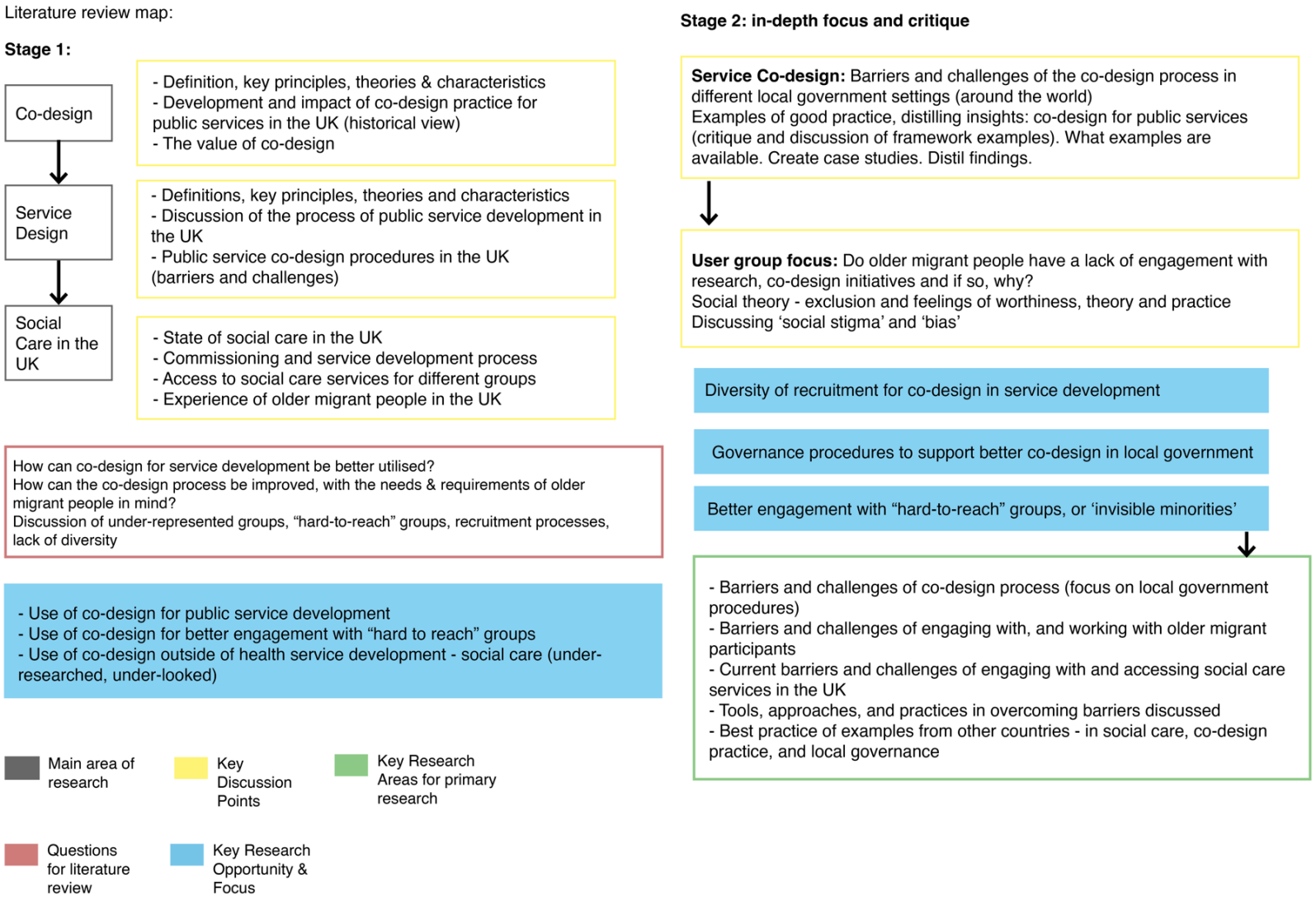
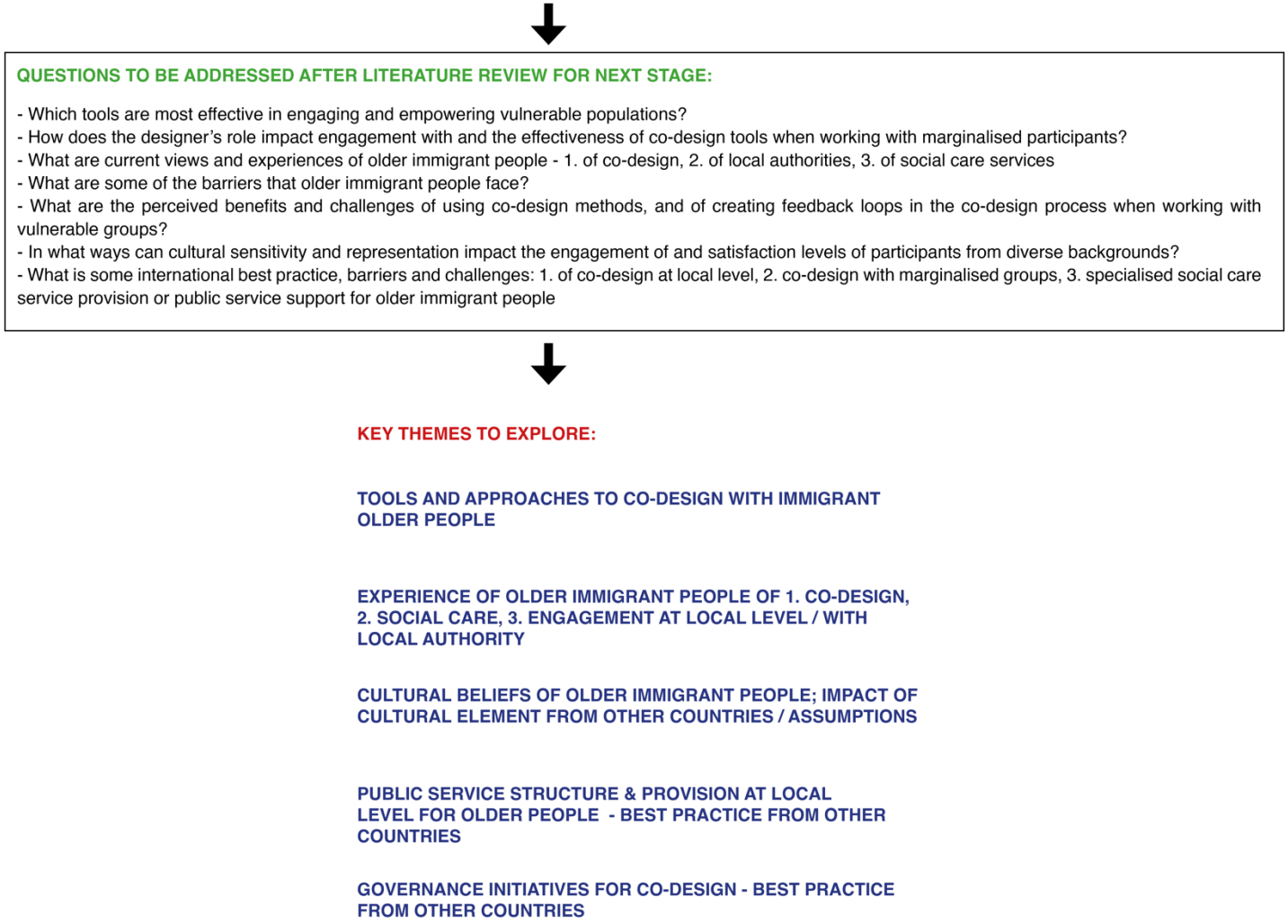


Figure 18: Literature review arising questions and next steps



The identified gaps in the diagrams above translate directly into research questions for the primary data collection. These questions focus on tools for engagement, the role of designers, the barriers faced by older immigrant groups, and the challenges of cultural sensitivity in co-design processes.

By exploring the literature core themes, taking into consideration the key contextual factors, this information will guide the formulation of interview questions and focus group sessions with both experts and users, ensuring the research aligns with identified gaps and priorities. By addressing the barriers and strategies highlighted in the literature, the primary data collection phase aims to capture tools and approaches in co-design for older immigrant people, the experience of older immigrant people of co-design and social care services, cultural beliefs and co-design process and structure in local government.

The following chapters of this thesis will see empirical data being gathered to explore how older immigrant populations experience co-designed services, with particular attention to their cultural and social contexts. Building on the “experts by experience” approach, participants will be carefully selected to reflect the diversity of older immigrant communities and their lived experiences with public services. The study will also incorporate international comparisons by examining best practices from other countries through country case studies. These findings will be contextualised within a broader framework for public service provision and governance to ensure a comprehensive understanding of these issues.

2.8 Chapter Summary

Through a thematic review of literature, the aim of this chapter was to gather relevant research, theory, and definitions of co-design, service design, and social care services; and to examine the experiences of older immigrant people in social care. The chapter provides the foundation for identifying opportunities, barriers, and challenges in applying co-design to social care services.

In this chapter, the following key research questions were addressed and responded to **Key Research Question** – '*How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK?'* - by establishing the theoretical basis and principles of co-design and service design, understanding their historical applications in public service innovation, and their relevance in social care. The chapter highlights key tools, approaches and frameworks, including co-production and participatory design, that have been effective in fostering collaboration among stakeholders. The review identifies existing gaps in the implementation of co-design within social care, particularly regarding older immigrant populations, due to structural, cultural, and systemic barriers.

In response to the following supporting research question – '*What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?'* - the chapter analyses participatory research methodologies that enhance engagement with marginalised groups. It reviews inclusive co-design tools such as storytelling, visual methods, and ethnographic approaches that accommodate linguistic, cultural, and cognitive differences. The literature highlights that while many participatory tools exist, their adaptation to older immigrant communities is limited, necessitating further empirical exploration.

In response to the following supporting research question – '*How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?*' - the literature review outlines the structural inequalities and policy frameworks that influence social care access. It examines barriers such as language

proficiency, cultural attitudes toward caregiving, legal status, and socio-economic positioning. The analysis includes comparative insights from UK policies and broader European contexts, showing that systemic limitations, such as funding constraints and bureaucratic complexity, often exacerbate the exclusion of immigrant elderly populations.

The chapter meets **Objective 1** – '*To gather relevant research, theory, and definitions of co-design, service design, and social care services; and to examine the experiences of older immigrant people in social care*' - by synthesising existing research on these topics. It categorises co-design methodologies and outlines their potential applications to social care, identifying both opportunities and limitations.

Objective 2 – '*To identify all stakeholders and their contributions to social care; to understand current barriers and identify opportunities where co-design can improve stakeholder partnerships*' - the literature review examines the roles of policymakers, service providers, community leaders, and families. It discusses how power dynamics and institutional structures shape decision-making processes, often sidelining immigrant voices in co-design efforts.

Regarding **Objective 4** – '*To examine and compare the social care service experiences of older immigrant people and native populations, identifying differences and commonalities'* - the chapter presents comparative studies on care access and quality between older immigrant groups and native populations. Findings indicate that older immigrant people face additional hurdles, such as cultural stigma around institutional care and fragmented community support networks, which impact their engagement with social services.

Objective 5 – '*To explore the relationships between local communities, community leaders, and social care service providers, identifying their roles, interactions, and impact* - the literature review discusses community-led initiatives in social care. It highlights best practices where local organisations have successfully implemented co-design

principles, though it also notes a lack of structured collaboration between formal service providers and grassroots organisations.

In summary, the literature review establishes a theoretical and contextual foundation for the study. It highlights the need for culturally adaptive co-design methodologies and provides insights into challenges faced by older immigrant populations in social care. These findings shape the direction of the subsequent research chapters, which will test the applicability of co-design frameworks in the social care settings. The next chapter outlines the research methodology used in this study, providing the foundation for how data was collected and analysed. It details the approach taken to explore the research questions and justify chosen data collection methods.

Chapter: 3 RESEARCH METHODOLOGY

CHAPTER 3: RESEARCH METHODOLOGY	
STRUCTURE OF CHAPTER 3: RESEARCH METHODOLOGY	**3.1 INTRODUCTION** **3.2 RESEARCH PARADIGM** **3.3 RESEARCH APPROACH** **3.4 RESEARCH PURPOSE** **3.5 RESEARCH STRATEGY** **3.6 RESEARCH METHODOLOGY** **3.7 RESEARCH ETHICS AND RESEARCH INTEGRITY** **3.8 SAMPLING TECHNIQUE** **3.9 RESEARCH METHODS** 3.9.1 Literature review 3.9.2 Exploratory semi-structured interviews with experts 3.9.3 In-depth semi-structured expert interviews 3.9.4 In-depth interviews with cultural community leaders 3.9.5 In-depth interviews with older immigrant people 3.9.6 In-depth interviews with British-native people 3.9.7 Focus groups with older immigrant people 3.9.8 Case studies 3.9.9 Framework evaluation with experts and users **3.10 DATA ANALYSIS** 3.10.1 Thematic analysis 3.10.2 Grounded Theory **3.11 RELIABILITY** **3.12 VALIDITY**

Figure 19: Structure of Chapter 3

3.1 Introduction

This chapter outlines the research paradigm, approach, and methodology of the study, providing a comprehensive account of the philosophical and practical foundations that guided the research process. The research paradigm is first introduced, detailing the

ontological, epistemological, and theoretical stance of the study. By establishing these foundations, the chapter situates the research within a broader theoretical framework, explaining how knowledge is constructed and interpreted within the study's context. The methodological choices align with these philosophical perspectives, ensuring coherence between the study's theoretical stance and its practical execution.

The research adopts a qualitative, design-led approach structured around the Double Diamond process and applied in an iterative manner. This approach supports a balance between exploratory inquiry and applied practice, enabling movement between problem exploration, synthesis, development, and evaluation. The Double Diamond provides a clear framework for structuring divergent and convergent phases of inquiry, allowing insights to be progressively refined in response to emerging findings.

This approach is well suited to the study's focus on co-design, which requires a flexible, participatory research process capable of responding to social, cultural, and systemic complexities. The chapter outlines the research methods employed and details the processes of data collection and analysis. It concludes with a discussion of methodological challenges, alongside considerations of validity, reliability, and ethics, particularly in relation to working with older and potentially vulnerable communities.

3.2 Research Paradigm

Social research is not entirely neutral from the views and preferences of the researcher and is significantly tied to ideas about the nature of social reality and how it should be studied (Clark et al., 2021). This section of the study aims to clarify this positioning. **Ontological** and **epistemological** positioning in research help to clarify the researcher's theoretical framework, which is linked to the choice of methodology, data collection methods and the way the data is analysed (Cohen et al., 2017). **Ontology** focuses on the beliefs about the nature of reality and asks questions like 'what is the nature of reality?' or 'what is the world like?' (Saunders et al., 2019). The figure below outlines the structure

that this study undertakes including possible choices of ontological and epistemological perspectives.

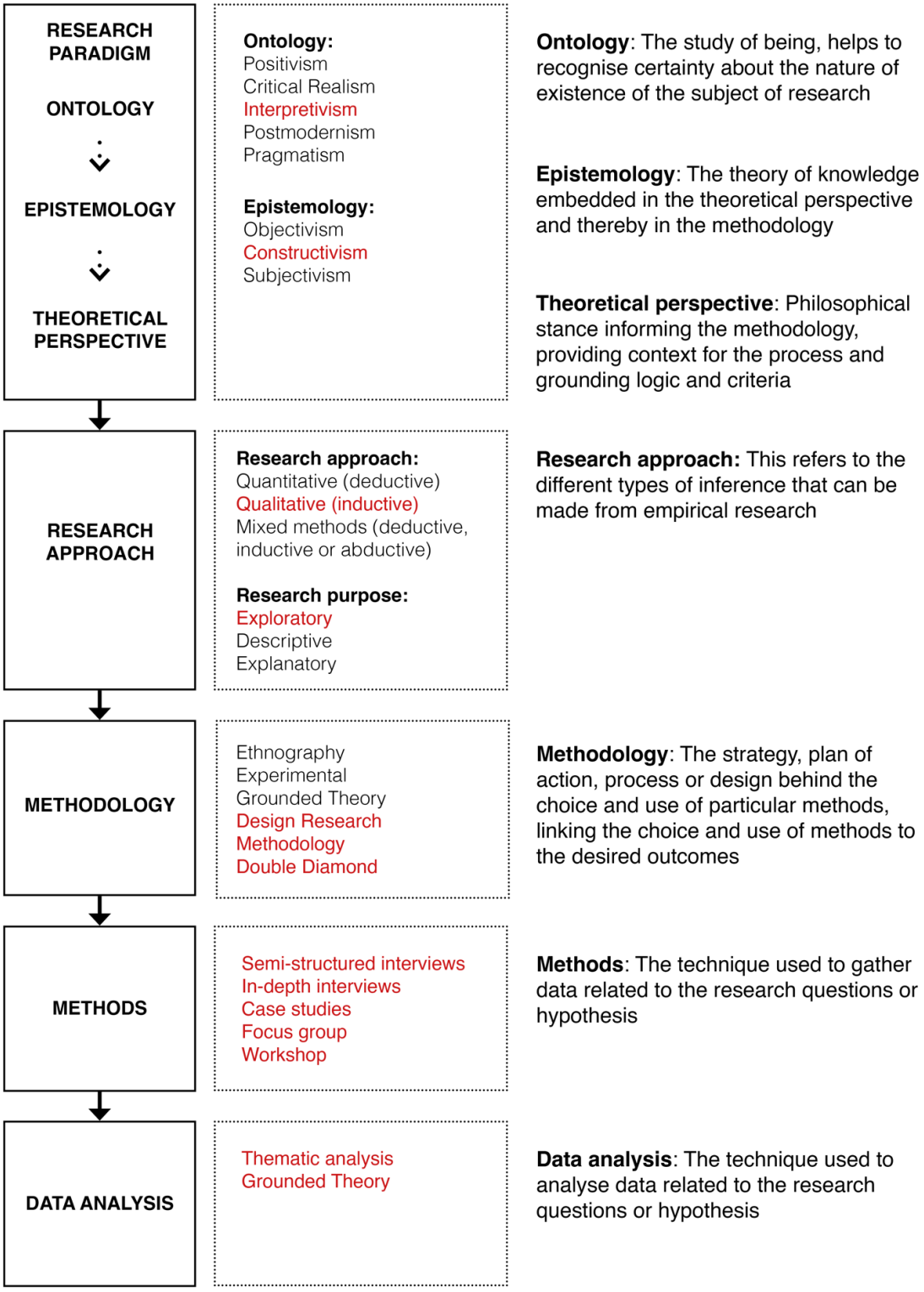


Figure 20: Epistemology, theoretical perspectives, methodology and methods

(Crotty, 1998; Gray, 2004; Tuli, 2010; Bellamy, 2011; Creswell, 2014; Clark et al., 2021)

The ontological perspectives that refer to the way the nature of reality is considered include positivism, critical realism, interpretivism, postmodernism and pragmatism. **Positivism** is deductive in nature and relates to the perspective of the natural sciences, it aims to work with explicit and accurate knowledge to produce law-like generalisations (Saunders et al., 2019). **Critical realism** focuses on historically situated research and facts, this is a retroductive approach that utilises a range of methods (Saunders et al., 2019). **Postmodernism** is concerned with the way the social world is represented and meanings produced, focuses on challenging dominant views in an in-depth manner (Gray, 2004; Saunders et al., 2019). **Pragmatism** on the other hand, emphasises practical solutions using a range of qualitative and quantitative methods, the researcher remains reflexive throughout (Saunders et al., 2019).

The selection for this study is **interpretivism** as it focuses on narratives, stories and perceptions, it is typically qualitative and considers in-depth research methods to create an outcome, it is typically bottom-up, where theory is generated from the data at hand (Saunders et al., 2019). This selection is made due to the nature of the research, where an understanding of the experience of social care services, lived experience of older immigrant people is considered and a sample of experts are interviewed to gain a deeper understanding of the topic.

Table 7: Ontological perspectives

(Adapted from Saunders et al., 2019)

	Meaning	Typical Methods
Positivism	Observable, measurable facts, law-like generalisations. Numbers, causal explanation, prediction as contribution	Deductive, structured, large samples, measurement, typically quantitative
Critical Realism	Knowledge historically situated, transient. Facts: social constructions. Tries to minimise bias. Historical causal explanation as contribution	Range of methods. Retroductive, in-depth, historically situated analysis
Interpretivism	Focus is on narratives, stories, perceptions. New understanding and world-views as contribution	Typically inductive. Small samples, in-depth investigation. Mainly qualitative methods
Postmodernism	Focus is on absences, suppressed meaning. Exposure of power relations, and the challenge of dominant views as contribution	In-depth investigation of anomalies, range of data types, typically qualitative
Pragmatism	Practical meaning of knowledge. Focus on problems, practices and relevance. Problem solving and informed future practice as contribution	Follows research problem, and question. Range of methods - mixed, qualitative, quantitative, action research

Epistemology on the other hand, considers our assumptions about knowledge, the theory of knowledge that informs the research, and asks the questions 'how can we know what we know?' or 'what is considered acceptable knowledge?' (Tuli, 2010; Saunders et al., 2019). This philosophical underpinning helps to explain the choice of qualitative, quantitative, or mixed method approaches and direct the research study. The choice of positioning dictates the methodological structure, the choice of research methods and the researcher's own philosophical positioning (Crotty, 1998; Saunders et al., 2019) and makes the research conduct more precise and ordered (Popkewitz et al., 1979).

There are three **epistemological positions** in social research: **objectivism, constructivism and subjectivism**. **Objectivism** holds the belief that there is an 'objective reality' which exists independently of consciousness (Gray, 2004). This ontological position is rooted in *realism* and considers social entities to be solid, granular and relatively unchanging, focusing on physical entities that are observable and measurable (Saunders et al., 2016). **Constructivism** is on the other hand, is concerned

with truth and meanings as they are constructed not discovered, by the subject's interactions with the world (Gray, 2004; Clark et al., 2021). **Subjectivism** refers to subjects constructing meaning in relation to phenomena, where meaning does not emerge from the interplay between subject and the outside world but is imposed on the object by the subject (Gray, 2004).

The most common **epistemological standpoints** in social research are **positivism** and **interpretivism** (Crotty, 1998). **Positivism** is a structured, deductive approach, that works predominantly with quantitative data and is highly standardised (Tuli, 2010), whereas **interpretivism** is typically inductive, requires smaller samples and uses mainly in-depth qualitative research methods (Saunders et al., 2019). **Interpretivism** focuses on understanding values, beliefs and meanings seeking to 'obtain a deep and sympathetic understanding of human cultural activities and experiences' (Gray, 2004; Tuli, 2010), it emphasises that humans are different from physical phenomena because they create meanings (Saunders et al, 2019). The table below aims to outline which element was selected for each stage of the research process as well as other possible choices.

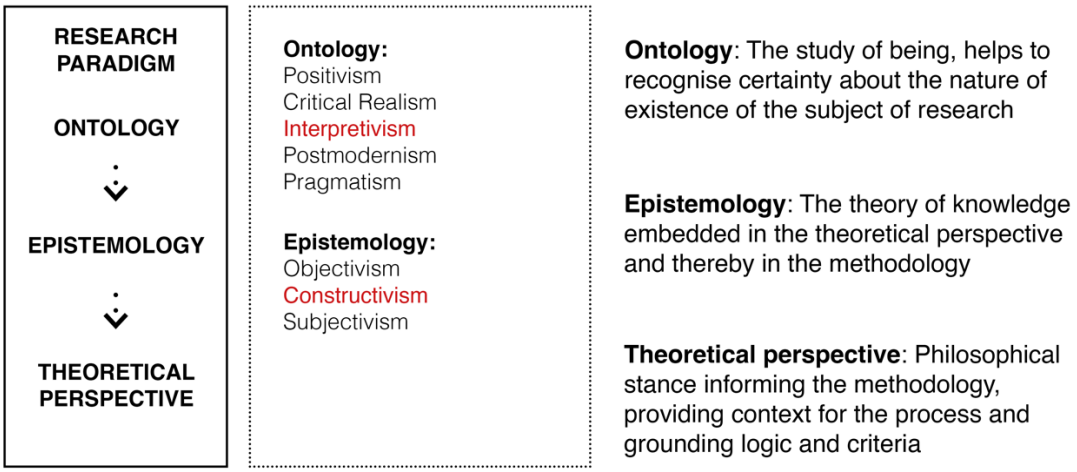


Figure 21: Research Paradigm

This study adopts an **interpretivist-constructivist perspective**. This perspective approaches the interpretation of data as it sees the world, it is assembled by people's interactions with each other and wider social systems (Maxwell, 2006; Bogdan & Biklen,

1992; Guba and Lincoln, 1985; Merriam, 1988), where the purpose is to recognise a particular phenomenon (Farzanfar, 2005). This is a non-obtrusive approach, focusing on understanding the world through first-hand experiences (Tuli, 2010). This method employs techniques that are sensitive to context, enabling deep understanding of social phenomena by encouraging participants to speak freely (Neuman, 2003; Tuli, 2010). This approach is an appropriate choice for this study as it can allow both for both experts and older people (from British-native and immigrant backgrounds) to speak about issues and challenges that they experience when interacting with the wider context. On one hand, exploring expert knowledge on tools and approaches of co-design practice, barriers and challenges in adopting these practices in local government. On the other hand, exploring users' own access and experience of interacting with service system, their reliability on external support, such as family, friends and local community services. The most useful element of this research perspective is that it supports in-depth qualitative enquiry such as interviews and focus group discussion (Tuli, 2010).

Finally, this perspective pursues an understanding of values, beliefs and meanings, obtaining a deep and sympathetic understanding of human cultural activities and experiences (Tuli, 2010; Clark et al., 2021), which aligns with **objective number (4)** of this study that seeks to understand the experiences of older immigrant people in accessing social care services, the relationship between local people, community leaders and service providers.

3.3 Research Approach

There are two main types of research approaches that focus either on testing or building theory, namely using **deductive or inductive approach** (Clark et al., 2021). Deductive and inductive approaches to theory demonstrate the way in which the researcher thinks about and analyses study data (Hyde, 2000). **Deductive** methods focus on studies with a large component of quantitative data (Gray, 2009). This approach usually starts with a hypothesis and aims to prove or disprove it through research whether a statement is true (Bellamy, 2011; Clark et al., 2021). **Inductive** studies focus primarily on qualitative data

(Gray, 2009). This approach begins with a broad generalisation brought by specific observation methods and theory becomes the outcome (Arthur, 1994, Clark et al., 2021). Indictive method seeks to generate some explanations that are grounded in the data of a particular context (Riazi, 2016).

In this study, **inductive reasoning** is applied with a qualitative research approach. This approach does not seek to build a hypothesis, in this case whether co-design can be used to build better social care services in line with older immigrant people's needs, it seeks to uncover why people engage with or do not engage with participatory process at local level and why; it seeks to understand some of the challenges and barriers of co-design and the experiences of older immigrant people. An inductive approach follows a bottom-up method, that builds the theory or outcome based on the data that has been collected in the first instance.

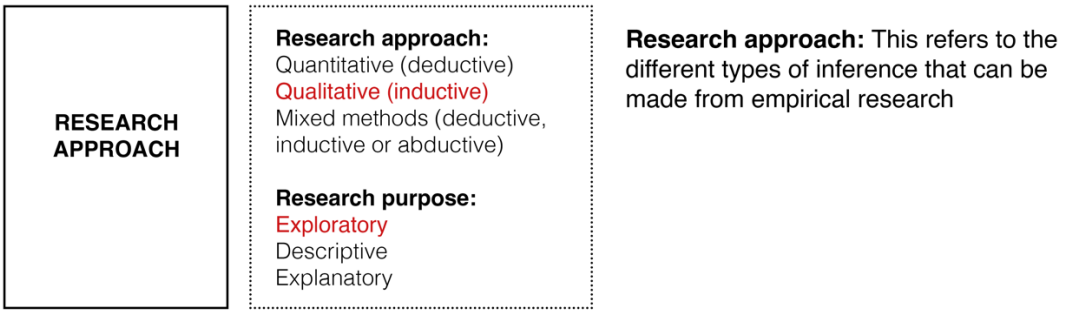


Figure 22: Choice of Research approach

3.4 Research Purpose

The three main types of research purpose are exploratory, descriptive and explanatory research (Bellamy, 2011; Neuman, 2013). Descriptive and explorative studies are closely related in concept as they both seek to uncover the answer to 'what is going on?' (Riazi, 2016). **Descriptive research** seeks to understand the causal process of a phenomena but does not seek to uncover the cause-and-effect relationship between different variables (Neuman, 2013; Riazi, 2016). **Explanatory research** on the other hand,

specifically seeks to test a theory and the relationship between variables, with a high emphasis on discovering causal relationships to help prove or disprove predictions or theory (Gray, 2004, Riazi, 2016).

Table 8: Research purpose types

(Adapted from Neuman, 2013)

Exploratory	Descriptive	Explanatory
Become familiar with basic facts, settings and concerns	Provide a detailed, highly accurate picture	Test a theory's predictions or principle
Create a general mental picture of conditions	Locate new data that contradicts past data	Elaborate and enrich a theory's explanation
Formulate and focus questions for future research	Create a set of categories or classify types	Extend a theory to new issues or topics
Generate new ideas, conjectures, or hypothesis	Clarify a sequence of steps or stages	Support or refute an explanation or prediction
Determine the feasibility of conducting research	Document a causal process or mechanism	Link issues or topics to a general principle
Develop techniques for measuring and locating future data	Report on the background or context of a situation	Determine which of several explanations is best

This study adopts an **exploratory research** purpose. Exploratory studies seek to become familiar with basic facts, they generate new ideas and help to create a general mental picture of conditions and social phenomena (Neuman, 2013; Riazi, 2016). This type of research purpose can be conducted by searching literature, talking to experts or conducting focus group interviews, or through descriptive case studies (Saunders et al., 2000, Riazi, 2016), which are methods this study adopts. Exploratory studies attempt to connect ideas and understand cause and effect (Breakwell et al., 2012). Namely, this study seeks to understand whether barriers and challenges to co-design in local government exist, what they are, uncover the cause and effect, and expand on older immigrant people's perception and engagement with co-design projects at local level.

3.5 Research Strategy

There are three types of research strategies, qualitative, quantitative and mixed-method research strategy. **Qualitative research** is typically inductive, it works with smaller samples of people, nested in a particular context using observations, interviews or case studies that yield qualitative data sets (Gray, 2004). This research strategy views reality as a shifting creation formed by social actors (Clark et al., 2021) and aims to understand the relationships between them (Saunders et al., 2019). **Quantitative research** is typically deductive, objective approach that tests a preconceived theory (Clark et al., 2021). Although this study does not adopt this research type as the main research strategy, it does help to formulate justify research positioning, research questions and some assumptions at the beginning of the study (Gray, 2004). The **mixed-methods approach** research strategy is best used to explain causal relationships between different categories, giving more comprehensive view of the problem and aims for stronger conclusions by adopting both qualitative and quantitative data sets (Riazi, 2016). The choice for this study is **qualitative research strategy** as it permits the research to dive deep into the context through narrative data, understanding the perspectives and experience of older immigrant people, and in-depth inquiry with experts in the chosen scope for the study – it aims to understand the interaction not only between social actors but also between users of the local or public service and the service itself. As it is an inductive approach, the aim here is to use the data to create theory or outcome based on the phenomena at hand.

3.6 Research Methodology

Qualitative research is associated with approaches such as action research, case study research, ethnography, narrative inquiry, and grounded theory (Saunders et al., 2019). As demonstrated further in this chapter, this study draws on selected elements of these approaches, particularly case study research and grounded theory, to support theory generation and in-depth qualitative analysis.

This study adopts a qualitative, design-led research approach structured using the Double Diamond process model (Design Council, 2005; 2015). The Double Diamond is used as the primary design process framework, supporting iterative movement between problem exploration and solution development through four phases: Discover, Define, Develop, and Deliver. Figure 24 illustrates the Double Diamond process as applied in this study.

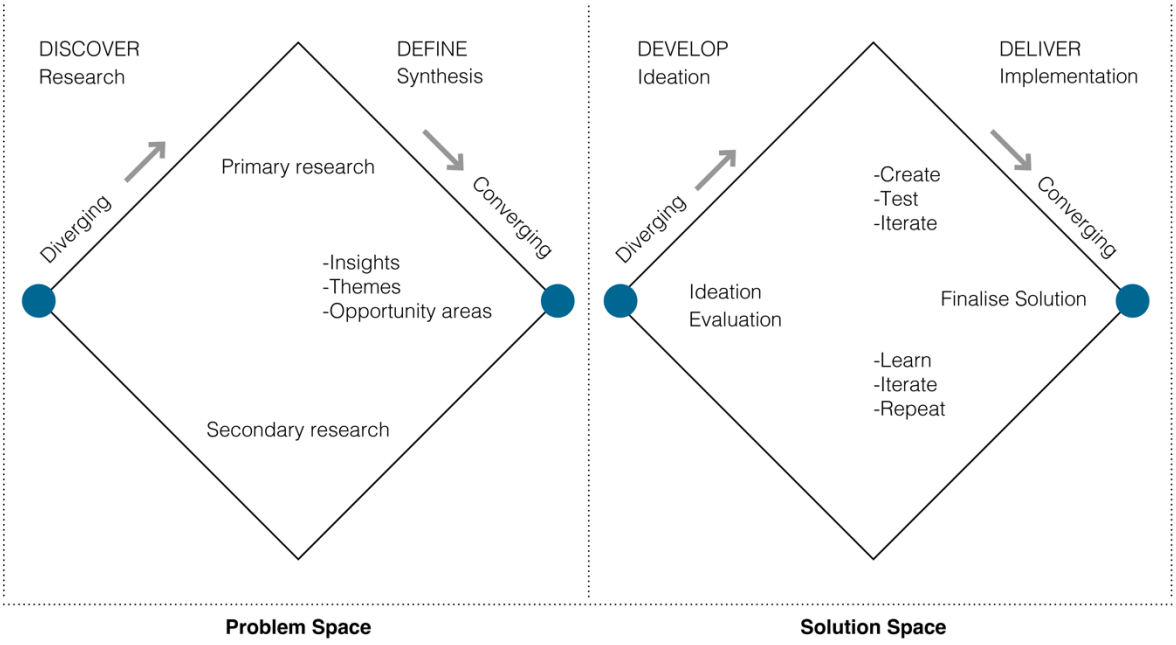


Figure 23: Double Diamond Process Diagram

(Adapted from Design Council, 2005)

1. **The 'discover' phase:** At this phase, issues are explored, insights and user needs are identified, and ideas are generated. Divergent thinking is used to explore a range of perspectives and possibilities, helping to clarify the problem space and build a rich evidence base for subsequent phases
2. **The 'define' phase:** Problems are defined and refined by providing a framework. This phase aims to analyse the findings of the 'discover phase' and define a clear brief. 'Convergent thinking' method is used, meaning that ideas come together from the current and previous step to help bring elements together in preparation for the third step (i.e. the solution side)

3. **The ‘develop’ phase:** Solutions are created and explored. ‘Divergent thinking’ method is used to help explore ideas. In this phase, initial data is turned into actionable results. This phase prepares for an iterative process where the solutions are prepared as drafts to be evaluated and reiterated based on evaluation procedure or an evaluation framework
4. **The ‘deliver’ phase:** The solution is tested and evaluated, rejecting parts that do not work and improving on those that do. ‘Convergent thinking’ is used, meaning that in this final stage concepts are strategically placed, and final testing is made

Table 9 below clarifies the study methodology by outlining the research phases, methods, sampling approaches, and expected outcomes across the four stages of the Double Diamond process.

Table 9: Research methodology, research phase, outcome and objectives

Research phase	Data gathering exercise	Participant / sampling	Output	Research objective(s) addressed
1. DISCOVER Research clarification	- Literature Review		• Identify research problem & scope • Identify goals of the research • Key Research Question • Research Methodology • Theory & definitions	Objectives: 1. Gather relevant research, theory and definitions of co-design, service design, and social care services; to gather research on the experience of older immigrants in social care 2. Identify all stakeholders and their contribution to social care; to understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships
2. DEFINE Data collection	- Exploratory expert Interviews - In-depth expert interviews - Interviews with cultural leaders - In-depth user interviews - Focus groups - Country case Studies	Purposive Purposive Purposive, snowball Purposive, snowball Purposive Purposive	• Clarification of research direction • Understand influencing factors • Learnings from other practices - social care; co-design in local government; co-design initiatives • Experience of the user • Factors affecting co-design practice at local level • Barriers and opportunities	Objectives 1. Gather relevant research, theory and definitions of co-design, service design, and social care services; to gather research on the experience of older immigrants in social care 2. Identify all stakeholders and their contribution to social care; to understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships 3. Gather and compare findings of social care services of MEDCs (more economically developed countries) and key learnings from co-design projects. 4. Examine and compare the social care service experiences of older immigrants and native populations, identifying differences and commonalities. 5. Explore the relationships between local communities, community leaders, and social care service providers, identifying their roles, interactions and impact. 6. To examine the operational practices of social care services across diverse cultural contexts, identifying key challenges, opportunities, and transferable insights.
3. DEVELOP Development and evaluation	- Framework synthesis and evaluation with experts	Purposive, snowball	Framework draft 1 + Final version. Evaluation and iteration process	Objectives 7. To formulate and evaluate a co-design framework, that aims to improve the development of social care services with older immigrant people and enhance stakeholder partnerships
4. DELIVER Finalisation			Final framework + implementation plan	Objective 7.

Iterative research structure and design process:

- **Discover phase (problem space)**

The Discover phase focuses on formulating a clear and credible research goal and establishing the scope of the study. This phase supports early problem exploration through a contextual and integrative literature review, alongside the collection of secondary statistical data. The outcome of this phase is the identification of key theoretical concepts, initial criteria, and contextual factors that form the foundation of the research. This phase remained iterative, allowing refinement of the research focus as understanding of the problem space developed. At this stage, research objectives 1 and 2 are addressed.

- **Define phase (problem space)**

The Define phase focuses on clarifying and refining the problem by identifying fundamental factors that need to be addressed. This phase represents the core qualitative exploration of the study and includes exploratory expert interviews, in-depth interviews with experts, cultural community leaders, older immigrant people, and British-native older people, as well as focus groups and country case studies. These methods were used to develop a detailed understanding of barriers, challenges, and experiences related to co-design and social care access. At this stage, research objectives 1 to 4 are addressed.

- **Develop phase (solution space)**

The Develop phase focuses on synthesising insights generated during the Discover and Define phases to inform the development of the co-design framework. Qualitative data were analysed using affinity mapping and Grounded Theory techniques, including open, axial, and selective coding. This phase resulted in the generation of initial framework components and the production of first and second framework drafts, which prepared the study for formal evaluation. This phase addresses research objective 5.

- **Deliver phase (solution space)**

The Deliver phase focuses on evaluating and refining the co-design framework through an iterative feedback process. Framework drafts were reviewed through in-depth evaluation sessions with experts in co-design, service design, and social care, alongside a questionnaire-based usability survey. Feedback informed successive refinements of the framework, following an iterative evaluation process that included reviewing existing data, defining evaluation focus, developing an evaluation plan, conducting evaluation activities, and finalising the framework. This phase addresses research objective 5.

A semi-circular iterative approach

A key characteristic of the research approach adopted in this study is its iterative and non-linear nature. In qualitative research, linear models that move sequentially from theory to hypothesis generation and validation can be overly restrictive, particularly in exploratory and interpretive studies (Glaser and Strauss, 1967; Flick, 2014). Instead, this study follows a semi-circular approach in which data collection, interpretation, and comparison occur iteratively, allowing insights to emerge progressively through engagement with empirical material.

This iterative logic aligns with the Double Diamond process, which supports movement back and forth between problem exploration and solution development, as well as with grounded theory principles that emphasise constant comparison and theory generation grounded in data (Glaser and Strauss, 1967). Throughout the research process, data were collected, analysed, and revisited continuously, enabling the refinement of insights and the development of the co-design framework in response to emerging findings.

A semi-circular model of research, as proposed by Glaser and Strauss (1967), supports what Flick (2014) describes as a process of ‘deep, empathetic understanding’, ensuring that empirical data remain central to interpretation and inference. This approach strengthens the credibility and reliability of the research by grounding theoretical development in iterative engagement with the data. Figure 25 below illustrates the semi-circular, iterative research approach adopted in this study, highlighting the ongoing interaction between data collection, interpretation, and comparison.

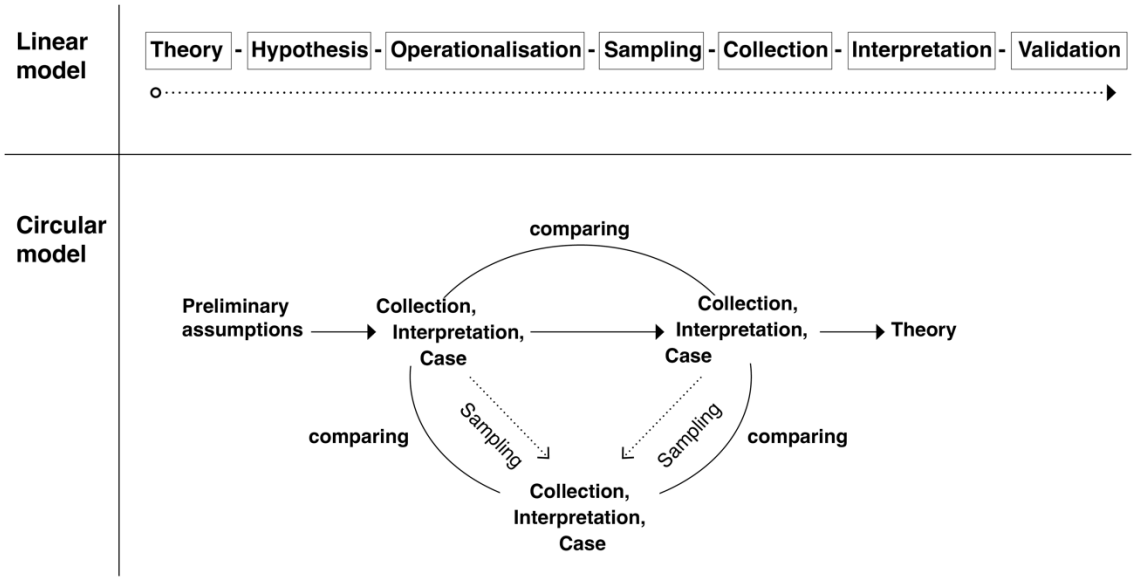


Figure 24: Circular model of research – models of process and theory

(Adapted from Glaser and Strauss, 1967)

3.7 Research Ethics and Research Integrity

Before discussing the research methods, this section highlights the study's ethical considerations and research integrity, providing a foundation for understanding the ethical procedures followed throughout the research process. Due to the study's qualitative nature, it aligns with **Brunel University's 'Code of Ethics for Research'** (Brunel University London Research Ethics Committee, 2013). A participant information document was provided to all participants during the recruitment process of the study, to help participants understand all aspects of the study, including nature of the study, impact and data security and data management procedures. All participants were made aware that their participation was voluntary and that they could withdraw their participation at any time. This aligns with the Diener and Crandall (1978) informed consent elements that constitutes informed consent: describing study purpose, telling participants about their role in study, why they have been chosen, explaining procedures and time required, explaining risk and discomforts, stating and acknowledging the possibility of withdrawal. Participants were provided with a Brunel University Ethics

Committee approved consent form to date and sign before the start of the data collection process. Before the study commenced, participants were given the opportunity to ask questions regarding the study process. The data collection procedure was approved by the Brunel Research Ethics Committee (see Appendix). The researcher took careful consideration of the following key points: risk assessment of physical spaces where the study took place (focusing on the risk for older participants where physical data collection took place), proper data management and data security procedures, the impact of the questions on older participants as considered to be part of a 'vulnerable group'. This research also study complies with **the principles of research ethics** outlined by Schell and Heinritz (2006), as outlined below. The principles in Table 10 were taken into consideration in the application process for ethics approval at Brunel University London, thus approval was granted in accordance (see Appendix):

Table 10: Principles of Research Ethics

Principles of Research Ethics, according to Schnell and Heinritz (2006)
1. Researchers have to be able to **justify** why **research** about their issue is necessary at all
2. Researchers must be able to **explain** what the **aim** of their research is an under which circumstances subjects participate in it
3. Researchers must be able to **explicate the methodological procedures** in their project
4. Researchers must be able to estimate whether their research acts will have **ethically relevant positive or negative consequences** for the participants
5. The researchers must **assess the possible violations** and damages arising from doing their project and be able to do so before they begin the project
6. The researchers have to take steps to **prevent violations** and damages identified according to principal five above
7. The researchers **must not make false statements** about the usefulness of their research
8. The researchers have to respect the current regulations of **data protection** (see Schnell and Heinritz, 2006, pp. 21-24; or data management and data protection subsection below.)

(Adapted from Schnell and Heinritz, 2006)

3.8 Sampling Technique

As a qualitative study that does not require a representative sample or a preplanned approach based on mathematical theory, a **non-probability sampling technique** is the best fit the purpose of this study (Neuman, 2013). The study uses two non-probability sampling techniques: **purposive sampling** and **snowball sampling**.

Table 11: Study sampling methods

Sampling method	Purpose	Method
Purposive sampling	Used in explorative research, selects cases with a specific goal, it is not necessary for the representative sample to be the 'average' or 'typical' version, it does not need to represent the entire population (Neuman, 2013). Successful in attaining cross-section of population (Gray, 2004)	**This type of sampling was used for:** explorative expert interviews, country case studies, in-depth expert interviews, in-depth user interviews, focus group sessions, telephone interviews
Snowball sampling	The focus for this type of sampling technique is on the interconnected network of people, either experts in field of study or family members and members of the community that might be relevant to the research topic (Neuman, 2013). Based on interviews or interactions with a person who is 'knowledge source' to help suggest other likely persons for the study (Gray, 2004)	**This type of sampling was used both for:** in-depth user interviews, in-depth interviews with cultural community leaders

(Adapted from Neuman, (2013)

The study follows advice on **sample size for in-depth interviews** in qualitative research outlined by Warren (2002), which states that for a qualitative study that is based on interview data the requirement is between **20-30 participants**. Adler and Adler (2012) advice a range between **12 and 60**. However, there have been acceptable qualitative studies applying **Grounded Theory** with a variation between **1-350** participants (Mason, 2010).

According to Bryman (2012), the most important aspect to consider when selecting an acceptable sample size, is to achieve theoretical saturation in qualitative data sampling, the following key considerations should be made: (1) The researcher decides when theoretical or data saturation has been made (Clark et al., 2021) (2) the minimum criteria for an adequate sample (3) the theoretical perspective used in the study (4) heterogeneity of the sample population (5) alignment with the key research questions. In the case of this study, the sample size decisions were made periodically between the supervisory team, the researcher, and review panel. Considerations were made based on the above criteria listed by Clark et al. (2021), the variety of data collection methods used, and the content of the data generated at each stage of the process. Data saturation was ensured by looking at the frequency of concepts that were discussed in the findings and how closely to the key research questions those findings were. The following sample sizes were obtained for each of the qualitative research methods used:

Table 12: Research method sample size

Research method	Number of participants
• Exploratory expert interviews	**6**
• Semi-structured in-depth interviews with experts	**18**
• Semi-structured in-depth interviews with older immigrant people	**11**
• Survey and telephone interviews with users	**5**
• Focus group study 1: older immigrant people	**6**
• Focus group study 2: British-native people	**6**
• Country case studies	**7**
• Framework evaluation sessions	**11**

3.9 Research Methods

This section aims to outline the methods used in this study and justifies their choice. The selection of qualitative research methods serve a specific objective and are closely

linked to the choice of theoretical perspective of the study. This study uses triangulation of methods, meaning multiple different methods have been used to substantiate the research. The table below (Table 13), outlines the choice of method, benefit of the selected method and expected challenges.

Table 13: Data collection methods benefits and challenges

(Adapted from Gray, 2004; Kumar, 2012; Neuman, 2013; Flick, 2014; Clark et al., 2021)

Methods	Benefits	Challenges
Qualitative		
Exploratory Interviews	- Helps clarify focus when starting from a general idea of the research topic	- Can yield insights that are too broad
Semi-structured Interviews (In-depth)	- Flexible and successful in conducting research with a 'clear focus' - Helps investigate issues resistant to observation - Can be used alongside other qualitative research methods	- Successful conduct depends on interviewer's situational competence
Survey and telephone interviews with users	- Provides flexibility, helps researcher create some rapport with participants - Allows for the interviewer to explain elements of the survey and gather in-depth insight - Low cost	- Can yield insights that are too rigid - Requires set-up and logistics to appoint a convenient time
Focus Groups	- Group interaction produces insights that would otherwise be less accessible - Group: allows for a variety of perspectives to emerge - Appropriate to study sensitive topics; or with reluctant, "hard-to-reach" user groups - Generates data at multiple levels - Generates diversity and difference	- Difficulty achieving a collection and analysis of individual experiences - Cannot do representative studies with focus groups - Difficulty attempting to study topics that are 'too sensitive' - Difficulty managing discussion; or analysing data due to misidentification or parallel speakers
Case Studies	- Can reveal important differences between cases - Can help reveal best practice between cases	- The need to compare multiple cases can lead to focus that is too rigid, leading to explicit focus and not enough understanding of context
Evaluation with experts	- Can yield reliable & diverse results for evaluation of artefacts and findings - Efficient multi-person sessions	- Evaluation questions can dictate findings, risk of rigidity - Not typically conducted in 'real' context

3.9.1 Literature review

A literature review provides a topic-organised synthesis of the current state of knowledge, helping to identify gaps in existing research and establish the relevance of the research problem (Creswell, 2021). Its purpose is twofold: first, to develop a robust understanding

of the topic through critical engagement with existing work, and second, to provide a transparent and structured foundation for academic inquiry (Fink, 2005).

Neuman et al. (2013) identify six types of literature reviews: context, historical, integrative, methodological, self-study, and theoretical. Given the applied and interdisciplinary nature of this research, a combination of **context** and **integrative** literature review approaches was adopted. The context review supports understanding of the theoretical and policy environments shaping co-design in local government and social care, situating the research question within its broader social and institutional context. The integrative review enables synthesis across multiple domains, including co-design, service design, UK social care, and the experiences of older immigrant people, drawing together examples of best and worst practice to inform the study's outcomes. Table 14 presents the different literature review types adapted from Neuman et al. (2013).

Table 14: Literature review types

Literature Review Type	Description
Context Review	Links study to larger body of knowledge. Appears usually at the start of a report, introduces the study by situating it within a broader framework, showing how it continues or builds on a developing line of thought
Historical Review	The author traces an issue over time. Can be merged with theoretical or methodological reviews to show how a concept, or theory develops over time
Integrative Review	The author presents & summarises the current state of knowledge on a topic, highlights agreements and disagreements. Often combined with context review, may be published as an independent article
Methodological Review	An integrative review, author compares and evaluates the relative methodological strength of various studies and shows how different methodologies account for different results
Self-study Review	The author demonstrates their familiarity with a subject area. Often part of an educational program or course requirement
Theoretical Review	The author presents several theories or concepts focused on the same topic and compares them on the basis of assumptions, logical consistency, and scope of explanation

(Adapted from Neuman et al., 2013)

The literature review for this study was primarily conducted during the Discover and Define phases of the Double Diamond process to develop a deep understanding of the research context and identify gaps in existing knowledge. The literature review addressed the following key objectives:

1. To gather relevant research, theory and definitions of co-design, service design and social car services; gather research on the experience of older immigrant people in social care; provide basis of research and identify opportunities, barriers and challenges
2. To identify stakeholders and their contribution to social care; understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships
3. To review and compare social care service models and case study examples to inform insights and recommendations for best practice

The literature review was conducted using a combination of academic databases accessed through the University library, including multidisciplinary and subject-specific sources relevant to design, social care, and public policy. Key databases included Scopus, Web of Science, and Google Scholar, alongside targeted searches of design and social science journals such as Design Studies, CoDesign, The Design Journal, Health & Social Care in the Community, and relevant policy-oriented publications.

Searches were supplemented by manual exploration of reference lists (snowball searching) from key papers and reports, enabling the identification of influential studies and foundational texts not always captured through keyword searches alone. Grey literature, including policy reports and guidance documents related to social care and public service delivery, was also reviewed where relevant to the research context. Initial keyword searches focused on combinations of terms including co-design, participatory design, service design, public sector design, social care services, older people, immigrant populations, ethnic minority communities, and public service

experiences. These terms were refined iteratively as familiarity with the literature increased and as the research focus became more clearly defined.

Searches returned a broad range of sources, which were screened initially by title and abstract for relevance to the study focus. Full texts were then reviewed where sources addressed participatory or co-design approaches, social care contexts, or the experiences of older or ethnic minority populations interacting with public services.

Inclusion criteria prioritised peer-reviewed journal articles, academic books, and authoritative policy reports published primarily in English and relevant to high-income or comparable public service contexts. Literature was included where it contributed to understanding co-design processes, service design in social care, or the experiences of older immigrant or ethnic minority groups. Sources were excluded where they did not engage substantively with participatory approaches, focused on unrelated service domains, or addressed populations or contexts not comparable to the study's focus.

In line with the exploratory and qualitative nature of the research, the literature review was not treated as a single, fixed stage. Relevant literature was revisited and updated throughout the research process, particularly during data analysis and framework development, to support interpretation, contextualisation of findings, and refinement of the co-design framework.

3.9.2 Exploratory expert interviews

In-depth exploratory semi-structured expert interviews were conducted during the early stages of the study (Discover and Define phases), to help gain a better understanding on the context of the research and initial insight on the barriers and challenges of the co-design process. Participant selection criteria were informed by the literature review conducted during the Discover phase. **Purposive sampling technique** was used in this part of the research process. Participants were selected based on the following key research areas that were identified from the initial literature review for the study: (1) co-

design in local government (2) service design in public sector (3) government academic or official (4) social identity or sociology expert to further understand the experience of minority groups and older immigrant people. Researcher shared interview outline prior to the interview, sessions were then conducted in a semi-structured manner. 1-hour, face-to-face interviews were conducted with experts in four key fields of expertise: co-design, service design, social policy and behavioural science from a mixture of practice in academic, private and public sector. **The aim of the exploratory in-depth semi-structured interviews** with experts was as follows: (1) Improved task clarification and research direction (2) Improved understanding of influencing factors (3) Gain relevant understanding of barriers and challenges in co-design and service design in local government (4) Understand the experience, barriers and challenges of older generation minority groups.

Question type and distribution: identification of theory, understand process and challenges of co-design (in the public sector), engagement with local people, perspective and experience of minority groups or older immigrant people (provide an understanding of impacting social factors). The table below outlines the distribution, sample size and goal for each of the participating experts.

Table 15: Exploratory expert interviews distribution and sample size

Location:	Sample size	Background / expertise:	Goal:
Sweden	[1]	Co-design; practice and academia, public sector	Understand challenges of co-design; understand the local **community process and engagement with local people**
UK & France	[1]	Co-design; practice and academia, public sector	Understand process and challenges of **co-design with immigrant communities** and refugees; uncover tools and approaches
UK	[1]	Co-design; practice and academia, public sector	Understand process and challenges of **co-design in public sector**
UK	[1]	Service design; public sector and local government	Understand process, barriers and challenges of service design process and user research in local government
UK	[1]	Social policy, academia	Understand **governing position** on co-design, co-creation and participatory process in public sector as a whole
UK	[1]	Behavioural science, social identity, academia	Gather theory, build initial understanding of **social factors impacting immigrant older people** and interaction with state services
Total:	[6]		

Thematic analysis was used as the data analysis method for this stage of the study. The figure below (Figure 20) shows an example of an observation from the data acquired, the way in which this is coded under a semi-general code, and corresponding theme to be explored later in the study. For instance, observation 1 example consisted of the expert observation around the local government process of service development. The 'discovery' phase was discussed, a major element of the service design approach in local government that permits service designers to gather information about user needs to help design services accordingly. An example for coding paradigm in this instance would be coding within a theme 'resource and attitude of engagement practice' and 'barriers of user research in public sector'. The code would then further be themed under an overarching or leading core category of 'organisational long-term goals' and 'staff training on user engagement practices'. The core theme of category would act as the foundation of research for the next phase of research and literature search to further unravel issues and barriers of co-design practice and social identity or stigmatisation.

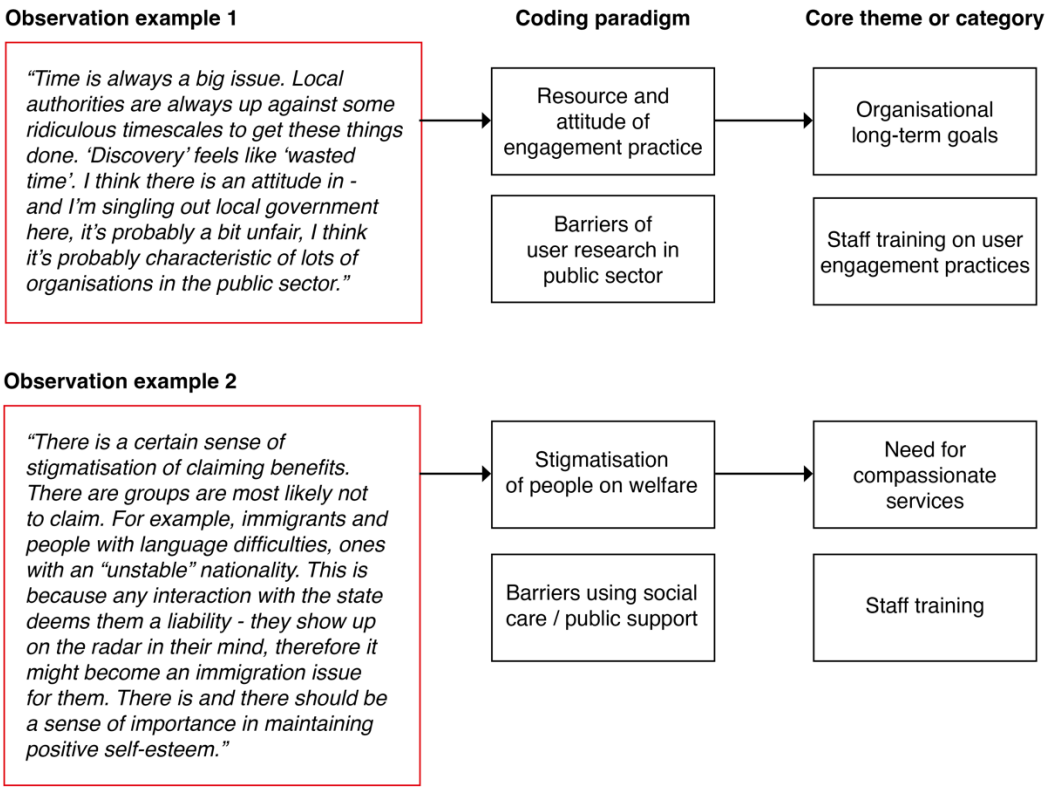


Figure 25: Thematic coding from in-depth semi-structured explorative interviews

The exploratory expert interviews served as a pivotal starting point in identifying key issues and gaps within co-design practices and user research at the local level. These interviews revealed critical insights into the attitudes of staff involved in co-design initiatives, the prevalent pain points in engaging diverse user groups, and systemic challenges within organisations. Themes such as insufficient training for staff, limited understanding of co-design principles and organisational misalignment emerged as findings that directly influenced the direction of the research.

Building on these insights, a framework was developed to structure the in-depth inquiry, ensuring that subsequent research phases were grounded in the realities and complexities of practice. The formulated questions addressed several thematic categories to tackle these themes. A significant area of focus was understanding the tools and approaches employed to engage older immigrant people in the co-design

process. Findings from the exploratory interviews underscored the importance of culturally sensitive and adaptable methods that could account for linguistic and cultural barriers, prompting questions about the effectiveness and flexibility of existing tools and the potential need for new, context-specific or experimental approaches.

The research also sought to examine the processes involved in overcoming barriers identified during the exploratory phase, including addressing the stigmatisation of older immigrant groups, fostering trust and rapport, and mitigating organisational constraints such as limited time, resources, and support for user-centred approaches. These inquiries aimed to uncover practical strategies and best practices for overcoming these hurdles. The findings informed questions about the outlook of co-design and public service development, envisioning scenarios where co-design practices could be more fully integrated into public service planning. This forward-looking aspect paid particular attention to the sustainability of engagement with older immigrant populations and the long-term impact of these efforts.

The exploratory expert interviews served as a starting point for identifying key issues that informed subsequent in-depth interviews and focus groups conducted during the Define phase. This discovery shaped the questions directed at these user groups, focusing on their experiences, perceptions, and the specific challenges they face when interacting with public services. This ensured that the voices of older immigrant people were not only included in the research but prioritised, enabling the study to address their unique perspectives and needs comprehensively.

Overarching themes and supporting findings from the exploratory interviews were carefully synthesised to provide a robust foundation for the next stage of research, referred to as the Define phase**.** These findings directly informed the development of nuanced and targeted questions for in-depth interviews and focus groups with experts, cultural leaders, and target user groups, including older immigrant individuals and British-native populations. By systematically addressing themes of staff training, organisational goals, and user engagement, the research design ensured a

comprehensive and methodical exploration of the factors influencing co-design practices at the local level.

Table 16 summarises the participant characteristics, recruitment approach, and data collection details for the exploratory expert interviews, including inclusion criteria, sampling rationale, and when and how participants engaged with the study.

Table 16: Participant and method overview – exploratory expert interviews

Category	**Details**
Method	Exploratory semi-structured expert interviews
Purpose in this study	To support early problem exploration and refine research direction by identifying key barriers, challenges, and influencing factors related to co-design and service development in local government, and to inform subsequent in-depth data collection
Required characteristics for participation (inclusion criteria)	Expertise in at least one of: (1) co-design in local government/public services, (2) service design in the public sector, (3) social policy/government practice or research, (4) social identity/sociology relevant to minority or immigrant experiences
Exclusion criteria	Individuals without relevant expertise or experience related to co-design/service design/public services and/or minority/immigrant social experience relevant to the study focus
How characteristics were determined	Inclusion criteria were informed by the initial literature review and early scoping of the research topic, which identified key domains required to contextualise co-design practice and the experiences of minority/older immigrant people in public services
Sampling approach	Purposive sampling
Sampling justification	A targeted expert sample was used to obtain informed, practice- and research-based perspectives relevant to the early framing of the study, rather than aiming for statistical representativeness
Rationale for sample size	Six interviews provided sufficient breadth across the four key expert domains to support initial orientation, identify recurring issues, and inform refinement of subsequent interview guides and research focus
Number of participants	6 experts
Recruitment source(s)	Professional and academic networks and targeted outreach to individuals with relevant expertise (academic, public sector, and private sector)

Mode / when conducted / duration / data captured	Face-to-face meetings (setting varied by participant availability. Early stage of the research process (first half of the study) – April-August 2018). Face-to-face, semi-structured. 1 x 60 min interview. Audio / notes and interview transcripts
Analysis approach	Thematic analysis, generating initial codes and themes to inform later stages of inquiry and subsequent interview/focus group topic guides

3.9.3 In-depth semi-structured expert interviews

Interviews are referred to as best at exploring a variation of stories and perspectives of participants (Gray, 2004). For this phase of the study, **semi-structured** (also known as semi-standardised), theory-driven interview questions were used to gather in-depth empirical data (Flick, 2014). One of three main goals of expert interviews, according to Bogner and Menz (2009), is '*theory-generation with the aim to develop a theory from the reconstructed knowledge of various experts, often concerning gaps in research or the needs of target groups'*. Reliant on the researcher's competence, a successful in-depth semi-structured interview is a flexible approach that helps gather data that might otherwise be resistant to observation (Flick, 2014; Clark et al., 2021; Neuman, 2013). The semi-structured interview format consists of an interview guide, that is shared with participants but is used in an 'open way' to guide the interview (Clark et al., 2021). The questions style is open-ended and gives freedom to participants in how they respond. In addition to asking all the questions from the interview guide, this method also allows for flexibility and responsiveness from the researcher (Neuman, 2013).

The aim of in-depth semi-structured expert interviews in this study is to (1) identify barriers and challenges of co-design and service development at local level (2) experience of older immigrant people or minority groups of social care services, and of participatory design projects at local level (3) tools and approaches to engaging with target group (4) identification of opportunities for improvement practice (5) identification of the relationship of different stakeholders (local community, target user group, local organisations, government) (6) to gather insights on best practice where available.

A total of **18 in-depth interviews** were conducted over video call with experts from the following fields: co-design (10 participants total), service design (2 participants total), social care and nursing (3 participants total), local government or 'governance' (3 participants total). Expert background and distribution further elaborated in the Table (**16**) below. **Experts were selected based on** their academic and professional contributions to the fields outlined above, their research expertise closely aligned with the key research questions of this study.

Table 17: In-depth interviews expert background

Interviewee	Sample size	Field of expertise	Location	
1. BL	(10)	Co,design, community initiatives, public sector research	UK	CO-DESIGN
2. SW		Strategic Design, Community Insights Research	UK	
3. SDS		Community-led, co-design and local engagement	UK	
4. SH		Co-design, service design, public services	Sweden	
5. AY		Co-design, local service initiatives	Hong Kong	
6. WS		Co-design, research with older people	Hong Kong	
7. SK		Co-creation, urban design, community engagement	Japan	
8. EG		Co-design, Local government, service development	Japan	
9. MS		Co-design, service design, social design, public sector	Finland	
10. BH		Local government, co-design	Germany	
11. KS	(2)	Service design, co-design, immigration, public sector	Finland	SERVICE DESIGN
12. DSG		Service design, co-design, service innovation	UK / Italy	
13. MK	(3)	Health studies, social care	Denmark	SOCIAL CARE
14. JM		Nursing, social care	UK	
15. BM		Nursing, health studies, social care, governance	UK / Wales	
16. DB	(3)	Community initiatives	UK	GOVERNANCE
17. EL		Co-production, governance, citizen engagement	UK	
18. TB		Co-production, governance, citizen engagement	UK	
TOTAL	**(18)**			

Table 18: In-depth expert interview questions

In-depth expert interviews

Area of expertise	Section	Area to investigate	Discussion
Co-design	[1]	Ice breaker	- Background and expertise discussion, motivation to work in the field
	[2]	Work process and experience	- Experience engaging with older people and minority groups in co-design - Barriers and challenges to co-design - Barriers and challenges to engaging with local people
	[3]	Tools and approaches	- Tools and approaches in engaging with older people, minority groups or 'hard to reach' groups - How existing tools and approaches can be adapted for immigrant older people; how they can be adapted for service co-design
	[4]	Impact and process	- Discuss aspects of 'building trust' with the local community: current context - Discuss importance of creating a 'feedback loop' with the local community
Service Design	[1]	Ice breaker	- Background and expertise discussion, motivation to work in the field
	[2]	Previous research and experience	- Experience engaging with older people and minority groups in co-design - Challenges and barriers w0rking
	[3]	Tools and approaches	- Tools and approaches in engaging with older people, minority groups or 'hard to reach' groups - Tools and approaches that can be applied for social care service development context
	[4]	Process, barriers, roles	- Experience of involving marginalised groups in service development
	[5]	Future outlook	- How to accommodate working with 'hard to reach' groups, people impacted by stigmatisation - Service design supporting marginalised groups to improve user needs
Social Care	[1]	Ice breaker	- Background and expertise discussion, motivation to work in the field
	[2]	Process and challenges	- Experience of engaging with older people and minority groups in co-design: barriers & challenges - Experience of older immigrant people with social care services, issues of trust towards state
	[3]	Tools and approaches	- Tools and approaches in engaging with older people, minority groups or 'hard to reach' groups
	[4]	Key elements and outlook	- Discussing: changing stakeholder responsibilities, partnerships, representation

Area of expertise	Section	Area to investigate	Discussion
Governance	[1]	Ice breaker	- Background and expertise discussion, motivation to work in the field
	[2]	Process and challenges	- Current use of co-design in government (for services, engaging with minority groups) - Key challenges, how to tackle - Citizen perception and engagement with co-design
	[3]	Tools and approaches	- Tools and approaches in engaging with older people, minority groups or 'hard to reach' groups
	[4]	Key elements, values, outlook	- Aspects to consider for more meaningful engagement in co-design - Stakeholder roles and responsibilities of co-design in public sector

The table above elaborates on the question types for each area of research, as different areas required a different focus. There were several elements that were key to the discussion format from each area: the experience of experts in working with older immigrant people; trust between authority and the local community; creative tools and approaches for engaging with diverse or minority groups; and aspects to consider for building more meaningful engagement practices.

A total of **four common areas of the study overlapped** (discussion continues in 'Results' chapter of this study)**:** work process (understanding the experience in the co-design and social care fields; barriers and challenges within the scope of the study; tools and approaches in engaging with local people; future outlook (roles and responsibilities within co-design), as shown in the table below.

Table 19: Overlapping areas of study for in-depth expert interviews between fields

1. Work process (co-design, service design, social care, local government)	▪ Experience of social care, service design, or co-design, engaging with local people

2. Barriers and challenges	▪ In co-design, working with 'hard to reach', minority groups, older people, older immigrant people ▪ Attitude of local people towards engagement in public context
3. Tools and approaches	▪ Tools and approaches to engagement ▪ Tools to overcome barriers and challenges
4. Future development	▪ Stakeholder roles and responsibilities, who must be involved in the process and how

Thematic analysis and Grounded theory was used for the data analysis of in-depth semi-structured expert interviews (further discussed in the data analysis subchapter of this section). ***Purposive sampling technique*** was used to gather participants for this research method (*refer to 'sampling technique' subchapter below*).

Table 20 below, summarises the participant characteristics, recruitment strategy, and data collection details for the in-depth semi-structured expert interviews.

Table 20: Participant and method overview – in-depth expert interviews

Category	**Details**
Method	In-depth semi-structured expert interviews
Purpose in this study	To generate detailed empirical insight into co-design and service development practices at local level, including barriers, challenges, stakeholder relationships, and tools for engaging older immigrant and minority groups, and to inform the development of the co-design framework
Required characteristics for participation (inclusion criteria)	Substantial academic or professional experience in at least one of the following areas: (1) co-design or participatory design, (2) service design in the public sector, (3) social care or nursing practice, (4) local government, policy, or governance related to public services
Exclusion criteria	Individuals without direct experience or expertise relevant to co-design, service design, social care, or public sector service development

How characteristics were determined	Inclusion criteria were informed by findings from the literature review and exploratory expert interviews, which highlighted key stakeholder roles and knowledge domains relevant to co-design and social care service development
Sampling approach	Purposive sampling
Sampling justification	A purposive expert sample was selected to ensure depth of insight across multiple professional domains directly relevant to the research questions, rather than aiming for representativeness
Rationale for sample size	Eighteen interviews provided sufficient depth and diversity across expert fields to identify recurring patterns, compare perspectives, and support theory development in line with qualitative research principles
Number of participants	18 experts (co-design: 10; service design: 2; social care/nursing: 3; local government/governance: 3)
Recruitment source(s)	Professional and academic networks, targeted invitations to practitioners and researchers with relevant expertise, and referrals from earlier expert participants
Mode / when conducted / duration / data captured	Video-call interviews conducted during the main data collection phase (August 2018–March 2019). Semi-structured format; 1x 60-minute interview. Audio recorded and transcribed
Analysis approach	Thematic analysis combined with Grounded Theory coding (open, axial, and selective), enabling identification of patterns, relationships, and higher-level conceptual categories informing framework development

3.9.4 In-depth interviews with cultural community leaders

A total of 5 in-depth semi-structured telephone interviews were conducted with cultural community leaders from a variety of backgrounds, where a **purposive and snowball sampling technique** was used. Telephone interviews were conducted as a means to adhere to social distancing procedures due to the Covid-19 pandemic between 2020-2022. In consideration to the benefits of a face-to-face interview where the interviewer is able to typically create a better rapport with the interviewees, a study found little difference to the answers that respondents give (Vogl, 2013). Participants for this stage were selected on the basis of their involvement or leadership of cultural community groups across London, UK. Participants were recruited via both purposive and snowball

sampling techniques. Snowball technique was used as an opportunity were experts previously suggested cultural leaders of groups and an introduction was thereby generated. The goals of interviews with cultural leaders were as follows: (1) Identify stakeholder contribution and support provided at local level for older immigrant people or minority groups (2) understand the social care service experience of older immigrant people and barriers to care, if any (3) understand the relationship between community leaders, older immigrant people and service providers, understand partnership dynamics. The table below outlines the distribution and background of each cultural leader, as well as the support provided by the cultural community centre for older immigrant or minority older people and their families.

Table 21: Cultural leader: distribution, affiliation and support provided

Participant	Organisation	Loccation	Support provided
1	Somali local cultural group	Hillingdon, UK	Help with welfare applications, social and well-being groups, support for women
2	Greek local cultural group	London Borough of Camden, UK	Social and well-being groups, support with living arrangements, partnerships with council
3	Hindu local cultural group	Hillingdon, UK	Well-being and social groups, support with access to public services
4	Sikh local cultural group	Hillingdon, UK	Well-being and social groups, support with access to public services
5	Muslim centre local cultural group	Hillingdon, UK	Well-being and social groups, support with access to public services

The table below shows an outline of the areas that were investigated during the interview process. **Grounded theory** was used to analyse the data for this section of the research process. The key areas outlined from each participant was summarised and presented with significant observations. The data was presented and summaries to focus on the three areas outlined below (see results chapter for further elaboration):

Table 22: Cultural leader interviews areas of investigation including subgroups

Area to investigate	Subgroup to investigate
1. Life of older immigrant people or minority groups	1. A) Barriers and challenges B) Access to social care services at local level C) Reliability on family and friends D) Reliability on cultural support groups and networks E)Impact of language and cultural differences F)Local minority groups' engagement procedure with external organisations (authority and third sector)
2. Local service offer for immigrant older people or minority groups	2. A) Offer from cultural support groups and organisations B) Accessibility of services C) Examples of local partnerships (between cultural support organisations and other groups)
3. Self-organisation methods of local cultural support groups	3. A) Groups, events, training and facilities provided for the local cultural community

Table 23 below, summarises the participant characteristics, recruitment strategy, and data collection details for the in-depth interviews with cultural community leaders.

Table 23: Participant and method overview – interviews with cultural community leaders

Category	**Details**
Method	In-depth semi-structured interviews with cultural community leaders
Purpose in this study	To understand the role of cultural community leaders in supporting older immigrant people, explore experiences of social care access, and examine relationships between communities, service providers, and local authorities
Required characteristics for participation (inclusion criteria)	Individuals holding leadership or coordination roles within cultural or community organisations supporting immigrant or minority communities, with direct engagement with older immigrant people and/or families
Exclusion criteria	Individuals without leadership, coordination, or representative roles within cultural or community groups relevant to older immigrant populations

How characteristics were determined	Inclusion criteria were informed by the literature review and findings from earlier expert interviews, which highlighted the importance of community intermediaries in shaping access to services and trust between older immigrant people and institutions
Sampling approach	Purposive sampling supplemented by snowball sampling
Sampling justification	Cultural community leaders represent a small, identifiable population; purposive sampling ensured relevance, while snowball sampling enabled access to trusted networks and hard-to-reach community representatives
Rationale for sample size	Five interviews provided sufficient depth to capture variation across community contexts while allowing detailed exploration of roles, practices, and partnership dynamics
Number of participants	5 cultural community leaders
Recruitment source(s)	Direct contact with cultural and community organisations, and referrals from expert interview participants and existing community networks
Mode / when conducted / duration / data captured	Telephone interviews conducted during the Covid-19 pandemic (2020–2022). Semi-structured format; 1x45 minute interview per participant. Audio recorded and transcribed
Analysis approach	Grounded Theory analysis, identifying key categories related to stakeholder roles, service access barriers, partnership dynamics, and community-led support practices

3.9.5 In-depth interviews with older immigrant people

1-hour long in-depth either telephone or face-to-face interviews were conducted with participants. Some interviews were conducted following the focus groups study with participants; some interviews were conducted following the failure of the previously discussed questionnaire survey. **The total number of interviews with older immigrant people is 6. Purposive and snowball sampling** was used to recruit participants. The user group for this study was selected based on their background and their previous interaction with local social care services or local community centres. The criteria for the target for this part of the study used group is twofold: **(1)** Older immigrant people (aged 65+) **(2)** having interacted with UK social care services at some capacity. **The aim of the in-depth user interviews is as follows: (1)** To understand the social care service

experience of older immigrant (to be compared with the experience of British-native older people's data from other parts of the study) **(2)** To compare findings between both groups in order to outline any differences **(3)** To understand local people's willingness to engage with participatory design projects at local level **(4)** To understand barriers and challenges to engaging with participatory projects at local level (5) To understand the relationship between local people and the local authorities.

The question areas to investigate are outlined in the two tables below. Areas ranged from the user groups' experience of social care, their reliability on family and friends, their general feelings of autonomy over their care. The data analysis process that was used for this method is **Grounded Theory** (discussed further in this chapter).

Table 24: Questions for older immigrant people or minority group

Question types for: Older immigrant people or minority group

Area to investigate	Subgroup to investigate
1. Knowledge of social care services in the UK	1. A) General knowledge of the system of care (UK) B) Reliability on family and friends for information
2. Knowledge and access of social care services in the UK, or community social, cultural and well-being groups	2. A) Barriers and challenges to accessing social care services at local level: how, where and eligibility B) Impact of language and cultural differences C) Engagement with services (authority and third sector) (extent of engagement)
3. Engagement with local services, community events, participatory design projects (local council)	3. A) Impact of language and cultural differences B) Willingness to engage with participatory projects at local level C) Influence of trust; other barriers and challenges

Table 25 below, summarises the participant characteristics, recruitment approach, and data collection details for the in-depth interviews with older immigrant people.

Table 25: Participant and method overview – interviews with older immigrant people

Category	Details
Method	In-depth semi-structured interviews older immigrant people
Purpose in this study	To explore older immigrant people's experiences of accessing and interacting with UK social care services, identify barriers and challenges, and understand attitudes toward engagement with participatory and co-design initiatives at local level
Required characteristics for participation (inclusion criteria)	(1) Older immigrant people aged 65 years and over; (2) individuals who had interacted with UK social care services or local community centres in some capacity
Exclusion criteria	Individuals under the age of 65, or those without any experience of interacting with social care services or relevant community support structures
How characteristics were determined	Inclusion criteria were informed by the literature review and earlier expert and community leader interviews, which identified older immigrant people with lived experience of social care interaction as a key user group for understanding access barriers and engagement challenges
Sampling approach	Purposive sampling supplemented by snowball sampling
Sampling justification	Purposive sampling ensured that participants had direct, relevant experience of social care services, while snowball sampling supported access to a population that may be difficult to reach through formal recruitment channels
Rationale for sample size	6 x interviews allowed for in-depth exploration of lived experiences while enabling identification of recurring themes and contrasts within the user group, consistent with qualitative research principles
Number of participants	6 older immigrant participants
Recruitment source(s)	Local community centres, local library, voluntary knitting group, cultural organisations, and referrals from community leaders and previous participants
Mode / when conducted / duration / data captured	Telephone and face-to-face interviews conducted during the main data collection phase (2019-2021). Semi-structured format; 1x 30-minute interview per participant. Audio recorded and transcribed
Analysis approach	Grounded Theory analysis, enabling comparison across participant accounts and identification of core categories related to service access, trust, autonomy, and engagement

3.9.6 In-depth interviews with British-native people

5 in-depth interviews using a questionnaire were conducted with British-native older participants. The questionnaire survey that was used a mixture of both open and closed-ended questions. A total of 5 participants were recruited for telephone in-depth user interviews with questionnaire survey via BORG (Brunel University's Older People Reference Group) through **purposive and snowball sampling** techniques. The criteria for recruitment were: **(1)** participants were of British-native background and **(2)** had interacted with social care services in the UK to some capacity. **The purpose of this method** was to **(1)** gather insights on British-native people's experience of social care services in the UK (regarding access, general experience, knowledge on the system of care) and **(2)** understand any barriers and challenges of their interaction with UK social care services. In addition, **findings were to be compared with those of findings from older people of a non-native or immigrant background**. The interview interaction helped to create a rapport with participants and yield in-depth understanding of their social care experiences and interactions, for enhanced comparison between the two user groups. The questionnaire design consisted of details about the researcher and their affiliation, ethics procedure, participant information and consent form. A summary of the questions: age and location, participants' interaction with local community or social care services, interaction with local government service offers in any capacity, any barriers or challenges when interacting with 1. Social care services and 2. Community services in any capacity; whether participants knew how to access social care support and whether they engaged with co-design projects at local level (now or in the past).

Below are the questions posed for British native people. The aim of this section of the study is to identify converging and diverging elements between the data from both groups (older immigrant people and British-native older people), converging data from (1) in-depth user interviews with older immigrant people (2) interviews with questionnaire with older British-native people (3) focus group studies with both user groups. Questions for comparison purposes, focused on identifying formal or informal support that both groups may receive; whether cultural or language barriers were present in their experience of social care services; what other barriers they may have experienced when accessing UK social care services; and finally, both groups' willingness to engage with local participatory initiatives (or their outlook on engaging with local authorities). Overlapping

factors for comparison between both user groups were: 'experience of social care', 'barriers and challenges of interacting with social care or community services at local level', 'cultural or linguistic impact', and finally, 'engagement or willingness to engage with local participatory projects'.

Table 26: Questions for older British-native people

Question types for: Older British-native people

Area to investigate	Subgroup to investigate
1. Knowledge and experience of social care services in the UK	1. A) General knowledge of the system of care (UK) B) Reliability on family and friends for information
2.Knowledge and access of social care services in the UK, or community social and well-being groups	2. A) Barriers and challenges to accessing social care services at local level: how, where and eligibility B) Impact of language and cultural differences C) Engagement with services (authority and third sector) (extent of engagement)
3. Engagement with local services, community events, participatory design projects (local council)	3. A) Impact of language and cultural differences B) Willingness to engage with participatory projects at local level C) Influence of trust; other barriers and challenges

Table 27 below, summarises the participant characteristics, recruitment strategy, and data collection details for the in-depth interviews with British-native older people.

Table 27: Participant and method overview – interviews with British-native older people

Category	Details
Method	In-depth semi-structured interviews with British native older people
Purpose in this study	To explore British-native older people's experiences of accessing and interacting with UK social care services and to enable comparison with the experiences of older immigrant participants

Required characteristics for participation (inclusion criteria)	(1) British-native older people; (2) individuals who had interacted with UK social care services in some capacity
Exclusion criteria	Individuals without any experience of interacting with UK social care services
How characteristics were determined	Inclusion criteria were informed by the research objectives and earlier findings, which required a comparative baseline group to contextualise and contrast the experiences of older immigrant participants
Sampling approach	Purposive sampling supplemented by snowball sampling
Sampling justification	Purposive sampling ensured participants had direct experience of social care services, while snowball sampling supported recruitment within an older population group during the data collection period
Rationale for sample size	5 x interviews provided sufficient comparative insight to identify converging and diverging themes between British-native and older immigrant people, consistent with the exploratory qualitative design of the study
Number of participants	5 x British-native older participants
Recruitment source(s)	Brunel University's Older People Reference Group (BORG) and participant referrals
Mode / when conducted / duration / data captured	Telephone interviews conducted during the main data collection phase (2019-2021). Questionnaire-guided format; 1x approximately 30-45-minute interview per participant. Recorded and transcribed
Analysis approach	Thematic analysis and Grounded Theory coding, enabling structured comparison with data from older immigrant interviews and focus group discussions

3.9.7 Focus group with older immigrant people

Two major aspects of focus group study include: **(1)** the interaction process between participants, meaning that this dynamic can act as a prompt to more detailed responses from a wide variety of participants within the group and **(2)** it gives participants the freedom to highlight issues that *they* see as important or significant (Clark et al., 2021). Focus groups typically contain 6-7 participants (Gray, 2004). Two focus group sessions were conducted, with a total of 6 participants each. Sessions were conducted at local libraries, community centres and local volunteering groups for older people.

Aim of the focus group sessions: (1) to understand the social care service experience of older immigrant and native people (2) to understand any formal or informal support both groups might receive (4) to understand both group's experience of interacting with local government to any capacity (3) to understand older people's willingness to engage with co-design projects at local level (barriers, challenges, reasoning). A **purposive sampling technique** to recruit participants for focus groups, by contacting several local libraries, community centres and local volunteering groups for older people in London, UK. The following purposive criteria was used (1) the participant is non-native to the UK (2) the participant is British-native (3) the participant has had access to UK social care services in some capacity. The same semi-structured and structured questions were used as for 'in-depth user interviews' and 'telephone interviews using questionnaire' study methods (refer to previous subsections). This was done to show overlap and compare findings from different methods between the two user groups, namely older immigrant people and older British-native people. **Grounded theory** alongside thematic analysis was used to analyse the data gathered from focus group sessions (see data analysis section for further details).

Issues and challenges that may arise during focus group study is that some voices might prevail over others during group interaction, as well as sensitive topics around access to welfare and social care services being seen as 'too sensitive' for some cultures to discuss in public (Clark et al., 2021). These challenges were noticeable in some instances. The way this was overcome in the case of this research, during the focus group sessions some participants were approached by the researcher to request a further interview to be conducted in a semi-private setting where necessary. This helped to create a safer environment for research as participants felt more comfortable to share their experience.

Table 28 below, summarises the participant characteristics, recruitment approach, and data collection details for the focus group sessions.

Table 28: Participant and method overview – focus groups with older people

Category	Details

Method	Focus group discussion
Purpose in this study	To explore shared and contrasting experiences of social care access, informal support, and engagement with local authorities among older immigrant and British-native participants, and to observe group dynamics and collective sense-making around participation and co-design
Required characteristics for participation (inclusion criteria)	(1) Older people aged 65 years and over; (2) either immigrant or British-native background; (3) experience of interacting with UK social care services or local community services in some capacity
Exclusion criteria	Individuals under the age of 65 or without any experience of social care or relevant community service interaction
How characteristics were determined	Inclusion criteria were informed by the research objectives and earlier interview findings, which highlighted the value of group discussion for comparing shared and divergent experiences across user groups
Sampling approach	Purposive sampling
Sampling justification	Purposive sampling ensured that participants met specific experiential criteria relevant to social care access and community engagement, enabling meaningful group discussion and comparison
Rationale for sample size	2 x focus groups of 6 participants each enabled rich discussion while remaining manageable, consistent with recommended focus group sizes for qualitative research
Number of participants	2 focus groups x 6 participants
Recruitment source(s)	Local library, community centre, and volunteering group for older people in London, UK
Mode / when conducted / duration / data captured	Thematic analysis alongside Grounded Theory techniques, enabling comparison across groups and triangulation with interview data
Analysis approach	Thematic analysis and Grounded Theory coding, enabling structured comparison with data from older immigrant interviews and focus group discussions

3.9.8 Case studies

Used to provide a good picture of the context for a particular situation, setting, person or event, the case study approach is highly contextual (Flick, 2013). A beneficial characteristic of the case study approach is that it can deal with multiple variables at once (Yin, 2009) or ‘many features of a few cases’ (Neuman, 2013). There are four main

types of case study design: single-case holistic, single-case embedded, multi-case holistic and multi-case embedded case studies (Gray, 2004; Yin, 2009). The difference between the holistic and embedded variations, is that the holistic study design focuses on a single unit of analysis without exploring any subdivisions, whereas an embedded study allows for nuance by comparing subunits or subcases (Gray, 2004). This study adopts the **multi-case embedded case study design**. This is an appropriate choice for this section of the research as it uses data from multiple sources across a range of selected country cases. The embedded approach allows for more freedom, where the researcher can explore **subcategories** within the country case study that directly impact the key research questions.

The case study research approach is an appropriate selection as it is focused on questions 'how' and 'why' (Gray, 2004). In the case of this study, this approach aims to tackle **Objective (3)** 'To gather and compare findings of social care services of MEDCs (more economically developed countries) and key learnings from co-design projects. This will help provide recommendations for best practice'. The questions posed within this objective are: 1. What is the social care service structure within selected countries? 2. What social care services are offered for older immigrant people, or older people at local level? 3. How does local government in said country approach co-design or participatory processes and engagement with local people? 4. What are some of the barriers and challenges of co-design or participatory processes at local level? 5. Why do those challenges occur and how are they tackled by government?

In case study research it has been suggested that using data from multiple sources, i.e. desk research and **primary data collection methods** (in-depth interviews with experts), strengthens this approach (Gray, 2004; Bickman and Rog, 2009; Neuman, 2013). The aim is to use different source types to triangulate the data (Bickman and Rog, 2009). For the **case study approach, this research adopts both primary and secondary data**. On one hand, the study looks at literature on country case studies, their approach to social care for older people and older immigrant people, as well as local government initiatives of participatory design practice. On the other hand, **6 expert interviews provided** on the same topics, including in-depth investigation of participatory engagement practices and

approach to older immigrant people for the scope of the study, within local government for the following countries: Finland, Denmark, Japan and Germany.

