

# Chapter 10

## Increasing People’s Capabilities by Using Design Thinking in the Decision-Making Process



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### 10.1 Introduction

A growing older population in countries like Sweden places new demands on the welfare system. The pandemic that swept across the world during the spring of 2020 revealed serious shortcomings, not least in Sweden. However, the criticisms of elder care, its lack of resources, lack of competence, lack of respect for older people etc., go back a long time. Voices have been raised claiming that caregiving needs to be transformed, that it should be based on older people’s real needs and what they perceive as important, so that they can live an active and dignified life (Ekman, 2014). This chapter describes how *design thinking* (DT) has emerged as a field of research, in particular for developing new services in the public sector, and how DT as a concept for development can support new ways of thinking about problems, as well as increasing the capabilities of both service recipients and service providers.

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In a research programme for the Centre for Ageing and Health (AgeCap), the capability approach has been described as considering people's ability to reach goals and do things that are perceived as valuable. The *capability approach* (CA) concept was first developed by Amartya Sen (1985), winner of the Nobel Prize for Economics in 1998. Later, together with the political philosopher Martha C. Nussbaum, she developed the CA further, focusing on individual well-being, poverty and people's freedom of choice from a democratic perspective (Nussbaum & Sen, 2003). This was presented as an alternative to the dominant economic view on welfare. Sen and Nussbaum's research explored what individuals are capable of doing from a social and human perspective.

Recently, design researchers (Oosterlaken, 2009; Mink, 2016; Hansson et al., 2020) have begun to discuss the relevance of the CA for design research, especially in deprived contexts where people lack the capabilities to deal with poverty, ill health, etc. For instance, Oosterlaken (2009) argues that, instead of providing design as a solution to these kinds of complex problems in deprived contexts, the design process needs to identify and channel existing local capabilities. Hansson et al. (2020) suggest that the design process should give a voice to those whom the development concerns. Such 'capability-sensitive design' is, according to Oosterlaken (2009), central when working in 'poor' countries, such as India, where she did her research – or in Kenya where Hansson et al. have conducted their research. In principle, the CA is not only relevant in poor countries but also in Western countries where many people lack the capabilities and tools to participate in developments that affect them. When care services are being developed, the organisations that provide these services also need to employ individuals with the capabilities to develop and deliver services that make them better and more efficient from the perspectives of both the service provider and the receiver. To achieve this, both groups need to be involved in the development process.

The expectations that society, the public sector and the healthcare sector will deliver good services despite strained resources have led to demands for increased efficiency. A response to these expectations is to further develop digital services for caregiving, aimed primarily at citizens but also at employees. However, when deciding to invest in new digital solutions, decision-makers need to have a good understanding of both the citizens' and employees' capability to use digital technology. We argue that design thinking (DT) can support these demands.

DT is an approach to creative development that takes different perspectives, identifies stakeholders and involves different user groups, which can lead to new ways of thinking about the problems that are to be solved. In our studies, we have used DT as a process for achieving better care systems by considering both the service providers' and users' capabilities. The aim of our studies is thus to clarify *how the public-service sector can increase its capabilities in caregiving by the use of design thinking during the decision-making process.*

In the next section, we will briefly discuss the concept of *capabilities* from a caregiving perspective, followed by a discussion of how design as a field has moved from products to services and social innovations and the emergence of DT as a

concept. We will then describe our two cases using DT as a tool to improve caregivers' understanding of older people's needs and the decision-making process regarding how to improve caregivers' capabilities in order to develop services that create value for the recipients of the services. Finally, we will present some conclusions regarding how the public sector can increase its capabilities to provide care for the growing older population.