A **purposive sampling technique** is used for the selection of seven country case studies. Namely, Germany, Belgium, France, Denmark, Finland, South Korea, Japan. The selected cases were on the basis of the following criteria **(1)** country's Gross Domestic Product percentage spent on long-term care **(2)** country's population of people aged 65+ **(3)** in some instances, non-native population numbers **(4)** innovative engagement practices for co-design in local municipalities.

For the case study selection and exclusion rationale, an initial longlist of high-income countries with established public social care systems was identified through desk-based review of OECD and World Bank data. Countries were screened against the following criteria: (1) level of public investment in long-term or social care, (2) proportion of the population aged 65 and over, (3) presence of formal social care infrastructure at national or municipal level, and (4) evidence of participatory, co-design, or citizen engagement initiatives within public services. From this initial pool, a subset of countries was shortlisted where sufficient and comparable secondary data were available and where documented examples of co-design or participatory practice in public services could be identified. Practical considerations, including feasibility within the scope of the doctoral research, language accessibility of sources, and availability of expert insight, further informed the final selection.

Countries were excluded where social care systems were primarily market-led or family-based with limited public provision, where relevant data on participatory practices were unavailable or not comparable, or where inclusion would have resulted in duplication of governance or welfare models already represented in the sample. The final set of seven country case studies therefore reflects a purposive selection designed to maximise analytical diversity while remaining feasible within the scope of the study.

Table 29 below, summarises the country case study selection process, outlining the inclusion and exclusion criteria, the initial pool of countries considered, and the rationale

for the final selection. This overview is provided to clarify how the final set of case studies was determined and to ensure transparency in the methodological decision-making.

Table 29: Country case study selection and exclusion overview

Stage	**Description**
Initial pool	OECD and other high-income countries with established public social care systems
Number of countries identified	18 countries (based on initial desk review)
Inclusion criteria	High public investment in social/long-term care; ageing population (65+); formal social care infrastructure; evidence of participatory or co-design practices
Additional selection considerations	Availability of comparable secondary data; relevance to research objectives; feasibility within study scope
Countries selected	Germany, Belgium, France, Denmark, Finland, Japan, South Korea
Reasons for exclusion	Limited public social care provision; absence of documented co-design practices; insufficient or non-comparable data; duplication of welfare or governance models already represented
Rationale for final sample size	Seven cases provided sufficient diversity across welfare regimes and governance models while enabling in-depth cross-case analysis

Grounded theory axial coding is used for the data analysis for the case study approach. The figure below indicates an example of the diagram, providing data on the context, intervening and causal conditions, by focusing on the phenomenon that is occurring within the cases, what the resulting consequences from this phenomenon are, and specifically what strategies does the country provide to tackle those conditions.

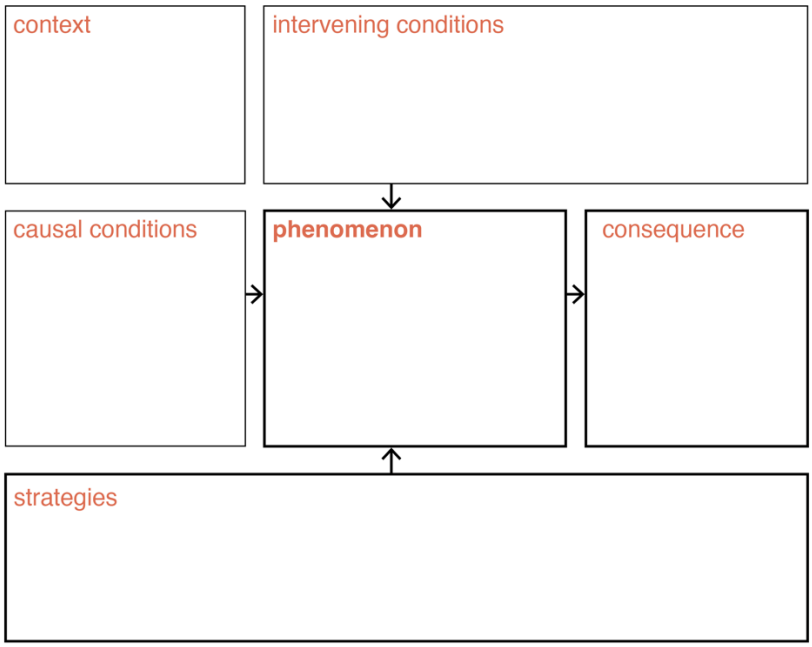


Figure 26: Example from case studies axial coding diagram

The figure below shows an example of strategies employed by the country to tackle co-design practices, social care service offer or support elderly people at local level. The figure shows the impact or resulting consequences of these strategies.

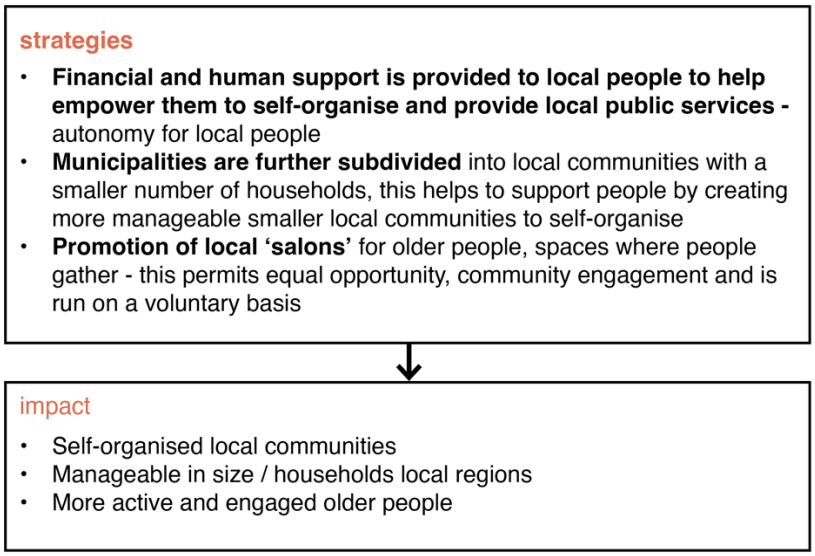


Figure 27: Example of key findings from case studies axial coding diagram

The table below shows an outline of the sample size for in-depth expert interviews regarding country case studies, alongside the focus of the expert field of expertise:

Table 30: In-depth expert interviews for case studies

Interviewee	Sample size	Field of expertise	Location / Area of expertise	
1. BL		Co,design, community initiatives, public sector research	UK	CO-DESIGN
2. SW		Strategic Design, Community Insights Research	UK	
3. SDS		Community-led, co-design and local engagement	UK	
4. SH		Co-design, service design, public services	Sweden	
5. AY		Co-design, local service initiatives	Hong Kong	
6. WS		Co-design, research with older people	Hong Kong	
7. SK	(4)	Co-creation, urban design, community engagement	Japan	
8. EG		Co-design, Local government, service development	Japan	
9. MS		Co-design, service design, social design, public sector	Finland	
10. BH		Local government, co-design	Germany	
11. KS	(1)	Service design, co-design, immigration, public sector	Finland	SERVICE DESIGN
12. DSG		Service design, co-design, service innovation	UK / Italy	
13. MK	(1)	Health studies, social care	Denmark	SOCIAL CARE
14. JM		Nursing, social care	UK	
15. BM		Nursing, health studies, social care, governance	UK / Wales	
16. DB		Community initiatives	UK	GOVERNANCE
17. EL		Co-production, governance, citizen engagement	UK	
18. TB		Co-production, governance, citizen engagement	UK	
TOTAL	**(6)**			

3.9.9 Framework evaluation with experts and users

The evaluation process of the co-design framework consists of 11 in-depth interview sessions with experts and users. The study undertook 7 experts evaluation sessions from the fields of social care (3 experts), co-design (2 experts) and local government (2 experts). The aim of this phase of the study is to evaluate the co-design framework to help improve the final draft of the framework. Participating user and experts were recruited via purposive and snowball sampling. The criteria for participating experts: substantial experience and knowledge in the field of co-design, social care, or experience working at local government level with an involvement in design or social care. The criteria for users was older immigrant people (65 years old and over).

The evaluation process focused on three categories, namely: [1] usability and suitability [2] applicability and feasibility and [3] comprehensiveness and accuracy. Data was recorded, transcribed and key findings used to develop the final co-design framework for this phase of the study. Documents used during evaluation session: framework document; structured questionnaire document (see Appendix).

Main question areas posed in the questionnaire, each in line with the three main categories for consideration outlined above (further details found in Appendix):

- **Section 1:** To ascertain the **usability and suitability** of the framework for non-designers, paying attention to the clarity of instructions and visual representation of elements.
- **Section 2:** To ascertain the **applicability and feasibility** of the co-design framework, evaluating the practical implementation in real-world scenarios.
- **Section 3:** To ascertain the **comprehensiveness and accuracy** capabilities of the co-design framework.

Evaluation interviews with experts and users

Qualitative closed-ended evaluation interviews with experts and users, where 1-1 sessions were held. The framework document was presented to participants, each section and question explained to aid the evaluation procedure of the co-design framework. The table below gives an outline for the area of expertise of each expert (a total of 7 experts) that were recruited for evaluation. A total of 4 users were recruited for evaluation sessions.

Table 31: Expert Background Evaluation Sessions

Participant	Background	Expertise
Expert 1	Social care & social policy	Social policy and social care - academia and practice
Expert 2	Social care	Experience of immigrant people, migration, social care
Expert 3	Social care	Co-design, social care
Expert 4	Co-design	Participatory design practice with vulnerable people
Expert 5	Co-design	Local government participatory design, not-for-profit
Expert 6	Local government	Participatory design, co-design, co-production, local gov.
Expert 7	Local government	Participatory design practice with vulnerable people

Evaluation Process: Justification and Overview

The evaluation process of the co-design framework is a critical step in ensuring that the framework is robust, user-friendly, and applicable to real-world scenarios. By conducting **in-depth interviews** with both experts and users, this phase allowed for a comprehensive understanding of how the framework performs in practice. The inclusion of 7 expert and 4 users gave a diverse range of insights from professionals with substantial experience and knowledge. The experts offered crucial feedback based on

their understanding of the complexities within social care systems and co-design methodologies, as well as the practicalities of implementing such a framework at the local government level. While engaging older immigrant people (over 65), as the user group in the evaluation was equally crucial, as this is the beneficiary group for which the framework was created. Ensuring that the framework is accessible to non-designers, staff working within UK local government, was crucial for its success in achieving inclusive co-design practices. The **purposive and snowball sampling** method for recruitment ensured that participants are selected based on their relevance to the study, thus providing targeted and meaningful feedback.

Why This Evaluation Approach is Important

Qualitative evaluation interviews are essential for gathering **in-depth insights** that go beyond the surface level, allowing participants to express their detailed experiences and views on the framework's design and practicality. While **closed-ended questions** help ensure focused feedback on specific aspects of the framework, the **interview format** allows for additional nuance and clarification, which is particularly important when dealing with complex topics like co-design in social care. This mixed approach of structured yet flexible interviewing fosters a deeper understanding of how different users and experts perceive the framework's usability, applicability, and comprehensiveness.
Furthermore, this approach ensures that the evaluation process is **inclusive and reflective** of both expert and user perspectives. Experts provide high-level critiques based on their professional experience, while users (older people who will directly interact with or benefit from these systems) offer practical feedback on whether the framework is intuitive and accessible. The **triangulation of perspectives** from these two distinct groups enriches the evaluation, providing well-rounded data to inform revisions to the framework.

Evaluation Categories

The evaluation focuses on three core categories: usability and suitability, applicability and feasibility, and comprehensiveness and accuracy. Each of these categories has been designed to address different aspects of the framework:

1. **Usability and suitability**: this focuses on whether the framework can be easily understood and followed by non-designers, particularly older adults. Key questions in this section examine the clarity of instructions and the visual representation of the elements within the framework
2. **Applicability and feasibility**: this considers whether the framework can be implemented effectively in real-world settings. Questions assess how practical the framework is in various contexts, including social care settings, and whether it can be adapted to different scenarios
3. **Comprehensiveness and accuracy**: this evaluates the thoroughness of the framework, ensuring that it covers all necessary aspects of co-design and whether it accurately reflects user needs and expert knowledge. Feedback in this section is crucial for refining the framework to ensure it integrates all necessary inputs

Outcome of the Evaluation

Data from these **evaluation interviews** was carefully recorded, transcribed, and analysed. By extrapolating key findings, the evaluation aimed to **iterate and improve** the final co-design framework, ensuring it is fit for purpose and responsive to the needs of both practitioners and social care service users. This iterative process ensures that the framework is not only academically sound but also **practically useful** in real-world applications within UK local government, making it a valuable tool for those working in co-design within social care environments at local level.

Table 31 summarises the participant characteristics, sampling rationale, and data collection details for the framework evaluation stage.

Table 32: Participant and method overview – framework evaluation

Category	Details
Method	Framework evaluation through in-depth semi-structured interviews and questionnaire-guided discussion
Purpose in this study	To evaluate the usability, applicability, feasibility, and accuracy of the proposed co-design framework and to refine the final framework based on expert and user feedback
Required characteristics for participation (inclusion criteria)	**Experts:** substantial experience in co-design, service design, social care, or local government practice involving design or service delivery. **Users:** older immigrant people aged 65 years and over
Exclusion criteria	Individuals without relevant professional expertise (experts) or those outside the target user group or age range (users)
How characteristics were determined	Inclusion criteria were informed by the research objectives and earlier findings, which identified both expert validation and user accessibility as essential for evaluating the framework's real-world relevance and inclusivity
Sampling approach	Purposive sampling supplemented by snowball sampling
Sampling justification	Purposive sampling ensured participants had direct relevance to framework evaluation, while snowball sampling supported access to appropriate experts and older immigrant users within established networks
Rationale for sample size	Eleven evaluation sessions (7 experts, 4 users) provided sufficient depth to identify usability issues, validate conceptual accuracy, and inform iterative refinement without overburdening participants
Number of participants	11 total (7 experts; 4 older immigrant users)
Recruitment source(s)	Professional and academic networks for experts; community contacts and referrals for older immigrant users
Mode / when conducted / duration / data captured	1-to-1 evaluation sessions conducted during the final phase of the study (2024–2025). 1 x 60 minutes. Data included questionnaire responses, interview notes, and recorded feedback
Analysis approach	Qualitative thematic analysis of evaluation feedback, used to inform iterative refinement and finalisation of the co-design framework

3.10 Data Analysis

The data analysis in this study integrates two qualitative methods 1. Thematic Analysis and 2. Grounded Theory (Corbin and Strauss, 1990), to systematically explore and interpret the research data. These approaches are selected for their complementary

strengths: on the one hand 'thematic analysis' provides a structured yet flexible framework for identifying key patterns and themes in the initial phases of research, while the 'Grounded Theory' approach offers a rigorous process for generating theories grounded in data. Together, these methods enable a comprehensive understanding of the complex relationships and insights that emerge, aligning with objectives to inform the outcome. This section details the steps and processes for each analysis method, illustrating how they contribute to the findings and theoretical development.

3.10.1 Thematic analysis

The first is method of data analysis used in the study is thematic analysis. This method was used to frame literature review findings, case study findings, and primary data findings. Although thematic analysis does not have a clear identifiable origin or distinct set of guidelines (Clark et al., 2021), there are versions of thematic analysis that outline a set of steps to be followed (Ryan and Bernard, 2003, Braun and Clark, 2006, Clark et al., 2021). Using thematic analysis for the initial steps of the research helps to explore key themes and structure the analysis process efficiently and coherently. Thematic analysis first begins with identifying a category of interest from the data (this aligns with the key research questions of the study); it builds on codes identified from interview transcripts or literature data; finally, it provides an overall understanding related to the focus of the study. Thematic analysis forms the building blocks of 'Define phase' of the research, yet it is used throughout the study process. Using guidance from Clark et al., (2021) there are a total of 6 steps of thematic analysis that this study undertook:

Table 33: Steps of thematic analysis for qualitative data analysis

(Adapted from Clark et al., 2021)

Step 1	Familiarisation with the data
Step 2	Creating codes from the data
Step 3	Creating a theme - or a category of interest identified by the resrcher; this relates to research focus; builds on previously identified codes
Step 4	Review themes
Step 5	Define final themes or categories
Step 6	Evidence themes or categories

After familiarisation with the data, high level codes were created to help group the findings and extract key results. Themes were reviewed and edited as the data became more familiar, with sub-themes emerging from the findings. Final themes were created and data evidenced through raw data capture or paraphrasing results. An example of categorisation process and coding is shown below (Figure 21).



Figure 28: Thematic analysis coding procedure

3.10.2 Grounded Theory

Similar to thematic analysis, Grounded theory, is an inductive qualitative research approach (Saunders et al., 2019). Grounded theory analysis stays true to the data throughout the process of theory formation (Strauss and Corbin, 1990; Neuman, 2013). In the Grounded Theory Method of Strauss and Corbin (1998), the approach recognises and maps out three major elements of the data: initially with the categorisation of the data into distinct categories, second with mapping out the relationships between different categories, and third, with the integration of distinct categories around refined set of core categories (Strauss and Corbin 1998; Saunders et al., 2019). The outcome of the study (the co-design framework and guiding principles) derives from these core categories. This type of data analysis is appropriate for this study due to the categorisation process itself, as well as the ability to map out the relationships between different categories. The steps to analysing and framing qualitative data using Grounded Theory (The Strauss and Corbin Grounded Theory Method) (Strauss and Corbin, 1998; Creswell and Guetterman, 2021): (1) First step of grounded theory is open coding (2) Second step of grounded theory is axial coding (3) Third step of grounded theory is selective coding, whereby the researcher forms a theory based on the interrelationship of the categories in the axial coding model. At this final step of the study, the process of refinement and integration of the theory or inference begins (Strauss and Corbin, 1998).

Axial coding is the second, most distinct phase of Grounded theory analysis. Within the axial coding paradigm, the steps of Grounded theory analysis, data elements are places into categories in the following way (Strauss and Corbin, 1998; Creswell and Guetterman, 2021):

- ***Causal conditions*** – categories of conditions that influence the core category
- ***Context*** – the specific conditions that influence the strategies
- ***Core category*** – The idea or phenomenon that is central to the topic
- ***Intervening conditions*** – the general contextual conditions that influence strategies
- ***Strategies*** – the specific actions that result from the core category or phenomenon
- ***Consequences*** – the outcomes of employing the strategies

The diagram below sets out to provide a visual guide to how the data analysis for Grounded theory axial coding paradigm was undertaken. This process was used for the case studies analysis, in-depth interviews with experts and users.

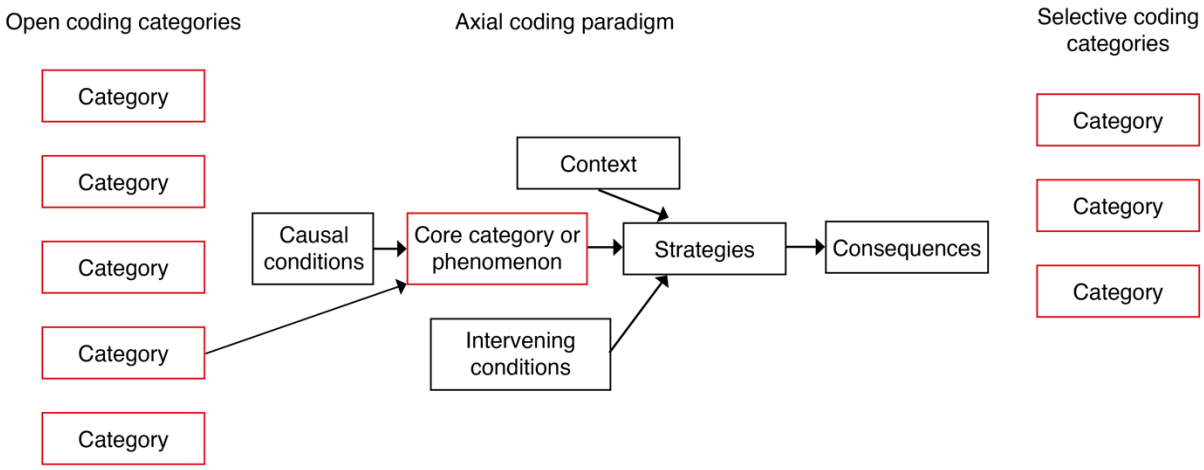


Figure 29: Grounded Theory coding process

(Adapted from (Creswell and Guetterman, 2021)

Step 1 of Grounded theory data analysis process (creation of open coding categories): Using NVivo software for data management, the process began with the introduction and sorting of interview transcripts and case studies data. High level, open categories took place in the initial phase of the qualitative data analysis. The figure below shows an example of high-level coding that was used. Categories include 'community socio-cultural norms', 'engagement strategy', 'strategy to build trust' and 'reaching out to people'. Through iteration, these high-level categories were re-edited until cohesive core categories or phenomenon were formed.

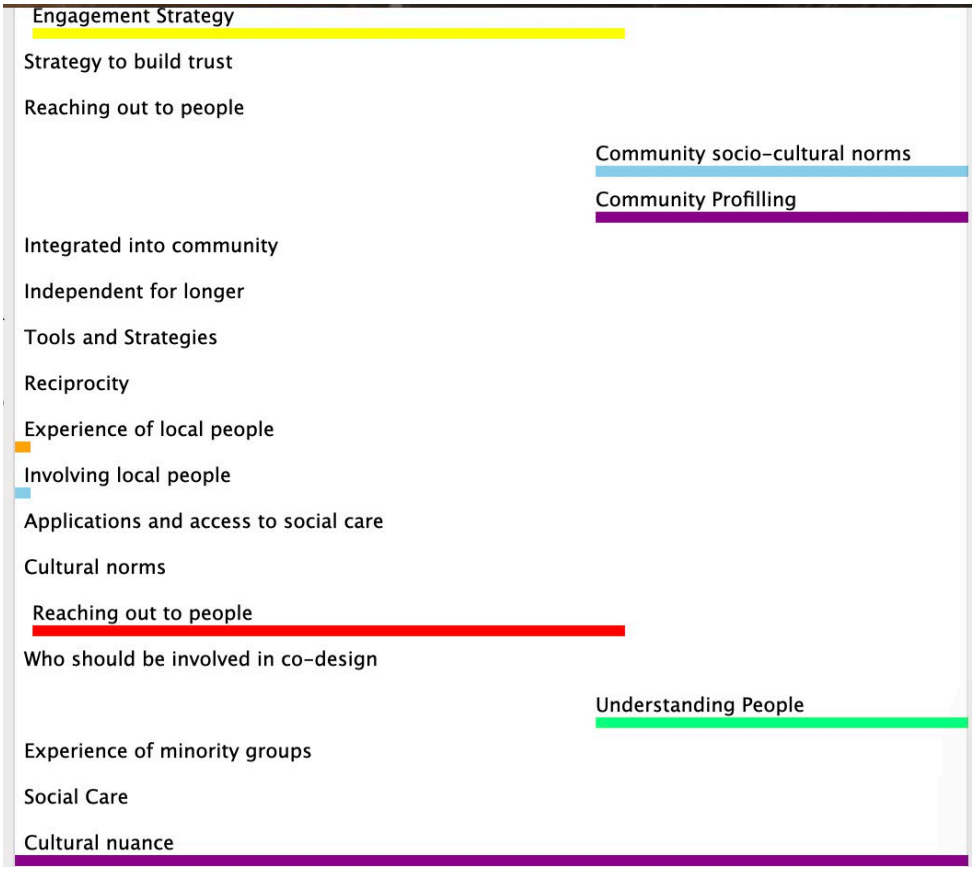


Figure 30: NVivo high level coding example

Step 2 of Grounded theory data analysis process (placing data into axial coding paradigm): Data is placed or mapped into categories to help visualise the relationship between different categories. **Causal conditions, context, phenomenon (core category), intervening conditions, strategies and consequences** are outlined in this step for the following key research sections of the study: co-design, social care, service design, experience of older immigrant people (axial coding map of findings can be found in the 'results and discussion' section of this study). Further to the case study analysis, interview data is mapped and contextualised in the following way:

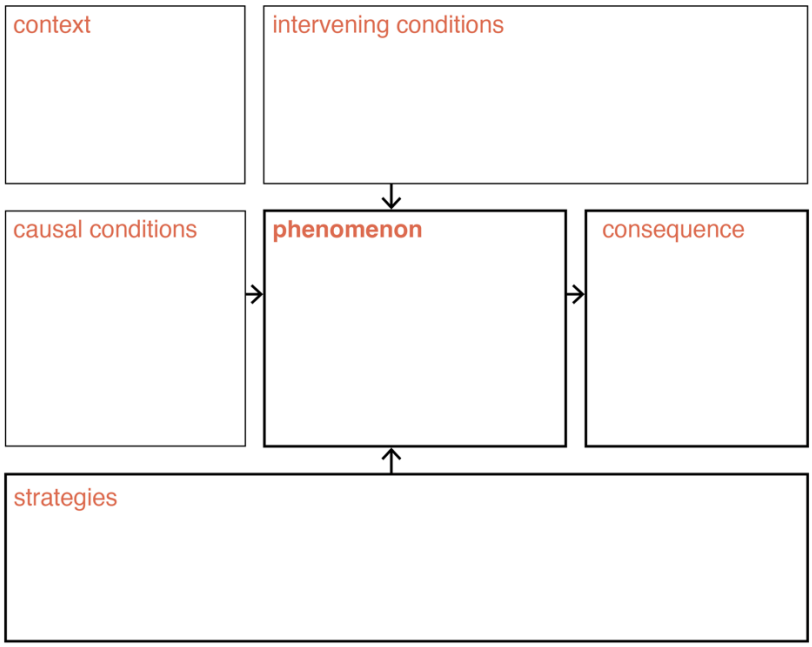


Figure 31: Axial coding paradigm example: interview data categorisation

The diagram below shows an example of the axial coding paradigm model as created for each of the user groups interviewed for the study: community cultural leaders, service providers (local authority) and co-designers (researchers). The core category or phenomenon is outlined for each group (further details of context, consequence and strategy can be found in 'results and discussion' section of this study).

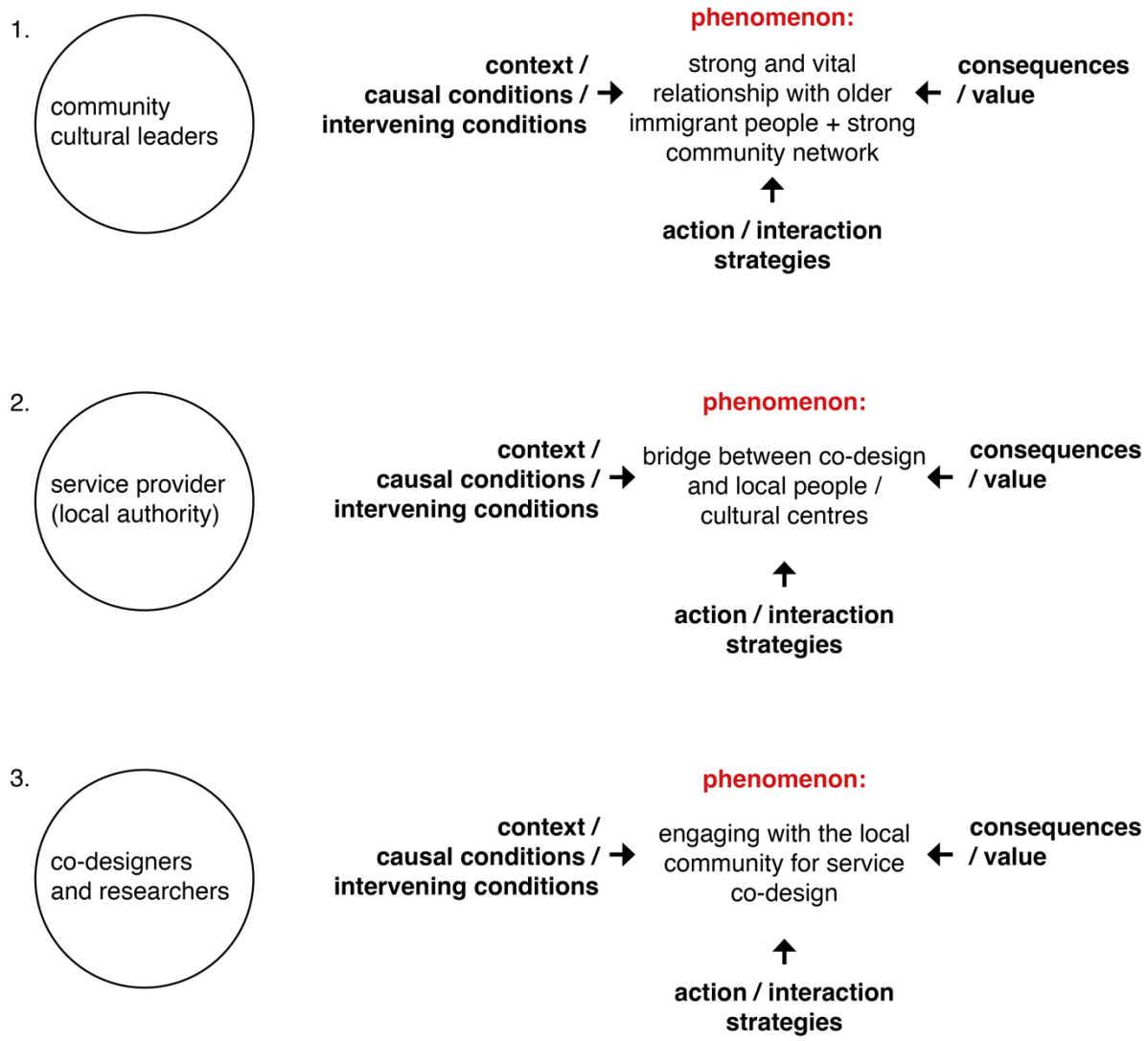


Figure 32: Axial coding paradigm model example

Core categories begin as 'concepts' or simply 'categories' and are referred to as 'concepts that have been developed with the aim of representing real-world '**phenomena'**, they can be abstract and cover two or more concepts (Clark et al., 2021). The figure below outlines the way in which core categories (also referred to as '**phenomena'**) are defined and created based on the qualitative interview data that has been collected. Significant statement 1 and 2 create the theme or code, which are further translated into core categories, 'phenomena' or framework strategy elements.

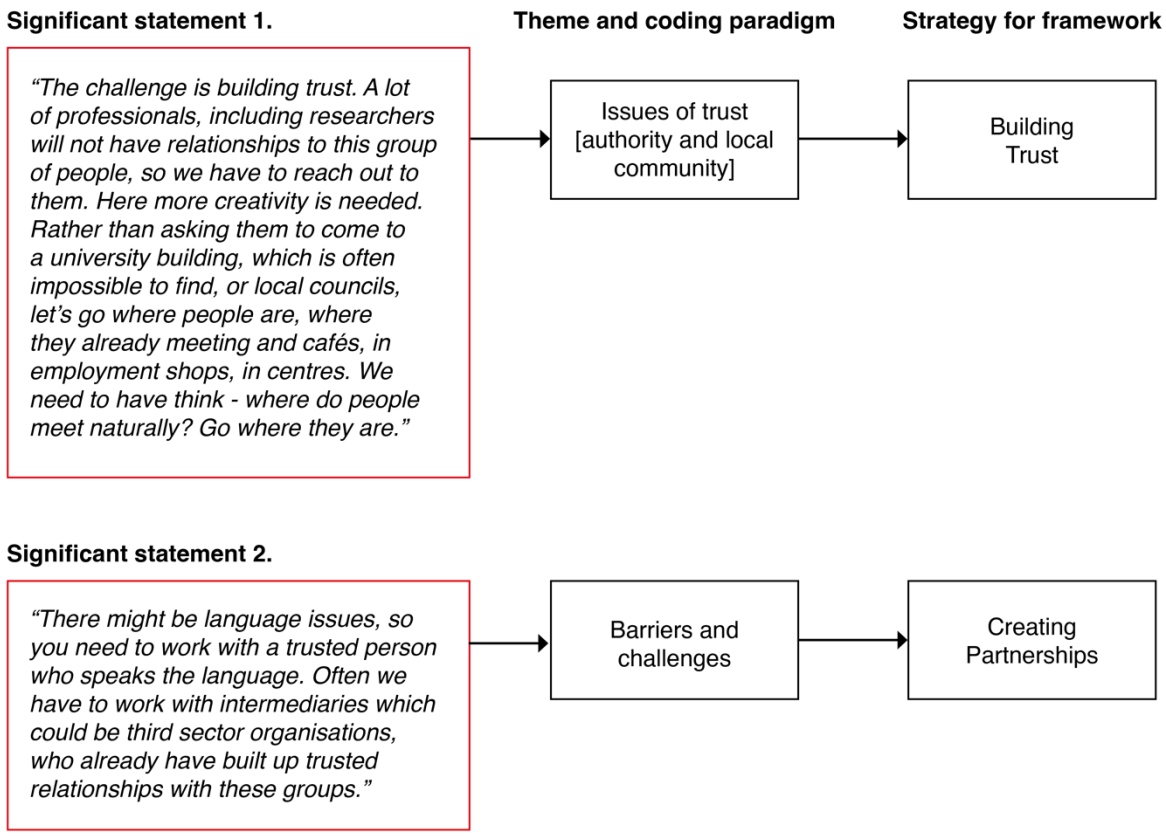


Figure 33: Defining core themes: coding from in-depth expert interviews

3.11 Reliability and Validity

Reliability of a research study refers to how replicable the research is if it were to be repeated under the same conditions (Clark et al., 2021). Validity is concerned with ensuring appropriate research instrument is used for the research conducted, and if the study measures what it sets out to measure (Gray, 2004; Clark et al., 2021). This study ensures reliability and validity of the research using seven main techniques: (1) through its choice of epistemological and ontological stance (2) precise data recording and data management (3) non-random sampling technique (4) data, investigator, methodological and method triangulation (5) internal validation - periodic assessment of the research with research panel (6) external validation - dissemination of research and peer review and (7) tackling researcher and responder bias.

Epistemological and ontological stance

Blumer (1956) argues that research can often fail to connect the process of interpretation between different variables, particularly when the research is led by qualitative research methods. However, this study ensure reliability by using the Strauss and Corbin Grounded Theory Method (1998) to show **a)** the apparent relationship between different variables and **b)** the process of interpretation (as discussed in the data analysis subsection of this chapter). Additionally, the use of qualitative research methods that make this study qualitative in nature, use a combination of interpretivist epistemology with constructionist ontology. This important element recognises the social world and social life as non-static (Clark et al., 2021). Non-static referring to the way the study subject is perceived, meaning drawn from the interaction between different elements. This makes a positive overall case for qualitative research in a social setting. The methodological process that was chosen for this study based on the epistemological and ontological stance also helped to ensure validity of the research by means of '*constant comparison*' - continuously comparing findings against a set of categories (in the case of this study, the key research questions as outlined in the 'introduction' section of this study) (Clark et al., 2021).

Precise data recording, explicating and data management

According to Gray (2004), the importance of appropriate and precise data recording and data management (aside from security and privacy procedure compliance) is to improve reliability of the study and allow the possibility for review and re-interpretation of the data, should it be required. This provides a structured process that can be examined and to some extent reduces the danger of 'human error in the recall of events' (Gray, 2004). Additionally, the notion of 'audit trail' was adopted by describing in detail the study process and how findings were derived from the data (Merriam and Tisdell, 2015) (see data analysis chapter).

Non-random sampling technique

The study adopts a non-random **purposive sampling technique**. The positive element of this technique is that it can represent a true cross-section of the population, ensuring validity and reliability to the study. This is because the researcher has greater freedom to

make decisions over specific selection criteria of the participants that are included in the study (Gray, 2004).

The study also uses snowball sampling technique and acknowledges its limitations. Snowball sampling has the risk of only recruiting a small number of participants restricted to one context, which can impact the reliability and validity of the study (Clark et al., 2021). The purposive sampling technique was used to counteract the possible negative impact of snowball sampling, sampling purposefully more than one context and making use of both techniques.

Data, investigator, methodological and method triangulation

There are four types of approach to triangulation that help ensure validity and reliability of a study: (1) data triangulation (2) investigator triangulation (3) methodological triangulation and (3) method triangulation (Gray, 2004). According to Gray (2004), it is important to use a variety of research methods to allow for 'triangulation' to occur. This study uses multiple sampling techniques, multiple methods to gather the required data, ensuring triangulation of data and methods.

In qualitative research, there is a risk of researchers selecting predominantly data that supports the chosen commentary or topic (also known as **'cherry picking'** data), generating outcomes that are not as rigorous or systematic as possible (Riazi, 2016). Strategies overcome this issue include increasing sample size, data scope, or increasing data collection sessions (Riazi, 2016). This study aims to overcome the issue of 'cherry picking' in two main ways (1) not limiting data collection sessions (2) increasing sample size where possible and (3) increasing data scope. The research explores 4 areas for research: co-design, service design, social care and experience of older immigrant and older British-native people. This gives a wide scope that is aligned with the key research questions of the study.

Internal validation - periodic assessment of the research with research panel

The research study underwent robust internal periodic assessment sessions (Brunel University London) throughout the research process. Feedback sessions with senior

panel members, including a university appointed academic research advisor, ensured reliability, validity and ethical procedures were followed throughout the research process.

External validation - dissemination of research and peer review

Feedback was received from a variety of academic professionals, and instances such as conference presentations and conference publications were peer reviewed. The research was presented on six occasions during the study process:

(1) British Chinese Professors Conference, Birmingham University

- 2022 - Presented PhD research

(2) Brunel PGR Research Poster conference

- 2022 – Presented PhD research

(3) Cumberland Lodge 'Life Beyond PhD', Cumberland Lodge University

- 2021 – Presented PhD research

(4) Service Design and Innovation Conference Melbourne, Australia (Online)

- 2020 - Presented short paper submission (ServDes 2020), includes a short paper submission that is published in conference proceedings

(5) Brunel Student Design Symposium, Brunel University London

- 2020 – Presented PhD research

(6) International Association of Societies of Design Research, Manchester, UK

- 2019 – Presented a long paper submission (IASDR 2019), includes a long paper submission that is published in conference proceedings

Tackling researcher and responder bias

In qualitative research studies, both participants and researchers may be impacted from conscious and unconscious preconceptions and biases (Creswell, 2013). Two potential biases that might have impacted this study and how they have been counteracted are outlined: **(1)** The **'social desirability'** bias when respondents conform to popular social norms to seem (Neuman, 2013). The way the research counteracts this issue is to ask questions in ways that gives respondents alternatives, i.e. not focus on whether participants *need* care within their home, but whether they have been *visited* by a local

council member. **(2)** Court and Abbas (2013) discuss the notion of **'operating as a cultural outsider'** where cross-cultural in-depth interviews are concerned. This may be considered an issue in this research study as the researcher often was of a different cultural background to the participants being interviewed. The interviews were also conducted in language that was common to both the interviewer and interviewees, in the case of some in-depth interviews and therefore not the native language of either group. Thus, some meaning may have been lost and cultural differences and biases may have influenced the questions and answers between the interviewer and interviewee (Saunders et al., 2019). One way to mitigate this issue is to develop a rapport with participants prior to the study where possible, explore cultural customs and adopt a 'cultural reflexivity approach' (Court and Abbas, 2013; Saunders et al., 2019). **'Cultural reflexivity'** was adopted prior to visiting some of the cultural community groups prior to data collection where focus groups for the study took place, to familiarise with the community dynamic (Saunders et al., 2019). The cultural groups were approached in a respectful manner, where participants did not want to be recorded, which helped to build rapport.

3.12 Chapter Summary

In summary, this chapter outlines the qualitative, design-led research approach adopted in the study, with a focus on the experiences of older immigrant people and co-design in social care contexts. The research follows an iterative process structured around the Double Diamond model to guide problem exploration, development, and evaluation. Data were generated through semi-structured interviews, focus groups, and case studies, and analysed using thematic analysis alongside grounded theory techniques.

The following chapter presents case studies that examine social care systems and co-design approaches in selected countries. By analysing these examples, the study explores how different governments and organisations engage with local communities, particularly older immigrant populations or older people, to help design and deliver social care or other public services. The case studies focus on stakeholder relationships,

participatory engagement strategies, and barriers to co-design in the public context. The aim is to extract key findings and best practice to help inform the development of inclusive co-design processes within the UK context.

Chapter: 4 CASE STUDIES

CHAPTER 4: CASE STUDIES

STRUCTURE OF CHAPTER 4: CASE STUDIES

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4.2.2 Social care services for older people and older immigrant people
4.2.3 Examples of user engagement, empowerment and co-design practice
4.2.4 Key findings from in-depth expert interviews
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4.3.1 Social care system overview
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4.8 SOUTH KOREA
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4.9 CHAPTER SUMMARY

Figure 34: Structure of Chapter 4

4.1 Introduction

This part of the research integrates insights from both primary and secondary data to examine country case studies and address critical elements, including: (1) the structure of social care service systems and relationships between key stakeholders; (2) the provision of social care services for older adults; (3) specialised services for older immigrant populations; (4) co-design and engagement tactics, initiatives, and strategies employed by municipalities or central governments; and (5) barriers and challenges to engaging local communities. The aim of this section is to establish transferable learnings that can inform strategies for improving co-design practice within the UK context.

Primary data were collected through in-depth interviews with experts in social care, participatory design, and governance, providing qualitative insight into the implementation and challenges of co-design approaches across different national contexts. Secondary data sources, including academic literature, policy reports, and government publications, were used to contextualise and triangulate these findings. Data analysis utilised grounded theory axial coding to synthesise themes and patterns across cases.

The selected countries were chosen based on criteria outlined in Chapter 3, including the maturity of social care systems for older adults, demographic context, and evidence of participatory or co-design practices within public service delivery. This focus supports the study's goal of identifying practices that may be adapted to the UK context. Across the case studies, participatory infrastructure took multiple forms. In some contexts, this included the presence of formal design labs or innovation hubs, which acted as focal points for embedding co-design approaches within public services. In other cases, participatory practices were embedded through alternative governance mechanisms, community-led initiatives, or informal engagement structures. The analysis therefore considers design labs not as a prerequisite, but as one of several organisational models through which co-design and civic engagement are operationalised.

By incorporating diverse governance models, including centralised and decentralised systems, and a range of funding approaches, the research enables comparative analysis of transferable lessons. Prioritising cases with demonstrated attention to cultural sensitivity and community-focused initiatives ensures the findings speak directly to the UK's demographic and policy challenges. The integration of expert interviews with contextual secondary research provides a nuanced understanding of the structural, cultural, and operational dynamics shaping social care and co-design practices.

4.2 Japan

4.2.1 Social Care System Overview

The figure below is adapted from Organisation for Economic Co-operation and Development. It depicts a map of Japan's social care service structure, key organisations and their responsibility regarding the management of social care services for older people. Starting with Japan's 'National Government', which overlooks all key responsibility and helps manage policy and interactions with the Minister of Health, Welfare and Labour. There are 47 prefectures or regions of the health care council in Japan (OECD, 2019). The health care councils manage institutional long-term care providers who deliver services for older people. Japan has 1,718 municipalities that oversee home care providers and deliver social care services for older people (OECD, 2019).

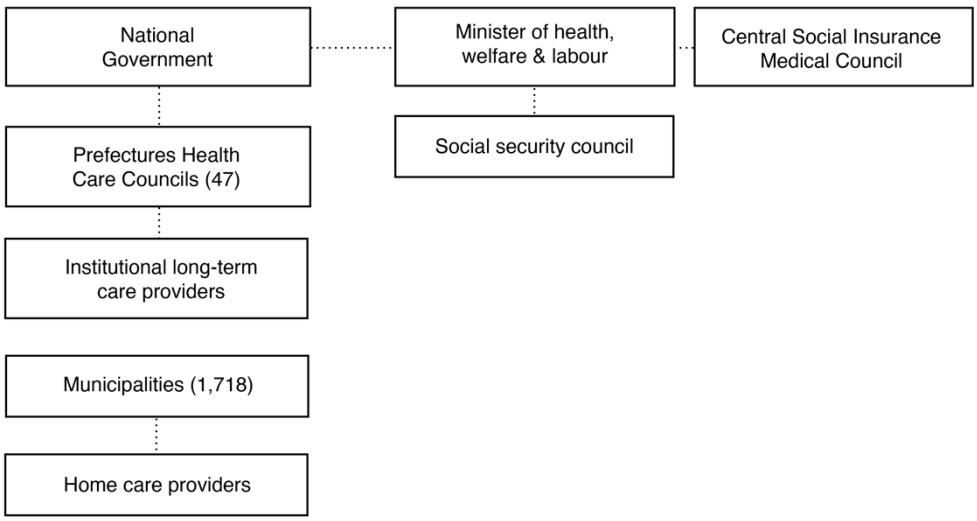


Figure 35: Map of Japan social care service system

(Adapted from OECD, 2019)

Caring for older adults in Japan has been the responsibility of the family until 2000 when public social care in Japan was formed, which saw a major shift in lifestyle and attitudes in Japanese society (Holder, 2014). Long-term care was not a major consideration in specialised program or public service design until 1997 when Japan introduced its long-term insurance scheme to cover 65+ year olds (Campbell and Ikegami, 2000). In 2000, Japan's social care system became publicly funded from taxation, where co-payments meant citizens would cover 10% of costs (Campbell and Ikegami, 2000). Eligibility for social care in Japan is needs assessed based on activities of daily life and a level of categorisation of needs (Nakashima et al., 2018).

Japan's older people care reflected a predominantly large number of geriatric care centres to help with daily activities and long-term care management of the older adult population. These activities are addressed more holistically with community-based integrated care centres in Japan (Hatano et al., 2015). In the previous decade, Japanese public older adult care services were outsourced to private and social sectors using the concept of New Public Management, however, they are now increasingly being put back into public administration, with services moving towards an improved New Public Governance (Kudo, 2015). This means that some local governments in Japan have begun to introduce new forms of collaboration between the public and private sector, which helps bring services back into public administration (Kudo, 2015).

4.2.2 Social Care Services for Older People and Older Immigrant People

[1] Local 'salons' - According to Saito (2019) in 2015 two major developments took place (a) the Japanese government's long-term care insurance act was amended to help assign a community high-risk strategy which helped provide preventative, medical, long-term care, welfare and housing services more holistically and (b) 'Salons' (*or ikoino saron*) were promoted by central and local government, amongst older adults to encourage community engagement; they are referred to as areas that permit equal opportunity in

fostering social gathering, they provide bi-monthly assistance and are run on a voluntary basis.

[2] A system that gives people autonomy - One of the main elements of Japan's public care system is that the service user has autonomy over the services and providers that they want when selecting their care providers (Kudo, 2015). Service users can therefore choose the care services and providers they prefer, even services provided by for-profit organisations.

4.2.3 Examples Of User Engagement, Empowerment and Co-Design Practice

[1] Self-organisation in municipalities - As Japanese public governance and problem solving at municipality level have become gradually inconsistent, the country has seen over 3000 residents' organisations (referred to as 'self-governance organisation of small scale and multi-function') develop at local level (Hanamatsu et. al, 2021; Yahara, 2021). These are organisations managed by local people themselves, with the support of municipalities with funding and human resources. Citizens themselves help to establish some of the local community's public services and infrastructure. According to Yahara (2021), it is important to consider the scale of co-design initiatives, how sustainable it is at municipality level, and that dividing areas into more manageable 'local communities' can be seen as an appropriate step in governance.

4.2.4 Key Findings from In-Depth Expert Interviews

[1] A strong culture of self-organisation of local people is discussed by two experts (from in-depth interview studies). The concept of self-organisation is supported by (E3) with example from the Okinawa region in Japan: '*they have a strong local culture; they talked about a certain kind of get-togetherness between the elderly, various sort of circles, which are not centrally organised. Small communities where the people get together to help each other through social support groups.*' - E3

A co-design expert working in the Tokyo region examines the freedom for local older population to organise and decide community affairs, with citizens having a large impact on the local community dynamic. This is an important element as municipalities give

people the support and resources to self-organise, giving autonomy to residents: "*The more remote the place, the elderly are more actively involved in deciding local community affairs. Before they did the project together the local elderly already organised some workshop by themselves. That was how active they were*." – E7. This demonstrates on the one hand the skills, abilities and willingness of local people and the importance of responsibility towards the local community, a strong sense of togetherness. On the other hand, the autonomy granted by the government for people to self-organise, by supporting them with resources and other measures.

[2] Loneliness and social culture of Japan. Older people in Japan were deemed to experience higher levels of loneliness, as discussed by (E3), in comparison with norther European cultures, where family and friends tend to gather in the home for social events and organised activities. This element is relevant in terms of the way older people approach social encounters, and how actively engaged they are in their respective communities, either with authority institutions, or people outside of their family support network. In terms of local interactions in Japanese culture, the sociability element and the way in which communities organise and spend time together are based on activities typically organised outside the home. The home is considered a space for close family and friends in Japanese culture. Seeing larger spaces and larger groups, Japanese older people self-organise or engage with spaces at aforementioned 'salons' that are supported by government funding and resource. These help older people participate in civic engagement and organise social events: "*In Japan, it's more organised activity outside of the home, because you tend to not want to show your home to others than your closest family, but also closest friends. That's an interesting dynamic.*"– E3

[3] Lack of consistency of staff and recognition of co-design and service design practice in local government. Expert examines the attitude towards service design: it is not recognised or widespread within the Japanese local government to better engage and understand local people. The main issue is that there are no significant number of successful cases of co-design projects appearing in the public domain to help act as an incentive and as an exemplar to encourage this type of work process and meaningful understanding of local people's needs: "*So, simply speaking, the government doesn't*

really have much support in [participatory design] initiative. Service design is not so much being recognised by Japanese government. There are few projects or a few research. There are also not many successful cases appearing yet." – E7. Periodic staff and management changes impacts project consistency at local level. Hiring practices are impacted by the lack of specific design strategy or a long-term sustainable outlook on co-design projects in Japanese local government: "*The next level before the education layer becomes hiring practice. You have a general hiring pattern, so you don't hire for specific roles you hire to fill out slots that are available. It's very ad hoc."* – E3

Additionally, the staff who work as the governing body in relation to design, creative engagement or seeing the service from the user's perspective – difficult to disengage from their daily role and reimagine the service experience from the user's point of view (E7).

[4] Stigmatisation in Japanese society around receival of welfare – if an older person is in receival of 'life protecting system' of welfare for older people in Japan it is typically considered a topic older people prefer not to discuss (E7). This element makes it difficult to consider people's social care needs and create better outcomes.

[5] Lack of on-going feedback towards the community before, during and after participatory process is significant in the Japanese context. Most projects are still not able to deliver a very solid outcome to create impactful deliverables, expose impact to make the feedback loop work (E7).

4.2.5 Axial Coding Diagram

The axial coding diagram below categorises key learnings into the following diagram used Grounded Theory (the process for which is detailed in 'data analysis' subsection of the 'Research Methodology' chapter) context, intervening conditions, causal conditions, core category or 'phenomena', consequences, and key strategies. Some key strategies and phenomena are taken forward to be adapted into core themes for the recommendation section of this study (referred to in 'chapter summary' and 'Framework Development' chapter). Key factors outlined: (1) municipalities are subdivided into

smaller numbers of households for easier more efficient organisation (2) Japanese government supports self-organisation of local people (3) there is a lack of organisation and knowledge of co-design and service design at local level (4) which is supported by the lack of strategic and appropriate hiring practices to help engage better with the local community (4) there are elements of stigmatisation around welfare.

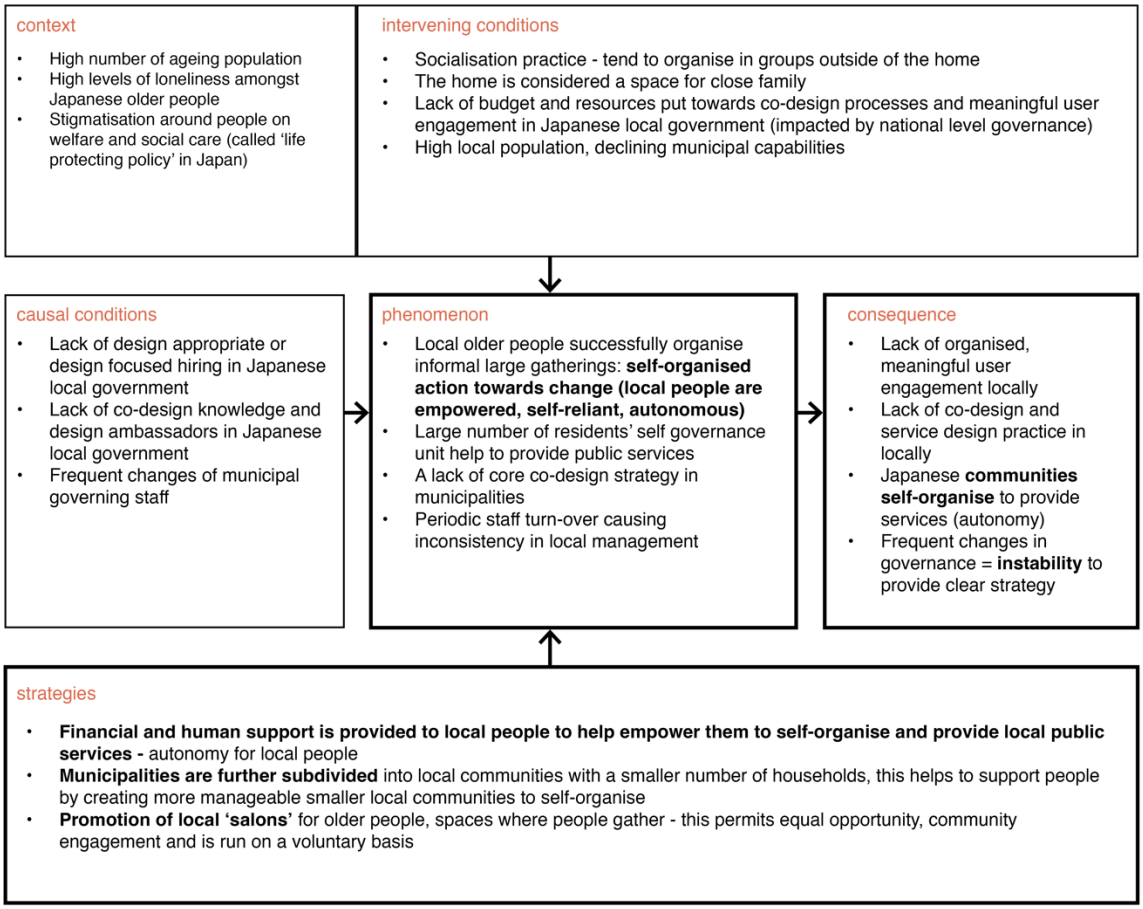


Figure 36: Japan axial coding diagram

4.3 Finland

4.3.1 Social Care System Overview

In Finland, the state (government) influences legislation and provides guidance across social care services for older adults. Long-term care in Finland is provided at the person's home unless specialised care is required (Sanerma, 2022). This means that older people are supported to be autonomous and live independently for longer. Specialist care is provided by hospital districts, owned, and financed by federations of participating municipalities (Agerholm et al., 2023). The Ministry of Social Affairs and Health (MSAH) administers the work of social and health care staff nationally. New 2023 legislature means that the responsibility for administering social care services is with regional bodies, excluding the city of Helsinki which does not form part of any region (Agerholm et al., 2023). The key factor behind this legislation is to provide equal access and better conditions for care coordination across the country.

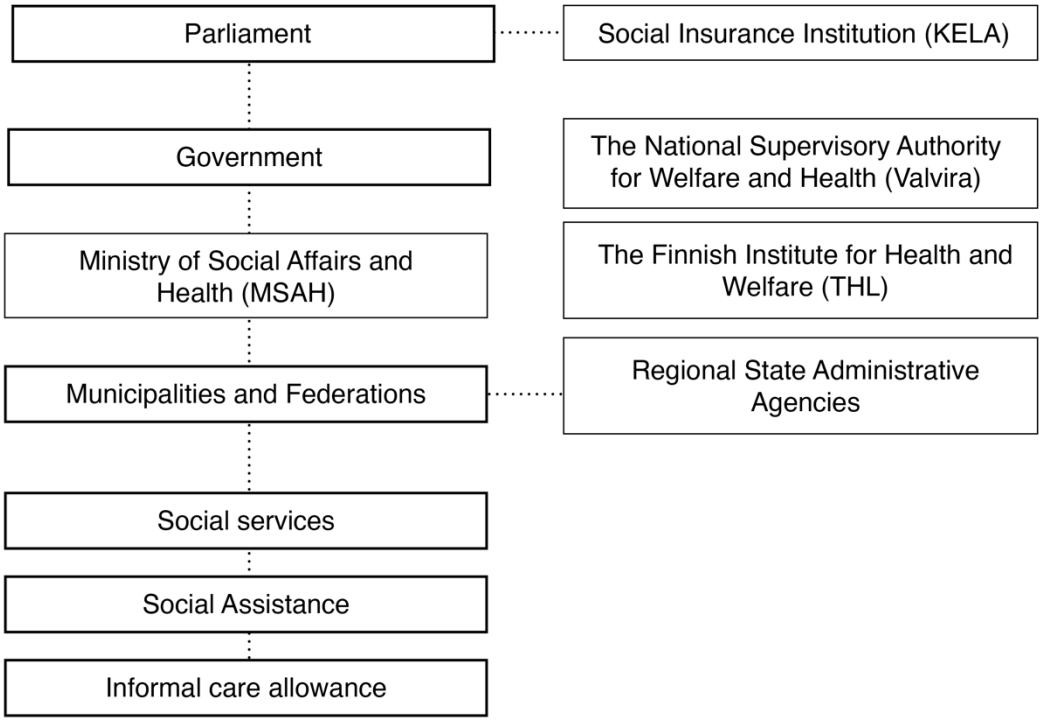


Figure 37: Map of Finland social care service system

4.3.2 Social Care Services for Older People and Older Immigrant People

In recent years, driven by increases in the ageing population and higher demands for social care, Finland has seen a shift in the organisation of social care from municipalities to new regions (Agerholm et al., 2023). The primary goal for this was to provide better quality services and improved coordination of care. Although, experts argue that decentralised systems may increase disparity between different regions (Liljas et al., 2022; Agerholm et al., 2023).

Municipalities offer a range of social care services for older people at local level, including transportation, housing, day care, home nursing, institutional care, rehabilitation services and memory care services that are coordinated through to support well-being and independence (Sanerma, 2022). Homecare or '*kotihoito'* is provided as specialised home care service offer for older people (THL, 2017).

The experience of older immigrant or minority groups of social care services in Finland is impacted by poor skills in the local language, which brings about poorer quality of received care and access to services – the experience of ethnic or racial discrimination and fears of discrimination have been associated with the reduced access and use of services (Kieseppä, 2022; Lebano et al., 2020).

4.3.3 Examples Of User Engagement, Empowerment and Co-Design Practice

[1] The Local Government Act adopted in 2015 with the purpose to establish the conditions in which in municipal activities, the self-government of the residents in a municipality can take place and opportunities can occur for the residents to 'participate and exert an influence'. This legislation provides support for establishing older people's councils to engage in issues of participant importance to those groups (OECD, 2021).

[2] Finland has a strong commitment to experimentation and improving ways to channel citizens' view into public decision making. This is represented in the government's current programme with explicit commitment to continuous learning and experimentation with a target of spending 4% of gross domestic product in this area by 2030 (Government of Finland, 2023).

[3] The Finnish system combines 'Various Advisory Board for the Rights of Persons with Disabilities, Social Welfare Advisory' board work through consultations via committees, advisory boards, and working groups (OECD, 2019). The ministry's Advisory Board on Romani Affairs (half representative of citizens and half of ministry officials from the community) works to provide consultations that occur via online surveys and in six of the main spoken languages in Finland, alongside different stakeholders and with a range of external partners. Research shows that the Finnish system provides a strong tradition of trust and consensus-building to help frame this approach (OECD, 2010).

4.3.4 Key Findings from In-Depth Expert Interviews

[1] Strong design culture - first country to have a chief design officer in government (city of Helsinki) – with the purpose of implementing user understanding and experimentation culture', and 'making design knowledge an integral part of the city development process' (Helsinki Design Week, 2016). E14 mentions 'a cultural element in Finland that helps them embrace experimentation' and design - "*This came about because of that director, C. D. O., Chief Digital Officer of the Ministry of Immigration. They themselves were interested in innovation. They were interested in doing things differently. Like it was their personal sort of passion. Them and another director that moved on, right about when I joined, the two of them were passionate about this thing called service design, and they decided maybe that's the thing that could help us change, maybe that's what we need.*" E14

[2] Providing immigrant people with support in English and technology courses, a collaboration between government and non-for-profit organisations that help people arriving in Finland integrate into Finnish society and learn new skills to help them grow and develop further. This was a project between not-for-profit that helped to replicate this support structure across the country. This included business ideation weekends, supported coaching sessions with young people as 'buddies' from Finland, which overall was aimed to empower immigrant people. (E14)

[3] Creating Design Labs across the country - Government understands value of experimentation and co-design in public setting. Immigration department in Finland

created a new role, or a 'champion' who understood the value of experimentation. A Chief Digital Officer at The Ministry of Immigration, who was interested in innovation – was tasked to apply knowledge during the refugee crisis of 2015-2016. Finland sae asylum applications go up 8000%, where it became the third country per capita recipient of asylum seekers at the time (2016). This had a huge impact on The Ministry of Immigration: "*I think they [Ministry of Immigration] grew from about 300 employees to about 1000. And that was to attempt to be able to respond to so many new asylum seekers.*" E14. Government structure in Finland creates space and understanding for experimentation where design labs initiatives and strategy rolled out across the country, not from high government but from regional agency (E14).

The creation of innovation and design labs was initially designed and initiated not to be permanent solution. However, there has been running of internal courses with staff within National Immigration Service on service design and design methodologies. This impacted hiring practices, where hiring designers within own units and public agency departments to help advocate on user and design issues. This internal design practice and advice is shared with other colleagues (E5). There are now specific design roles within government department to design with experts, different stakeholders and citizens – focusing on participation and co-design for the preparation of documents and action plan or strategy around services. There are strong partnerships with NGOs as this is the main source of recruitment of local people (E5).

[4] Internal initiatives within the Ministry of Immigration – bringing in service designers and co-designers to help improve services, with a focus on immigrant people's needs as users of the service and foster relationships. There had been initial friction of staff or authority reluctance, based on misunderstanding of what design, service and co-design can do. An important element was having a lead person from co-design and service design that led the project and really stood up for and championed design thinking, tools and approaches across all teams (E14).

Some issues and misunderstanding of the various layers and specialities within design still exist in a government organisation – expectations versus reality and education and training is required to help civil servants understand the design field in more depth to help

distinguish different fields of design. To help understand where and how impact could be generated through methodologies and a specialised approach to help engage with citizens, as a lot of staff do not understand this element.

4.3.5 Axial Coding Diagram

The axial coding diagram below showcases the strategy and impact, or key phenomenon in the Finnish context. For example, the development of 'Design Labs' in the public sector realm across the country is impacted by the 'strong design culture' conditions within government that experts previously discuss. The diagram below is a culmination or summary of social care, civic engagement and design in government from the previous section:

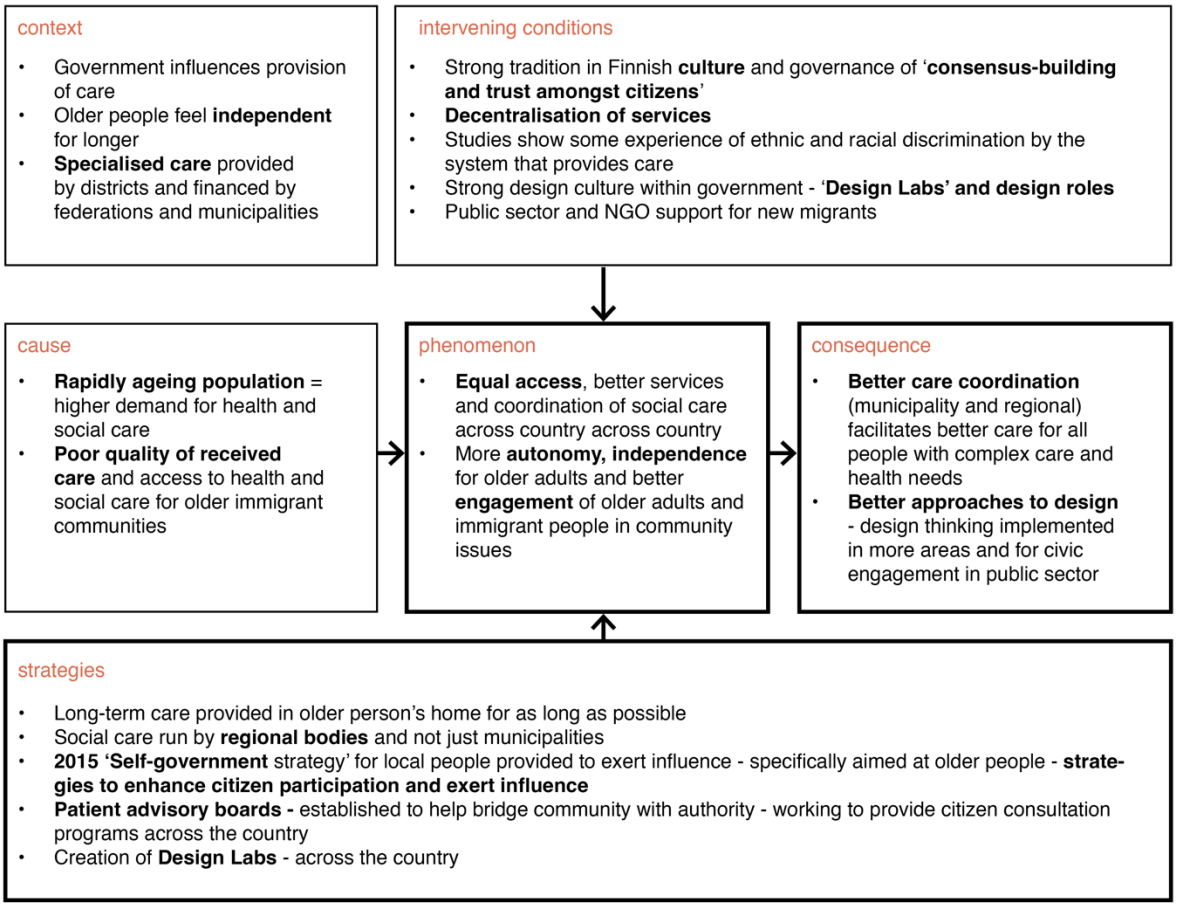


Figure 38: Finland axial coding diagram

4.4 Denmark

4.4.1 Social Care System Overview

In Denmark, social care services operate on a regional basis, where residents are automatically entitled to publicly funded care and responsibility lays with regions and municipalities for delivering care to vulnerable older adults. The national government sets the framework for elected councils to adhere to for specialised services and social care coordination and procurement. The key responsibility of municipalities, thereafter, is to ensure the delivery of high-quality care, good access to information, and service integration. The Consolidation Act on Social Services (CASS) covers the aspects of long-term care. It states that local authorities provide care for the older adults based on the general principle of free and equal access (Schulz, 2010). The biggest challenge facing the current system, as stated by the Copenhagen Consensus Centre, is demographic development (Pedersen et al., 2011).

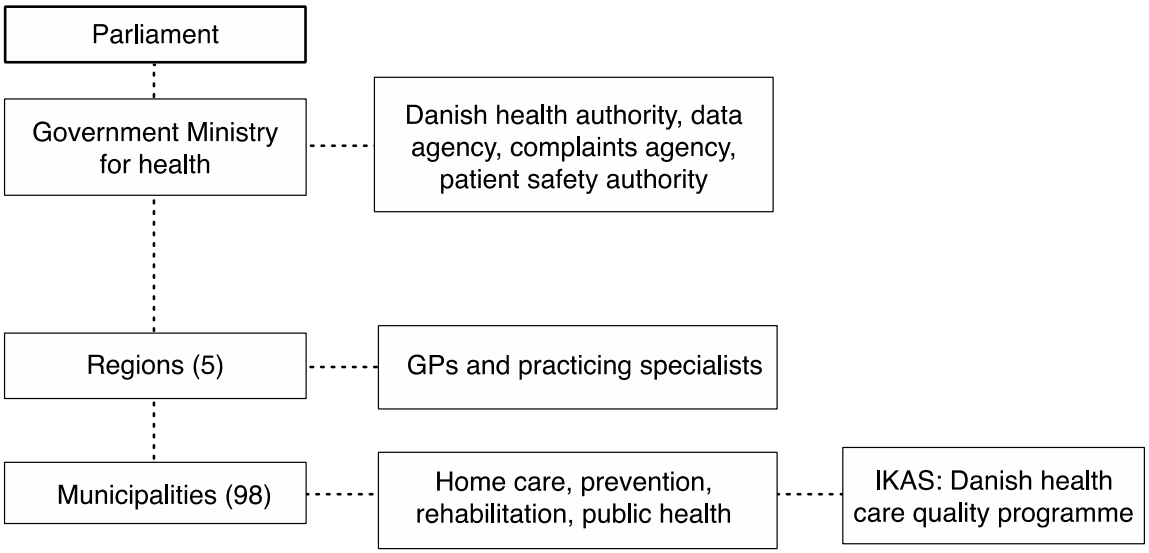


Figure 39: Map of Denmark's social care service system overview

4.4.2 Social Care Services for Older People and Older Immigrant People

The key distinctions of the Danish model of care centre around choice and prevention and its focus of social care service delivery lay in the integration between health and community care (Stuart and Weinrich, 2001). This means that specially trained nursing

staff usually cater to the daily needs of older residents, even with the more medial, everyday tasks like meal planning and filling out administrative work. The Danish model of care provides older adults with 24-hour, free homecare (people aged 67+). Consequently, people 75 and over receive two check-ups a year from a public health nurse to see if they need home care or other help (Agerholm et al., 2023). Duties often include making sure medicine and food is stocked, ensuring clients see friends and family, and ensuring that they are in sharp mental and physical health to prevent from any serious developments in future. Many people remain independent but receive help a lot earlier than they recognise – this is the reason for the development of 'supervised freedom' care homes available (Social and Health Care Policy in Denmark).

4.4.3 Examples Of User Engagement, Empowerment and Co-Design Practice

Denmark ranks high amongst 193 countries of the United Nations amongst government online service provision and citizen participation in government decisions and policy making (United Nations E-government survey, 2020).

[1] New wave of governance that includes more 'co-creation' with the local community - Over the last decade, Danish governance conditions have underdone changes, giving municipalities in the country more autonomy to design services which in turn created an opportunity for local innovation (Larsen and Caswell, 2022). More local autonomy over services but 'still in the shadow of central government' (Larsen and Caswell, 2022). Danish local government has a large degree of autonomy over services and using co-design, participatory design practices for service development and other activities. Primary route of participation of citizens in Danish local government is through local civic, sports and cultural organisations; civic participation is the norm (Scottish Government: Communities and third sector, 2020).

[2] Empowering service users through active patient groups – organised patient groups engage in policymaking at national, regional and municipal levels and are involved especially so with care services (Russel, 2016). The rights of the older adult population are championed by senior citizen councils in each municipality, and leaders from

Denmark's five geographical regions meet with local authorities and practitioners to plan improvements to services every three years (Russell, 2016).

4.4.4 Key Findings from In-Depth Expert Interviews

[1] Growing divisions in lifespan and all indicators – between migrant and native populations in Denmark, a growing divide – 'a shock to many' considering Denmark is considered a 'welfare state' with publicly financed health and social care (social care is considered under health care in Danish context) (E17).

[2] Very few systemic approaches to make sure that social care or home care is inclusive for older migrants – they are thought to be taken care of by families (based to research findings) "*we have very few structural or systematic approaches to make sure that social care or even home-based care is inclusive for older migrants, simply because quite a small group. Studies show that they are often cared for in by their families.*" E17 Very little is done to include immigrant people themselves as communities can be quite complex, siloed and deprived. They are rarely consulted (E17).

[3] Language barrier in Denmark – people have to pay to have their own interpreter – paid for by the individual even at a home care basis: "The problem is that this uptake is slow and there's also the problem of the language barrier. In Denmark you must pay for your own interpreter. If you've been living here for i.e. seven years or five years. Officially, the fee for an interpreter, for somebody to come in your home must be paid by the individual themselves." E17

[4] Cultural attitudes and approach to ageing - research studies have found that some migrant cultures in Denmark believe that ageing starts at 40 – impact on family, caring, health and community participation. There is also a reluctance of immigrant communities to use care services as it signals that the family is not taking care of the ageing. There is also not enough being done by Danish government to teach people about care services that are available to them – "*mostly because the system is quite complicated and then we don't do a lot to teach immigrant people about – what is ethical, what are the requirements, what help you can get*." E17

[5] A multi-level approach to create lasting change – putting migrants and communities, individuals, organisations and taking that as a starting point, mapping out the sectors and stakeholder that must be involved in care, service development and co-design should be done to help improve user engagement and social care at local level (E71). NGOs that are based on country or origin or religious groups have a firm basis and partnership with local people in Denmark – they help to bridge the gap between people. Mapping stakeholders is another approach to help understand the local community – relieving the burden from individuals to familiarise themselves with and know what services are available to them by reaching out to those communities.

[6] Danish government strategy currently offers the social foundation national fund that supports social interventions and socio-economic businesses – focusing on community engagement models. This is a nation-wide initiative that includes funding projects that focus on empowering local communities and generate social value in a variety of ways (E17).

[7] Municipalities and public sector have well-defined roles of design – specifically trained in their field (E3). With a strong relationship to design and a deep understanding of design thinking procedures. Government based roles are closer to radical help – the approach is to get closer to the people in the community by figuring out the people you need to talk to and engage deeply with the local community. Denmark has a better history of design understanding in government with defined roles in design with design education and an understanding of design principles (E3).

4.4.5 Axial Coding Diagram

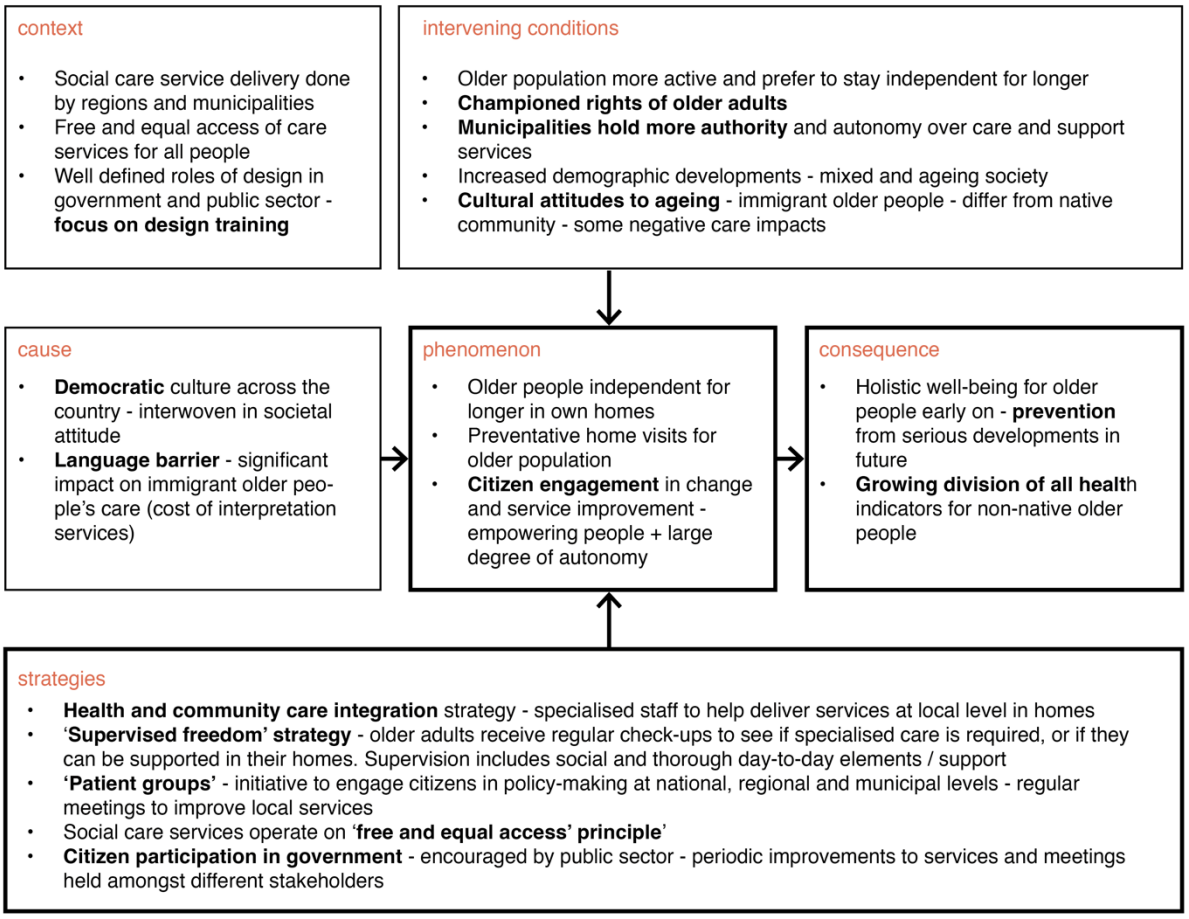


Figure 40: Denmark axial coding diagram

4.5 Germany

4.5.1 Social Care System Overview

After a major reform of Germany's care system (1995), a new model for provision and funding was formed that permitted equal distribution of resources between central and local government. This helped relieve local councils from commissioning responsibilities, reducing pressure from other parts of the system and providing overall better-quality care (Neville et al., 2017). Over the next 20 years, Germany saw an increase in demand on publicly funded care and by 2011, 2.5 million people were dependent on state services (The Local, 2014). The system is now effectively transferred and run by central government. Social care services are currently needs assessed and have been expanded to cover a variety of requirements, however, one key challenge is that this service model only covers basic needs and users are often required to cover the difference in cost (Robertson et al., 2017).

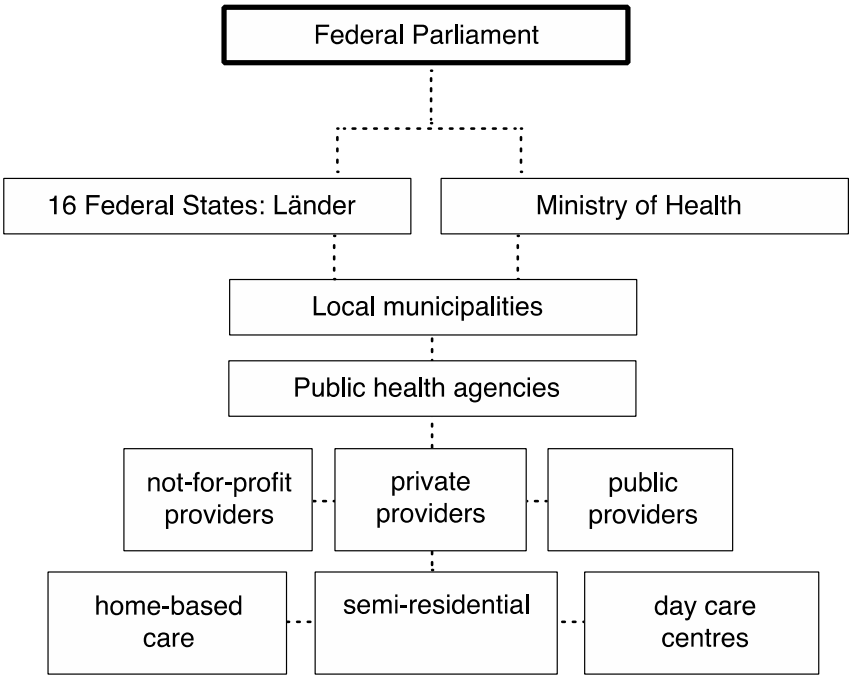


Figure 41: Germany social care service system overview

In 1995, Germany made major reforms in the way public long-term care services are funded. A new model for provision and funding was formed, permitting equal distribution

of resources between central and local government (Neville et al., 2017). This helped relieve local councils from commissioning responsibilities and reduce the pressure from other parts of the system, providing overall better quality of care for local people. Subsequently, this change created an opening of the social care service sector for private for-profit providers (Cohen et al., 2023). Today 67% of services are provided by for-profit organisations, 32% by non-profits and remaining few are public service providers (Statistisches Bundesamt, 2020).

There is currently a high demand for care services due to demographic developments and labour shortage of trained social care staff. This means that clients cannot always pick and choose their care provider despite having the choice to do so. This is currently one of Germany's social care service provision issues, the lack of trained staff and the impact of significant demographic changes and therefore high demand of social care, has impacted the way the private sector chooses to deliver their care services. One major consequence of this is that private providers can pick and choose the clients they interact with based on different criteria. An aspect which is not regulated by the state (Cohen et al., 2023). Therefore, it could be argued that care provision in Germany is not equal, and private providers have the freedom to be unethically selective of their clients.

4.5.2 Social Care Services for Older People and Older Immigrant People

Since the 1970s Germany's not-for-profit organisations evolved into more professionalised institutions with more responsibility on community and care facilities, today nearly 50% of Germany's social and services are run by non-profit organisations (Baturina et al., 2011). This had a large impact on volunteer work in local communities, with increased volunteering opportunities largely impacting service provision and quality of care amongst service providers in local areas. Service delivery in Germany allows for a synergy between private and not-for-profit organisations to co-exist in the public domain, and most social services are provided by free welfare organisations, which have the right to claim public financial support (Baturina et al., 2011).

In Germany, the 'Fachdienst für ältere Migrant*innen' is a specialist service for older migrants. It is provided by the 'Diakonie München und Oberbayern e. V.' association and

offers people with a migration background and their relatives advice, support, facilitation of access and interpretation services for older immigrant people. Local organisation 'rosaAlter' is a specialised advice and networking group that helps support older immigrant people from the LGBTIQ+ community (Landeshauptstadt München Report, 2023).

There are often independent regional centres that work in collaboration with the city municipality in providing local support for older people. Such example is the ASZ Old-Age and Service centres who provide advice, talks and information, care and support services, support groups. ASZ are a cooperation of the City of Munich with independent welfare organisations and associations, financed by the state capital and jointly developed (Landeshauptstadt München, 2023).

4.5.3 Examples Of User Engagement, Empowerment and Co-Design Practice

[1] Thriving volunteer sector in local communities. The level of user involvement in Germany, as one studies shows regarding public service co-design, is currently at 53% (0-100 scale) and is relatively high compared to other European countries (Löffler, 2009). Due to their close community involvement, there are more than 100 local volunteer sector centres that mitigate these processes and act as service developers (Munday, 2007). However, as interest in co-design processes for active citizen engagement in Germany is growing, so is the willingness to understand these processes and their application for impact in public service innovation (Sangiorgi and Prendville, 2017).

[2] Formal and informal public participation in civic life. This interest has led to the establishment of special engagement initiatives, such as the 'Neue Nachbarn Arnsberg' (New Neighbours Arnsberg). The project is a refugee-led scheme that is supported by City Hall. Arnsberg's mayor and the German government encourage user group to actively participate in the development of policies around civic engagement and community integration strategies (Stott, 2018). Activities of which include helping with translation and initiating practices that help accommodate newcomers into the local community, supporting overall 'integration, participation and urban development' (Stott, 2018). The impact of this project, and others like it in Germany, include relieving some administrative

burden from institutions and building an understanding of the local service structure for all parties involved.

4.5.4 Key Findings from In-Depth Expert Interviews

[1] Citizen engagement and city development processes the same as they were 30 years ago – NGO and other partnerships initiative exist to help create interculturality within local government to improve the civic engagement process. However, the process is currently very hierarchical and political. Often processes created or utilised to facilitate legitimation for a design decision – no feedback for local people to show that ideas were listened to (E11).

[2] New role in public sector context created to help mediate between administration and the local community – to help translate practices with the 'city development centre' in Berlin. This role typically designed to help integration between departments and address diversity issues. With a focus on intercultural participation and implementing processes into public sector practice as an important change: "*They have twice a month now as you fix that puts them together to talk on intercultural participation to see that participation and that integration and city are not two different things, but they are very much interconnected, and to address racism and questions of privileges within the administration. And be more aware of their recruitment process so that they also need representants from colleagues with migrant background to have a more diverse team and to look with different perspectives on the issues in the city. I think this is big.*" E11

4.5.5 Axial Coding Diagram

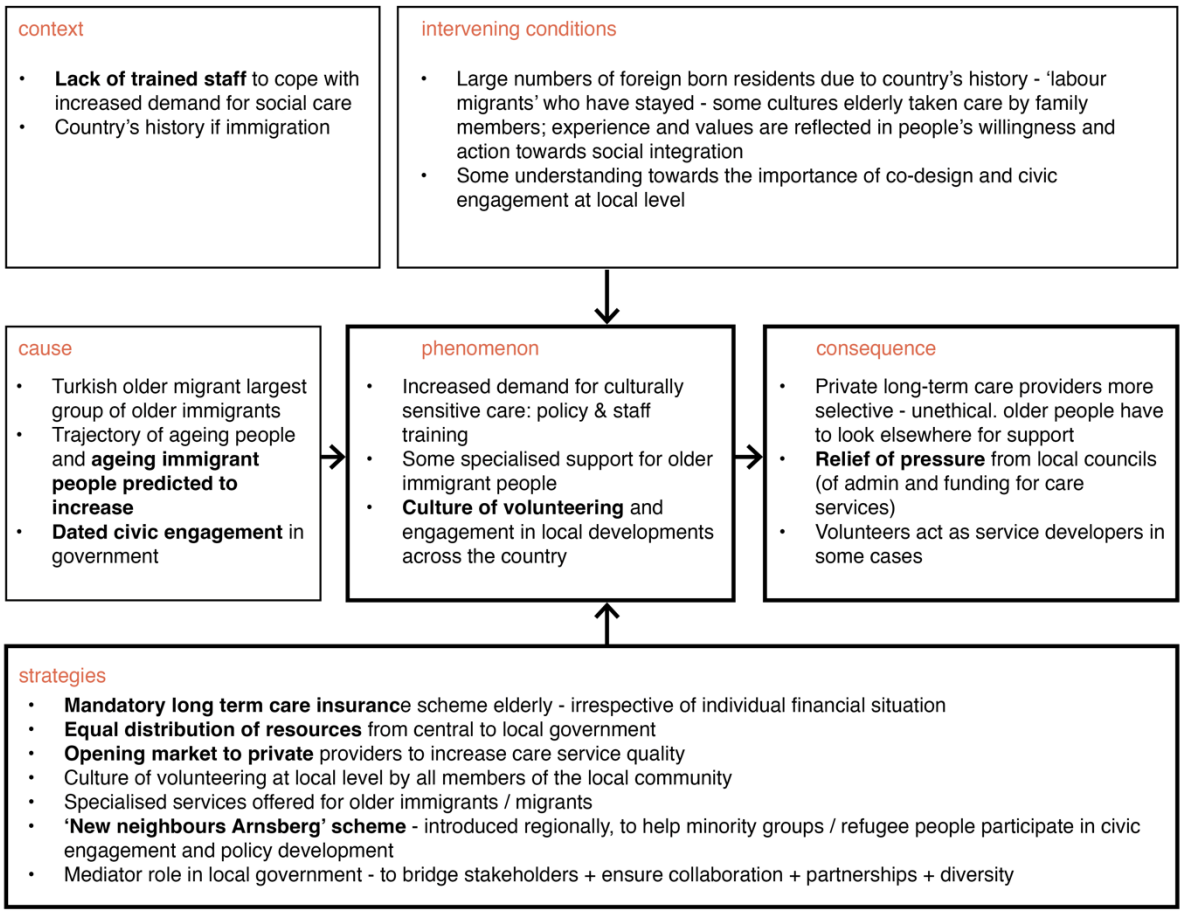


Figure 42: Germany axial coding diagram

4.6 Belgium

4.6.1 Social Care System Overview

Organised at the federal, regional and municipal levels, Belgium's long-term care system is financed by social security and general taxation contributions. The system has seen a significant shift from residential based services towards community-based services and more innovative service development, providing better home support that permits more freedom and independence older adults (WHO, 2016). Initiatives that help develop Belgium's home and community care system cater for older citizens in their own home for longer, via coordination for support, initiating small scale and group living opportunities (Arnaert et al., 2005).

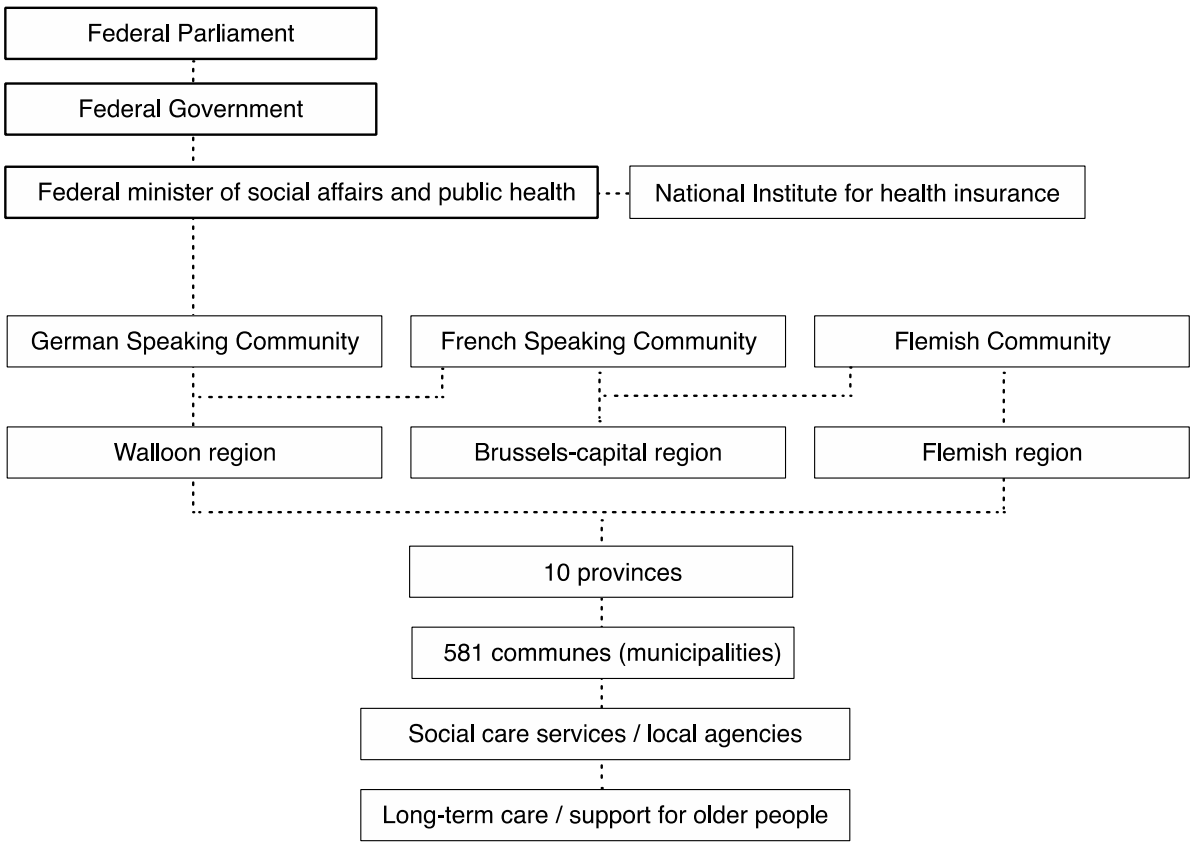


Figure 43: Map of Belgium's social care service system overview

4.6.2 Social care services for older people and older immigrant people

Currently, the most represented immigrant groups are those of Moroccan and Turkish descent, accounting for 1/3 of 65+ year olds, with people suffering from at least 2 serious chronic conditions that require care (Willeme, 2010). However, with no major developments for social and healthcare access for immigrant citizens, access is currently the same as that of Belgian nationals (Mussche, et al., 2013). To help support immigrant elders in some way, local authorities, municipalities and the 'Public Centres for Social Welfare' have begun providing support set by government, such as specialised housing and social assistance for marginalised groups (Willeme, 2010).

To help mitigate problems of knowledge and integration, the 'Walloon Government' in Belgium initiated a program (The decree of 28 April 2016) which introduced compulsory integration schemes in local areas, mainly citizen orientation programs (Xhardez, 2016). Due to increased demand, 'The Department of Social Action' periodically calls for projects on social integration programs from non-profit organisations, foundations and local authorities, to work with communities and promote immigrant integration into the local district. Despite equal accessibility and specialised programs, there is still a large percentage of immigrant communities who have less access to care compared to the native population (Rosano et al., 2017). Rosano et al. conclude that aspects of 'diversity-oriented, migrant-sensitive prevention' and policies that mitigate barriers to care in areas where discrimination is present, are highly recommended. A lack of knowledge about available services is cited as the biggest contributor to issues surrounding the system of care for older immigrant people in Belgium. Three major strategies have been put together to make services more accessible to this user group, which include 'pro-active customised communication', 'equality in the relationship between caregiver, government and person receiving care' and 'basic components given to caregiver regarding culture, habits, language, attitude of person receiving care' (Rosano et al., 2017).

4.6.3 Examples of user engagement, empowerment and co-design practice

[1] Key administration reforms that help to empower local people. Belgium has been placed as one of the major European countries that fits regular public administration

reforms into their model of authority to help reduce disparity amongst the different minority groups' access to care (Torres et al., 2005). Torres et al. describe this model as an 'overlap of traditional administrative systems with more citizen orientation', which empowers citizens and employees, helping to increase the quality of public service provision throughout the system.

[2] Consultation sessions within municipalities. BAS (Belgian Ageing Studies) project in the city of Brussels: Age-friendly programme in the City of Brussels, Brussels Capital-Region (WHO). This is a project that worked within one of the three of federal regions in Belgium, a research program that included many of Belgium's municipalities. A close collaboration between local research teams, the city council, various stakeholders and older people who were all involved at all stages of the process to address a variety of needs and empower local people (Buffel and McGarry, et al., 2014). This was done through consultations sessions with local people and third sector agencies (Buffel et al., 2014).

4.6.4 Axial Coding Diagram

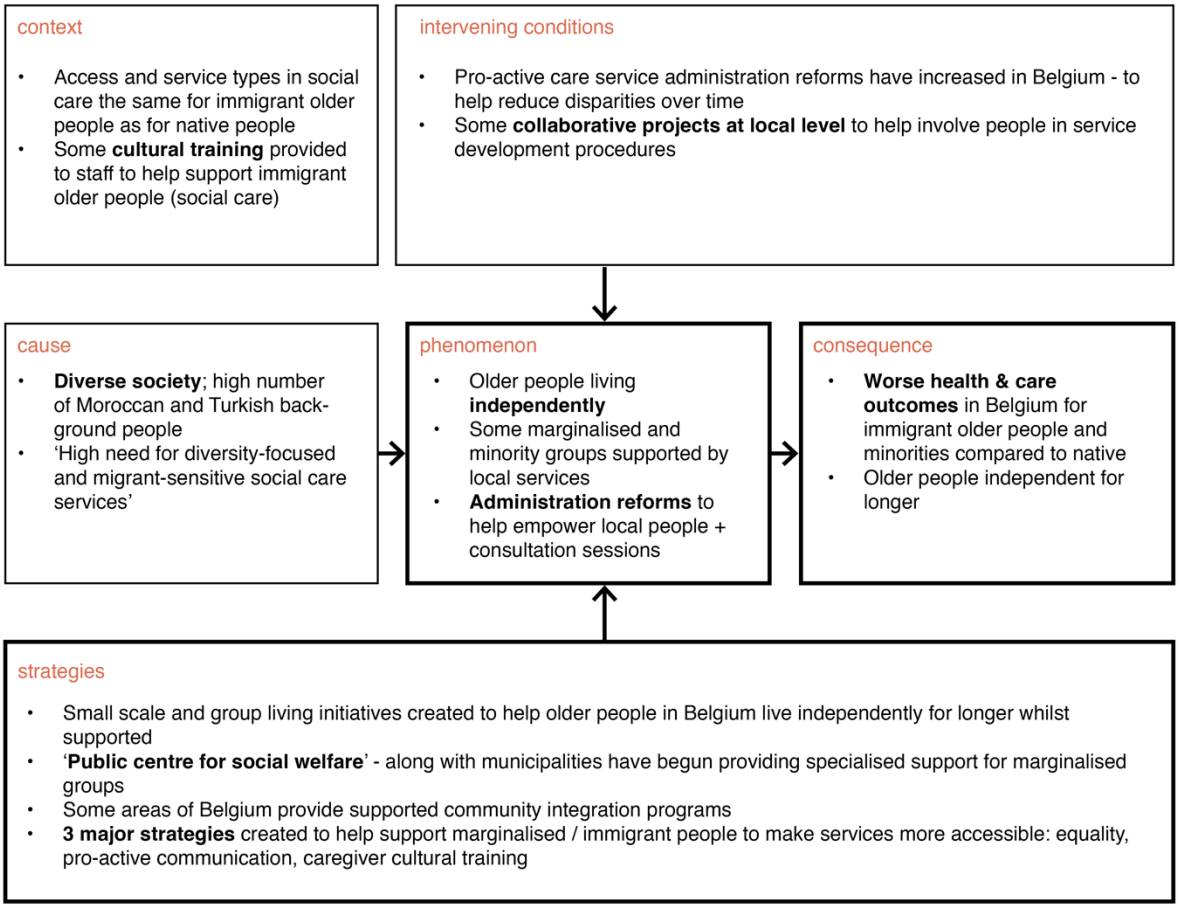


Figure 44: Belgium axial coding diagram

4.7 France

4.7.1 Social Care System Overview

The French social care system is partially funded by social security contributions, with premiums deducted from employee salaries. Three of the main central state services ensure the coordination and planning of social policy. A reform introduced regional agencies, where several institutions merged to help manage the delivery of services for adult social care (Somme and Stampa, 2011). The key responsibility for older adults with chronic conditions lay with two ministries and two insurance systems, namely the ministry of health and ministry of solidarity, health and retirement pension insurance bodies. Social aspects of long-term care are managed by the general councils at the department level following France's decentralisation policy. In a report by the European Commission on the social care service developments in France, three main issues were outlined which impact access to services, service development and service delivery for all users. (1) The lack of local organisation and information (2) which in turn impacts the lack of knowledge all users have of the service system and what is available to them according to need and (3) a significant lack of co-ordination between different stakeholders, which impacts on the development of and appropriateness of service provision (Le Bihan, 2018).

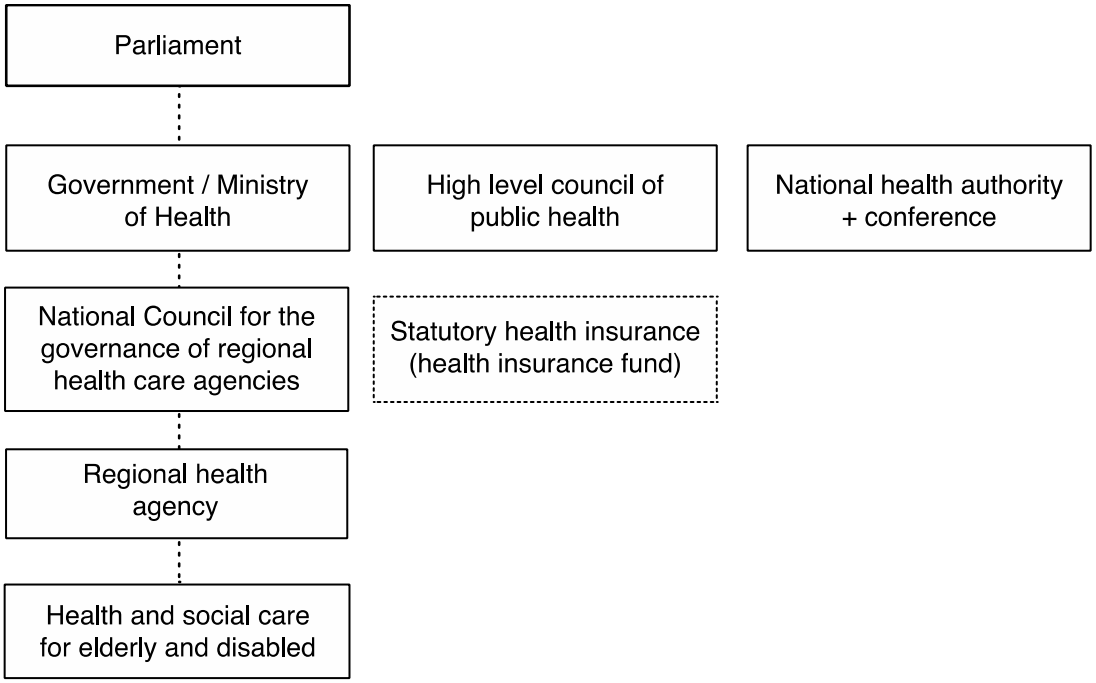


Figure 45: Map of France's social care service system overview

4.7.2 Social Care Services for Older People and Older Immigrant People

There is specialised provision for older immigrant people, where services are means tested using a national scale, and access to care for immigrant elders and eligibility rests on two aspects: lawful residence and occupational status (Da Lomba, 2017). A large measure of access to care for North-African elders is granted via 'The Law of the Adaptation of the Society to Ageing' (Capitaine, 2002). This special feature of French policy allows transition via a simple declaration, where North-African older immigrant people are granted their French social rights whilst assisted long-term stay is provided within their home countries. Another example of strategy supported by authorities, is the semi-public organisation ADOMA (developed to manage homes for migrant workers). This initiative allows access to housing for immigrant elders and controls the improvement and adaptation of housing to meet their care needs, providing healthy ageing, personalised and targeted support (Capitaine, 2017).

France released a new strategy to improve the issue of disjointed care across the country. The 'MAIA' (Method of Action for Integration of Health and Social Care in the field of

Autonomy) is a model of integrating services in France to involve all stakeholders in the required field, i.e. social care from national to local to help improve fragmented services that are typically managed on a regional level (Bajeux et al. 2021).

Significant inequalities in access to care and support services for older immigrant people in France have risen (Duguet et al. 2016). The need for care and provision of services for older minority groups in France remains unrecognised and cultural roles are said to play a significant role in the process of acknowledging people's need for supported service provision. There exists the belief amongst France's older immigrant population, where children of immigrant elders are typically expected to take care of older person in the family, particularly amongst North African communities.

4.7.3 Examples of User Engagement, Empowerment and Co-design Practice

[1] Development and popularity of 'social centres' (or *cetres sociaux)* across France – social for social services, that help to promote community development and a distinct approach to co-production between citizens and professionals (McMullin, 2018). Social centres have three main principles: human dignity, solidarity and democracy (Charte Fédérale des Centres Sociaux et Socio-Culturels de France, 2000). They involve local people in delivering new projects and support social cohesion, with some relying on traditional consultation methods, others on innovative co-design approaches.

[2] In recent years, France has seen an increase in community engagement projects, an example is the user involvement initiative conducted by public innovation lab 'La 27 Région' (or 'The 27th Region), which helped foster the understanding and contribution of all stakeholders, including citizens and civil servants (L'observatoire, 2010). '27th Region', a research and development laboratory initially created by the Association of Regions of France (ARF) and the Fondation Internet Nouvelle Génération (FING). This initiative aimed to explore and develop innovative public policies in the digital era by fostering the exchange of ideas among regions. Now an independent association, 'the 27th Region' aimed to actively involve citizens in the creation and redesign of public services. Their

participatory approach contrasts with traditional models where citizens are seen merely as recipients of services. The goal was to integrate citizens' ideas and feedback into the development process from the beginning (La 27e Region).

4.7.4 Axial Coding Diagram

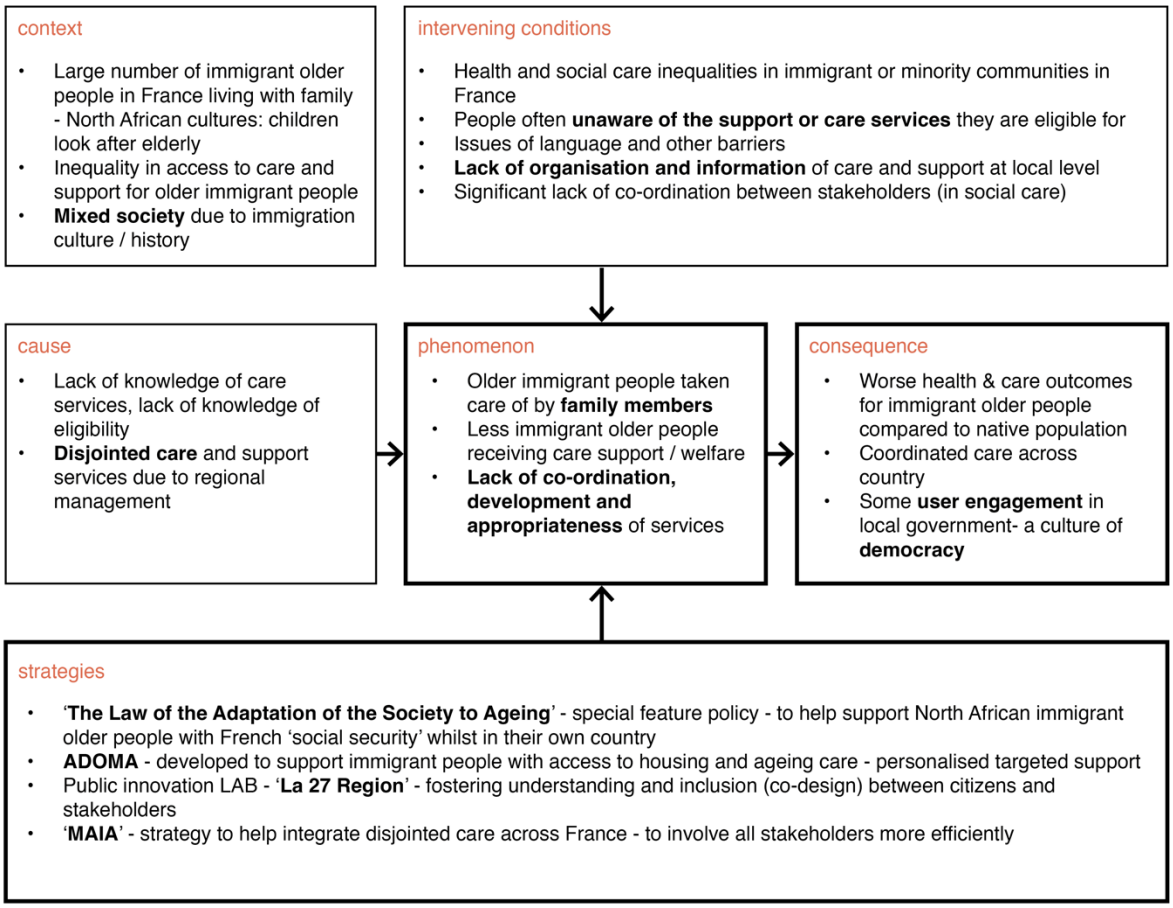


Figure 46: France Axial Coding Diagram

4.8 South Korea

4.8.1 Social Care System Overview

The development of long-term care services in the Asian subcontinent is a new process. Attitudes, behaviours, economic and urban practises have changed over the past three decades. Surveys show the biggest change comes from younger people moving away and into urban areas, leaving family behind, as well as the changing notions on the burden of care (older people being typically cared for by family members). With an increased demand for care services, these changes have put pressure on the overall system of social care in South Korea.

Access to care services via local government includes a needs-based points system application process, one that requires doctor's letter or approval. The approval consists of five levels for mental and physical status, the elderly person is then appointed a level based on their physical need (Choi, 2015). The country's health and social care insurance was first introduced in 1977 with the National Health Insurance Act and by 1989 the system reached universal coverage (Kwon, 2009). Even though it has the lowest health and social care expenditure in comparison to other MEDCs, South Korea's welfare system has been ranked one of the best in the world for quality and service provision, based on access, efficiency and efficacy (Robertson et al., 2014).

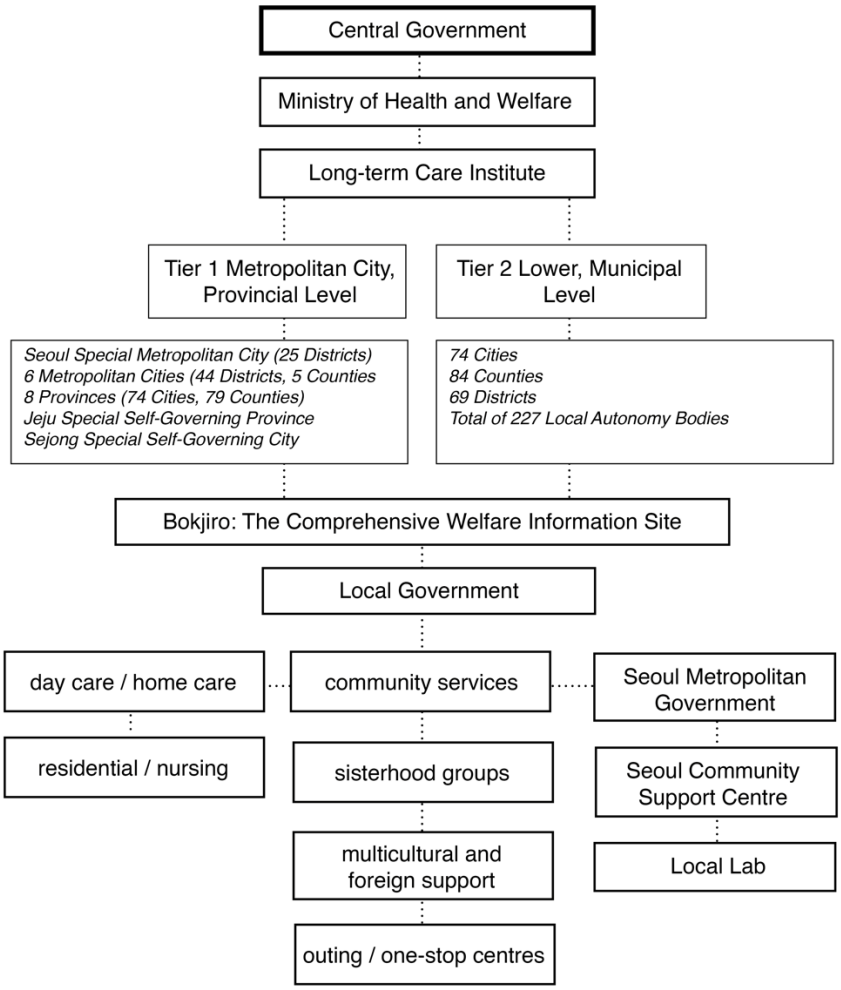


Figure 47: Map of South Korea Social Care Service System

4.8.2 Social Care Services for Older People and Older Immigrant People

The South Korean social care system is typically run and funded through central government and the ministry of health and welfare. However, there are subdivisions based on the different regions of the country. There is a main, comprehensive information site 'Bokjiro', which provides residents with information to access of services. Some social care services, offered to older residents by the South Korean local government are day-care centres, home and group home care centres, one-stop centres, support with daily activities, home visits and leisure trips to older residents, to name a few. Sisterhood groups on the other hand, offer support for older women specifically, whereas support for older immigrant people is undertaken by multicultural families and foreign support organisations (Choi, 2015). Multicultural families and foreigner support services

specifically focus on providing support to newly arrived people in South Korea and to those who have difficulty in communication, as well as integration within Korean society due to 'unfamiliarity with Korean culture'. Typically, a cost-free program, some educational services may require a cost. Regionally based support is offered, some regions may offer more services to immigrant communities than others – urban areas are denser, support is not equal since urban areas are denser and require more support.

Currently, public care services utilise a form of system of vouchers as a new delivery method to pay for expenses directly to social service recipients. This specific distinction has allowed for the delivery method to shift from provider-centred to recipient-centred (Lee et al., 2019). The South Korean government's future strategy has put forth several important schemes that will greatly impact access and care service utilisation for older adults by 2025, starting with a two-year trial run (Choi, 2019). The South Korean government will provide programs that will permit older adults to receive care at home or within their local communities, providing a major shift from private provision and facilities to community ones. Establishing community care councils and outlining basic legislation, the planning at policy of which will lay in the hands of local councils, with legal basis within central government.

4.8.3 Examples of User Engagement, Empowerment and Co-design Practice

[1] 'Seoul Local Lab' provides local government with co-creation activities on different projects and initiatives. It is worth discussing South Korea's participatory policy design platform "Citizens Policy Design Group', due to its utilisation of co-design practices for developing consumer-orientated public services and policy. It has been established that this type of initiative has helped to build a strong sense of fellowship and trust amongst civil servants and citizens over the years. Initiatives of this nature help to re-establish reliance and therefore engagement of the community. The project was originally developed to involve citizens in the public service and policy development process through the adoption of service design methods.

[2] Citizen participation initiatives in central government – engaging citizens in the co-creation of public services. Initiatives have recently developed in South Korean central

government that involve the 'citizen' in different roles, i.e. as 'explorer, ideator, designer and diffuser', with the intention of producing better decisions and overall, more efficient benefits. According to a report by 'Business of government', several mechanisms have been adopted, such as online tests and competitions, e-petitions, innovation jams and virtual prototyping tools (Nambisan and Nambisan, 2013).

Since the 1990s, South Korea has also seen an increase in need for more democratic activities, which has manifested in involving communities in key decisions. The impact of which is that there is perhaps an increase in understanding the importance of co-creating with citizens and citizen engagement in policy and other governing processes. The participatory public budgeting project in South Korea is one example of enhanced citizen participation. A benefit of enhancing citizen participation within the process itself, one that is intended to produce better decisions and more efficient benefits for the rest of society (Biererle, 1999).

4.8.4 Axial Coding Diagram

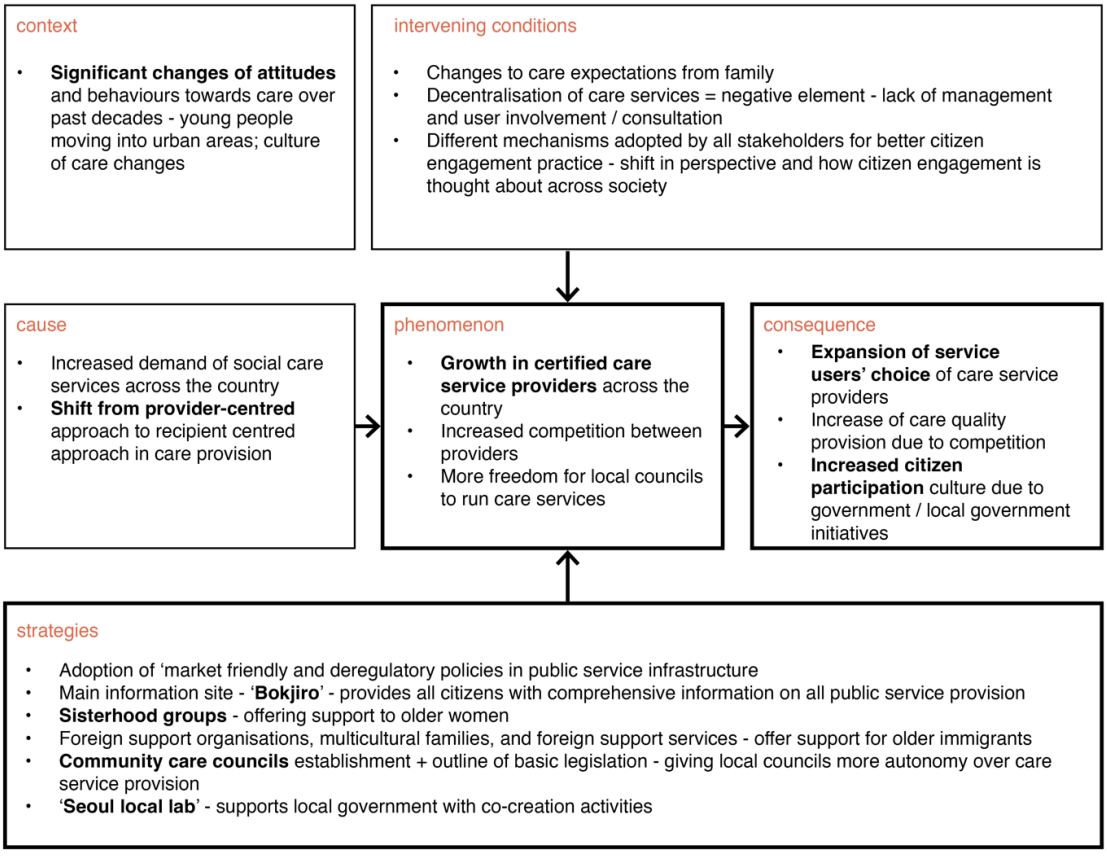


Figure 48: South Korea axial coding diagram

4.9 Chapter Summary

The country case studies outline themes and insights regarding co-design and service design within local government, with a particular focus on improving engagement and access to social care services for vulnerable populations, including immigrant and older people.

How countries deal with co-design and engagement: providing designated spaces for civic engagement: establish specific areas for community involvement in co-design processes. Self-organised resident groups: encourage and support resident groups with government backing to represent community needs. Strong design culture: develop a robust design culture within the public sector to enhance service outcomes. Design professionals in government: appoint dedicated designers and civic mediators within local government to facilitate effective co-design. Local labs supported by governance: implement 'Design Labs' to foster innovation in service design.

How countries experience challenges in engagement and service access for their ageing populations: address the needs of older people, ensuring they remain independent with regular health check-ups. Cultural sensitivity: developing culturally sensitive services, particularly for immigrant populations, that respect cultural dynamics and family responsibilities. Support for older immigrant people: provide specialised, culturally sensitive support for older immigrant people, developed in collaboration with government bodies. Decentralised social care system: Advocate for a decentralised system to ensure equal access to services across regions. Centralised information system: develop a centralised and accessible system for disseminating information on social care and welfare eligibility.

These recommendations aim to build a more inclusive, accessible, and effective co-design framework within local government, tailored to the needs of vulnerable populations in the UK.

Co-design and engagement context / Service Design context

Helping local people with the right conditions:

- **Designated spaces for civic engagement**
- Self-organised resident groups funded and supported by government
- Strong design culture in public sector - cases that lack **understanding of co-design** and service design practice negatively impacted
- Appointment of designated designers, co-designers and civic mediators in local government setting
- Designated '**Design Labs**' or ' Local Labs' supported by governance to foster creativity

Governance

- **Less frequent staff changes** - or some level of consistency is required - for project and process longevity - key learnings and principles of community engagement practice must be applied across a longer span of time
- A **set of principles across government** to foster design, co-design principles, collaboration and understanding
- **Decentralised service system** for social care - equal access for all - run by regional bodies not just local government
- **Government supported initiatives** of civic engagement across the board
- Up-to-date principles of co-design practice applied centrally and run locally
- Specialised staff training practices
- Centralised system for information in accessible format for all people - social care services availability
- Supported information on service and welfare eligibility
- **Regular patient groups** - to engage citizens in policy and service development

Immigrant and / or older people's experiences - social care, cultural impact

Issues impacting engagement, or social care services access and equality:

- High number of **ageing population**
- **Supervised freedom** - helping older people stay at home and independent for longer - regular check ups on all aspects of life supported by the government
- Create an understanding of cultural impact and influence - vital - acknowledge cultural perspective of ageing and stigma around care and family responsibility / expectation - **cultural sensitivity**
- **Specialised support for older immigrant people** - culturally sensitive, understanding key dynamics and people's way of life - in close collaboration with government
- Adaptation to society strategies to support immigrant communities

Figure 49: Country case studies summary highlights

Building on the insights from the case studies, the next chapter outlines the primary data collection findings from this study. Chapter 6: The Primary Data Collection chapter presents detailed findings from the study, drawing on insights from interviews, focus groups, and case studies. It provides a structured account of the perspectives of older immigrant people, cultural community leaders, service providers, and co-design experts, highlighting key themes that emerged from the research which will later form the building blocks of the study's co-design framework.

Chapter: 5 PRIMARY DATA COLLECTION

CHAPTER 5: PRIMARY DATA COLLECTION	
STRUCTURE OF CHAPTER 5: PRIMARY DATA COLLECTION	**5.1 INTRODUCTION** **5.2 EXPLORATORY EXPERT INTERVIEWS** 5.2.1 Service Administration 5.2.2 Challenges of User Research in Public Service Design 5.2.3 The Role of the Designer in Creating Conditions for Identity and Representation **5.3 IN-DEPTH INTERVIEWS WITH EXPERTS** 5.3.1 Building Trust with Vulnerable Communities 5.3.2 Building Partnerships 5.3.3 Understanding People 5.3.4 On-going Monitoring and Feedback 5.3.5 Managing Governance **5.4 INTERVIEWS WITH CULTURAL LEADERS** 5.4.1 Building Trust in Social Care Access 5.4.2 Understanding Local Communities and Cultural Differences 5.4.3 Language Barriers and Access to Information 5.4.4 Community Outreach and Awareness 5.4.5 Partnerships Between Community Centres and Local Authorities 5.4.6 Reaching Out to Local People 5.4.7 Creating Ongoing Monitoring and Feedback Mechanisms 5.4.8 Case Studies of Successful Community Interventions **5.5 INTERVIEWS WITH BRITISH-NATIVE OLDER PEOPLE** **5.6 INTERVIEWS WITH OLDER IMMIGRANT PEOPLE** **5.7 FOCUS GROUPS WITH OLDER IMMIGRANT PEOPLE** **5.8 EMERGING THEMES** **5.9 CHAPTER SUMMARY**

Figure 50: Structure of Chapter 5

5.1 Introduction

This chapter outlines findings from primary data collection, which aimed to uncover the challenges and opportunities surrounding co-design and service provision for older adults, particularly within immigrant and ethnic minority communities. The research

employed a mixed-methods approach, including exploratory and in-depth expert interviews, in-depth interviews with community leaders, and in-depth interviews and focus groups with older adults (British native and immigrant older adults). These methods provided a multi-faceted understanding of the systemic, cultural, and operational barriers that hinder equitable access to social care services and helped to build a thorough understanding of co-design practice in service development.

The chapter begins by discussing the insights gained from exploratory expert interviews, which highlight systemic challenges in service design, administration, and the role of identity and representation in public service delivery. Following this, findings from in-depth interviews with cultural leaders shed light on the critical role of trust, language, and culturally tailored outreach strategies in fostering effective engagement. Finally, the chapter explores the perspectives of older immigrant and native British populations, revealing disparities in access, cultural sensitivities, and experiences with social care systems. These findings contribute to the study's overarching aim of identifying actionable strategies for improving co-design practices and service delivery in the UK and creating the co-design framework.

5.2 Exploratory expert interviews

This chapter begins by examining the foundational insights gathered through **six semi-structured exploratory interviews** conducted with specialists in relevant fields: two experts in co-design with a focus on community-oriented projects, two experts in social policy and migration, one expert in social identity, and one expert in service design for local government. These interviews were instrumental in identifying the key challenges and complexities associated with co-design and service delivery in the public sector, particularly concerning the experiences of minority ethnic and immigrant communities. By exploring these dimensions, the interviews provided valuable perspectives on the barriers to engagement, organisational constraints, and the broader implications for developing inclusive and effective social care services.

Using thematic analysis to interpret the data, the findings revealed recurring themes such as gaps in staff training, organisational misalignment, and the stigmatisation of older immigrant groups. These insights formed the critical foundation for the subsequent phases of the research. They informed the development of targeted questions for in-depth inquiry, which centred on exploring co-design tools and approaches, strategies for overcoming barriers, and envisioning the future potential of co-design as a framework for public service development. By framing the study's focus in this way, this initial phase of data collection establishes the groundwork for an in-depth exploration of how co-design methodologies can address these challenges and contribute to more inclusive service design practice.

5.2.1 Service Administration

As privately marketed services become more widely accessible to the public, social care services increasingly fail to achieve universality and often do not integrate effectively with the broader system of care. This fragmentation severely affects the utilisation of services by older individuals, as insufficient efforts are made to manage recovery within a disjointed care system. Policy, on the other hand, often fosters a "backdrop of hostility," with assumptions frequently made that elderly immigrant people are cared for informally by family members. This generational expectation contributes to the shifting of the perceived "burden of care" elsewhere:

> *"In some communities the concept of familial care is very strong. This might lead to resistance to accessing social care services. As people become long term residents, second generation, third generation becoming residents with dual citizenship. There might be a reluctance, an expectation that your younger kid will care for you."* - Expert A

To address these challenges, experts concur that it is crucial to ensure thorough citizen-state involvement, where service users become 'experts by experience'. This approach would also involve family members who serve as carers in the research dialogue and

service development process. It is equally important for service users to become informed about the structure of care services and eligibility criteria. Moreover, specific discussions were held on the themes of social identity and prejudice against marginalised groups within the care system. It was suggested that a way to mitigate these issues is through consistent, compassionate training and care at all levels of service provision, including service development and user testing.

5.2.2 Challenges of User Research in Public Service Design

Experts identified two major issues in the administration, design, and delivery of public sector services. Firstly, they pointed to a lack of a 'discovery phase,' which is described on the UK Government website as a means of 'learning about your users and their context,' a process that helps reduce uncertainty and assumptions about consumer needs. Despite the establishment of the UK Government Digital Service (GDS) in 2010, aimed at improving and consolidating digital public services within central government, there has been limited progress in disseminating the same user-centred values beyond central government and into UK local government:

> *"At both ends of the process, in the end, you tend to find that actual real service users are not involved. They are not involved in the initial research and discovery phase, and they are not involved in testing the final product. You could argue that the service is being built by the organisation itself, and what* ***its*** *picture is of what the community wants."* - Expert B

Secondly, respondents highlighted a significant lack of user testing prior to the rollout of services. At this stage, it is often too late to make meaningful improvements. Public services frequently undergo major transformations, such as a shift from physical to digital channels, without adequately considering user requirements:

> *"A channel shift, to move everything online - often what happens is that moving everything online without providing an alternative channel for people to deal with*

the council, it becomes the only channel for people to deal with the council.” – Expert B

This passive approach often results in institutions assuming they know what is best for the service user, unintentionally excluding older citizens and those with limited digital literacy.

When asked about the causes of these discrepancies, respondents cited issues such as management challenges, resource constraints, and time pressures. To overcome these challenges, experts suggested applying incentives that prioritise quality and process management during the service design process. This would motivate service designers and providers to engage fully in user testing and allow for the measurement of usability. A 'mandated discovery phase' was proposed as a potential solution to foster better synergy between designers and citizens.

5.2.3 The Role of the Designer in Creating Conditions for Identity and Representation

In research, the designer is often viewed as a 'sense-maker,' responsible for facilitating collective communication among different groups. This involves establishing common ground to 'bring everyone to the same level,' thereby alleviating the fear often felt by vulnerable groups when dealing with the state.

As part of the community-building process, experts agree that it is incumbent upon the designer to cultivate both personal and collective awareness of cultural nuances and to help the wider community adapt accordingly, thereby creating better conditions for participation. When met with resistance, the only way to overcome it is by establishing rapport with community key-holders and creating a reference panel group that represents marginalised groups within the community:

"What I've always done for any project is to get a panel reference group. That's how you can get those people on board. The key-holders or the key significant people. You say:

'I would like to reflect back, with you, about the direction of this, and make sure that I am not biased towards any particular viewpoint, so that's why I'm checking in'

And you use this as a reflective reference group. That gives you credibility, because when you turn up or send out invitations, and say 'this is with the support of…', they are advising, guiding the project' - it warms up, some of the people there would know what you're doing and it becomes like a collective community building process, as opposed to 'hi, I'm a researcher, tell me what happened'." - Expert C

The final component of this process is expectation management. From the outset of the co-design research process, it is crucial for the designer to clearly communicate an understanding of the project outcomes and how the findings will be conveyed to the wider community, thereby actively closing the feedback loop. This critical step helps establish a reciprocal and ongoing relationship:

"You alleviate this [power] asymmetry a little bit, because they contribute with knowledge, understanding, ideas that someone else is using their power to turn into something that is based on what they've been contributing and then being able to show some feedback on. This process says to people - 'the things you've been helping us with is now in place, it turned out like this, for this and this reason'. It also gives an explanation requirement for those stakeholders in power, so they must be able to explain how and why it turned out the way it did." – Expert D

The table below provides a visual representation of the key themes outlined in this phase of the research process.

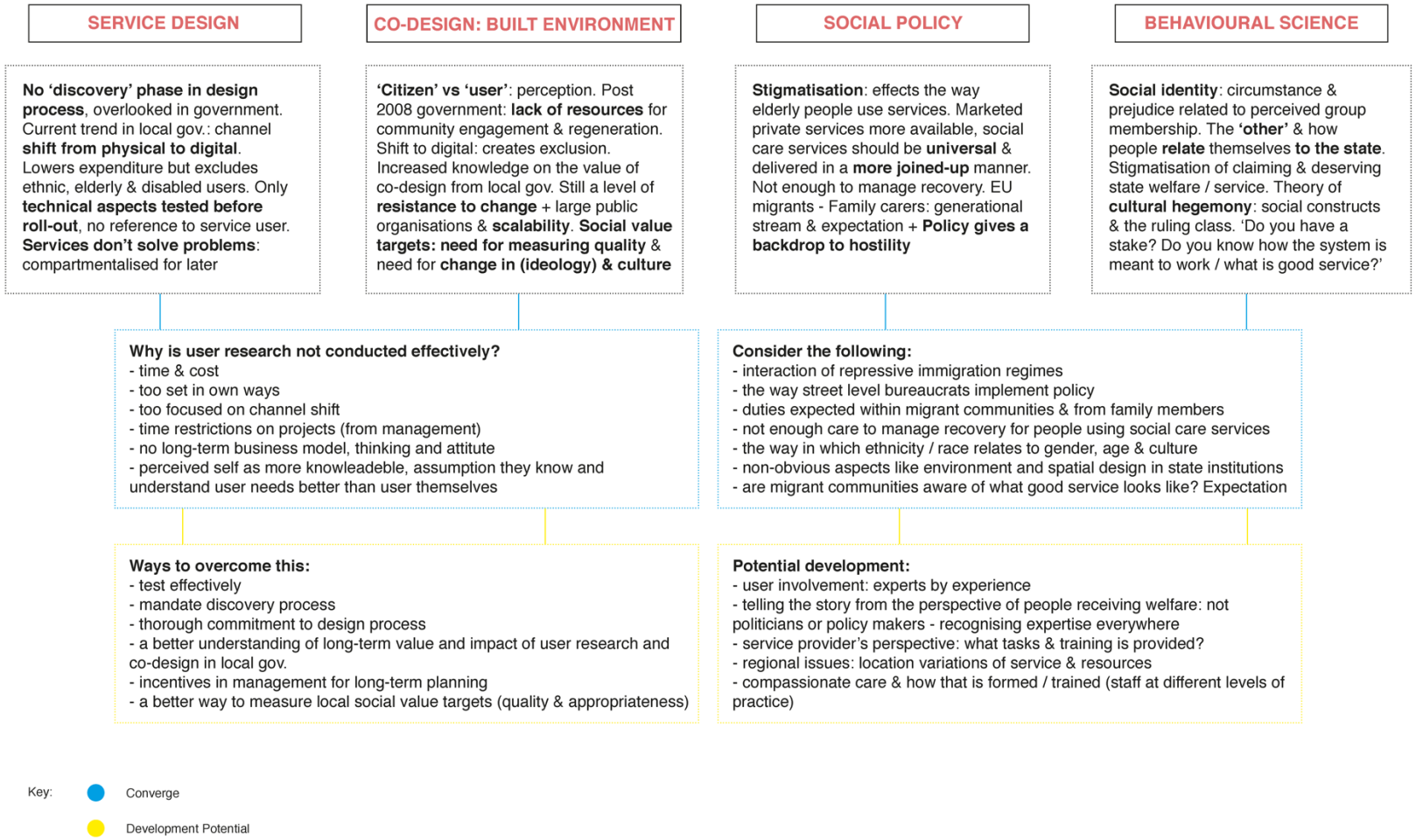


Figure 51: Exploratory expert interviews

5.3 In-depth interviews with experts

This section presents findings from interviews with 18 experts across fields such as social care, community engagement, co-design, service design and governance. These interviews aim to delve into the systemic challenges and opportunities for improving social care services through inclusive and participatory approaches. By drawing on the experiences and expertise of professionals, this section explores critical themes such as trust-building, cultural sensitivity, and the role of co-design in fostering more effective and equitable service delivery. The insights gathered offer valuable guidance for addressing barriers faced by older immigrant populations and enhancing user-centred practices in public sector service development.

5.3.1 Building Trust with Vulnerable Communities

Building trust with vulnerable communities requires sustained and culturally sensitive efforts that address unique barriers, particularly for immigrant communities, ethnic minorities, and older immigrant adults in participatory projects and co-design processes. According to all 18 in-depth expert interviews, trust is essential for overcoming disengagement. Expert 1 highlighted the historical tendency of engagement models to place disproportionate control with researchers, which led to mistrust, while Expert 6 emphasised the importance of working through trusted intermediaries such as community leaders and translators to build rapport with these communities (E1, E6). Informal, person-centred approaches, like meeting in familiar spaces or engaging through local gatekeepers, were cited as critical by multiple experts (E1, E6, E12, E13, E18).

> As Expert 6 put it, “going door to door, going to community centres, going through gatekeepers, like building that trust, having community and having a local translator” can break down cultural and language barriers and ensure communities feel comfortable and respected (E6).

Transparency emerged as another cornerstone for fostering trust, particularly for groups that have experienced negative interactions with public services in the past. This was echoed by several experts, who stressed the importance of creating safe, neutral spaces for collaboration (E2, E6, E8, E13). Expert 2 specifically noted that safe spaces help participants engage without defensiveness, while role-playing exercises can aid in navigating complex dynamics before tackling real-world problems (E2, E6). Effective communication tailored to the needs of diverse groups was also highlighted by Expert 12, who recommended leveraging face-to-face interactions and faith-based outreach to build trust with digitally excluded or sceptical populations.

> This view aligns with Expert 13's statement: "We have to work with intermediaries, which could be third sector organisations, which already have built up trusted relationships with these groups" (E13).

Cultural sensitivity in outreach and transparent engagement practices was frequently cited as foundational for meaningful collaboration (E2, E6, E8, E12, E13).

5.3.1.1 Mistrust and its Causal Conditions

Historically, many ethnic minority communities have perceived public services, such as social services, as institutions that intervene negatively in their lives, particularly in relation to removing children from families (E9, E18). This deep-rooted mistrust, stemming from both systemic and personal experiences, creates significant barriers for social care professionals attempting to engage with these groups. Expert 9 highlighted how this perception directly undermines relationships between migrant communities and authorities, while Expert 18 observed that top-down approaches from local authorities, which fail to meaningfully involve communities at a grassroots level, further entrench these negative views. These dynamics make trust-building a long-term challenge, as communities remain sceptical of the intentions behind engagement efforts (E9, E18).

The lack of cultural competence among health and social care professionals also contributes to this mistrust, with many professionals failing to understand the social and cultural dynamics of minority communities (E9, E16, E18). Expert 9 noted that health professionals often approach their work without adequate sensitivity to the cultural contexts of the communities they serve, resulting in low engagement with health and social care services. To address this, Experts 16 and 18 strongly advocate for increasing representation within public services, ensuring that researchers, co-design specialists, and social care staff possess a deeper understanding of the cultural and religious contexts of these communities. Representation within these roles not only fosters trust but also ensures that services are designed and delivered in a way that resonates with the lived experiences of marginalised groups (E9, E16, E18).

Additionally, language barriers and the complexity of navigating bureaucratic systems hinder immigrant communities' ability to trust and effectively engage with public services (E5, E12). Without tailored language support and simplified processes, these communities often view services as inaccessible or irrelevant to their needs. Expert 5 pointed out that different communities consume information through distinct channels, such as oral traditions or word of mouth, and emphasised the importance of adapting communication methods accordingly.

> As Expert 5 noted, “To assume that you can use the same method to get the same information to different communities is grossly in error.”

This sentiment underscores the importance of tailoring communication to meet cultural norms while maintaining consistency in messaging across groups (E5, E12). Furthermore, institutional racism exacerbates mistrust, with systemic discrimination and stereotyping still prevalent despite equality legislation. Expert 9 highlighted that assumptions about pain thresholds or cultural behaviours often result in unequal treatment for ethnic minority patients, further eroding trust.

> “The trouble with racism is that it’s institutionalised,” explained Expert 9, illustrating how deep-seated biases within systems continue to affect perceptions of fairness and equity in public services (E9).

5.3.1.2 Communication and Relationship-Building Strategies

Effective communication remains a cornerstone in building trust and fostering meaningful relationships with vulnerable communities. Experts highlight that genuine listening is critical, with researchers needing to "listen to understand" rather than simply to respond (E1, E11). This requires a consistent effort to communicate the purpose and process of co-design clearly, ensuring participants do not feel their input is undervalued or tokenistic (E1, E11, E12). Without transparency and clarity, trust is eroded, making future engagements increasingly difficult (E1, E11). Expert 8 pointed out that building trust often necessitates addressing previous negative experiences of vulnerable groups with institutions, which can only be achieved through sustained efforts and honest communication (E8). Furthermore, acting on community contributions reinforces trust, as participants see tangible evidence that their input is valued (E10, E11).

A recurring theme across expert interviews is the importance of informal, face-to-face interactions in creating a comfortable environment for engagement. These methods often involve meeting participants in familiar community spaces, where traditional power dynamics can be reduced (E1, E6, E8). Informal settings, such as local community centres or gatherings over food and coffee, create a neutral space where vulnerable communities feel more at ease discussing their concerns and ideas (E6, E13). Expert 6 emphasised how such approaches allow participants to engage authentically without feeling overwhelmed by formal structures. Additionally, cultural sensitivity is crucial; understanding participants' cultural and social norms builds rapport and ensures interactions resonate with the community’s values and experiences (E6, E12, E18). For instance, Expert 12 noted that many ethnic minority groups prefer oral communication, and in-person engagement creates opportunities for them to ask questions in a way that feels natural and accessible.

Long-term engagement is another critical factor, as sustained communication and feedback loops are essential for building and maintaining trust (E8, E10, E13). Expert 13 stressed that relationships should not end with the completion of a project. Instead, ongoing dialogue helps establish a foundation for future collaboration and ensures communities feel invested in the process. Techniques like participatory feedback mechanisms and iterative updates about the impact of community input can reinforce trust and accountability (E10, E13). Experts also noted the importance of culturally adapted tools, such as visual aids and storytelling techniques, to overcome linguistic or educational barriers (E8, E16). These tools enable vulnerable groups to share their ideas in ways that feel intuitive and empowering, helping to further the relationship-building process.

5.3.1.3 Tools and Approaches for Trust-Building

Experts recommend a range of **tools and approaches** to foster trust in co-design processes, each tailored to address specific barriers faced by vulnerable communities. One of the most frequently emphasised strategies is **engaging trusted community organisations, leaders, NGOs, and intermediaries**, who act as essential bridge-builders between authorities and communities. These individuals and groups leverage their established relationships to mediate collaboration, represent community voices, and ensure mutual respect (E1, E2, E4, E5, E6, E7, E8, E9, E12, E13, E18). For instance, Expert 6 described how working through **gatekeepers** and **community leaders** has been pivotal in accessing and building trust with older immigrant groups, such as Bengali men in Tower Hamlets. Similarly, Expert 13 noted that trusted intermediaries, particularly smaller local organisations with deep community connections, are often better equipped to engage marginalised groups than larger, more bureaucratic institutions.

Hiring **multi-ethnic research staff** is another crucial recommendation, as these researchers often share **cultural or linguistic commonalities** with participants, which increases trust and reduces barriers to engagement (E16, E18). Multilingual staff can directly communicate with participants, ensuring that language is not a hindrance to

understanding or participation. Expert 16 emphasised the importance of hiring **bilingual researchers** in healthcare settings to address the specific needs of older migrant communities. This approach helps foster a sense of familiarity and relevance, creating a more inclusive environment for meaningful interaction.

Creating safe and neutral spaces for collaboration is an equally important tool. Role-playing exercises in anonymised environments have been highlighted as effective strategies for reducing defensiveness and navigating conflicts (E2). Expert 2 shared that these spaces allow participants to explore co-design processes collaboratively, free from entrenched biases or real-world power dynamics, before addressing actual challenges. This approach fosters trust and open dialogue, particularly when working with groups hesitant to engage due to past negative experiences.

Visual storytelling and graphic design emerged as powerful tools for engagement, especially for participants with linguistic or cultural barriers. Experts described how **graphic design** was successfully used in workshops to help older migrants share their life stories, fostering deeper understanding and uncovering their needs and preferences (E16, E18). Similarly, tools like visual questionnaires and Photovoice, a method where participants use photography to capture their experiences, were identified as effective in facilitating communication and overcoming barriers, particularly among participants with cognitive or linguistic challenges (E16).

Snowballing techniques and the involvement of **community researchers** further extend the reach and credibility of co-design efforts. Training local community members to collect data ensures that research resonates more deeply within the community while fostering long-term trust (E8, E9). For example, Expert 9 advocated for **peer research methods**, where community members are trained to engage participants directly, enabling a more participatory and inclusive process.

Practical, **informal engagement tactics** also play a significant role in fostering trust. Expert 1 shared an example of a local council officer conducting informal conversations during **community events** like barbecues, which allowed for more organic and authentic

input from residents. In addition, **asset-based community development (ABCD)**, which focuses on identifying and building upon existing community strengths, is a valuable approach. Expert 1 highlighted **asset mapping** as a key tool for uncovering and mobilising local resources, skills, and social connections, empowering communities to take ownership of the co-design process.

Long-term engagement, rather than one-off consultations, is repeatedly cited as essential for building sustainable trust (E4, E9, E10, E12, E16, E18). **Transparent communication**, such as clearly explaining the project's objectives, processes, and anticipated outcomes, ensures that participants understand how their input will shape tangible results (E1, E6, E10, E11, E13). Expert 10 stressed that **transparency** not only builds confidence but also demonstrates accountability, particularly when participants see evidence that their contributions have influenced decisions.

Providing community members with a sense of **personal ownership** is critical for reducing power imbalances and fostering genuine collaboration. Expert 10 noted that when participants feel they have a stake in the process, they are more likely to trust and engage fully. This is further supported by **setting realistic expectations** and emphasising the time and effort required to build meaningful relationships (E10, E13). Rushing the process undermines trust, while clear communication about the **long-term nature of co-design** helps manage expectations and maintain participant engagement.

Finally, culturally sensitive educational campaigns delivered by trusted community leaders or local NGOs are key to addressing stigma and mistrust surrounding formal care services. Tailoring these campaigns to align with cultural norms and values helps foster trust in public institutions and encourages greater acceptance of these services (E16, E18). For instance, Expert 12 discussed the importance of oral communication and face-to-face engagement, particularly with digitally excluded groups, as a way to bridge gaps in understanding and promote sustained collaboration. These multifaceted approaches, when applied consistently, create an environment conducive to trust, collaboration, and meaningful community participation.

Table 34: Trust - Themes and frequency

Theme	Sub-theme	Experts	Frequency of mentions
Trust & engagement	Past negative experiences and cultural barriers	**E1, E2, E5, E6, E8, E9, E10, E12, E18**	**9**
Trust & engagement	Fostering relationship with intermediaries	**E1, E2, E4, E5, E6, E7, E8, E9, E12, E13, E18**	**11**
Trust & engagement	Feedback and long-term relationship building	**E4, E9, E10, E11,E12, E16, E18**	**7**
Mistrust & causal conditions	Historic negative perceptions	**E9, E18**	**2**
Mistrust & causal conditions	Lack of cultural awareness amongst social care staff	**E9, E18**	**2**
Mistrust & causal conditions	Language barriers & bureaucratic processes	**E5, E12**	**2**
Communication & relationship building	Effective communication and transparency	**E1, E10, E11, E12, E16**	**5**
Communication & relationship building	Personal interactions and informal engagement tools	**E1, E6**	**2**
Communication & relationship building	Representation in public services / multi-ethnic staff	**E16, E18**	**2**
Communication & relationship building	Visual storytelling and graphic design tools - Trust	**E16**	**1**
Communication & relationship building	Neutral environment and setting for participants	**E2**	**1**

5.3.2 Building Partnerships

Building partnerships with vulnerable communities, such as ethnic minorities, older adults, and immigrant groups, is essential for ensuring successful and sustainable co-design and service delivery. Experts repeatedly emphasised the importance of partnerships in bridging the gap between communities and authorities, highlighting trust, cultural sensitivity, and systemic support as key foundations (E1, E2, E6, E9, E12, E13, E18). For example, Expert 6 stressed that partnerships cannot be effective without addressing community-specific barriers, such as language accessibility and past mistrust. Similarly, Expert 9 noted that many vulnerable groups feel alienated from formal processes due to a lack of meaningful collaboration, necessitating a focus on mutual understanding and tailored approaches.

Key to effective partnerships is the shift away from top-down approaches, which often alienate communities by imposing rigid, pre-determined solutions. Instead, partnerships must prioritise empowering communities to take an active role in shaping the services they receive (E4, E8, E13). Expert 8 shared an example of participatory governance, where community members were directly involved in managing local projects, ensuring that outcomes reflected their lived experiences. Expert 13 explained that redefining traditional hierarchies within partnerships helps create equitable relationships between stakeholders, allowing local authorities and communities to collaborate as equal partners. Such changes are particularly important when working with hard-to-reach groups who have historically felt excluded from decision-making processes.

Sustainability is another crucial component of partnerships, with experts stressing the need for long-term engagement and capacity-building within communities (E1, E6, E12, E18). Expert 1 highlighted that partnerships thrive when communities are empowered through tools like training programmes for peer researchers or the establishment of advisory boards that ensure continuity beyond specific projects. Expert 6 offered an example of collaborating with informal networks, such as hobby groups or voluntary organisations, to foster ongoing engagement and shared ownership of initiatives. By

focusing on co-developed, community-driven solutions, partnerships can transcend the limitations of short-term funding cycles, creating frameworks that are adaptive and enduring.

5.3.2.1 Trust as a Foundation for Partnerships

Trust is a fundamental element in building effective partnerships, particularly with communities that have experienced systemic exclusion or negative interactions with public services. Experts identified trust as a central challenge for partnerships with ethnic minority and immigrant communities (E1, E2, E6, E9, E12, E18). Expert 9 highlighted that mistrust often stems from long-standing perceptions that public services act in ways that harm rather than help, such as disproportionately intervening in family matters. This mistrust is compounded by the lack of cultural representation and understanding in service design and delivery, leaving many communities feeling marginalised and misunderstood (E9, E18).

Establishing trust requires approaches that go beyond tokenistic gestures, focusing instead on transparency and community-led dialogue. Experts consistently pointed to the importance of involving trusted intermediaries and gatekeepers, such as faith leaders or respected local figures, who already have established relationships within the community (E1, E6, E9, E12). Expert 6 described how these intermediaries can mediate conversations between communities and public authorities, creating a neutral space where participants feel safe to express concerns. Unlike traditional hierarchical models, these partnerships must enable communities to influence discussions meaningfully from the outset. Expert 12 further noted that intermediaries help bridge communication gaps, particularly in cases where language or cultural norms might otherwise prevent engagement.

Experts also stressed that partnerships must be built on **sustained actions that demonstrate sincerity and accountability**. Expert 18 highlighted that trust is not achieved through isolated efforts but through ongoing, iterative engagement that

addresses the specific needs of communities. For instance, delivering visible, community-informed outcomes and providing regular feedback on project progress builds confidence and ensures that promises are kept. Expert 9 argued that without this consistency, mistrust deepens, undermining future collaboration. Long-term engagement strategies that prioritise active listening, flexibility, and culturally relevant approaches are crucial for creating partnerships that genuinely resonate with and empower the communities involved.

5.3.2.2 Collaboration and Empowerment in Partnerships

Empowering communities through partnerships requires a shift in how decisions are made, ensuring that vulnerable groups are not only participants but co-creators of services. Experts emphasise that partnerships must prioritise equitable power distribution, enabling communities to define priorities and lead initiatives based on their lived experiences (E10, E12, E16). For instance, Expert 16 highlighted the importance of involving community representatives in key decision-making roles, creating shared governance structures that give communities a stake in the outcomes. This approach moves away from passive engagement and establishes partnerships as spaces where authority is decentralised, and communities are seen as equal partners.

Sustainable empowerment also relies on investing in the capacity of communities to participate effectively. Experts point to methods such as training community members to develop specific skills, ensuring they can take on leadership or research roles within co-design initiatives (E8, E16). Expert 8 discussed how training community members as peer researchers allows them to collect insights rooted in the realities of their own communities, strengthening the inclusivity and impact of the partnership. Additionally, Expert 12 noted the value of encouraging communities to identify their own resources and strengths, such as social networks or local knowledge, which can be leveraged to build resilience and independence. This focus on capacity-building ensures that partnerships are not only equitable but also durable, creating long-term systems of empowerment.

5.3.2.3 Barriers to Creating Partnerships

Partnerships with vulnerable communities face numerous barriers, many of which stem from bureaucratic constraints and structural rigidity within public services. Experts frequently identified issues related to project and budget planning as significant challenges. For instance, Expert 9 and Expert 18 highlighted how fixed budgets and pre-approved project scopes often limit flexibility, making it difficult for public services to adapt to the evolving needs of vulnerable groups. Similarly, Expert 4 noted that procedural hurdles, such as delays in paying voluntary groups or obtaining permissions for local initiatives, create frustrations that hinder progress and discourage community engagement. These structural inefficiencies often result in a lack of responsiveness, leaving communities feeling excluded from decisions that directly affect them.

Cultural and linguistic differences further complicate partnerships, particularly when collaborating with immigrant and ethnic minority groups. Experts emphasised that public services often fail to understand or accommodate the cultural and religious contexts of the communities they serve, which undermines trust and collaboration (E6, E18). Expert 6 identified the absence of culturally appropriate communication strategies as a recurring issue, while Expert 18 pointed to insufficient representation within public services, noting that when frontline staff do not reflect the cultural or linguistic backgrounds of their communities, it exacerbates feelings of alienation. Without proactively addressing these challenges, partnerships are less likely to foster meaningful or sustainable collaboration.

5.3.2.4 Tools and Strategies for Effective Partnerships

Experts recommend several tools and strategies to foster effective partnerships with vulnerable communities, emphasising the importance of tailored, inclusive approaches. Engaging trusted intermediaries and community leaders is crucial for bridging the gap between authorities and these communities. These intermediaries, such

as faith leaders or smaller NGOs, often hold established relationships and credibility within the community, enabling them to mediate effectively and ensure the voices of marginalised groups are both heard and respected (E1, E2, E4, E5, E6, E9, E12). For example, Expert 6 highlighted the role of gatekeepers in providing access to communities that might otherwise be reluctant to engage, ensuring that partnerships begin with a foundation of trust.

Training community members as peer researchers offers another transformative approach. By directly involving community members in the research process, partnerships become grounded in lived experiences and are more reflective of community priorities. Expert 8 emphasised that this strategy empowers participants, providing them with the tools and confidence to contribute actively to the research while ensuring the insights generated are both authentic and relevant. Peer research also promotes long-term sustainability by fostering leadership within the community itself, reducing reliance on external researchers.

Long-term engagement is critical to fostering meaningful partnerships, as it demonstrates genuine commitment to addressing the community's needs over time. Experts such as E4, E9, and E16 consistently highlighted the importance of sustained collaboration that extends beyond short-term projects. This continuous engagement fosters deeper relationships and allows partnerships to evolve alongside the changing needs of the communities involved. For instance, Expert 12 noted that maintaining communication even after the conclusion of a project is essential for building lasting trust.

Transparent communication is another cornerstone of successful partnerships. Clearly articulating goals, processes, and expected outcomes ensures that communities feel informed and included in the decision-making process. Expert 10 emphasised that transparency demonstrates respect for community input, while Expert 11 stressed the importance of showing tangible outcomes to validate the contributions of participants. Transparent communication fosters accountability and ensures that partnerships remain grounded in shared objectives.

Culturally sensitive approaches are particularly important when working with immigrant and ethnic minority communities. Expert 2 highlighted a specific case involving a Somali community, where decision-making power was concentrated among male elders. This required careful and culturally appropriate facilitation to include diverse voices, particularly women, in the conversation. Similarly, Experts 9 and 18 underscored the importance of hiring staff reflective of the cultural and linguistic backgrounds of the communities being served. This not only ensures inclusivity but also builds trust by showing respect for the values and dynamics of these communities.

Shared ownership and responsibility are essential components of equitable partnerships. Allowing communities to take control of decision-making processes reduces power imbalances and fosters genuine collaboration. Expert 10 highlighted that shared ownership creates a stronger sense of investment in outcomes, while Expert 16 noted that empowering communities to co-lead initiatives ensures more sustainable and impactful partnerships. By shifting the balance of power, partnerships become more meaningful and resilient.

Finally, partnerships require flexible and adaptive structures to address the unique challenges faced by vulnerable communities. Experts consistently pointed to the limitations of rigid bureaucratic systems, which often hinder collaboration by imposing fixed processes that fail to account for local needs (E4, E9, E18). Expert 9 noted that flexibility enables public services to adapt their methods, ensuring that partnerships remain responsive to changing circumstances and inclusive of diverse voices.

Table 35: Creating Partnerships - Themes and frequency

Theme	Sub-theme	Experts	Frequency of mentions
Building partnerships	Trust as foundation	**E1, E2, E5, E6, E8, E9, E10, E12, E18**	**6**
Building partnerships	Collaborative & empowering	**E5, E6, E10, E12, E16**	**5**
Building partnerships	Intermediaries and community leaders	**E1, E2, E4, E5, E6, E9, E12**	**7**
Building partnerships	Cultural and linguistic barriers	**E6, E9, E18**	**3**
Building partnerships	Long-term sustained partnerships	**E4, E9, E10, E12, E16, E18**	**6**
Building partnerships	Transparent communication	**E10, E11, E12, E16**	**4**
Building partnerships	Flexible and adaptive structures	**E4, E9, E18**	**3**

5.3.3 Understanding People

Understanding vulnerable communities requires moving beyond basic demographic data to explore the barriers, cultural dynamics, and lived experiences that shape their interactions with public services. Experts stress that this deeper understanding is essential for designing services that truly resonate with community needs and foster meaningful engagement (E1, E2, E5, E9, E12, E18). Expert 9 highlighted how traditional data collection often overlooks critical factors, such as **mistrust stemming from systemic inequities** or the impact of cultural norms on service use. Instead, creating a comprehensive understanding involves gathering qualitative insights through direct engagement and sustained dialogue, ensuring that the complexities of these communities are fully accounted for.

This process includes developing detailed community profiles and conducting ecosystem mapping to uncover key relationships, stakeholders, and systemic barriers. Experts 5, 10, and 12 emphasised ecosystem mapping as a vital tool for visualising the networks within a community and identifying gaps in support or collaboration. Expert 12 noted that mapping reveals overlooked connections and power dynamics, while Expert 10 highlighted its ability to inform decision-making by illustrating the interplay between stakeholders. These methods provide a holistic perspective, ensuring that public services can adapt their strategies to address deeper structural challenges rather than relying on surface-level solutions.

5.3.3.1 Community Profiling and Deep Dives

Community profiling is a vital tool for understanding the complexities of vulnerable populations, enabling researchers to map out their social, cultural, and economic characteristics. This process goes beyond surface-level demographic data to include in-depth explorations of the community's structure, key institutions, and the unique barriers that influence engagement. Expert 9 emphasised the importance of understanding cultural practices, family dynamics, and expectations, particularly within ethnic minority

and immigrant groups, where these factors strongly shape interactions with public services. Similarly, Experts 12 and 18 highlighted the need to contextualise engagement efforts within the historical and structural realities of each community to ensure relevance and inclusivity.

Profiling also uncovers historical and systemic factors that contribute to mistrust between communities and public institutions. Expert 18 pointed out that negative past experiences, such as perceived exclusion or punitive interventions, often deepen scepticism and disengagement from formal processes. Expert 12 added that community profiling allows researchers to identify power imbalances and overlooked stakeholders, ensuring that culturally relevant, context-sensitive services can be designed. This deep-dive approach not only helps tailor engagement strategies but also builds a foundation for long-term trust and collaboration.

5.3.3.2 Ecosystem Mapping: Visualising Relationships

Ecosystem mapping is an invaluable tool for visualising the relationships between stakeholders within a community and the institutions that serve them. This method provides local authorities and service providers with a comprehensive understanding of social networks, institutional connections, and power dynamics, enabling them to design services that better reflect the realities of vulnerable populations. Experts 5, 10, 11, and 12 consistently highlighted the importance of ecosystem mapping as a means of identifying key points of influence, collaboration gaps, and overlooked stakeholders (E5, E10, E11, E12). When combined with other tools, such as community profiling, ecosystem mapping ensures engagement strategies are contextually informed and inclusive of the broader dynamics that shape service delivery.

Expert 7 highlighted the way in which ecosystem mapping improved coordination between local government agencies, NGOs, and community leaders, aligning co-design projects more closely with community needs (E7). Expert 10 further discussed its value in visualising complex stakeholder relationships, enabling decision-makers to identify

opportunities for improved collaboration (E10). Expert 11 noted that **ecosystem mapping can also reveal systemic gaps** in service provision and areas where communities feel excluded, helping services adapt to become more inclusive and representative (E11**).** Expert 12 added that this method **uncovers hidden power dynamics within social networks,** ensuring that smaller organisations and informal community leaders are included in planning and decision-making processes (E12). Finally, Expert 5 emphasised how mapping identifies both strong and disconnected community networks, offering actionable insights to address gaps and improve engagement (E5). By integrating ecosystem mapping into their planning processes, service providers can better tailor their strategies, ensuring services are both collaborative and responsive to the lived experiences of vulnerable groups.

5.3.3.3 Community Outreach and Meaningful Engagement Strategies

Expert 9 outlines there is a significant lack of awareness among ethnic minority older adults about the differences between social services and welfare benefits, which further complicates their engagement with public services (E9).

A significant aspect of understanding people, their cultural beliefs and understanding of the system of care, involves meaningful community outreach and engagement strategies. These strategies are particularly important when working with ethnic minorities and immigrant communities. Experts consistently highlight the need for culturally sensitive outreach methods that involve trusted intermediaries and community leaders, as these individuals often play a critical role in connecting service providers with the community (E5, E9, E12, E18).

For example, faith-based outreach and the use of informal engagement tactics - such as visiting places of worship or hosting conversations in community spaces - have proven to be effective ways of building trust with immigrant communities. In these contexts, traditional methods like websites or leaflets are often less effective, as many community members may be digitally excluded or have low literacy in the local language (E9, E12).

Expert 2 notes that communities often defend their positions instinctively, but by creating neutral, anonymised settings (e.g., role-playing), stakeholders can more easily explore the complexities of co-design without entrenched biases. Stakeholders, especially community members, often enter discussions with **defensive attitudes**. Overcoming this requires creating safe, **neutral spaces** where they can explore issues collaboratively before addressing their real-world problems. **Role-play exercises** in anonymised settings allow stakeholders to understand the co-design process better before addressing real project issues, which reduces defensiveness and fosters collaboration (E2).

Experts also recommend **non-traditional engagement methods**, such as **visual storytelling and creative workshops**. These methods, which may involve asset mapping or the use of illustrations, help participants express their views in ways that are more accessible to them, particularly in communities where language or cultural barriers exist (E16, E9).

5.3.3.4 Tools and Approaches for Understanding People

To gain deeper insights into vulnerable communities, several tools and approaches are recommended. **Community profiling** involves gathering detailed demographic, cultural, and social information to create profiles that accurately reflect the lived experiences of the community. This approach is essential for designing services that are better suited to the specific needs of the community, as it ensures a deeper understanding of their unique circumstances (E2, E5, E9, E12).

Ecosystem mapping is another valuable method that focuses on charting the relationships between community members, local institutions, and external stakeholders. By providing a comprehensive understanding of the social networks and interactions that influence service delivery, this tool helps identify gaps and opportunities to improve service coordination and collaboration (E7, E11, E13). The

importance of engaging trusted intermediaries is also emphasised by experts. Involving community leaders, NGOs, and other intermediaries who already have established trust within the community is vital for fostering meaningful engagement. These trusted figures ensure that outreach efforts are both relevant and effective, as they serve as bridges between service providers and the communities they aim to support (E1, E5, E9, E12, E18).

Faith-based and informal outreach strategies are particularly effective when engaging ethnic minority and immigrant groups, as traditional communication methods often fall short. Faith-based outreach and informal engagement through community events provide service providers with opportunities to build trust and connect with individuals in settings that feel more comfortable and familiar (E9, E12).

As well as engaging with these groups to ensure relationship building, using local translators and engaging with community leaders, Expert 6 emphasises the need for informal, person-centred approaches, such as holding meetings in familiar community spaces and using non-traditional engagement methods. Suggestions vary around conversations over food or coffee to help reduce the power dynamics between researchers and participants (E6).

Creative methods and visual tools are also highly effective for engaging communities, particularly when language barriers are present. Approaches such as visual storytelling, asset mapping, and other creative techniques allow individuals to express themselves in more natural and accessible ways, enhancing communication and understanding (E6, E9, E16). Finally, understanding vulnerable communities requires a long-term commitment to engagement rather than one-off consultations. Building meaningful relationships over time helps to overcome mistrust and ensures that the services designed are genuinely responsive to the evolving needs of the community. This sustained approach is crucial for fostering trust and creating impactful solutions that truly address the challenges faced by these groups (E4, E6, E9, E12, E18).

"Another beneficial byproduct of that is it supports you to overcome barriers that come around language so if people have English as their second or third language, you can focus on more visuals or fewer words. Translate into local languages is one tool. But we'd also do some quite like wacky creative stuff. We've also got quite a few people with a service design background. Then we participate in video recordings, using it as a tool that allows people to tell their stories in different ways." - Expert 6

Table 36: Understanding People - Themes and frequency

Theme	Sub-theme	Experts	Frequency of mentions
Understanding people	Community profiling & deep dive	**E5, E9, E12**	**3**
Understanding people	Ecosystem mapping	**E7, E11, E13**	**3**
Understanding people	Meaningful outreach - intermediaries	**E1, E5, E9, E12, E18**	**5**
Understanding people	Faith-based outreach	**E9, E12, E16**	**3**
Understanding people	Visual storytelling	**E9, E16**	**2**
Understanding people	Long-term engagement	**E4, E9, E12, E18**	**4**

5.3.4 On-Going Monitoring and Feedback

Ensuring that feedback and monitoring are embedded in community engagement projects is vital for the long-term success and sustainability of public service initiatives. Experts highlighted that one-off engagements or co-design efforts often fail to produce meaningful outcomes without an ongoing feedback loop (E1, E6, E8, E10, E13). Expert 1 and Expert 13 emphasised that feedback mechanisms allow communities to feel heard, valued, and involved in shaping the services they use, creating a sense of ownership and trust. Expert 6 pointed out that monitoring not only strengthens transparency but also supports the iterative refinement of services, ensuring they remain aligned with the evolving needs of the community.

Additionally, **continuous feedback enables real-time adjustments,** avoiding the pitfall of rigidly adhering to initial plans that may no longer reflect community priorities (E8, E10). Expert 10 highlighted that ongoing monitoring is especially important in long-term or transformative projects, where participants need reassurance that their contributions are being acted upon. Without clear mechanisms for feedback and evaluation, community members risk feeling disconnected from the process, undermining trust and engagement.

5.3.4.1 Feedback Loops during the Co-design Process

Establishing well-structured and transparent **f**eedback loops is a cornerstone of effective monitoring within co-design projects. Experts emphasised that these loops ensure community members can see how their contributions are being used, fostering trust and encouraging continued participation (E10, E18). For example, Expert 18 highlighted that transparent feedback allows communities to assess the progress and impact of their involvement, ensuring their input does not feel tokenistic. This transparency also reinforces the credibility of public services by demonstrating a genuine commitment to integrating community perspectives.

Expert 10 underscored the importance of embedding feedback loops throughout the entire project lifecycle**.** This ensures participants are continuously updated on how their input influences outcomes, reducing the risk of disengagement. Additionally, **feedback mechanisms support adaptability,** allowing projects to evolve based on community responses and creating a more iterative and collaborative co-design process.

5.3.4.2 Challenges in Maintaining Feedback Loops

Maintaining feedback loops is not without its challenges, particularly when working with vulnerable or hard-to-reach communities. Expert 8 and Expert 13 stressed that many co-design initiatives struggle to sustain engagement beyond the pilot stage, often due to a lack of resources or structural commitment. This results in feedback loops being treated as secondary, leaving community members feeling disillusioned if they do not see tangible outcomes. Expert 8 further noted that **scaling feedback mechanisms requires long-term planning** and must be built into the project's structure from the outset to avoid neglecting these critical processes.

Another significant challenge lies in ensuring sustainability, particularly when initial project funding ends (E8, E13). Experts highlighted that without sustained commitment, monitoring efforts risk falling short of community expectations. Expert 10 pointed out that even small, **consistent updates on progress and changes can make a significant difference in maintaining trust,** showing that authorities value community input beyond the initial engagement phase. Successfully addressing these challenges requires a combination of proactive planning, resource allocation, and long-term dedication to fostering collaborative relationships with communities.

5.3.4.3 Embedding Trust and Feedback Mechanisms in Co-design

To be effective, feedback mechanisms must be embedded throughout co-design processes and treated as integral rather than supplementary elements. Experts 10 and 18 underline that well-structured feedback loops are essential for fostering trust and

encouraging long-term community engagement. These loops allow participants to see how their contributions shape decisions, reinforcing their sense of value and ownership in the process (E10, E18). Expert 8 emphasises the importance of providing consistent updates and adapting initiatives based on community input, especially in long-term projects where participants risk disengagement if tangible progress is not evident (E8).

Trust is a critical factor in the successful implementation of feedback and monitoring systems, particularly in marginalised communities that have historically experienced exclusions. Expert 18 highlights that ethnic minority groups often view formal processes as tokenistic, especially when feedback is not visibly acted upon. For these mechanisms to be effective, communities need to see concrete evidence of how their contributions inform decisions, underscoring the importance of transparency and follow-through (E18). Expert 9 adds that a lack of transparency in how feedback is used can severely undermine trust, particularly in communities with a history of negative interactions with public institutions. Consistent updates and visible outcomes are vital to demonstrating sincerity and accountability (E9).

Sustaining feedback mechanisms over time poses significant challenges, often due to systemic barriers. Expert 13 identifies the rigidity of bureaucratic structures as a major obstacle, limiting the flexibility needed to adapt processes based on feedback (E13). Additionally, the lack of follow-up after pilot projects or short-term initiatives frequently leads to community disillusionment. To address this, feedback mechanisms must include sustainability measures, such as long-term commitments from local authorities to monitor and evaluate outcomes beyond the initial project phase (E8, E13, E9). This approach ensures that community input remains central to service delivery and fosters trust through ongoing engagement and visible accountability (E8, E13, E9).

5.3.4.4 Tools and Approaches for Effective Monitoring

Experts recommend several tools and strategies for ensuring effective feedback and monitoring processes:

Expert 13 advocates for the use of personal outcome mapping to identify what service users aim to achieve. This method ensures that the feedback and monitoring processes are tailored to address the actual needs and expectations of the community, thereby making them more responsive and meaningful. By aligning outcomes with the aspirations of service users, this approach fosters a sense of relevance and engagement, enhancing the overall co-design process.

In co-design projects, iterative experimentation is a valuable strategy for strengthening feedback loops. This involves testing small-scale ideas, evaluating their effectiveness, and refining them based on participant input. Such an approach allows for quick adjustments and continuous learning, ensuring that feedback becomes an integral part of the design process. By incorporating iterative experimentation, co-design projects can remain dynamic and responsive to the evolving needs of participants (E13).

Another critical aspect of maintaining effective feedback loops is **feeding results back into the community**. Experts highlight the importance of this step as a means of building trust and demonstrating the tangible impact of community contributions. By showing how their input has been utilised, this process not only validates the community's efforts but also strengthens their confidence in the co-design methodology. Sharing outcomes transparently reinforces the collaborative nature of the project and fosters a deeper sense of involvement (E9, E18).

Finally, involving **community members as peer researchers** is an effective approach to collecting feedback in a way that is both accessible and contextually relevant. By training residents to gather data, the process becomes more attuned to the specific needs and perspectives of the community. This method ensures that the feedback mechanism is inclusive and rooted in the lived experiences of those directly impacted. Moreover, it empowers community members by giving them an active role in the research process, further enhancing the credibility and relevance of the findings (E9, E18).

This combination of strategies, personal outcome mapping, iterative experimentation, feeding results back into the community, and engaging residents as researchers creates a robust framework for maintaining meaningful and effective feedback loops in co-design initiatives.

5.3.4.5 Sustaining Feedback Beyond the Project's Lifespan

Long-term feedback mechanisms are crucial for ensuring the sustainability of projects. Experts caution that without sustained monitoring, projects risk losing momentum, particularly when initial funding or support ends. Expert 11 stresses that planning for the "design after design" phase is necessary to maintain engagement with the community. This involves ensuring that monitoring and evaluation continue even after the formal end of the project (E11).

Expert 6 defines that there is a **disconnect between community expectations** and what local authorities can realistically deliver, especially in terms of the speed at which communities want change versus the slower pace of public services. **Closing feedback loop** is a vital approach, as participants can feel disconnected from the outcomes of research, currently little f**ollow-up to show how input has influenced change**

Additionally, engaging **senior management** and aligning feedback processes with broader strategic objectives can help secure long-term support for feedback mechanisms, ensuring that they are not merely an afterthought but a key part of the project's sustainability strategy (E13).

Table 37: Feedback - Themes and frequency

Theme	Sub-theme	Experts	Frequency of mentions
On-going monitoring & feedack	Continued engagement	**E8, E10, E18**	**3**
On-going monitoring & feedack	Challenges in maintaining long-term mechanism	**E8, E13**	**2**
On-going monitoring & feedack	Trust as a key factor	**E9, E10, E18**	**3**
Tools and approaches	Outcome mapping & experimentation	**E10, E13**	**2**
Tools and approaches	Feeding results back into community	**E9, E18**	**2**
Tools and approaches	Engaging researchers	**E8, E9**	**2**
Tools and approaches	Ensuring sustainability	**E11, E13**	**2**

5.3.5 Managing Governance

Governance in co-design processes requires thoughtful oversight to balance the diverse needs of stakeholders, navigate systemic barriers, and ensure accountability. Experts repeatedly highlighted the importance of addressing structural challenges in public services, such as rigid hierarchies and siloed departments, which often hinder collaboration and innovation (E5, E11). Expert 11 emphasised that traditional governance systems in public institutions are slow-moving and resistant to change, making it difficult to adapt to the dynamic needs of co-design processes. To overcome these barriers, governance structures must prioritise flexibility and integration, allowing for iterative feedback and cross-departmental collaboration (E11, E13).

Expert 15 stressed that hierarchical models in governance often leave frontline staff without the autonomy to innovate or make decisions in real-time, further widening the disconnect between service users and providers. To address this, decentralising decision-making and equipping teams with the authority to act on community input can make governance more responsive and participatory (E15). Governance must also align co-design initiatives with broader strategic objectives, ensuring that community contributions are not just heard but translated into tangible policy or service outcomes (E11, E13).

5.3.5.1 Staff Training in Co-design and Service Design

Effective co-design relies on staff who are well-trained in participatory and service design methodologies. Experts 14 and 7 emphasised the importance of equipping public sector staff with the skills needed to engage communities meaningfully and navigate the complexities of co-design processes (E7, E14). Expert 14 pointed out that many public officials equate service design with graphic or product design, highlighting the need for targeted education that clarifies its broader applications and benefits. Training programmes should focus on building facilitation skills, understanding cultural dynamics, and using creative tools to engage participants effectively (E14).

Expert 7 advocated for the development of "research guides" tailored for public sector staff, helping them conduct user research with vulnerable communities in a structured and empathetic way. These guides include practical steps and exercises to prepare staff for co-design sessions, reducing resistance to innovation and fostering a more user-centric mindset (E7). Additionally, Expert 14 noted the success of ambassador programmes, which train key staff members to champion service design principles within their departments, creating a ripple effect of knowledge and capacity building across organisations (E14).

5.3.5.2 Resources in Local Government

Resource constraints in local government present one of the most significant barriers to effective co-design. Experts 5, 6, and 14 highlighted the chronic underfunding of participatory initiatives, with limited budgets and staffing shortages often forcing local authorities to prioritise immediate needs over long-term engagement strategies (E5, E6, E14). Expert 5 noted that financial and human resources are often diverted to projects with measurable short-term outcomes, leaving co-design initiatives under-resourced. This creates challenges in sustaining community engagement and scaling successful projects beyond the pilot stage (E5).

Expert 6 explained that rigid funding structures often prevent local governments from adapting their budgets to accommodate changes during co-design processes. This inflexibility can alienate communities, particularly when their input requires adjustments that are deemed financially or logistically unfeasible (E6). To address these challenges, experts recommend securing funding streams that specifically support co-design and embedding resource flexibility into project planning. Expert 14 added that partnerships with NGOs, private companies, and academic institutions can help supplement limited resources, bringing in external expertise and financial support (E14).

5.3.5.3 Building for Experimentation or Risk Averse Environments

Experimentation is a cornerstone of successful co-design, but many public institutions remain risk-averse, prioritising compliance and predictability over innovation. Experts 10 and 15 noted that this cultural resistance stems from concerns about failure and its potential political or financial repercussions (E10, E15). Expert 15 advocated for creating "safe-to-fail" environments where small-scale experiments are encouraged, allowing teams to test and refine ideas without fear of negative consequences. By embedding iterative processes into co-design, organisations can embrace flexibility and adaptability, ultimately leading to better outcomes (E15).

Expert 10 highlighted the concept of "positive risk-taking," where both participants and service providers share responsibility for trying new approaches, even when outcomes are uncertain. This contrasts with traditional paternalistic models that prioritise safety over innovation, stifling creativity in public service design (E10). For experimentation to thrive, experts recommend that local authorities develop clear governance frameworks that outline acceptable levels of risk, encourage iterative improvements, and foster a culture of learning from failure (E10, E15).

5.3.5.4 The Importance of 'Design Labs'

Design labs offer a structured environment for innovation, enabling public institutions to experiment with co-design and service design processes in a controlled yet creative way. Experts 3, 5, and 14 all highlighted the transformative potential of design labs in fostering collaboration, breaking down silos, and embedding user-centred thinking into public services (E3, E5, E14). Expert 14 shared their experience with the Inland Design Lab in Finland, which provided a dedicated space for exploring new approaches to immigration services. Despite initial resistance, the lab succeeded in introducing service design practices that have since been adopted more broadly within the organisation (E14).

Expert 3 described the use of living labs in Japan, where citizens and service providers collaborated to test new solutions in real-life settings. These labs foster continuous engagement and real-time feedback, ensuring that co-design processes remain dynamic and responsive (E3). However, experts also noted that design labs often struggle with sustainability, particularly when viewed as short-term projects rather than integral parts of public institutions. To maximise their impact, experts recommend embedding design labs within existing governance structures and aligning them with strategic priorities to ensure long-term support and funding (E3, E5, E14).

Table 38: Governance - Themes and frequency

Theme	Subtheme	Experts	Frequency of mentions
Managing Governance	Structural Challenges, Flexibility & Collaboration in Governance	E5, E11, E13, E15	4
Staff Training & Capacity Building	Understanding Co-Design, Research Guides & Capacity Building	E7, E14	2
Resource Management	Resource Constraints, Funding & Partnerships	E5, E6, E14	3
Experimentation & Risk	Risk-Averse Culture, Safe-to-Fail Experimentation	E10, E15	2
Design Labs	Role & Sustainability of Design Labs	E3, E5, E14	3

Figure 52: Expert Interviews Axial Coding Diagram

Phenomenon:

The central phenomenon is disengagement and mistrust among vulnerable and marginalised communities - particularly ethnic minorities, immigrant populations, and older adults - when interacting with public services and co-design projects. These communities often feel neglected, misunderstood, or alienated by public authorities.

Causal conditions: Factors contributing to disengagement and mistrust

Historical Mistrust and Negative Experiences: Communities, especially ethnic minorities, often mistrust public services due to past negative experiences, such as perceived punitive actions from social services or authorities (E9, E18). This creates long-lasting barriers to effective engagement

Cultural Barriers: Language barriers and a lack of cultural competence in service providers often result in communication breakdowns and a lack of trust. Cultural differences and misunderstandings prevent communities from fully engaging with public services (E6, E12, E18)

Power Imbalances: Communities often feel disempowered in their relationships with public authorities. The top-down approach of many co-design projects reinforces this imbalance, leaving communities feeling excluded from decision-making processes (E10, E13)

Underutilisation of Services: Services like interpreters are available but are underused due to time constraints or inappropriate reliance on unqualified individuals, such as children acting as interpreters. This leads to ineffective communication and further disengagement

Lack of Resources: Local authorities often operate with limited resources, both in terms of budget and staff, which makes it difficult to sustain long-term engagement or innovate in service delivery (E8, E13)

Institutional Racism and Discrimination: Ethnic minority communities frequently experience discrimination and stereotyping within health and social services, further reinforcing mistrust (E9)

Context: The situational factors framing the phenomenon:

Community Profiling and Ecosystem Mapping: Tools like community profiling and ecosystem mapping provide insights into the social structures, networks, and needs of vulnerable communities. These tools are essential for understanding the communities being served and designing services that meet their needs (E5, E7, E9)(Primary research findin…).