## 10.2 The Concept of Capability

*Capabilities* have been discussed within different disciplines, such as engineering, design, economics, social development, and others. In design, the term *capability* has often been used as a contrast to *dis-ability*, i.e. in discussing how people with certain disabilities, especially functional disabilities, are physically hindered from fully using products as intended. The industrialisation of society and the development of mass production focused on the standardisation of products. Mass-produced items are based on average users, who constitute the largest market segment. Thus, people with less strength, which is often the case among older people, were not interesting as a market segment. There are several reasons for this, which are beyond the scope of this discussion. Furthermore, those who needed assistance for various disabilities from aid centres had few choices. Many of the products aimed towards this group of people functioned well but were not aesthetically pleasing. Several products were rather stigmatising, which led to reduced use, and the disability continued to cause limitations. This definition of capability as related to disability was very much taken for granted in a design context.

Recent design research in deprived contexts, for instance by Oosterlaken (2009), Mink (2016) and Hansson et al. (2020), however, has opened space for a more nuanced understanding of what is meant by capabilities. Thus, they refer to the *capability approach* as defined by Nussbaum and Sen (2003) – especially as an alternative to the dominant economic view of welfare. One aspect that suited these projects was Nussbaum's focus on the individual level, what individuals should be capable of doing from a social and human perspective as part of a sustainable and fair world. Nussbaum (2011) defines ten *capabilities* as a framework for basic human justice. These criteria have been highlighted within design research projects, even though not all ten criteria are relevant in all projects. Three capabilities that concern issues of collaboration link thinking and making, which makes them relevant in design research, where collaboration is a core issue for innovation and development. The first capability is *Senses, Imagination and Thoughts* (CC4), which refers to people's capability to 'imagine, experience, and produce works and events' (Nussbaum, 2011: 33) in a human way that is of one's own choice. Hence, they are actively part of the decision-making process. In our projects, this means that older people and employees in elder care should be capable of imagining, for example, how to use a digital solution, to understand the value of its service. The second

capability, *Practical Reasoning* (CC6), concerns the capability ‘to critically reflect on the work and the planning of one’s life’. In our projects, this means that both older people and employees should be capable of understanding the processes of the service development. The third capability, *Affiliation* (CC7), refers to people’s capabilities to engage in various social interactions, where they are treated as dignified beings. This can be related to older people’s and employees’ capability to raise their voices and experience respect for their needs.

It is easy to see how *capability* has been used as a contrasting word to *disability* within design research. The reason for the interest in how it is defined by Nussbaum is based on how design has changed, from a process focusing on product innovations to social innovation with a focus on services and organisations. This development also provides an understanding of why *design thinking* has become a concept that can contribute to increasing the capabilities of people with disabilities. Hence, we will describe this development of design research in the section below.

### 10.3 Design Research – From Products to Service

The development of design as a field of research has been a process of dialogue between research and practice. Design as a field of research grew out of the needs arising from industrial society and the physical world. As defined by Herbert Simon (1969, 1988), design is a field of research focusing on the creation of artificial things. The first generation of design researchers in the 1960s focused on the design process, developing theories for design methods to develop products, i.e. concrete objects (Lundequist, 1992). By the 1970s, the second generation of design researchers had decided that the design process should be an interaction between the designer’s sketched proposals and the user’s demands, with the result being a continuous process towards a greater degree of precision (*ibid.*).

The design consultancy firm Ergonomidesign (now McKinsey Design) was one of the new design agencies established in the 1970s, which embraced the user focus in design. It became a leading design consultancy firm for what was then called ‘universal design’, or ‘design for all’. The idea was that, if a product is designed for the weakest person, then everyone can use it. However, an equally important value was to recognise people’s aesthetics needs, so that products should be easy to use and functional, but also nice to look at. Within design research, the user perspective became one of the criteria for ‘good design’ and was incorporated into the design process.

As digital technology and computers became more ubiquitous during the late 1990s, Interaction Design emerged as a design subject focusing on human–computer interaction, i.e. how people are capable of understanding and handling computers (Ottersten et al., 2002). This technological development changed the focus of design, from material aspects to immaterial ones, from products to services.