Rigid Bureaucratic Structures: Public services are often constrained by rigid bureaucratic systems that are slow to adapt to community needs. These structures make it difficult for local authorities to implement flexible, culturally sensitive services (E9, E18)

Time Constraints and Pressure: Short project timelines and budget pressures limit the depth of engagement that can be achieved, particularly in marginalised communities where trust-building requires a longer-term commitment (E8, E13)

Silos in Service Delivery: Different departments within local authorities and public services often work in isolation, making it difficult to provide integrated and coordinated services, especially for vulnerable communities (E9, E18)

Digital Exclusion: Many vulnerable communities, especially older ethnic minority groups, are digitally excluded, making it difficult for them to access services or participate in online engagement efforts (E12)

Intervening Conditions: Factors that either facilitate or hinder community engagement

Trusted Intermediaries: Trusted community leaders, NGOs, and faith-based organisations act as intermediaries between public services and vulnerable communities. Their involvement is critical for overcoming mistrust and facilitating engagement (E5, E9, E12, E18)

Cultural Competence: Employing culturally competent staff who understand the norms and values of the communities they serve helps to bridge communication gaps and improve trust in public services (E9, E18)

Creative Engagement Tools: Non-traditional engagement tools, such as visual storytelling, role-playing, and asset mapping, help to overcome language barriers and facilitate more meaningful participation in the co-design process (E2, E6, E16)

Peer Researchers and Community Researchers: Involving members of the community as peer researchers improves the credibility of the engagement process, making the research feel more relevant and trustworthy to the community (E8, E9)

Strategies: The actions being taken to address the causal conditions

Building Trust through Transparency and Long-term Engagement: Open and transparent communication is essential for building trust. Providing regular updates, explaining how community input is being used, and maintaining long-term engagement beyond the initial project phase are crucial (E1, E10, E18)

Culturally Sensitive Outreach and Tailored Services: Outreach efforts must be culturally sensitive, using trusted figures from within the community, offering services in multiple languages, and adapting communication methods to the needs of the community (E9, E12, E18)

Creative Engagement Methods: Engaging communities through creative methods like visual storytelling and role-playing allows for more inclusive participation and helps overcome cultural and language barriers (E2, E16)

Engaging Community Researchers: Training local community members to act as peer researchers ensures that data collection reflects the lived experiences of the community and fosters trust in the research process (E8, E9)

Iterative Experimentation and Outcome Mapping: Co-design processes that use iterative experimentation—where small-scale solutions are tested and refined based on community feedback—allow for more flexible and responsive project design (E10, E13)

Feedback Loops: Establishing ongoing feedback loops between the community and public services is essential for maintaining trust and ensuring that the community sees tangible outcomes from their contributions (E10, E18)

Consequences: The outcomes of the strategies being employed

Increased Trust and Participation: Communities are more likely to engage in co-design projects and public services when trust is built through transparent communication, culturally sensitive approaches, and ongoing feedback (E9, E18)

Sustainability of Projects: Long-term engagement mechanisms, such as feedback loops, ensure that communities remain engaged even after the initial phases of projects are completed (E10, E13)

More Relevant and Inclusive Services: Co-design efforts that actively involve the community and address cultural barriers result in services that are better aligned with community needs, leading to higher satisfaction and uptake of services (E9, E12)

Empowered Communities: Communities that are given ownership over the co-design process feel more empowered, reducing power imbalances and fostering deeper engagement (E10, E13)

5.4 Interviews with cultural leaders

Based on the six interviews with cultural leaders, the analysis reveals several key themes and challenges related to engaging older ethnic minority communities with social care services in the UK. These themes reflect the leaders' efforts to support their communities and the barriers they face in providing adequate assistance. Below is a thorough summary with highlighting key points and issues.

5.4.1 Building Trust in Social Care Access

All six cultural leaders emphasised the importance of trust in engaging older people with social care services. Across the different ethnic communities, trust is vital in determining whether individuals feel comfortable seeking help or accessing services. Leaders highlighted that **language barriers**, **cultural differences**, and **past negative experiences with public services** make it difficult for older people to reach out.

Cultural Leader 1, representing a Muslim centre, explained that older people, particularly from Somali and North African communities**,** often do not know how to access services due to a **lack of information** in their own language. They pointed out that many in their community were **reluctant to seek help** from social services because they did not fully understand what they were entitled to.

> *"Because of the language barrier people cannot look for services themselves. What we do is we put them in touch with your local social services. They can have the assessments and sometimes they have their family members do that. But because of the language barrier, they cannot fully take advantage of everything"* - Cultural leader 1

> *"In Adult Social Care, there are things people get confused about. We as a community understand social care when somebody is bedridden but what we as a community don't know that much about is how much is provided of social care*

services by the council. People don't know it's about having much more assistance than simply waiting until they are bedridden." - Cultural leader 1

Similarly, **Cultural Leader 2**, working with a Greek and Cypriot community, noted the **reluctance** among older Greek-speaking individuals to ask for help, mainly due to **language barriers** and **lack of awareness** about their entitlements. Despite many years of educating the community, older individuals still struggle to navigate the complex social care system, leading to missed opportunities for support. Cultural leader 2 expresses this in the following way regarding social care services for Cypriot older people in London, language barriers and their reluctance or issues to access care from local councils:

"The language and the reluctance to ask for help plays important part in this, and not knowing the system, not knowing what people can access." "People were extremely reluctant to come forward if they needed help. Now help sometimes is difficult to access." "The lack of access of pay for homecare has become quite difficult to do and also with not knowing the system." - Cultural leader 2

Cultural Leader 5, representing another community, shared similar concerns, noting that many elders have experienced **discrimination** or **insensitivity** from public service providers in the past. This has led to a reluctance to access services, especially among older women, who often feel more vulnerable in these interactions. The leader explained that without sustained efforts to **build trust**, this dynamic is unlikely to change

5.4.2 Understanding Local Communities and Cultural Differences

The leaders highlighted how crucial it is for social care providers to understand the cultural contexts of the communities they serve. Each community has unique practices and expectations regarding care, often making it hard for mainstream services to engage effectively.

Cultural Leader 3, from a Jain community, explained that in their culture, it is expected that family members will provide care for the elderly. However, with younger generations moving away from traditional family structures, there is an increasing need for external support. They mentioned that elders in their community are often hesitant to seek help from social care services unless it is urgently needed.

Cultural Leader 4, leading a Sikh welfare organisation, also discussed the strong cultural expectation for family members to care for elders. They explained that this expectation often leads to older people being isolated from formal services. Younger family members, although well-meaning, often do not have the time to support their elders adequately, resulting in gaps in care.

5.4.3 Language Barriers and Access to Information

Another significant theme raised by most leaders was the persistent **language barrier** that many older individuals from ethnic minority communities face. This barrier contributes to a **lack of awareness** of available social care services and an inability to effectively communicate their needs when they do attempt to engage with public services.

Cultural Leader 1, representing a Muslim community, noted that older people from Somali and North African backgrounds often do not speak English or have very limited proficiency. This means they are unable to navigate the complex system of entitlements and services available to them. The leader pointed out that many older people in their community rely on family members or friends to translate information, but this is not always practical or effective.

> *"Our community is zero awareness of that. I think because they're scared of the language or because we because we because sometimes when you complain about those things, I don't see maybe we don't have the right font for the conflict and things like that."* Cultural leader 1

"I find is that they don't have the information. They don't know what they can apply for. They don't know what they can get or how they can get care and support. I think that's one of the main things so when these there's that issue amongst so Lang languages is a barrier and the information on social care and support and whatever is available for that age group. I don't think it's been publicised and undoubtedly information is accessible or we're not doing enough to make them aware of what they what they can and what they can't." Cultural leader 3

Cultural Leader 2, who works with the Greek and Cypriot community, echoed this sentiment, explaining that many older individuals in their community only speak Greek. Despite years of living in the UK, they find it challenging to engage with services because they are often unaware of what is available to them in their native language. This language gap leaves many elders dependent on community organisations to bridge the gap, often leading to misinformation or misinterpretation of services.

5.4.4 Community Outreach and Awareness

A consistent theme was the **lack of awareness** among older individuals regarding the social care services available to them. While the community centres provide some assistance, there remains a **gap in outreach** from local councils and service providers.

Cultural Leader 2 shared a case study where their organisation had previously worked with **local councils** to advocate for older Greek-speaking individuals. Through **proactive outreach**, they had successfully helped elders apply for home care services and other support. However, due to funding cuts, the community centre was unable to sustain this outreach, and many older individuals once again struggled to access help.

In the Jain community, **Cultural Leader 3** described their **outreach programme**, which includes providing free meals and social activities for older people. Despite their success in creating community support structures, they acknowledged that there is still a gap

when it comes to offering structured advice on accessing social care services, leaving many older people unsure about their entitlements.

5.4.5 Partnerships Between Community Centres and Local Authorities

Several cultural leaders discussed the partnerships they had developed with local authorities to improve access to social care services for their communities. However, these partnerships face challenges, particularly due to **bureaucratic hurdles** and **funding issues**.

Cultural Leader 1 noted that while they have tried to work with local councils to get better access to interpreters and healthcare for older people, **bureaucratic processes** often slow things down, resulting in delays and further isolating older individuals.

Cultural Leader 2 recounted a project where their organisation successfully worked with a local housing association to create a **community housing block** for older Greek and Cypriot individuals. This allowed the elders to live together and support one another while receiving social care services. However, recent policy changes meant they could no longer prioritise placing Greek elders in the block, leading to a **loss of community cohesion.**

5.4.6 Reaching Out to Local People

Most leaders agreed that **word of mouth** remains the primary way in which older people learn about services. Many elders are reliant on family members or neighbours to pass on information, which can lead to **misunderstandings** or **incomplete knowledge** of what services are available.

Cultural Leader 4 mentioned that older Sikh individuals often rely on their children or younger community members to help them navigate social care services. However, this

reliance sometimes results in **gaps in understanding**, as younger family members may not have the time or knowledge to fully support their elders.

> *"You know, this business now we must re-educate our people, because everything is time bound, and everything is financially assessed. Obviously, when I get somebody, and they want to receive homecare, or they need somebody to go in and help them - they're always asking me for Greek speakers."* – Cultural leader 4

In the Greek and Cypriot community, **Cultural Leader 2** explained that their organisation often has to step in to provide accurate information about services, particularly for older individuals who are not aware of what is available to them through local councils.

5.4.7 Creating Ongoing Monitoring and Feedback Mechanisms

Ensuring that older individuals remain engaged with social care services over time is a significant challenge. Several leaders highlighted the need for better **ongoing monitoring** and **feedback mechanisms** to ensure that elders are receiving the care they need and that any issues are addressed quickly.

Cultural Leader 3 emphasised the importance of community centres acting as a continuous source of support rather than offering one-off assistance. In their Jain community, they provide **regular check-ins** through social activities and meal programmes, which help ensure that older people remain connected and supported.

> *"When we do have these information sessions, we have awareness sessions, we always have female representatives. And because we have a big female representation, we always plan for regular check-ins."* – Cultural leader 3

Cultural Leader 1 discussed the difficulty of maintaining engagement with older individuals after they have been referred to services. They pointed out that there is often

no formal feedback loop between the community centre and social care providers, making it hard to track whether elders are receiving appropriate care.

5.4.8 Case Studies of Successful Community Interventions

Several leaders shared **successful community-based interventions** that have helped improve access to social care for older ethnic minority individuals. These case studies illustrate the potential for culturally sensitive approaches to have a positive impact, even in the face of systemic challenges.

Cultural Leader 2 discussed a project where their organisation worked closely with a local housing association to create a **community housing block** specifically for older Greek-speaking individuals. This housing project allowed older people to live in a familiar, supportive environment while receiving social care services. However, due to **policy changes**, they were no longer able to prioritise placing Greek elders in the block, which reduced its effectiveness as a culturally supportive space.

> *"Some years ago, we negotiated as an organisation with an NGO and local housing association. We managed to get a block for separate people in our borough, what would be a community housing project. We managed to get a block for our community of Cypriot older people so that they could be together in the sheltered accommodation because we found that worked. Really great project when we worked with our council on this, and then about two years ago, the council decided that we could no longer identify people we had to go through their main process and place people in care homes instead."* – Cultural leader 2

Cultural Leader 3 shared how their Jain community runs a **meal programme** for older people, providing not only food but also opportunities for social interaction and informal check-ins. This programme has been vital in ensuring that older individuals remain engaged with the community and that their needs are monitored regularly. While this is

not a formal social care service, it acts as a crucial support system for elders who may otherwise be isolated.

> *"If they needed something, we were able to help those more desperate in need of a mean and other essentials. We were happy we were there to help them. We also listened to people so obviously if someone has an issue, and they want someone to talk to them, we have that service."* – Cultural leader 3

In conclusion, these interviews with cultural leaders highlight the complex challenges faced by older ethnic minority individuals in accessing social care services. Trust, cultural understanding, effective outreach, and strong partnerships between community centres and local authorities are essential components in addressing these challenges.

5.5 Findings from Older People: Interviews and Focus Group

This section presents findings from older people who participated through in-depth interviews (n = 11) and two supplementary focus groups (n = 12). The two methods served distinct purposes and produced different types of insight. In-depth interviews constitute the primary dataset and provide detailed accounts of individual experiences of social care access and engagement. The focus group was conducted as an exploratory, context-setting method, offering insight into collective discussion, trust, and place-based community dynamics rather than representative comparison.

5.5.1 In-depth Interviews with older people

Interviews with British-native older people

Across the interviews, British-native older participants demonstrated not only familiarity with social care services, but confidence in navigating institutional systems independently. Participants frequently described contacting local councils directly, understanding eligibility criteria, and recognising distinctions between different forms of support, such as social care assessments, home adaptations, and voluntary sector services. This confidence appeared to be shaped by long-term residence within the UK system, repeated exposure to statutory processes, and prior positive interactions with public institutions. Several participants described 'knowing who to call' or being able to 'work it out' through official channels, suggesting a level of institutional literacy that reduced anxiety around engagement with social care.

The data shows that British native older women generally have greater knowledge of and access to social care services. They appear to have built strong relationships with local councils and community networks that help them navigate social care systems and services effectively.

British native older women generally have a **clear understanding of where to access information and support**. They often rely on local councils, GP surgeries, and libraries

as primary points of contact for help. This group typically experiences fewer challenges navigating formal systems and has better access to services, such as home adaptations and social care needs assessments. This familiarity with the system may be attributed to longer-term residency and a higher level of digital proficiency, enabling them to engage with services more efficiently.

A **strong sense of independence** is evident among British native older adults, particularly women. Many are digitally proficient, allowing them to manage their daily lives with minimal external assistance. When support is needed, they benefit from robust social networks that include local libraries, churches, and community organisations. These networks foster a sense of belonging and facilitate participation in local activities, contributing to their overall well-being and community engagement.

For health and care support, some British native individuals rely on organisations such as Age UK or local councils to assist with daily care needs, home improvements, and social care requests. While some find these services effective, others encounter delays, particularly in areas such as hospital follow-ups or obtaining occupational therapist assessments. This inconsistency highlights variability in the system's responsiveness, with some individuals experiencing challenges in receiving timely support.

Social and cultural engagement plays a significant role in the lives of British native older adults. Many actively participate in local activities organised through libraries or community centres. Support groups, such as those focused on dementia care, provide valuable connections and resources. Additionally, volunteering and social events offer opportunities for interaction, enabling older adults to maintain active social lives and foster a strong sense of community involvement.

These factors collectively illustrate the relatively advantageous position of British native older adults in accessing services, maintaining independence, and participating in social and cultural activities, though occasional challenges with system responsiveness remain.

Although most British-native participants reported relatively smooth access to services, their accounts also revealed variability in service responsiveness. Delays in occupational therapy assessments, hospital discharge follow-ups, and council communication were commonly mentioned. However, these delays were often framed as frustrating rather than prohibitive. Participants described persistence, follow-up calls, or reliance on existing networks to resolve issues, indicating that challenges were navigated within an overall framework of trust in statutory systems rather than avoidance of them.

Interviews with Older Immigrant People

In contrast, interviews with older immigrant participants revealed a fundamentally different relationship with social care services, characterised by uncertainty, hesitation, and reliance on intermediaries. Many participants reported limited understanding of what social care services were available, what they were entitled to, or how to initiate contact with local authorities. Rather than engaging directly with councils or service providers, participants described depending on family members, community leaders, or trusted individuals to interpret information and mediate interactions with statutory systems. This reliance was not framed as preference but as necessity, shaped by language barriers, limited digital confidence, and prior experiences of miscommunication.

A recurring theme across immigrant interviews was a lack of trust in formal communication from government. Several participants expressed discomfort with official letters, phone calls, or online systems, which were perceived as confusing, intimidating, or risky. In some cases, social care was conflated with welfare surveillance or state control, reinforcing reluctance to engage. This mistrust was not abstract but grounded in lived experience, including difficulties understanding assessment processes, fear of 'doing something wrong', or past negative interactions with authorities. Trust, therefore, emerged not simply as an interpersonal issue but as a structural barrier shaping access to care.

The experiences of older immigrant people reveal significant challenges in navigating social care and accessing essential services. Further compounding the issue around

older immigrant people's lack of trust towards systems. Many older ethnic minority women prefer informal methods, such as relying on family members, community leaders, or word-of-mouth recommendations, to gather information about available services. This reliance stems from limited digital literacy and language barriers, which make accessing and understanding online resources or formal documentation particularly difficult. The interviews highlighted a noticeable gap in accessible, reliable sources of information for this demographic, underscoring the need for more tailored communication strategies.

Language barriers further compound the difficulties faced by older immigrant individuals. Many participants reported struggling with written English and formal phone conversations, which often led to miscommunication with service providers or missed opportunities for support. The cultural norms and expectations of some ethnic groups also discourage individuals from seeking external help, as pride and a strong preference for family-based support prevail. This reluctance delays necessary interventions, leaving some older adults in vulnerable situations without timely assistance.

Social isolation emerged as a recurring theme, with participants describing a lack of connection to their local communities. Many expressed that cultural differences hinder neighbourly relationships, leaving them reliant solely on family or close-knit ethnic networks for support. The COVID-19 pandemic exacerbated this isolation, as restrictions prevented in-person interactions and highlighted the **digital divide among older immigrant populations**. The shift to online services left many unable to maintain social connections or access vital services.

Cultural expectations around family responsibility further shaped engagement with social care services. Several participants described delaying contact with formal services until situations became critical, often relying on family or community support for as long as possible. While this reflects cultural values around independence and care within the family, it also resulted in late intervention and increased vulnerability. Participants frequently described "coping until they couldn't anymore", suggesting that service engagement was reactive rather than preventative.

5.5.2 Focus Groups with Older People

The focus groups were conducted within a culturally specific community setting at a London library and involved six older immigrant women aged 65 and over. Unlike the in-depth interviews, which foreground individual trajectories and personal encounters with social care, the focus group generated collective discussion around shared norms, trust, and community-based coping strategies. The interaction between participants enabled the surfacing of commonly held assumptions, informal practices, and collective decision-making processes that shape engagement with social care services.

Due to recruitment constraints and the legacy of COVID-19 restrictions, the focus group is treated as a contextual and exploratory dataset rather than a representative sample. Its analytical value lies not in generalisability, but in revealing how trust, information-sharing, and support are socially negotiated within community spaces, complementing the individual accounts gathered through interviews.

A dominant theme emerging from the focus groups was the **library's role as a trusted intermediary** between older immigrant women and local authorities. Participants described the library not only as a site of cultural and social activity, but as a space that reduced the perceived risks associated with engaging with formal institutions. Unlike council offices or telephone-based services, the library was framed as familiar, non-threatening, and socially embedded within everyday routines. One participant noted that "it's easier to ask here [at the library] than to phone the council," reflecting a broader sentiment that formal channels felt intimidating and risky.

The presence of staff who were perceived as culturally aware and approachable enabled informal conversations about social care, eligibility, and support options to take place without the pressure of formal assessments or documentation. This environment allowed participants to ask questions incrementally, observe others' experiences, and seek reassurance before engaging with statutory services. The focus group discussion

suggests that trust was not built through information provision alone, but through repeated, low-stakes interactions within a familiar community space.

Participants frequently mentioned relying on word-of-mouth communication to learn about services and resources. This method highlights the central role of interpersonal networks in disseminating information within ethnic communities. However, this reliance also underscores the barriers to accessing direct and formal support. Despite their independence, many participants reported seeking assistance only when their circumstances became dire. This reluctance to request help reflects broader cultural attitudes towards dependency.

Administrative tasks posed notable challenges for participants. Filling out forms independently, especially those related to social care assessments, was described as a daunting process. One participant talks about reliance on family members for formal interactions - “My daughter must call for me. I don’t feel confident speaking on the phone, especially if they speak fast”. Concerns about confidentiality in community spaces added to the anxiety of seeking assistance. While organisations like Age UK were mentioned as helpful for navigating such tasks, the participants noted a lack of tailored support at the local level. Digital skills were another recurring issue, with many struggling to adapt to online systems for banking, healthcare, and administrative needs.

The impact of the COVID-19 pandemic was a salient topic within the focus group discussion. Participants described the loss of in-person activities as deeply disruptive to daily routines and emotional wellbeing, particularly for those who relied on community spaces for social connection. Informal activities, such as knitting groups, were repeatedly cited as vital sources of mutual support and belonging.

The rapid shift to digital advice and service provision during the pandemic was experienced as exclusionary, reinforcing existing inequalities in access and participation. While the pandemic constrained the scope of focus group activity, it also sharpened participants’ reflections on the importance of physical, relational spaces for trust-building and engagement with services.

Participants also shared experiences of perceived discrimination and misunderstanding in interactions with care providers. Some felt their concerns were minimised or inadequately addressed, while others described relying heavily on adult children to communicate with services, particularly via telephone. While family support enabled access, participants noted that this arrangement often diminished their sense of agency and autonomy.

These accounts reinforce the importance of designing engagement and service delivery approaches that recognise power imbalances, support direct communication with older immigrant people, and reduce reliance on informal intermediaries where possible.

Table 39: Themes from Focus Groups with Older Immigrant and British-native people

Theme	**Focus group-specific insight**
Trust and intermediaries	Trust developed through repeated informal interactions in community spaces rather than formal channels
Information sharing	Services understood and evaluated collectively via word-of-mouth
Help-seeking behaviour	Delayed engagement normalised through shared cultural expectations
Administrative barriers	Forms and digital systems experienced as intimidating and disempowering
COVID-19 impact	Loss of in-person spaces intensified isolation and exclusion

Table 40: Comparative Overview of Key Themes Identified Across User Groups

Theme	Frequency (British Native)	Frequency (Older Ethnic, Migrants, Immigrants)
Access to social care and knowledge of the system	8	
Independence and self-sufficiency	6	
Engagement in local activities	5	
Use of digital technology for services	4	
Support networks through family and community groups	7	
Impact of COVID-19 on social care	3	
Satisfaction with local council services	4	
Cultural and language barriers to accessing social care		9
Relying on informal networks (word of mouth, family support)		7
Fear and stigma around using formal social care services		5
Dependence on cultural centres for support		6
Issues with trust in government and council services		4
Digital illiteracy creating barriers		6

Note: Frequencies indicate the number of participants within each group for whom a theme was identified during qualitative analysis. These figures are provided to support transparency of analysis rather than to suggest prevalence or statistical significance.

The relative depth of interview data compared to focus group material reflects the different purposes of these methods, with interviews designed to elicit detailed individual experiences and the focus group used to explore collective norms and trust dynamics within a specific community setting. Table 39 above provides an overview of the distribution of key themes identified across interviews with British native and older immigrant participants. While not intended as a quantitative comparison, the table highlights clear contrasts in the types of challenges discussed by each group. British native participants more frequently described familiarity with social care systems, independence, and engagement in local activities, whereas older immigrant participants more often raised issues relating to language, trust, reliance on informal networks, and digital exclusion. These patterns support the thematic analysis presented in this chapter and help contextualise the qualitative differences discussed across sections 5.5 to 5.7.

Table 41: Summary of interviews: experts, cultural leaders, older immigrant people

Dominant Core Theme	Discussion and potential strategies	Current Barriers
Creating Partnerships	**New ways to pilot co-design practice:** • Creating new and improved ways to pilot research between different partners involved in the co-design process, i.e. academic and public sector representatives – fostering a symbiotic relationship between key partners means working together to help create exploration and form the foundation, and direction of the co-design project **Relationship establishing practice with other stakeholders:** • Local partnerships, academic and charitable organisations, 'ground-up' grassroot organisations • Consider the status of the organisation or the individual partnership – within the community: how it is perceived, negative vs positive associations • Partnerships supporting innovation – i.e. local council and cultural community centres working together to brainstorm ideas and create actionable results **Building relationships with the local community:** • Church groups, cultural groups, other religious centres, non-governmental organisations, community centres, support groups, health groups, universities • Selecting local ambassador (gatekeeper) • Developing close links "on ground" – training peer researchers and community researchers to act on behalf of project owner (transfer of power, builds back knowledge into the community, can help overcome language barrier) • Hire multi-ethnic support staff – co-design; adapting easily to community needs and nuances, overcoming language barriers, impacts trust and perception	Emphasis currently on co-designer or researcher – less so on community partner Language barrier, impacts on lack of engagement and clear communication Lack of cultural competency and understanding of community nuances Lack of motivation and joint-up approach

	• Defining project scope, budget and activities together with local partnering organisations **Community break-down:** • Understanding roles, experience, nuance • Who must be involved in the co-design process **Create and consult with a panel:** • NGO and other stakeholders – prior co-design process – what the project should look like – how to outreach and connect, ensure flexibility is built into grant application • Involve social care professionals – impact (mid-level and ground level staff most important aspect) • Engage with head of social services **Local authority partnerships:** • For talks, communication, recruitment - with cultural centres	
Building Trust	**Understanding and influencing power dynamics** • Neutrality in language – citizen vs user or customer **Community outreach** **Communication and transparency** **Trust enabling environment:** • Creating informal setting, common activities, sensitivity to cultural norms • Recruitment and sessions: adapting to the needs of local community - meeting people where they naturally congregate (religious or cultural spaces) **Communication and interaction: (during co-design session)**	Immigrant older community lack of trust towards authority – impacts engagement with co-design activity Overall impact on engagement with authority

	• Narration tools – bringing people's stories and biographies into the co-design process: 'hearing people's stories in their own words' • Storytelling aspect helps to understand user's context and frame, brainstorm new ideas • Using artefacts to facilitate connection • Using visualisations – to help create collaborative setting, bringing perspectives together successfully **Representation in communication methods:** • Importance of building trust within local community – due to lack of trust in authorities	Feelings of not being represented in research activities or within tools that help people engage with this material better (i.e. during recruitment processes)
Understanding people	**Understanding people and context – communication methods:** • Cultural beliefs and approaches - Discovering how people typically 'consume information' in the local community – meaningfully engage – Facebook, 'WhatsApp' community groups – social media channels • Conveying messages in a meaningful way – many cultures based around 'oral tradition', word-of-mouth • Diversifying methods of communication – varies contexts (digital, print, location specific) – linked to the discovery of local context • Simple language, less jargon – be aware of nuanced definitions in terminology (i.e. social care might refer to welfare in some cultures, difference in what is considered to be an 'old' person) – be explicit • Creative methods for engagement during co-design sessions: 'theatre tactics', graphic design or illustrator, visual aids for facilitating a better understanding of the activity and outcomes, photography • Understanding where mistrust is influenced from – politically driven, historically driven (linked to empathy, cultural sensitivity, cultural competency of the co-designer) • Multi-faceted approach to communication – is required. Leaflets the least helpful • Reliability on family – older immigrant person, reluctance to engage with authority	Lack of agency of older immigrant person Decrease in cultural competency on the side of the authority, authority figure, co-designer, service developer Lack of meaningful engagement with co-design and consultation at local authority level on the

	Mapping out tapestry of local people and local groups: • 'Ecosystems mapping' – ecosystem of people and stakeholders • Mapping context and roles for recruitment – understand that there are nuanced views of local people – stakeholder and stakeholder types – prioritise required roles of users (Japan context) • Mapping 'super user' – who is the super user of services or support – organisations and groups that support older immigrant people **Creative activities:** role play **(discuss impact on psychology, who must be involved in this process)** Creative processes to engage people and discovery their stories – questions in research - from static questions to questions that are actionable – ways to allow people to tell their stories in different modalities (what's your view on this service?) **Building or creating the idea of social currency** – 'what are you doing for the local community', 'how are you contributing'	side of the older immigrant person Refocus of questions and questions structure to shift perspective during co-design project on the side of the older immigrant person
Managing Governance and power dynamics	**Teams within local authority – ensuring conditions for co-design:** • Documenting learning process • Creating case study archive • Working in a joined-up manner – different teams within organisation currently very siloed, issue of ownership • Ownership attitude – within local authority – detrimental impact to co-design activity **Built-in responsiveness and flexibility into the system** • From rigidity to flexible approaches within local authority: project approval • Traditional organisational culture = protective systems **Build for experimentation:** • Must accept some degree of ambiguity (understanding the 'invisible value' of co-design)	Bureaucratic processes inhibiting co-design progress Lack of relationship with design Lack of blanket understanding – disjointed

	• Accepting co-design as on-going iterative process • 'Lab methodology' – public sector projects: creating an environment where it is expected to continually brainstorm ideas, iterative process, continually open to accepting new members within this process **Design coaching – co-design, service design, design thinking – organisation-wide campaign: - creating a base-level understanding of co-design** • Communicating and understanding social impact, long-term value of co-design, role of designer • Ensuring same level of understanding and knowledge of design within organisation (local government) • Metrics measurement on the impact of co-design • Creating recognition – design ambassadors within organisation • Spreading awareness and learnings from co-design projects • Create accountability and ensure wider impact – lack of strategy and accountability **Project management and power dynamics:** • Project owner perspective • Building for and permitting conditions for trial and error **Roles and role management during co-design process:** • Removing managerial staff from certain sessions – creating safer and more open environment for open discussion • Engaging top staff members (managerial, middle managers) + different agendas and ground level	understanding of design principles Lack of confidence and personal contributing identity on behalf of the immigrant older person (ethnic minority elders) Lack of meaningful, in-depth, honest, discussion currently in 'official' co-design sessions, or community consultations Apprehension of sharing information on the side of social care staff who are working on ground level, to discuss negative issues when authority is present

Building trust	**Outreach – reaching out to local community:** **Mindful recruitment** • Time of day, culture dependent preference • Language interpreter – removes agency from older person if family member interprets on their behalf **Cultural competency training – researcher, co-designer:** • Diversity training: cultural training of staff (social care and local authority) **Providing reciprocity:** • Providing meaningful incentives due to people's socio-economic background and engagement motivation **Empowerment people through communication – tools and approaches:** • Building confidence: older people do not feel qualified • Switching the emphasis • Words and meanings, cultural beliefs **Tools and approaches: creating informal setting:** • Singing songs, cooking meals together – impacting self and group development (social impact) **Shifting emphasis – presenting a positive personal identity on behalf of the community, community leader, and older immigrant person:** • 'Asset mapping' – presents a shift in mindset, towards a positive self-view. Plays on the idea of 'positive' contribution towards society. Builds on current skills and knowledge. Group and self-development issue	Lack of confidence and ability of positive contribution on behalf of the older immigrant person

	Communication: • The way in which co-design is advertised in the local area	
Feedback and Evaluation	**Engage people from start to finish – from engagement activities to decision making** **Show deliverables, communicating impact, communicate outcome – on-going feedback – iterative feedback, cyclical process** **Creating a sustainable strategy – unwavering to changes in roles, or government:** • **Fit into wider strategic objectives – create a link (link currently missing – role of senior management):** Governance and sustainability (issue when staff in senior roles change, strategy becomes disjointed) **Robust evaluation strategy: demonstrate improved outcomes resulting from co-design:** • Create a baseline to see people's journey – to be able to measure the impact of co-design monitoring progress – tracking impact - identify what you get out of it – discuss in a separate section - setting a clear target – checking whether it has been achieved **Creating feedback channels:** • Updates for community on project and research – how insights are utilised, what has changed • Printed material and online distribution • Visual feedback for contributors during the co-design session, i.e. posters and illustration	Unclear agendas Unclear management system during project

5.6 Emerging Themes

This section aims to present key insights drawn from primary data collection, including expert interviews, user interviews, focus groups, and discussions with cultural leaders. These findings provide a comprehensive understanding of the challenges, strategies, and opportunities for implementing co-design practices within diverse community contexts.

Creating Partnerships

One of the key themes in co-design is the importance of creating strong partnerships between various stakeholders, including academics, public sector representatives, and local organisations. To achieve this, it is essential to pilot new and improved methods for collaboration, fostering a symbiotic relationship between partners. This involves working together to explore ideas, establish foundations, and set the direction for co-design projects.

Establishing relationships with stakeholders is another critical strategy. Partnerships can be formed with local organisations, academic institutions, charities, and grassroots groups. It is important to consider the perception of these organisations or individuals within the community, accounting for both positive and negative associations. Partnerships that support innovation, such as collaborations between local councils and cultural community centres, can facilitate brainstorming and lead to actionable outcomes.

Building relationships with local communities is also key. This includes engaging with church groups, cultural organisations, religious centres, NGOs, community centres, and support groups. Employing local ambassadors or gatekeepers can help establish trust and overcome barriers, such as language. Training peer and community researchers to represent the project owner empowers the community and transfers knowledge back into it. Hiring multi-ethnic support staff is another important step to ensure cultural sensitivity and address community nuances.

To enhance these partnerships, the project's scope, budget, and activities should be co-developed with local organisations. It is important to understand the roles, experience, and nuances of the community and identify who should be involved in the co-design process. Consulting a panel of NGOs, stakeholders, and social care professionals prior to the co-design process can help define outreach strategies and ensure flexibility in grant applications. Engaging local authorities, including cultural centres, for talks, recruitment, and communication is another vital component. Despite these strategies, current barriers include a focus on the researcher or co-designer rather than the community partner, language barriers that impede communication, and a lack of cultural competency and motivation for a joint approach.

Understanding People

Understanding people and their context is vital in co-design projects. This requires culturally sensitive communication methods and an awareness of how different groups consume and share information. For example, many communities rely on oral traditions and word-of-mouth communication. Conveying messages in meaningful ways—such as through social media platforms like Facebook and WhatsApp, can help foster engagement. It is also essential to simplify language, avoid jargon, and be explicit about nuanced definitions (e.g., clarifying terms like "social care" or "older person" in different cultural contexts). Creative methods, such as theatre tactics, visual aids, and role play, can further enhance understanding during co-design sessions. These activities allow participants to share their stories and perspectives in different modalities.

Mapping the local community's ecosystem is another important step. This includes identifying stakeholders, understanding nuanced views, and prioritising key roles within the community. For example, mapping "super users" of services and identifying organisations that support older immigrant people can provide valuable insights. Creative engagement activities, such as role-playing, can also reveal the psychological impact of service design on participants. Current barriers include older immigrant people's lack of agency, cultural competency gaps among service providers, and

insufficient engagement efforts by local authorities. Many older immigrant people rely on family and feel unrepresented in formalised co-design processes.

Building Trust

Building trust is a cornerstone of successful co-design projects. Understanding and influencing power dynamics, such as ensuring neutrality in language (e.g., avoiding terms like “customer”), is crucial. Community outreach efforts should focus on transparency and creating a trust-enabling environment. Informal settings, common activities, and sensitivity to cultural norms can foster trust and engagement.

Adaptations during recruitment and co-design sessions should meet the needs of local communities, such as holding sessions in spaces where people naturally congregate (e.g., cultural or religious venues). Using storytelling and narration tools allows participants to share their experiences in their own words, which provides valuable context and inspires new ideas. Artefacts and visualisations can also facilitate collaboration by bringing perspectives together. Representation in communication methods is critical for building trust. Many older immigrant people lack trust in authorities, which impacts their engagement with co-design activities. Effective representation can help overcome this mistrust and foster a sense of inclusion. However, barriers such as the community’s lack of trust toward authorities and the perception of being unrepresented in research activities continue to hinder progress.

Outreach and Engagement Mechanisms

Community outreach efforts must be mindful of cultural preferences, such as the time of day for sessions, and provide language interpreters where necessary. However, reliance on family members for interpretation can reduce the older immigrant’s agency. Training researchers in cultural competency is essential, as is offering meaningful incentives to encourage participation. Creating informal settings for co-design activities, such as cooking meals or singing songs, can foster social impact and group development. These settings help shift participants’ perspectives toward a positive self-view and highlight

their contributions to society. Despite these efforts, older immigrant people often lack confidence in their ability to contribute meaningfully, and poor communication about co-design initiatives limits engagement.

Feedback and Evaluation

Feedback and evaluation are critical to ensuring the success of co-design projects. Engaging participants from the beginning to the end of the process and demonstrating the impact of their contributions can build trust and accountability. Robust evaluation strategies should include baseline measurements to track progress and assess the outcomes of co-design initiatives. Creating feedback channels is another important step. Providing updates to the community, both online and in print, ensures transparency. Visual feedback, such as posters and illustrations, can also help participants see the outcomes of their contributions during co-design sessions. However, unclear project agendas and disjointed management systems remain barriers to effective feedback and evaluation.

Managing Governance

Managing governance in co-design processes requires flexibility, collaboration, and a shift toward iterative and experimental methodologies. Siloed working, ownership issues, and rigid bureaucratic processes often hinder progress, making it essential for local authority teams to work cohesively. Strategies such as documenting learning, creating case study archives, and adopting a "lab methodology" can foster a culture of iteration and innovation. By encouraging brainstorming, incorporating diverse participants, and embracing ambiguity, organisations can create an environment that supports meaningful co-design.

Power dynamics and a lack of familiarity with design principles within organisations present further challenges. Coaching staff in design thinking and service design principles helps establish a baseline understanding and promotes effective participation across teams. Additionally, metrics to measure the impact of co-design and awareness

campaigns can underscore its long-term value. Addressing these governance challenges ensures that co-design initiatives are not only inclusive and impactful but also sustainable in the face of organisational constraints.

5.7 Chapter Summary

The primary data collection phase has provided valuable insights into the systemic, cultural, and structural challenges experienced by older immigrant people in accessing social care services. Drawing on data from interviews with across the fields of social care, community engagement, co-design, service design, and governance, the research has uncovered key themes such as trust-building, cultural sensitivity, and participatory service delivery. Both exploratory and in-depth expert interviews highlight the need for engagement strategies that are not only inclusive but also deeply attuned to the lived experiences of vulnerable communities. The element of trust was a recurring issue, with experts stressing that many immigrant communities remain sceptical of social services due to historical disenfranchisement, language barriers, and negative experiences. Findings the data indicate that overcoming these barriers requires sustained engagement through community-led intermediaries, culturally adapted communication methods, and long-term partnerships between the service providers and local organisations.

To reinforce these insights, focus groups with older immigrant individuals and cultural leaders provided insights of the realities of navigating social care services. Many participants reported a lack of awareness about their entitlements, compounded by communication difficulties and complex bureaucratic processes. Some communities rely heavily on word-of-mouth to share information, making local community centres and faith-based networks crucial intermediaries. The findings suggest that co-design methodologies need to be reimagined to accommodate the specific needs of these groups, particularly through participatory tools that account for language diversity, oral traditions, and non-hierarchical engagement. Additionally, interviews with British-native older adults provided comparative insights, revealing that while challenges such as service delays and bureaucratic inefficiencies are experienced across all demographics, native older people generally have greater familiarity with the social care system and a

higher level of trust. These findings underscore the need for targeted co-design interventions that connect the accessibility gap for immigrant people while fostering trust through culturally responsive engagement.

Helping to build on these findings, the following chapter sets out recommendations designed to integrate co-design principles into social care services for older immigrant people. These recommendations focus on two core areas: fostering long-term trust and engagement and adapting participatory design tools to be more inclusive of this user group. By synthesising insights from expert interviews, community leaders, older immigrant, older British-native people, and country case studies, the proposed framework aims to address existing gaps and offer a structured approach to improving social care through co-design.

Chapter: 6 RECOMMENDATIONS

CHAPTER 6: RECOMMENDATIONS	
STRUCTURE OF CHAPTER 6: RECOMMENDATIONS	**6.1 INTRODUCTION** **6.2 SYNTHESISING FINDINGS: FROM DATA TO FRAMEWORK** 6.2.1 Mapping of Key Discussions 6.2.2 Core Themes from the Data 6.2.2 Integration of Findings 6.2.4 Connecting Key Research Questions, Findings and Framework Pillars 6.2.5 Application of Existing Toolkits in the Co-Design Framework **6.3 FRAMEWORK DEVELOPMENT** 6.3.1 Development Strategy of the Co-Design Framework 6.3.2 Introduction of the Co-Design Framework 6.3.3 Description of the Core Elements of the Framework **6.4 FRAMEWORK EVALUATION AND FEEDBACK** 6.4.1 Discussion of Findings from Evaluation with Experts 6.4.2 Discussion of Findings from Evaluation with Older Immigrant people **6.5 FINAL CO-DESIGN FRAMEWORK** 6.5.1 Revisions of the Co-design Framework 6.5.2 Final Co-Design Framework 6.5.3 Implementation of the Co-design Framework **6.6 CHAPTER SUMMARY**

Figure 53: Structure of Chapter 6

6.1 Introduction

This chapter outlines the process of development undertaken in the formation of the co-design framework for this study. Starting with a discussion and integration of primary and secondary research findings, it provides a clear definition of the development process, the methodology, and the theoretical basis that shaped the structure of the first framework draft. The chapter then details the iterative refinement process, incorporating insights from expert and user evaluations to strengthen the framework's applicability and effectiveness. Key challenges and considerations that emerged during the evaluation are also discussed, highlighting adjustments made to enhance usability and relevance. The

chapter concludes with findings from the evaluation process and presents the final version of the co-design framework, refined through expert and user input.

6.2 Synthesising Findings: From Data to Framework

This section synthesises the key insights from qualitative data analysis, integrating thematic coding, axial coding, and comparative case study analysis to develop a structured framework for co-designing social care services with older immigrant populations. The findings illustrate systemic barriers, engagement strategies, and opportunities for participatory service design, offering a foundation for framework recommendations.

Through an iterative process of coding and thematic clustering, the research identifies critical phenomena such as trust-building, language and accessibility barriers, and the role of partnerships within community-based organisations in social care service delivery. The analysis highlights existing informal support networks, gaps in engagement, and the importance of cultural competency initiatives to bridge accessibility disparities. The following subsections present the structured mapping of key findings and their translation into a conceptual framework, visualised through integrated diagrams that depict relationships between contextual factors, causal conditions, strategies, and outcomes.

6.2.1 Mapping of Key Findings

Figure 55 (see below) presents a synthesis of key findings from the research, visually mapping the interconnected themes, barriers, and strategies that shape the experiences of older immigrant populations within social care services. This diagram is an essential analytical tool that brings together insights from qualitative data analysis, allowing for a structured examination of the relationships between different factors influencing service accessibility, engagement, and co-design implementation. The mapping framework identifies five core components that structure the findings:

1. Contextual Factors – The underlying socio-political, historical, and institutional elements that shape older immigrant people's interactions with social care services.
2. Causal Conditions – The direct barriers and structural limitations that influence access and engagement.
3. Core Phenomena – The central challenges and themes emerging from data analysis, representing the lived experiences of participants.
4. Strategies – Evidence-based approaches and recommendations aimed at improving engagement and participation in social care design.
5. Consequences – The long-term implications of the identified challenges and interventions, particularly regarding policy, autonomy, and service effectiveness.

Each of these theme plays a significant role in shaping service accessibility for older immigrant communities. The diagram provides a holistic perspective by positioning these elements in relation to one another, showcasing the systemic nature of the problem and the potential pathways for intervention.

1. Contextual Factors

The diagram illustrates that historical mistrust of public services significantly influences engagement levels among older immigrant populations. This mistrust stems from negative past experiences, bureaucratic exclusion, and a lack of cultural sensitivity within mainstream service provision. The underrepresentation of minority communities in public sector roles reinforces feelings of detachment and scepticism. Another key element in this section of the diagram is the complexity of official language and processes, which often alienates individuals unfamiliar with the UK's healthcare and welfare systems. The diagram also highlights disparities in local resource availability, showing that some immigrant groups have access to well-developed community support networks, whereas others face service gaps and isolation.

2. Causal Conditions

This section of the diagram focuses on the structural limitations that exacerbate access barriers. The prominence of informal support networks (e.g., faith groups, cultural

organisations, and word-of-mouth networks) demonstrates that many older immigrant people rely on alternative, non-governmental sources of assistance. However, the lack of proficiency in digital communication among some older adults further limits their ability to access services, especially in an era of increased remote service provision and digitalisation of care. The diagram also illustrates the inconsistencies in local resource allocation, with some boroughs and regions offering specialised cultural or linguistic support, while others lack dedicated facilities for immigrant older adults. This uneven distribution of services contributes to geographical disparities in care quality and accessibility.

3. Core Phenomena

At the centre of the diagram, the core phenomena represent the most significant challenges that emerge from the data. Building trust with vulnerable communities stands out as a recurring theme, emphasising the necessity of sustained engagement and transparent communication in co-design efforts. Additionally, the diagram captures the interplay between language, cultural, and bureaucratic barriers, highlighting how these factors collectively hinder service access and social inclusion. It also identifies some successful partnerships and engagement strategies, though these remain inconsistently implemented across different local authorities and care settings.

4. Strategies

The strategies section of the diagram showcases practical solutions for overcoming identified challenges. A key recommendation is the hiring of multi-ethnic staff and training community members as peer researchers, ensuring that outreach efforts are culturally relevant and trust-building. The role of community leaders as trusted intermediaries is also highlighted to bridge information gaps and foster collaboration between service providers and immigrant communities.

Further strategies include:

- Community profiling and ecosystem mapping to uncover specific service needs and stakeholder networks.

- Long-term engagement models that prioritise consistent feedback loops rather than one-off consultations.
- Decentralised social care models, which promote regional autonomy and tailored service provision.
- Faith-based partnerships, recognising that religious and cultural institutions often serve as primary points of trust and support.

The diagram visually connects these strategies with core phenomena, demonstrating how each intervention addresses specific barriers while also acknowledging potential limitations.

5. Consequences

The final section of the diagram outlines potential consequences of both inaction and intervention. One of the most pressing concerns is service gaps in immigrant care, where stigma, cultural expectations around elder care, and language barriers lead to fragmented or inadequate support structures. The diagram also highlights the risk of increased dependency on private care, as older immigrant people who cannot navigate public services often turn to costly, individualised solutions, which may not always be sustainable.

Additionally, the diagram captures engagement inefficacies, where a lack of successful case studies and limited institutional commitment to participatory design has hindered the wider adoption of co-design approaches in social care. This reinforces the need for systematic policy changes to embed participatory principles into service delivery models.

The integration of findings in Figure 55 below provides a comprehensive visual synthesis of the key challenges and opportunities in co-designing social care services for older immigrant populations. By mapping contextual factors, causal conditions, core phenomena, strategies, and consequences, the diagram serves as a conceptual bridge between qualitative insights and actionable recommendations.

This mapping validates the complexity of the issues and provides a foundation for the development of the co-design framework in the following subsections. The interconnections presented in Figure 55 offer a systemic perspective, demonstrating the need for multi-level interventions that address barriers at individual, community, and governance levels.

Axial coding: Literature review

CORE PHENOMENA

- Evolution of co-design in public services
- Variation of collaborative 'co-' terms
- Trust: building trust with user group is essential to meaningful engagement
- Culturally sensitive and inclusive design
- Barriers to co-design in the public sector
Factors that hinder implementation: bureaucratic complexity, resource constraints, and resistance to participatory methods within public service organisations. Specific challenges: language barriers, conflicting goals, risk aversion, and inadequate leadership and commitment to co-design principles

CONTEXTUAL FACTORS

- Historical mistrust and power dynamics: Public sector contexts often involve imbalanced power dynamics for vulnerable groups. Mistrust towards government and historical marginalisation
- Assumptions of family provided care for older immigrants
- Cultural element: diversity and sensitivity: there is a strong emphasis on the need for cultural sensitivity, especially for groups like older immigrants, whose unique needs are frequently overlooked or homogenised in public services, social care specifically
- Systemic resource limitations
- Participant empowerment and ownership: ensuring active engagement and recognising users as "experts by experience": key to successful co-design. This addresses power imbalances with marginalised groups

STRATEGIES

- Implementing 'discovery phase' in service design
- Involving 'experts by experience'
- Culturally sensitive frameworks for engagement
- Regional 'Design Labs' and localised participation: create spaces for local community engagement and experimentation, allowing flexible governing structures

INTERVENING CONDITIONS

- Digital divide and literacy barriers: affects access to services
- Language barriers in accessing services: highlight the need for culturally sensitive communication

RESEARCH GAP

- Empirical insights on power dynamics in co-design with marginalised groups: current studies highlight work for addressing power imbalances, but have limited data on how marginalised users navigate these dynamics in real-world co-design contexts
- Longitudinal impact of co-design on social care services: the literature extensively discusses theoretical co-design benefits, but there is a need for research on the long-term impacts of co-designed social care services on user experience
- User experience with culturally sensitive co-design models: limited research exists on the specific experiences of culturally diverse users, such as immigrant elders, in co-design settings that prioritise cultural nuances, especially in the UK
- Effectiveness of tools and techniques in empowering vulnerable participants: while frameworks like "make, tell, enact" suggest structured methods for engagement, empirical data on effectiveness in empowering vulnerable participants (e.g., older adults) is limited
- Effectiveness of co-design in diverse cultural contexts: limited literature, specifically how it can be adapted to various community settings

QUESTIONS TO BE ADDRESSED AFTER LITERATURE REVIEW FOR NEXT STAGE:

- Which tools are most effective in engaging and empowering vulnerable populations?
- How does the designer's role impact engagement with and the effectiveness of co-design tools when working with marginalised participants?
- What are current views and experiences of older immigrant people - 1. of co-design, 2. of local authorities, 3. of social care services
- What are some of the barriers that older immigrant people face?
- What are the perceived benefits and challenges of using co-design methods, and of creating feedback loops in the co-design process when working with vulnerable groups?
- In what ways can cultural sensitivity and representation impact the engagement of and satisfaction levels of participants from diverse backgrounds?
- What is some international best practice, barriers and challenges: 1. of co-design at local level, 2. co-design with marginalised groups, 3. specialised social care service provision or public service support for older immigrant people

KEY THEMES TO EXPLORE:

TOOLS AND APPROACHES TO CO-DESIGN WITH IMMIGRANT OLDER PEOPLE

CULTURAL BELIEFS OF OLDER IMMIGRANT PEOPLE; IMPACT OF CULTURAL ELEMENT FROM OTHER COUNTRIES / ASSUMPTIONS

EXPERIENCE OF OLDER IMMIGRANT PEOPLE OF 1. CO-DESIGN, 2. SOCIAL CARE, 3. ENGAGEMENT AT LOCAL LEVEL / WITH LOCAL AUTHORITY

PUBLIC SERVICE STRUCTURE & PROVISION AT LOCAL LEVEL FOR OLDER PEOPLE - BEST PRACTICE FROM OTHER COUNTRIES

GOVERNANCE INITIATIVES FOR CO-DESIGN - BEST PRACTICE FROM OTHER COUNTRIES

Axial coding: Case studies

CORE PHENOMENA

- **Disparities in access to services:** service accessibility for immigrant and vulnerable communities is driven by policy differences across regions, funding disparities, and lack of strategic cultural integration in social care
- **Gaps in engagement:** Inconsistent community engagement practices, often hindered by limited local government capacity and insufficient staff training in co-design
- **Autonomy in service choices:** user autonomy across countries, older adults have notable choice but lack comprehensive co-design integration
- **Public service integration challenges** across countries

CAUSAL / INTERVENING CONDITIONS

- **Policy and legislation:** differences in national policies impact social care access, e.g., Japan's mandatory long-term insurance versus Germany's semi-privatised model
- **Cultural norms:** family expectations in immigrant communities impact elder care; service aversion / discussion around welfare due to perceived stigma
- **Resource allocation:** funding disparities across different regions or municipalities can impact service provision and social care service access
- **Organisational capacity:** limited trained personnel in co-design roles and lack of continuity due to frequent role changes

STRATEGIES

- **System initiatives: 'design labs' and experimentation:** encourage experimentation and citizen engagement
- **Decentralisation & autonomy models:** increased citizen participation and improved service access
- **Cultural competency initiatives:** Belgium's proactive communication strategies and Germany's volunteer sector mitigate cultural barriers in service delivery
- **Community self-organisation and support from government**

CONSEQUENCES

- **Engagement inefficacies:** limited successful case studies or exemplars restrict motivation to replicate participatory design, hindering widespread adoption
- **Increased dependency on private care**
- **Service gaps in immigrant care:** Stigma, language barriers, and inconsistent support networks for older immigrants reduce the effectiveness of engagement and service access

KEY THEMES TO EXPLORE:

DESIGNED SPACES FOR CIVIC ENGAGEMENT

'DESIGN LABS' FOR EXPERIMENTATION

STAFF CULTURAL COMPETENCY TRAINING

CONCEPT OF 'SUPERVISED FREEDOM'

DECENTRALISATION OF SOCIAL CARE

MAINTENANCE OF STAFF THROUGHOUT DEVELOPMENT PROCESS

UNDERSTANDING CULTURAL NORMS ACROSS COMMUNITIES

EMPOWERMENT AND LOCAL / REGIONAL AUTONOMY

QUESTIONS TO BE ADDRESSED AFTER LITERATURE REVIEW:

- Which tools are most effective in engaging and empowering vulnerable populations?
- How does the designer's role impact engagement with and the effectiveness of co-design tools when working with marginalised participants?
- What are current views and experiences of older immigrant people - 1. of co-design, 2. of local authorities, 3. of social care services
- What are some of the barriers that older immigrant people face?
- What are the perceived benefits and challenges of using co-design methods, and of creating feedback loops in the co-design process when working with vulnerable groups?
- In what ways can cultural sensitivity and representation impact the engagement of and satisfaction levels of participants from diverse backgrounds?
- What is some international best practice, barriers and challenges: 1. of co-design at local level, 2. co-design with marginalised groups, 3. specialised social care service provision or public service support for older immigrant people

QUESTIONS TO BE ADDRESSED AFTER CASE STUDIES:

- What motivates people to engage with co-design process and how can barriers be mitigated to create sustained community involvement in social care service design?
- What are the main barriers to engagement in co-design for immigrant older people?
- What role does cultural competency play in supporting co-designers, local government staff and older immigrant people before, and during the co-design process?
- What are the different stakeholders and how can partnerships be supported at local level when conducting co-design with vulnerable groups?

Axial coding: Primary data findings - interviews and focus groups (experts, cultural leaders, older immigrant people, older British native people)

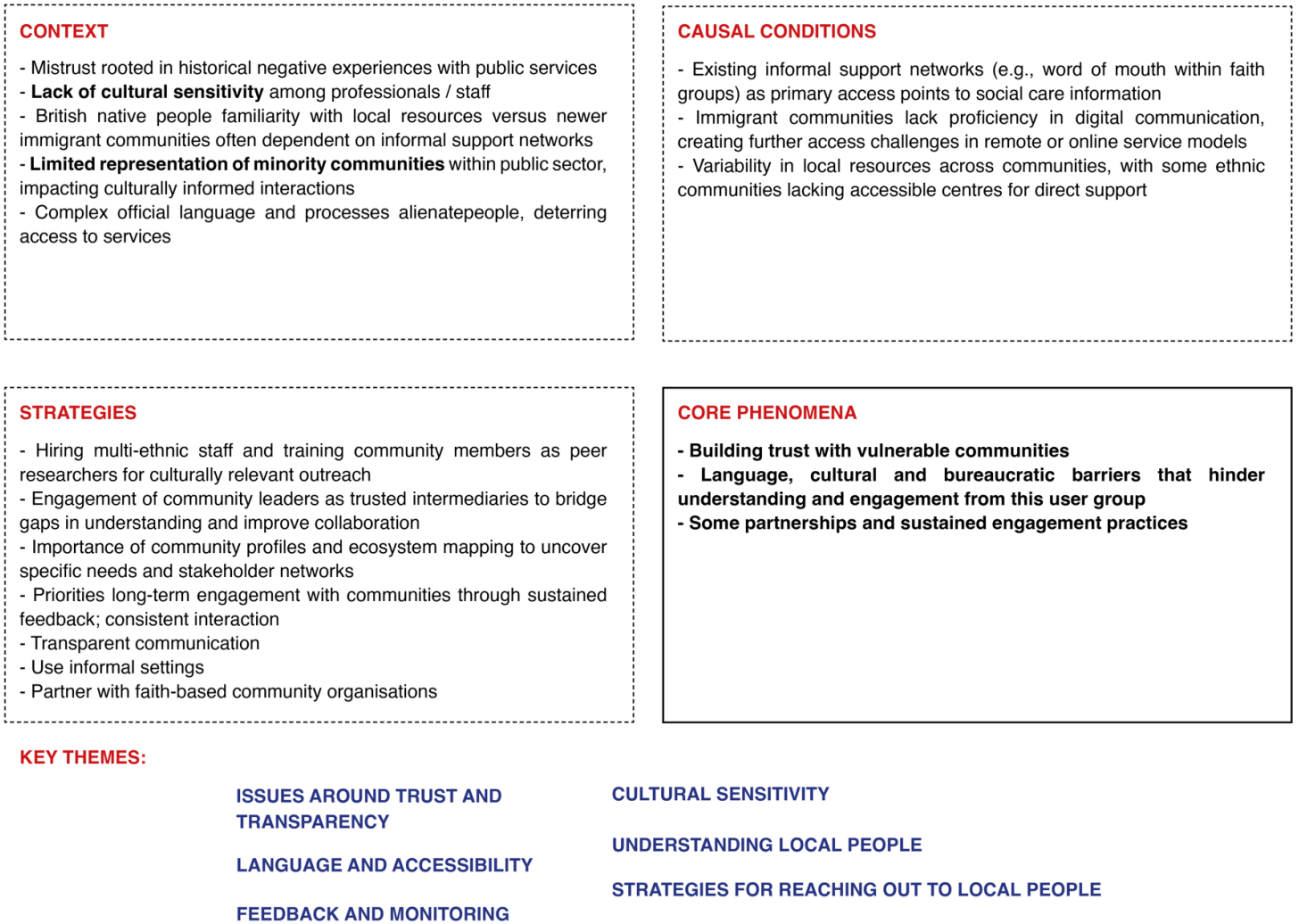


Figure 54: Axial Coding of Findings from Data

6.2.2 Core Themes from the Data

The core themes of challenges identified through primary data are divided into five key areas, each representing a distinct but interconnected aspect of co-design. These challenges highlight the systemic, relational, and operational barriers that hinder effective co-creation, particularly when working with diverse and often marginalised communities.

To start with, theme **1. Understanding People**, shows a fundamental challenge in co-design is ensuring that the voices of diverse groups are not only heard but also meaningfully integrated into decision-making.

Existing literature consistently identifies representational gaps and power asymmetries as key challenges in co-design with marginalised populations, particularly older immigrant groups. Studies highlight that co-design processes often reproduce exclusion when recruitment relies on existing institutional networks or assumes cultural familiarity with participatory practices (Ciobanu et al., 2016; Zubair and Norris, 2015). Older immigrant people are frequently positioned as passive recipients rather than contributors, shaped by assumptions around capacity, language, and dependency (Martineau and Plard, 2019). This study's findings extend this literature by showing how these dynamics operate at a micro-level within local authority–led engagement, where limited diversity in recruitment and unexamined assumptions about willingness to participate directly constrained meaningful inclusion.

Several key issues emerged from the data: Data shows there is currently a lack of diversity in recruitment. Many organisations struggle to bring in diverse perspectives, leading to co-design processes that may not be truly representative or inclusive of different lived experiences. This gap limits the effectiveness of service design, especially for marginalised communities such as older immigrant populations. Social stigma and stereotyping create deep-seated societal perceptions can act as invisible barriers, discouraging individuals from fully engaging in co-design initiatives. For example, older

immigrant participants may feel excluded due to assumptions about their abilities or willingness to contribute.

Cultural and generational communication differences are impacted due to a variation in language, customs, and generational outlooks can create misunderstandings and hinder collaboration. Without intentional efforts to bridge these gaps, co-design discussions may remain superficial or exclude key stakeholders.

The second theme, **Building Trust**, illustrates trust as the foundation of any meaningful co-design effort, while also revealing that certain communities remain hesitant to engage despite formal opportunities for participation.

Trust is widely recognised in the literature as a critical precondition for engagement with public services, particularly among immigrant and minority populations with histories of marginalisation (Meyer et al., 2008; Godinho Nascimento et al., 2025). Existing research shows that institutional mistrust is not typically the result of isolated service encounters but develops cumulatively through experiences of exclusion, bureaucratic opacity, and entrenched power asymmetries across multiple institutions and over time (Ciobanu et al., 2016). The findings of this study align with this body of work but extend it by demonstrating how trust in co-design contexts is negotiated relationally and incrementally, through informal settings, trusted intermediaries, and sustained presence, rather than through formal consultation mechanisms alone. This supports emerging literature that positions trust-building as an ongoing social process rather than a discrete procedural stage within participatory design.

Primary data show that hesitancy to engage often stems from long-standing concerns about authority, power dynamics, and self-perception within co-design processes. Participants described apprehension about engaging with local authorities, particularly among communities with historical experiences of marginalisation, where past interactions with public institutions shaped expectations of exclusion or limited influence. This was closely linked to doubts about the legitimacy of their own knowledge and expertise, with many participants expressing uncertainty about the value of their

contributions in contexts where professional or institutional actors were perceived as the primary decision-makers. These findings reflect wider critiques in the literature of expert-led participatory models, in which hierarchical structures can inadvertently suppress active participation and reinforce existing power imbalances.

The data further highlight the importance of deep, localised understanding in trust-building. Institutions sometimes approached co-design using broad or generalised assumptions about communities, rather than engaging with the specific cultural, social, and historical dynamics shaping participation. This lack of nuanced contextual knowledge contributed to misaligned priorities, limited resonance with participants' lived experiences, and weakened trust in the process itself. Consistent with literature emphasising culturally sensitive and community-led approaches, the findings suggest that effective trust-building in co-design requires sustained engagement, attentiveness to local contexts, and deliberate efforts to rebalance power through relational and culturally grounded practices.

The third core theme, **Creating Partnerships**, highlights the importance of sustained, strong, and consistent affiliations in enabling meaningful co-design. While partnerships are widely recognised as a cornerstone of participatory public service design, the data reveal substantial challenges in forming and maintaining relationships that endure beyond individual projects.

Existing literature emphasises that effective co-design depends on long-term relational commitment rather than transactional, project-based engagement, particularly when working with marginalised communities (Bovaird and Loeffler, 2012; Brandsen et al., 2018). However, the findings of this study show that many co-design initiatives operate on a short-term, project-by-project basis, resulting in partnerships that lack continuity and depth. Without sustained commitment, communities may disengage over time, perceiving participation as extractive or symbolic rather than meaningful. This reinforces existing critiques that short-term engagement risks eroding trust and limiting the long-term impact of co-designed outcomes.

The data also reveal that siloed organisational structures present a major barrier to effective partnership working. Departments and agencies frequently operate in isolation, leading to duplicated efforts, fragmented engagement, or contradictory initiatives that undermine co-design processes. This finding aligns with wider public administration literature identifying organisational fragmentation and weak cross-departmental coordination as structural constraints on collaborative governance and participatory practice (Ansell and Gash, 2008). In co-design contexts, such silos restrict information flow and reduce the capacity to respond holistically to community needs.

Finally, the findings highlight persistent gaps in representation within partnership structures. Effective partnerships should reflect the diversity of the communities they serve; however, the data show that older immigrant populations and other vulnerable groups are often underrepresented or absent from formal partnership arrangements. This lack of representation limits the legitimacy and inclusiveness of co-design efforts and reinforces existing power imbalances, echoing concerns in the literature that participatory initiatives frequently fail to engage those most affected by service outcomes (Zubair and Norris, 2015). Together, these findings demonstrate that partnership formation in co-design requires not only collaboration but sustained commitment, structural alignment, and intentional inclusion.

The fourth core theme, **Ongoing Feedback**, emphasises that effective co-design requires continuous engagement rather than one-off consultation. While participatory processes are often framed as iterative, the findings suggest that many initiatives fail to establish mechanisms that support sustained dialogue and responsiveness over time.
The literature consistently identifies feedback loops as essential to maintaining participant engagement, accountability, and learning within co-design and co-production processes (Voorberg et al., 2015). However, the data indicate a widespread absence of structured mechanisms for ongoing feedback once initial engagement activities conclude. Without clear processes for updating participants, responding to input, or demonstrating how contributions influence outcomes, co-design efforts risk becoming disconnected from the evolving needs and expectations of the community.

This lack of sustained feedback contributes to a breakdown between initial intentions and longer-term impact. Participants reported uncertainty about whether their involvement led to tangible change, which in turn weakened motivation to remain engaged. This finding reflects broader critiques of consultation-led participation, where engagement is perceived as episodic rather than relational, resulting in disengagement and erosion of trust (Arnstein, 1969). The data therefore reinforce the importance of embedding feedback as a continuous practice within co-design, rather than treating it as an optional or administrative component of engagement.

The fifth core theme, **Managing Governance**, highlights the critical role of governance structures in shaping the effectiveness and sustainability of co-design processes. The findings demonstrate that structural and institutional conditions often act as significant constraints on participatory practice, particularly in public sector contexts.
The data show that budgeting and resource limitations are a persistent challenge. Co-design requires sustained investment in time, staffing, facilitation, and relationship-building; however, financial constraints and risk-averse environments frequently limit the ability to maintain meaningful participation over the long term. This finding aligns with literature suggesting that co-design is often under-resourced within public organisations, despite being positioned rhetorically as a priority (Osborne et al., 2016).

Engagement from senior leadership emerged as a further determinant of co-design effectiveness. Without active buy-in from higher-level decision-makers, co-design risks being treated as a supplementary or symbolic activity rather than an integral component of service development. Participants and experts noted that limited leadership commitment often results in initiatives being underfunded, deprioritised, or discontinued, reflecting wider governance literature that identifies leadership support as essential to embedding participatory approaches institutionally (Ansell and Torfing, 2021).

Finally, the findings reveal that blurred lines of accountability undermine co-design processes. When roles and responsibilities are unclear, initiatives become inefficient and vulnerable to stalling or abandonment. A lack of accountability not only frustrates

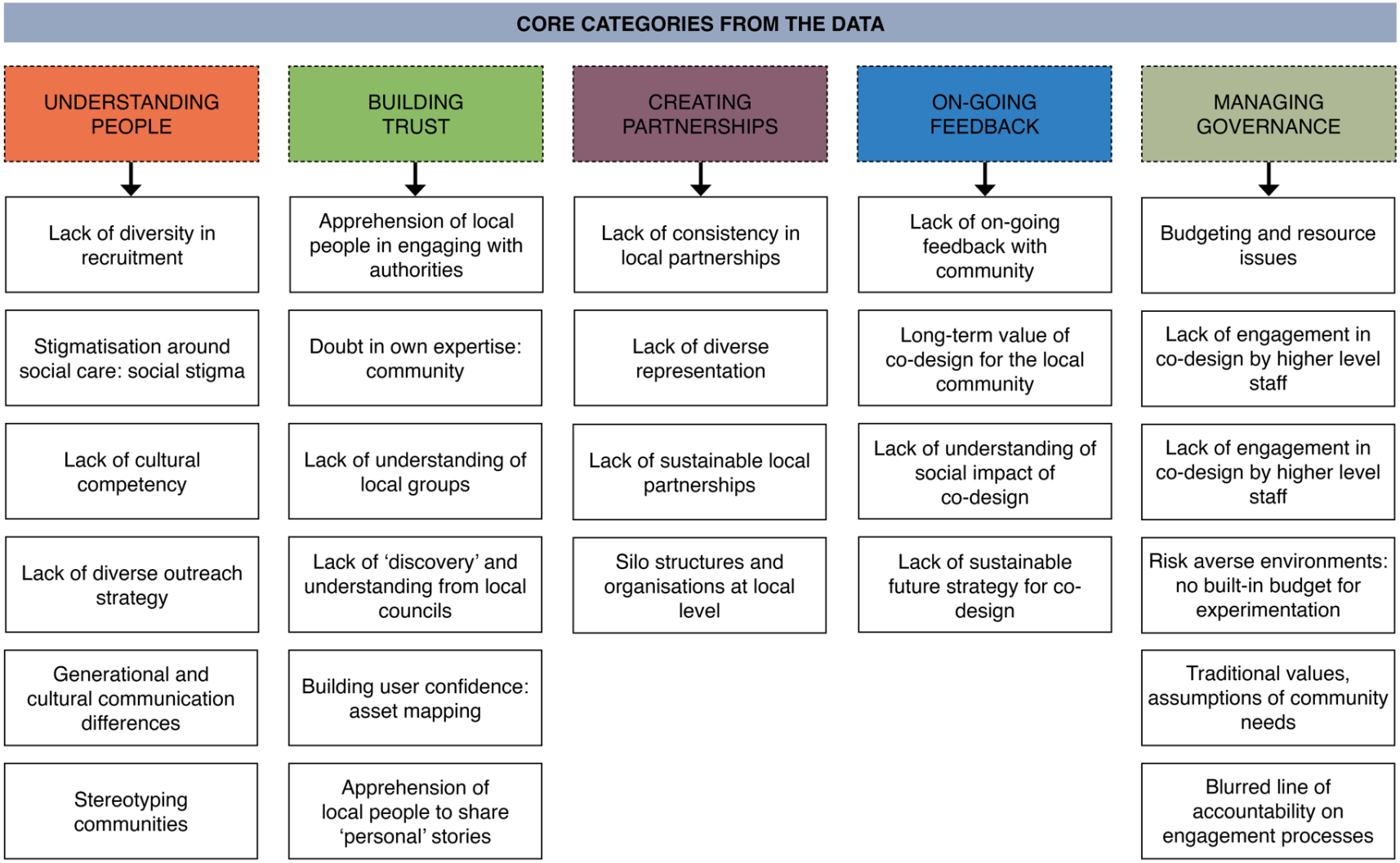
practitioners but also erodes participant confidence, particularly when commitments made during engagement are not fulfilled. This reinforces existing critiques that weak governance arrangements can compromise both the credibility and outcomes of participatory initiatives.

Table 36 below, summarises the key challenges identified in this study, highlighting the systemic and relational barriers that constrain co-design at the local level. Issues such as limited diversity in recruitment, insufficient cultural awareness, and weak outreach strategies point to the need for more inclusive and context-sensitive approaches. Similarly, challenges related to trust, including community apprehension towards authorities, doubts about expertise, and limited understanding of local dynamics, underscore the importance of long-term relationship-building.

The findings also reveal inconsistencies in partnership formation, lack of sustainability, siloed organisational structures, and insufficient representation, all of which impede effective co-design. The absence of continuous feedback mechanisms weakens engagement over time, while governance challenges, including constrained resources, limited senior leadership involvement, and unclear accountability, further restrict implementation.

The following subchapters build on these core themes, demonstrating how the empirical findings directly inform the development of the proposed co-design framework and articulate the conditions required for inclusive, effective, and sustainable co-design with older immigrant populations.

Table 42: Core Themes from Data



The study explores co-design in the public sector, focusing on how co-design strategies can be adapted to support older immigrant people in social care service co-design and meaningful engagement in the co-design process in local communities. The **literature review** outlines concepts like co-production, co-creation, and co-design, showing their impact on service design, especially in social care. The country **case studies** provide secondary insights into practical co-design implementations and associated challenges, while the **primary research**, drawn from in-depth expert interviews and user group insights, examine how co-design is currently practised within the UK public sector, revealing gaps not previously addressed in research.

This subchapter provides an overview on the process of development of the findings into a comprehensive framework for co-design in UK social care context. The process of combining these elements reveals where existing literature aligns with new findings, where gaps persist, and how insights from case studies and interviews inform a more nuanced understanding of co-design dynamics for vulnerable groups.

6.2.3 Integration of Findings

The triangulation of data, presented in Table 33: Triangulation Table Integrating All Data, illustrates the synthesis of literature review, country case studies, and qualitative research findings from interviews and focus groups. This integration of insights is important in shaping the co-design framework developed in this study, as it highlights key themes that influence the engagement of older immigrant populations in public service design. These themes: community engagement, language and communication, building trust, creating partnerships, and managing governance, are interconnected, collectively underscoring the challenges and opportunities that inform the framework's development. Community engagement emerges as a foundational element, with all data sources indicating that meaningful participation requires building trust with diverse stakeholders, particularly older immigrant populations who may experience cultural disconnects or historical mistrust of statutory services. The case studies from France and Finland demonstrate the effectiveness of structured government-led initiatives, such as La 27e Région and design labs, in embedding citizen feedback into policy and service development. These insights are reinforced by qualitative research findings, where visual tools and ecosystem mapping have proven to be effective methods for bridging gaps between service providers and older immigrant people. The significance of community engagement is further emphasised in the gaps and opportunities identified, particularly the need for culturally tailored feedback mechanisms and continuous engagement tools. These findings directly inform the co-design framework by illustrating how engagement strategies must be embedded as an ongoing, iterative process rather than a one-off consultation.

Language and communication are closely tied to engagement and trust-building, as language barriers are a major obstacle for older immigrant people, often leading to exclusion from decision-making processes. The literature review highlights the necessity of visual aids, translated materials, and other accessible communication methods to facilitate meaningful participation. This is echoed in country case studies such as Germany's 'Fachdienst für ältere Migrantinnen', which demonstrates the role of

interpretation services in improving access to social care. The interviews and focus groups further reinforce the importance of cultural competency training and bilingual facilitators in addressing these barriers. However, the identified gaps point to an over-reliance on text-heavy communication tools, which exclude individuals with limited literacy. This aligns with the principles of co-design, where multiple modes of communication are essential to ensuring that all voices are heard and that participants are empowered to express their needs effectively.

The issue of trust is a recurrent theme that cuts across all aspects of the data. The literature review suggests that older immigrant communities often harbour deep-seated mistrust towards public services, stemming from systemic discrimination or past negative experiences. Case studies from Denmark illustrate how NGOs and other specialised organisations have successfully acted as intermediaries to foster trust between immigrant communities and public authorities. The qualitative findings similarly highlight the effectiveness of informal engagement strategies, such as storytelling and culturally significant communal meals in building trust. This suggests that co-design approaches must incorporate relational trust-building mechanisms, which go beyond procedural transparency to focus on deeper, interpersonal connections. The framework, therefore, integrates these findings by advocating for the active involvement of trusted community leaders and grassroots intermediaries to mediate discussions and bridge institutional mistrust.

Partnership-building is another key dimension that underpins effective co-design. The literature review underscores the importance of partnerships between local authorities and grassroots organisations in leveraging existing community networks. The country case studies provide evidence of successful structured stakeholder mapping and workshops that align goals across diverse stakeholders, ensuring mutual understanding and co-ownership of the process. These insights are reinforced by the qualitative findings, which highlight the role of community members as peer researchers. This participatory approach strengthens the inclusivity of partnerships by allowing individuals with lived experience to collect and interpret data, ensuring that research and service development reflect the realities of those directly affected. However, the gaps and

opportunities analysis suggest that the lack of clear roles and responsibilities within partnerships remains a challenge. This calls for a governance model within the co-design framework that explicitly defines the roles of NGOs, community organisations, and institutional actors to ensure equitable collaboration.

Finally, the theme of managing governance is critical in ensuring that co-design processes are adaptable and responsive to evolving needs. The literature review suggests that governance structures must be flexible, particularly when working with vulnerable populations, to accommodate their contributions in meaningful ways. Case studies demonstrate the benefits of decentralised decision-making hubs, iterative feedback loops, and the integration of design labs as adaptive governance tools. The qualitative findings further stress the importance of breaking down organisational silos and fostering cross-departmental collaboration. However, the identified gaps indicate that governance structures often remain rigid, failing to adapt to the changing dynamics of community engagement. The co-design framework, therefore, incorporates principles of iterative governance, embedding continuous feedback mechanisms to ensure responsiveness and prevent bureaucratic inertia.

These interrelated findings serve as the foundation for the subsequent subsection, 6.2.9 Connecting Key Research Questions, Findings, and Framework Pillars. The synthesis of literature, case studies, and qualitative insights provides a robust evidentiary base upon which the co-design framework is constructed. By addressing the identified gaps—such as the need for culturally appropriate engagement mechanisms, flexible governance models, and clearly defined partnership roles the framework is positioned to offer a sustainable, participatory approach to service co-design with older immigrant populations. The next section builds on this analysis by explicitly mapping the key research questions onto the findings and outlining how the framework pillars respond to the core challenges and opportunities identified.

Table 43: Triangulation Table Integrating Data Findings

Theme	Literature review	Country case studies	Interviews & focus groups	Gaps & opportunities
Community Engagement	Community engagement relies on building meaningful relationships with diverse stakeholders: cultural leaders, older immigrant populations, to address mistrust and cultural disconnects.	Fostering active collaboration & inclusivity France and Finland's government initiatives ***'La 27e Région*** + ***Design labs*** exemplify integration of citizen feedback into policy & service development.	Ecosystem mapping and visual creative tools successfully used in to bridge gaps, enabling effective engagement between service providers and older immigrants.	- Culturally tailored feedback mechanisms - Integrating continuous engagement tools, i.e. community reference panels - Staff training & champions to advocate for community engagement
Language and Communication	Language barriers pose significant challenge, leading to exclusion. Accessible communication methods: visual aids, translated materials, bridges gaps & enables participants to express needs effectively.	The Fachdienst für ältere Migrantinnen* (Specialist Service for Older Migrants), provided by the Diakonie München und Oberbayern, supports older migrants through interpretation services facilitation to social care.	Cultural competency training and bilingual facilitators highlighted as tools for overcoming language barriers in with older immigrant communities. This ensures participants can contribute meaningfully challenges.	- Leverage community hubs: cultural centres & religious spaces to foster deeper connections and ongoing dialogue - Over-reliance on text-heavy communication tools, excluding individuals with low literacy or limited language proficiency
Building Trust	User group hold mistrust toward statutory services. Co-design helps to emphasises transparency and shared ownership which can help rebuild trust.	Denmark has leveraged NGOs and religious organisations to act as intermediaries between immigrant communities and public authorities to help establish trust.	Informal engagement sessions, such as storytelling or community meals in culturally significant spaces + leverage community leaders as intermediaries to mediate discussions, help build trust.	- Persistent mistrust of public services among immigrant communities due to past negative experiences or systemic discrimination -Training community members as peer researchers to enhance credibility
Creating Partnerships	Partnerships between local authorities and grassroots organisations enhance the efficacy of co-design by leverage existing community networks.	Structured stakeholder mapping and partnership-building workshops were used to align goals and expectations among diverse stakeholders.	Training community members as peer researchers, allowing them to gather insights rooted in their lived experiences. This strengthened the inclusivity of partnerships	- Lack of clear roles and responsibilities in stakeholder partnerships - Empowering NGOs and community organisations to co-lead projects
Managing Governance	Governance structures in co-design need to be flexible to adapt to the needs of vulnerable participants, ensuring their contributions are integrated into decision-making processes.	Flexible governance structures, i.e. decentralised decision-making hubs, iterative feedback loops, embedding local "design labs" promoted adaptability in addressing needs of communities.	Experts emphasised the importance of breaking down organisational silos and fostering cross-departmental collaboration to enable more adaptive governance.	- Governance structures remain rigid, lacking flexibility to adapt to the evolving needs - Embedding iterative feedback mechanisms into governance models to ensure responsiveness

6.2.4 Connecting Key Research Questions, Findings and Framework Pillars

This section demonstrates how the elements of the co-design framework, presented in the following subchapter, are shaped by addressing the study's key research questions. Table 34: Connecting Key Research Questions, Findings, and Framework Pillars, maps these research questions to the core findings derived from the literature, country case studies, and primary data collection. The implications section of the table further translates these insights into actionable components, outlining how they contribute to the development of a co-design framework tailored to the needs of older immigrant populations.

The first key research question (*KRQ*), which investigates how co-design principles can be applied to improve social care services for older immigrant people in the UK, highlights several fundamental challenges: the necessity for flexible governance models, the centrality of trust in engagement, and the persistent barriers created by language and cultural disconnects. The findings underscore the crucial role of trust-building strategies and decentralised governance models in fostering inclusivity. These insights directly inform the co-design framework by promoting participatory workshops, culturally tailored tools such as bilingual resources, and iterative feedback mechanisms. These elements ensure that the engagement process is not static but evolves in response to community needs. Furthermore, the introduction of community reference panels within the framework aims to establish sustained engagement, while an outreach strategy is incorporated to enhance recruitment and information-sharing among older immigrant populations.

Expanding on this, supporting key research questions explore the specialised tools and approaches necessary to engage older immigrant people in co-design more meaningfully. The findings identify the need for culturally tailored communication methods, including bilingual facilitators and visual aids, as well as creative tools such as ecosystem mapping. These insights translate into the framework's emphasis on

interactive and tangible engagement tools that allow older immigrant people to express their needs more effectively. Additionally, the framework prioritises cultural competency training for service providers, ensuring that practitioners are equipped to facilitate truly inclusive participation. This aligns with the need for a shift away from text-heavy, exclusionary methods towards more dynamic, community-led approaches.

The next supporting key research question shifts focus to international lessons in co-design and social care provision. Findings from successful models in Denmark and Germany reveal that embedding participatory design leads to higher user satisfaction, particularly when NGOs and faith-based organisations act as intermediaries between immigrant communities and public services. These insights reinforce the framework's commitment to fostering NGO-government partnerships and implementing pilot programs informed by international best practices. Additionally, the identified importance of iterative feedback loops in successful international models has informed the inclusion of embedded knowledge-sharing platforms within the framework, ensuring that practitioners can continuously learn from evolving approaches.

The study further explores the systemic and socio-cultural factors shaping older immigrant people's experiences in accessing social care. Findings indicate that stigma, distrust, and family expectations significantly impact service engagement, while bureaucratic complexity and rigid governance structures create additional barriers. The implications of these findings point to the need for policy reforms to address systemic discrimination and the adoption of culturally competent training to improve service delivery. In response, the framework integrates advocacy measures to strengthen representation for older immigrant people while also simplifying bureaucratic processes to enhance accessibility. This ensures that the co-design framework is not only participatory in nature but also actively works towards institutional change to remove long-standing barriers.

Together, these research questions and their corresponding findings establish the foundational structure of the co-design framework. The key themes of trust, participatory governance, language accessibility, and adaptive service models serve as guiding

principles in its development. The next subchapter builds upon this analysis, outlining the framework's pillars in detail and demonstrating how they operationalise these insights into actionable, sustainable strategies for co-designing social care services with older immigrant communities.

Table 44: Key Research Questions and Research Findings

Key Research Question	Findings	Implications	Co-design framework
Key research question: How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK?	• Flexible governance models promote inclusivity • Trust as a cornerstone for effective co-design • Language barriers and cultural disconnects hinder engagement • Mistrust in public services persists among immigrant communities	• Co-design fosters ownership and trust through participatory workshops • Decentralised decision-making hubs and iterative feedback loops enhance adaptability • Community-driven engagement strategies - to address mistrust	• Use participatory workshops to engage older immigrants • Develop culturally tailored tools, including bilingual resources • Integrate iterative feedback mechanisms to ensure responsiveness • Community reference panels for sustained engagement • Outreach strategy for meaningful engagement / information sharing and recruitment
Supporting questions:			
What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?	• Need for culturally tailored tools that account for linguistic and cultural barriers - bilingual facilitators and visual aids • Ecosystems mapping and visual creative tools footer engagement	• Collaborative activities like storytelling and role-playing foster a sense of inclusion and simplify complex ideas for participants with diverse abilities • Training staff in cultural competency ensures inclusive practices	• Interactive and tangible tools enable older immigrants to express their needs and ideas • Staff cultural competence and inclusive design training to enhance capability • Develop training models • Leverage community hubs for ongoing dialogue
What insights can be drawn from international approaches to co-design and social care for older immigrant people?	• Embedded participatory design leads to higher user satisfaction • NGOs and faith-based groups act as intermediaries in effective models (e.g., Denmark, Germany) • Iterative feedback mechanisms ensure responsiveness in service design	• Adopting best practices from successful international models can inform UK policy • Empowering community-led initiatives ensures long-term success	• Establish knowledge-sharing platforms for practitioners • Foster NGO-government partnerships for localised intervention • Implement pilot programs based on international best practices
How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?	• Stigma, distrust, and family expectations shape engagement with social care • Bureaucratic complexity and lack of culturally tailored services create barriers • Rigid governance structures reduce adaptability	• Policy reforms must address systemic discrimination • Culturally competent training improves service delivery • Community-based outreach programs increase accessibility	• Strengthen advocacy and representation for older immigrants • Simplify bureaucratic processes to improve access

6.2.5 Application of Existing Toolkits in Co-Design Framework

The theoretical and methodological foundations of the framework, outlined in table 35 below, draw from co-design principles and participatory design methods. The ‘Make, Tell, Enact’ model provides a structured method of engaging older immigrant participants through storytelling, enactment, and role-playing. This method proves particularly relevant as it allows participants to express their needs in a way that bypasses potential language barriers and enhances accessibility. By incorporating non-verbal methods, such as role-playing and tangible engagement exercises, this framework facilitates meaningful participation among those who may struggle with more conventional consultation methods. Dietrich et al.'s (2017) co-design framework for vulnerable consumers focuses on the ethical considerations, trust-building, and iterative feedback loops. These elements align closely with the findings of this study, which emphasise the necessity of sustained engagement and trust-building within immigrant communities. Trust is not a static element in co-design but rather a process that must be nurtured over time. This study incorporates these principles by embedding long-term community engagement mechanisms into the framework, ensuring that co-design does not end after initial participation but remains an ongoing practice.

Similarly, Trischler et al.'s (2019) framework for public service design with vulnerable and marginalised groups provides valuable insights into structuring co-design engagements. Their six-stage model: resourcing, planning, recruiting, sensitising, facilitating, and evaluating, offers a roadmap for ensuring fair participation from all actors. The structured nature of this model helps address the challenges identified in this study, particularly regarding recruitment strategies and long-term rapport-building. The 'sensitising' stage, for instance, is crucial in addressing distrust, a key barrier highlighted by both literature and primary research.

Arnstein’s Ladder of Participation is a concept that provides a critical perspective on power dynamics within co-design. By defining different levels of participation, from tokenism to full citizen control, this model allows for an evaluation of how effectively

older immigrant people are included in decision-making processes. This study applies Arnstein's model to critically assess existing social care engagement practices and to advocate for a shift towards more participatory governance structures. Finally, the 'Steady, Walking, Talking Framework' offers a culturally secure approach to community engagement. It emphasises methodologies rooted in community-led participatory action research, aligning with the principles of lived-experience-led research. This framework supports the study's findings that culturally appropriate engagement strategies must be integrated into co-design, ensuring that the methods employed resonate with the lived realities of older immigrant communities.

Table 45: Co-Design Principles, Theory, Toolkits - Framework Implications

Co-design Toolkit, Theory, Principles	Category	Key elements	Implications for this study
The 'Make, Tell, Enact' Model	**Participatory design method**	▪ Encourages storytelling, role-playing, and enactment to explore user needs and service improvements ▪ Emphasises tangible, hands-on engagement through iterative prototyping	▪ Useful for facilitating experiential engagement with older immigrant groups ▪ Helps bridge language barriers by using non-verbal and performative methods to express needs
The Dietrich et al. (2017) Co-Design Framework for Vulnerable Consumers	**Co-design framework for vulnerable populations**	▪ Stresses consumer involvement at all stages of the design process ▪ Highlights the importance of trust-building, ethical considerations, and iterative feedback loops	▪ Supports ethical and inclusive co-design when working with marginalised groups ▪ Reinforces the need for trust-building and ongoing engagement strategies in social care settings
Trischler et al. (2019) - Co-Design Framework for Public Service Design with Vulnerable and Marginalised Groups	**Co-design framework for public services**	▪ Representation and active involvement of vulnerable and marginalised groups as equal contributors in the service design process ▪ 6 key stages: resourcing (where researchers play a key role in sourcing inputs and supporting	▪ Provides structured examples for engaging with marginalised groups in co-design, i.e. focusing extensively on the planning stage can help to establish relationships and create concrete participant outreach strategy,

		vulnerable users), planning, recruiting, sensitising, facilitating and evaluating	recruitment of user group via community organisations ▪ Supports long-term rapport building – helping to address mistrust ('sensitising' stage') ▪ Emphasises adaptability, aligning with primary research findings
Arnstein's Ladder of Participation	**Participation theory**	▪ Defines levels of citizen participation, from non-participation (tokenism) to full citizen control ▪ Highlights power dynamics in decision-making	▪ Useful for evaluating levels of participation in co-design projects. Helps identify and challenge tokenistic engagement in social care services ▪ Reinforces the need for empowering older immigrant people in decision-making
'The Steady, Walking, Talking Framework	**Culturally secure community engagement**	▪ Prioritises culturally secure methodologies ▪ Community-led participatory action research	▪ Supports culturally appropriate engagement strategies for older immigrant people ▪ Aligns with the co-design principle of lived experience-led research

By drawing from these models, the co-design framework developed in this study is both theoretically grounded and practically adaptable. It incorporates the most effective aspects of participatory design while addressing the specific barriers and challenges faced by older immigrant people in accessing and shaping social care services. The next section presents the process of developing the co-design framework, refined later through expert and user evaluations.

6.3 Framework Development

The co-design framework for the study was developed through a multi-layered process that integrated insights from various key stakeholders. This includes in-depth interviews with co-design experts, older immigrant people and cultural leaders. The expert interviews provided valuable perspectives on co-design principles, tools and approaches for engaging vulnerable groups, offering a strong foundation for the framework's development. Meanwhile, the interviews with older immigrant people and cultural leaders captured the lived experiences, cultural nuances, and social care needs specific to these communities, ensuring that the framework remained grounded in real-world contexts.

From the data analysis, recurring themes emerged across the different sets of interviews. These themes were carefully examined and grouped into key strategies, which formed the core components of the framework. By synthesising insights, the framework is designed to address the diverse needs of the community, ensuring that it remained adaptable, culturally relevant, and capable of fostering long-term trust and engagement. Each of these strategies reflects the broader goal of creating a framework that facilitates co-design and empowers the communities in shaping services that impact them.

6.3.1 Development Strategy of the Co-Design Framework

To structure the core elements of the co-design framework, two approaches have been used. First is the 'tell, make, enact' model (Brandt et al., 2012). The "tell, make, enact"

model that involves three stages: telling (gathering stories and perspectives from users), making (creating prototypes and solutions with users), and enacting (testing and refining solutions in real-world settings). Each stage encourages active collaboration with the participants, making it particularly useful for working with communities like older immigrant populations, who have unique perspectives and needs. The second approach is ‘systems thinking’, which enables a holistic view of the problem and considers the interconnectedness of different factors that affect the experience of older immigrant people (Meadows, 2008). It creates a structured approach that considers the complexity of social care services.

The “tell, make, enact" model is a participatory design methodology that puts emphasis on the voices and experiences of users - in this case, older immigrant people. The model’s focus on ‘telling’ (gathering stories and experiences) aligns with the need to understand people’s unique perspectives, especially when working with vulnerable or marginalised groups like older immigrant people. By encouraging users to share their stories, the "tell" phase ensures that the solutions are rooted in the real-life experiences and cultural nuances of the community, making it highly relevant for social care design.

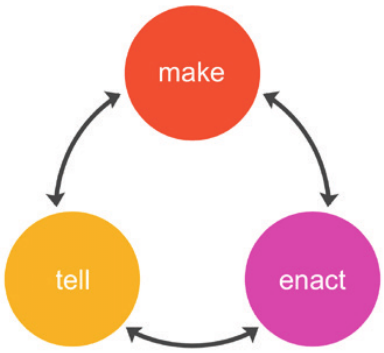


Figure 55: 'Tell, make, enact' diagram

To visualise the process more clearly, the derivatise or core themes from the primary data that was collected can be categorised in the following way:

- **Telling:** focus on gathering stories and experiences. This aligns with the need to understand people's unique perspectives when working with vulnerable or marginalised groups. Encouraging users to share stories in a creative way ensures that the solutions are rooted in the real-life experiences and cultural nuances of the community. Telling allows to articulate needs. Focuses on deep understanding of experiences, **'understanding people'.**
- **Making:** involves collaborative workshops, brainstorming, and co-creation activities where participants and designers work together to create solutions (this can include **'building trust' and 'creating partnerships'** as meaningful 'making' is informed by the trust and partnerships that have been built).
- **Enacting:** focus on testing solutions, continuous feedback and iterative learning. Ensuring the solutions continue to evolve based on the community's changing needs. This element ensures services are not static but evolve over time **'on-going monitoring and feedback'.**

'Systems thinking' on the other hand, provides a structured and comprehensive way to manage the complexities of social care co-design by focusing on the interconnectedness of elements, fostering trust, enhancing partnerships, and embedding feedback loops for continuous improvement and sustainable relationship with the local community (Meadows, 2008). 'Systems thinking' has been described as 'a way of introducing insight into the complexity of social systems, that are defined by a fixed pattern' (Schaveling, 2017). This means that this type of model enables intervention more effectively, by giving an understanding of various phenomena that are all related by one causal condition. Complexity in the context of this study, stems from the multiple interacting agents and a changeable context (Peters, 2014). The diagram below depicts the relationship between variables in a social context using systems thinking (Munro, 2010; Jackson, 2019).

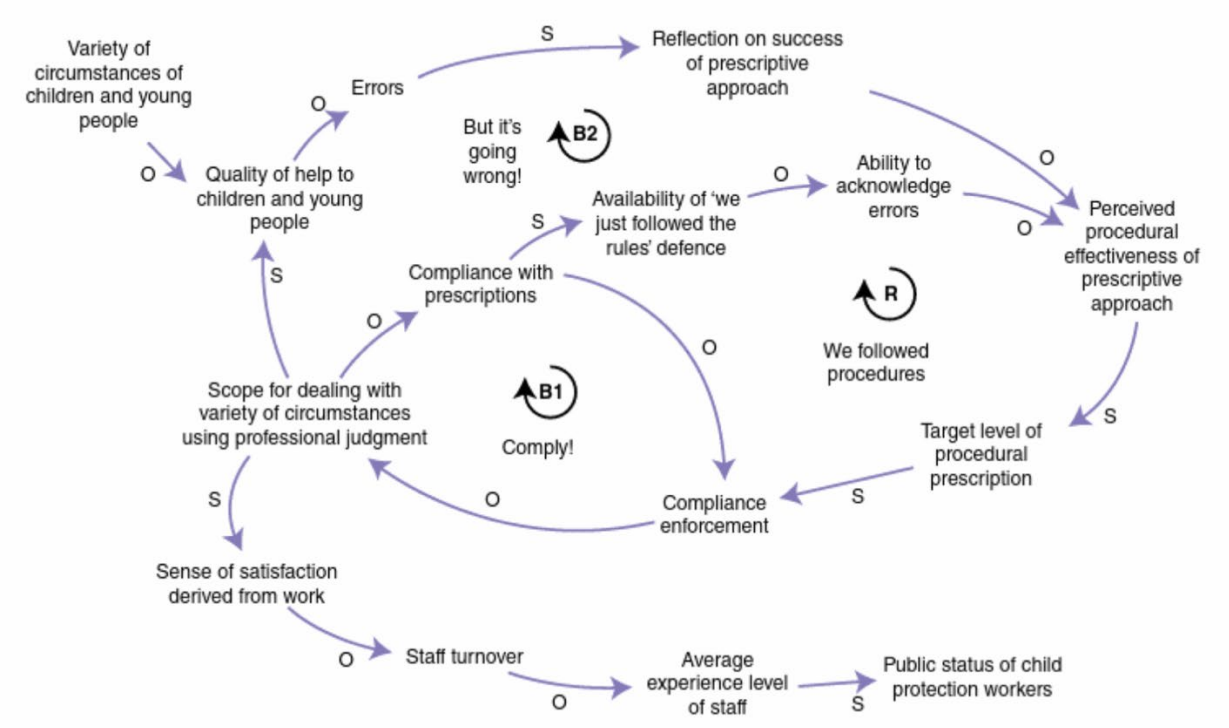


Figure 56: Diagram of relationship between variables in social context

(Munro, 2010; Jackson, 2019)

Systems thinking structure used for the formation of the co-design framework: [1] define the system, understand all parts and relationships [2] analyse how different changes affect the whole system [3] design solutions that address the system as a whole [4] test and iterate solutions based on feedback (Jackson, 2019).

Both models are appropriate as a method for thinking in the formation of this co-design framework as they promote empathy, collaboration, and ongoing iteration. Both focus on holistic problem-solving, iterative cycles, and understanding complex interactions.

6.3.2 Introduction of the Co-Design Framework

The primary goal of this co-design framework and its accompanying guidelines is to empower local governments and support organisations to enhance the co-design process, foster stronger relationships among diverse stakeholders within the local community, and engage older immigrant populations in a more meaningful and inclusive manner.

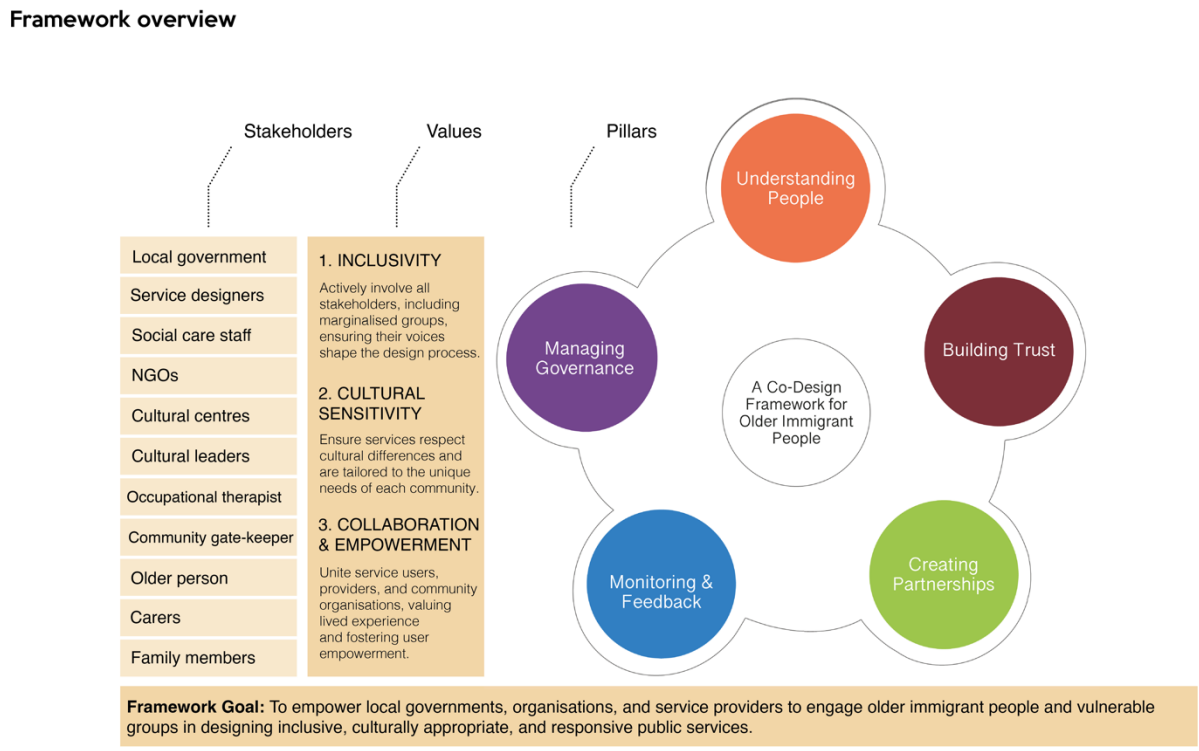


Figure 57: Co-design framework draft 1

Framework key values:

Inclusivity: Prioritise active involvement of all stakeholders, marginalised or under-represented groups, ensuring that voices are heard and considered throughout the co-design process.

Cultural sensitivity: Build on understanding and respect towards cultural differences, ensuring services are designed in a culturally appropriate & responsive way to ensure unique needs of different communities are met.

Collaboration and empowerment: Collaboration across diverse groups – service users, providers and community organisations. Seeking to empower service users, recognising expertise by experience.

Objectives of the Co-Design Framework:

1. Enhance Inclusivity and Representation

To ensure that older immigrant and vulnerable populations are actively involved in the co-design process, fostering services that reflect their cultural, linguistic, and social needs.

2. Build Trust and Collaboration

To overcome mistrust towards public services by fostering strong, transparent partnerships between local authorities, community organisations, and residents, ensuring that all stakeholders are engaged.

3. Improve Responsiveness

To create services that evolve based on real-time community feedback, ensuring they remain adaptive and responsive to the changing needs of diverse populations.

4. Strengthen Governance and Decision-Making

To support a flexible governance structure within local authorities that encourages collaboration, innovation, and adaptability in decision-making, enabling more effective co-design initiatives.

Who Will Use the Framework:

- Local Government Staff: Including policymakers and social service departments responsible for public services

- Service Designers: Engaged in the co-design of public services for diverse communities
- NGOs and Community Organisations: Working with vulnerable and older immigrant populations to facilitate engagement in co-design processes

This co-design framework is designed to support designers, local government staff, and community organisations in achieving effective co-design outcomes by fostering deeper relationships with existing and potential partners, engaging residents, and leveraging local resources more effectively. By integrating tailored design tools for communication, ideation, and prototyping, the framework offers best practices and actionable examples, ensuring inclusivity and practical relevance. It adopts a holistic perspective to address the complexities of trust-building, cultural sensitivity, and collaborative partnerships.

The framework focuses on five interconnected elements as described in the following subchapters. Building on previous research, this framework provides guiding principles that centre on trust-building, inclusivity, and the establishment of sustainable partnerships. By engaging directly with older immigrant populations and other vulnerable groups, it ensures that co-design processes are not only participatory but also empowering.

6.3.3 Description of the Core Elements of the Framework

The co-design framework is structured as a guide with its 5 main pillars, with each pillar or section showcasing a structure using a 'What, Why, Who, and How' approach, along with suggested outcomes, tools, and methodologies for practical implementation. Each section begins by defining What the pillar entails, Why it is essential to the co-design process, Who should be involved (e.g., community members, stakeholders, or local leaders), and How the goals can be achieved through specific actions and strategies.

The suggested tools and approaches, such as stakeholder mapping, community profiling, and cultural competency training, are integrated throughout the framework to

provide actionable resources for users. For example, the document outlines practical tools like templates for partnership charters, feedback loops, and governance evaluation to streamline the application of the framework.

The document is structured to guide users, beginning with an overview and introduction that lays out its goals and unique features. Each pillar is addressed in detail, offering insights into key concepts, methodologies, and potential outcomes. The framework concludes with recommendations, case studies, and strategies for short- and long-term implementation, ensuring its usability across diverse contexts. By providing both a theoretical foundation and practical tools, the framework equips users to create inclusive, equitable, and responsive public services that reflect the needs and voices of the communities they serve.

6.3.3.1 Understanding People

This pillar focuses on deeply understanding the specific needs of older immigrant populations and vulnerable groups. By engaging directly through reaching out to people, local authorities can design services that are more relevant and meaningful to the communities they serve. This element also focuses on engaging communities to understand their needs and cultural contexts. It emphasises the importance of understanding the dynamics of the local community. ‘Understanding people’ involves being receptive to people's stories and building a picture of cultural beliefs and social norms. The key elements of this section are to outline the local community’s dynamics, build a picture of people’s cultural beliefs and practices, and understand any barriers, risks and social norms.

This stage of the co-design framework gives guidance on who should be involved in this stage of the co-design process and why this is a significant step. The section goes into detail to provide direction on tools and approaches for building an understanding of the local community. This involves building a comprehensive understanding of older immigrant populations, including their cultural, linguistic, and social contexts.

Government staff should begin by conducting community profiling to collect data on demographics, social structures, and community assets. This can include surveys, interviews, and focus groups. Additionally, ecosystem mapping can help visualise relationships between key stakeholders, such as community leaders, cultural organisations, and service providers, while identifying gaps in service provision and potential collaborators.

This stage builds upon the theory of 'systems thinking' in relating it to the identification of key components and interactions in the lives of older immigrant people, i.e. cultural background, social support networks and institutional factors (how social care and government services that are interconnected impact people's experiences). The outputs of this step should include a detailed community profile and, or a visual map of the community's ecosystem. This foundational work ensures that services are culturally sensitive and tailored to meet the needs of the community.

1: Understanding People

To create effective and culturally relevant services, it is essential to first develop a deep understanding of the community's characteristics, challenges, and needs. This step involves gathering data on demographics, social structures, cultural beliefs, and the specific ways older immigrants interact with local services.

What?

Understanding the current dynamic and local people - the main activities in this step are exploration and receptivity. The aim is to 1) outline and understand the local community, 2) be receptive to local people's stories, 3) understand and build a picture of local people's specific cultural beliefs and approaches.

This step helps to create a deep understanding of who immigrant older people are and how they interact within the context of their local community, building a strong foundation for the next steps.

Why?

The key benefits of this step are (i) helping to understand some of the factors that may affect participation in co-design, such as perceived barriers, perceived risks and social norms of the local community, (ii) understand people's experience of interacting with local authority and services, (iii) determine who must be involved in the co-design process

Who should be involved?

- Local authority staff
- Occupational therapist
- Co-designer
- Service designer
- Social care worker
- Third sector organisation
- Cultural centre, cultural leader
- Local community

How?

Tools and approaches:

1. 'Community ecosystem mapping'
2. 'Community profiling'
3. Community outreach

1.1 Local community 'deep-dive'

What?	Who can be involved?	Why?	Outcome:
Community profiling	▪ Local community staff ▪ Co-designer / design practitioner ▪ Local community ▪ Service designer ▪ NGO ▪ Community leaders	Builds a picture of the local community and assets	▪ Comprehensive report ▪ Document or mapping ▪ Presentation
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

Method 1: Community profiling

Why?

1. Provides a community break-down
2. Helps to understand roles, people and nuance
3. Helps to outline who must be involved in the co-design process
4. Maps out 'super user': who is the 'super user' of services or local support from organisations and groups that support older immigrant people
5. Helps to map out tapestry of local people and local groups

Method 2: Ecosystem mapping

Why?

1. To help understand local context
2. Maps out tapestry of people and local groups
3. Map of relationships and interaction between different groups
4. Provides an ecosystem archive of people and stakeholders
5. Helps to prioritise required roles for co-design and user engagement

‘How to’: Carry out a ‘Community Profile’

This is the systematic gathering of data about the community’s needs, social structures, and resources.

Hawtin and Percy-Smith (2007): ‘A comprehensive description of the needs of a population, that defines itself as a community, and the resources that exist within that community, carried out with their active involvement, for the purpose of developing means of improving quality of life.’

The purpose: To create a comprehensive and detailed picture of a specific community. It focuses on understanding the demographics, needs, resources, social structures, and issues faced by the community members. The goal is to inform policy-making, service provision, and community development initiatives by highlighting the strengths, weaknesses, and needs of the community.

The scope of community profiling is more focused on a specific geographical area or community. It typically involves a deep dive into the social, economic, and cultural characteristics of the community, with a focus on individual and group needs, local resources, and the social infrastructure.

Uses a variety of methods: surveys, focus groups, interviews, and secondary data analysis (such as census data). It is focused on gathering information about the community members and the services available to them, and it may involve less interaction between the different stakeholders than ecosystem mapping.

Step 1:
Purpose
What is the purpose of this community profiling? What specific information are we seeking to gather?

Step 2:
Plan
Who are the key community leaders & groups that should be involved? Who are the stakeholders impacted by this activity?

Step 3:
Collect
What is the historical & cultural background of the community?
What are the community’s main assets (skills, networks, infrastructure)?

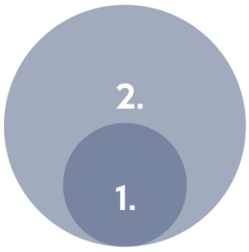
Step 4:
Evaluate
What opportunities are there? What external factors impact people? What are the primary strengths? Do needs align with available resources?

Step 5:
Capture
How will the findings be communicated to the community and stakeholders? What format (report, presentation, workshop) will be most effective for different audiences?

‘How to’: Carry out ‘Ecosystems mapping’

“A synthetic representation capturing all the key roles that have an influence on the user, organization and service environment.” - servicedesigntools.org

The primary purpose of ecosystem mapping is to visualise and understand the relationships, interdependencies, and dynamics between various entities within a specific ecosystem. This could be a business ecosystem, a service ecosystem, or any other network of interconnected actors. Ecosystem mapping helps identify key players, their roles, the flow of resources, and the impact of changes within a community.



Step 1:

Start off by organising different stakeholders from different organisation levels. The outer layer of the mapping activity depicts the 'community level' of interaction whereas the middle layer depicts the user's personal level of interaction. Both illustrate clearly the interaction between each other in detail.

Step 2:

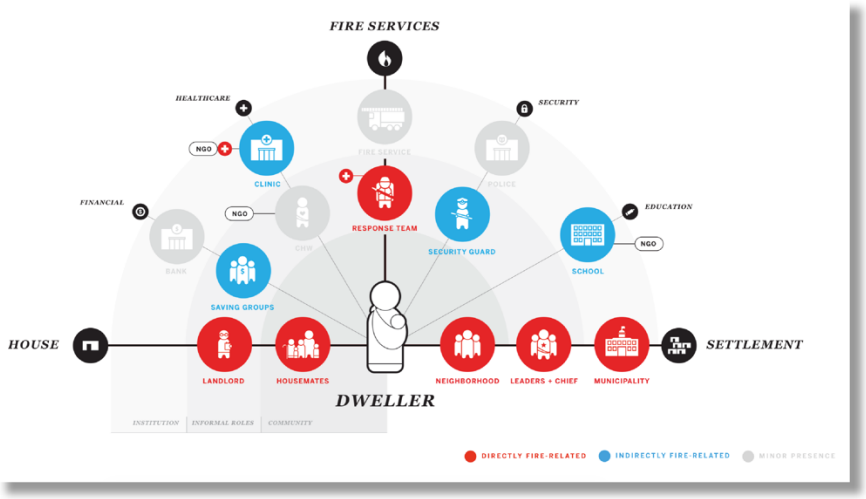
Map relationships: how do stakeholders connect and interact? (e.g., formal partnerships, informal networks, competitive relationships). Are there any power dynamics or dependencies that affect people?

Step 3:

Dissemination: how will the map be presented? (e.g., digital, print, interactive)
What are the most important findings?
How will you document (report, presentation) and present the findings (workshops, meetings, webinars)?

'How to': Carry out an 'Ecosystems mapping' exercise

Scenario:



'An ecosystem map to better understand fire safety in informal settlements' - Frog Design, Ethnographic Praxis in Industry Conference

The project, led by frog in collaboration with the American Red Cross, focused on designing fire prevention solutions for informal settlements in Nairobi and Cape Town. Through co-design sessions, stakeholders mapped out local fire safety ecosystems, identifying key actors, communication flows, and gaps. These maps enabled the development of adaptable, modular solutions tailored to the unique needs of different locations.

Start by clearly defining the purpose of the ecosystem mapping activity. In this case, the goal was to design and develop solutions to prevent dangerous fire outbreaks in informal settlements. Identify and engage with local stakeholders from the areas of interest (e.g., Nairobi and Cape Town). The goal here is to gather insights into the local services and actors involved in fire prevention and intervention. Use the map to identify the actors involved in fire emergencies and analyse the flow of information and communication among them. Highlight any gaps, interruptions, or inefficiencies in these processes. Use the insights gained from the ecosystem maps to plan co-design programs.

1.2 Community outreach

Ensuring meaningful engagement and outreach strategy with older immigrant people

What?	Who should be involved?	Why?	How?
Community outreach Communication and transparency	▪ Cultural leaders ▪ Local authority representatives ▪ Social care professionals ▪ Community outreach officers	Ensures effective, inclusive communication that respects cultural nuances and builds trust within the community.	▪ Discovery Phase ▪ Tailored Communication ▪ Community Engagement ▪ Feedback Loop

What? This strategy involves adopting a multi-faceted approach to communication within local communities, particularly those with diverse cultural backgrounds. It emphasises using a variety of communication methods - such as digital, print, and location-specific mediums - to effectively reach and engage all segments of the community. This approach recognises that different communities have varying preferences and habits for consuming information, with some relying more on oral

'How to': Community outreach

This strategy is crucial for effectively reaching and engaging diverse community members, particularly those who may be reluctant to engage with authorities or who consume information differently due to cultural or generational factors. By diversifying communication methods and understanding the cultural nuances of the community, local authorities can ensure that messages are conveyed meaningfully and inclusively, reducing misunderstandings and increasing the likelihood of community participation and engagement.

How this can be administered:

Discovery Phase: Begin by researching the local context, including the community's preferred communication channels and cultural practices. This can be achieved through surveys, focus groups, and consultations with local leaders.

Tailored Communication: Develop communication materials in various formats (digital, print, oral) that are culturally sensitive and use simple, jargon-free language. Consider the local community's specific needs, such as the use of informal language and clear definitions of terms that may differ across cultures.

Community Engagement: Distribute materials through channels that are most effective for the community, such as social media platforms (e.g., Facebook, WhatsApp groups), local newspapers, community centres, religious institutions, and cultural events.

Feedback Loop: Continuously assess the effectiveness of the communication methods by gathering feedback from the community and adjusting strategies as necessary. This ensures that the approach remains relevant and responsive to the community's evolving needs.

By following these steps, local authorities can build trust and foster stronger relationships with the community, ensuring that all members are well-informed and able to participate fully in local initiatives and services.

6.3.3.2 Building Trust

Many vulnerable communities, particularly older immigrant people, may mistrust public services due to past experiences. Building trust involves transparent communication, consistent engagement, and cultural respect. This ensures communities feel heard and valued throughout the co-design process.

As discussed in the study's review of literature and primary data findings – the 'building trust' element of the co-design process with older immigrant people is essential to foster collaboration and encourage participation from the communities that may have experienced historical mistrust towards public services. Government staff can achieve this by holding informal engagement sessions in culturally significant spaces, such as community centres, religious venues, or cultural hubs. The framework suggests formal or informal activities like communal meals, storytelling, or workshops can help create a relaxed and welcoming environment.

In 'Systems Thinking', trust is not just a relationship between individuals but part of a complex system of interactions. To build trust, it's important to understand the systemic barriers that affect trust and engagement in social care services, such as language barriers, historical mistrust of institutions, or cultural differences. Interventions to building trust as suggested by the co-design framework at this stage of the process include identify leverage points in the system where interventions can break the negative feedback loop and build trust. For example, training social care staff in cultural competence or involving community leaders could be a leverage point for increasing trust. To further strengthen trust, all facilitators involved in the co-design process should undergo cultural competency training to understand the norms, beliefs, and histories of the community. Local ambassadors can also be engaged to bridge cultural gaps and act as liaisons between the project team and the community. By implementing these actions, government staff can create an atmosphere of mutual respect and understanding, paving the way for successful collaboration.

2: Building Trust

Building trust within communities that have historically mistrusted public services is critical. Trust forms the foundation for meaningful engagement, and it's only through genuine trust that older immigrants will feel comfortable participating in the co-design process.

What?

Building trust is essential in the co-design process because it creates a foundation for genuine collaboration and meaningful engagement. Trust enables participants, especially those from vulnerable or marginalised groups, to feel comfortable and confident in sharing their experiences, perspectives, and needs. Building trust ensures that the co-design process is more inclusive, resulting in solutions that are genuinely reflective of the community's needs and aspirations.

Why?

Building trust is essential in communities with a historical mistrust of authorities. Understanding the roots of this mistrust - whether politically or historically driven - and addressing it through culturally sensitive approaches can help build confidence and empower participants. Empowerment and confidence: shifting the focus towards participants' positive contributions and skills helps build their confidence, particularly among older individuals who may feel unqualified or hesitant to engage.

Who should be involved?

- Community members
- Local leaders and influencers
- Co-design facilitators
- Local government representatives

How?

1. Create a trust enabling environment by foster informal, culturally sensitive settings, such as common activities (e.g., cooking or singing) to build rapport.
2. Communication and transparency: be clear and open in the focus from what people lack to what people can contribute
3. Ask actionable questions that allow participants to share their stories and perspectives in various ways, such as through storytelling, visualisation, and role play

What?	Who should be involved?	Why?	How?
- Creating trust enabling environment - Understanding cultural norms	▪ Community members ▪ Local leaders and influencers ▪ Co-design facilitators ▪ Local government representatives	▪ Create a rapport ▪ Ensures a collaborative, inclusive co-design process ▪ Addresses power dynamics	- Creating an informal setting - Creative tools and approaches: i.e narrative storytelling tools

Cultural Competency Training - All facilitators undergo training to understand the cultural backgrounds, communication preferences, and historical contexts of the communities they work with. Outcome - Facilitators become more empathetic and respectful, improving engagement quality.

Informal Engagement Activities: Holding workshops and meetings in informal settings, like cultural centres or local cafés, creates a more relaxed atmosphere that promotes openness. Outcome: Participants feel more at ease sharing their thoughts, leading to richer insights.

Narrative and Storytelling Tools: Allowing participants to share their personal experiences in their own words fosters deeper understanding and trust. Outcome: Creates a space where personal stories and cultural experiences can shape service design.Without trust, older immigrants will not engage meaningfully in the co-design process. Trust builds the foundation for successful collaboration.

Before and during the co-design session:

Create a Trust-Enabling Environment: Informal Settings: initiate the co-design process in informal settings that are culturally familiar and comfortable for participants. This could include community centres, religious venues, or cultural hubs where people naturally congregate. Activities like sharing meals, singing, or participating in communal tasks can help foster a sense of community and ease.

Common Activities include: Engaging people in shared activities that align with cultural norms and values, such as cooking or storytelling, which can serve as icebreakers and reduce barriers to participation. For researchers and co-designers: ensure that all facilitators involved in the co-design process undergo cultural competency training. This training should focus on understanding the cultural backgrounds, beliefs, and communication styles of the participants. It is crucial to be aware of potential cultural sensitivities and to approach interactions with empathy and respect.

What?	Who should be involved?	Why?	How?
Creating trust enabling environment Understanding cultural norms	▪ Community members ▪ Local leaders and influencers ▪ Co-design facilitators ▪ Local government representatives	▪ Create a rapport ▪ Ensures a collaborative, inclusive co-design process ▪ Addresses power dynamics	Creating trust enabling environments Cultural competency training

Creative tools during the co-design session

Narration Tools: incorporate storytelling into the co-design sessions. Allow participants to share their stories and experiences in their own words. This helps to build a deeper understanding of their context and fosters a connection between participants and facilitators. Facilitates: empathy; understanding.

Visual aids and artefacts: use visualisation tools, such as graphic design, illustrations, or physical artefacts, to facilitate understanding and collaboration. Visual aids can help bridge communication gaps and ensure that all participants are on the same page. Visual artefacts: sketches, diagrams, and prototypes.

Role play and theatre tactics: introduce creative activities like role play or theatre-based techniques to explore different perspectives and ideas. These methods can help participants express their thoughts and emotions more freely, leading to richer insights and stronger bonds.

Engage all levels: while removing managers in some settings, also ensure that there is engagement across all levels of the organisation, including top management, middle managers, and ground-level staff. This helps in aligning agendas and fostering a more inclusive co-design process.



Narration tools and visual artifacts



6.3.3.3 Creating partnerships

The "Creating Partnerships" section of the framework focuses on establishing collaborative relationships between a range of stakeholders to ensure the success of the co-design process. This pillar emphasises the importance of fostering trust, inclusivity, and shared ownership, enabling diverse stakeholders to leverage their expertise and resources to achieve sustainable and inclusive outcomes. Partnerships are a cornerstone of the co-design process, ensuring that design solutions are relevant, culturally sensitive, and supported by the community.

Government staff can build these partnerships through structured approaches, starting with stakeholder mapping tools to identify collaborators and their roles. Once key stakeholders are identified, partnership-building workshops can help align goals, expectations, and responsibilities. These workshops are an opportunity to foster trust, develop shared objectives, and establish clear communication channels among stakeholders. By creating strong, interdependent partnerships, stakeholders can contribute to the success of the co-design process, fostering innovation and inclusivity. This collaborative approach not only addresses the immediate needs of vulnerable populations but also establishes a foundation for long-term, systemic change.

This section is structured into two levels:

Level 1: Relationships with the Local Community

At the community level, the focus is on directly engaging local groups and residents, particularly older adults and their families. Building strong connections with the local community begins by identifying and working with **local ambassadors** or **gatekeepers**. These individuals act as intermediaries between the project team and the community, helping to overcome language barriers, bridge cultural differences, and facilitate trust-building. Their involvement ensures that community voices are central to the co-design process.

To encourage active participation, meaningful incentives should be provided to community members. These might include financial stipends, community recognition, or additional support services tailored to their needs. Such incentives not only demonstrate respect and value for their contributions but also help sustain engagement throughout the co-design process.

The purpose of engaging directly with the local community is to ensure that their perspectives, needs, and aspirations are deeply embedded in the design of services. This approach fosters a sense of ownership and trust, which are critical to the success of any co-design initiative.

Level 2: Relationships with Organisations and Local Councils

The second level focuses on building partnerships with formal organisations, such as cultural institutions, non-governmental organisations (NGOs), and local government. These collaborations play a crucial role in aligning resources and institutional support with community needs.

Government staff and project teams are encouraged to work closely with these organisations to define the project's scope, budget, and activities. This collaborative effort ensures that the co-design process is not only inclusive but also practical and well-resourced. Cultural organisations and local charities are vital for reaching hard-to-engage groups within the community. These organisations act as bridges, introducing the project to specific user groups and helping to establish initial trust and engagement. The purpose of fostering these partnerships is to ensure that the co-design process is robust, inclusive, and supported by the key institutional stakeholders. This alignment is aimed to help to build a strong foundation for sustainable service co-design.

3: Creating Partnerships

What?

Creating partnerships in co-design involves the strategic collaboration between various stakeholders, including community members, local authorities, academic institutions, charitable organisations, and grassroots entities. These partnerships are essential for creating a shared ownership of the design process, leverage diverse expertise and resources, and ensuring that the design outcomes are relevant, inclusive, and sustainable. Partnerships in co-design also include establishing relationships with local community groups, religious organisations, and other non-governmental entities, which are crucial for gaining trust and fostering engagement.

Why?

The key benefits of this step are (i) shared ownership and commitment (ii) resource and knowledge sharing, collaboration and expertise with a diverse range of stakeholders (iii) it helps to provide support for innovation between different institutions, helping to generate ideas and create actionable results.

Who?

- Community members
- Local ambassadors ('gatekeepers')
- Local authorities and councils
- Cultural organisations and local charities
- Multi-ethic support staff

How?

Tools and approaches:

1. Identify and engage with stakeholders
2. Establish relationships with the local community (Level 1)
3. Develop close links with organisations & local government (Level 2)

Who Are Local Partners?

Level 1: Community and Older People - Community Members: This includes older adults, their families, and other local residents. These individuals are the primary beneficiaries of the co-design process and their involvement ensures that the design solutions meet their specific needs and preferences. Local Ambassadors (Gatekeepers): Selected from within the community, these individuals act as liaisons between the project team and the community, helping to bridge cultural and language gaps and facilitating trust-building.

Level 2: Organisations and Local Government

Local Authorities and Councils: They provide insight into policy, funding, and implementation processes, and are key to ensuring the project aligns with local regulations and priorities. Cultural Organisations and Local Charities: These entities are deeply connected to the community and play a critical role in reaching specific groups, especially those who might be harder to engage. They also help introduce the project to user groups, building initial trust and engagement. Academic Institutions: Universities and research organisations can offer methodological expertise, as well as resources for piloting and evaluating co-design projects. Multi-Ethnic Support Staff: Hiring staff from diverse ethnic backgrounds who are familiar with the community's nuances can enhance trust and communication, ensuring the co-design process is inclusive.

What?	Who should be involved?	Why?	How?
Develop close links with stakeholders by breaking them down into 2 main groups	▪ Community members ▪ Local ambassadors ('gatekeepers') ▪ Local authorities and councils ▪ Cultural organisations and local charities ▪ Multi-ethic support staff	▪ Create a rapport ▪ Ensures a collaboration ▪ Helps to support people ▪ Creates a deeper understanding of local context	1. Relationship with local community 2. Relationship: local organisations & local council



6.3.3.4 Monitoring and feedback

The "Monitoring & Feedback" pillar provides a detailed, systematic guide to ensuring services remain responsive and effective over time. This section highlights the critical role of continuous feedback loops, which outline specific tools and processes for government staff and stakeholders to engage communities meaningfully and iteratively improve services.

In the "Before the Co-Design Process" section of this pillar, the framework emphasises preparation and engagement steps to establish trust and create communication channels. The key actions depicted include building relationships with community leaders and organisations, training peer researchers and community representatives, and defining project goals collaboratively. The visual reinforces the importance of integrating these preliminary efforts into the feedback system by showing how initial insights gathered through these relationships and workshops feed into the co-design process.

The "After the Co-Design Process" visual shifts focus to implementation and monitoring. This section clearly outlines the importance of engaging a community reference panel, depicted as a central mechanism for gathering ongoing feedback. The panel is composed of older immigrant community members, representatives from minority groups, and other key stakeholders. The visual highlights the regularity of these meetings and their role in identifying challenges, providing recommendations, and ensuring the framework remains culturally relevant. Specific actions shown include documenting outcomes, creating case studies, and disseminating findings to local government and broader stakeholders. These outputs ensure transparency and serve as resources for future projects.

A step-by-step process is outlined using key questions (i.e. - "Who should be involved?" and "How should this be implemented?"). This includes:

1. Creating a community reference panel: shown as the central hub of feedback and continuous dialogue between communities and stakeholders
2. Ensuring follow-up sessions: these are depicted as cyclical, ensuring regular updates and adaptations to services based on real-time feedback
3. Building feedback channels: illustrated with various methods such as surveys, focus groups, and meetings, highlighting multiple ways of engaging stakeholders to capture diverse insights
4. Documenting and archiving: this step is represented visually as an ongoing practice, ensuring transparency and accountability. It includes maintaining

records of feedback received and documenting how changes were implemented based on this input

This section of the framework also incorporates elements of 'systems thinking' by demonstrating how feedback loops operate within a broader system. The cyclical structure of the visuals symbolises the iterative nature of monitoring and feedback, where adjustments to one part of the system create ripple effects across other components. This reflects the framework's goal to generate positive feedback cycles that strengthen relationships and improve services sustainably over time.

4: Monitoring & Feedback

What?

Monitoring and feedback refers to the continuous process of evaluating and refining a co-design framework through regular input from stakeholders, local communities, and external evaluators. This process ensures that the work remains relevant, effective, and responsive to the needs of the community, particularly older immigrant populations. It involves the creation of feedback channels, follow-up sessions, and the establishment of a reference panel to facilitate continuous improvement and adaptation - creating a dialogue with the local community.

Why?

This iterative approach allows for: (i) early identification of issues, enabling timely adjustments and ensuring that the framework evolves in response to changing community needs (ii) fosters transparency and trust within the community by demonstrating a commitment to listening to and acting on stakeholder feedback (iii) helps to build accountability and sustainability, particularly in the face of potential changes in government or organisational leadership.

Who should be involved?

- Older immigrant people and their families
- Cultural and religious groups
- Local ambassadors
- Local authorities
- NGOs and charitable organisations
- Cultural organisations and community centres

How?

Tools and approaches:

1. Creating a reference panel of local people
2. Follow-up sessions
3. Building feedback channels
4. Documenting and archiving

Tools & Approaches: Establishing a Community Reference Panel: A panel of community representatives, including older immigrants, cultural leaders, and service providers, meets regularly to review progress and provide feedback. Outcome: Continuous community engagement, ensuring services remain relevant over time.

Feedback Loops: Regular surveys, focus groups, and community meetings ensure that feedback is collected consistently. Outcome: Allows for early detection of issues and timely adjustments to services.

Documenting and Archiving: Regularly documenting the feedback received and the changes implemented ensures that the co-design process is transparent and accountable. Outcome: A clear record of the framework's evolution, which can be used to inform future projects.

Why This Step Matters: Continuous feedback ensures that services evolve with the community, maintaining their relevance and effectiveness over time.

Before the co-design process:

Preparation and engagement

Before initiating the co-design process, it is essential to establish trust and clear communication channels with all stakeholders. This includes forming partnerships with local organisations, training peer researchers, and selecting community ambassadors to facilitate communication and engagement. The project scope, budget, and activities should be co-created with local partners to ensure alignment with community needs.

Key Actions:

- Build relationships with local community leaders and organisations.
- Train peer researchers and community representatives.
- Define project scope and objectives collaboratively with local stakeholders.
- Establish initial feedback mechanisms and set expectations for the co-design process.

After the co-design process:

Implementation & monitoring

Following the co-design sessions, the focus shifts to implementing the framework and ensuring its sustainability through continuous monitoring and feedback. This involves regular follow-up sessions, engaging the reference panel for ongoing input, and documenting outcomes for future reference. The project should also include strategies for broader dissemination of the framework's impact and learnings within the local government and community.

Key Actions:

- Implement the co-design framework and monitor its impact.
- Engage the reference panel for regular feedback and updates.
- Document outcomes and create case studies for future use.
- Disseminate findings and ensure the framework's integration into broader strategic objectives.

Establishing a community reference panel: A group reference panel is typically composed of representatives from the older immigrant community, as well as members from minority groups who have been involved in the co-design process or who may be involved in the co-design process. This panel will play an essential role in providing ongoing feedback and ensuring that the framework reflects the needs and experiences of these communities.

The panel will meet regularly to review the progress, discuss any challenges or changes, and provide recommendations for improvements. These meetings will also serve as a platform for the community to voice concerns or suggest modifications based on their lived experiences. The reference panel will work closely with social care professionals, local authorities, and NGOs to ensure that the framework is implemented effectively and that it remains relevant over time.

Before the co-design process, the reference panel is established and introduced to all key stakeholders. This ensures that the panel is involved from the very beginning, contributing to the design and implementation strategy and setting a foundation for continuous engagement throughout the project. Actions: Integrate the reference panel's insights into the initial design and outreach strategies

After the co-design sessions, the reference panel will continue to play a critical role in the on-going monitoring and feedback process. Insights are integral to assessing the impact of co-design, making necessary adjustments, ensuring process remains culturally sensitive and responsive to the needs of the community. Actions: regular engagements, reviewing progress, inform continuous improvements and adaptations

6.3.3.5 Managing Governance

A flexible governance structure is essential to allow co-design to flourish. This pillar focuses on breaking down organisational silos, fostering collaboration, and promoting adaptive decision-making within local authorities to support more innovative and responsive co-design practices. This pillar is focused on creating an internal environment within local authorities that supports co-design processes by addressing leadership roles, organisational structures, and collaborative practices. It emphasises the need for governance that is adaptive, flexible, and inclusive, enabling innovative and community-responsive service design. Governance plays a central role in ensuring that the co-design framework is not only implemented effectively but also sustained over time through cultural and structural alignment.

The pages of the framework for this section illustrate a detailed process for ensuring conditions for co-design, including breaking down silos, fostering collaboration, and embedding flexibility into governance structures. One key recommendation depicted is the importance of documenting the learning process by capturing insights, challenges, and successes from co-design activities. This step encourages a culture of continuous learning and provides a reference for future projects. The visuals also highlight the need for a case study archive, which acts as an organisational resource to showcase the co-design journey and provide tangible examples of effective practices.

Another core concept illustrated in the framework document is the need to work in a joined-up manner, moving beyond siloed team structures that often limit innovation. The visual emphasises the importance of shared ownership across departments, requiring a shift in traditional attitudes that can hinder co-design efforts. This includes collaboration between leadership, middle management, frontline staff, and external partners such as NGOs and community groups, ensuring that the governance system integrates diverse inputs and expertise.

Other concepts suggested in the document focus on building responsiveness and flexibility within governance systems. Key actions include shifting from rigidity to

flexibility by adapting traditional approval processes to accommodate the iterative nature of co-design. The framework also encourages building for experimentation, allowing for trial and error, which is critical in developing innovative solutions. A 'lab-based methodology' is suggested, fostering an environment where brainstorming, idea iteration, and openness to new participants can thrive. This approach supports ongoing learning and adaptation, which are vital for successful co-design practices.

The framework document outlines the importance of design coaching and capacity building to ensure a common understanding of co-design principles across all levels of local authorities. An organisation-wide campaign is recommended to introduce concepts such as service design, design thinking, and the social impact of co-design. The creation of design ambassadors, or internal champions who advocate for co-design, this further ensures that learnings from projects are communicated organisation wide. Additionally, impact metrics and accountability systems are proposed to measure the effectiveness of co-design initiatives and to track their value across the organisation.

Finally, the recommendations for effective governance visual summarises key priorities, including fostering cross-team collaboration, encouraging flexible decision-making processes, and embedding feedback loops for continuous improvement. These steps are aimed at creating a governance structure that supports adaptive and inclusive decision-making, aligning organisational practices with the needs of the co-design framework. The outcomes depicted include increased collaboration, a culture that embraces innovation and trial-and-error, and improved service outcomes that reflect the needs of the community.

5: Managing Governance

What

Managing governance refers to the internal structures, processes, and leadership roles that need to be adapted to create a supportive environment for co-design within local authorities. It includes promoting flexibility, collaboration across teams, and recognising the importance of trial and error in public sector innovation.

Why

The successful implementation of co-design processes within local authorities requires a governance structure that is adaptable, responsive, and supportive of collaborative innovation. Managing governance in the context of co-design involves addressing the organisational culture, leadership roles, project ownership, and the conditions for fostering creativity and flexibility within public sector environments. Managing Governance integrates the concepts of internal collaboration, flexibility, and leadership in ensuring the right environment is created for co-design to thrive within local authorities. This will help align the organisational culture with the dynamic needs of co-design, paving the way for more innovative and inclusive service design practices.

Who should be involved?

- Top Leadership and Senior Managers: To drive culture change and provide strategic support.
- Middle Managers and Frontline Staff: To ensure operational integration of co-design.
- Design Ambassadors: To champion co-design practices within different departments.
- Project Owners and Co-design Teams: To implement iterative design processes.
- External Partners (NGOs, community groups): For broader input and collaborative innovation.

How

- Promoting Flexibility and Experimentation
- Breaking Down Silos
- Building Capacity Across All Levels
- Documenting and Sharing Learnings
- Embedding Feedback Loops
- Encouraging Leadership Engagement
- Introducing Metrics for Accountability

Outcome

- Increased collaboration across teams, breaking down silos
- A more adaptive and flexible approach to project management within local authorities. Wider understanding and application of co-design principles through internal capacity building
- Improved service outcomes that reflect the needs of the community, thanks to ongoing feedback and a culture that embraces trial and error

Ensuring Conditions for Co-Design

One of the core challenges identified in co-design practices within local authorities is the existence of siloed teams and an issue of ownership that limits collaborative innovation. To address this, the following actions are recommended:

- Documenting the learning process: Creating a system for capturing insights, challenges, and successes from co-design activities helps to inform future projects and fosters a culture of continuous learning.
- Case Study Archive: Establishing a comprehensive archive of case studies ensures that the co-design journey is visible across the organisation, providing reference points for future projects.
- Working in a joined-up manner: Moving beyond the traditional siloed approach to ensure that different teams within local government collaborate and share ownership of the process is essential. This requires a shift in the current ownership attitudes, which often have a detrimental impact on co-design.

Building Responsiveness and Flexibility

To support co-design, local authorities must embrace a flexible approach to governance, allowing for greater experimentation and responsiveness. Key points include:

- From rigidity to flexibility: Traditional organisational cultures often prioritise protective systems that resist change. Introducing flexibility into project approval processes will allow for more adaptive co-design practices.
- Building for experimentation: Co-design is inherently ambiguous and requires an openness to trial and error. Teams must embrace the “invisible value” of co-design, accepting that much of the process is iterative and may not yield immediate tangible outcomes.
- Lab Methodology: Local authorities should adopt a lab-based approach where brainstorming, idea iteration, and openness to new participants are encouraged. This creates an environment conducive to continuous learning and adaptation.

Design Coaching and Capacity Building

To create a common understanding of co-design principles across all levels of local authorities, it is crucial to establish organisation-wide education and training programs:

- Organisation-wide campaign: Introducing design coaching, service design, and design thinking principles across teams ensures a baseline understanding of co-design.
- Communicating the social impact: There must be a shared understanding of the long-term value and social impact of co-design, and the role of the designer as a facilitator of public innovation.
- Design Ambassadors: Creating a network of design ambassadors within the organisation helps spread the awareness and learnings from co-design projects, ensuring wider recognition and accountability.
- Impact metrics and accountability: Introducing metrics to measure the impact of co-design will ensure that the value of these processes is tracked and understood across the organisation.

Recommendations for Effective Governance in Co-Design

- Foster cross-team collaboration: Break down silos within local authorities to ensure ownership is shared, rather than concentrated in specific teams, to facilitate a more collective approach to co-design.
- Encourage flexible governance: Traditional approval processes often hinder the flexible, iterative nature of co-design. Local authorities should revise these systems to allow for more adaptive decision-making.
- Develop capacity across all levels: Training programs on co-design and design thinking should be embedded across all levels of the organisation to ensure a common understanding and consistent support for co-design projects.
- Empower design ambassadors: Establish a network of internal champions who can advocate for co-design and ensure the lessons learned from projects are communicated organisation-wide.
- Embed ongoing feedback loops: Introduce mechanisms for continuous feedback and monitoring to assess the effectiveness of co-design initiatives and make real-time adjustments where necessary.

6.4 Framework Evaluation and Feedback

The evaluation process for the co-design framework consisted of 7 in-depth interviews with experts who have substantial experience and knowledge in the field of co-design, social care and local government. The purpose of this evaluation is to assess the co-design framework, with the aim of refining and improving it to ensure robust, practical, and effective real-world application. The rationale for focusing on this selection of core descriptors for the co-design framework, is to ensure that the framework not only aligns with theoretical principles but also addresses the practical challenges and diverse needs of stakeholders in real-world settings. By grounding the evaluation in these aspects, the aim is to create a framework that is user-centred, adaptable across contexts, and capable of delivering meaningful outcomes for vulnerable populations in local government and social care.

The evaluation criteria were as follows: [1] usability and suitability, assessing how user-friendly and appropriate the framework is [2] applicability and feasibility, evaluating the practicality of the framework in real-world co-design scenarios and its adaptability across different contexts [3] comprehensiveness and accuracy, determining whether the framework covers all necessary aspects of the co-design and whether it aligns with established co-design principles.

6.4.1 Discussion of Findings from Evaluation with Experts

Co-design – Key Themes and Discussion (2 experts)

Clarity and Visual Representation

Both experts identified areas for improving the framework's visual clarity. Expert 4 noted that certain graphic elements, such as zigzags and circles, could be confusing and suggested the inclusion of annotated visuals to clarify meaning. They also recommended introducing the colour scheme early in the document to create visual consistency and

make navigation easier. Expert 5 emphasised the need for less word-heavy presentation, suggesting the use of flow charts or bullet points to help users navigate the process more effectively.

Practicality and Resource Constraints

Experts highlighted the importance of making the framework accessible to a broad audience, especially in resource-constrained environments. Expert 4 stressed the need to manage expectations by clarifying that the framework provides a foundation rather than a comprehensive manual. They recommended supplementing the framework with links to additional tools and templates. Expert 5 echoed this sentiment, suggesting the inclusion of practical resources and examples to guide users in overcoming common challenges, such as limited finances or lack of staff capacity.

Adaptability and Target Audience

The framework's adaptability was noted as a strength, but both experts called for additional guidance tailored to different scales and contexts. Expert 4 suggested that the framework could benefit from spotlights on specific methodologies or examples to help users understand how to apply it effectively in their unique contexts. Expert 5 pointed out that the framework is primarily suited to those planning and delivering co-design processes, and they recommended acknowledging this target audience explicitly.

Governance and Evaluation

Expert 5 highlighted the importance of governance structures and the need for clear mechanisms to evaluate success. They recommended introducing self-reflection exercises and iterative feedback loops to ensure that governance teams can assess their performance and adapt the framework as needed. Expert 4 supported the inclusion of evaluation components but suggested focusing on the practical implementation of these steps.

Improvement Suggestions

1. **Visual Enhancements:** introduce annotated visuals and consistent colour schemes to improve the document's readability and navigation. Replace overly complex graphics with simplified flow charts or spotlights on key methodologies
2. **Resource Guidance:** Include references to additional resources, toolkits, or templates to support users in implementing the framework effectively, particularly those without design expertise
3. **Contextual Adaptability:** provide examples or case studies to illustrate how the framework can be applied to different scales, cultural contexts, or resource levels
4. **Governance and Evaluation Tools:** develop tools for self-reflection and iterative evaluation to help governance teams measure the success of their co-design initiatives and adapt where necessary
5. **Clearer Targeting:** clearly state the intended audience and manage expectations by clarifying that the framework provides a foundational structure rather than exhaustive solutions

Social care – key themes and discussion (3 experts)

Clarity and Visual Representation

Experts generally found the framework to be well-articulated, with clear steps guiding users through the co-design process. However, the visual elements of the framework could be more intuitive. Both Expert 1 and Expert 2 questioned the meaning behind design choices, such as the use of colours and circles, and suggested simplifying or enhancing the presentation. This would help ensure that the visualisation communicates key processes to non-designers.

Usability and Practicality

The framework is praised for being systematic and easy to navigate, even for those

unfamiliar with design practices. However, there is a recurring suggestion to create a more concise summary version, as noted by Expert 2, to enhance its appeal in resource-constrained environments. Additionally, the framework could benefit from a toolkit or practical examples, particularly for governance and monitoring stages, as Expert 1 recommended.

Adaptability and Stakeholder Engagement

The framework's adaptability is seen as a major strength. Experts valued its broad applicability across various contexts, including social care, and its potential for engaging with diverse groups. Nevertheless, Expert 2 highlighted the need to clarify its target audience and consider including underrepresented stakeholders, such as private sector entities, local amenities, and informal community hubs like hairdressers and garden centres.

Storytelling and Trust-Building

Expert 1 emphasised the importance of incorporating narrative and storytelling methods to foster trust and engagement. Expanding on creative tools such as photography or artwork could encourage participation and enable communities to share their perspectives more comfortably.

Governance and Feedback Mechanisms

Both Expert 1 and Expert 2 stressed the importance of community involvement in governance processes. Questions were raised about whether community representatives would play active roles in meetings or decision-making, and suggestions were made to include step-by-step guidance for managing stakeholder interactions.

Suggestions for Improvement

1. **Visual Refinement:** To enhance the framework's visual design by simplifying its elements, clearly linking values and colours to specific stages, and incorporating more graphical summaries
2. **Toolkit Development:** provide additional resources, i.e. toolkits for evaluation, governance, and storytelling methods, to make the framework more accessible to non-designers
3. **Stakeholder Expansion:** include guidance on engaging private sector stakeholders and recognising community hubs as key resources
4. **Summary Version:** create a condensed version of the framework, highlighting critical steps and processes, to improve usability in time- or resource-constrained settings
5. **Cultural Competency:** Ensure cultural training elements are robust and detailed, given the framework's focus on 'invisible minorities.'

Local government - key themes and discussion (2 experts)

Clarity and Sequencing

Expert 6 highlighted the importance of ensuring the framework's sequence is clearer. They note that users of the document should be informed that they can enter the process at any stage, depending on their specific needs. Expert 7 observed that while the framework visually suggests a cyclical process, its representation could mislead users into thinking it's a strictly linear structure.

Visual Representation and Accessibility

Both experts emphasise the need for improved accessibility and visual clarity. Expert 7 pointed out that the green colour used in some visuals could be problematic for visually impaired users and recommended adjusting the colour scheme for greater inclusivity. Expert 6 suggested adding annotations to diagrams and providing examples to enhance clarity.

Trust-Building and Inclusivity

Trust-building emerged as a critical theme in both evaluations. Expert 7 emphasised that trust and transparency are foundational to maintaining engagement, particularly when decision-making boundaries (e.g., budgets) must be established. Expert 6 noted the importance of identifying gaps in participation and addressing them to avoid reinforcing existing power imbalances.

Practical Application and Governance

Expert 6 discussed the challenges of governance in local government settings, highlighting the risk of governance structures becoming tick-box exercises. They stressed the need for practical, adaptable governance mechanisms. Expert 7 added that community members involved in co-design should also participate in monitoring and evaluation to prevent alienation and ensure 'co-ownership' of outcomes.

Tools and Resources

Both experts called for supplementary tools to enhance the framework's practicality. Expert 6 suggested self-assessment tools for teams to evaluate their progress and entry points. Expert 7 recommended a community-of-practice model to sustain co-design knowledge and practice, especially in resource-constrained environments.

Improvement Suggestions

1. **Ensuring logical and visual clarity:** revising the framework to clearly communicate non-linear, cyclical nature. Annotate diagrams and adjust colour schemes for better accessibility
2. **Ensure practical tools and guidance:** develop self-assessment tools, templates, and clear instructions for various stages. Include case studies and examples to assist users

3. **Enhance governance and evaluation:** enhance the governance section by providing explicit strategies for evaluating outcomes and maintaining community involvement in monitoring

Most frequently discussed issues from experts to bring into framework version 2:

- Improving sequencing, showing a cyclical not linear process and link between different phases of the framework: Experts 1, 6, 7
- Improve visual clarity and accessibility – diagrams, colour, signposting: Experts 2, 6, 7
- Addressing the need for supplementary tools and approaches: Expert 1, 4, 5, 6, 7
- Ensuring conceptual clarification, i.e. providing description of co-design: Expert 7

6.4.2 Discussion of Findings from the Evaluation with Older Immigrant People

The user evaluations of the co-design framework reveal critical insights into its applicability and potential impact on older immigrant communities. Participants provided detailed feedback on trust-building, feedback mechanisms, leadership roles, accessibility, emotional sensitivity, and sustainability. Below is an organised synthesis of their responses.

Trust and Accessibility

Building trust emerged as a central theme, with users highlighting the importance of informal, face-to-face interactions. Activities such as cooking, knitting, and tea sessions were consistently recommended as effective methods to foster trust and engagement. Representation within public services was also noted as critical for improving trust. Specifically, participants indicated that the presence of individuals from similar cultural or ethnic backgrounds helped minority communities feel more comfortable engaging with services.

Language barriers posed significant challenges for many participants, particularly non-native English speakers. The inability to understand formal or technical language often led to frustration. Users suggested that translators or creative methods like photography could help mitigate these barriers by enabling communication without heavy reliance on language.

Feedback Mechanisms

Feedback was widely regarded as an essential component of the framework, though participants underscored the need for practicality and accessibility. Written feedback forms or phone conversations, particularly with a translator, were preferred by many due to mobility and language limitations. Participants also noted that combining feedback opportunities with other activities, such as coffee mornings or community events, could increase motivation to participate.

Transparency was a key consideration in feedback processes. Users stressed the importance of knowing the outcomes of their feedback, suggesting mechanisms such as "you said, we did" to build trust and demonstrate that their input leads to tangible changes. Multiple feedback options, including digital and offline methods with simple language, were considered vital for inclusivity.

Community Leadership and Partnerships

Participants identified the role of community leaders as crucial but nuanced. While leaders were recognised as effective connectors to local government and other organisations, users emphasised that their role should be facilitative rather than authoritative. Decisions should be made collectively within the community to ensure inclusivity and avoid undue influence. Religious and cultural leaders were highlighted as particularly effective in engaging their communities.

There was a consensus that local government and authorities must take the initiative to foster partnerships and engagement. Many elderly immigrant people are unlikely to

proactively seek opportunities for involvement, making proactive outreach by authorities essential. Partnerships with NGOs, local businesses, and religious organisations were recommended, though participants expressed concerns about the sustainability of these initiatives due to funding challenges.

Flexibility and Accessibility

Flexibility in engagement was identified as a significant factor for success. Participants highlighted the need for adaptable feedback sessions and activities that accommodate health, mobility, and weather-related challenges. Telephone options and the use of community centres were seen as effective solutions. Libraries and community centres were particularly valued for their accessibility and familiarity, as well as their suitability for older adults during colder months.

Challenges within specific communities, such as Bulgarians, were noted. One participant described their community as potentially harder to engage, requiring streamlined processes and additional support to avoid exclusion.

Emotional Sensitivity

The approach to storytelling within the framework received mixed feedback. While extroverted individuals found sharing personal stories helpful, others found it potentially distressing. For some, recounting past experiences brought back memories of trauma or hardship, and they suggested indirect methods to build trust without focusing on detailed personal stories. Creative, non-verbal communication methods, such as photography, were recommended as alternatives that might alleviate anxiety.

Sustainability and Policy Integration

Participants strongly emphasised the need for the framework to be embedded within long-term policies rather than treated as a temporary initiative. Scandinavian models were referenced as examples of how integrated community welfare policies can lead to

sustained benefits. Concerns about funding instability were also raised, with users highlighting the negative impact of discontinued projects on trust and engagement. Consistent funding and reliable resources were seen as critical to the framework's success.

Appreciation of the Framework and Suggestions for Improvement

Users appreciated the framework's focus on trust-building, partnerships, and inclusivity. Many highlighted that involving users at every stage would lead to better services. To improve the framework, participants suggested streamlining access to services and information, leveraging demographic data to customise outreach efforts, and involving younger individuals from minority communities to foster intergenerational understanding and engagement. Popularising initiatives through local partnerships, leaflets, and demographic analysis was also recommended as a way to increase community participation.

6.5 Final Co-Design Framework

6.5.1 Revisions of the Co-Design Framework

1. Clarify and define the user and audience of the framework: Clarify who the framework is for. **Action:** Name and create tailored guidance for this specific audience type. Link to additional sources for creative engagement.

1. Clarify and define the user and audience of the framework

- This is an amendment that is kept in mind whilst restructuring the whole document. Below is page 5 of the framework document that outlines who this framework is for and the key objectives it aims to target

Goals and objectives

Goal of the Framework: The primary goal of the co-design framework is to empower local governments, organisations, and service providers to meaningfully engage older immigrant populations and other vulnerable groups in the design and development of public services. This ensures that services are inclusive, culturally appropriate, and responsive to the specific needs of these communities.

Objectives:

1. Enhance Inclusivity and Representation
To ensure that older immigrant and vulnerable populations are actively involved in the co-design process, fostering services that reflect their cultural, linguistic, and social needs.

2. Build Trust and Collaboration
To overcome mistrust towards public services by fostering strong, transparent partnerships between local authorities, community organisations, and residents, ensuring that all stakeholders are engaged.

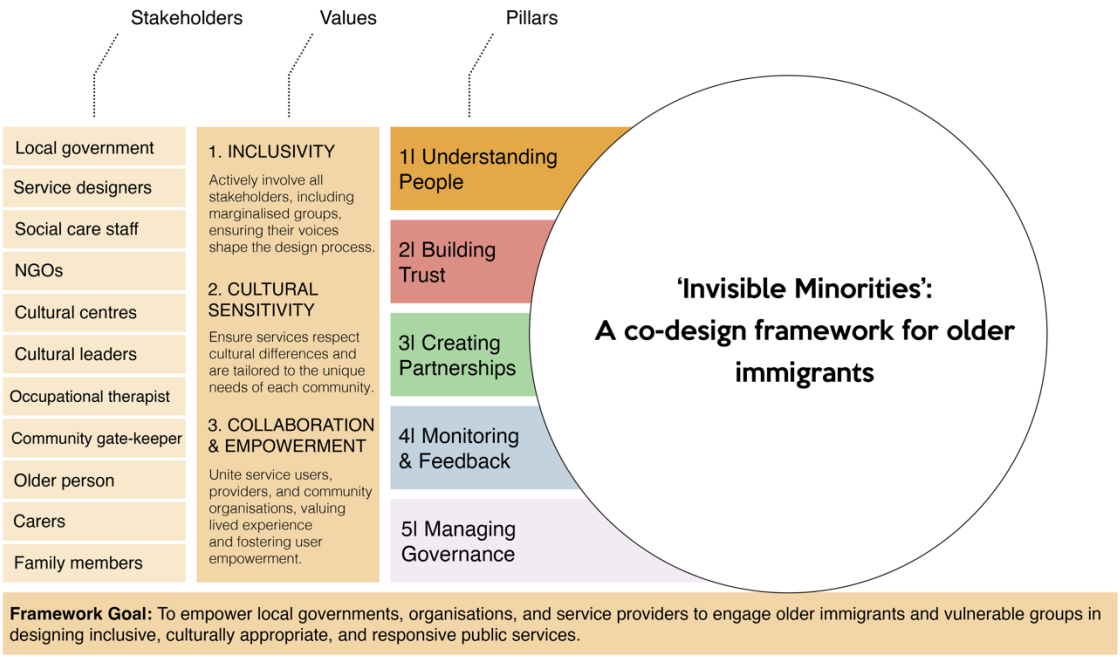
3. Improve Responsiveness
To create services that evolve based on real-time community feedback, ensuring they remain adaptive and responsive to the changing needs of diverse populations.

4. Strengthen Governance and Decision-Making
To support a flexible governance structure within local authorities that encourages collaboration, innovation, and adaptability in decision-making, enabling more effective co-design initiatives.

Who Will Use the Framework:

- Local Government Staff: Including policymakers and social service departments responsible for public services.
- Service Designers: Engaged in the co-design of public services for diverse communities.
- NGOs and Community Organisations: Working with vulnerable and older immigrant populations to facilitate engagement in co-design processes.
- Community Leaders: Acting as intermediaries to ensure cultural needs and concerns are reflected in service development.

2. Clarify framework flow: Ensuring that the framework is cyclical and adaptable. **Action:** Creating a visual that communicates this flow clearly. Developed a diagram that illustrates to stakeholders they can start from any phase and how to follow the sequence thereafter. This ensures users can understand how to navigate the framework (See visualisation below).



- New framework visualisation

2. Clarify framework flow

- Creating a visual or a diagram that communicates flow clearly - page 6 and 7 of the co-design framework document (see below)

Where to begin:

1: Understanding people

Current Situation: Limited understanding of community needs.
Desired State: Comprehensive understanding of the community's cultural and social contexts.

Questions to ask:

1. What data do we currently have on the local immigrant communities?
2. Have we conducted community profiling and ecosystem mapping?
3. Are we engaging with cultural and community leaders to gather insights?

2: Building trust

Current Situation: Mistrust in service providers.
Desired State: Established trust through culturally sensitive engagement.

Questions to ask:

1. What cultural competency training has our team undergone?
2. How have we previously engaged with older immigrant communities?
3. Are we using informal, culturally appropriate methods for engagement?

3: Creating partnerships

Current Situation: Weak or no partnerships with key stakeholders.
Desired State: Strong, collaborative partnerships with key community stakeholders.

Questions to ask:

1. Who are the key cultural leaders, NGOs, and community organisations we should be partnering with?
2. What partnerships do we currently have, and how can we strengthen them?
3. Are there established lines of communication and collaboration?

4: Monitoring and Feedback

Current Situation: No formal feedback mechanisms in place.
Desired State: Ongoing feedback loops ensuring continuous adaptation.

Questions to ask:

1. Do we have a reference panel or regular feedback loop with community representatives?
2. How are we documenting and acting on feedback from the community?
3. Are we continually adapting services based on this input?

5: Managing Governance

Current Situation: Fragmented governance within local authorities, with siloed teams, rigid approval processes, and limited flexibility for experimentation.
Desired State: Integrated, responsive governance that encourages cross-team collaboration, fosters flexibility, and supports ongoing innovation and iteration in co-design.

Questions to Ask:

1. How can we break down silos and encourage better collaboration between different teams within the organisation?
2. What changes to our current approval and decision-making processes could allow for more flexibility and responsiveness?

3. Improve visualisation, accessibility, strengthening visual language: Updating visuals for clarity and accessibility. Ensuring diagrams and templates are easy to interpret. **Action:** Adding solid colours, ensuring colour contrast, adhering to accessibility guidelines.

4. Create a summary and glossary: Illustrating key values, defining terminology and clearly communicating the intended impact of the framework. **Action:** Develop a summary of the framework and a glossary of key terms.

4. Create a summary and glossary

- Develop a summary of the framework and a glossary of key terms - page 43

Glossary of key terms:

Co-Design
A collaborative design process where stakeholders, including service users, community members, and professionals, work together to design solutions that meet specific needs.

Community Profiling
A systematic approach to gathering data about the demographics, needs, resources, and social structures of a specific community to inform service design and development.

Ecosystem Mapping
A visual representation of relationships, roles, and interactions between stakeholders, organisations, and resources within a specific community or service environment.

Cultural Competency
The ability to understand, respect, and appropriately respond to the cultural norms, beliefs, and needs of diverse communities during service delivery or engagement processes.

Trust-Building
The process of fostering confidence and mutual respect between service providers and communities to overcome mistrust and encourage collaboration.

Stakeholder Mapping
Identifying and analysing individuals, groups, or organisations that have an interest in or influence over a project to ensure their inclusion and effective collaboration.

Monitoring and Feedback
Continuous processes of evaluating service performance and gathering input from stakeholders to refine and adapt services based on real-time community needs.

Governance
The structures, processes, and leadership practices within an organisation or local authority that enable effective decision-making, collaboration, and innovation.

Reference Panel
A group of community representatives, including older immigrants and other key stakeholders, formed to provide regular feedback on the co-design process and its outcomes.

Inclusive Design
A design approach that ensures services are accessible and usable by as many people as possible, including those from vulnerable or marginalised groups.

Participatory Tools
Techniques used to engage community members in the co-design process, such as storytelling, visualisation, and role-playing, to capture diverse perspectives and ideas.

Lab-Based Methodology
An experimental and iterative approach to public sector innovation, where ideas are continuously tested, refined, and adapted in a collaborative environment.

Super User
A highly experienced or heavily involved service user who provides deep insights into service challenges and opportunities during the co-design process.

5. Link core values to the framework and activities: Clearly illustrate and discuss core values. **Action:** Explain their importance to the framework, show how they are integrated into the entire co-design process.

6. Tools, templates and sources: Add practical tools or link to external sources to guide audiences using the framework. **Action:** Develop and insert templates for stakeholder mapping, monitoring and feedback, governance self-assessment, implementation strategies (short and long term).

7. Include case studies and methodologies: To showcase successful implementation strategies. Spotlight culturally sensitive practices and creative engagement methods to enhance the framework's credibility and practical relevance. **Action:** Add brief, illustrative case studies.

8. Define the unique contributions of the framework: Define the unique contributions of the framework to academia and practice.

9. Metrics and built-in evaluation measures: Add evaluation and impact metrics to measure the benefit of the co-design framework for older immigrant people. **Action:** Selection of evaluation templates to measure impact of co-design on participants, governance team performance, service inclusivity and responsiveness.

9. Provide metrics and built-in evaluation measures

Evaluation and Monitoring Templates

1. Governance and Leadership Evaluation Template for UK Local Government
Objective: To assess whether governance structures effectively support co-design processes

Category	Questions / Indicators	Methods	Frequency
Leadership commitment	- Are senior leaders actively supporting the co-design initiative? - Are governance roles (e.g., ambassadors, project owners) clearly defined and understood? - Are leaders fostering collaboration across departments?	- Interviews with team leads - Observational audits - Participant	Quarterly
Cross-team collaboration	- Are silos between teams being broken down effectively? - Are cross-departmental workshops or joint goals established?	- Review of team action plans - Workshop feedback forms	Quarterly
Accountability	- Are governance members held accountable for supporting co-design activities? - Is feedback from stakeholders integrated into governance discussions?	- Stakeholder surveys - Minutes from governance meetings	Bi-annually
Cultural competency	- Have governance teams received training in cultural sensitivity and inclusivity? - Are governance practices reflective of diverse stakeholder needs?	- Training records - User surveys - Evaluation of cultural appropriateness in decision-making	Annually

Evaluation and Monitoring Templates

2. Monitoring and Evaluation of Co-Design Processes
Objective: Ensure co-design activities are meeting objectives and producing meaningful outcomes.outcomes.

Category	Questions / Indicators	Methods	Frequency
Stakeholder inclusion	- Are marginalised groups adequately represented in the co-design process? - Is stakeholder feedback actively incorporated?	- Attendance logs - Stakeholder interviews	Per session
Adaptability	- Are tools and activities adapted to meet the cultural and linguistic needs of participants? - Are new challenges addressed flexibly?	- Observation of co-design sessions - Feedback from participants	Per session
Quality of engagement	- Are engagement activities (e.g., storytelling, role-playing) effective in fostering collaboration? - Do participants feel valued and respected in the process?	- Post-session participant surveys - Focus group discussions	Per session
Communication	- Are communication methods accessible and inclusive (e.g., plain language, multilingual materials)? - Are participants informed of updates and project progress?	- Document review - Communication audits	Monthly

Evaluation and Monitoring Templates

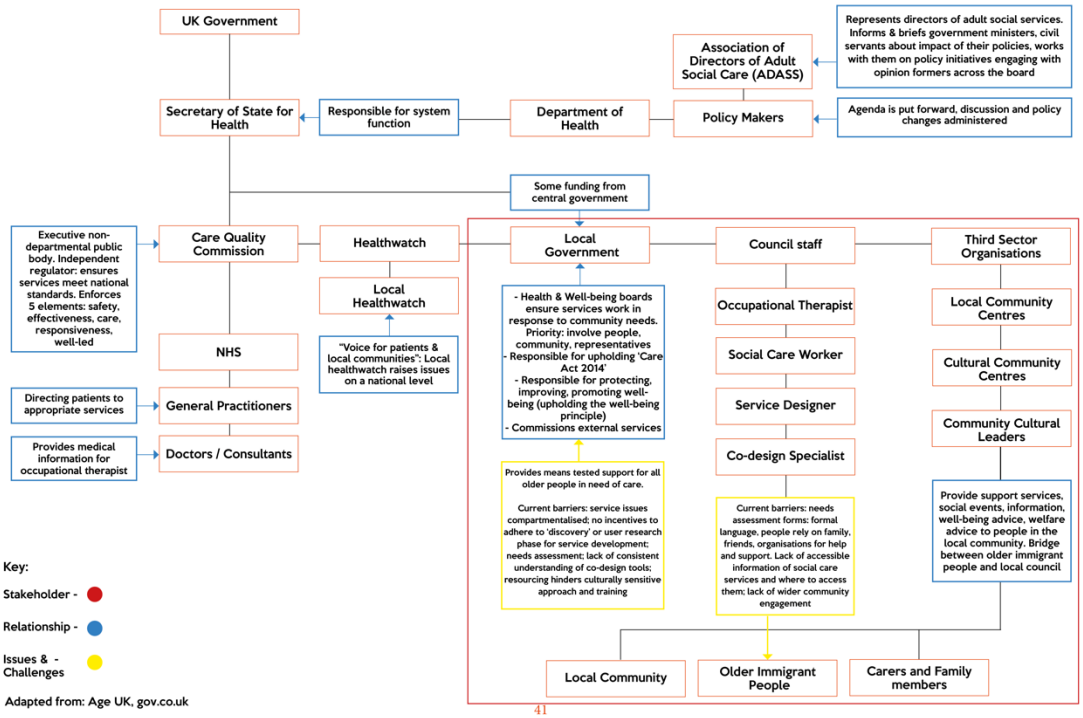
3. Measuring Impact
Objective: Evaluate the impact of the co-design framework on participants, systems, and outcomes.

Category	Questions / Indicators	Methods	Frequency
Participant outcomes	- Has participant confidence in engaging with services improved? - Do participants feel empowered to contribute meaningfully?	- Pre- and post-engagement surveys - Interviews with participants	Per phase
Service outcomes	- Are services being improved based on co-design findings? - Are services more inclusive and accessible?	- Document review of service updates - Service user feedback	Annually
Social outcomes	- Is trust between participants and authorities improving? - Are community connections being strengthened?	- Social network analysis - Community feedback sessions	Annually
Metrics of success	- What percentage of recommendations from co-design are implemented? - Are evaluation goals met (e.g., stakeholder satisfaction, enhanced service inclusivity)?	- Review of progress reports - Metrics tracking (e.g., implementation rates, inclusivity scores)	Quarterly

10. Provide implementation recommendations, clarify impact on wider system:

Action: Create implementation recommendations and clarify the changes to stakeholder mapping (relationships, interaction, impact).

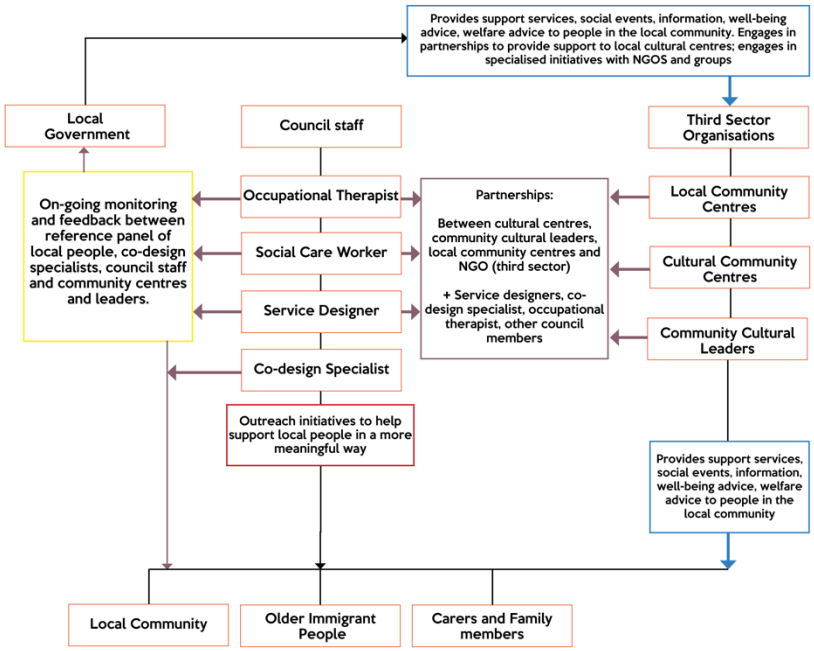
Current map of UK Adult Social Care



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Map of UK Adult Social Care System after applying the co-design framework

Proposed stakeholder map: Focuses the UK Adult Social Care by applying the co-design framework, streamlining stakeholders to prioritise local engagement. Compared to the current system, entities such as the UK Government, NHS, Care Quality Commission, Healthwatch, and policy-makers are excluded. This shift reflects the focus on the regional and community-level interactions that directly impact older immigrant people, carers, and local communities. By centring the framework on council staff, third-sector organisations, and community leaders, this map aims to highlight how co-design can enhance collaboration, trust-building, and service accessibility.



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6.5.2 Final Co-design Framework



‘Invisible minorities’:
A co-design framework for older immigrants

Facilitating inclusive community participation by engaging immigrant older people and other vulnerable groups with service co-design

Ms Nevena Balezdrova 2024

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2

Introduction

Currently, there is no comprehensive framework that specifies how vulnerable or older immigrant populations can actively participate in the co-design of services (Dietrich, 2017).

The co-design framework presented here empowers local governments and organisations to engage these groups meaningfully in public service design. Many existing services fail to address the specific needs of these communities due to cultural, linguistic, and institutional barriers. By integrating them into the design process, services can become more inclusive and responsive, promoting equitable care.

The framework recognises that older immigrants often feel isolated from mainstream services due to mistrust or a lack of culturally appropriate resources. It aims to address these barriers through a structured, empathetic approach that fosters engagement, trust, partnerships, and continuous feedback. Its primary goal is to enhance the co-design process, strengthen relationships among diverse stakeholders, and engage older immigrant populations more meaningfully.

The framework is built on five pillars:

Understanding People – Engaging communities to understand their needs and cultural contexts.

Building Trust – Overcoming mistrust towards public services.

Creating Partnerships – Fostering collaboration between local authorities, NGOs, community leaders, and residents.

Monitoring & Feedback – Ensuring services evolve through real-time community feedback.

Managing Governance – Establishing flexible governance that supports innovation and adaptive decision-making.

This framework helps local governments and designers achieve effective co-design outcomes by strengthening partnerships, engaging residents, and optimising local resources. It incorporates tools for communication, ideation, and prototyping, while providing best practices and practical examples to build trust and establish strong local partnerships through a holistic approach.

Goals and objectives

Goal of the Framework: The primary goal of the co-design framework is to empower local governments, organisations, and service providers to meaningfully engage older immigrant populations and other vulnerable groups in the design and development of public services. This ensures that services are inclusive, culturally appropriate, and responsive to the specific needs of these communities.

Objectives:

1. Enhance Inclusivity and Representation

To ensure that older immigrant and vulnerable populations are actively involved in the co-design process, fostering services that reflect their cultural, linguistic, and social needs.

2. Build Trust and Collaboration

To overcome mistrust towards public services by fostering strong, transparent partnerships between local authorities, community organisations, and residents, ensuring that all stakeholders are engaged.

3. Improve Responsiveness

To create services that evolve based on real-time community feedback, ensuring they remain adaptive and responsive to the changing needs of diverse populations.

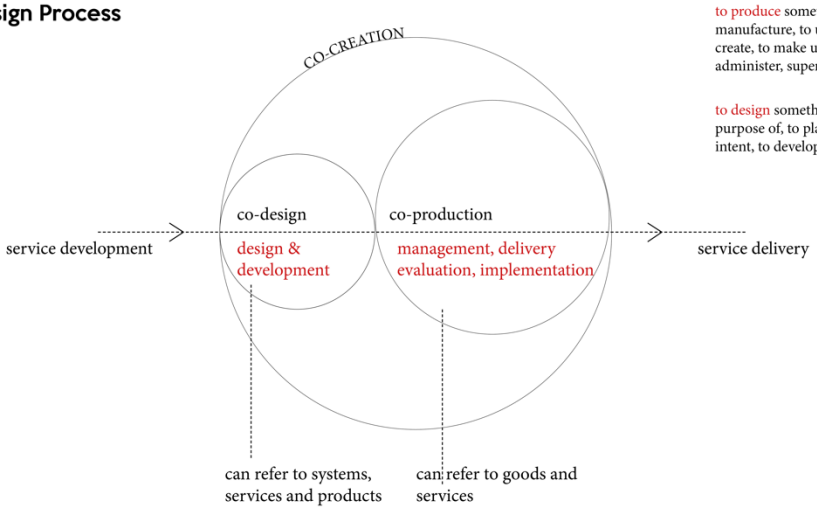
4. Strengthen Governance and Decision-Making

To support a flexible governance structure within local authorities that encourages collaboration, innovation, and adaptability in decision-making, enabling more effective co-design initiatives.

Who Will Use the Framework:

- Local Government Staff: Including policymakers and social service departments responsible for public services.
- Service Designers: Engaged in the co-design of public services for diverse communities.
- NGOs and Community Organisations: Working with vulnerable and older immigrant populations to facilitate engagement in co-design processes.
- Community Leaders: Acting as intermediaries to ensure cultural needs and concerns are reflected in service development.

The Co-design Process



to produce something: to manufacture, to use raw materials, to create, to make using creative skill; administer, supervise the making of

to design something: to provide purpose of, to plan, to arrange with intent, to develop

Co-Design: Co-design is a collaborative process where stakeholders, including users, service providers, and community members, work together to design solutions that address real-world needs and challenges (Dietrich, Trischler, Schuster, & Rundle-Thiele, 2017).

Co-Production: Co-production involves stakeholders actively participating not only in the design but also in the delivery and evaluation of services, sharing power and responsibility with service providers (Boyle & Harris, 2009).

Co-Creation: Co-creation focuses on the joint generation of ideas and concepts by engaging stakeholders in a dialogue to integrate diverse perspectives and create value collaboratively (Prahalad & Ramaswamy, 2004).

5

Where to begin:

1: Understanding people

Current Situation: Limited understanding of community needs.
Desired State: Comprehensive understanding of the community's cultural and social contexts.

Questions to ask:

1. What data do we currently have on the local immigrant communities?
2. Have we conducted community profiling and ecosystem mapping?
3. Are we engaging with cultural and community leaders to gather insights?

2: Building trust

Current Situation: Mistrust in service providers.
Desired State: Established trust through culturally sensitive engagement.

Questions to ask:

1. What cultural competency training has our team undergone?
2. How have we previously engaged with older immigrant communities?
3. Are we using informal, culturally appropriate methods for engagement?

3: Creating partnerships

Current Situation: Weak or no partnerships with key stakeholders.
Desired State: Strong, collaborative partnerships with key community stakeholders.

Questions to ask:

1. Who are the key cultural leaders, NGOs, and community organisations we should be partnering with?
2. What partnerships do we currently have, and how can we strengthen them?
3. Are there established lines of communication and collaboration?

4: Monitoring and Feedback

Current Situation: No formal feedback mechanisms in place.
Desired State: Ongoing feedback loops ensuring continuous adaptation.

Questions to ask:

1. Do we have a reference panel or regular feedback loop with community representatives?
2. How are we documenting and acting on feedback from the community?
3. Are we continually adapting services based on this input?

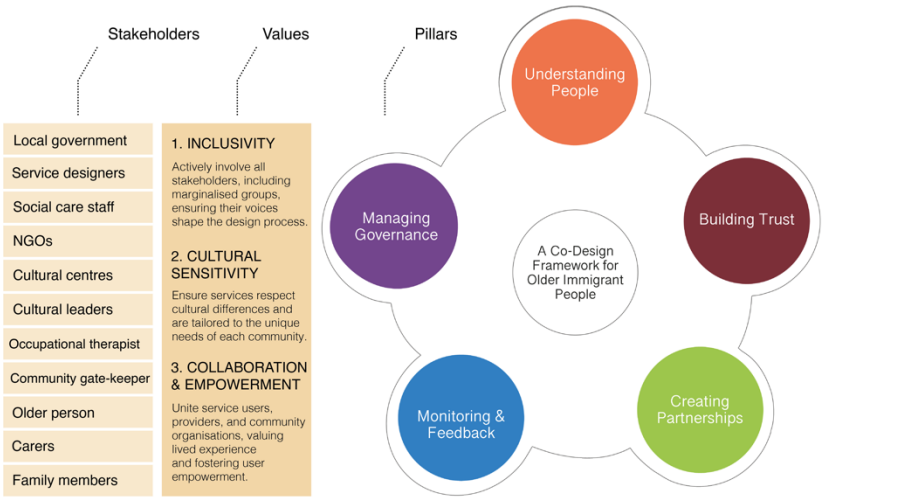
5: Managing Governance

Current Situation: Fragmented governance within local authorities, with siloed teams, rigid approval processes, and limited flexibility for experimentation.
Desired State: Integrated, responsive governance that encourages cross-team collaboration, fosters flexibility, and supports ongoing innovation and iteration in co-design.

Questions to Ask:
1. How can we break down silos and encourage better collaboration between different teams within the organisation?
2. What changes to our current approval and decision-making processes could allow for more flexibility and responsiveness?

6

Framework overview



Framework Goal: To empower local governments, organisations, and service providers to engage older immigrant people and vulnerable groups in designing inclusive, culturally appropriate, and responsive public services.

Key Feature of the Co-design Framework

Unique Features: Cultural Inclusivity and Adaptability

The framework uniquely emphasises cultural inclusivity and adaptability as its core strength, integrating tailored approaches to engage older immigrant populations in co-design processes. Unlike traditional frameworks, it provides specific tools and methodologies, such as community profiling, culturally sensitive engagement practices, and continuous feedback loops, to address barriers like mistrust, language, and cultural disconnects. By focusing on these aspects, the framework ensures that co-design practices are meaningful, equitable, and responsive to diverse community needs.

Inclusivity

The framework actively involves all stakeholders, including marginalised and under-represented groups, ensuring that their voices are heard and integrated throughout the design process. This aligns with the framework's focus on cultural inclusivity by embedding practices like stakeholder mapping, multilingual communication strategies, and using community ambassadors to represent diverse groups. These approaches ensure that no stakeholder is excluded, fostering a participatory and inclusive design process.

Cultural Sensitivity

The framework is built on understanding and respecting cultural differences, ensuring that services are designed in ways that are appropriate and responsive to the specific needs of diverse communities. It incorporates tools such as community profiling, culturally appropriate engagement practices (e.g., oral traditions, religious or cultural spaces), and culturally tailored communication strategies. These ensure the framework is adaptable to the unique contexts of different immigrant groups, enhancing trust and participation.

Collaboration and Empowerment

The framework promotes collaboration across diverse groups, including service users, providers, and community organisations, while recognising and leveraging their expertise through lived experience. This value is evident in the framework's focus on building partnerships, empowering participants through capacity-building initiatives (e.g., peer researchers, co-design ambassadors), and fostering sustainable collaboration between communities and service providers. By ensuring stakeholders are equal contributors to the process, the framework helps empower marginalised groups to co-create meaningful solutions.