## 10.4 Design Research in the Digital Era

With digitalisation, the material aspects of design were no longer central. Instead, the focus shifted to the design process, with further refinements of methods and tools for user studies, for the visualisation of problems from different perspectives and for prototyping, so that solutions could be tested by users. These design skills – user studies, visualisation, and prototyping – remained at the core when developing digital products and services (Holmlid, 2010), making *interaction design* a new subject, also in design education. This approach emphasised the necessity to identify the stakeholders who are affected by the change and to ensure that they are involved in the process. This includes not only the end-user but also those who provide the service. Service design research started to take a systems and process approach.

## 10.5 Service Design

Research with a focus on service design began in the public and healthcare sectors. This development was partly driven by design practitioners (e.g. Brown, 2008), design researchers (Sangiorgi, 2012; Wetter-Edman, 2014) and national design organisations, such as the Design Council in the UK and SVID in Sweden. In 2003, the US design consultancy IDEO Design collaborated with the healthcare firm Kaiser Permanent in the USA, a case which became widely recognised and studied as a role model for service design as a new field of design (Brown, 2008). IDEO designed the new services at a hospital so that the experience of the patients was the starting point. This had consequences for the hospital's organisation, but also for how staff interacted with their patients, which led to a new design for the rooms where interactions with patients took place. In this way, the hospital became more efficient without investing in new buildings, which was the original idea for solving inefficiencies within the organisation (Carlgren, 2013).

In 2005, the British social entrepreneur Hillary Cottam was awarded 'Designer of the Year' for her work in applying a design approach to problems like the rising burden of chronic healthcare in the UK. She became Director of the RED unit at the Design Council, and led a multidisciplinary team working with policymakers. They used the design process as a means of collaborating with users and other stakeholders in British healthcare, which resulted in better and more user-friendly care (Burns et al., 2006). In Italy, Ezio Manzini, professor of design at Politecnico di Milan, founded DESIS (Design for Social Innovation and Sustainability) in 2009 to conduct research into service design, especially aiming at social innovation and sustainability (Manzini, 2009). One research project at DESIS focused on the problem of older people's loneliness, and the result was a service that connected young students in need of low-cost housing with older people who had a room to let. The student had to provide some basic household services to support the older person. The side

effect of this was that the older person had some social interaction with the young student and felt less lonely.

These streams of research focusing on the design process, creating different tools and methods in order to achieve a better understanding of needs and to create more innovative solutions, primarily in the public sector, demonstrated the importance of including all the stakeholders of the service system. The basic premises of participatory design are that ‘those who are affected by a design should have a say in the design process’ (Björgvinsson et al., 2012: 102). Participatory design can be defined as ‘the creativity of designers and people not trained in design working together in the design development process’ (Sanders & Stappers, 2008: 6). The aim is to develop new, innovative solutions that not only benefit the users but also make those providing the service more capable of understanding the users, in this case older adults. Thus, design is about creating suitable conditions for balancing effectiveness and efficiency, so that value can be created from both a user and a provider perspective.

## 10.6 From Service Design to Social Innovation

Social innovation emerged as a field within design research as a response to the dominant focus on market-driven and technical innovations. It provided a new way of approaching social problems through new practices within organisations such as healthcare organisations, hospitals, etc. At a general level, social innovation emphasises capabilities in terms of building organisational capacity that can lead to systemic change, often through collaborations that cut across the public, private and non-profit sectors (Emilsson, 2015).

This development emerged in parallel in both practice and research. Design firms such as IDEO Design (Brown, 2008) and design scholars such as Ezio Manzini (2009, 2015) and Cottam and Leadbeater (2004) argued that, when it comes to dealing with complex societal issues, design needs to build on collaborative design, empathy and collaborative experiments. The idea of involving those who are affected by certain solutions, products, services, or systems in the design process is a long tradition of user-orientation within design practice. An important part of design research has been about developing methods and tools to achieve this, ranging from various ethnographic methods for collecting data about how users define and understand the situation and problems, to finding methods for enabling participatory design, i.e. co-designing creative and innovative solutions with those who are affected by them. Participatory design, designing things together or co-design, has become a field of its own with different approaches being taken within design research (Björgvinsson et al., 2012; Cruickshank, 2014; Storni et al., 2015). The objective is to give users a voice in the design process, so that new products, services and systems are based on users’ capabilities.