1. Understanding People

This pillar focuses on deeply understanding the specific needs of older immigrant populations and vulnerable groups. By engaging directly through reaching out to people, local authorities can design services that are more relevant and meaningful to the communities they serve.

2. Building Trust

Many vulnerable communities, particularly older immigrants, may mistrust public services due to past experiences. Building trust involves transparent communication, consistent engagement, and cultural respect. This ensures communities feel heard and valued throughout the co-design process.

3. Creating Partnerships

Effective co-design relies on partnerships between local authorities, NGOs, and trusted community figures. By working together, stakeholders can pool resources and knowledge to co-create inclusive, effective solutions that meet the needs of vulnerable populations.

4. Monitoring & Feedback

This pillar emphasises the need for continuous feedback loops to keep services aligned with changing community needs. Monitoring ensures services are responsive and allows for iterative improvements based on real-time feedback from the people they serve

5. Managing Governance

A flexible governance structure is essential to allow co-design to flourish. This pillar focuses on breaking down organisational silos, fostering collaboration, and promoting adaptive decision-making within local authorities to support more innovative and responsive co-design practices.



1: Understanding People

To create effective and culturally relevant services, it is essential to first develop a deep understanding of the community's characteristics, challenges, and needs. This step involves gathering data on demographics, social structures, cultural beliefs, and the specific ways older immigrants interact with local services.

What?

Understanding the current dynamic and local people - the main activities in this step are exploration and receptivity. The aim is to 1) outline and understand the local community, 2) be receptive to local people's stories, 3) understand and build a picture of local people's specific cultural beliefs and approaches.

This step helps to create a deep understanding of who immigrant older people are and how they interact within the context of their local community, building a strong foundation for the next steps.

Who should be involved?

- Local authority staff
- Occupational therapist
- Co-designer
- Service designer
- Social care worker
- Third sector organisation
- Cultural centre, cultural leader
- Local community

Why?

The key benefits of this step are (i) helping to understand some of the factors that may affect participation in co-design, such as perceived barriers, perceived risks and social norms of the local community, (ii) understand people's experience of interacting with local authority and services, (iii) determine who must be involved in the co-design process

How?

Tools and approaches:
1. 'Community ecosystem mapping'
2. 'Community profiling'
3. Community outreach

1.1 Local community 'deep-dive'

What?	Who can be involved?	Why?	Outcome:
Community profiling	• Local community staff • Co-designer / design practitioner • Local community • Service designer • NGO • Community leaders	Builds a picture of the local community and assets	• Comprehensive report • Document or mapping • Presentation
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

Method 1: Community profiling

Why?

1. Provides a community break-down
2. Helps to understand roles, people and nuance
3. Helps to outline who must be involved in the co-design process
4. Maps out 'super user': who is the 'super user' of services or local support from organisations and groups that support older immigrant people
5. Helps to map out tapestry of local people and local groups

Method 2: Ecosystem mapping

Why?

1. To help understand local context
2. Maps out tapestry of people and local groups
3. Map of relationships and interaction between different groups
4. Provides an ecosystem archive of people and stakeholders
5. Helps to prioritise required roles for co-design and user engagement

‘How to’: Carry out a ‘Community Profile’

This is the systematic gathering of data about the community’s needs, social structures, and resources.

Hawtin and Percy-Smith (2007): ‘A comprehensive description of the needs of a population, that defines itself as a community, and the resources that exist within that community, carried out with their active involvement, for the purpose of developing means of improving quality of life.’

The purpose: To create a comprehensive and detailed picture of a specific community. It focuses on understanding the demographics, needs, resources, social structures, and issues faced by the community members. The goal is to inform policy-making, service provision, and community development initiatives by highlighting the strengths, weaknesses, and needs of the community.

The scope of community profiling is more focused on a specific geographical area or community. It typically involves a deep dive into the social, economic, and cultural characteristics of the community, with a focus on individual and group needs, local resources, and the social infrastructure.

Uses a variety of methods: surveys, focus groups, interviews, and secondary data analysis (such as census data). It is focused on gathering information about the community members and the services available to them, and it may involve less interaction between the different stakeholders than ecosystem mapping.

Step 1:
Purpose
What is the purpose of this community profiling?
What specific information are we seeking to gather?

Step 2:
Plan
Who are the key community leaders & groups that should be involved?
Who are the stakeholders impacted by this activity?

Step 3:
Collect
What is the historical & cultural background of the community?
What are the community’s main assets (skills, networks, infrastructure)?

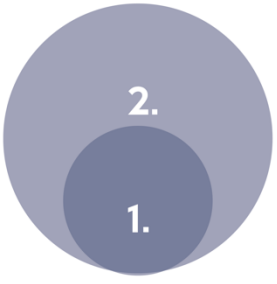
Step 4:
Evaluate
What opportunities are there? What external factors impact people? What are the primary strengths? Do needs align with available resources?

Step 5:
Capture
How will the findings be communicated to the community and stakeholders? What format (report, presentation, workshop) will be most effective for different audiences?

‘How to’: Carry out ‘Ecosystems mapping’

“A synthetic representation capturing all the key roles that have an influence on the user, organization and service environment.” - servicedesigntools.org

The primary purpose of ecosystem mapping is to visualise and understand the relationships, interdependencies, and dynamics between various entities within a specific ecosystem. This could be a business ecosystem, a service ecosystem, or any other network of interconnected actors. Ecosystem mapping helps identify key players, their roles, the flow of resources, and the impact of changes within a community.



Step 1:

Start off by organising different stakeholders from different organisation levels. The outer layer of the mapping activity depicts the ‘community level’ of interaction whereas the middle layer depicts the user’s personal level of interaction. Both illustrate clearly the interaction between each other in detail.

Step 2:

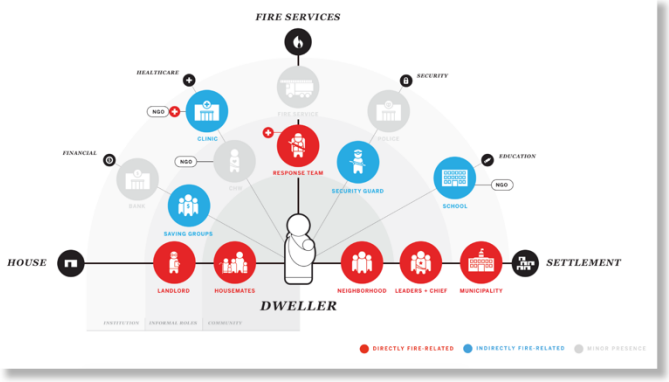
Map relationships: how do stakeholders connect and interact? (e.g., formal partnerships, informal networks, competitive relationships). Are there any power dynamics or dependencies that affect people?

Step 3:

Dissemination: how will the map be presented? (e.g., digital, print, interactive) What are the most important findings? How will you document (report, presentation) and present the findings (workshops, meetings, webinars)?

'How to': Carry out an 'Ecosystems mapping' exercise

Scenario:



'An ecosystem map to better understand fire safety in informal settlements' - Frog Design, Ethnographic Praxis in Industry Conference

The project, led by frog in collaboration with the American Red Cross, focused on designing fire prevention solutions for informal settlements in Nairobi and Cape Town. Through co-design sessions, stakeholders mapped out local fire safety ecosystems, identifying key actors, communication flows, and gaps. These maps enabled the development of adaptable, modular solutions tailored to the unique needs of different locations.

Start by clearly defining the purpose of the ecosystem mapping activity. In this case, the goal was to design and develop solutions to prevent dangerous fire outbreaks in informal settlements. Identify and engage with local stakeholders from the areas of interest (e.g., Nairobi and Cape Town). The goal here is to gather insights into the local services and actors involved in fire prevention and intervention. Use the map to identify the actors involved in fire emergencies and analyse the flow of information and communication among them. Highlight any gaps, interruptions, or inefficiencies in these processes. Use the insights gained from the ecosystem maps to plan co-design programs.

1.2 Community outreach

Ensuring meaningful engagement and outreach strategy with older immigrant people

What?	Who should be involved?	Why?	How?
Community outreach Communication and transparency	▪ Cultural leaders ▪ Local authority representatives ▪ Social care professionals ▪ Community outreach officers	Ensures effective, inclusive communication that respects cultural nuances and builds trust within the community.	▪ Discovery Phase ▪ Tailored Communication ▪ Community Engagement ▪ Feedback Loop

What? This strategy involves adopting a multi-faceted approach to communication within local communities, particularly those with diverse cultural backgrounds. It emphasises using a variety of communication methods - such as digital, print, and location-specific mediums - to effectively reach and engage all segments of the community. This approach recognises that different communities have varying preferences and habits for consuming information, with some relying more on oral traditions or word-of-mouth.

‘How to’: Community outreach

This strategy is crucial for effectively reaching and engaging diverse community members, particularly those who may be reluctant to engage with authorities or who consume information differently due to cultural or generational factors. By diversifying communication methods and understanding the cultural nuances of the community, local authorities can ensure that messages are conveyed meaningfully and inclusively, reducing misunderstandings and increasing the likelihood of community participation and engagement.

How this can be administered:

Discovery Phase: Begin by researching the local context, including the community’s preferred communication channels and cultural practices. This can be achieved through surveys, focus groups, and consultations with local leaders.

Tailored Communication: Develop communication materials in various formats (digital, print, oral) that are culturally sensitive and use simple, jargon-free language. Consider the local community’s specific needs, such as the use of informal language and clear definitions of terms that may differ across cultures.

Community Engagement: Distribute materials through channels that are most effective for the community, such as social media platforms (e.g., Facebook, WhatsApp groups), local newspapers, community centres, religious institutions, and cultural events.

Feedback Loop: Continuously assess the effectiveness of the communication methods by gathering feedback from the community and adjusting strategies as necessary. This ensures that the approach remains relevant and responsive to the community’s evolving needs.

By following these steps, local authorities can build trust and foster stronger relationships with the community, ensuring that all members are well-informed and able to participate fully in local initiatives and services.



2: Building Trust

Building trust within communities that have historically mistrusted public services is critical. Trust forms the foundation for meaningful engagement, and it's only through genuine trust that older immigrants will feel comfortable participating in the co-design process.

What?

Building trust is essential in the co-design process because it creates a foundation for genuine collaboration and meaningful engagement. Trust enables participants, especially those from vulnerable or marginalised groups, to feel comfortable and confident in sharing their experiences, perspectives, and needs. Building trust ensures that the co-design process is more inclusive, resulting in solutions that are genuinely reflective of the community's needs and aspirations.

Who should be involved?

- Community members
- Local leaders and influencers
- Co-design facilitators
- Local government representatives

Why?

Building trust is essential in communities with a historical mistrust of authorities. Understanding the roots of this mistrust - whether politically or historically driven - and addressing it through culturally sensitive approaches can help build confidence and empower participants.

Empowerment and confidence: shifting the focus towards participants' positive contributions and skills helps build their confidence, particularly among older individuals who may feel unqualified or hesitant to engage.

How?

1. Create a trust enabling environment by foster informal, culturally sensitive settings, such as common activities (e.g., cooking or singing) to build rapport.
2. Communication and transparency: be clear and open in the focus from what people lack to what people can contribute
3. Ask actionable questions that allow participants to share their stories and perspectives in various ways, such as through storytelling, visualisation, and role play

Cultural Competency Training

All facilitators undergo training to understand the cultural backgrounds, communication preferences, and historical contexts of the communities they work with.

Outcome

Facilitators become more empathetic and respectful, improving engagement quality.

Informal Engagement Activities:

Holding workshops and meetings in informal settings, like cultural centres or local cafés, creates a more relaxed atmosphere that promotes openness.

Outcome: Participants feel more at ease sharing their thoughts, leading to richer insights.

Narrative and Storytelling Tools: Allowing participants to share their personal experiences in their own words fosters deeper understanding and trust.

Outcome: Creates a space where personal stories and cultural experiences can shape service design.

Without trust, older immigrants will not engage meaningfully in the co-design process. Trust builds the foundation for successful collaboration.

Before and during the co-design session:

Create a Trust-Enabling Environment:

Informal Settings: initiate the co-design process in informal settings that are culturally familiar and comfortable for participants. This could include community centres, religious venues, or cultural hubs where people naturally congregate.

Activities like sharing meals, singing, or participating in communal tasks can help foster a sense of community and ease.

Common Activities include:

Engaging people in shared activities that align with cultural norms and values, such as cooking or storytelling, which can serve as icebreakers and reduce barriers to participation.

For researchers and co-designers: ensure that all facilitators involved in the co-design process undergo cultural competency training. This training should focus on understanding the cultural backgrounds, beliefs, and communication styles of the participants. It is crucial to be aware of potential cultural sensitivities and to approach interactions with empathy and respect.

What?	Who should be involved?	Why?	How?
Creating trust enabling environment Understanding cultural norms	▪ Community members ▪ Local leaders and influencers ▪ Co-design facilitators ▪ Local government representatives	▪ Create a rapport ▪ Ensures a collaborative, inclusive co-design process ▪ Addresses power dynamics	Creating an informal setting Creative activities

Creative tools during the co-design session

Narration Tools: incorporate storytelling into the co-design sessions. Allow participants to share their stories and experiences in their own words. This helps to build a deeper understanding of their context and fosters a connection between participants and facilitators.

Facilitates: empathy; understanding.

Visual aids and artefacts: use visualisation tools, such as graphic design, illustrations, or physical artefacts, to facilitate understanding and collaboration. Visual aids can help bridge communication gaps and ensure that all participants are on the same page.

Visual artefacts: sketches, diagrams, and prototypes.

Role play and theatre tactics: introduce creative activities like role play or theatre-based techniques to explore different perspectives and ideas. These methods can help participants express their thoughts and emotions more freely, leading to richer insights and stronger bonds.

Engage all levels: while removing managers in some settings, also ensure that there is engagement across all levels of the organisation, including top management, middle managers, and ground-level staff. This helps in aligning agendas and fostering a more inclusive co-design process.



Narration tools and visual artifacts



Creating Partnerships

3: Creating Partnerships

What?

Creating partnerships in co-design involves the strategic collaboration between various stakeholders, including community members, local authorities, academic institutions, charitable organisations, and grassroots entities. These partnerships are essential for creating a shared ownership of the design process, leverage diverse expertise and resources, and ensuring that the design outcomes are relevant, inclusive, and sustainable. Partnerships in co-design also include establishing relationships with local community groups, religious organisations, and other non-governmental entities, which are crucial for gaining trust and fostering engagement.

Who should be involved?

- Community members
- Local ambassadors ('gatekeepers')
- Local authorities and councils
- Cultural organisations and local charities
- Multi-ethic support staff

Why?

The key benefits of this step are (i) shared ownership and commitment (ii) resource and knowledge sharing, collaboration and expertise with a diverse range of stakeholders (iii) it helps to provide support for innovation between different institutions, helping to generate ideas and create actionable results.

How?

Tools and approaches:

1. Identify and engage with stakeholders
2. Establish relationships with the local community (Level 1)
3. Develop close links with organisations and local government (Level 2)

Tools & Approaches:

Stakeholder Mapping: Identifies key community members, cultural leaders, and service providers who need to be involved in the co-design process.

"The gatekeepers are important. Without them, you won't reach the community in a meaningful way." – Cultural Leader.

Outcome: Clear identification of stakeholders and their roles in the co-design process.

Partnership Development Workshops: These workshops bring together community members, local councils, and cultural organisations to co-create the design scope and build rapport.

Outcome: Stronger, more collaborative partnerships built on mutual respect and shared goals.

Incentivising Participation: Offering meaningful incentives (such as stipends, community recognition, or additional support services) ensures sustained engagement from the community.

Outcome: Increases participation by ensuring that people feel valued and rewarded for their contributions.

Why This Step Matters:

Partnerships ensure the design process is well-resourced, inclusive, and has buy-in from all stakeholders, leading to more sustainable and relevant outcomes.

Template for partnership development workshop:

- Duration:
- 3-4 hours (with breaks)
- Participants:
- Representatives from the target community (e.g., older immigrants)
- Public service stakeholders (e.g., social workers, service designers)
- Researchers or facilitators
- Partner organisations (e.g., NGOs, community groups)
- Workshop Objectives:
- Establish trust and rapport among stakeholders.
- Clarify shared goals and expectations for the co-design process.
- Identify resources, skills, and contributions from each partner.
- Create an action plan for partnership roles and next steps.

Workshop Materials:

- Flip charts or digital collaboration tools (e.g., Miro, MURAL)
- Sticky notes, markers, and pens (if in-person)
- Printed or digital handouts: Agenda, action planning templates, and Partnership Charter draft

1. Workshop Agenda
- Welcome and Introductions (20 minutes) Objective: Break the ice and set a collaborative tone.

Activities:
Facilitator welcomes participants and introduces the workshop's purpose. Participants briefly introduce themselves and share one expectation for the session.

2. Understanding Each Other's Perspectives (30 minutes)
Objective: Build empathy and awareness of different stakeholders' experiences and motivations.

Activities:
Storytelling circle: Each participant shares their perspective on the problem the co-design process aims to address. Group reflection: Discuss key themes, common goals, and differing viewpoints.

3. Exploring Collaboration Opportunities (45 minutes)
Objective: Identify how stakeholders can contribute to the partnership. Activities: Mapping exercise: Participants map their resources, skills, and networks on a shared visual board (physical or digital). Discuss potential synergies and gaps. Small group brainstorming: How can we work together to address mistrust and build rapport with the community?

4. Co-Defining Partnership Principles (45 minutes) Objective: Agree on shared values, principles, and working norms. Activities: Activity: Facilitated discussion to define principles (e.g., transparency, equity, respect). Output: Draft a "Partnership Charter" to guide collaboration.

Who Are Local Partners?

Level 1: Community and Older People

Community Members: This includes older adults, their families, and other local residents. These individuals are the primary beneficiaries of the co-design process and their involvement ensures that the design solutions meet their specific needs and preferences.

Local Ambassadors (Gatekeepers): Selected from within the community, these individuals act as liaisons between the project team and the community, helping to bridge cultural and language gaps and facilitating trust-building.

Level 2: Organisations and Local Government

Local Authorities and Councils: They provide insight into policy, funding, and implementation processes, and are key to ensuring the project aligns with local regulations and priorities.

Cultural Organisations and Local Charities: These entities are deeply connected to the community and play a critical role in reaching specific groups, especially those who might be harder to engage. They also help introduce the project to user groups, building initial trust and engagement.

Academic Institutions: Universities and research organisations can offer methodological expertise, as well as resources for piloting and evaluating co-design projects.

Multi-Ethnic Support Staff: Hiring staff from diverse ethnic backgrounds who are familiar with the community's nuances can enhance trust and communication, ensuring the co-design process is inclusive.

What?	Who should be involved?	Why?	How?
Develop close links with stakeholders by breaking them down into 2 main groups	▪ Community members ▪ Local ambassadors ('gatekeepers') ▪ Local authorities and councils ▪ Cultural organisations and local charities ▪ Multi-ethic support staff	▪ Create a rapport ▪ Ensures a collaboration ▪ Helps to support people ▪ Creates a deeper understanding of local context	1. Relationship with local community 2. Relationship: local organisations & local council

Relationships with local community: Level 1

- Build connections with local groups
- Select local ambassadors or gatekeepers who can facilitate communication between the project team and the community. These individuals can help overcome language barriers and cultural differences, particularly in reaching older adults and their families.
- Provide meaningful incentives to community members considering engagement motivations to encourage active participation

Fostering relationships with local organisation and local council: Level 2

- Collaborate with local partnering organisations, cultural institutions, and local government to define the project's scope, budget, and activities. This ensures that the project is tailored to the community's needs and has their support
- Engage with cultural organisations and local charities that can help reach specific groups within the community, ensuring that the co-design process is inclusive and comprehensive



Monitoring & Feedback

4: Monitoring & Feedback

What?

Monitoring and feedback refers to the continuous process of evaluating and refining a co-design framework through regular input from stakeholders, local communities, and external evaluators. This process ensures that the work remains relevant, effective, and responsive to the needs of the community, particularly older immigrant populations. It involves the creation of feedback channels, follow-up sessions, and the establishment of a reference panel to facilitate continuous improvement and adaptation - creating a dialogue with the local community.

Who should be involved?

- Older immigrant people and their families
- Cultural and religious groups
- Local ambassadors

- Local authorities
- NGOs and charitable organisations
- Cultural organisations and community centres

Why?

This iterative approach allows for: (i) early identification of issues, enabling timely adjustments and ensuring that the framework evolves in response to changing community needs (ii) fosters transparency and trust within the community by demonstrating a commitment to listening to and acting on stakeholder feedback (iii) helps to build accountability and sustainability, particularly in the face of potential changes in government or organisational leadership.

How?

Tools and approaches:

1. Creating a reference panel of local people
2. Follow-up sessions
3. Building feedback channels
4. Documenting and archiving

Tools & Approaches:

Establishing a Community Reference Panel: A panel of community representatives, including older immigrants, cultural leaders, and service providers, meets regularly to review progress and provide feedback.

Outcome: Continuous community engagement, ensuring services remain relevant over time.

Feedback Loops: Regular surveys, focus groups, and community meetings ensure that feedback is collected consistently.

Outcome: Allows for early detection of issues and timely adjustments to services.

Documenting and Archiving: Regularly documenting the feedback received and the changes implemented ensures that the co-design process is transparent and accountable. Outcome: A clear record of the framework's evolution, which can be used to inform future projects.

Why This Step Matters: Continuous feedback ensures that services evolve with the community, maintaining their relevance and effectiveness over time.

Before the co-design process:

Preparation and engagement

Before initiating the co-design process, it is essential to establish trust and clear communication channels with all stakeholders. This includes forming partnerships with local organisations, training peer researchers, and selecting community ambassadors to facilitate communication and engagement. The project scope, budget, and activities should be co-created with local partners to ensure alignment with community needs.

Key Actions:

- Build relationships with local community leaders and organisations.
- Train peer researchers and community representatives.
- Define project scope and objectives collaboratively with local stakeholders.
- Establish initial feedback mechanisms and set expectations for the co-design process.

After the co-design process:

Implementation & monitoring

Following the co-design sessions, the focus shifts to implementing the framework and ensuring its sustainability through continuous monitoring and feedback. This involves regular follow-up sessions, engaging the reference panel for ongoing input, and documenting outcomes for future reference. The project should also include strategies for broader dissemination of the framework's impact and learnings within the local government and community.

Key Actions:

- Implement the co-design framework and monitor its impact.
- Engage the reference panel for regular feedback and updates.
- Document outcomes and create case studies for future use.
- Disseminate findings and ensure the framework's integration into broader strategic objectives.

Establishing a community reference panel:

A group reference panel is typically composed of representatives from the older immigrant community, as well as members from minority groups who have been involved in the co-design process or who may be involved in the co-design process. This panel will play an essential role in providing ongoing feedback and ensuring that the framework reflects the needs and experiences of these communities.

The panel will meet regularly to review the progress, discuss any challenges or changes, and provide recommendations for improvements. These meetings will also serve as a platform for the community to voice concerns or suggest modifications based on their lived experiences.

The reference panel will work closely with social care professionals, local authorities, and NGOs to ensure that the framework is implemented effectively and that it remains relevant over time.

Before the co-design process, the reference panel is established and introduced to all key stakeholders. This ensures that the panel is involved from the very beginning, contributing to the design and implementation strategy and setting a foundation for continuous engagement throughout the project. Actions: Integrate the reference panel's insights into the initial design and outreach strategies

After the co-design sessions, the reference panel will continue to play a critical role in the on-going monitoring and feedback process. Insights are integral to assessing the impact of co-design, making necessary adjustments, ensuring process remains culturally sensitive and responsive to the needs of the community. Actions: regular engagements, reviewing progress, inform continuous improvements and adaptations



Managing Governance

5: Managing Governance

What

Managing governance refers to the internal structures, processes, and leadership roles that need to be adapted to create a supportive environment for co-design within local authorities. It includes promoting flexibility, collaboration across teams, and recognising the importance of trial and error in public sector innovation.

Why

The successful implementation of co-design processes within local authorities requires a governance structure that is adaptable, responsive, and supportive of collaborative innovation. Managing governance in the context of co-design involves addressing the organisational culture, leadership roles, project ownership, and the conditions for fostering creativity and flexibility within public sector environments. Managing Governance integrates the concepts of internal collaboration, flexibility, and leadership in ensuring the right environment is created for co-design to thrive within local authorities. This will help align the organisational culture with the dynamic needs of co-design, paving the way for more innovative and inclusive service design practices.

Who should be involved?

- Top Leadership and Senior Managers: To drive culture change and provide strategic support.
- Middle Managers and Frontline Staff: To ensure operational integration of co-design.
- Design Ambassadors: To champion co-design practices within different departments.
- Project Owners and Co-design Teams: To implement iterative design processes.
- External Partners (NGOs, community groups): For broader input and collaborative innovation.

How

- Promoting Flexibility and Experimentation
- Breaking Down Silos
- Building Capacity Across All Levels
- Documenting and Sharing Learnings
- Embedding Feedback Loops
- Encouraging Leadership Engagement
- Introducing Metrics for Accountability

Outcome

- Increased collaboration across teams, breaking down silos
- A more adaptive and flexible approach to project management within local authorities. Wider understanding and application of co-design principles through internal capacity building
- Improved service outcomes that reflect the needs of the community, thanks to ongoing feedback and a culture that embraces trial and error

Ensuring Conditions for Co-Design

One of the core challenges identified in co-design practices within local authorities is the existence of siloed teams and an issue of ownership that limits collaborative innovation. To address this, the following actions are recommended:

- Documenting the learning process: Creating a system for capturing insights, challenges, and successes from co-design activities helps to inform future projects and fosters a culture of continuous learning.
- Case Study Archive: Establishing a comprehensive archive of case studies ensures that the co-design journey is visible across the organisation, providing reference points for future projects.
- Working in a joined-up manner: Moving beyond the traditional siloed approach to ensure that different teams within local government collaborate and share ownership of the process is essential. This requires a shift in the current ownership attitudes, which often have a detrimental impact on co-design.

Building Responsiveness and Flexibility

To support co-design, local authorities must embrace a flexible approach to governance, allowing for greater experimentation and responsiveness. Key points include:

- From rigidity to flexibility: Traditional organisational cultures often prioritise protective systems that resist change. Introducing flexibility into project approval processes will allow for more adaptive co-design practices.
- Building for experimentation: Co-design is inherently ambiguous and requires an openness to trial and error. Teams must embrace the "invisible value" of co-design, accepting that much of the process is iterative and may not yield immediate tangible outcomes.
- Lab Methodology: Local authorities should adopt a lab-based approach where brainstorming, idea iteration, and openness to new participants are encouraged. This creates an environment conducive to continuous learning and adaptation.

Design Coaching and Capacity Building

To create a common understanding of co-design principles across all levels of local authorities, it is crucial to establish organisation-wide education and training programs:

- Organisation-wide campaign: Introducing design coaching, service design, and design thinking principles across teams ensures a baseline understanding of co-design.
- Communicating the social impact: There must be a shared understanding of the long-term value and social impact of co-design, and the role of the designer as a facilitator of public innovation.
- Design Ambassadors: Creating a network of design ambassadors within the organisation helps spread the awareness and learnings from co-design projects, ensuring wider recognition and accountability.
- Impact metrics and accountability: Introducing metrics to measure the impact of co-design will ensure that the value of these processes is tracked and understood across the organisation.

Recommendations for Effective Governance in Co-Design

- Foster cross-team collaboration: Break down silos within local authorities to ensure ownership is shared, rather than concentrated in specific teams, to facilitate a more collective approach to co-design.
- Encourage flexible governance: Traditional approval processes often hinder the flexible, iterative nature of co-design. Local authorities should revise these systems to allow for more adaptive decision-making.
- Develop capacity across all levels: Training programs on co-design and design thinking should be embedded across all levels of the organisation to ensure a common understanding and consistent support for co-design projects.
- Empower design ambassadors: Establish a network of internal champions who can advocate for co-design and ensure the lessons learned from projects are communicated organisation-wide.
- Embed ongoing feedback loops: Introduce mechanisms for continuous feedback and monitoring to assess the effectiveness of co-design initiatives and make real-time adjustments where necessary.

Evaluation and Monitoring Templates

1. Governance and Leadership Evaluation Template for UK Local Government
Objective: To assess whether governance structures effectively support co-design processes

Category	Questions / Indicators	Methods	Frequency
Leadership commitment	- Are senior leaders actively supporting the co-design initiative? - Are governance roles (e.g., ambassadors, project owners) clearly defined and understood? - Are leaders fostering collaboration across departments?	- Interviews with team leads - Observational audits - Participant	Quarterly
Cross-team collaboration	- Are silos between teams being broken down effectively? - Are cross-departmental workshops or joint goals established?	- Review of team action plans - Workshop feedback forms	Quarterly
Accountability	- Are governance members held accountable for supporting co-design activities? - Is feedback from stakeholders integrated into governance discussions?	- Stakeholder surveys - Minutes from governance meetings	Bi-annually
Cultural competency	- Have governance teams received training in cultural sensitivity and inclusivity? - Are governance practices reflective of diverse stakeholder needs?	- Training records - User surveys - Evaluation of cultural appropriateness in decision-making	Annually

Evaluation and Monitoring Templates

2. Monitoring and Evaluation of Co-Design Processes
Objective: Ensure co-design activities are meeting objectives and producing meaningful outcomes.outcomes.

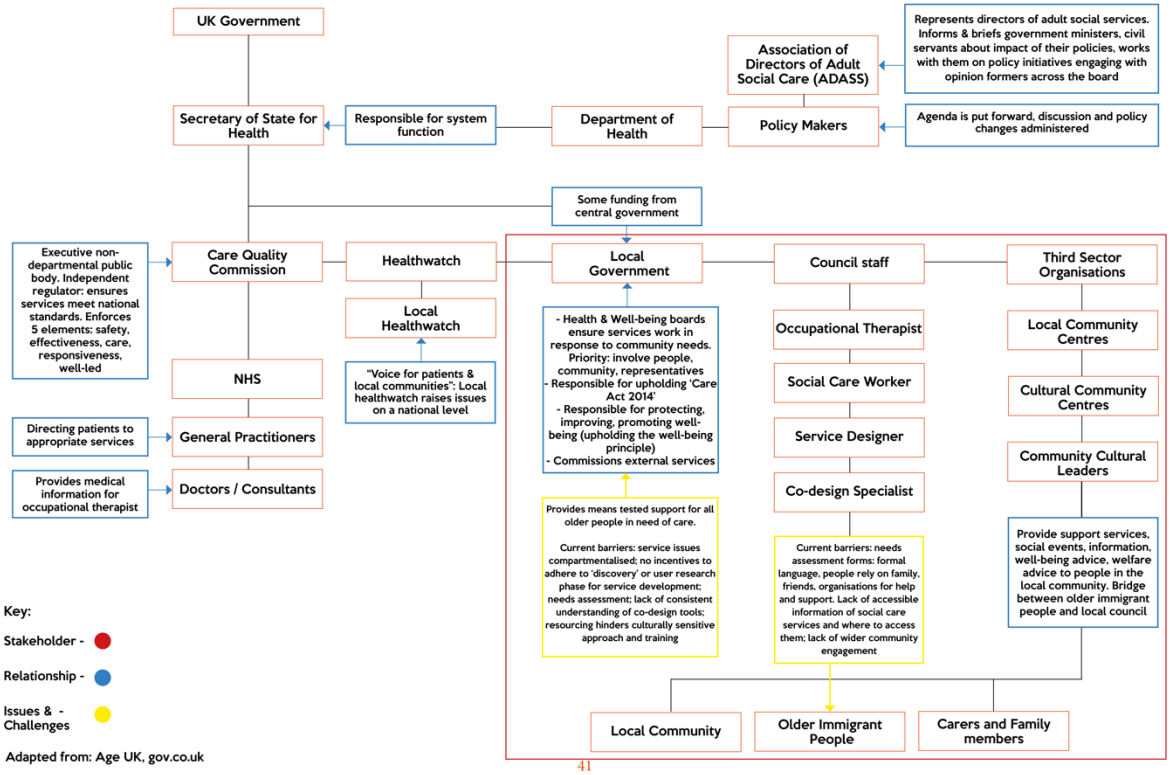
Category	Questions / Indicators	Methods	Frequency
Stakeholder inclusion	- Are marginalised groups adequately represented in the co-design process? - Is stakeholder feedback actively incorporated?	- Attendance logs - Stakeholder interviews	Per session
Adaptability	- Are tools and activities adapted to meet the cultural and linguistic needs of participants? - Are new challenges addressed flexibly?	- Observation of co-design sessions - Feedback from participants	Per session
Quality of engagement	- Are engagement activities (e.g., storytelling, role-playing) effective in fostering collaboration? - Do participants feel valued and respected in the process?	- Post-session participant surveys - Focus group discussions	Per session
Communication	- Are communication methods accessible and inclusive (e.g., plain language, multilingual materials)? - Are participants informed of updates and project progress?	- Document review - Communication audits	Monthly

Evaluation and Monitoring Templates

3. Measuring Impact
Objective: Evaluate the impact of the co-design framework on participants, systems, and outcomes.

Category	Questions / Indicators	Methods	Frequency
Participant outcomes	- Has participant confidence in engaging with services improved? - Do participants feel empowered to contribute meaningfully?	- Pre- and post-engagement surveys - Interviews with participants	Per phase
Service outcomes	- Are services being improved based on co-design findings? - Are services more inclusive and accessible?	- Document review of service updates - Service user feedback	Annually
Social outcomes	- Is trust between participants and authorities improving? - Are community connections being strengthened?	- Social network analysis - Community feedback sessions	Annually
Metrics of success	- What percentage of recommendations from co-design are implemented? - Are evaluation goals met (e.g., stakeholder satisfaction, enhanced service inclusivity)?	- Review of progress reports - Metrics tracking (e.g., implementation rates, inclusivity scores)	Quarterly

Current map of UK Adult Social Care

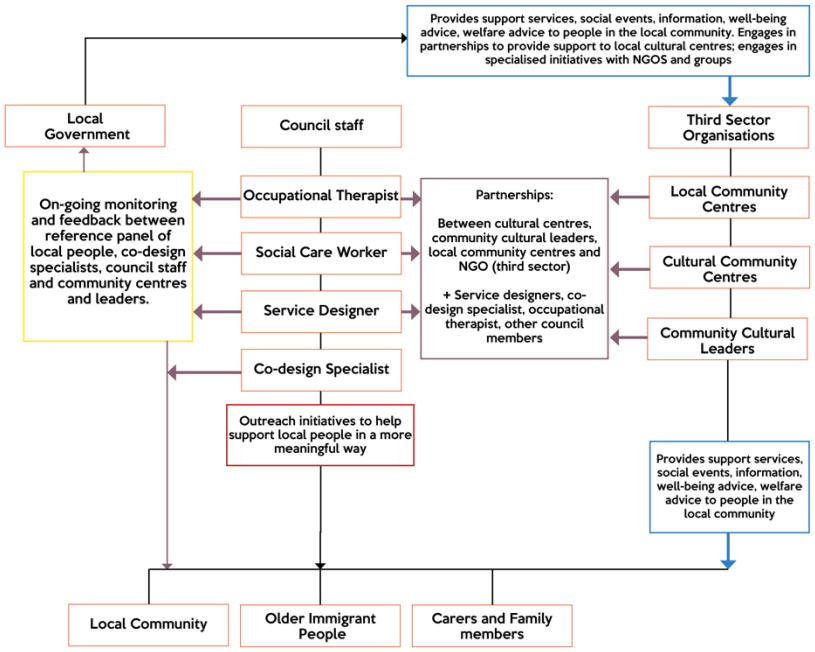


Adapted from: Age UK, gov.co.uk

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Map of UK Adult Social Care System after applying the co-design framework

Proposed stakeholder map: Focuses the UK Adult Social Care by applying the co-design framework, streamlining stakeholders to prioritise local engagement. Compared to the current system, entities such as the UK Government, NHS, Care Quality Commission, Healthwatch, and policy-makers are excluded. This shift reflects the focus on the regional and community-level interactions that directly impact older immigrant people, carers, and local communities. By centring the framework on council staff, third-sector organisations, and community leaders, this map aims to highlight how co-design can enhance collaboration, trust-building, and service accessibility.



Adapted from: Age UK, gov.co.uk

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Glossary of key terms:

Co-Design
A collaborative design process where stakeholders, including service users, community members, and professionals, work together to design solutions that meet specific needs.

Community Profiling
A systematic approach to gathering data about the demographics, needs, resources, and social structures of a specific community to inform service design and development.

Ecosystem Mapping
A visual representation of relationships, roles, and interactions between stakeholders, organisations, and resources within a specific community or service environment.

Cultural Competency
The ability to understand, respect, and appropriately respond to the cultural norms, beliefs, and needs of diverse communities during service delivery or engagement processes.

Trust-Building
The process of fostering confidence and mutual respect between service providers and communities to overcome mistrust and encourage collaboration.

Stakeholder Mapping
Identifying and analysing individuals, groups, or organisations that have an interest in or influence over a project to ensure their inclusion and effective collaboration.

Monitoring and Feedback
Continuous processes of evaluating service performance and gathering input from stakeholders to refine and adapt services based on real-time community needs.

Governance
The structures, processes, and leadership practices within an organisation or local authority that enable effective decision-making, collaboration, and innovation.

Reference Panel
A group of community representatives, including older immigrants and other key stakeholders, formed to provide regular feedback on the co-design process and its outcomes.

Inclusive Design
A design approach that ensures services are accessible and usable by as many people as possible, including those from vulnerable or marginalised groups.

Participatory Tools
Techniques used to engage community members in the co-design process, such as storytelling, visualisation, and role-playing, to capture diverse perspectives and ideas.

Lab-Based Methodology
An experimental and iterative approach to public sector innovation, where ideas are continuously tested, refined, and adapted in a collaborative environment.

Super User
A highly experienced or heavily involved service user who provides deep insights into service challenges and opportunities during the co-design process.

References:

[1] Dietrich, T., Trischler, J., Schuster, L., & Rundle-Thiele, S. (2017) 'Co-Designing Services with Vulnerable Consumers'. Journal of Service Theory and Practice, 27(3), pp. 663–88.

[2] Hawtin, M., & Percy-Smith, J. (2007) 'Community profiling: A practical guide'. McGraw-Hill Education.

[3] Service Design Tools. (n.d.). Ecosystem map. Service Design Tools. Retrieved September 03, 2024, from https://servicedesigntools.org/tools/ecosystem-map#:~:text=The%20ecosystem%20map%20is%20a,type%20of%20value%20they%20exchang

6.5.3 Implementation of the Co-Design Framework

This subsection presents 3 practical scenarios to illustrate the implementation of the co-design framework for engaging older immigrant populations in public service design. Each scenario demonstrates how the framework's pillars: *Understanding People, Building Trust, Creating Partnerships, Monitoring and Feedback,* and *Managing Governance*, can be tailored to address specific challenges and needs in different community contexts.

The scenarios are designed to provide actionable insights into the application of the framework across diverse service areas, such as social care and health and well-being. They explore real-life contexts where older immigrant people face unique barriers, such as cultural and language challenges, mistrust of institutions, and limited access to tailored services. By employing the co-design framework, these scenarios showcase how collaborative, inclusive, and culturally sensitive service design can improve engagement, foster trust, and create meaningful partnerships with vulnerable populations.

Each scenario is structured to reflect the iterative nature of the framework, from initial engagement and trust-building to partnerships and governance. The monitoring and feedback mechanisms ensure that the services remain responsive to community needs and sustainable in the long term. Together, these scenarios serve as both examples of implementation and a guide for adapting the framework to other public service challenges.

6.5.3.1 Scenario 1

'Improving social care for older immigrant people in a suburban UK area'

The context is a suburban community with a significant population of older immigrant people facing challenges in accessing and engaging with social care services. Many of

the older residents experience cultural and language barriers, mistrust in government institutions, and a lack of services that align with their traditions and values. The local council has initiated a co-design process to develop social care services that are culturally driven, sustainable, and trust based.

The initial phase, ***Understanding People***, focuses on gathering knowledge, understanding the local cultural dynamics, and ensuring the voices of older immigrant residents are at the heart of the project. Actions in this phase include organising a community gathering at the local community centre, inviting social care workers familiar with existing gaps in service delivery, cultural leaders from immigrant communities, and older immigrant people who will directly benefit from the initiative. This gathering creates a safe space where participants can share their experiences with the current social care system, describe the barriers they face, and articulate the cultural practices that influence their care preferences. Discussions centre on identifying cultural care practices, understanding how traditions, family involvement, and community care currently operate, and exploring the specific communication challenges caused by language barriers. The process seeks to determine what older immigrant people expect from social care services and how these services can better align with their cultural values and needs.

The second phase, ***Building Trust***, aims to ensure the community feels comfortable participating in and sharing feedback throughout the project. Actions in this phase include fostering familiarity between social care staff and the community, particularly addressing perceptions of social care workers as distant or culturally insensitive. To achieve this, participants are encouraged to share their personal stories of care needs, supported by culturally trained facilitators who help bridge the communication gap. Social care workers undergo cultural competency training informed by insights from the first phase. This training focuses on understanding the traditions and values of different immigrant groups and the critical importance of family involvement in care decisions. These efforts help establish a foundation of trust and collaboration between the community and the social care system.

The third phase, ***Creating Partnerships***, centres on establishing strong collaborations between local organisations, care providers, and the community. Actions include forming partnerships with cultural associations representing immigrant groups, religious institutions serving as community hubs, and healthcare providers capable of tailoring medical care to the needs of older immigrant people. By fostering these relationships, the project ensures the co-design process is well-resourced and aligned with the cultural and medical requirements of the community.

The fourth phase, ***Monitoring and Feedback***, ensures the services remain aligned with community needs and expectations. Actions involve creating a network of community liaisons who act as intermediaries between older immigrant people and social care providers. These liaisons gather feedback regularly, ensuring emerging issues are identified and addressed promptly. Feedback mechanisms include focus groups with older immigrant people, digital platforms for family members to submit feedback on behalf of their elderly relatives, and community-defined indicators to measure social impact. These indicators include reported quality-of-life improvements among older immigrant people, perceptions of cultural appropriateness of services, and increased engagement with social care services by previously isolated individuals.

Finally, the fifth phase, ***Managing Governance***, establishes a governance structure that is flexible, responsive, and supportive of the co-design process. Actions include integrating the initiative into local council operations, ensuring that lessons from the project inform broader policies and practices. This involves embedding a system for continuous learning and improvement within the council, enabling the services to adapt to evolving community needs. This governance approach fosters innovation and supports the long-term sustainability of the co-designed social care services.

This scenario demonstrates the transformative potential of the co-design framework in addressing the unique needs of older immigrant populations. By actively involving the community in every phase of the process, the initiative ensures that social care services are inclusive, culturally appropriate, and responsive to those they aim to serve.

6.5.3.2 Scenario 2

'*Enhancing digital literacy among older immigrant populations in urban UK areas*'

The context is an urban community with a high population density and diverse cultural backgrounds. Many older immigrant people in this setting struggle with accessing digital services due to a lack of digital literacy, language barriers, and mistrust towards digital platforms. The local council has initiated a co-design project to improve digital literacy, ensuring older immigrant people can effectively engage with online public services and benefit from technological advancements in healthcare, social care, and community engagement.

The initial phase of engagement focuses on ***Understanding People***. In this phase, the project team conducts a comprehensive exploration of the older immigrant population's specific digital needs and barriers. Actions include organising focus groups in trusted community spaces, such as cultural centres or places of worship, to engage older adults, their families, and community leaders. Discussions revolve around 1) the participants' current use of technology, 2) cultural and generational attitudes towards digital tools, and 3) barriers such as fear of fraud, lack of confidence, or inadequate support. Additionally, ecosystem mapping is employed to identify key stakeholders, such as tech-savvy community members, cultural ambassadors, and local tech organisations, who can contribute to the initiative.

The second phase, ***Building Trust***, ensures sustained community participation. **Actions includ**e informal workshops where participants can learn and practice basic digital skills in a culturally familiar environment. For instance, sessions on using smartphones for video calls to connect with family abroad or accessing translated information on healthcare services. The facilitators undergo cultural competence training to tailor digital tools to the cultural norms and communication styles of the participants. The workshops also encourage storytelling, where older immigrant people share their digital experiences, fostering a collective learning atmosphere and reducing apprehension.

In the third phase, ***Creating Partnerships***, the focus is on establishing collaborations with local libraries, tech companies, and community organisations. Actions include forming partnerships with libraries to offer free digital training sessions, tech companies to provide affordable or refurbished devices, and cultural organisations to ensure training content is culturally relevant and translated. Collaboration with younger volunteers from the immigrant community, such as students or tech professionals, creates an intergenerational mentoring programme, strengthening community bonds.

The ***Monitoring and Feedback*** phase ensures continuous improvement. Actions involve establishing a feedback panel of older immigrant participants and their family members to evaluate the training sessions' relevance and accessibility. Feedback is collected through focus groups, digital surveys, or informal check-ins during community events. Metrics for success include the number of participants who feel confident using digital tools, increased access to online public services, and reduced reliance on intermediaries.

Finally, the initiative aligns with the ***Managing Governance*** pillar by integrating the project outcomes into the local council's digital inclusion strategies. Actions include creating a repository of culturally adapted digital training resources and standardised processes for replicating the initiative in other urban areas. The local council also implements flexible policies to fund ongoing digital literacy programmes, ensuring sustainability and long-term community impact.

This scenario highlights how co-design frameworks can empower older immigrant people to overcome digital barriers, fostering inclusivity and improving their quality of life.

6.5.3.3 Scenario 3

“Designing Health and Well-being Services for Older Immigrant people in a Coastal UK Town”

The context is a coastal town with an ageing population that includes a significant number of older immigrant people. Many of these individuals face difficulties accessing health and well-being services due to cultural barriers, language differences, and a lack of tailored programmes addressing their unique needs. The local health authority and community organisations have initiated a co-design process to create inclusive, culturally sensitive health and well-being services.

The initial phase, ***Understanding People***, focuses on identifying and exploring the specific needs, cultural practices, and health behaviours of the older immigrant population. Actions include organising initial engagement sessions at community centres, inviting health professionals, cultural leaders, and older immigrant residents to participate. These sessions provide a platform for older immigrant people to share their experiences with the healthcare system, discuss barriers they face in accessing services, and describe cultural approaches to health and well-being. Facilitators guide conversations to explore how traditional health practices, dietary preferences, and family involvement influence the community's health decisions. Additionally, ecosystem mapping is used to identify the stakeholders who play critical roles in supporting health and well-being, such as cultural associations, faith leaders, and local healthcare providers.

The second phase, ***Building Trust***, ensures that older immigrant people feel confident engaging with healthcare professionals and contributing to the design process. Actions include creating informal, culturally sensitive workshops where participants discuss their health concerns and preferences in a relaxed and welcoming environment. These workshops incorporate storytelling, allowing individuals to share their lived experiences of accessing healthcare. Trust-building activities include cultural competency training for healthcare staff, where they learn about the traditions, values, and communication styles of different immigrant communities. These efforts not only address past perceptions of insensitivity but also create a foundation for collaboration and mutual respect.

The third phase, ***Creating Partnerships***, is dedicated to forming strong collaborations between health services, local organisations, and community groups. Actions include establishing partnerships with cultural associations and religious institutions to act as intermediaries in promoting health initiatives. Local charities specialising in immigrant health are engaged to provide expertise and support in tailoring services to specific cultural needs. The partnerships also include creating a volunteer network of community health ambassadors from the immigrant population, who can bridge gaps in language and trust between the health providers and the community. By working together, stakeholders ensure that the designed services are inclusive, accessible, and reflective of the community's values.

The fourth phase, ***Monitoring and Feedback***, ensures the health and well-being services remain responsive and effective over time. Actions involve the creation of a health and well-being advisory panel comprising older immigrant people, healthcare providers, and cultural leaders. This panel meets regularly to review the services, identify emerging issues, and propose adjustments. Feedback is collected through focus groups, regular community meetings, and anonymous surveys distributed through local organisations. Metrics for success include improvements in health outcomes, increased utilisation of health services by older immigrant people, and community satisfaction with the cultural appropriateness of the programmes. These mechanisms create an ongoing dialogue, fostering a sense of ownership and continuous improvement.

The fifth phase, ***Managing Governance***, focuses on embedding the co-design framework into the local health authority's operations to ensure sustainability and adaptability. Actions include establishing a flexible governance structure that integrates community feedback into decision-making processes and prioritises collaboration across departments. Policies are put in place to allocate resources for ongoing cultural competency training and the recruitment of multilingual staff. Additionally, the co-design process is documented in a series of case studies to serve as a model for other towns with similar populations. This ensures that the initiative's impact is sustained and replicated beyond the coastal community.

This scenario highlights how the co-design framework can address the intersection of health, culture, and community engagement. By involving older immigrant people and stakeholders in every phase, the initiative fosters inclusivity, trust, and long-term health improvements for a vulnerable population.

6.6 Chapter Summary

This chapter brings together the key findings from the development and evaluation of the co-design framework. Expert interviews and feedback from older immigrant participants provided a strong iterative process for framework evaluation, which highlighted the importance of trust-building, representation, and governance flexibility in ensuring the framework's effectiveness in public service design. The next and final chapter brings together the research by revisiting the study's key research questions, objectives. It outlines the theoretical and practical contribution of the co-design framework.

Chapter: 7 CONCLUSION

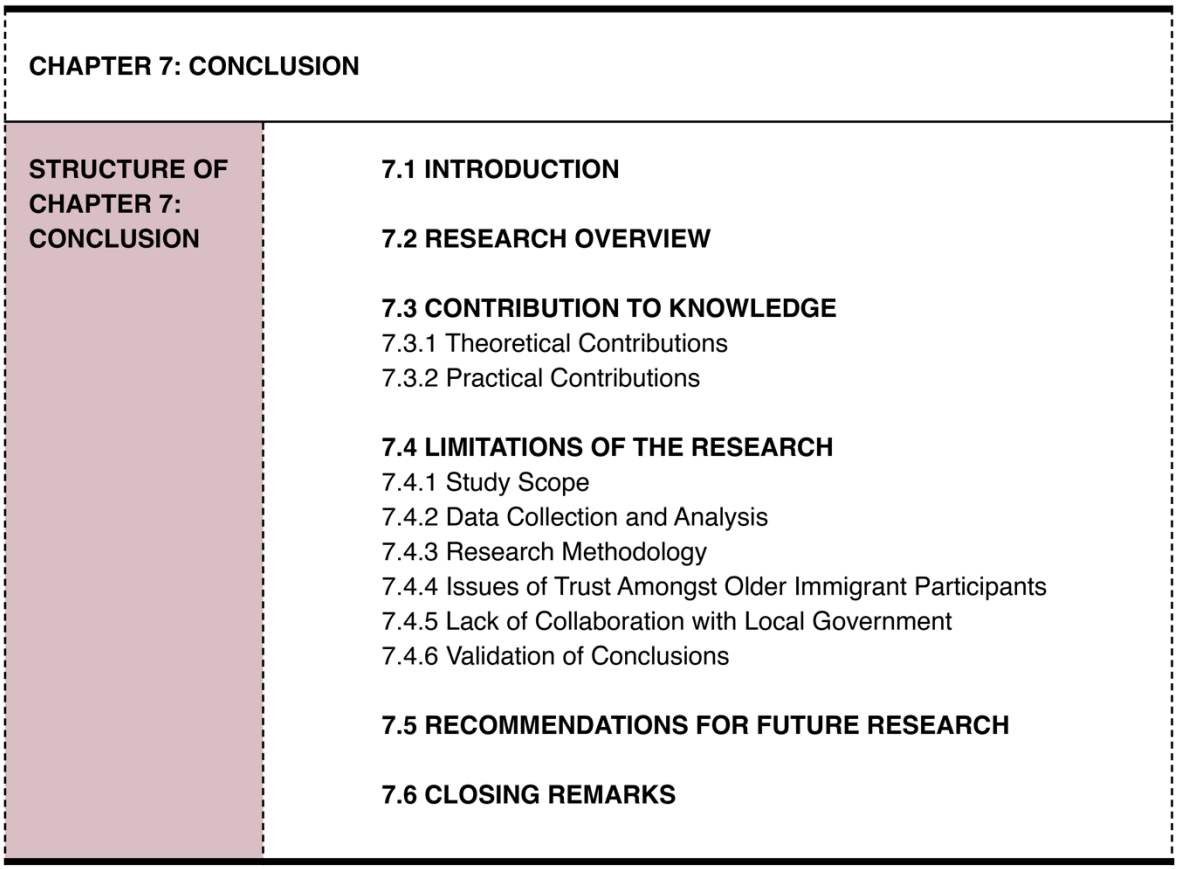


Figure 58: Structure of Chapter 7

7.1 Introduction

This chapter brings the research study to a close by revisiting the key research questions, objectives, findings, and the contributions made to addressing the research gap. The study aimed to develop a robust co-design framework for social care service development, building on existing co-design principles and adapting them to meet the needs of older immigrant populations. Key research questions guided this investigation along with supporting questions as follows:

Key Research Question:

How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK?

To address the main research question, the study explores the following sub-research questions:

- What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?
- What insights can be drawn from international approaches to co-design and social care for older immigrant people?
- How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?

In the subsequent sections, the chapter details how these research questions were addressed through the objectives set out in the study. The findings and contributions are summarised, with a focus on their theoretical and practical implications. Finally, the chapter discusses the limitations of the research and offers recommendations for future exploration in the field of co-design and public service development.

7.2 Research Overview

Table 46 below, outlines the primary research questions and several supporting questions, corresponding objectives, and the chapters in which these objectives are addressed. It provides a structured framework for understanding how the study was designed to explore and answer the three primary research questions. It links each objective to specific chapters, demonstrating a logical progression in the research process. The table illustrates how the study builds on theoretical foundations (Chapters 2 and 5), gathers practical insights (Chapter 4 and 5), and culminates in the development and evaluation of the co-design framework (Chapter 6). This structured approach ensures that the research questions are systematically addressed, contributing to both theoretical knowledge and practical knowledge.

Table 46: Research Questions and Objectives Answered

RESEARCH QUESTIONS	OBJECTIVES	CHAPTER	
Key Research Question: How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK? **Supporting questions:** What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?	**OBJ 1.** To gather relevant research, theory and definitions of co-design, service design, and social care services; to gather research on the experience of older immigrants in social care. **OBJ 2.** To identify all stakeholders and their contribution to social care; to understand current barriers and identify opportunities where co-design can help improve stakeholder partnerships. **OBJ 4.** To examine and compare the social care service experiences of older immigrants and native populations, identifying differences and commonalities. **OBJ 7.** To formulate and evaluate a co-design framework, that aims to improve the development of social care services with older immigrant people and enhance stakeholder partnerships	**CHAPTER 2** **CHAPTER 4** **CHAPTER 5** **CHAPTER 6**	Discover Define
Supporting questions: What insights can be drawn from international approaches to co-design and social care for older immigrant people? How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?	**OBJ 3.** To gather and compare findings of social care services of MEDCs (more economically developed countries) and key learnings from co-design projects. **OBJ 6.** To examine the operational practices of social care services across diverse cultural contexts, identifying key challenges, opportunities, and transferable insights. **OBJ 5.** To explore the relationships between local communities, community leaders, and social care service providers, identifying their roles, interactions and impact.	**CHAPTER 2** **CHAPTER 4** **CHAPTER 5**	Develop Deliver

This chapter concludes the research study as it revisits key research questions, objectives, the study's findings and key contributions to research gap. The research aimed to develop a co-design framework, building on existing co-design guidelines and principles. The initial phases of the research produced two key research questions:

Key research question: How can co-design principles be applied to develop a co-design framework that improves social care services for older immigrant people in the UK?

This research has established that co-design is a valuable but underutilised approach in the development of social care services for older immigrant populations. The literature review provided an extensive exploration of co-design methodologies, outlining their historical evolution, theoretical underpinnings, and their application in public sector service design. It highlighted that while co-design has been successfully implemented in various healthcare and community-based projects, its integration into social care services remains inconsistent, particularly in the context of immigrant populations. The analysis of existing frameworks demonstrated that current participatory methods often overlook the structural barriers faced by older immigrant people, such as language limitations, cultural misalignment, and a deep-seated mistrust of statutory services. The study also examined the policy landscape, revealing gaps in service accessibility and the limited involvement of older immigrant users in decision-making processes. These insights framed the necessity of a more structured and adaptable co-design approach that directly addresses the lived experiences and challenges of older immigrant people in the UK.

Case studies provided comparative insights into how co-design has been adapted in different national contexts, reinforcing the importance of flexible, locally driven implementation strategies. The primary data collection phase deepened this understanding by drawing on interviews and focus groups with older immigrant people, social care practitioners, and community leaders. These findings confirmed that while co-design offers significant potential for improving social care services, its success is contingent on trust-building, stakeholder engagement, and the provision of culturally relevant tools. A key revelation was that co-design processes must account for power imbalances between service providers and users, ensuring that participation is not merely symbolic but leads to meaningful influence on service development. These insights informed the recommendations, which propose a framework that integrates co-design principles into social care services through iterative, trust-based engagement and multi-stakeholder collaboration.

Key research questions:

What specialised tools and approaches can support more meaningful engagement of older immigrant people in co-design processes?

A core finding of this research is that traditional participatory design methods do not adequately support the involvement of older immigrant people in co-design processes. The literature review and case studies identified that many existing tools assume a baseline familiarity with digital platforms, structured feedback mechanisms, and formal engagement processes, assumptions that often exclude marginalised user groups. The study explored alternative methodologies, such as storytelling, culturally mediated design workshops, and visualisation techniques, which have proven to be more effective in bridging communication gaps and making participation more accessible to non-native speakers and those unfamiliar with public sector engagement. These tools encourage more meaningful interactions by prioritising lived experience and informal networks as sources of expertise.

The primary data collection phase reinforced these findings, as older immigrant participants expressed a preference for engagement techniques that are narrative-driven and relational rather than purely transactional. Interviews with community leaders further underscored the importance of sustained engagement over one-off consultations, indicating that effective co-design requires long-term relationship-building rather than short-term interventions. By synthesising these insights, the study developed recommendations that emphasise the importance of culturally tailored tools, including visual and tactile methods, the use of trusted intermediaries for facilitation, and co-design processes that allow for iterative engagement rather than singular participation events. These elements are integrated into the proposed framework, ensuring that co-design approaches are not only inclusive but also responsive to the specific needs of older immigrant populations.

What insights can be drawn from international approaches to co-design and social care for older immigrant people?

The comparative case studies of social care systems across different countries provided a crucial foundation for evaluating best practices and identifying transferable insights for the UK context. The literature review established that while co-design is gaining traction globally, its implementation varies significantly based on governance structures, funding models, and societal attitudes towards immigrant populations. In countries such as Denmark and Finland, co-design in social care has been embedded within broader welfare policies that prioritise community-driven service provision, whereas in the UK, fragmented service delivery and inconsistent policy commitments have created barriers to sustained participatory design. The study identified that successful co-design practices in international contexts tend to feature strong intersectoral collaboration, the presence of embedded facilitators who act as cultural mediators, and a greater emphasis on participatory governance rather than one-off engagement exercises.

Primary data analysis revealed that while some of these international best practices could be adapted to the UK, the socio-political landscape presents distinct challenges. The case studies demonstrated that co-design initiatives are most effective when they are locally driven rather than imposed through top-down policy mandates. Additionally, the research highlighted that systemic trust issues between immigrant communities and public institutions remain a significant barrier to co-design adoption. These findings informed the study's recommendations, which advocate for a decentralised and community-anchored approach to co-design, ensuring that service development aligns with local needs and leverages existing community networks.

How do socio-cultural and systemic factors shape older immigrant people's experiences of accessing social care services?

This research has underscored that socio-cultural factors and systemic barriers significantly shape the way older immigrant people interact with social care services. The literature review outlined the structural challenges that influence access to care, including legal status, language proficiency, and socio-economic positioning, while also exploring the cultural dimensions that impact service uptake, such as attitudes towards

state intervention and intergenerational caregiving norms. A key insight from this analysis was that older immigrant people often experience dual marginalisation—both as elderly individuals navigating ageing-related challenges and as immigrant people who face additional institutional and social barriers.

The primary data collection phase confirmed that many older immigrant people avoid formal social care services due to mistrust and unfamiliarity with the system, instead relying on informal support networks within their communities. Case study findings highlighted that systemic rigidity, such as eligibility thresholds and assessment procedures, further alienate this user group by failing to accommodate diverse lived experiences. The study also identified that service providers often lack the cultural competency required to engage with immigrant communities effectively, reinforcing exclusionary practices. These insights directly informed the recommendations, which call for policy adjustments that integrate flexibility into service delivery, ensure culturally competent training for service providers, and establish long-term strategies for trust-building between older immigrant populations and public institutions.

Recommendations and Framework Development

The culmination of these research findings has led to the development of a set of strategic recommendations aimed at embedding co-design more effectively within social care services for older immigrant people. The recommendations emphasise a three-tiered approach: building trust through sustained engagement, adapting participatory design tools to suit diverse user needs, and ensuring systemic alignment through policy and governance reforms. The proposed framework integrates these elements, offering a structured yet adaptable model for implementing co-design within local government and community-led initiatives. This framework is designed to be iterative, allowing for continuous refinement based on stakeholder feedback and evolving community needs. By addressing both the practical and systemic challenges identified in this research, these recommendations provide a pathway towards more inclusive, responsive, and effective social care services for older immigrant people in the UK.

7.3 Contributions to knowledge

This research contributes to knowledge by developing and empirically grounding a co-design framework for improving UK social care services with and for older immigrant people. It offers contributions across (i) co-design theory in public service contexts, (ii) evidence on the lived experience of an under-represented user group in social care, and (iii) practical guidance for implementing culturally adaptive and trust-based co-design in local service development. The contributions below explicitly address the research gaps identified in Chapter 2 (p.125).

7.3.1 Addressing the Research Gaps: How this Study Fills Gaps Identified in Chapter 2

The literature review identified several gaps relating to the limited attention given to older immigrant people in social care co-design, the lack of culturally adaptive tools and guidance, and weak linkage between participatory ideals and the realities of implementation in local government contexts. This study addresses these gaps as follows.

Gap 1: Limited focus on older immigrant people in co-design and social care research

- **Gap identified (p.125):** Older immigrant people are under-represented in co-design research within social care contexts, and their experiences are often discussed indirectly or through broader "ethnic minority" framings that overlook age-related and migration-related challenges in combination
- **How this research responds:** This study generates empirical insight directly from older immigrant participants, alongside cultural community leaders and practitioners, capturing barriers, trust dynamics, and lived experiences of accessing social care
- **Contribution to knowledge:** The research provides a grounded account of how ageing, migration history, and institutional trust intersect in social care access,

strengthening the evidence base for inclusive service design in diverse local contexts.

Gap 2: Lack of practical, culturally adaptive co-design tools for this population

- **Gap identified (p.125):** Existing co-design approaches frequently assume linguistic confidence, familiarity with formal engagement, and low levels of mistrust, limiting applicability for older immigrant groups
- **How this research responds:** The study identifies and synthesises tools and engagement approaches that support meaningful participation, including trust-building, culturally mediated facilitation, narrative and visual methods, and iterative engagement rather than one-off consultations
- **Contribution to knowledge:** The research advances a culturally adaptive co-design approach by translating inclusion principles into concrete design and facilitation mechanisms applicable to social care development.

Gap 3: Weak integration of co-design into real-world social care and local governance constraints

- **Gap identified (p.125):** Co-design literature often describes participatory ideals without adequately accounting for institutional constraints in social care systems (capacity, incentives, fragmentation, risk, procurement, and accountability)
- **How this research responds:** By combining practitioner insight, community perspectives, and cross-case analysis, the study surfaces where and why co-design breaks down in local service settings, including power imbalances and organisational limitations
- **Contribution to knowledge:** The research contributes an implementation-aware account of co-design in social care, clarifying what conditions enable meaningful participation and what organisational supports are required.

Gap 4: Limited comparative learning across international models relevant to the UK

- **Gap identified (p.125):** There is limited synthesis of transferable lessons from international participatory approaches in social care that are relevant to UK local government realities

- **How this research responds:** The comparative case studies identify different ways participatory and co-design approaches are institutionalised (or not) across countries, and what elements are realistically adaptable to the UK
- **Contribution to knowledge:** The study strengthens the comparative evidence base by identifying transferable principles (rather than copying models) and specifying how governance context affects co-design feasibility.

Gap 5: Absence of a structured framework that integrates trust-building as a foundational condition

- **Gap identified (p.125):** Frameworks often treat trust as a general principle rather than a designed, staged component of co-design practice, despite its centrality for marginalised groups
- **How this research responds:** The framework explicitly positions trust-building and relationship infrastructure as a necessary precondition for participation, not an optional activity, and links this to stakeholder roles and feedback loops
- **Contribution to knowledge:** The research offers an empirically grounded framework that operationalises trust-building within co-design for social care, extending existing models that focus primarily on methods and workshop stages.

7.3.2 Summary of Contributions by Type

Building on the gap-specific contributions outlined above, this section summarises the study's contributions by type, distinguishing between theoretical and practical advances.

Theoretical Contribution

Theoretically, this research contributes to the body of knowledge on participatory design by exploring how co-design can be effectively applied within the context of public service development. It extends the understanding of co-design beyond traditional settings, demonstrating its potential to address issues of representation and social isolation among marginalised groups, such as older immigrant populations. The study provides an empirically grounded co-design framework that integrates the principles of co-design -

understanding people, building trust, creating local partnerships, and ensuring ongoing feedback and monitoring into the development of social care services. This framework adds to existing literature by offering a structured approach that can be adapted to various public service contexts, particularly those involving vulnerable or marginalised communities.

Through a comparative case study approach, this research offers theoretical insights into the diverse ways co-design is implemented globally in public service systems. It identifies key differences and commonalities, contributing to the broader academic discourse on the adaptation of co-design principles across different cultural and systemic environments.

Practical Contribution

From a practical standpoint, this research offers a set of guidelines for local governments aiming to incorporate co-design into their service development processes. These guidelines provide actionable steps for enhancing service accessibility and community engagement, particularly for older immigrant populations who face cultural and systemic barriers in accessing social care services. The research serves as a tool for enhancing trust and partnerships, it provides practical tools for fostering trust and building effective partnerships between local governments, service providers, and immigrant communities. By focusing on trust-building and sustained collaboration, these tools can help public service practitioners create more inclusive and responsive social care services.

The co-design framework developed in this study also serves as a practical tool for ongoing service improvement. It includes mechanisms for continuous feedback and monitoring, ensuring that services remain relevant and effective in meeting the needs of marginalised groups. This practical contribution is particularly valuable for practitioners seeking to implement dynamic and adaptive service development processes.

Finally, the study's practical contributions extend to supporting vulnerable groups in engaging with the co-design process. By identifying barriers to participation and offering

solutions to overcome them, this research provides a roadmap for practitioners to involve marginalised communities meaningfully in the co-design of public services.

7.4 Limitations of the Research

The findings of this research should be considered with an understanding of certain limitations related to (i) the scope of the study, (ii) data collection and analysis methods, and (iii) the validation of conclusions and recommendations.

7.4.1 Study Scope

This research was designed as an exploratory study to gain insights into the experiences of older immigrant people in social care and how co-design can engage this group in public service development. Given its exploratory nature, the study focused on identifying and analysing key elements within the field of co-design, rather than offering a definitive or exhaustive analysis.

The scope of the research presented both challenges and limitations. On one hand, the broad focus, which did not specify or examine a single cultural community within the UK, made the study difficult to manage. On the other hand, narrowing the scope to social care services may have limited the ability to capture the wider range of experiences and considerations relevant to other public service contexts. Consequently, the generalisability of the findings is restricted to the specific cases or contexts examined in this study.

7.4.2 Data Collection and Analysis

The data collection methods employed in this research also present certain limitations. The study utilised a combination of qualitative methods to gather a comprehensive set of data. However, the response rates and sample sizes were limited, which may affect the

representativeness of the findings. For instance, the number of British-native interview respondents, may not fully capture the diversity of perspectives within the broader population. Additionally, the reliance predominantly on in-depth semi-structured interviews may introduce biases or restrict the depth of the analysis. While in-depth interviews offer an enhanced consistency of the findings, constraints in data collection may still affect the overall robustness of the results.

7.4.3 Research Methodology

The methodological approach of this study required constant adaptation to address challenges related to trust, language and the COVID-19 pandemic. While the exploratory design allowed for flexibility, the lack of pre-established relationships with local organisations and participants made recruitment particularly difficult. This limitation underscores the importance of a co-created research process, where community stakeholders are involved from the outset to guide the scope and focus of the study. Reflecting on these challenges, future research should consider integrating participatory methods that directly involve community representatives and stakeholders in the design and implementation of the study.

7.4.4 Issues of Trust Amongst Older Immigrant Participants

This study encountered several limitations and challenges, particularly in participant recruitment and engagement with key stakeholders. A significant issue was building trust with participants, which is crucial when exploring sensitive topics such as social care. Many participants expressed hesitancy in sharing their experiences, often conflating discussions around social care with welfare, which they perceived as stigmatised. This misunderstanding created barriers to open dialogue and required careful, empathetic communication to reassure participants about the purpose and confidentiality of the research.

7.4.5 Lack of Collaboration with Local Government

A significant challenge was the lack of collaboration with local organisations and authorities due to the nature of the study as a self-arrange, university-based project. A collaboration with local government could have provided valuable support in recruiting participants and contextualising the research. This experience highlighted the difficulty of accessing gatekeepers who play a critical role in connecting researchers with vulnerable populations. This lack of engagement restricted the study's ability to fully integrate local insights and understand institutional perspectives, which could have enriched the findings.

7.4.6 Validation of Conclusions

The validation of the research outcomes and recommendations was constrained by several factors. Due to logistical and time limitations, the study was able to conduct a limited number of evaluative interviews or validation sessions with experts. As a result, while the feedback obtained was valuable, it may not be fully representative of all possible viewpoints. Additionally, the validation process was conducted within specific contexts or regions, which may limit the applicability of the recommendations to other settings. Future research would benefit from broader validation efforts, involving a more diverse range of stakeholders and extended to different contexts to strengthen the applicability and reliability of the conclusions drawn.

7.5 Recommendations for Future Research

While this study has provided valuable insights into the applicability of co-design in public service development, particularly in the context of social care services for older immigrant populations, several areas warrant further exploration to enhance our understanding and implementation of co-design practices in this field.

Firstly, future research should consider expanding the scope of co-design practices beyond the local government context to include a broader range of public and private sector stakeholders. This could involve exploring how co-design principles can be integrated into national policy frameworks or larger-scale social service initiatives. Investigating the impact of co-design on different sectors could provide a more comprehensive understanding of its potential benefits and challenges across various public service domains.

Secondly, given the findings that cultural and systemic barriers significantly impact the accessibility of social care services for older immigrant populations, future research should focus on developing strategies to overcome these obstacles. This could include in-depth studies on cultural competency within co-design processes, and how these practices can be tailored to meet the diverse needs of immigrant communities. Moreover, exploring the role of language, cultural norms, and trust-building in co-design initiatives could further enhance the inclusivity and effectiveness of such approaches.

Thirdly, future research should consider focusing on specific cultural communities or groups to enable a more in-depth and nuanced understanding of their unique experiences and needs within social care. Such an approach would allow researchers to explore the interplay between cultural identity and co-design practices, uncovering tailored strategies for effective engagement. Additionally, examining the role of cultural mediators or community leaders in bridging the gap between service providers and immigrant groups could offer valuable insights into fostering culturally sensitive and inclusive co-design processes for specific groups of users. This targeted focus could enhance the relevance and impact of findings, ultimately contributing to more effective and equitable public service systems.

Finally, future research is needed to explore the dynamics of trust-building and partnership formation in co-design processes. Studies could focus on identifying effective strategies for establishing and maintaining trust between local governments, service providers, and immigrant communities. Understanding the factors that

contribute to successful partnerships in co-design could lead to more resilient and effective public service systems that better serve marginalised groups.

7.6 Closing Remarks

This thesis has explored the complex intersection of co-design, social care services, and the lived experiences of older immigrant populations, culminating in the development of a robust and adaptable co-design framework. By addressing gaps in existing literature and practice, the study has highlighted the potential of co-design to create more inclusive, equitable, and user-centred public services. It offers theoretical and practical contributions, providing a structured approach that integrates trust-building, cultural competency, and stakeholder engagement into social care development.

Through a combination of literature reviews, case studies, and primary research - including interviews with experts, users, and community leaders, this work has illuminated the barriers older immigrant people face in accessing social care services. These barriers include systemic inequities, cultural misunderstandings, and a lack of meaningful engagement in service design processes. The proposed co-design framework directly addresses these issues, offering actionable strategies for improving service delivery and fostering trust and collaboration between local authorities, service providers, and immigrant communities.

While this research was primarily exploratory, its findings are significant in both scope and impact. By validating the co-design framework through expert evaluation, it has laid the groundwork for future initiatives that aim to enhance social care services for vulnerable populations. The framework's emphasis on flexibility, continuous feedback, and cultural sensitivity ensures its relevance across diverse contexts and communities.

Looking ahead, this research emphasises the critical role of trust, cultural sensitivity, and local partnerships in addressing the unique needs of older immigrant populations. By reflecting on these challenges and proposing pathways for future research, the study

provides a foundation for further exploration into culturally adaptive and community-driven co-design practices that aim to create more inclusive public services. Co-design is not merely a method but a philosophy that prioritises empathy, collaboration, and inclusivity. As societies continue to grapple with increasing diversity and ageing populations, the principles outlined in this thesis offer a pathway toward more responsive and equitable public service systems.

In conclusion, this thesis aspires to serve as a call to action for policymakers, practitioners, and researchers to embrace co-design as a transformative tool. By recognising the value of lived experiences, fostering meaningful engagement, and addressing systemic barriers, public services could not only meet but exceed the needs of all members of society, especially those who are most often overlooked.

REFERENCES

A

Aboueid, S. E., Herati, H., Nascimento, M. H. G., Ward, P. R., Brown, P. R., Calnan, M., et al. (2023). How do you measure trust in social institutions and health professionals? A systematic review of the literature (2012–2021). Sociol Compass 17:e13101.

Adamson, Joy, Yoav Ben-Shlomo, Nish Chaturvedi, and Jenny Donovan. 2003. "Ethnicity, Socio-Economic Position and Gender - Do They Affect Reported Health - Care Seeking Behaviour?" *Social Science and Medicine* 57(5): 895–904.

Adler, P. and P. Adler (2012) 'Expert voice'. In S. E. Baker and R. Edwards, How Many Qualitative Interviews are Enough?' National Centre for Research Methods Review Discussion Paper, pp. 8–11.

Agerholm, J., Pulkki, J., Jensen, N., Keskimäki, I., Andersen, I., Burström B., Jämsen, E., Tynkkynen, L., Schön, P., and Liljas, A. (2023) Scandinavian Journal of Public Health.

Ahaddour, C., van den Branden, S., & Broeckaert, B. (2016) 'Institutional elder care services and Moroccan and Turkish migrants in Belgium: A literature review'. Journal of Immigrant and Minority Health, 18(5), pp. 1195-1207.

Aichberger M., Schouler-Ocak M., Mundt A. et al. (2010) Depression in middle-aged and older first generation migrants in Europe: results from the Survey of Health, 675 13652524, 2017, 2, Ageing and Retirement in Europe (SHARE). European Psychiatry 25, 468–475.

Akoglu, C. (2016) 'Teaching service design in a multi-disciplinary educational context'. Conference paper: IFDP'16 Systems and Design: Beyond Processes and Thinking, Spain.

Alam, I. (2002) 'An exploratory investigation of user involvement in new service development.' Journal of the Academy of Marketing Science, 30(3), pp. 250-261.

Alford, J. (2009) 'Engaging public sector clients: From service-delivery to co-production'. Palgrave Macmillan.

Amann, R. (2000) ‘What works?: Evidence-based policy and practice in public services (H. T. O. Davies, S. M. Nutley, & P. C. Smith, Eds.; 1st ed.)’. Bristol University Press. Available at: https://doi.org/10.2307/j.ctt1t892t3

Archer, M., S. (1995) ‘Realist Social Theory: The Morphogenetic Approach’. Cambridge University Press.

Arnaert, A., Heuvel, B. V., & Windey, T. (2005) ‘Health and social care policy for the elderly in Belgium’. Geriatric nursing. New York, N.Y., 26(6), pp. 366–371. Available at: https://doi.org/10.1016/j.gerinurse.2005.09.019

Arnstein, S. R. (1969) ‘A ladder of citizen participation’. Journal of the American Institute of Planners, 35(4), pp. 216-224. Available at: https://doi.org/10.1080/01944366908977225

Arthur, W. B. (1994) ‘Inductive Reasoning and Bounded Rationality’. The American Economic Review, 84(2), pp. 406–411. Available at: http://www.jstor.org/stable/2117868

B

Bajeux, E., Corvol, A., & Somme, D. (2021) ‘Integrated Care for Older People in France in 2020: Findings, Challenges, and Prospects’. International journal of integrated care, 21(4), pp. 16. Available at: https://doi.org/10.5334/ijic.5643

Baker, S., Lynch, K., Cantillon, S., & Walsh, J. (2005) ‘Equality: From Theory to Action’. Palgrave Macmillan.

Bason, C. (2010) ‘Leading public sector innovation’. Bristol: The Policy Press.

Bason, C. (2014) ‘Design for policy’. (Ed.) Farnham, UK: Gower.

Bate, P. and Robert, G. (2007) ‘Bringing user experience to healthcare improvement: The concepts, methods and practices of experience-based design’. Abingdon: Radcliffe Publishing.

Baturina, D., Bežovan, G., & Matančević, J. (2011) ‘Local welfare systems as part of the Croatian welfare state: Housing, employment and child care’. University of Zagreb.

Bauer, A., & Fernandez, J.-L. (2012) ‘Economic analysis of the health champions scheme in Hammersmith & Fulham’. Retrieved from http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/Report-HC-WC-1-6.pdf

Beierle, T.C. (1999) ‘Using Social Goals To Evaluate Public Participation In Environmental Decisions.’ Review of Policy Research, Policy Studies Organization, vol. 16(3-4), pp. 75-103.

Bellamy, C. (2011) ‘Principles of Methodology: Research Design in Social Science’, SAGE Publications, Limited.

Bhopal, R. (2004) ‘Ethnicity, Race, and Health in Multicultural Societies: Foundations for Better Epidemiology, Public Health, and Health Care’. Oxford University Press.

Bickman, L. And Rog, D.J. (2009) ‘The SAGE handbook of applied social research methods. Thousand Oaks, CA. SAGE.

Bird, M., McGillion, M., Chambers, E.M. et al. (2021) ‘A generative co-design framework for healthcare innovation: development and application of an end-user engagement framework’. Research Involvement and Engagement Journal. 7, 12. Available at: https://doi.org/10.1186/s40900-021-00252-7

Bjerknes, G., Ehn, P., Kyng, M. (1983) ‘Computers and Democracy: A Scandinavian Challenge’, Aldershot: Avebury.

Bjögvinsson, E., Ehn, P., and Hillgren, P. (2012) ‘Design Things and Design Thinking: Contemporary Participatory Design Challenges.’ Design Issues, 28(3). pp. 101-116. Available at: doi: 10.1162/DESI_a_00165.

Blau, B. (2009) ‘Coordination in service value networks: A mechanism design approach, Studies on eOrganisation and Market Engineering’. No. 13, KIT Scientific Publishing, Karlsruhe. Available atL https://doi.org/10.5445/KSP/1000023975

Blomkamp, E., (2017) ‘Co-Design for Government: Magic Bullet or Magical Thinking?’. T07P01 The Design of Policy and Governance Design: Principles, Practices and Potentials. 3rd International Conference on Public Policy (ICPP3) June 28-30, 2017 – Singapore.

Blumer, H. (1956) ‘Sociological Analysis and the Variable’. American Sociological Review, 21, pp. 683-690. Available at: http://dx.doi.org/10.2307/2088418

Bødker, S. (1996) ‘Creating Conditions for Participation: Conflicts and Resources in Systems Development’, Human-Computer Interaction, 11(3), pp. 215-236. Available at: https://doi.org/10.1207/s15327051hci1103_2

Bødker, S. (2000) ‘Scenarios in user-centred design - Setting the stage for reflection and action’. Interacting with Computers, 13(1), pp. 61-75. Available at: https://doi.org/10.1016/S0953-5438(00)00024-2

Bogdan, R. & Biklen, S.K. (1992) ‘Qualitative Research for Education: An Introduction to Theory and Methods’. London: Allwyn and Bacon.

Bogner, A., Littig, B., Menz, W. (2009) ‘Interviewing experts’. United Kingdom: Palgrave Macmillan UK.

Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., Brozek, I., & Hughes, C. (2014) ‘Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups’. BMC medical research methodology, 14, 42. Available at: https://doi.org/10.1186/1471-2288-14-42

Bovaird, T. and Loeffler,E. (2010) ‘User and community co-production of public services and public policies through collective decision-making: role of emerging technologies’, in T. Brandsen and Marc Holzer(eds.), The Future of Governance, Newark, NJ: National Center for Public Performance.

Bovaird, T., & Loeffler, E. (2012) ‘From Engagement to Co-production: The Contribution of Users and Communities to Outcomes and Public Value’. Voluntas: International Journal of Voluntary and Nonprofit Organizations, 23(4), pp. 1119–1138. Available at: http://www.jstor.org/stable/41683097

Bovaird, T. and Loeffler, E. (2013) ‘We’re all in this together: Harnessing user and community co-production of public outcomes’. in Staite, C. (ed.) (2013). Making sense of the future: can we develop a new model for public services? (Birmingham: University of Birmingham/INLOGOV).

Bovaird, T., Flemig, S., Loeffler, E., & Osborne, S. P. (2017) ‘Debate: Co-production of public services and outcomes’. Public Money & Management, 37(5), pp. 363–364. Available at: https://doi.org 10.1080/09540962.2017.1294866

Bowen, S., Dearden, A., Wright, P., Wolstenholme, D., & Cobb, M. (2010). Participatory healthcare service design and innovation. In Keld Bødker, Bratteteig, T., & Loi, D. (Eds.), Proceedings of the 11th Biennial Participatory Design Conference (PDC 2010), Sydney, Australia, 29 November–3 December 2010. Association for Computing Machinery (ACM).

Brackertz, N. (2007) ‘Who is hard to reach and why?’, ISR Working Paper, Hawthorn, Victoria: Institute of Social Research, Swinburne University of Technology.

Bradwell, P., Marr, S. (2008) ‘Making the Most of Collaboration: An International Survey of Public Service Co-Design’. London: Demos in association with PwC’s Public Sector Research Centre.

Brandt, E. (2006) ‘Designing exploratory design games. In Proceedings of the ninth conference on Participatory design: Expanding boundaries in design’. pp. 57-66.

Brandt, E., Binder, T., & Sanders, E. B.-N. (2012) ‘Tools and techniques: ways to engage telling, making and enacting’. In J. Simonsen, & T. Robertson (Eds.), Routledge International Handbook of Participatory Design, Routledge, pp. 145-181.

Braun, V. and Clark, V. (2006) ‘ Using Thematic Analysis in Psychology’. Qualitative research in psychology, 3, pp. 77-101.

Breakwell, G. M., Smith, J. A., & Wright, D. B. (2012) ‘Research Methods in Psychology: 4th edition’. Sage Publications.

Brockmann, M. (2002) ‘Towards a model of quality of life for older ethnic minority migrants in Germany, Austria and the UK’. European Societies, 4(3), pp. 285–306. Available at: doi:10.1080/1461669022000013577

Brown, T. (2009) ‘Change by Design: How Design Thinking Transforms Organizations and Inspires Innovation’. HarperCollins.

Bruce, S., Wistow, G., & Kramer, R. (2011) ‘Connected Care Re-visited: Hartlepool and Beyond’. Turning Point.

Brunel University London (2013) Code of Research Ethics, Brunel University London Ethics Committee. Issue date: 14 May 2013; Revised February 2018.

Bryman, A. (2012) ‘Social Research Methods’. Oxford: Oxford University Press.

Buffel T., McGarry P., Phillipson C., De Donder L., Dury S., De Witte N et al. (2014) ‘Developing age-friendly cities: Case studies from Brussels and Manchester and implications for policy and practice’. Journal of Aging & Social Policy. 26(1-2), pp. 52-72. Available at: doi:10.1080/08959420.2014.855043.

Buffel, T., De Donder, L., Phillipson, C., Dury, S., De Witte, N., & Verté, D. (2014) 'Social participation among older adults living in medium-sized cities in Belgium: The role of neighbourhood perceptions'. Health Promotion International, 29(4), pp. 655-668. Available: https://doi.org/10.1093/heapro/dat009

Burkett, I. (2017) 'Principles of Co-design'. Fair Deal Forum 2016. The Australian Centre for Social Innovation.

Burns, C., Cottam, H., Vanstone, C., & Winhall, J. (2006) 'Transformation design'. London: Design Council.

C

Campbell, J. C. and Ikegami, N. (2000) 'Long-term care insurance comes to Japan'. Health affairs (Project Hope), 19(3), pp. 26–39. Available at: https://doi.org/10.1377/hlthaff.19.3.26

Capitaine, J. (2017) Report on the French Ageing Policy: 15 years since the Second UN World Ageing Plan (Madrid International Plan of Action on Ageing – MIPAA) Madrid 2002. Country report of France. Ministère des Solidarités et de la Santé.

Carr, S. (2010) 'Personalisation: A rough guide'. Social Care Institute for Excellence (SCIE).

Centre for Ageing Better (2025). *State of Ageing 2025: Summary Report*. London: Centre for Ageing Better.

Chahal, K. (2004) 'Experiencing ethnicity: Discrimination and service provision'. York: Joseph Rowntree Foundation.

Chan K., Huxley P.J. and Chui M.Y. (2016) Social inclusion and health conditions among Chinese immigrants in Hong Kong and the United Kingdom: an exploratory study. Social Indicators Research 126, 657–672.

Chang, W., and S. A. Taylor (2016) 'The Effectiveness of Customer Participation in New Product Development: A Meta-Analysis.' Journal of Marketing 80 (1): pp. 47-64. Available at: doi:10.1509/jm.14.0057.

Charte Fédérale des Centres Sociaux et Socio-Culturels de France (2000) Texte adopté par l'Assemblée générale d'Angers, 17–18.

Choi, H. (2019) ‘Korean opposition parties rally against military drills with U.S.’ The Hankyoreh. Available at: https://english.hani.co.kr/arti/english_edition/e_national/871188.html

Choi, S.-J. (1996) ‘Ageing and Social Policy in Korea’. Korea Journal of Population and Development, 25(1), pp. 1–25. Available at: http://www.jstor.org/stable/43783474

Choi, Y. J. (2015) SDD-SPPS Project Working Paper Series: Long-Term Care for Older Persons in Asia and the Pacific: Long-term Care of Older Persons in the Republic of Korea. Bangkok 2015. United Nations ESCAP, SDD.

Ciobanu, R. O., Fokkema, T., and Nedelcu, M. (2016). Ageing as a migrant: Vulnerabilities, agency and policy implications. Journal of Ethnic and Migration Studies, 43(2), 164–181.

Claridge, T. (2004) ‘Designing social capital sensitive participation methodologies.’ Report, Social Capital Research, Brisbane, Australia.

Clark, T., Foster, L., Bryman, A., & Sloan, L. (2021) ‘Bryman's social research methods’. Oxford university press.

Clatworthy, S., Oorschot, R., & Lindquister, B. (2014) ‘How to get a leader to talk: Tangible objects for strategic conversations in service design’. ServDes, Fourth Service Design and Innovation Conference.

Claude, L. P., Bridger, J. C., & Luloff, A. E. (2000) ‘Community wellbeing and local activeness. In P. Schaeffer & S. Loveridge (Eds.)’, Small town and rural economic development: A case studies approach, pp. 39–45. Westport, CT: Praeger Publishing.

Cohen, L., Manion, L., & Morrison, K. (2017) ‘Research Methods in Education (8th ed.)’. Routledge. Available at: https://doi.org/10.4324/9781315456539

Cohen, N., & Mizrahi, S. (2023) ‘Varieties of welfare markets from a street-level perspective: Comparing long-term care services in Germany and Israel’. Social Policy & Administration. Available at: https://doi.org/10.1111/spol.12888

Court, D., and Abbas, R. (2013) ‘Whose Interview Is It, Anyway? Methodological and Ethical Challenges of Insider–Outsider Research, Multiple Languages, and Dual-Researcher Cooperation’. Qualitative Inquiry, 19(6), pp. 480-488. Available at: https://doi.org/10.1177/1077800413482102

Creswell, J.W. (2014) ‘Research Design (International Student Edition): Qualitative, Quantitative, and Mixed Methods Approaches’. Sage, Thousand Oaks, USA.

Creswell, J. W., & Guetterman, T. C. (2021) ‘Educational research: planning, conducting, and evaluating quantitative and qualitative research’ (Sixth edition, global edition). Pearson.

Crotty, M. (1998) ‘The Foundations of Social Research: Meaning and Perspective in the Research Process’. Australia: Allen and Unwin.

Cuibus, M. (2024). Migrants in the UK: An overview. Migration Observatory briefing. Oxford: Centre on Migration, Policy and Society (COMPAS), University of Oxford. Available at: Migration Observatory, University of Oxford.

D

Da Lomba, S. (2010) ‘Immigration Status and Basic Social Human Rights: A Comparative Study of Irregular Migrants’ Right to Health Care in France, the UK and Canada’. Netherlands Quarterly of Human Rights, 28(1), pp. 6-40. Available at: https://doi.org/10.1177/016934411002800102

De Donder, L., De Witte N., Verté, D., Dury, S., Buffel T., Smetcoren A et al. (2013) ‘Developing evidence-based age-friendly policies: A participatory research project’. SAGE research methods cases. London: SAGE Publications; 2013.

De Witte, J., & Van Regenmortel, T. (2022) ‘Building stones of resilience of vulnerable older persons’. Elderly Health Journal, 8(1), pp. 29-35. Available at: https://ehj.ssu.ac.ir/article-1-259-en.html

Design Council (2005) ‘The Double Diamond - Design Council’. Available at: https://www.designcouncil.org.uk/our-resources/the-double-diamond/

Design Council (2015) ‘Design methods for developing services, keeping connected business challenge’. London: Design Council.

Diener, E., & Crandall, R. (1978) ‘Ethics in social and behavioral research’. U Chicago Press.

Dietrich, T., Trischler, J., Schuster, L., and Rundle-Thiele, S. (2017) ‘Co-Designing Services with Vulnerable Consumers’. Journal of Service Theory and Practice, 27(3), pp. 663–88.

Dimopoulos-Bick, T., Dawda, P., Maher, L., Verma, R., & Palmer, V. (2018) ‘Experience-Based Co-Design: Tackling Common Challenges’. Journal of Healthcare Design, 3(1), pp. 86-93. Available at: DOI: 10.21853/JHD.2018.46

Donetto, S., Tsianakas, V., Robert, G., (2014) ‘Using Experience-Based Co-design (EBCD) to Improve the Quality of Healthcare: Mapping Where We are Now and Establishing Future Directions’. King's College London, pp. 5-7.

Donetto, S., Pierri, P., Tsianakas V, Robert G., (2015) ‘Experience based co-design and healthcare improvement: Realizing participatory design in the public sector’, Design Journal, 18(2), pp. 227-248.

Duguet, A. M., Masmoudi, T., Duchier, J., Rwabihama, J. P., & Maatoug, S. (2016) ‘Access to Care in France for Elderly Immigrants from North Africa: Influence of Socio-cultural Factors (the MATC Survey)’. European journal of health law, 23(5), pp. 470–480. Available at: https://doi.org/10.1163/15718093-12341431

Dwyer, P., & Papadimitriou, D. (2006) ‘The Social Security Rights of Older International Migrants in the European Union’. Journal of Ethnic and Migration Studies, 32(8), pp. 1301–1319.

E

Engeström, Y. (1987) ‘Learning by expanding: An activity-theoretical approach to developmental research’. Helsinki: Orienta-Konsultit.

Engeström, Y. (2000) ‘Activity theory as a framework for analyzing and redesigning work’. Ergonomics, 43(7), pp. 960–974. Available at: https://doi.org/10.1080/001401300409143

Esser, H. (2006) ‘Migration, language and integration’. AKI Research Review, 4, pp. 1-34. Berlin: Social Science Research Center Berlin (WZB)

Equality and Human Rights Commission (2010) ‘Equality Act 2010: Guidance for Service Providers’.

F

Farr, M. (2018) ‘Power dynamics and collaborative mechanisms in co-production and co-design processes.’ Critical Social Policy, 38(4), pp. 623-644. Available at: https://doi.org/10.1177/0261018317747444

Farzanfar, R. (2005). ‘Using Qualitative Research Methods to Evaluate Automated Health Promotion/Disease Prevention Technologies: A Procedure’s Manual’. Boston University. Robert Wood Johnson Foundation.

Fink, A. (2005) ‘Conducting Research Literature Reviews: From Internet to Paper (2nd Edition). Sage Publications.

Fischer, G. (2000) ‘Symmetry of Ignorance, Social Creativity, and Meta-Design’, Knowledge Based Systems. 13, 7–8, pp. 527-537.

Fischer, G., & Scharff, E. (2000) ‘Meta-design: Design for designers’. In Proceedings of the 3rd Conference on Designing Interactive Systems: Processes, Practices, Methods, and Techniques, pp. 396-405. ACM. Available at: https://doi.org/10.1145/347642.347798

Flick, U. (2013) ‘The SAGE Handbook of Qualitative Analysis’. SAGE Publications Ltd.

Flick, U. (2014) ‘An Introduction to Qualitative Research’, Sage Publications Ltd., Fifth Edition.

Freimuth, VS & W Mettger (1990) ‘Is there a hard-to-reach audience?’, Public Health Reports, 105(3), pp. 232-238.

Fulcrum Group. (2021) ‘Fulcrum Case Study - Public Private Partnerships’. Available at: https://www.fulcrumgroup.co.uk/wp-content/uploads/2013/03/FulcrumCaseStudy-PublicPrivatePartnershipsySinglePages.pdf

G

Giaccardi, E. (2003) ‘Principles of metadesign: Processes and levels of co-creation in the new design space’. In Proceedings of the 5th Conference on European Academy of Design. pp. 1-14. University of Barcelona.

Gianfranco, G. and Cattan, M. (2012) ‘The experiences and expectations of care and support among older migrants in the UK’. European Journal of Social Work, 15:1, pp. 131-147, Available at: doi: 10.1080/13691457.2011.562055

Glaser, B. G. and Strauss, A. L. (1967) ‘The Discover of Grounded Theory: Strategies of Qualitative Research’. Chicago, IL: Aldine.

Glass, M. R. (2017) ‘People and Planning: Report of the Committee on Public Participation in Planning (The Skeffington Committee Report)’. The AAG Review of Books, 5(1), pp. 26–27. Available at: https://doi.org/10.1080/2325548X.2017.1257279

Godinho Nascimento, H., Abdulkarim, S., Arikati, G., & Meyer, S. B. (2025). The nature and extent of migrants, immigrants, and refugees’ trust in the social institutions of their host countries: A scoping review. Frontiers in Political Science, 7, 1573017.

Goettler, A. (2020) ‘What Happens to the Healthy Immigrant Later in Life? – The Health of (Forced) Migrants Through the Life Course. In: Crepaz, K., Becker, U., Wacker, E. (eds) Health in Diversity – Diversity in Health’. Springer VS, Wiesbaden. Available at: https://doi.org/10.1007/978-3-658-29177-8_6

Göttler, A. (2021) ‘Ethnic belonging, traditional cultures and intercultural access: the discursive construction of older immigrant people’ ethnicity and culture’. Journal of Ethnic and Migration Studies, 49(9), pp. 2290–2309. Available at: https://doi.org/10.1080/1369183X.2021.1954893

Governance International. (2011) Available at: http://www.govint.org/english/main-menu/our-services/engagement/
co-production-tree.html

Government of Finland (2023)A strong and committed Finland Programme of Prime Minister Petteri Orpo’s Government. Report. Publication of the Finnish Government, 20 June 2023.

Gray, D. E. (2004) ‘Doing research in the real world’. Thousand Oaks, California: SAGE Publications Inc.

Gray, D. E. (2009) ‘Doing research in the real world (2nd ed.)’. Thousand Oaks, California: SAGE Publications Inc.

Green, G. P., & Haines, A. (2015) ‘Asset Building & Community Development’ (4th ed.). SAGE Publications.

Grotz, J., Ledgard, M., & Poland, F. (2020) ‘Patient and public involvement in health and social care research: An introduction to theory and practice’. Springer Nature.

Guba, E. and Lincoln, Y. (1985) ‘Naturalistic Inquiry’. Newbury Park, CA: Sage.

Gurak, D. T. and Kritz, M. M. (2010) ‘Elderly Asian and Hispanic foreign and native-born living arrangements: accounting for differences’. Research on Ageing, 32, 5, pp. 567–94.

H

Hahn, K. (2011) ‘Alter, Migration und Soziale Arbeit. Zur Bedeutung von Ethnizität in Beratungsgesprächen der Altenhilfe’. Bielefeld: transcript.

Hanamatsu, Y., Yamashita, T., Tokunaga, S. (2021) ‘Sustainable Community Co-development Through Collaboration of Science and Society: Comparison of Success and Failure Cases on Tsushima Island’. In: Yahara, T. (eds) Decision Science for Future Earth. Springer, Singapore. Available at: https://doi.org/10.1007/978-981-15-8632-3_6

Haslam, C., Dane, S., Lam, B. C. P., Jetten, J., Liu, S., Gallois, C., & Tran, T. L. N. (2022) ‘Ageing well in a foreign land: group memberships protect older immigrant people’ wellbeing through enabling social support and integration’. Ageing and Society, 42(7), pp. 1710–1732. Available at: doi:10.1017/S0144686X20001695

Hatano, Y., Matsumoto, M., Okita, M., Inoue, K., Takeuchi, K., Tsutsui, T., Nishimura, S., & Hayashi, T. (2017) ‘The Vanguard of Community-based Integrated Care in Japan: The Effect of a Rural Town on National Policy’. International journal of integrated care, 17(2), pp. 2. Available at: https://doi.org/10.5334/ijic.2451

Haug, S., & Pointner, S. (2007) ‘Sozialkapital und Migration. Kölner Zeitschrift für Soziologie und Sozialpsychologie’. Sonderheft, 47, pp. 367–396.

Hawtin, M., Hughes, G., & Percy-Smith, J. (2007) ‘Community Profiling: A Practical Guide’. McGraw-Hill Education

Helsinki Design Week (2016) ‘The first Chief Design Officer of Helsinki is Anne Stenros’. Helsinki Design Week. Available at: https://helsinkidesignweek.com/2016/07/12/the-first-chief-design-officer-of-helsinki-is-anne-stenros/?lang=en

Heckathorn, D.D. (1997) ‘Respondent-driven sampling: A new approach to the study of hidden populations’. Social Problems, 44, pp. 174–199.

Heckathorn, D.D. (2002) ‘Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations’. Social Problems, 49, pp. 11-34.

Holder, H. (2014) ‘Japan’s solution to providing care for an ageing population’. The Guardian. 27th March. Available at: https://www.theguardian.com/social-care-network/2014/mar/27/japan-solution-providing-care-ageing-population

Holmlid, S. (2009) ‘Participative, co-operative, emancipatory: From participatory design to service design’. Proceedings of the ServDes.2009 Conference on Service Design and Innovation. Available at: https://servdes.org/pdf/2009/holmlid.pdf

Hoyer, W. D., Chandy, R., Dorotic, M., Krafft, M., & Singh, S. S. (2010) ‘Consumer co-creation in new product development.’ Journal of Service Research, 13(3), pp. 283-296.

Hubble, N. (2010) ‘Mass-Observation and everyday life: Culture, history, theory’. Palgrave Macmillan.

Hussein, S., Oglak, S. (2012) ‘Older Turkish migrants in the UK: role of distinct culture, immigration histories and unmet care needs’. Turkish Migration in Europe Conference, December 2012.

Hyde, K.F. (2000) ‘Recognising deductive processes in qualitative research’, Qualitative Market Research, 3(2), pp. 82-90. Available at: https://doi.org/10.1108/13522750010322089

Hynes, T. (2003) ‘The issue of ‘trust’ or ‘mistrust’ in research with refugees: choices, caveats and considerations for researchers’. New Issues in Refugee Research. Working Paper No. 98, The UN Refugee Agency. Available at: https://www.unhcr.org/research/RESEARCH/3fcb5cee1.pdf

I

Imrie, R., & Hall, P. (2001) ‘Inclusive Design: Designing and Developing Accessible Environments (1st ed.)’. Taylor & Francis. Available at: https://doi.org/10.4324/9780203362501

J

Jackson, M. C. (2019) ‘Critical systems thinking and the management of complexity’. John Wiley & Sons, Incorporated.

Jones, T. & Newburn, T. (2001) ‘Widening Access: Improving Police Relations with Hard to Reach Groups’, Police Research Series, Paper 138, Home Office Policing and Reducing Crime Unit, London.

Joshi, A., & Moore, M. (2003) ‘Institutionalised co-production: Unorthodox public service delivery in challenging environments’. Journal of Development Studies*, 40*(4), pp. 31–49.

K

Kaufman, H.F. (1959) ‘Toward an interactional conception of community’. Social Forces 38(1):8–17.

Kelly, G., Mulgan, G., & Muers, S. (2002) ‘Creating public value: An analytical framework for public service reform’. London: Strategy Unit, Cabinet Office.

Kieseppä, V., García Velázquez, R., Vehko, T. et al. (2022) ‘Satisfaction with access to health services among foreign-born population in Finland: a survey-based study’. BMC Health Serv Res 22, pp. 781 (2022). Available at: https://doi.org/10.1186/s12913-022-08155-3

Klaus, D., Baykara-Krumme, H. (2017) ‘Die Lebenssituationen von Personen in der zweiten Lebenshälfte mit und ohne Migrationshintergrund’. In: Mahne, K., Wolff, J., Simonson, J., Tesch-Römer, C. (eds) Altern im Wandel. Springer VS, Wiesbaden. Available at: https://doi.org/10.1007/978-3-658-12502-8_24

Kotler, P., & Armstrong, G. (1996) ‘Principles of Marketing (7th ed.)’. Prentice-Hall.

Kotler, P., & Armstrong, G. (2010) ‘Principles of Marketing (13th ed.)’. Pearson Education.

Kristiansen, M., Razum, O., Tezcan-Güntekin, H. et al. (2016) ‘Aging and health among migrants in a European perspective’. Public Health Reviews.

Kritz, M. M., Gurak, D. T. and Chen, L. (2000) ‘Elderly immigrants: their composition and living arrangements’. Journal of Sociology and Social Welfare, 27, 1, pp. 85–114.

Kudo, H. (2015) ‘Bridging the gap between reform practices and literatures: New public service delivery of Japanese Local Governments’. International Public Management Review, Conference paper, 1(16), pp. 147.

Kumar, V. (2012) ‘101 Design Methods: A Structured Approach for Driving Innovation in Your Organization’. John Wiley & Sons.

Kurronen, J. (2014) ‘Muotoilu osana julkisen sektorin innovointia [Design as part of the innovation system in the public sector]’. In A. Jyrämä & T. Mattelmäki (Eds.), Palvelumuotoilu Palvelumuotoilu saapuu verkostojen kaupunkiin [Service design arrives to the city of networks] (pp. 29-51). Helsinki, Finland: Aalto University School of Arts, Design and Architecture.

Kwon S. (2009) ‘Thirty years of national health insurance in South Korea: lessons for achieving universal health care coverage’. Health policy and planning, 24(1), pp. 63–71. Available at: https://doi.org/10.1093/heapol/czn037

L

Laitinen, I., Kinder, T., & Stenvall, J. (2018) ‘Co-design and action learning in local public services’. Journal of Adult and Continuing Education, 24(1), pp. 58-80. Available at: https://doi.org/10.1177/1477971417725344

Landeshauptstadt München (2023) ‘Support and advice for older people and people requiring care’. Available at: https://stadt.muenchen.de/dam/jcr:20818562-5146-422c-9ae6-a254c36ef496/Beratungsstellen_englisch_03-2023.pdf

Larsen, F., and Caswell, D. (2022) ‘Co-creation in an era of welfare conditionality – lessons from Denmark’. Journal of Social Policy, 51(1), pp. 58-76. Available at: doi:https://doi.org/10.1017/S0047279420000665

Lee, M., Majer, M., Kim, B. (2019) ‘The Social Welfare Service Delivery System to Reinforce Sustainable Social Participation. Social Sciences’. 8(9), pp. 258. Available at: https://doi.org/10.3390/socsci8090258

Lee, Y. (2006) ‘Design Participation Tactics: Redefining User Participation in Design’. DRS International Conference, Lisbon, Portugal.

Lebano, A., Hamed, S., Bradby, H. et al. (2020) ‘Migrants’ and refugees’ health status and healthcare in Europe: a scoping literature review’. BMC Public Health 20, pp. 1039. Available at: https://doi.org/10.1186/s12889-020-08749-8

Le Bihan, B. (2018) ‘ESPN Thematic Report on Challenges in Long-Term Care: France’. European Commission. European Social Policy Network (ESPN). 18p. Available at: https://ehesp.hal.science/hal-02613339

Leverage, A. (2019) ‘Generational (dis)agreements – family support, national law and older immigrant people in extended households’. Ageing and Society, 39(5), pp. 899–923. Available at: doi:10.1017/S0144686X17001234

Light, A., Seravalli, A. (2019) ‘The Breakdown of the municipality as caring platform: Lessons for co-design and co-learning in the age of platform capitalism’. CoDesign, 15(3), pp. 192-211. Available at: https://doi.org/10.1080/15710882.2019.1631354

Liljas A.E.M., Pulkki J., Jensen, N.K., et al. (2022) ‘Opportunities for transitional care and care continuity following hospital dis-charge of older people in three Nordic cities: a comparative study’. Scandinavian Journal of Public Health.

Liu, X., Cook, G., and Cattan, M. (2016). Support networks for Chinese older immigrant people accessing English health and social care services: The concept of bridge people. Health and Social Care in the Community, 24(5), 577–587.

L'Observatoire (2010) ‘The 27th region: A laboratory for new public policies in the digital age’. L'Observatoire, 36, pp. 38-43. Available at: https://doi.org/10.3917/lobs.036.0038

Löffler, E. (2009) ‘Why co-production is an important topic for local government’. Governance International.

Luck, R., (2007) ‘Learning to talk to users in participatory design situations.’ Design Studies, 28(3), pp. 217-242. Available at: https://doi.org/10.1016/j.destud.2007.02.002.

Luloff, A.E. (1998) ‘What Makes a Place a Community. The Fifth Sir John Quick Bendigo Lecture’. Bendigo, Australia La Trobe University.

M

Maglio, P.P., Spohrer, J. (2008) ‘Fundamentals of service science’. Journal of the Academic Marketing Science. 36, pp. 18–20. Available at: https://doi.org/10.1007/s11747-007-0058-9

Maher, L. (2007) InterSections Conference. Print

Manzini, E. (2015) ‘Design, When Everybody Designs: An Introduction to Design for Social Innovation’. London, UK: The MIT Press.

Make Good (2017) '*A history of participatory design' online article*. Retrieved December 10, 2024, from https://make-good.com/a-history-of-participatory-design/

Marmot, M. (2010) 'Fair society, healthy lives: The Marmot Review'. Strategic Review of Health Inequalities in England post-2010.

Martineau, A., and Plard, M. (2019). Are elderly immigrants meeting the challenges of successful aging? Review of literature on the aging of elderly migrants in France.

Mason, M. (2010) 'Sample Size and Saturation in PhD Studies Using Qualitative Interviews'. Forum Qualitative Sozialforschung Forum: Qualitative Social Research, 11(3). Available at: https://doi.org/10.17169/fqs-11.3.1428

Masterson, D., Josefsson, K. A., Robert, G., Nylander, E., and Kjellström, S. (2022) 'Mapping definitions of co-production and co-design in health and social care: A systematic scoping review providing lessons for the future'. Health expectations, 25(3), pp. 902–913. Available at: https://doi.org/10.1111/hex.13470

Matarrita-Cascante, D., A.E. Luloff, D.R. Field, and R. Krannich. (2006) 'Community Participation in Rapidly Growing Communities.' The Journal of the Community Development Society. 37:71–87.

Matarrita-Cascante, D., & Luloff, A.E. (2008) 'Profiling Participative Residents in Western Communities'. Rural Sociology, 73, pp. 44-61.

Matarrita-Cascante, D., & Brennan, M. A. (2012). Conceptualizing community development in the twenty-first century. Community Development, 43(3), 293-305. DOI: 10.1080/15575330.2011.593267

Maxwell, J.A. (2006) 'Qualitative Research Design: An Interactive Approach'. (2nd ed.). Thousand Islands: Sage.

McMullin, C. (2018) 'Case study: Co-production and community development in France'. In T. Brandsen, B. Verschuere, & T. Steen (Eds.), Co-production and community development: Theoretical and practical perspectives. pp. 208-210. Routledge.

Menichinelli, M. (2018) 'Service design and activity theory for the meta-design of collaborative design processes'. In A Meroni, A M Ospina Medina & B Villari (eds) , ServDes.2018. Service Design Proof of Concept Proceedings of the ServDes. 2018 Conference.

Merriam, S. (1988) ‘Qualitative Research and Case Study Applications in Education’. San Francisco: Jossey- Bass.

Merriam, S. B., and Tisdell, E. J. (2015) ‘Qualitative research: A guide to design and implementation’. John Wiley & Sons, Incorporated.

Meyer, S., Ward, P., Coveney, J., and Rogers, W. (2008). Trust in the health system: an analysis and extension of the social theories of Giddens and Luhmann. Health Sociol. Rev. 17, 177–186.

Migration Yorkshire. (2015). Older migrants. Introduction to migration series.

Muller, M. J. (2002) ‘Participatory design: The third space in HCI. In J. Jacko & A. Sears (Eds.), The human-computer interaction handbook: Fundamentals, evolving technologies and emerging applications, pp. 1051-1068. Mahwah, NJ: Lawrence Erlbaum Associates.

Munday, B. (2007) ‘Report on user involvement in personal social services. Council of Europe’. Available at: https://www.coe.int/t/dg3/socialpolicies/socialrights/source/ID4758-Userinvolvementinpersonalsocialservices.pdf

Munro, E. (2010) ‘The Munro Review of Child Protection Part 1: A Systemic Analysis’. London: TSO.

Mussche, N., Corluy, V., & Marx, I. (2013) ‘Migrant access to social security – Policy and practice in Belgium’. Study for the Belgian National Contact Point of the European Migration Network (EMN), Centre for Social Policy Herman Deleeck, Antwerp University.

N

Nambisan, S., Nambisan, P. (2013) ‘Engaging Citizens in Co-Creation in Public Services’. IBM Centre for Business and Government. University of Wisconsin-Milwaukee.

Nakashima, S., Yamanashi, H., Komiya, S., Tanaka, K., & Maeda, T. (2018) ‘Prevalence of pressure injuries in Japanese older people: A population-based cross-sectional study’. PloS one, 13(6). Available at: https://doi.org/10.1371/journal.pone.0198073

Neuman, W.L. (2003) ‘Social Research Methods: Qualitative and Quantitative Approaches’. Allyn and Bacon, New York.

Neuman, W. L. (2013) ‘Social research methods: Qualitative and quantitative approaches: Pearson new international edition’. Pearson Education, Limited.

Neville, S., Lewis, L. and Chazan, G. (2017) ‘UK social care inquiry looks to Japan and Germany for solutions’, 8 March. Available at: https://www.ft.com/content/3507b50c-0276-11e7-ace0-1ce02ef0def9.

Ng, C. F., Northcott, H. C. and Abu-Laban, S. M. (2007) ‘Housing and living arrangements of South Asian immigrant seniors in Edmonton, Alberta’. Canadian Journal on Ageing, 26, 3, pp. 185–94.

Nolan, M. R., Davies, S., Brown, J., Keady, J., & Nolan, J. (2006) ‘The Senses Framework: Improving care for older people through a relationship-centred approach’. Getting Research into Practice (GRiP) Report No. 2. University of Sheffield.

Nordtveit, B. (2004) ‘Use of Public-Private Partnerships to Deliver Social Services: Advantages and Drawbacks’. Center for International Education Faculty Publications, (38). Available at: https://scholarworks.umass.edu/cie_faculty_pubs/38

Norman, D. A. (1988) ‘The psychology of everyday things’. Basic Books.

Normann, R. (1984) ‘Service management: Strategy and leadership in service businesses’. Wiley.

O

OECD (2019) ‘OECD Reviews of Public Health: Japan: A Healthier Tomorrow’, OECD Reviews of Public Health, OECD Publishing, Paris. Available at: https://doi.org/10.1787/9789264311602-en.

OECD (2021) ‘Civic Space Scan of Finland, OECD Public Governance Reviews.’ OECD Publishing, Paris. Available at: https://doi.org/10.1787/f9e971bd-en.

Office for National Statistics (2021). The changing picture of long-term international migration, England and Wales: Census 2021. *Census 2021: Age by ethnic group*. London: ONS.

O'Flynn, J. L., Blackman, D. A., & Halligan, J. (2011) ‘Working Across Boundaries: Barriers, Enablers, Tensions and Puzzles’. Available at: http://dx.doi.org/10.2139/ssrn.1927666

Oliver, K., Kothari, A., Mays, N. (2019) ‘The dark side of coproduction: do the costs outweigh the benefits for health research?’, Health Research Policy and Systems, 17(33). Available at: https://doi.org/10.1186/s12961-019-0432-3

Onyx J., & Benton P. (1995) ‘Empowerment and ageing. Toward honoured places for crones and sages’. G. Craig & M. Mayo (Eds.)

O’Rafferty, S., Eyto, A., and Lewis, H., J. (2016) ‘Open Practices: Lessons from Co-Design of Public Services for Behaviour Change’. In Proceedings of DRS 2016: Design Research Society, edited by Peter Lloyd and E Bohemia, pp. 3573–90. Brighton: Design Research Society.

Ostrom, E. (1996) ‘Crossing the great divide: coproduction, synergy, and development.’ World Development, 24(6), pp. 1073–1087. Available at: https://doi.org/10.1016/0305-750X(96)00023-X

Ostrom, E. (2015) ‘Governing the Commons: The Evolution of Institutions for Collective Action’. Cambridge: Cambridge University Press.

P

Parker, S. and Heapy, J. (2006) ‘The journey to the interface: How public service design can connect users to reform’. London: Demos.

Patrício, L., and R. P. Fisk. (2013) ‘Creating New Services.” In Serving Customers: Global Services Marketing Perspectives’, edited by R. P. Fisk, R. Russell-Bennett, and L. C. Harris, pp. 185–207. Brisbane: Tilde University Press.

Pedersen, K. M., Bech, M., & Vrangbæk, K. (2011) ‘The Danish health care system: An analysis of strengths, weaknesses, opportunities and threats (SWOT analysis)’. DaCHE discussion papers 2011:2, University of Southern Denmark, Danish Centre for Health Economics.

Pirinen, S., (2016) ‘The barriers and enablers of co-design for services’. International Journal of Design. 10(3). pp 27-42.

Popkewitz, T. S., Tabachnick, B. R., & Zeichner, K. M. (1979) ‘Dulling the Senses: Research in Teacher Education.’ Journal of Teacher Education, 30(5), pp. 52-60. Available at: https://doi.org/10.1177/002248717903000527

Prahalad, C. and Ramaswamy, V. (2004) ‘Co-creation experiences: The next practice in value creation’. Journal of Interactive Marketing, 18(3), pp. 5-14.

Public Health England (2015) ‘Local Action on Health Inequalities: Using the Social Value Act to Reduce Health Inequalities in England through Action on the Social Determinants of Health’. Public Health England.

Putnam, R. D., Leonardi, R., & Nonetti, R. Y. (1993) ‘Making Democracy Work: Civic Traditions in Modern Italy’. Princeton University Press. Available at: https://doi.org/10.2307/j.ctt7s8r7

Q

R

Rainbow Health Ontario. (2012) ‘Improving the health of LGBTQ people in Ontario. Rainbow Health Ontario’.

Riazi, A. M. (2016) ‘The Routledge Encyclopedia of research methods in applied linguistics’. Taylor & Francis Group.

Robert, G., Donetto, S., Williams, O. (2021) ‘Co-designing healthcare services with patients’, In: ‘Loeffler E, Bovaird T, eds. The Palgrave Handbook of Co-Production of Public Services and Outcomes’ Palgrave Macmillan, Cham, pp. 313-333. Available at: https://doi.org/10.1007/978-3-030-53705-0_16

Robertson, R., Gregory, S., & Jabbal, J. (2014). The social care and health systems of nine countries.

Robertson, R., Gregory, S., & Jabbal, J. (2017) ‘The social care and health systems of nine countries’. The King’s Fund.

Rockliffe, L., Chorley, A. J., Marlow, L. A. V., & Forster, A. S. (2018) ‘It’s hard to reach the “hard-to-reach”: The challenges of recruiting people who do not access preventative healthcare services into interview studies’. International Journal of Qualitative Studies on Health and Well-being, 13(1).

Rosano, A., Dauvrin, M., Buttigieg, S. C., Ronda, E., Tafforeau, J., & Dias, S. (2017) ‘Migrant's access to preventive health services in five EU countries’. BMC Health

Services Research, 17(1), pp. 1-11. Available at: https://doi.org/10.1186/s12913-017-2549-9

Roschelle, J., Penuel, W., & Shechtman, N. (2006) 'Co-design of Innovations with Teachers: Definition and Dynamics'. In Barab, S. A., Hay, K. E., & Hickey, D. T. (Eds.), The International Conference of the Learning Sciences: Indiana University 2006. Proceedings of ICLS 2006, 2, pp. 606-612. Bloomington, Indiana, USA: International Society of the Learning Sciences.

Roser, T., & Samson, A. (2009) 'Co-creation: New paths to value.' London: Promise / LSE Enterprise.

Ruspini P. (2009) Elderly Migrants in Europe: An Overview of Trends, Policies and Practices. University of Lugano, Suiça.

Ryan, G.W. and Bernard, H.R. (2003) 'Techniques to identify themes', Field Methods. 15, pp. 85-109.

Ryan T, Nolan M, Reid D, Enderby P. (2008) 'Using the Senses Framework to achieve relationship-centred dementia care services: A case example'. Dementia. 2008;7(1):71-93. Available at: doi:10.1177/1471301207085368

S

Saito, J., Haseda, M., Amemiya, A., Takagi, D., Kondo, K., & Kondo, N. (2019) 'Community-based care for healthy ageing: lessons from Japan'. Bulletin of the World Health Organization, 97(8), pp. 570–574. Available at: https://doi.org/10.2471/BLT.18.223057

Saka, Ö. and Varol, N. (2007) ;Institutional and community care for older people in Turkey'. Eurohealth, 13, 3, 20–2.

Sanders, E. B. N., and Stappers, P.J. (2008) 'Co-creation and the new landscapes of design', CoDesign, 4(1), pp 5-18. Available at: https://doi.org/10.1080/15710880701875068

Sanerma, P., Paavilainen, E., & Åstedt-Kurki, P. (2022) 'Differences in Home-Care Services in Finland for Older Adults between 2012 and 2019 - A Developmental Evaluation Study'. Home Health Care Services Quarterly, 41(4), pp. 341–356. Available at: https://doi.org/10.1080/01621424.2022.2091500

Sangiorgi, D., & Prendiville, A. (2017) 'Designing for service: Key issues and new directions'. Bloomsbury Academic.

Sarría-Santamera, A., Hijas-Gómez, A. I., Carmona, R., & Gimeno-Feliu, L. A. (2016). A systematic review of the use of health services by immigrants and native populations. *Public Health Reviews, 37*, 28.

Saunders, M., Lewis, P. and Thornhill, A. (2000) 'Collecting Primary Data through Observation. In: Saunders, M.N.K., Lewis, P. and Thornhill, A., Eds.', Research Methods for Business Students, Financial Times/Prentice Hall, Harlow. pp. 218-236.

Saunders, M.N.K., Lewis, P. and Thornhill, A. (2019) 'Research Methods for Business Students. 8th Edition', Pearson, New York.

Schnell, M.W. and Heinritz, C. (2006) 'Ethics in Science'. Bern: Huber Verlag.

Schoenmakers, D., Lamkaddem, M., and Suurmond, J. (2017) 'The Role of the Social Network in Access to Psychosocial Services for Migrant Elderly-A Qualitative Study'. International journal of environmental research and public health, 14(10), pp. 1215. Available at: https://doi.org/10.3390/ijerph14101215

Schön, D. A. (1983) 'The Reflective Practitioner: how professionals think in action'. New York: Basic Books.

Schuler, D., & Namioka, A. (1993) 'Participatory design: Principles and practices'. Eds.) Lawrence Erlbaum Associates, Inc.

Schulz, E. (2010) 'The long-term care system in Denmark (ENEPRI Research Report No. 73)'. DIW Berlin. Contribution to WP 1 of the ANCIEN project.

Segelström, F., & Holmlid, S. (2009) 'Visualization as tools for research: Service designers on visualizations'. Proceedings of the 1st Nordic Design Research conference, Nordes2009, Oslo, Norway.

Sinni, G. (2017) 'Participatory Design for Public Services. Innovation in Public Administration.' The Design Journal, 20(1), pp. 3368–3379. Available at: https://www.tandfonline.com/doi/full/10.1080/14606925.2017.1352841.

Simonsen, J., Robertson, T., (2013) Routledge International Handbook of Participatory Design, (1st edition), Routledge. Available at: https://doi.org/10.4324/9780203108543

Slade, N., & Borovnik, M. (2018). ‘Ageing out of place’: Experiences of resettlement and belonging among older Bhutanese refugees in New Zealand. New Zealand Geographer, 74(2), 101–108

Smith, G. (2005) ‘Beyond the Ballot: 57 Democratic Innovations from Around the World. Report for the Power Inquiry’.

Social Value Act, UK Parliament (2012) ‘Public Services (Social Value) Act 2012’. Available at: https://www.legislation.gov.uk/ukpga/2012/3/enacted

Somme, D., and de Stampa, M. (2011) ‘Ten years of integrated care for the older in France’. International journal of integrated care, 11 (Spec 10th Anniversary Ed), e141. Available at: https://doi.org/10.5334/ijic.668

Sole-Auro A., Guillen M. and Crimmins E.M. (2012) Health care usage among immigrants and native-born elderly populations in eleven European countries: results from SHARE. The European Journal of Health Economics 13, 741–754

Statistisches Bundesamt (2020) Pflegestatistik 2019: Ländervergleich - Ambulante Pflege- und Betreuungsdienste. Wiesbaden: Federal Statistical Office of Germany.

Steen, M., Manschot, M., & De Koning, N. (2011) ‘Benefits of co-design in service design projects.’ International Journal of Design, 5(2), pp. 53-60.

Stephens, C.; Breheny, M. (2019) ‘Healthy Ageing: A Capability Approach to Inclusive Policy and Practice’. Routledge: Oxon, UK.

Stott, L. (2018) ‘Co-production: Enhancing the role of citizens in governance and service delivery’. Technical dossiers number 4, May, 2018. European Commission.

Strange, Jane. (2016) ‘Auckland Co-Design Lab - Where Are We One Year On?’ presented at the IPANZ, Auckland, May 31.

Strauss, A. and Corbin, J. M. (1990) ‘Basics of Qualitative Research: Grounded theory procedures and techniques’. Newbury Park, CA: Sage.

Strauss, A. and Corbin, J. M. (1998) ‘Basics of Qualitative Research: Techniques and procedures for developing Grounded theory’. Thousand Oaks, CA: Sage.

Strokosch, K., & Osborne, S. P. (2019) ‘Debate: If citizen participation is so important, why has it not been achieved?’ Public Money & Management. 40(1), pp. 8–10. Available at: https://doi-org.ezproxy.brunel.ac.uk/10.1080/09540962.2019.1654322

Stuart, M., & Weinrich, M. (2001) ‘Home- and community-based long-term care: Lessons from Denmark’. The Gerontologist, 41(4), pp. 474–480. Available at: https://doi.org/10.1093/geront/41.4.474

Szebeko, D., & Tan, L. (2010) ‘Co-designing for society’. Australasian Medical Journal, 3(9), pp. 580-590.

T

Taffe, S. (2015) ‘The hybrid designer/end-user: Revealing paradoxes in co-design’. Design Studies. 40. pp. 39-59.

Tian, S. (2016) ‘Living arrangements and intergenerational support among immigrant and Canadian-born seniors’. PhD thesis, Department of Sociology, University of Toronto, Toronto.

Theodori, G. (2000) ‘Levels of Analysis and Conceptual Clarification in Community Attachment and Satisfaction Research: Connections to Community Development.’ The Journal of the Community Development Society, 31, pp 35-58.

The Care Act (2014). Available at: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The King’s Fund (2016) ‘The Health and Social Care Act Explained: Key Changes in Commissioning and Responsibilities’. The King’s Fund. Available at: https://www.kingsfund.org.uk/publications/health-social-care-act-explained

Think Local Act Personal (2011) ‘Think Local Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support’. Think Local Act Personal Partnership.

THL (2017) ‘Kotihoito ja sosiaalihuollon laitos- ja asumispalvelut 2016’. Available at https://www.julkari.fi/bitstream/ handle/10024/135607/Tr42_17.pdf?sequence=4

Torres, S. (2006) ‘Elderly Immigrants in Sweden: ‘Otherness’ Under Construction.’ Journal of Ethnic and Migration Studies, 32 (8), pp. 1341–1358.

Torres, S. (2015) ‘Expanding the gerontological imagination on ethnicity: Conceptual and theoretical perspectives.’ Ageing & Society, 35(5), pp. 935-960.

Trischler, J., Dietrich, T., Rundle-Thiele, S (2019) ‘Co-design: From Expert to User Driven Ideas in Public Service Design’, Public Management Review. 21(11), pp. 1595-1619.

Tuli, F., (2010) ‘The Basis of Distinction Between Qualitative and Quantitative Research in Social Science: Reflection on Ontological, Epistemological and Methodological Perspectives’, Ethiopian Journal of Education and Sciences, 6(1). Available at: https://doi.org/10.4314/ejesc.v6i1.65384

Turning Point (2012) ‘Connected Care: Community-led Commissioning’. Available at: https://www.turning-point.co.uk/services/connected-care

U

United Nations. (2010) ‘State of the World’s Indigenous Peoples’. United Nations Department of Economic and Social Affairs.

Uslaner, E. M. (2010) ‘Segregation, mistrust and minorities’. Ethnicities, 10(4), pp. 415–434. Available at: http://www.jstor.org/stable/23890260

V

Vargo, S. L., Lusch, R., F. (2008) ‘From goods to service(s): Divergences and convergences of logics’. Industrial marketing management, 37, pp. 254-259.

Vink, J., Wetter-Edman, K., Edvardsson, B., Tronvoll, B. (2016) ‘Understanding the influence of the co-design process on well-being’. ServDes, Fifth Service Design and Innovation Conference.

Visser, F. S., Stappers, P. J., van der Lugt, R., & Sanders, E. B. N. (2005) ‘Context mapping: experiences from practice’. CoDesign, 1(2), pp. 119–149. Available at: https://doi.org/10.1080/15710880500135987

Vogl, S. (2013) ‘Telephone Versus Face-to-Face Interviews: Mode Effect on Semistructured Interviews with Children’. Sociological Methodology, 43(1), pp. 133-177. Available at: https://doi.org/10.1177/0081175012465967

Von Hippel, E. (1987) ’Cooperation between Rivals: Informal Know-How Trading’. Research Policy, 16(6), pp. 291–302.

Voorberg, W. H, Bekkers, V. J. J. M. and Tummers, L. G. (2015) ‘A systematic review of co-creation and co-production: Embarking on the social innovation journey’. Public Management Review, 17(9), pp. 1333–1357.

W

Wanless, D. (2006) ‘Securing Good Care for Older People: Taking a Long-Term View’. King's Fund.

Warnes, A. M., Friedrich, K., Kellaher, L., & Torres, S. (2004) ‘The Diversity and Welfare of Older Migrants in Europe’. Ageing & Society, 24(3), pp. 307-326.

Warren, C.A.B. (2002) ‘Qualitative Interviewing', in J.F. Gubrium and J.A. Holstein (eds) Handbook of Interview Research: Context and Method, pp. 83—101. Thousand Oaks, CA: Sage.

Wilkinson, K.P. (1991) ‘The community in rural America’. New York: Greenwood Press.

Willemé, P. (2010) ‘The Belgian long-term care system’. Federal Planning Bureau. https://www.files.ethz.ch/isn/122382/Belgium.pdf

Williams, O., Sarre, S., Papoulias, S., Knowles, S., Robert, G., Beresford, P., Rose, D., Carr, S., Kaur, M. and Palmer, V. (2020) ‘Lost in the shadows: Reflections on the dark side of co-production’ Health Research Policy and Systems, 18(1), pp. 1-10.

Wills, J. (2016) ‘Locating localism: Statecraft, citizenship, and democracy’. Policy Press.

World Health Organization Regional Office for Europe. (2018). Healthy ageing and noncommunicable diseases. WHO Regional Office for Europe.

Wright, M., Brown, A., Dudgeon, P., et al. (2021) ‘Our journey, our story: a study protocol for the evaluation of a co- design framework to improve services for Aboriginal youth mental health and well- being’. BMJ Open. Available at: doi:10.1136/bmjopen-2020-042981

X

Xhardez, C. (2016) ‘The integration of new immigrants in Brussels: An institutional and political puzzle’. Brussels Studies, 105. Available at: https://doi.org/10.4000/brussels.1434

Y

Yahara, T. et al. (2021) ‘Decision Science for Future Earth: A Conceptual Framework’. In: Yahara, T. (eds) Decision Science for Future Earth. Springer, Singapore. Available at: https://doi.org/10.1007/978-981-15-8632-3_1

Yazdanpanahi, M., Hussein, S. (2021) ‘Sustainable Ageing: Supporting Healthy Ageing and Independence Amongst Older Turkish Migrants in the UK’. Sustainability. 13(18):10387. Available at: https://doi.org/10.3390/su131810387

Yin, R. (2009) ‘Case Study Research: Design and Methods’. 4th Edition, Sage, Thousand Oaks.

Z

Zahedi, M., Tessier, V., & Hawey, D. (2017) ‘Understanding Collaborative Design Through Activity Theory’. The Design Journal, 20(sup1), S4611–S4620. Available at: https://doi.org/10.1080/14606925.2017.1352958

Ziebland, S., Coulter, A., Calabrese, J., Locock, L. (2013) ‘Understanding and Using Health Experiences: Improving patient care’, Oxford University Press.

Zimmerman, J., Forlizzi, J., & Evenson, S. (2007) ‘Research through design as a method for interaction design research in HCI’. Proceedings of the SIGCHI Conference on Human Factors in Computing Systems (pp. 493-502). ACM. Available at: https://doi.org/10.1145/1240624.1240704

APPENDIX

Appendix A: Questions for exploratory expert interviews

Understanding Immigrant Communities and Welfare Systems:

- What type of understanding and aspects of theory can be drawn from the experience of immigrant communities in dealing with state-provided care or the welfare system as a whole?
- What theory-based assumptions can be made about the interaction between immigrant communities and state services?

Social Identity and Stigmatisation:

- How does the theory of social identity apply to immigrant communities' interactions with the welfare state?
- Do you think that issues of self-esteem impact immigrant elders' willingness to seek care or support?
- How does ethnicity influence an individual's interaction with state services, and how can these nuances be understood in the context of immigrant communities?

Impact of Stigmatisation on Service Use:

- In your professional experience, how does stigmatisation affect elderly users, particularly elderly immigrants, and their use of public services?
- What are the implications of social exclusion and the means-tested nature of social services on elderly immigrants' willingness to engage with these services?

Advice on Research and Theory:

- Do you have any specific advice for this project in terms of theory and other guidance?
- How might behavioural economics and the sociology of space provide deeper insights into the experience of immigrants with public services?

Challenges Faced by Marginalised Groups:

- In your professional experience, what are some specific challenges that marginalised groups, particularly immigrants, face in interacting with public services?

Public Sector Design and Service Development:

- What are the key challenges in service development within local authorities, and what causes these issues?
- How do resource limitations and organisational culture impact the effectiveness of co-design processes in local government projects?

Social Value and Community Engagement:

- Can you discuss the dynamics behind social value targets within community public projects? How are they measured and assessed?
- How do social value targets influence the outcomes of co-design projects, particularly in terms of community engagement?

Fear of Engaging with the State:

- Is there a prevalent fear of dealing with the state or accessing public services within marginalised community groups, particularly immigrants? How does this fear affect their integration and willingness to engage with services?

Terminology and Impact on User Experience:

- What is the significance of the terminology used in research and user interactions, such as the distinction between 'migrant' and 'immigrant'? How does this impact the user experience and engagement with services?

Co-Design and Representation:

- How important is representation within co-design processes, and how does it impact interactions with professional discourse?
- How can co-design processes be adapted to better engage marginalised groups, ensuring that their voices are heard and their contributions are valued?

Appendix B: Questions for in-depth expert interviews

Example of questions document for co-design experts:

01 | Introduction of the PhD research project

Nevena Balezdrova, PhD Researcher, Brunel University London
Primary Supervision: Dr Youngok Choi
Secondary supervision: Dr Busayawan Lam

Overview: Research shows that conventional **care for older immigrants** across the UK remains inaccessible (Schoenmakers et al., 2017). This PhD study aims to unpack the challenges and barriers of older immigrants interacting with the social care service system in the UK. Additionally, it looks at how **co-design can be used to improve system and service development**. The aim is to interview experts from different fields, to bring ideas together (social care, service, and co-design, ageing and immigration studies). **User group to be discussed:** people of 'lower socio-economic backgrounds who have often migrated to the UK for work or to join working family members.'

Aim: To formulate a framework of co-design principles for social care service development in the UK, with a particular focus on supporting older immigrants. Additionally, this would help strengthen stakeholder partnerships.

02 Interview details for experts

Dates and timing: December - January (timing will be as flexible and accommodating as possible). **Interview participants:** Industry or academic professionals in the fields of social care, service design, co-design, community engagement, service development, or professionals affiliated with government (central or local government). **60 minutes**. Any online platform, e.g., Zoom – researcher will try to be as accommodating as possible.

Interviews will be audio or video recorded and transcribed. Please indicate in the consent form section of this document if you do not wish to be recorded.

Questions for experts begin on the following page.

01] Ice breaker - discussing role and background

I understand you have extensive experience in working with public and voluntary sector organisations, specifically in **investigating** their **use of user engagement**. Please can we go into a bit more detail about:

1. The **route** you have taken to become involved in this field
2. The **process** and structure of some of these major projects
3. The means, methods or special skills of **communicating with different stakeholders**

02] Previous research and experience:

- Have you had experience in working with hard-to-reach communities? (If not, any applicable group of people who are considered a minority, or are under-researched in your opinion) If so, please describe the process and major barriers faced
- What are some of the challenges you have faced in your process? (In working with different stakeholders, in managing the co-design process)

03] Tools and approaches:

- What are some specific tools and approaches you have used to engage with this hard-to-reach user groups or people from ethnic backgrounds? (If applicable)
- How do you think those be applied in the context of co-design for social care service development?
- What are some important skills in working with the above-mentioned user group and what has been your process of engagement? (If applicable)
- Do you think these can be applied in the social care service development context, and how?
- Can you give any other examples of tools and approaches that can be applied in this context?

04] Process:

- In your previous work, I have noticed you consider the extent of which public and voluntary organisations engage people in designing products and services. Overall, do you think enough is being done to engage hard-to-reach communities? Please elaborate on reasons why, what the challenges might be
- How can that this be improved?
- What might the role of engagement be on people's well-being? I.e., increasing knowledge of services, seeing themselves represented in their community, etc
- What do you think should be the role of designers in engaging older people of ethnic backgrounds, and other similar groups in this type of research and service development? What about family members, carers?

- What do you think some of the challenges are in increasing the level of user involvement in service development projects?

05] Future outlook of service design for the betterment of society:

- How do you think the role of the designer must develop in order to accommodate - 1. hard-to-reach groups, 2. Overcome current challenges?
- What about when it comes to systemic challenges? (Systemic challenges such as bureaucracy; negative assumption placed on behalf of the service user about lifestyle and culture, etc)
- How do you think the immigration, migration, displacement experience of people (older people) – impacts their well-being, feelings of worthiness? How does it impact their willingness to engage with service development?
- What do you think is the relationship of co-design in supporting people, society, improve people's quality of life in general?

Appendix C: Questions for in-depth interviews with community cultural leaders

01 | Introduction of the PhD research project

Nevena Balezdrova, PhD Researcher, Brunel University London
Primary Supervision: Dr Youngok Choi
Secondary supervision: Dr Busayawan Lam

Aim: To explore the social care service experience of older immigrants in the UK, to compare access and understanding of the system of care to that of the native community.
Design approach: To use co-design to improve the system of care in the UK and align better with the needs of older non-native people.

Questions for community cultural leader:

1. Please give details about your current role
2. What are some of the challenges you have seen for the community regarding accessing different local services?
3. What is people's general knowledge of the system of care
4. What is people's general knowledge of welfare and what they are eligible for, what they have access to?
5. You mentioned language and custom were issues often faced from the people's perspective? Please elaborate how understanding different custom is a problem for a community official dealing with people from different ethnicities? Perhaps discussing some examples, misunderstanding, or if there have been any negative assumptions towards different groups, other difficulties
6. Discussing what people have asked for help in terms of access to care, welfare and helping people with benefit applications
7. What do people not know about the UK system, what are they unaware of and what they find difficult to deal with?

Appendix D: Questions for in-depth interviews with older immigrant people

1. What was the reason for moving to the UK and whom did you move here with?
2. Do you know what social care services are?
3. Did you know what social care services were in the past, before you needed them, and before you found out about the details of access and system?
4. How did you find out about social care services that you are eligible for? Please elaborate
5. Have you required social care in the past?
6. When did you require social care services?
7. What kind of services did you require at the time?
8. How did you request them?
9. What was the attitude of the occupational therapist or other staff members – was it a positive or a negative overall experience? Please elaborate
10. How did that make you feel?
11. Did you manage to conduct the process of requesting social care, and getting your needs met, smoothly? Did you require any assistance along the way?
12. Were there any challenges in requesting social care services when you needed them?
13. How did that make you feel?
14. If it's not always you, the person who requests guidance and help from social care or other types of public services, who else helps you with the administration for those?
15. How did you know where to request help?
16. How did you hear about said services?
17. What sort of issues have you faced whilst being here – what has led for you to interact the way you do with government services?
18. Do you rely on someone else to seek out social care services for you?
19. Who do you rely on?
20. Have you been involved in any local community activities and initiatives? If so, what kind, what for and where?
21. Are you involved in any with the local community centres, for social activities or other activities? If so, why? (What is your motivation for being involved? Or what discourages you from being involved?)
22. What would motivate you to be more involved in local community initiatives?
23. What was your experience like from before – was it positive or negative – please elaborate on the activity and how it made you feel?
24. Are you engaged with any of your own cultural community groups at all? Why so?
25. Would you say you feel quite isolated or well-integrated in your local community?
26. Would you say you can manage quite well independently taking care of your daily needs? Why so? If not, who else do you rely on and how?

Appendix E: Questions for in-depth interviews with British-native older people

1. Which local area are you based in?
2. What is your ethnicity?
3. Have you immigrated to the UK or were you born here?
4. Have you used or do you currently use any of the following services: local community centre services, social clubs, tea clubs, gardening, leisure, exercise clubs, local community centre clubs, residential home care services, advice services provided by the local authority, home care, help with daily needs, home adaptation services provided by the local authority?
5. Do you feel that you know where and how to request care if you find yourself in need of support or not? Please elaborate
6. In your experience, do you think that it is easy to request support services from the local authority, i.e. physical support, home adaptation services? Please elaborate
7. How satisfied are you with your local social care and community services, overall? Please elaborate
8. In your opinion, how can social care services or access to services in your local area be improved?
9. Are you an active member of your local community, i.e. engaging in local activities with community centres, engaging with local council in events and research activities? Please elaborate
10. Is there anything that prevents you from being more engaged with local events and activities, particularly events organised by the local council?
11. Is there any difference in culture or language (i.e. formal language) that impacts your interaction with social care services or your engagement with the local council?
12. Does this prevent you from being more engaged in local events and activities? (If applicable)
13. How do you feel in your daily life regarding your care needs? i.e. independent or lacking independence; dependent on family and friends; unsure and confused how or where to look for support with care
14. Are you reliant on family and friends for your daily care needs? If so, how?
15. Is there anything else you would like to share or elaborate on?

community support and activities

Service Name / Provider	Service Description	Service Offer	Eligibility	Target Group	Area
Age UK Islington	Provides support to older people aged 50+. Offers advice, bridge towards formal services. Taking and making referrals. Partner with St John's Medical Centre and SHINE (keeps people safe and warm at home) + other public, private organisations. Offers get togethers for seniors. Funded through a variety of sources, including Islington Council. Exercise and skills classes available at Drovers Activities Centre, free or low cost. Impact report available. "A range of pilot services developing new ways of integrating navigation type activities with other health-related services" - **how? What structure is in place?**	Social & Administrative: Lunch clubs, creative clubs, digital skills, libraries. Cookery classes	**Islington residents only? What other eligibility criteria?** 0207 281 6018	50 and over	Finsbury to Archway. **Is service offer location specific in other boroughs?**
Islington Reablement & Home Support Service	For people who've experienced a recent health decline, helps users reach maximum independency. Includes prompts with medication, weekly shopping, personal care, housework and laundry. Suggested as personalised care. Supported and run by Islington Social Care Services. **Thoughts on service / ratings at last inspection: 'requires improvement', and is to be reinspected: inspected by 'care quality commission' (independent regulator of health and social care in England)**	Practical, Physical and Personal Care	Specific eligibility criteria, as service is slightly specialise	65 over and under / non specific due to other enablement requiring criteria?	Islington
Alsen Day Centre	A council run day centre offering help, support and activities to people with moderate to severe disabilities. Means tested and referral from social care services is required. Provided by local council.	Social Support: Supported Leisure Activities. Meals and transportation	Moderate to severe disabilities (mental and physical)	Not specified / 020 7263 0676	N7
New Park Day Centre	Council run day centre (provided by London borough of Islington) for elderly people with moderate to severe disabilities. Classes and activities include: keeping fit, arts and crafts, bingo, music, daily meals. Transport provided. This is a means tested service, requiring users to check whether they qualify through the council's Social Care Services department.	Social activities & counselling	Get in touch / or referral through Islington Social Care Services	Not specified / 0333 4343 040	N5
Finsbury & Clerkenwell Volunteers	Help isolated older people. Befriending visits, twice-weekly lunch club, telephone counselling, assisted shopping, outings and help with practical tasks. Lunch Club every Monday & Thursday at £4 per person; Weekly ring-around-telephone club for isolated people; Weekly assisted shopping trips, accessible transport service and other outings with escorts provided; Accessible Holiday Home; Befriending service and Signposting service. Waiting lists for some services.	Social support, counselling, help with practical tasks	Unspecified	Unspecified / hello@fcv-dorcas.org.uk	South Islington (Finsbury & Clerkenwell) / N1 and EC1
Islington Outlook	A fully accessible resource centre offering services, facilities and activities for adults with physical disability (minor to moderate). To attend the day centre, a Social Services assessment is required, it is means tested and there may be a charge to attend. Work closely with other organisations in the area (college, volunteering organisations) and help to improve confidence in using other local services.	Social and Mental support, confidence building, connector to other services	Referral required from Social Services and/or Health Professionals. Can self refer but may require an assessment from Social Services in order to attend. There may be a charge for this service (means tested).	Needs tested older adults	Islington area
Peel Club	* 'Octopus Communities' member. For adults 55+, activities, classes and social events aimed at educating, stimulating and entertaining members on a regular basis. Lunch cost £4 with designated community bus / bus-stop free of charge. Supports independent living. Specialised services are offered on a means tested basis, with the help of local GPs and the NHS. Referral-only service via social services	Social support, physical health, meals provided at cost	Referral only via Social Services. Assessment required. There may be a charge for this service (means tested).	55 and over	N7

community support and activities

Service Name / Provider	Service Description	Service Offer	Eligibility	Target Group	Area
Highbury Roundhouse Community Centre / Sotheby Mews Day Centre	* 'Octopus Communities' member. Deliver lunch clubs for the elderly (specific days only); A programme of activities during each may range from Hairdressing, Social Dancing, Bingos, and Raffle competitions, keep fit classes, art classes and also shopping trip to local stores; with a mini-bus to pick up those with mobility problems. Club helps older people to meet new friends and have discussions and get involved in activities. They also provide Keep Fit sessions and gentle exercises; trips and outings; keeping in touch with other organisations to enhance opportunities. The Pensioners Lunch Club held on specific days, provides a variety of meals from different cultures. Activities for older people include: Social dancing, Bingo, Keep fit classes, Art classes, Storytelling, Pilates and shopping trips to the local Supermarket. A minibus is available to pick up and drop off local people with mobility difficulties.	Social support & Physical Health, lunch, transportation, exercise classes, supermarket shopping	Unspecified / 020 7226 1421	Seniors	Islington, N5
St Luke's Community Centre	* 'Octopus Communities' member. Transportation service, exercise classes, cooking classes, lunch clubs and 'men's shed' activities. Advice and counselling available, does not serve for specific ethnic groups but exercises available especially for older disabled users.	Social support and exercise classes	Application form required. £5 joining fee. Only specific area of eligible residents	55 and over	South Islington
Whittington Park Community Centre	* 'Octopus Communities' member. Partly funded by Islington council. Provides various activities for all age groups. For the over 60s: a daily lunch club, nail painting, gentle exercise classes, Tango lessons, sewing club, bingo and art classes. Additionally, yoga, capoeira, ball room dancing and pilates for all age groups. Transport available for those with physical disabilities. Advertised as being able cater for all languages.	Physical and social well-being, practical advice and support	Unspecified / 020 7272 1847	55 and over	Archway & Tufnell Park
Canonbury Recreation Centre / New River Baptist Church	Managed by New River Baptist Church. Functions in the same way as a Community Cafe with a lunch club for local older people. Activities include: indoor bowls, darts, walking group, knitting group, light exercise class, and art classes	Social support and leisure	Unspecified / 020 7226 1700	Senior	Islington, N1
Holloway Neighbourhood Group	* 'Octopus Communities' member. Charity working with different providers, funded by / in partnership with local organisations + Islington Council. Free or low cost services. Different projects within centre provide different forms of support (e.g stress related illnesses etc), immigration and housing advice, IT support. Exercise and dance classes. Social groups, coffee mornings, skills classes, visits and trips. Partner organisations include: Eritrean community support services, London Irish community support, Living space art school (for older adults), poverty and inequality Islington support. Quality assurance: annual impact report. **Language support? Acculturation?**	Advice services, physical and leisure / social activities and support	Fill out our registration form and a health questionnaire for physical activities. Help for application forms available. Not area specific. **No joining criteria?**	55 and over	Holloway, Islington North
Hornsey Lane Estate Community Association	'Octopus Communities' (align to deliver policy related work, encourage social action and community participation, **in Islington?**) member. Offers: coffee mornings, senior befriending club, lunch club, advice sessions, dance classes, sewing club. Information and advice services available to older, housebound people, frail serious and those that require translation and interpretation.	Social support, skill and advice offer	Older Persons Development Manager if you have any questions about our activities or events on Tel: 0207 272 5938	Senior	Islington North

community support and activities

Service Name / Provider	Service Description	Service Offer	Eligibility	Target Group	Area
Claremont Project	Local company and charity organisation, informed by a users' committee and board of trustees. Free or low cost: Arts activities, psychotherapy, fitness and physical activities, social support. Calendar of activities available. Part of 'Flourishing Lives' organisation, a member of different global / international organisations, provides impact report. Case studies provided. Has introduced two standard measures: the CORE system (Clinical Outcomes in Routine Evaluation) and a subjective questionnaire on quality of life and well-being, which was replaced some time ago with the Ryff Scales of Psychological Well-Being. As part of 'Flourishing lives' have developed a training programme for other charities in delivering services for older people to 'catalyse change in the sector'. Running one of London's oldest Social Prescription services, aimed at helping Doctors and others in front-line health services direct older patients to appropriate services (at the centre) or partner organisations. The service is especially helpful for people who are not already engaged in social activities and those wanting classes after a fall, stroke, operation, or bereavement. The service is supported by 'Islington Giving'	Social, mental support, exercise classes	Call Jo or Amanda on: 020 7837 3402 / amanda.b@claremont-project.org Membership card (with ID) + application form to join. Members are from Islington, but **funding** is available for those from elsewhere	55 and over	N1, Angel
Finsbury Park Community Hub	Member of 'Octopus Communities'. Provides coffee and craft mornings, exercise and African dance, classes aimed to improve health and well-being, coffee and tea mornings. Partner organisations include Help on your Doorstep, Islington Turkish Kurdish and Cypriot Women's Welfare Group . Facebook	Social support, exercise classes	**[?]**	**[?]**	N7
Camden Chinese Community Centre	Educates through the study of Chinese arts, culture and history. With over 1100 members, they provide services through a mixture of centre-based social welfare, recreational and leisure activities, outreach work, and collaborative work with partners and wider community. Initially set up to assist with inability to access services due to cultural + language barriers. Also available to Vietnamese refugees. "Due to the needs of Chinese people at the time being perceived as invisible, a drop-in service was set up to provide advice and help with issues including welfare, housing and immigration." Services available to house-bound elderly + healthy lunch for elderly, manage a sheltered housing service supporting nine elderly residents in Islington where they provide care, meals, and domestic services. Organise trips and outings, cultural events, health talks, and volunteering services (including escorts to and from hospital and doctors surgeries), delivering meals by foot, and a free interpreting service in multiple Chinese dialects + different types of exercise and dance classes, monthly basic health checks and organised visits to opticians. Help to access services for Chinese community offered by the statutory and voluntary sector (over the phone, face to face, pre-booked)	Social support, specialised financial / practical advice, shopping, meal preparation, correspondence, translation, welfare support	No age, gender or ethnic criteria	Senior, Chinese **Age: [?]**	WC1, Camden and surrounding boroughs
Islington Chinese Association	A registered company + charity. National lottery funded projects. Partners with state, voluntary and private companies. Offers administration support and advice groups (housing, welfare). Health talks, exercise, mind and body health, visits and trips, free meals. Some paid classes despite yearly membership fee.	Exercise classes, admin support groups. Recreational and support activities	**£6 membership** per year to join activities info@islingtonchinese.com	Open to all races + age groups but focused on Chinese Culture and disadvantaged members	N19, Upper Holloway

	Overview	Elderly	Migrant Users	Migrant Elderly	Adaptation Strategies
Germany	**Funding:** 1995 saw an introduction of social care insurance, funded out of pay deductions. This meant redistribution of resources and commissioning care, in order to better deal with the rapid growth of social care demand. Relieving local councils from the responsibility of commissioning external sources of care and providing better services throughout the system. Link Level 1: Transfer operation to National Government Level level 2: Pool costs across all of society Level 3: Increase all tax by a small amount for contribution to the social care system, including employers meeting half of that amount. (A concept coined 'collective social care insurance', and based upon assessed medical needs). Used to reimburse informal care, receive in-kind assistance. All funding is transferred into legally distinct insurance funds, which can't be used by the government for anything else. **Run by:** 20 years ago, German states had been struggling to deal with rising costs. As change came by, a new social care model was established. It allowed equal redistribution of resources between central and local government, in order to provide universal, appropriate care when & where it is needed. Social care is now effectively transferred and run by National Government, with a current public spend of 1% GDP. Link **Design involvement:** **Method of delivery:** **Quality / Pros & Cons:** The scheme has been expanded to cover a varied range of disabilities. It provides everyone with a reliable system of care, no matter what the circumstances, and is politically sustainable. It is also 'inter-generationally equitable': only workers pay, this includes retirees. It also has a growing reserve. However, this model only covers basic needs. It has been argued that poorer people usually rely on other social benefits to meet their needs, and wealthier usually account with own savings. Thus, making the private care sector a distinct 'go-to' for some, expanding the field. Generally, users cover the difference in cost. **Predictions:** Over the course of the next few years, cost pressures may have a significant effect on operation.	**Demand:** "The number of people aged 67 or over is expected to rise to 21.5m by 2040" a figure that is 42% higher than that of 2013. Statistics show that there were 2.9m Germans in need of care at the end of 2015, 8.9%more than in 2013." Link 27.5% of the population is elderly. By the end of 2011, almost 2.5 million people were dependent on care, including 58% of over-90s. With 90 percent of people over 50 saying they had friends or relatives they could count on in an emergency, the country was well above average, and people largely felt safe, free to make their own choices and satisfied with the public transport system in their area. (2014) thelocal.de Care component: people less willing to look after older parents, this means the care service sector has a growing demand Social care for the elderly - Germany has a shortfall of about 30,000 care workers. People want to stay independent for longer, but cannot due to multiple illnesses. Strategies to recruit health-workers from abroad are under way. Link **Meeting demand - strategy:** Meeting care worker demand - strategy: To be eligible, the person in need of care must be evaluated by the medical service of the statutory HCI (MDK) at home. The person's current capacities are assessed by means of medical examinations, ADL codes and guidelines for the assessment process. Moreover, there must be a substantial need for care for at least 6 months in the following areas: personal hygiene, eating and preparing food, mobility (e.g. getting in and out of bed) and housekeeping. Link	Funding for integration **has significantly increased** with the bulk going to language courses and targeted as well as general active labour market policy. Link **Wording in Policy / official documentation:** Unlike in other EU countries / policy discourse Germany uses terms such as 'coordination', 'cooperation' and 'collaboration' in regard to immigrant integration. Instead of 'mainstreaming' (Coordinating immigrant integration in Germany: Mainstreaming at the federal and local levels) German government tends to speak of 'inclusion', instead of 'integration'. Of 'coordination', instead of 'mainstreaming' - (social programming and policies that also help target the general population)	Germany is a popular place for foreigners to retire to. According to the Federal Statistical Office, Germany had a total of 767,841 non-German over-65s in 2013. Most foreign seniors come from EU member states with Italy, Greece and Croatia at the top. (thelocal.de, 2014)	- **engineering structural change** - **Right mix of partners / stakeholders, with a clear benefit for each** - **Encouragement from government for working in later years**

	Overview	Elderly	Migrant Users	Migrant Elderly	Adaptation Strategies
France	10.6% of GDP spend on health, highest in Europe. Link Allows access to health and social care within 3 months of residence, whether employed or not. Partially funded by obligatory social security contributions, government and patients, with premiums automatically deducted from salaries. Link User opinion: “The rates of reimbursement have been reduced in recent years, and some contributions increased. People complain of the cost, but at the same time very few voices are ever heard in France calling for a reduction in the services provided. General consensus states that whatever the cost may be, it’ll be worth it.” Three central State services ensure the coordination and planning of the social protection policy. Regional and local State services for Health and Social Affairs implement national policies, define and coordinate action at their levels. The French have consistently high patient success and satisfaction rates. Link	Elderly dependent people are entitled to public monetary benefits, either at home or in an institution. People must be at least 60 years old. Their level of dependence is assessed using a national scale. Link The public allowance for autonomy allows partial funding for certain aspects of car, such as human assistance, technical assistance and specific housing installations (dependent on which group users fall into: need specific criteria). The five-year Plan of the Fight against Poverty and for Social Inclusion (2013-2017) aims at absorbing the shock of the crisis on the most vulnerable people. It increases minimum allowances (including the ones for elderly people) and improves the access to health care. Among those allowances, the Allowance for Autonomy have been recently consolidated and revalorized. The Personal Autonomy Allowance is given to dependent elderly and is based on the elaboration of a personalised plan for assistance. The allowance is meant to pay for the costs of ageing in place or to finance a part of the fee for living in a care centre for dependent people. The solidarity grant for elderly people is dedicated to retired people of at least 65 years old with few resources. Since April 2016 the monthly benefit amounts to 800 € for a single person without financial resources. This amount represents an increase of 26,4% since 2008. Today, around 554 200 people benefit from this allowance, with an average age of 75 years old (data of 2014). (REPORT ON THE FRENCH AGEING POLICY)	Eligibility essentially rests on two criteria: lawful residence and occupational status (difference between regular and irregular migrant status) France criticised for care provision on irregular migrants. Applicants could usually establish a claim for care provision by providing evidence on their identity, residence and resources. An increased number of applications in 2002 however, prompted the French government towards a tighter approach in processing these applications. France criticised for ‘erecting yet more hurdles’ in care provision for migrant users. (Link)	French policies tried to tackle issues related to elderly migrants, who face specific problems. First, elderly migrants, who have often worked in France most of their life, find themselves cut off from their family (stayed or returned in their home-town). To remedy that, a special help, set up in 2015, is given to retired migrants living in working migrants households, to facilitate the long-term stay in their home-country in Northern Africa, while keeping their French social rights and allowances. The amount varies depending on the revenues of the person, and can reach 550€ per month. The Law of the Adaptation of the Society to Ageing facilitates the access to the right of having the French nationality for elderly migrants (a simple declaration is needed). This measure opens the access to a variety of care that most of older migrants still do not have. ADOMA is a semi-public company that plays a core role in the inclusion of elderly migrants by giving access to housing. The company hosts around 74 000 people all over the country that cannot afford common housing. 41% of residents have more than 60 years old, and those people are mainly migrant workers who came to France in the 1960s and who stayed in the national territory. The Strategic Asset Plan of ADOMA includes the improvement and adaptation of conditions of housing to meet the specific needs of this older population. It also allows healthy ageing by providing a personalised support. ADOMA is currently developing and renewing its real estate. (REPORT ON THE FRENCH AGEING POLICY)	

	Overview	Elderly	Migrant Users	Migrant Elderly	Adaptation Strategies
Netherlands	Universal care offer, administration held with local municipalities Similar system of care to that of the UK: local authorities are responsible for administering services and assessing user needs. 1 of 2 highest spenders on health in the world (based on GDP). No role for private insurance, all is paid for by employee / employer. Type of coverage: Statutory LTC insurance (1968) Current social care public spend: 3.7% (GDP) Link System organisation and administration: central government (overall objectives and regulation), county councils and municipalities (administering front line care and service offer) The financing method used under the Social Support Act is relatively simple: local authorities receive funds from the central government through the Municipal Fund. Coverage is universal, all residents are entitled to publicly financed care, and premiums aren't difficult to pay. Care covers at all basic at home care, nursing, transport, self-reliance and treatment under the long term care act. Cons: it's a statutory health insurance system, financed by a mixture of income-related contributions, with premiums are paid by the insured A major aspect of this system is the general shift from a budget-oriented reimbursement system to a performance-related approach (major reform) The Dutch health care system has been subject to major reforms that impact on all elements of the system. The reforms focus on coverage, finance and entitlements rather than on restructuring of provision. Reforms of long-term care started in 2003 and are still ongoing, while the major health care sector reforms took place in 2006. In 2007, a new compartment was created when purchasing of social support services was shifted from the long-term care compartment to the local authorities. (Link)	**Elderly care**: An aspect of The Centrum Indicatiestelling Zorg (Care Assessment Agency) gives special-needs assessments to these people based on a national, standardised format. 'The Long Term Care Act' specifically focuses on the more vulnerable parts of society, and is administered by special long-term care administrators within central government. These are offices designated in each region, they organise the way services are provided. The Long-Term Care Act is a compulsory health insurance policy based on solidarity: anyone who pays income tax in the Netherlands pays premiums under this act. Buurtzorg Model: A solution to overstretched services and not enough human resource and time spent with care users. A more person-centred approach needed to keep older people independent, in their own homes. This model provides in-home care for the elderly, according to their needs. Buurtzorg is built on a foundation of small, self-managed teams linked to neighbourhoods where they provide a wide range of services for older people. Empowers nurses to deliver all care that patients need. Results in higher cost per hour, but fewer hours spent overall due to needs being met. With almost no 'middle management' e.g communications, PR, HR or IT. Leaves more money for care and innovation investment. Delivers better, more personalised outcomes at a lower cost.	**Asylum seekers** are covered by the government and several mechanisms are in place to reimburse the health care costs of **illegal immigrants** unable to pay for care Illegal immigrants are excluded from entitlements to any social protection, including the coverage of health care costs. (Link)		

	Overview	Elderly	Migrant Users	Migrant Elderly	Adaptation Strategies
Denmark	Operated on a regional basis: “Universal access to health care is the underlying principle inscribed in Denmark’s Health Law, which sets out the government’s obligation to promote population health and prevent and treat illness, suffering, and functional limitations. Other core principles include ensuring: a high quality of care; easy and equal access to care; service integration; choice; transparency; access to information; and short waiting times for care. The law also assigns responsibility to regions and municipalities for delivering health services.” The national government sets the regulatory framework for health services and is in charge of general planning and supervision. Five administrative regions governed by democratically elected councils are responsible for the planning and delivery of specialised services and also have tasks related to specialised social care and coordination. Organised patient groups engage in policymaking at the national, regional, and municipal levels. Annual negotiations between the central government and the regions and municipalities result in agreement on the economic framework for the health sector, this contributes to control of public spending on health by instituting a national budget cap. Link All registered Danish residents are automatically entitled to publicly financed health care, which is largely free at the point of use. Outcome: different regional initiatives including public health profiling to help target areas and / or specific user needs through preventative strategies - education in particular (+ other disease prevention activities). Link	The country spends 2.2% of its GDP on care for the elderly, second only to Sweden, and Danes over the age of 65 receive a basic pension of about 8,000 krone (£811) a month, before tax. The rights of the elderly are championed by senior citizen councils in each municipality, and leaders from Denmark’s five geographical regions meet with local authorities and practitioners to plan improvements to services every three years. Link The Danish model revolves around the idea of choice and prevention, with up to 24-hour home care available, free, for people aged 67 or older. Once people in Denmark hit 75, they receive two checkups a year from a public health nurse to see if they need home care or other help. The nurse checks to make sure the fridge and medicine cabinet are stocked, whether the clients see friends and family, and whether they seem to be in sharp mental and physical health. Many people remain independent but sometimes people need help a lot earlier than they recognise - that’s why there are ‘supervised freedom’ care homes available to them. Link	Large influx of displaced people, usually there for work Undocumented immigrants and visitors are not covered. Voluntary, privately funded initiative by Danish doctors, supported by the Danish Red Cross and Danish Refugee Aid, provides this population with access to care.		

Social Care (Global Comparison), Systems & Service Design

Civic

Theme	Literature Review	Case Studies	Expert Interviews
Funding: central government versus local government & finding a balance to avoid "Graph of Doom"	Local Authority funding in the UK – More 'graphs of doom' ahead: "social care statutory services will continue to require an ever increasing share of the councils' revenues, money for other services are expected to be reduced by 35% in nominal terms from £26.6bn in 2010-11 to £17.2bn in 2019-20. The councils expected to suffer most from these cuts are the ones who are heavily dependent on central government funding" (Birmingham University Blog, 2017) Link	Global comparison: Germany + Japan + France - **equal redistribution of resources** and commissioning care. **'Collective Social Care' insurance** available for all employed people. Funded through pay deductions and pensions Denmark + Netherlands + Norway - local gov funded services. As above, collective social care funding through pay deductions. In most cases however, people usually pay a premium in order to receive service care required. Not everyone can afford this. **A possible pain point within the system?**	Daisy Froud: changes since 2010 government reforms has had an effect on available project resourcing. This has meant that a lot of needed service offers have been cut from the agenda entirely John Jones: cuts to budgets for local government has triggered a need of channel shift for services, from physical to digital, in turn causing many other issues for service users
Social value targets: central & local government	1. The Public Services (Social Value) Act came into force on 31 January 2013. It **requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits**. Before they start the procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. **The Act is a tool to help commissioners get more value for money out of procurement**. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. Link 2. "Councils of all political persuasions are using the Public Services (Social Value) Act to boost local youth employment, community groups and small firms, the report by Social Enterprise UK finds", however **only 1 in 3 councils consider social value when awarding contract** with external bodies, The Guardian reports (Link)		Daisy Froud: each project set by local government initiatives, and working with outsourced designers, makers, architects has social value targets placed within, as a means of adding to the community. Daisy Froud, a participatory design specialist, mentions these targets don't always bring about the value they were designed for. Her suggestion is, that we need to rethink the means of measurement for the quality of social value
Culturally sensitive care and service provision (people & resources)	King's Fund funded research: Interpreting services are in short supply and are inadequately advertised. **Confidentiality issues / family reliance** situations often seen. Low awareness / education: **patients and carers not always receiving adequate information or services** (A Standards Framework For Delivering Effective Health and Social Care Advocacy for Black and minority ethnic Londoners)		
Lack of research evidence to support policy			
Bureaucratic hurdles that inhibit state service capability	Verbose **bureaucratic language** use in government service communication campaigns - difficulty in getting and understanding national service information for all citizens (Participatory Design for Public Services. Innovation in Public Administration)	Eligibility for migrants in using state services: Difficulty in pathways:	John Jones: State run institutions, mostly local government, has suffered from bureaucratic reforms. Too much focus on short-term goals, not enough attention paid to long-term project implementation Daisy Froud: Peter Dwyer:

Field	Current and past initiative	Tools, approaches and recommendations	Challenges and barriers	Experience of user / wider community	Key Theme / Extracted meaning
Co-design	Equal **partnerships** and collaborative work - community partners and academia - benefit of **consulting** on the structure of research projects together, prior research / co-design work	**Communicate agenda clearly between different stakeholders - clear vision**	Divergent vision - different agenda amongst collaborators in co-design project - can cause friction		**Partnerships**
		Build-in flexibility to allow processes to change without impact on funding / funding body regulations	**Governing structures too rigid** - build-in, allow **flexibility**, changes to the process (often when funding is secured from funding body - structures + regulations around process are **too rigid**)		**Experimentation - flexibility - project structure**
		- **Community ambassador** - someone to engage with the council of voluntary organisation - spread the word - brings more people in - snowball effect - Community introduction - like a **community broker -** to introduce researcher / co-designer to the community	Issue of **trust** involved in outreach for research and co-design. Someone to introduce expert / researcher / co-design expert to this group within the community - **a community partner who has leadership standing**		**Building trust**
		Creative ways to communicate and interact - during co-design sessions - using props - non-verbal cues	**Communication** - major **challenge - wording** and use of language - jargon / academic, formal language		**Communication** - how you approach communities
		Creative approach - go to where people congregate or call in evenings - tactics - **ask people to tell their story** than to do a survey - within that are the needed details - **narrative** - helps to understand local area / wider context			**Creative engagement**
			People don't turn up to community consultation sessions - issue of willingness + engagement + time / time of day - work and life commitments. People feel they are **not qualified enough to share experience**	**People feel proud** to get involved and produce something. Increase of self-esteem, new friends, keeps intellectual muscle going	**User self-confidence**
Co-design 2					
Co-design 3					
Co-design and architecture					
Co-design and service design					
Co-design, service design	Academic and voluntary sector working more closely together - in co-design - community oriented projects - important aspect and specialised funding provided	Have people more involved project planning **Relationship development** - key aspect - ??	Not a well-balanced relationship, partnership at the moment - academia and voluntary sector - co-design research		**Partnerships**
Community-led co-design and engagement		**Consult users on co-design outline** - before it is a fully formed brief			**Partnerships** (consult)
Co-creation, community engagement and urban design					

Field	Current and past initiative	Tools, approaches and recommendations	Challenges and barriers	Experience of user / wider community	Key Theme / Extracted meaning
Co-production, public governance, citizen engagement			Structures too **rigid** - **experimentation** required		**Rigid** structures - need for **flexibility** - built-in **experimentation**
Strategic management, governance, user and community co-production					
Strategic design insights					
Community-led innovation					
Service design, immigration, co-design	Finnish government supported and funded **design labs initiatives** - permitting experimentation for co-design projects in local gov all over the country "attitude of local government in Helsinki – change mentality – **champions for experimentation** – willingness to provide budget, resources, time for co-design work and experimentation – this was impact from central government – initiative to support design projects – outcome: several design labs working with local governments all across the country – tech side of immigration department in Helsinki – access of this mentality to top of the organisation – important to this type of work - **not results focused"**	• Experimental – creating the space for that brainstorming session – blog posts – real time release of co-design practice in local government, of information, of experience – innovation matrix – within service design • Scrappy prototyping of ideas – quick and easy ways – helps to prove value of the ideas – quick evaluation of impact			**Experimentation** **Structure + System**
			Staff felt they "owned" relationship with the user		
		NGOs – were the "super users" of certain services for immigrants at the time – figure out who the super users are – super knowledge of services			**Partnerships**
	Fjord - Finland - provided consultancy on co-design. But no project handover took place. Staff were not communicated the requirements, benefits and impact of co-design that was to take place	**Lack of communication and understanding of co-design** - from the side of the department managers, and other staff members towards co-design as a field - can be overcome through training and communication - **disseminate importance + impact of design, co-design, service design processes and approaches** **Good to gauge staff level of understanding & build from there (co-design or service development knowledge)**	**No initial project handover - from design consultancy to co-design experts leading project on local level.** Engaging asylum seekers in co-design project – needed to empower local people and provide different design interventions - friction between department and co-design experts - dep. members very territorial - did not let co-design experts get involved with the users themselves - business strategy was applied to overcome these issues		**Communication, partnerships and training**
Civic and social design		Storytelling - co-design - record immigrant story / narrative - booth created in Germany - to better engage people in the local community - the process itself was important - building block in relationship towards engagement			**Creative engagement**

Field	Current and past initiative	Tools, approaches and recommendations	Challenges and barriers	Experience of user / wider community	Key Theme / Extracted meaning
			Staff felt they "owned" relationship with the user		
		Required – key person – acting as intermediary within community – NPO – processes – someone who has a good influence in the community – is better able to engage with older citizens (Mr Kohashi)			**Building trust**
Person-centred care, ageing, migration			Structures too rigid		**Experimentation**
		Graphic designers used - in co-design sessions with the community with immigrant people - have something to take away			**Creative engagement**
		Recruitment - recruiting local **ethic people**, usually **young people** to be researchers - act as translators - understand cultural nuances very well			**Recruitment - familiar local ambassador**
		Consult users on co-design outline - before it is a fully formed brief			**Consultation - project prep**
Nursing, care and health services		**Recruitment** - recruiting local **ethic people**, usually **young people** to be researchers - act as translators - understand cultural nuances very well			**Recruitment - familiar local ambassador**
Local governance, community cohesion		Communication - understand **how the community receives their information** - some rely mostly on word of mouth - (example of most cultural groups - watch their national TV channels in the UK - how they receive their information)	Disseminating translated information packs is neither sustainable nor effective sometimes - people can be illiterate + receive their information through different means		**Communication** - how you approach communities
Local governance, migration health					
Community leader 1	Cypriot community Camden - working closely with local government to help support needs assessment for local older people - relieving some of the burden and referring people on - providing older people with correct information (no more support and funding for this - support collaboration has ended)				**Partnerships**
	Official representative - **holding talks** - **information sessions for older people - support with admin / applications**				**Communication** - how you approach communities **Partnerships with local council** **Engagement**
	Community centre partnership with local council - local council helped provide a building where Cypriot older people could live and support each other - independent living in local area		Funding stopped for this initial project - housing environment is now mixed		**Partnerships**

Field	Current and past initiative	Tools, approaches and recommendations	Challenges and barriers	Experience of user / wider community	Key Theme / Extracted meaning
Service design, healthcare, service innovation					
Design research, service and co-design			Structures too rigid		**Experimentation**
	A master's service design training course was created in the department – staff were excited to try out new skills and experience – a huge buzz – problem solving aspect of the course most important – staff then became ambassadors for concepts and principles in service design – sponsored by the Finnish immigration agency – government	**Staff training** - in service design - staff were then so content with the training that they disseminated knowledge to the rest of the team - everyone wanted to do the service design course - local gov co-design project example (Finland)			**Staff training - knowledge dissemination within organisation**
Social and service design			People feel they are not **qualified** enough **to participate** or share experiences - would sometimes recommend someone else - with "more social standing"		**User self-confidence**
Community innovation		**Stakeholder model map** – who must be involved in the co-design project – expert's own model – **to ensure diversity of the panel of participants** – from government and citizens – to the most important distinction – **locals and outsiders** – to host different perspective – can be adapted from local government to private organisation projects			**Recruitment** **Building diversity**
		Forum – 'Future Lab' findings in Japan – outcome of forum – feedback is published - results for public view and dissemination – important aspect – shows deliverables – and helps to create a feedback loop – no other solid outcomes at the moment	Challenge in communicating impact, measuring impact in the field of co-design in public sector (Japan) Difficulty in project sustainability and implementation – issue in creating real, lasting change – sustainability aspect of the project, initiative – a real challenge in Japan – process can be more important		**Dissemination - communicating impact**
		Structure and system - build for co-design - built into the system - regulation - create initiatives	**Structural challenges** – co-design is not something that is build into the service process in government – understanding the user themselves – key aspect		**Structure and system**
		Involving entrepreneurs in the community – impact of private sector discussions with the community			**Stakeholder involvement**
		Using research sessions / co-design sessions for **knowledge building**			
Service design, co-design, community-led design		Public design labs – **Training managers (key staff members)** through the co-design process to understand user needs and experiences – research for government – training managerial staff was necessary part of the process of co-design – the most important outcome (Japan local gov co-design project)	Staff thought they knew their users well, but actually did not understand some of the key challenges people in the community were experiencing		**Staff training - knowledge dissemination within organisation**

Appendix I: Framework evaluation questionnaire

‘Invisible Minorities’:

A service co-design framework for vulnerable people

Ms Nevena Balezdrova, Brunel University London

Framework evaluation questionnaire

‘Invisible Minorities’: A term coined in reference to people who are not always seen as part of a minority in the observable way, i.e. skin colour (Hussein and Oglak, 2012). Social markers, or the aspects of identity that differentiate people are blurred or not at all present, this adds a degree of indistinctness, permitting room for assumption (Shoenmakers et al. 2017). ‘Invisible minorities’ is also referenced by Gilbert et al. (2016) when describing France’s constitutional position in the way it regards minority rights.

Goal: The goal of this evaluation is to gather feedback from users, particularly non-designers, to refine and enhance the co-design framework. By critically assessing the framework’s usability, practicality, and comprehensiveness, the evaluation process aims to ensure that the framework is not only effective in guiding co-design projects but also accessible and adaptable to a variety of real-world settings. The ultimate objective is to improve the framework so that it better serves the needs of local governments, support organisations, and the communities they work with, particularly older immigrant populations.

The evaluation focuses on three main areas:

[1] Usability and Suitability: Assessing how user-friendly and clear the framework is for non-designers, with particular attention to the clarity of instructions and visual representation.

[2] Applicability and Feasibility: Evaluating the practical implementation of the framework in real-world scenarios, including its adaptability to different contexts and resource requirements.

[3] Comprehensiveness and Accuracy: Ensuring the framework thoroughly covers all aspects of the co-design process, aligns with best practices, and accurately addresses the needs of diverse stakeholders.

The feedback gathered through this evaluation will inform the refinement of the framework, helping to identify strengths, weaknesses, and areas for further development to enhance its effectiveness and relevance in various co-design contexts.

Information about the participant

Participant name: _____

Organisation: _____

Job title, and role: _____

Section 1: Usability and Suitability

1 = very poor; 2 = poor; 3 = sufficient; 4 = good; 5 = very good / excellent

Usability and Suitability of the co-design framework

These questions aim to assess how user-friendly and appropriate the framework is for its intended audience, particularly non-designers.

Ease of Understanding:

On a scale from 1-5, 5 being the easiest to understand - How easy is it for a non-designer to understand the framework?

1.	2.	3.	4.	5.

Are the concepts and steps clearly articulated for someone without a design background?

What aspects of the framework could be made more intuitive or user-friendly?

Clarity of Instructions:

Are the instructions within the framework clear and easy to follow?

Are there any areas where the instructions could be simplified or clarified?

How well does the framework guide the user through the co-design process?

Visual Representation:

Does the framework's visual diagram effectively convey the key steps and processes?

How could the visual elements of the framework be improved to enhance usability?

Section 2: Applicability and Feasibility

1 = very poor; 2 = poor; 3 = sufficient; 4 = good; 5 = very good / excellent

Applicability and Feasibility of the co-design framework

These questions focus on how practical and implementable the framework is within real-world co-design practice.

Ease of Application:

On a scale from 1-5, 5 being the highest - How easy is it to apply this framework to an actual co-design project?

1.	2.	3.	4.	5.

Does the framework provide practical tools or guidelines that can be easily implemented?

Are there any steps or elements within the framework that seem impractical or difficult to execute?

Contextual Adaptability:
How well does the framework adapt to different contexts or types of co-design projects?

Can the framework be easily modified or scaled for various project sizes and complexities?

What challenges might arise when applying this framework in different cultural or organisational contexts?

Resource Requirements:
What resources (time, personnel, tools) are necessary to effectively use this framework?

Are the resource requirements realistic for typical co-design projects?

What adjustments could be made to the framework to make it more feasible in resource-constrained environments?

Section 3: Comprehensiveness and Accuracy

1 = very poor; 2 = poor; 3 = sufficient; 4 = good; 5 = very good / excellent

Comprehensiveness and Accuracy of the co-design framework

Comprehensiveness and Accuracy

These questions evaluate whether the framework thoroughly addresses all necessary aspects of co-design and whether it accurately reflects co-design principles.

Scope and Coverage:
How well does the framework cover all critical aspects of the co-design process?

1.	2.	3.	4.	5.

Please provide details:

Are there any important steps or considerations that the framework overlooks?

How comprehensive is the framework in addressing the needs of all stakeholders involved in the co-design process?

Accuracy and Relevance:
How well does the framework reflect current best practices in co-design?

Are the principles and processes outlined in the framework aligned with established co-design methodologies?

Does the framework accurately address the needs and challenges of working with 'invisible minorities'?

Feedback Integration:
How well does the framework incorporate feedback loops and iterative improvements?

How does the framework ensure that all relevant perspectives are considered in the co-design process?

Additional reflection

Additional notes and reflection:

Additional Reflection Questions

General Impressions:

What are your overall impressions of the co-design framework?

How does this framework compare to other co-design frameworks you have used or encountered?

What are the strengths of this framework, and what areas could benefit from further improvement?

Suggestions for Improvement:

Based on your experience, what specific changes would you recommend to improve the framework?

Are there any additional tools or resources that should be included in the framework to enhance its effectiveness?

Appendix J: Framework draft 1



‘Invisible minorities’:
A co-design framework for older immigrants

Facilitating inclusive community participation by engaging immigrant older people and other vulnerable groups with service co-design

Ms Nevena Balezdrova 2024

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Introduction

Currently, no comprehensive framework exists that specifies how vulnerable older people or immigrant older people can become active and empowered participants during the service co-design process (Dietrich, 2017).

Co-design in UK public services and adult social care has emerged as a vital approach to creating more responsive and inclusive services, particularly for vulnerable and marginalised populations. However, the current practices often lack consistency and depth, highlighting the need for a comprehensive co-design framework that can guide local governments in effectively involving diverse stakeholders and ensuring that services truly meet the needs of all users. Research shows a need for co-design support guidelines that focus specifically on the engagement with vulnerable people, considering their unique characteristics.

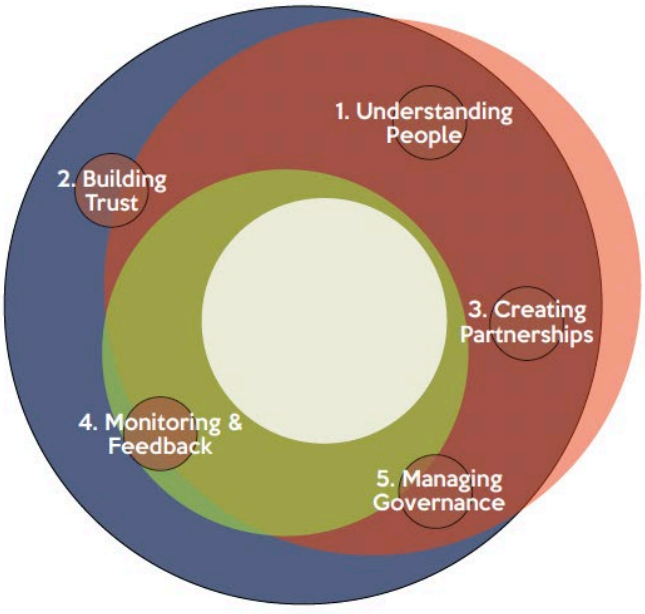
This co-design framework is aimed at local government and other organisations, focusing on four main elements: (i) Understanding People (engagement with the local community), (ii) Building Trust (understanding barriers, creating trust-enabling conditions) (iii) Creating Partnerships (relationship establishing practices) (iv) Creating on-going monitoring and feedback.

Goals and objectives

The primary goal of this co-design framework and its accompanying guidelines is to empower local governments and support organisations to enhance the co-design process, foster stronger relationships among diverse stakeholders within the local community, and engage older immigrant populations in a more meaningful and inclusive manner.

This framework is designed to assist designers and local government staff in achieving more effective co-design outcomes by strengthening relationships with existing and potential partners, engaging residents, and optimising the utilisation of local resources. By incorporating design tools for communication, ideation, and prototyping, the framework highlights best practices and provides practical examples. The guidelines are specifically tailored to build trust within the community and establish robust local partnerships by approaching the co-design process from a holistic perspective.

Framework overview



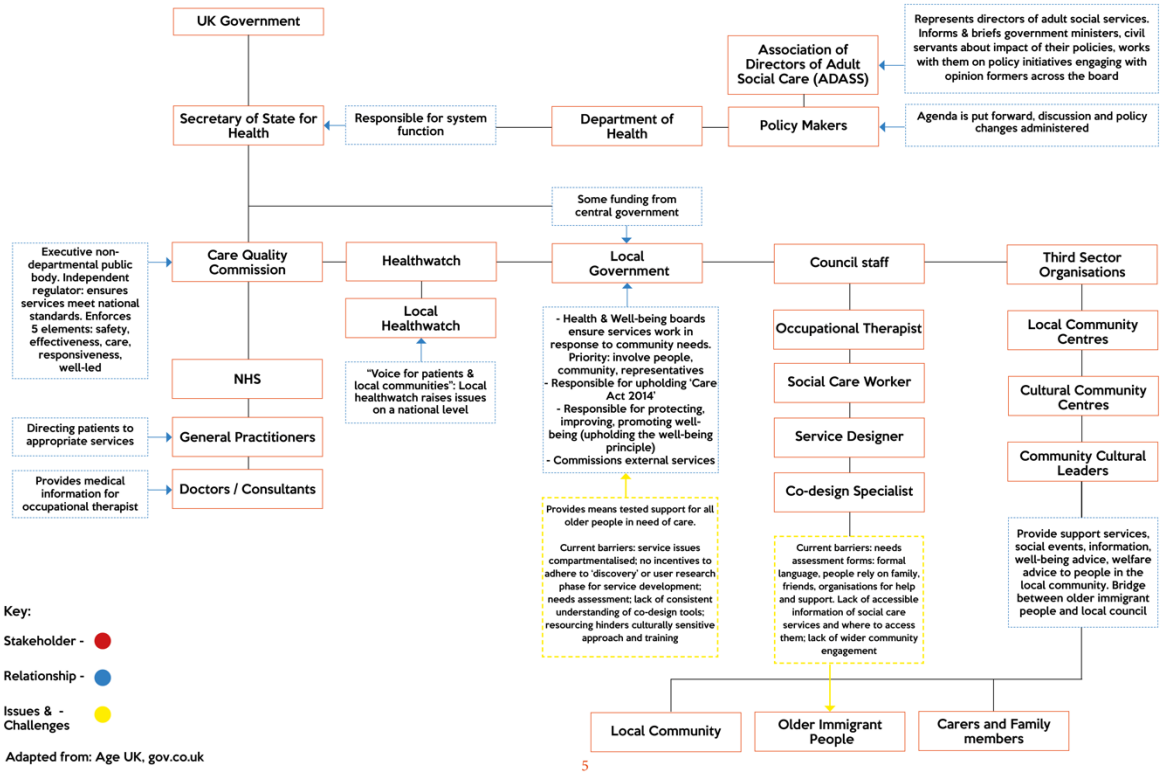
Values:

Inclusivity: Prioritise active involvement of all stakeholders, marginalised or under-represented, ensuring that voices are heard and considered throughout the design process

Cultural sensitivity: Built on understanding and respect towards cultural differences, ensuring services are designed in a culturally appropriate & responsive way to unique needs of different communities

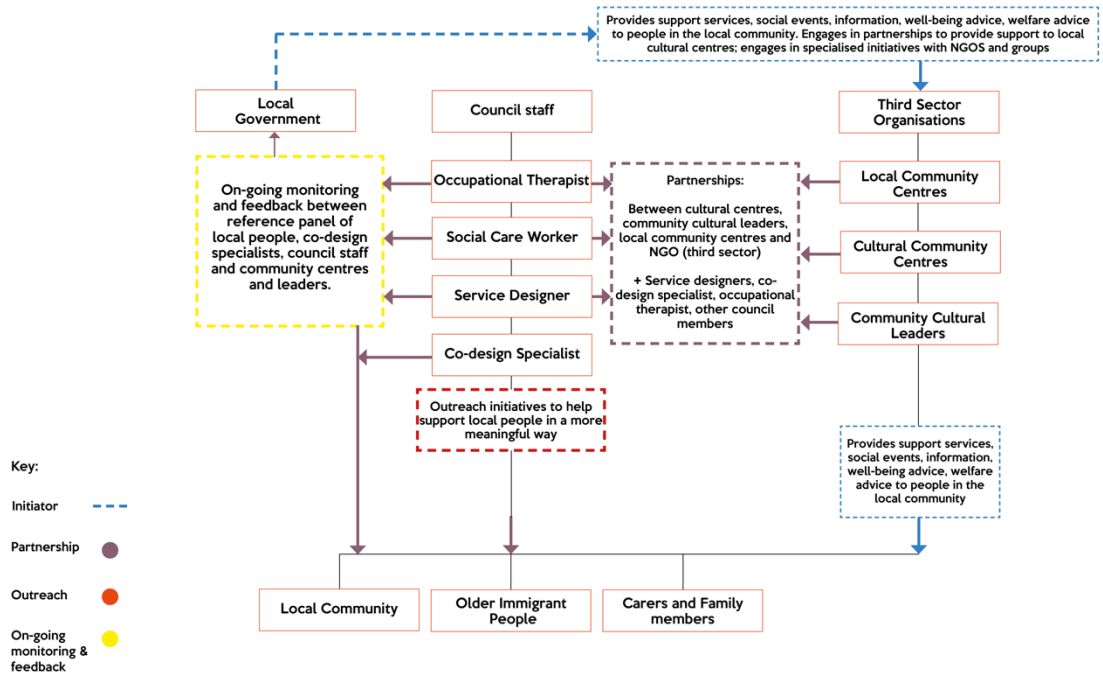
Collaboration and empowerment: Collaboration across diverse groups - service users, providers, and community organisations. Seeking to empower service users, recognising expertise by experience

Current map of UK Adult Social Care



Adapted from: Age UK, gov.co.uk

Map of UK Adult Social Care System after applying the co-design framework



Adapted from: Age UK, gov.co.uk



Step 1: Understanding People

What?

Understanding the current dynamic and local people - the main activities in this step are exploration and receptivity. The aim is to 1) outline and understand the local community, 2) be receptive to local people's stories, 3) understand and build a picture of local people's specific cultural beliefs and approaches.

This step helps to create a deep understanding of who immigrant older people are and how they interact within the context of their local community, building a strong foundation for the next steps.

Why?

The key benefits of this step are (i) helping to understand some of the factors that may affect participation in co-design, such as perceived barriers, perceived risks and social norms of the local community, (ii) understand people's experience of interacting with local authority and services, (iii) determine who must be involved in the co-design process

Who should be involved?

- Local authority staff
- Occupational therapist
- Co-designer
- Service designer
- Social care worker
- Third sector organisation
- Cultural centre, cultural leader
- Local community

How?

Tools and approaches:

1. 'Community ecosystem mapping'
2. 'Community profiling'
3. Community outreach

1.1 Local community 'deep-dive'

What?	Who can be involved?	Why?	Outcome:
Community profiling	▪ Local community staff ▪ Co-designer / design practitioner ▪ Local community ▪ Service designer ▪ NGO ▪ Community leaders	Builds a picture of the local community and assets	▪ Comprehensive report ▪ Document or mapping ▪ Presentation
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

Method 1: Community profiling

Why?

1. Provides a community break-down
2. Helps to understand roles, people and nuance
3. Helps to outline who must be involved in the co-design process
4. Maps out 'super user': who is the 'super user' of services or local support from organisations and groups that support older immigrant people
5. Helps to map out tapestry of local people and local groups

Method 2: Ecosystem mapping

Why?

1. To help understand local context
2. Maps out tapestry of people and local groups
3. Map of relationships and interaction between different groups
4. Provides an ecosystem archive of people and stakeholders
5. Helps to prioritise required roles for co-design and user engagement

'How to': Carry out a 'Community Profile'

Hawtin and Percy-Smith (2007): 'A comprehensive description of the needs of a population, that defines itself as a community, and the resources that exist within that community, carried out with their active involvement, for the purpose of developing means of improving quality of life.'

The purpose: To create a comprehensive and detailed picture of a specific community. It focuses on understanding the demographics, needs, resources, social structures, and issues faced by the community members. The goal is to inform policy-making, service provision, and community development initiatives by highlighting the strengths, weaknesses, and needs of the community.

The scope of community profiling is more focused on a specific geographical area or community. It typically involves a deep dive into the social, economic, and cultural characteristics of the community, with a focus on individual and group needs, local resources, and the social infrastructure.

Uses a variety of methods: surveys, focus groups, interviews, and secondary data analysis (such as census data). It is focused on gathering information about the community members and the services available to them, and it may involve less interaction between the different stakeholders than ecosystem mapping.

Step 1: Purpose
What is the purpose of this community profiling?
What specific information are we seeking to gather?

Step 2: Plan
Who are the key community leaders & groups that should be involved?
Who are the stakeholders impacted by this activity?

Step 3: Collect
What is the historical & cultural background of the community?
What are the community's main assets (skills, networks, infrastructure)?

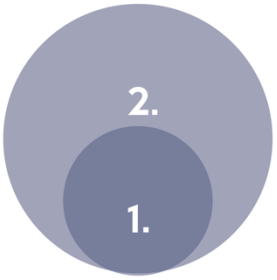
Step 4: Evaluate
What opportunities are there? What external factors impact people? What are the primary strengths? Do needs align with available resources?

Step 5: Capture
How will the findings be communicated to the community and stakeholders? What format (report, presentation, workshop) will be most effective for different audiences?

‘How to’: Carry out ‘Ecosystems mapping’

“A synthetic representation capturing all the key roles that have an influence on the user, organization and service environment.” - servicedesigntools.org

The primary purpose of ecosystem mapping is to visualise and understand the relationships, interdependencies, and dynamics between various entities within a specific ecosystem. This could be a business ecosystem, a service ecosystem, or any other network of interconnected actors. Ecosystem mapping helps identify key players, their roles, the flow of resources, and the impact of changes within a community.



Step 1:

Start off by organising different stakeholders from different organisation levels. The outer layer of the mapping activity depicts the ‘community level’ of interaction whereas the middle layer depicts the user’s personal level of interaction. Both illustrate clearly the interaction between each other in detail.

Step 2:

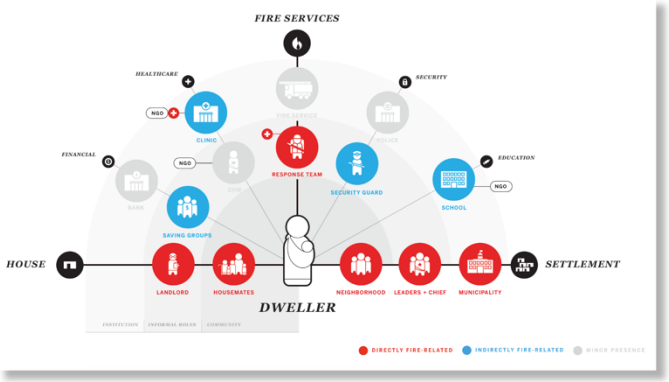
Map relationships: how do stakeholders connect and interact? (e.g., formal partnerships, informal networks, competitive relationships). Are there any power dynamics or dependencies that affect people?

Step 3:

Dissemination: how will the map be presented? (e.g., digital, print, interactive) What are the most important findings? How will you document (report, presentation) and present the findings (workshops, meetings, webinars)?

‘How to’: Carry out an ‘Ecosystems mapping’ exercise

Scenario:



‘An ecosystem map to better understand fire safety in informal settlements’ - Frog Design, Ethnographic Praxis in Industry Conference

The project, led by frog in collaboration with the American Red Cross, focused on designing fire prevention solutions for informal settlements in Nairobi and Cape Town. Through co-design sessions, stakeholders mapped out local fire safety ecosystems, identifying key actors, communication flows, and gaps. These maps enabled the development of adaptable, modular solutions tailored to the unique needs of different locations.

Start by clearly defining the purpose of the ecosystem mapping activity. In this case, the goal was to design and develop solutions to prevent dangerous fire outbreaks in informal settlements. Identify and engage with local stakeholders from the areas of interest (e.g., Nairobi and Cape Town). The goal here is to gather insights into the local services and actors involved in fire prevention and intervention. Use the map to identify the actors involved in fire emergencies and analyse the flow of information and communication among them. Highlight any gaps, interruptions, or inefficiencies in these processes. Use the insights gained from the ecosystem maps to plan co-design programs.

1.2 Community outreach

Ensuring meaningful engagement and outreach strategy with older immigrant people

What?	Who should be involved?	Why?	How?
Community outreach Communication and transparency	▪ Cultural leaders ▪ Local authority representatives ▪ Social care professionals ▪ Community outreach officers	Ensures effective, inclusive communication that respects cultural nuances and builds trust within the community.	▪ Discovery Phase ▪ Tailored Communication ▪ Community Engagement ▪ Feedback Loop

What? This strategy involves adopting a multi-faceted approach to communication within local communities, particularly those with diverse cultural backgrounds. It emphasises using a variety of communication methods - such as digital, print, and location-specific mediums - to effectively reach and engage all segments of the community. This approach recognises that different communities have varying preferences and habits for consuming information, with some relying more on oral traditions or word-of-mouth.

'How to': Community outreach

This strategy is crucial for effectively reaching and engaging diverse community members, particularly those who may be reluctant to engage with authorities or who consume information differently due to cultural or generational factors. By diversifying communication methods and understanding the cultural nuances of the community, local authorities can ensure that messages are conveyed meaningfully and inclusively, reducing misunderstandings and increasing the likelihood of community participation and engagement.

How this can be administered:

Discovery Phase: Begin by researching the local context, including the community's preferred communication channels and cultural practices. This can be achieved through surveys, focus groups, and consultations with local leaders.

Tailored Communication: Develop communication materials in various formats (digital, print, oral) that are culturally sensitive and use simple, jargon-free language. Consider the local community's specific needs, such as the use of informal language and clear definitions of terms that may differ across cultures.

Community Engagement: Distribute materials through channels that are most effective for the community, such as social media platforms (e.g., Facebook, WhatsApp groups), local newspapers, community centres, religious institutions, and cultural events.

Feedback Loop: Continuously assess the effectiveness of the communication methods by gathering feedback from the community and adjusting strategies as necessary. This ensures that the approach remains relevant and responsive to the community's evolving needs.

By following these steps, local authorities can build trust and foster stronger relationships with the community, ensuring that all members are well-informed and able to participate fully in local initiatives and services.



Step 2: Building Trust

What?

Building trust is essential in the co-design process because it creates a foundation for genuine collaboration and meaningful engagement. Trust enables participants, especially those from vulnerable or marginalised groups, to feel comfortable and confident in sharing their experiences, perspectives, and needs. Building trust ensures that the co-design process is more inclusive, resulting in solutions that are genuinely reflective of the community's needs and aspirations.

Why?

Building trust is essential in communities with a historical mistrust of authorities. Understanding the roots of this mistrust - whether politically or historically driven - and addressing it through culturally sensitive approaches can help build confidence and empower participants.

Empowerment and confidence: shifting the focus towards participants' positive contributions and skills helps build their confidence, particularly among older individuals who may feel unqualified or hesitant to engage.

Who should be involved?

- Community members
- Local leaders and influencers
- Co-design facilitators
- Local government representatives

How?

1. Create a trust enabling environment by foster informal, culturally sensitive settings, such as common activities (e.g., cooking or singing) to build rapport.
2. Communication and transparency: be clear and open in the focus from what people lack to what people can contribute
3. Ask actionable questions that allow participants to share their stories and perspectives in various ways, such as through storytelling, visualisation, and role play

Before and during the co-design session:

Create a Trust-Enabling Environment:

Informal Settings: initiate the co-design process in informal settings that are culturally familiar and comfortable for participants. This could include community centres, religious venues, or cultural hubs where people naturally congregate.

Activities like sharing meals, singing, or participating in communal tasks can help foster a sense of community and ease.

Common Activities include:

Engaging people in shared activities that align with cultural norms and values, such as cooking or storytelling, which can serve as icebreakers and reduce barriers to participation.

For researchers and co-designers: ensure that all facilitators involved in the co-design process undergo cultural competency training. This training should focus on understanding the cultural backgrounds, beliefs, and communication styles of the participants. It is crucial to be aware of potential cultural sensitivities and to approach interactions with empathy and respect.

What?	Who should be involved?	Why?	How?
Creating trust enabling environment Understanding cultural norms	▪ Community members ▪ Local leaders and influencers ▪ Co-design facilitators ▪ Local government representatives	▪ Create a rapport ▪ Ensures a collaborative, inclusive co-design process ▪ Addresses power dynamics	Creating an informal setting Creative activities

Creative tools during the co-design session

Narration Tools: incorporate storytelling into the co-design sessions. Allow participants to share their stories and experiences in their own words. This helps to build a deeper understanding of their context and fosters a connection between participants and facilitators.

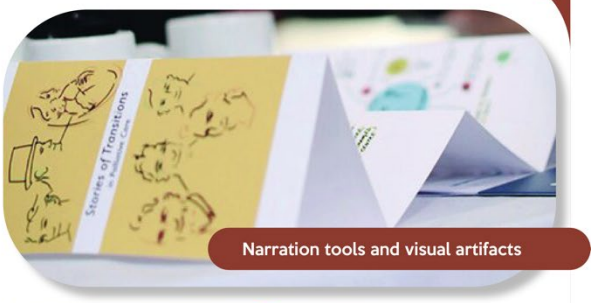
Facilitates: empathy; understanding.

Visual aids and artefacts: use visualisation tools, such as graphic design, illustrations, or physical artefacts, to facilitate understanding and collaboration. Visual aids can help bridge communication gaps and ensure that all participants are on the same page.

Visual artefacts: sketches, diagrams, and prototypes.

Role play and theatre tactics: introduce creative activities like role play or theatre-based techniques to explore different perspectives and ideas. These methods can help participants express their thoughts and emotions more freely, leading to richer insights and stronger bonds.

Engage all levels: while removing managers in some settings, also ensure that there is engagement across all levels of the organisation, including top management, middle managers, and ground-level staff. This helps in aligning agendas and fostering a more inclusive co-design process.



Narration tools and visual artifacts











Step 3: Building Partnerships

What?

Building partnerships in co-design involves the strategic collaboration between various stakeholders, including community members, local authorities, academic institutions, charitable organisations, and grassroots entities. These partnerships are essential for creating a shared ownership of the design process, leverage diverse expertise and resources, and ensuring that the design outcomes are relevant, inclusive, and sustainable. Partnerships in co-design also include establishing relationships with local community groups, religious organisations, and other non-governmental entities, which are crucial for gaining trust and fostering engagement.

Who should be involved?

- Community members
- Local ambassadors ('gatekeepers')
- Local authorities and councils
- Cultural organisations and local charities
- Multi-ethic support staff

Why?

The key benefits of this step are (i) shared ownership and commitment (ii) resource and knowledge sharing, collaboration and expertise with a diverse range of stakeholders (iii) it helps to provide support for innovation between different institutions, helping to generate ideas and create actionable results.

How?

Tools and approaches:

1. Identify and engage with stakeholders
2. Establish relationships with the local community (Level 1)
3. Develop close links with organisations and local government (Level 2)

Who Are Local Partners?

Level 1: Community and Older People

Community Members: This includes older adults, their families, and other local residents. These individuals are the primary beneficiaries of the co-design process and their involvement ensures that the design solutions meet their specific needs and preferences.

Local Ambassadors (Gatekeepers): Selected from within the community, these individuals act as liaisons between the project team and the community, helping to bridge cultural and language gaps and facilitating trust-building.

Level 2: Organisations and Local Government

Local Authorities and Councils: They provide insight into policy, funding, and implementation processes, and are key to ensuring the project aligns with local regulations and priorities.

Cultural Organisations and Local Charities: These entities are deeply connected to the community and play a critical role in reaching specific groups, especially those who might be harder to engage. They also help introduce the project to user groups, building initial trust and engagement.

Academic Institutions: Universities and research organisations can offer methodological expertise, as well as resources for piloting and evaluating co-design projects.

Multi-Ethnic Support Staff: Hiring staff from diverse ethnic backgrounds who are familiar with the community's nuances can enhance trust and communication, ensuring the co-design process is inclusive.

What?	Who should be involved?	Why?	How?
Develop close links with stakeholders by breaking them down into 2 main groups	▪ Community members ▪ Local ambassadors ('gatekeepers') ▪ Local authorities and councils ▪ Cultural organisations and local charities ▪ Multi-ethic support staff	▪ Create a rapport ▪ Ensures a collaboration ▪ Helps to support people ▪ Creates a deeper understanding of local context	1. Relationship with local community 2. Relationship: local organisations & local council

Relationships with local community: Level 1

- Build connections with local groups
- Select local ambassadors or gatekeepers who can facilitate communication between the project team and the community. These individuals can help overcome language barriers and cultural differences, particularly in reaching older adults and their families.
- Provide meaningful incentives to community members considering engagement motivations to encourage active participation

Forstering relationships with local organisation and local council: Level 2

- Collaborate with local partnering organisations, cultural institutions, and local government to define the project's scope, budget, and activities. This ensures that the project is tailored to the community's needs and has their support
- Engage with cultural organisations and local charities that can help reach specific groups within the community, ensuring that the co-design process is inclusive and comprehensive

Case study example:

Camden Council and Camden Cypriot Women's Centre: Older Peoples Services

What?

- In the context of providing tailored support to immigrant older people, particularly within culturally specific communities, partnerships between local councils and community organisations are crucial. This case study exemplifies the importance of such collaborations by highlighting a successful partnership between a community group and the Camden Council, aimed at supporting older Greek Cypriot residents

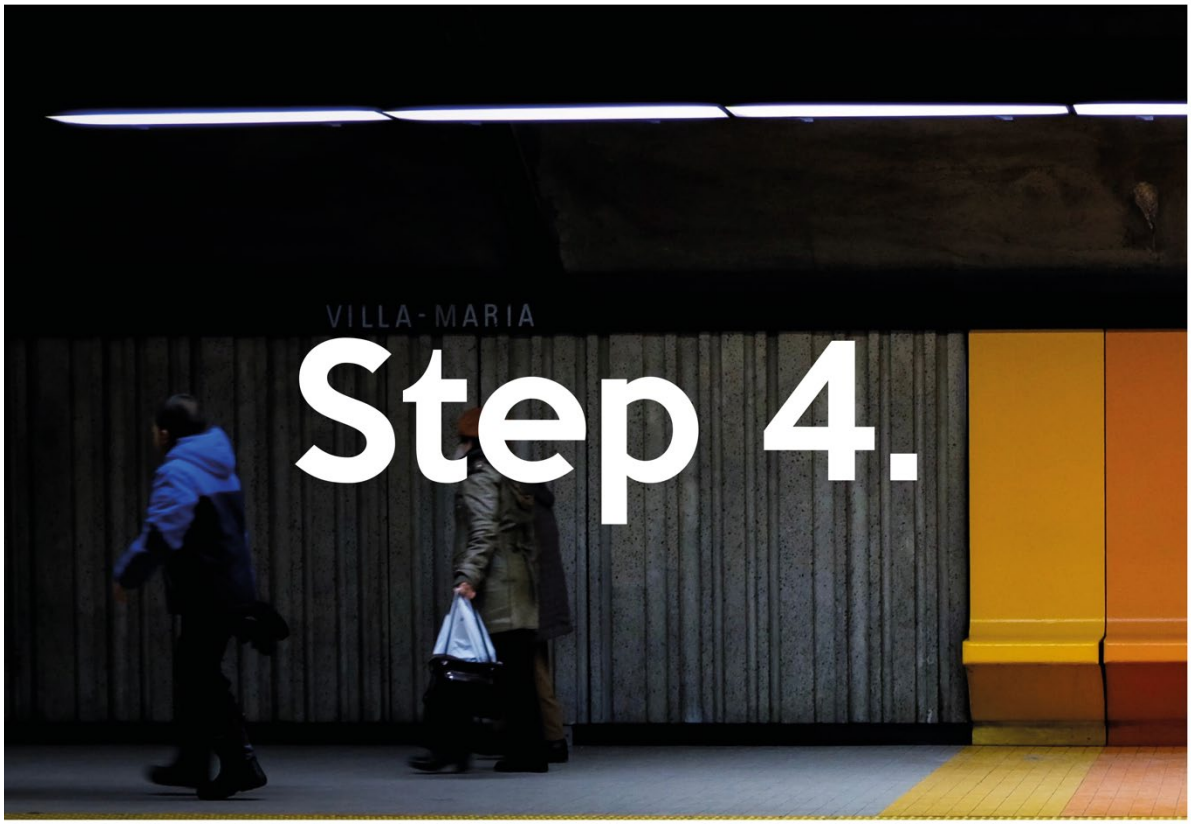
How?

- The Greek Cypriot community in Camden has long recognised the need for culturally sensitive care that allows older adults to live in an environment that respects their cultural heritage and language preferences. In response, a local Greek Cypriot organisation partnered with Camden Council to dedicate a specialised care home designed to meet the unique needs of older Greek Cypriots

Why?

- Engaging Greek Cypriot older adults in local initiatives: beyond the care home, this partnership also establishes a collaborative group that actively engages Greek Cypriot older people in local initiatives. Through this partnership, Camden Council and the Greek Cypriot community organisation can more effectively involve older residents in various local activities and programmes. This not only helps to ensure their continued social engagement but also integrates their voices and needs into broader community planning and decision-making processes. This promoting inclusivity and responsiveness in local initiatives





Step 4: On-going Feedback & Monitoring

What?

On-going monitoring and feedback refer to the continuous process of evaluating and refining a co-design framework through regular input from stakeholders, local communities, and external evaluators. This process ensures that the work remains relevant, effective, and responsive to the needs of the community, particularly older immigrant populations. It involves the creation of feedback channels, follow-up sessions, and the establishment of a reference panel to facilitate continuous improvement and adaptation - creating a dialogue with the local community.

Who should be involved?

- Older immigrant people and their families
- Cultural and religious groups
- Local ambassadors

- Local authorities
- NGOs and charitable organisations
- Cultural organisations and community centres

Why?

This iterative approach allows for: (i) early identification of issues, enabling timely adjustments and ensuring that the framework evolves in response to changing community needs (ii) fosters transparency and trust within the community by demonstrating a commitment to listening to and acting on stakeholder feedback (iii) helps to build accountability and sustainability, particularly in the face of potential changes in government or organisational leadership.

How?

Tools and approaches:

1. Creating a reference panel of local people
2. Follow-up sessions
3. Building feedback channels
4. Documenting and archiving

What?	Who can be involved?	Why?	Outcome:
Community profiling	▪ Local community staff ▪ Co-designer / design practitioner ▪ Community leaders ▪ NGOs	Builds a picture of the local community and assets	
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

Before the co-design process:

Preparation and engagement

Before initiating the co-design process, it is essential to establish trust and clear communication channels with all stakeholders. This includes forming partnerships with local organisations, training peer researchers, and selecting community ambassadors to facilitate communication and engagement. The project scope, budget, and activities should be co-created with local partners to ensure alignment with community needs.

Key Actions:

- Build relationships with local community leaders and organisations.
- Train peer researchers and community representatives.
- Define project scope and objectives collaboratively with local stakeholders.
- Establish initial feedback mechanisms and set expectations for the co-design process.

What?	Who can be involved?	Why?	Outcome:
Community profiling	▪ Local community staff ▪ Co-designer / design practitioner ▪ Local community ▪ Service designer ▪ NGO ▪ Community leaders	Builds a picture of the local community and assets	▪ Comprehensive report ▪ Document or mapping ▪ Presentation
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

After the co-design process:

Implementation & monitoring

Following the co-design sessions, the focus shifts to implementing the framework and ensuring its sustainability through continuous monitoring and feedback. This involves regular follow-up sessions, engaging the reference panel for ongoing input, and documenting outcomes for future reference. The project should also include strategies for broader dissemination of the framework's impact and learnings within the local government and community.

Key Actions:

- Implement the co-design framework and monitor its impact.
- Engage the reference panel for regular feedback and updates.
- Document outcomes and create case studies for future use.
- Disseminate findings and ensure the framework's integration into broader strategic objectives.

Establishing a community reference panel:

A group reference panel is typically composed of representatives from the older immigrant community, as well as members from minority groups who have been involved in the co-design process or who may be involved in the co-design process. This panel will play an essential role in providing ongoing feedback and ensuring that the framework reflects the needs and experiences of these communities.

The panel will meet regularly to review the progress, discuss any challenges or changes, and provide recommendations for improvements. These meetings will also serve as a platform for the community to voice concerns or suggest modifications based on their lived experiences.

The reference panel will work closely with social care professionals, local authorities, and NGOs to ensure that the framework is implemented effectively and that it remains relevant over time.

Before the co-design process, the reference panel is established and introduced to all key stakeholders. This ensures that the panel is involved from the very beginning, contributing to the design and implementation strategy and setting a foundation for continuous engagement throughout the project. **Actions: Integrate the reference panel's insights into the initial design and outreach strategies**

After the co-design sessions, the reference panel will continue to play a critical role in the on-going monitoring and feedback process. Insights are integral to assessing the impact of co-design, making necessary adjustments, ensuring process remains culturally sensitive and responsive to the needs of the community. **Actions: regular engagements, reviewing progress, inform continuous improvements and adaptations**

References:

[1] Dietrich, T., Trischler, J., Schuster, L., & Rundle-Thiele, S. (2017) ‘Co-Designing Services with Vulnerable Consumers’. Journal of Service Theory and Practice, 27(3), pp. 663–88.

[2] Hawtin, M., & Percy-Smith, J. (2007) ‘Community profiling: A practical guide’. McGraw-Hill Education.

[3] Service Design Tools. (n.d.). Ecosystem map. Service Design Tools. Retrieved September 03, 2024, from https://servicedesigntools.org/tools/ecosystem-map#:~:text=The%20ecosystem%20map%20is%20a,type%20of%20value%20they%20exchang

Appendix K: Framework draft 2



‘Invisible minorities’:
A co-design framework for older immigrants

Facilitating inclusive community participation by engaging immigrant older people and other vulnerable groups with service co-design

Ms Nevena Balezdrova 2024

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Introduction

Currently, there is no comprehensive framework that specifies how vulnerable or older immigrant populations can actively participate in the co-design of services (Dietrich, 2017).

The co-design framework presented here empowers local governments and organisations to engage these groups meaningfully in public service design. Many existing services fail to address the specific needs of these communities due to cultural, linguistic, and institutional barriers. By integrating them into the design process, services can become more inclusive and responsive, promoting equitable care.

The framework recognises that older immigrants often feel isolated from mainstream services due to mistrust or a lack of culturally appropriate resources. It aims to address these barriers through a structured, empathetic approach that fosters engagement, trust, partnerships, and continuous feedback. Its primary goal is to enhance the co-design process, strengthen relationships among diverse stakeholders, and engage older immigrant populations more meaningfully.

The framework is built on five pillars:

Understanding People – Engaging communities to understand their needs and cultural contexts.

Building Trust – Overcoming mistrust towards public services.

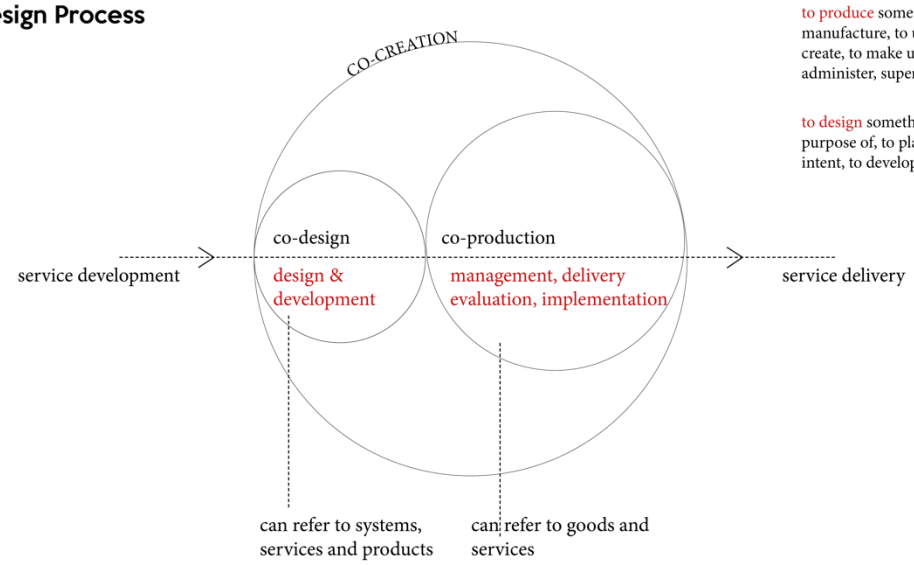
Creating Partnerships – Fostering collaboration between local authorities, NGOs, community leaders, and residents.

Monitoring & Feedback – Ensuring services evolve through real-time community feedback.

Managing Governance – Establishing flexible governance that supports innovation and adaptive decision-making.

This framework helps local governments and designers achieve effective co-design outcomes by strengthening partnerships, engaging residents, and optimising local resources. It incorporates tools for communication, ideation, and prototyping, while providing best practices and practical examples to build trust and establish strong local partnerships through a holistic approach.

The Co-design Process



to produce something: to manufacture, to use raw materials, to create, to make using creative skill; administer, supervise the making of

to design something: to provide purpose of, to plan, to arrange with intent, to develop

Co-Design: Co-design is a collaborative process where stakeholders, including users, service providers, and community members, work together to design solutions that address real-world needs and challenges (Dietrich, Trischler, Schuster, & Rundle-Thiele, 2017).

Co-Production: Co-production involves stakeholders actively participating not only in the design but also in the delivery and evaluation of services, sharing power and responsibility with service providers (Boyle & Harris, 2009).

Co-Creation: Co-creation focuses on the joint generation of ideas and concepts by engaging stakeholders in a dialogue to integrate diverse perspectives and create value collaboratively (Prahalad & Ramaswamy, 2004).

Goals and objectives

Goal of the Framework: The primary goal of the co-design framework is to empower local governments, organisations, and service providers to meaningfully engage older immigrant populations and other vulnerable groups in the design and development of public services. This ensures that services are inclusive, culturally appropriate, and responsive to the specific needs of these communities.

Objectives:

1. Enhance Inclusivity and Representation

To ensure that older immigrant and vulnerable populations are actively involved in the co-design process, fostering services that reflect their cultural, linguistic, and social needs.

2. Build Trust and Collaboration

To overcome mistrust towards public services by fostering strong, transparent partnerships between local authorities, community organisations, and residents, ensuring that all stakeholders are engaged.

3. Improve Responsiveness

To create services that evolve based on real-time community feedback, ensuring they remain adaptive and responsive to the changing needs of diverse populations.

4. Strengthen Governance and Decision-Making

To support a flexible governance structure within local authorities that encourages collaboration, innovation, and adaptability in decision-making, enabling more effective co-design initiatives.

Who Will Use the Framework:

- Local Government Staff: Including policymakers and social service departments responsible for public services.
- Service Designers: Engaged in the co-design of public services for diverse communities.
- NGOs and Community Organisations: Working with vulnerable and older immigrant populations to facilitate engagement in co-design processes.
- Community Leaders: Acting as intermediaries to ensure cultural needs and concerns are reflected in service development.

Where to begin:

1: Understanding people

Current Situation: Limited understanding of community needs.
Desired State: Comprehensive understanding of the community's cultural and social contexts.

Questions to ask:

1. What data do we currently have on the local immigrant communities?
2. Have we conducted community profiling and ecosystem mapping?
3. Are we engaging with cultural and community leaders to gather insights?

2: Building trust

Current Situation: Mistrust in service providers.
Desired State: Established trust through culturally sensitive engagement.

Questions to ask:

1. What cultural competency training has our team undergone?
2. How have we previously engaged with older immigrant communities?
3. Are we using informal, culturally appropriate methods for engagement?

3: Creating partnerships

Current Situation: Weak or no partnerships with key stakeholders.
Desired State: Strong, collaborative partnerships with key community stakeholders.

Questions to ask:

1. Who are the key cultural leaders, NGOs, and community organisations we should be partnering with?
2. What partnerships do we currently have, and how can we strengthen them?
3. Are there established lines of communication and collaboration?

4: Monitoring and Feedback

Current Situation: No formal feedback mechanisms in place.
Desired State: Ongoing feedback loops ensuring continuous adaptation.

Questions to ask:

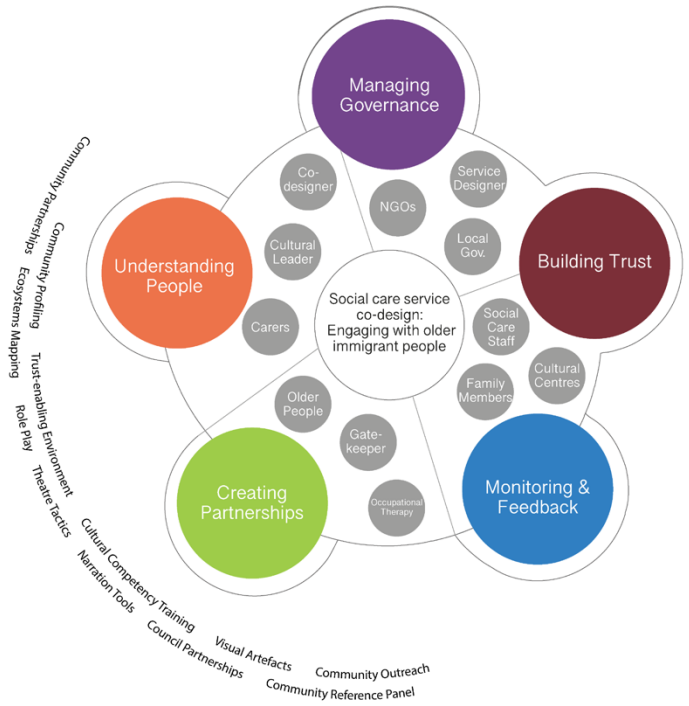
1. Do we have a reference panel or regular feedback loop with community representatives?
2. How are we documenting and acting on feedback from the community?
3. Are we continually adapting services based on this input?

5: Managing Governance

Current Situation: Fragmented governance within local authorities, with siloed teams, rigid approval processes, and limited flexibility for experimentation.
Desired State: Integrated, responsive governance that encourages cross-team collaboration, fosters flexibility, and supports ongoing innovation and iteration in co-design.

Questions to Ask:
1. How can we break down silos and encourage better collaboration between different teams within the organisation?
2. What changes to our current approval and decision-making processes could allow for more flexibility and responsiveness?

Framework overview



Inclusivity: Prioritise active involvement of all stakeholders, marginalised or under-represented, ensuring that voices are heard and considered throughout the design process

Cultural sensitivity: Built on understanding and respect towards cultural differences, ensuring services are designed in a culturally appropriate & responsive way to unique needs of different communities

Collaboration and empowerment: Collaboration across diverse groups - service users, providers, and community organisations. Seeking to empower service users, recognising expertise by experience

Key Feature of the Co-design Framework

Unique Features: Cultural Inclusivity and Adaptability

The framework uniquely emphasises cultural inclusivity and adaptability as its core strength, integrating tailored approaches to engage older immigrant populations in co-design processes. Unlike traditional frameworks, it provides specific tools and methodologies, such as community profiling, culturally sensitive engagement practices, and continuous feedback loops, to address barriers like mistrust, language, and cultural disconnects. By focusing on these aspects, the framework ensures that co-design practices are meaningful, equitable, and responsive to diverse community needs.

Inclusivity

The framework actively involves all stakeholders, including marginalised and underrepresented groups, ensuring that their voices are heard and integrated throughout the design process. This aligns with the framework's focus on cultural inclusivity by embedding practices like stakeholder mapping, multilingual communication strategies, and using community ambassadors to represent diverse groups. These approaches ensure that no stakeholder is excluded, fostering a participatory and inclusive design process.

Cultural Sensitivity

The framework is built on understanding and respecting cultural differences, ensuring that services are designed in ways that are appropriate and responsive to the specific needs of diverse communities. It incorporates tools such as community profiling, culturally appropriate engagement practices (e.g., oral traditions, religious or cultural spaces), and culturally tailored communication strategies. These ensure the framework is adaptable to the unique contexts of different immigrant groups, enhancing trust and participation.

Collaboration and Empowerment

The framework promotes collaboration across diverse groups, including service users, providers, and community organisations, while recognising and leveraging their expertise through lived experience. This value is evident in the framework's focus on building partnerships, empowering participants through capacity-building initiatives (e.g., peer researchers, co-design ambassadors), and fostering sustainable collaboration between communities and service providers. By ensuring stakeholders are equal contributors to the process, the framework helps empower marginalised groups to co-create meaningful solutions.

1. Understanding People

This pillar focuses on deeply understanding the specific needs of older immigrant populations and vulnerable groups. By engaging directly through reaching out to people, local authorities can design services that are more relevant and meaningful to the communities they serve.

2. Building Trust

Many vulnerable communities, particularly older immigrants, may mistrust public services due to past experiences. Building trust involves transparent communication, consistent engagement, and cultural respect. This ensures communities feel heard and valued throughout the co-design process.

3. Creating Partnerships

Effective co-design relies on partnerships between local authorities, NGOs, and trusted community figures. By working together, stakeholders can pool resources and knowledge to co-create inclusive, effective solutions that meet the needs of vulnerable populations.

4. Monitoring & Feedback

This pillar emphasises the need for continuous feedback loops to keep services aligned with changing community needs. Monitoring ensures services are responsive and allows for iterative improvements based on real-time feedback from the people they serve

5. Managing Governance

A flexible governance structure is essential to allow co-design to flourish. This pillar focuses on breaking down organisational silos, fostering collaboration, and promoting adaptive decision-making within local authorities to support more innovative and responsive co-design practices.



1: Understanding People

To create effective and culturally relevant services, it is essential to first develop a deep understanding of the community's characteristics, challenges, and needs. This step involves gathering data on demographics, social structures, cultural beliefs, and the specific ways older immigrants interact with local services.

What?

Understanding the current dynamic and local people - the main activities in this step are exploration and receptivity. The aim is to 1) outline and understand the local community, 2) be receptive to local people's stories, 3) understand and build a picture of local people's specific cultural beliefs and approaches.

This step helps to create a deep understanding of who immigrant older people are and how they interact within the context of their local community, building a strong foundation for the next steps.

Who should be involved?

- Local authority staff
- Occupational therapist
- Co-designer
- Service designer
- Social care worker
- Third sector organisation
- Cultural centre, cultural leader
- Local community

Why?

The key benefits of this step are (i) helping to understand some of the factors that may affect participation in co-design, such as perceived barriers, perceived risks and social norms of the local community, (ii) understand people's experience of interacting with local authority and services, (iii) determine who must be involved in the co-design process

How?

Tools and approaches:
1. 'Community ecosystem mapping'
2. 'Community profiling'
3. Community outreach

1.1 Local community 'deep-dive'

What?	Who can be involved?	Why?	Outcome:
Community profiling	• Local community staff • Co-designer / design practitioner • Local community • Service designer • NGO • Community leaders	Builds a picture of the local community and assets	• Comprehensive report • Document or mapping • Presentation
Ecosystem mapping		Identifies valuable opportunity, builds understanding	

Method 1: Community profiling

Why?

1. Provides a community break-down
2. Helps to understand roles, people and nuance
3. Helps to outline who must be involved in the co-design process
4. Maps out 'super user': who is the 'super user' of services or local support from organisations and groups that support older immigrant people
5. Helps to map out tapestry of local people and local groups

Method 2: Ecosystem mapping

Why?

1. To help understand local context
2. Maps out tapestry of people and local groups
3. Map of relationships and interaction between different groups
4. Provides an ecosystem archive of people and stakeholders
5. Helps to prioritise required roles for co-design and user engagement

‘How to’: Carry out a ‘Community Profile’

This is the systematic gathering of data about the community’s needs, social structures, and resources.

Hawtin and Percy-Smith (2007): ‘A comprehensive description of the needs of a population, that defines itself as a community, and the resources that exist within that community, carried out with their active involvement, for the purpose of developing means of improving quality of life.’

The purpose: To create a comprehensive and detailed picture of a specific community. It focuses on understanding the demographics, needs, resources, social structures, and issues faced by the community members. The goal is to inform policy-making, service provision, and community development initiatives by highlighting the strengths, weaknesses, and needs of the community.

The scope of community profiling is more focused on a specific geographical area or community. It typically involves a deep dive into the social, economic, and cultural characteristics of the community, with a focus on individual and group needs, local resources, and the social infrastructure.

Uses a variety of methods: surveys, focus groups, interviews, and secondary data analysis (such as census data). It is focused on gathering information about the community members and the services available to them, and it may involve less interaction between the different stakeholders than ecosystem mapping.

Step 1:
Purpose
What is the purpose of this community profiling?
What specific information are we seeking to gather?

Step 2:
Plan
Who are the key community leaders & groups that should be involved?
Who are the stakeholders impacted by this activity?

Step 3:
Collect
What is the historical & cultural background of the community?
What are the community’s main assets (skills, networks, infrastructure)?

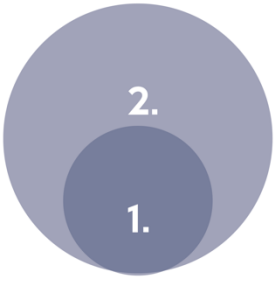
Step 4:
Evaluate
What opportunities are there? What external factors impact people? What are the primary strengths? Do needs align with available resources?

Step 5:
Capture
How will the findings be communicated to the community and stakeholders? What format (report, presentation, workshop) will be most effective for different audiences?

‘How to’: Carry out ‘Ecosystems mapping’

“A synthetic representation capturing all the key roles that have an influence on the user, organization and service environment.” - servicedesigntools.org

The primary purpose of ecosystem mapping is to visualise and understand the relationships, interdependencies, and dynamics between various entities within a specific ecosystem. This could be a business ecosystem, a service ecosystem, or any other network of interconnected actors. Ecosystem mapping helps identify key players, their roles, the flow of resources, and the impact of changes within a community.



Step 1:

Start off by organising different stakeholders from different organisation levels. The outer layer of the mapping activity depicts the ‘community level’ of interaction whereas the middle layer depicts the user’s personal level of interaction. Both illustrate clearly the interaction between each other in detail.

Step 2:

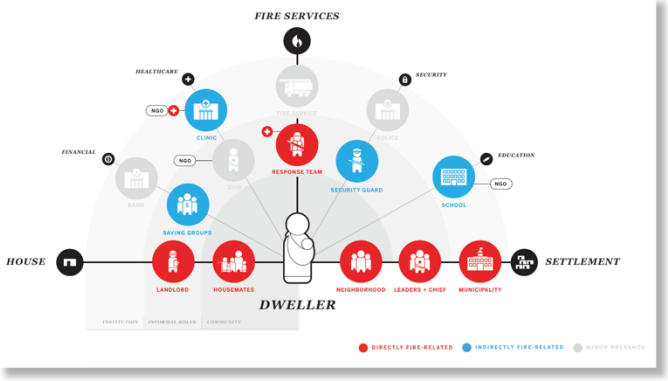
Map relationships: how do stakeholders connect and interact? (e.g., formal partnerships, informal networks, competitive relationships). Are there any power dynamics or dependencies that affect people?

Step 3:

Dissemination: how will the map be presented? (e.g., digital, print, interactive) What are the most important findings? How will you document (report, presentation) and present the findings (workshops, meetings, webinars)?

‘How to’: Carry out an ‘Ecosystems mapping’ exercise

Scenario:



‘An ecosystem map to better understand fire safety in informal settlements’ - Frog Design, Ethnographic Praxis in Industry Conference

The project, led by frog in collaboration with the American Red Cross, focused on designing fire prevention solutions for informal settlements in Nairobi and Cape Town. Through co-design sessions, stakeholders mapped out local fire safety ecosystems, identifying key actors, communication flows, and gaps. These maps enabled the development of adaptable, modular solutions tailored to the unique needs of different locations.

Start by clearly defining the purpose of the ecosystem mapping activity. In this case, the goal was to design and develop solutions to prevent dangerous fire outbreaks in informal settlements. Identify and engage with local stakeholders from the areas of interest (e.g., Nairobi and Cape Town). The goal here is to gather insights into the local services and actors involved in fire prevention and intervention. Use the map to identify the actors involved in fire emergencies and analyse the flow of information and communication among them. Highlight any gaps, interruptions, or inefficiencies in these processes. Use the insights gained from the ecosystem maps to plan co-design programs.

1.2 Community outreach

Ensuring meaningful engagement and outreach strategy with older immigrant people

What?	Who should be involved?	Why?	How?
Community outreach Communication and transparency	▪ Cultural leaders ▪ Local authority representatives ▪ Social care professionals ▪ Community outreach officers	Ensures effective, inclusive communication that respects cultural nuances and builds trust within the community.	▪ Discovery Phase ▪ Tailored Communication ▪ Community Engagement ▪ Feedback Loop

What? This strategy involves adopting a multi-faceted approach to communication within local communities, particularly those with diverse cultural backgrounds. It emphasises using a variety of communication methods - such as digital, print, and location-specific mediums - to effectively reach and engage all segments of the community. This approach recognises that different communities have varying preferences and habits for consuming information, with some relying more on oral traditions or word-of-mouth.

‘How to’: Community outreach

This strategy is crucial for effectively reaching and engaging diverse community members, particularly those who may be reluctant to engage with authorities or who consume information differently due to cultural or generational factors. By diversifying communication methods and understanding the cultural nuances of the community, local authorities can ensure that messages are conveyed meaningfully and inclusively, reducing misunderstandings and increasing the likelihood of community participation and engagement.

How this can be administered:

Discovery Phase: Begin by researching the local context, including the community’s preferred communication channels and cultural practices. This can be achieved through surveys, focus groups, and consultations with local leaders.

Tailored Communication: Develop communication materials in various formats (digital, print, oral) that are culturally sensitive and use simple, jargon-free language. Consider the local community’s specific needs, such as the use of informal language and clear definitions of terms that may differ across cultures.

Community Engagement: Distribute materials through channels that are most effective for the community, such as social media platforms (e.g., Facebook, WhatsApp groups), local newspapers, community centres, religious institutions, and cultural events.

Feedback Loop: Continuously assess the effectiveness of the communication methods by gathering feedback from the community and adjusting strategies as necessary. This ensures that the approach remains relevant and responsive to the community’s evolving needs.

By following these steps, local authorities can build trust and foster stronger relationships with the community, ensuring that all members are well-informed and able to participate fully in local initiatives and services.



2: Building Trust

Building trust within communities that have historically mistrusted public services is critical. Trust forms the foundation for meaningful engagement, and it's only through genuine trust that older immigrants will feel comfortable participating in the co-design process.

What?

Building trust is essential in the co-design process because it creates a foundation for genuine collaboration and meaningful engagement. Trust enables participants, especially those from vulnerable or marginalised groups, to feel comfortable and confident in sharing their experiences, perspectives, and needs. Building trust ensures that the co-design process is more inclusive, resulting in solutions that are genuinely reflective of the community's needs and aspirations.

Who should be involved?

- Community members
- Local leaders and influencers
- Co-design facilitators
- Local government representatives

Why?

Building trust is essential in communities with a historical mistrust of authorities. Understanding the roots of this mistrust - whether politically or historically driven - and addressing it through culturally sensitive approaches can help build confidence and empower participants.

Empowerment and confidence: shifting the focus towards participants' positive contributions and skills helps build their confidence, particularly among older individuals who may feel unqualified or hesitant to engage.

How?

1. Create a trust enabling environment by foster informal, culturally sensitive settings, such as common activities (e.g., cooking or singing) to build rapport.
2. Communication and transparency: be clear and open in the focus from what people lack to what people can contribute
3. Ask actionable questions that allow participants to share their stories and perspectives in various ways, such as through storytelling, visualisation, and role play

Cultural Competency Training

All facilitators undergo training to understand the cultural backgrounds, communication preferences, and historical contexts of the communities they work with.

Outcome

Facilitators become more empathetic and respectful, improving engagement quality.

Informal Engagement Activities:

Holding workshops and meetings in informal settings, like cultural centres or local cafés, creates a more relaxed atmosphere that promotes openness.

Outcome: Participants feel more at ease sharing their thoughts, leading to richer insights.

Narrative and Storytelling Tools: Allowing participants to share their personal experiences in their own words fosters deeper understanding and trust.

Outcome: Creates a space where personal stories and cultural experiences can shape service design.

Without trust, older immigrants will not engage meaningfully in the co-design process. Trust builds the foundation for successful collaboration.

Before and during the co-design session:

Create a Trust-Enabling Environment:

Informal Settings: initiate the co-design process in informal settings that are culturally familiar and comfortable for participants. This could include community centres, religious venues, or cultural hubs where people naturally congregate.

Activities like sharing meals, singing, or participating in communal tasks can help foster a sense of community and ease.

Common Activities include:

Engaging people in shared activities that align with cultural norms and values, such as cooking or storytelling, which can serve as icebreakers and reduce barriers to participation.

For researchers and co-designers: ensure that all facilitators involved in the co-design process undergo cultural competency training. This training should focus on understanding the cultural backgrounds, beliefs, and communication styles of the participants. It is crucial to be aware of potential cultural sensitivities and to approach interactions with empathy and respect.

What?	Who should be involved?	Why?	How?
Creating trust enabling environment Understanding cultural norms	▪ Community members ▪ Local leaders and influencers ▪ Co-design facilitators ▪ Local government representatives	▪ Create a rapport ▪ Ensures a collaborative, inclusive co-design process ▪ Addresses power dynamics	Creating an informal setting Creative activities

Creative tools during the co-design session

Narration Tools: incorporate storytelling into the co-design sessions. Allow participants to share their stories and experiences in their own words. This helps to build a deeper understanding of their context and fosters a connection between participants and facilitators.

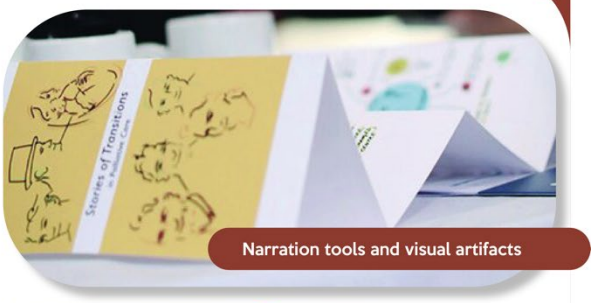
Facilitates: empathy; understanding.

Visual aids and artefacts: use visualisation tools, such as graphic design, illustrations, or physical artefacts, to facilitate understanding and collaboration. Visual aids can help bridge communication gaps and ensure that all participants are on the same page.

Visual artefacts: sketches, diagrams, and prototypes.

Role play and theatre tactics: introduce creative activities like role play or theatre-based techniques to explore different perspectives and ideas. These methods can help participants express their thoughts and emotions more freely, leading to richer insights and stronger bonds.

Engage all levels: while removing managers in some settings, also ensure that there is engagement across all levels of the organisation, including top management, middle managers, and ground-level staff. This helps in aligning agendas and fostering a more inclusive co-design process.



Narration tools and visual artifacts











Creating Partnerships

3: Creating Partnerships

What?

Creating partnerships in co-design involves the strategic collaboration between various stakeholders, including community members, local authorities, academic institutions, charitable organisations, and grassroots entities. These partnerships are essential for creating a shared ownership of the design process, leverage diverse expertise and resources, and ensuring that the design outcomes are relevant, inclusive, and sustainable. Partnerships in co-design also include establishing relationships with local community groups, religious organisations, and other non-governmental entities, which are crucial for gaining trust and fostering engagement.

Why?

The key benefits of this step are (i) shared ownership and commitment (ii) resource and knowledge sharing, collaboration and expertise with a diverse range of stakeholders (iii) it helps to provide support for innovation between different institutions, helping to generate ideas and create actionable results.

Who should be involved?

- Community members
- Local ambassadors ('gatekeepers')
- Local authorities and councils
- Cultural organisations and local charities
- Multi-ethic support staff

How?

Tools and approaches:

1. Identify and engage with stakeholders
2. Establish relationships with the local community (Level 1)
3. Develop close links with organisations and local government (Level 2)

Tools & Approaches:

Stakeholder Mapping: Identifies key community members, cultural leaders, and service providers who need to be involved in the co-design process.

"The gatekeepers are important. Without them, you won't reach the community in a meaningful way." – Cultural Leader.

Outcome: Clear identification of stakeholders and their roles in the co-design process.

Partnership Development Workshops: These workshops bring together community members, local councils, and cultural organisations to co-create the design scope and build rapport.

Outcome: Stronger, more collaborative partnerships built on mutual respect and shared goals.

Incentivising Participation: Offering meaningful incentives (such as stipends, community recognition, or additional support services) ensures sustained engagement from the community.

Outcome: Increases participation by ensuring that people feel valued and rewarded for their contributions.

Why This Step Matters:

Partnerships ensure the design process is well-resourced, inclusive, and has buy-in from all stakeholders, leading to more sustainable and relevant outcomes.

Template for partnership development workshop:

- Duration:
- 3-4 hours (with breaks)
- Participants:
- Representatives from the target community (e.g., older immigrants)
- Public service stakeholders (e.g., social workers, service designers)
- Researchers or facilitators
- Partner organisations (e.g., NGOs, community groups)
- Workshop Objectives:
- Establish trust and rapport among stakeholders.
- Clarify shared goals and expectations for the co-design process.
- Identify resources, skills, and contributions from each partner.
- Create an action plan for partnership roles and next steps.

Workshop Materials:

- Flip charts or digital collaboration tools (e.g., Miro, MURAL)
- Sticky notes, markers, and pens (if in-person)
- Printed or digital handouts: Agenda, action planning templates, and Partnership Charter draft

1. Workshop Agenda
- Welcome and Introductions (20 minutes) Objective: Break the ice and set a collaborative tone.

Activities:
Facilitator welcomes participants and introduces the workshop's purpose. Participants briefly introduce themselves and share one expectation for the session.

2. Understanding Each Other's Perspectives (30 minutes)
Objective: Build empathy and awareness of different stakeholders' experiences and motivations.

Activities:
Storytelling circle: Each participant shares their perspective on the problem the co-design process aims to address. Group reflection: Discuss key themes, common goals, and differing viewpoints.

3. Exploring Collaboration Opportunities (45 minutes)
Objective: Identify how stakeholders can contribute to the partnership. Activities: Mapping exercise: Participants map their resources, skills, and networks on a shared visual board (physical or digital). Discuss potential synergies and gaps. Small group brainstorming: How can we work together to address mistrust and build rapport with the community?

4. Co-Defining Partnership Principles (45 minutes) Objective: Agree on shared values, principles, and working norms. Activities: Activity: Facilitated discussion to define principles (e.g., transparency, equity, respect). Output: Draft a "Partnership Charter" to guide collaboration.

Who Are Local Partners?

Level 1: Community and Older People

Community Members: This includes older adults, their families, and other local residents. These individuals are the primary beneficiaries of the co-design process and their involvement ensures that the design solutions meet their specific needs and preferences.

Local Ambassadors (Gatekeepers): Selected from within the community, these individuals act as liaisons between the project team and the community, helping to bridge cultural and language gaps and facilitating trust-building.

Level 2: Organisations and Local Government

Local Authorities and Councils: They provide insight into policy, funding, and implementation processes, and are key to ensuring the project aligns with local regulations and priorities.

Cultural Organisations and Local Charities: These entities are deeply connected to the community and play a critical role in reaching specific groups, especially those who might be harder to engage. They also help introduce the project to user groups, building initial trust and engagement.

Academic Institutions: Universities and research organisations can offer methodological expertise, as well as resources for piloting and evaluating co-design projects.

Multi-Ethnic Support Staff: Hiring staff from diverse ethnic backgrounds who are familiar with the community's nuances can enhance trust and communication, ensuring the co-design process is inclusive.

What?	Who should be involved?	Why?	How?
Develop close links with stakeholders by breaking them down into 2 main groups	▪ Community members ▪ Local ambassadors ('gatekeepers') ▪ Local authorities and councils ▪ Cultural organisations and local charities ▪ Multi-ethic support staff	▪ Create a rapport ▪ Ensures a collaboration ▪ Helps to support people ▪ Creates a deeper understanding of local context	1. Relationship with local community 2. Relationship: local organisations & local council

Relationships with local community: Level 1

- Build connections with local groups
- Select local ambassadors or gatekeepers who can facilitate communication between the project team and the community. These individuals can help overcome language barriers and cultural differences, particularly in reaching older adults and their families.
- Provide meaningful incentives to community members considering engagement motivations to encourage active participation

Forstering relationships with local organisation and local council: Level 2

- Collaborate with local partnering organisations, cultural institutions, and local government to define the project's scope, budget, and activities. This ensures that the project is tailored to the community's needs and has their support
- Engage with cultural organisations and local charities that can help reach specific groups within the community, ensuring that the co-design process is inclusive and comprehensive



Monitoring & Feedback

4: Monitoring & Feedback

What?

Monitoring and feedback refers to the continuous process of evaluating and refining a co-design framework through regular input from stakeholders, local communities, and external evaluators. This process ensures that the work remains relevant, effective, and responsive to the needs of the community, particularly older immigrant populations. It involves the creation of feedback channels, follow-up sessions, and the establishment of a reference panel to facilitate continuous improvement and adaptation - creating a dialogue with the local community.

Who should be involved?

- Older immigrant people and their families
- Cultural and religious groups
- Local ambassadors

- Local authorities
- NGOs and charitable organisations
- Cultural organisations and community centres

Why?

This iterative approach allows for: (i) early identification of issues, enabling timely adjustments and ensuring that the framework evolves in response to changing community needs (ii) fosters transparency and trust within the community by demonstrating a commitment to listening to and acting on stakeholder feedback (iii) helps to build accountability and sustainability, particularly in the face of potential changes in government or organisational leadership.

How?

Tools and approaches:

1. Creating a reference panel of local people
2. Follow-up sessions
3. Building feedback channels
4. Documenting and archiving

Tools & Approaches:

Establishing a Community Reference Panel: A panel of community representatives, including older immigrants, cultural leaders, and service providers, meets regularly to review progress and provide feedback.

Outcome: Continuous community engagement, ensuring services remain relevant over time.

Feedback Loops: Regular surveys, focus groups, and community meetings ensure that feedback is collected consistently.

Outcome: Allows for early detection of issues and timely adjustments to services.

Documenting and Archiving: Regularly documenting the feedback received and the changes implemented ensures that the co-design process is transparent and accountable. Outcome: A clear record of the framework's evolution, which can be used to inform future projects.

Why This Step Matters: Continuous feedback ensures that services evolve with the community, maintaining their relevance and effectiveness over time.

Before the co-design process:

Preparation and engagement

Before initiating the co-design process, it is essential to establish trust and clear communication channels with all stakeholders. This includes forming partnerships with local organisations, training peer researchers, and selecting community ambassadors to facilitate communication and engagement. The project scope, budget, and activities should be co-created with local partners to ensure alignment with community needs.

Key Actions:

- Build relationships with local community leaders and organisations.
- Train peer researchers and community representatives.
- Define project scope and objectives collaboratively with local stakeholders.
- Establish initial feedback mechanisms and set expectations for the co-design process.

After the co-design process:

Implementation & monitoring

Following the co-design sessions, the focus shifts to implementing the framework and ensuring its sustainability through continuous monitoring and feedback. This involves regular follow-up sessions, engaging the reference panel for ongoing input, and documenting outcomes for future reference. The project should also include strategies for broader dissemination of the framework's impact and learnings within the local government and community.

Key Actions:

- Implement the co-design framework and monitor its impact.
- Engage the reference panel for regular feedback and updates.
- Document outcomes and create case studies for future use.
- Disseminate findings and ensure the framework's integration into broader strategic objectives.

Establishing a community reference panel:

A group reference panel is typically composed of representatives from the older immigrant community, as well as members from minority groups who have been involved in the co-design process or who may be involved in the co-design process. This panel will play an essential role in providing ongoing feedback and ensuring that the framework reflects the needs and experiences of these communities.

The panel will meet regularly to review the progress, discuss any challenges or changes, and provide recommendations for improvements. These meetings will also serve as a platform for the community to voice concerns or suggest modifications based on their lived experiences.

The reference panel will work closely with social care professionals, local authorities, and NGOs to ensure that the framework is implemented effectively and that it remains relevant over time.

Before the co-design process, the reference panel is established and introduced to all key stakeholders. This ensures that the panel is involved from the very beginning, contributing to the design and implementation strategy and setting a foundation for continuous engagement throughout the project. Actions: Integrate the reference panel's insights into the initial design and outreach strategies

After the co-design sessions, the reference panel will continue to play a critical role in the on-going monitoring and feedback process. Insights are integral to assessing the impact of co-design, making necessary adjustments, ensuring process remains culturally sensitive and responsive to the needs of the community. Actions: regular engagements, reviewing progress, inform continuous improvements and adaptations



Managing Governance

5: Managing Governance

What

Managing governance refers to the internal structures, processes, and leadership roles that need to be adapted to create a supportive environment for co-design within local authorities. It includes promoting flexibility, collaboration across teams, and recognising the importance of trial and error in public sector innovation.

Why

The successful implementation of co-design processes within local authorities requires a governance structure that is adaptable, responsive, and supportive of collaborative innovation. Managing governance in the context of co-design involves addressing the organisational culture, leadership roles, project ownership, and the conditions for fostering creativity and flexibility within public sector environments. Managing Governance integrates the concepts of internal collaboration, flexibility, and leadership in ensuring the right environment is created for co-design to thrive within local authorities. This will help align the organisational culture with the dynamic needs of co-design, paving the way for more innovative and inclusive service design practices.

Who should be involved?

- Top Leadership and Senior Managers: To drive culture change and provide strategic support.
- Middle Managers and Frontline Staff: To ensure operational integration of co-design.
- Design Ambassadors: To champion co-design practices within different departments.
- Project Owners and Co-design Teams: To implement iterative design processes.
- External Partners (NGOs, community groups): For broader input and collaborative innovation.

How

- Promoting Flexibility and Experimentation
- Breaking Down Silos
- Building Capacity Across All Levels
- Documenting and Sharing Learnings
- Embedding Feedback Loops
- Encouraging Leadership Engagement
- Introducing Metrics for Accountability

Outcome

- Increased collaboration across teams, breaking down silos
- A more adaptive and flexible approach to project management within local authorities. Wider understanding and application of co-design principles through internal capacity building
- Improved service outcomes that reflect the needs of the community, thanks to ongoing feedback and a culture that embraces trial and error

Ensuring Conditions for Co-Design

One of the core challenges identified in co-design practices within local authorities is the existence of siloed teams and an issue of ownership that limits collaborative innovation. To address this, the following actions are recommended:

- Documenting the learning process: Creating a system for capturing insights, challenges, and successes from co-design activities helps to inform future projects and fosters a culture of continuous learning.
- Case Study Archive: Establishing a comprehensive archive of case studies ensures that the co-design journey is visible across the organisation, providing reference points for future projects.
- Working in a joined-up manner: Moving beyond the traditional siloed approach to ensure that different teams within local government collaborate and share ownership of the process is essential. This requires a shift in the current ownership attitudes, which often have a detrimental impact on co-design.

Building Responsiveness and Flexibility

To support co-design, local authorities must embrace a flexible approach to governance, allowing for greater experimentation and responsiveness. Key points include:

- From rigidity to flexibility: Traditional organisational cultures often prioritise protective systems that resist change. Introducing flexibility into project approval processes will allow for more adaptive co-design practices.
- Building for experimentation: Co-design is inherently ambiguous and requires an openness to trial and error. Teams must embrace the "invisible value" of co-design, accepting that much of the process is iterative and may not yield immediate tangible outcomes.
- Lab Methodology: Local authorities should adopt a lab-based approach where brainstorming, idea iteration, and openness to new participants are encouraged. This creates an environment conducive to continuous learning and adaptation.

Design Coaching and Capacity Building

To create a common understanding of co-design principles across all levels of local authorities, it is crucial to establish organisation-wide education and training programs:

- Organisation-wide campaign: Introducing design coaching, service design, and design thinking principles across teams ensures a baseline understanding of co-design.
- Communicating the social impact: There must be a shared understanding of the long-term value and social impact of co-design, and the role of the designer as a facilitator of public innovation.
- Design Ambassadors: Creating a network of design ambassadors within the organisation helps spread the awareness and learnings from co-design projects, ensuring wider recognition and accountability.
- Impact metrics and accountability: Introducing metrics to measure the impact of co-design will ensure that the value of these processes is tracked and understood across the organisation.

Recommendations for Effective Governance in Co-Design

- Foster cross-team collaboration: Break down silos within local authorities to ensure ownership is shared, rather than concentrated in specific teams, to facilitate a more collective approach to co-design.
- Encourage flexible governance: Traditional approval processes often hinder the flexible, iterative nature of co-design. Local authorities should revise these systems to allow for more adaptive decision-making.
- Develop capacity across all levels: Training programs on co-design and design thinking should be embedded across all levels of the organisation to ensure a common understanding and consistent support for co-design projects.
- Empower design ambassadors: Establish a network of internal champions who can advocate for co-design and ensure the lessons learned from projects are communicated organisation-wide.
- Embed ongoing feedback loops: Introduce mechanisms for continuous feedback and monitoring to assess the effectiveness of co-design initiatives and make real-time adjustments where necessary.

Evaluation and Monitoring Templates

1. Governance and Leadership Evaluation Template for UK Local Government
Objective: To assess whether governance structures effectively support co-design processes

Category	Questions / Indicators	Methods	Frequency
Leadership commitment	- Are senior leaders actively supporting the co-design initiative? - Are governance roles (e.g., ambassadors, project owners) clearly defined and understood? - Are leaders fostering collaboration across departments?	- Interviews with team leads - Observational audits - Participant	Quarterly
Cross-team collaboration	- Are silos between teams being broken down effectively? - Are cross-departmental workshops or joint goals established?	- Review of team action plans - Workshop feedback forms	Quarterly
Accountability	- Are governance members held accountable for supporting co-design activities? - Is feedback from stakeholders integrated into governance discussions?	- Stakeholder surveys - Minutes from governance meetings	Bi-annually
Cultural competency	- Have governance teams received training in cultural sensitivity and inclusivity? - Are governance practices reflective of diverse stakeholder needs?	- Training records - User surveys - Evaluation of cultural appropriateness in decision-making	Annually

Evaluation and Monitoring Templates

2. Monitoring and Evaluation of Co-Design Processes
Objective: Ensure co-design activities are meeting objectives and producing meaningful outcomes.outcomes.

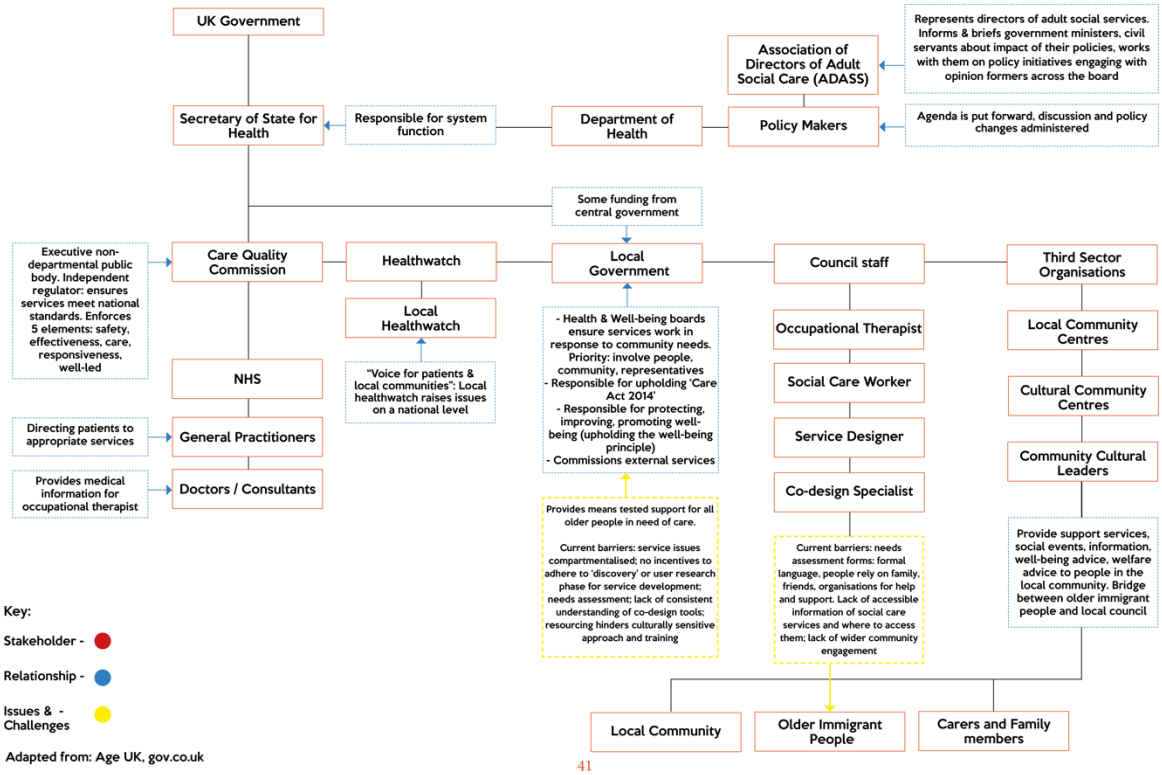
Category	Questions / Indicators	Methods	Frequency
Stakeholder inclusion	- Are marginalised groups adequately represented in the co-design process? - Is stakeholder feedback actively incorporated?	- Attendance logs - Stakeholder interviews	Per session
Adaptability	- Are tools and activities adapted to meet the cultural and linguistic needs of participants? - Are new challenges addressed flexibly?	- Observation of co-design sessions - Feedback from participants	Per session
Quality of engagement	- Are engagement activities (e.g., storytelling, role-playing) effective in fostering collaboration? - Do participants feel valued and respected in the process?	- Post-session participant surveys - Focus group discussions	Per session
Communication	- Are communication methods accessible and inclusive (e.g., plain language, multilingual materials)? - Are participants informed of updates and project progress?	- Document review - Communication audits	Monthly

Evaluation and Monitoring Templates

3. Measuring Impact
Objective: Evaluate the impact of the co-design framework on participants, systems, and outcomes.

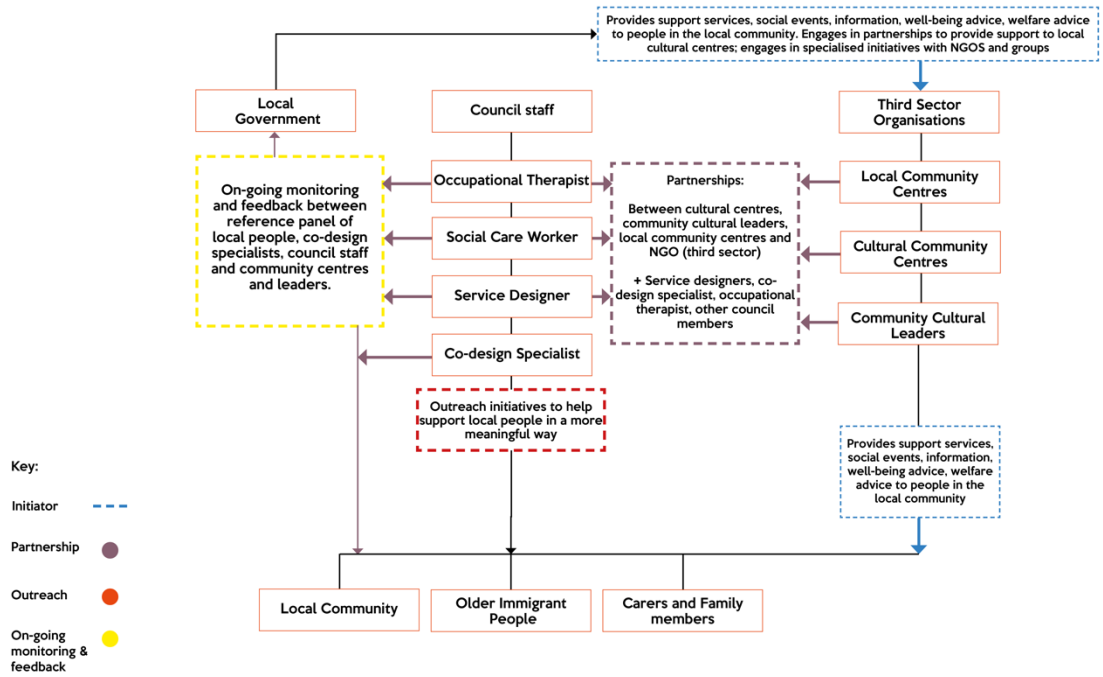
Category	Questions / Indicators	Methods	Frequency
Participant outcomes	- Has participant confidence in engaging with services improved? - Do participants feel empowered to contribute meaningfully?	- Pre- and post-engagement surveys - Interviews with participants	Per phase
Service outcomes	- Are services being improved based on co-design findings? - Are services more inclusive and accessible?	- Document review of service updates - Service user feedback	Annually
Social outcomes	- Is trust between participants and authorities improving? - Are community connections being strengthened?	- Social network analysis - Community feedback sessions	Annually
Metrics of success	- What percentage of recommendations from co-design are implemented? - Are evaluation goals met (e.g., stakeholder satisfaction, enhanced service inclusivity)?	- Review of progress reports - Metrics tracking (e.g., implementation rates, inclusivity scores)	Quarterly

Current map of UK Adult Social Care



Adapted from: Age UK, gov.co.uk

Map of UK Adult Social Care System after applying the co-design framework



Adapted from: Age UK, gov.co.uk

Glossary of key terms:

Co-Design
A collaborative design process where stakeholders, including service users, community members, and professionals, work together to design solutions that meet specific needs.

Community Profiling
A systematic approach to gathering data about the demographics, needs, resources, and social structures of a specific community to inform service design and development.

Ecosystem Mapping
A visual representation of relationships, roles, and interactions between stakeholders, organisations, and resources within a specific community or service environment.

Cultural Competency
The ability to understand, respect, and appropriately respond to the cultural norms, beliefs, and needs of diverse communities during service delivery or engagement processes.

Trust-Building
The process of fostering confidence and mutual respect between service providers and communities to overcome mistrust and encourage collaboration.

Stakeholder Mapping
Identifying and analysing individuals, groups, or organisations that have an interest in or influence over a project to ensure their inclusion and effective collaboration.

Monitoring and Feedback
Continuous processes of evaluating service performance and gathering input from stakeholders to refine and adapt services based on real-time community needs.

Governance
The structures, processes, and leadership practices within an organisation or local authority that enable effective decision-making, collaboration, and innovation.

Reference Panel
A group of community representatives, including older immigrants and other key stakeholders, formed to provide regular feedback on the co-design process and its outcomes.

Inclusive Design
A design approach that ensures services are accessible and usable by as many people as possible, including those from vulnerable or marginalised groups.

Participatory Tools
Techniques used to engage community members in the co-design process, such as storytelling, visualisation, and role-playing, to capture diverse perspectives and ideas.

Lab-Based Methodology
An experimental and iterative approach to public sector innovation, where ideas are continuously tested, refined, and adapted in a collaborative environment.

Super User
A highly experienced or heavily involved service user who provides deep insights into service challenges and opportunities during the co-design process.

References:

[1] Dietrich, T., Trischler, J., Schuster, L., & Rundle-Thiele, S. (2017) 'Co-Designing Services with Vulnerable Consumers'. Journal of Service Theory and Practice, 27(3), pp. 663–88.

[2] Hawtin, M., & Percy-Smith, J. (2007) 'Community profiling: A practical guide'. McGraw-Hill Education.

[3] Service Design Tools. (n.d.). Ecosystem map. Service Design Tools. Retrieved September 03, 2024, from https://servicedesigntools.org/tools/ecosystem-map#:~:text=The%20ecosystem%20map%20is%20a,type%20of%20value%20they%20exchang

Appendix L: BREO University ethics approval letters

College of Engineering, Design and Physical Sciences Research Ethics Committee
Brunel University London
Kingston Lane
Uxbridge
UB8 3PH
United Kingdom

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17 December 2019

LETTER OF APPROVAL

APPROVAL HAS BEEN GRANTED FOR THIS STUDY TO BE CARRIED OUT BETWEEN 17/12/2019 AND 03/01/2022

Applicant (s): Ms Nevena Balezdrova

Project Title: Invisible Minorities: Using Co-Design Principles to Improve Social Care Services and Service Engagement of Elderly Immigrants in the UK

Reference: 16191-A-Dec/2019- 22749-1

Dear Ms Nevena Balezdrova

The Research Ethics Committee has considered the above application recently submitted by you.

The Chair, acting under delegated authority has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee by way of an application for an amendment.

Please note that:

- Research Participant Information Sheets and (where relevant) flyers, posters, and consent forms should include a clear statement that research ethics approval has been obtained from the relevant Research Ethics Committee.
- The Research Participant Information Sheets should include a clear statement that queries should be directed, in the first instance, to the Supervisor (where relevant), or the researcher. Complaints, on the other hand, should be directed, in the first instance, to the Chair of the relevant Research Ethics Committee.
- Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.
- The Research Ethics Committee reserves the right to sample and review documentation, including raw data, relevant to the study.
- You may not undertake any research activity if you are not a registered student of Brunel University or if you cease to become registered, including abeyance or temporary withdrawal. As a deregistered student you would not be insured to undertake research activity. Research activity includes the recruitment of participants, undertaking consent procedures and collection of data. Breach of this requirement constitutes research misconduct and is a disciplinary offence.



Professor Hua Zhao

Chair of the College of Engineering, Design and Physical Sciences Research Ethics Committee

Brunel University London

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Kingston Lane
Uxbridge
UB8 3PH
United Kingdom

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7 February 2023

LETTER OF APPROVAL

APPROVAL HAS BEEN GRANTED FOR THIS STUDY TO BE CARRIED OUT BETWEEN 07/02/2023 AND 31/05/2023

Applicant (s): Ms Nevena Balezdrova

Project Title: 'Invisible Minorities': Using Co-design to Improve Social Care Services for Older Immigrants in the UK

Reference: 31887-A-Feb/2023- 43663-1

Dear Ms Nevena Balezdrova

The Research Ethics Committee has considered the above application recently submitted by you.

The Chair, acting under delegated authority has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- **The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee by way of an application for an amendment.**
- **Please ensure that you monitor and adhere to all up-to-date local and national Government health advice for the duration of your project.**
- **Please remove Prof Hua Zhao name and contact email, instead, add a line to state that for queries and complaints, your participants may contact Professor Simon Taylor (simon.taylor@brunel.ac.uk) – Chair of the CEDPS Research Ethics Committee.**

Please note that:

- Research Participant Information Sheets and (where relevant) flyers, posters, and consent forms should include a clear statement that research ethics approval has been obtained from the relevant Research Ethics Committee.
- The Research Participant Information Sheets should include a clear statement that queries should be directed, in the first instance, to the Supervisor (where relevant), or the researcher. Complaints, on the other hand, should be directed, in the first instance, to the Chair of the relevant Research Ethics Committee.
- Approval to proceed with the study is granted subject to any conditions that may appear above.
- The Research Ethics Committee reserves the right to sample and review documentation, including raw data, relevant to the study.
- If your project has been approved to run for a duration longer than 12 months, you will be required to submit an annual progress report to the Research Ethics Committee. You will be contacted about submission of this report before it becomes due.
- You may not undertake any research activity if you are not a registered student of Brunel University or if you cease to become registered, including abeyance or temporary withdrawal. As a deregistered student you would not be insured to undertake research activity. Research activity includes the recruitment of participants, undertaking consent procedures and collection of data. Breach of this requirement constitutes research misconduct and is a disciplinary offence.



Professor Simon Taylor

Chair of the College of Engineering, Design and Physical Sciences Research Ethics Committee

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7 October 2024

LETTER OF APPROVAL

APPROVAL HAS BEEN GRANTED FOR THIS STUDY TO BE CARRIED OUT BETWEEN 07/10/2024 AND 31/12/2024

Applicant (s): Ms Nevena Balezdrova

Project Title: 'Invisible Minorities': Using Co-design to Improve Social Care Services for Older Immigrants in the UK

Reference: 31887-A-Sep/2024- 52894-1

Dear Ms Nevena Balezdrova

The Research Ethics Committee has considered the above application recently submitted by you.

The Chair, acting under delegated authority has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- **The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee by way of an application for an amendment.**

Please note that:

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Professor Simon Taylor

Chair of the College of Engineering, Design and Physical Sciences Research Ethics Committee

Brunel University London