Participatory design, or co-design, in both theory and practice has developed methods and tools based on the designer’s skills at visualisation and making prototypes. Visualisation is a quick way to communicate and discuss ideas, to achieve an

overview of different ideas. A prototype of a solution is an equally simple way to enable tests for how the solution works and is understood by users. The idea that users should be part of the design process, to achieve improved ‘capabilities’, has thus been emphasised within both theory and practice.

### 10.7 Design Process and the Emergence of Design Thinking

One of the most popular visual models of the design process is the Double Diamond (Fig. 10.1), developed by the Design Council in 2004 (Design Council, n.d.). It highlights two different phases of the process. The first of these focuses on discovering the problems, stakeholders etc., i.e. developing an increased understanding of the problems (Discover – a divergent phase). This is sometimes described as ‘framing the problems’ (Hookway et al., 2019).

When a number of relevant problems and stakeholders have been identified, a priority list is drawn up to decide which problem is to be solved in that particular project (Define – a convergent phase). In the next phase, the focus is to search for innovative solutions, again opening up opportunities for creating many different solutions (Develop – a divergent phase). A decision is then made about which solution to work on. In the final phase, the solution is then refined and launched (Deliver – a convergent phase).

This process should also be used by non-designers, i.e. people who are not designers by education but have received training in how designers think and work when trying to identify problems and develop solutions. Especially in-service

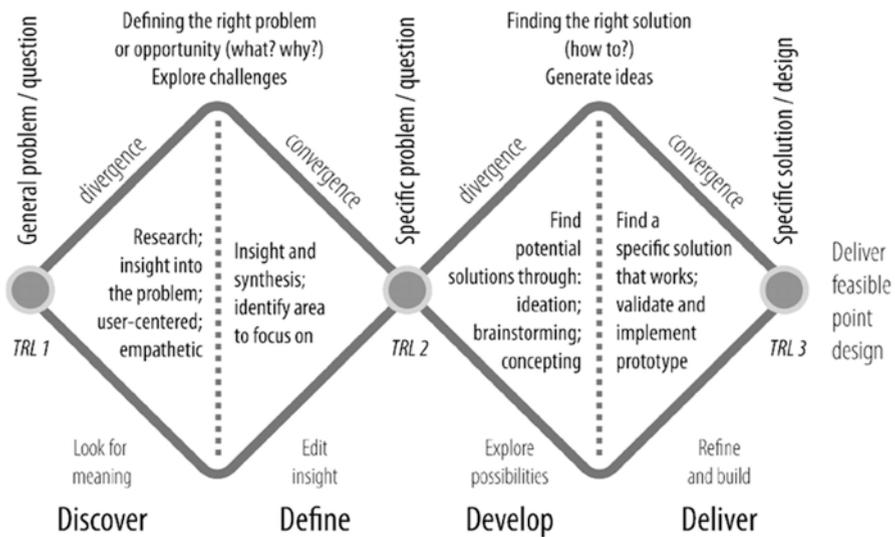


Fig. 10.1 The Double Diamond – visualisation of the design process (Design Council, n.d.)

development, this process has also become popular among those who are not professional designers by education. ‘Service designer’ has even become a professional title for those who have been trained, or educated, in this way of working. This is often referred to as design thinking because it embraces a process that is based on how designers think and act.

## 10.8 Design Thinking – Exceeding the Boundary of the Design Discipline

The notion of design thinking (DT) has been used in different ways in academia and industry and is therefore a concept that carries different meanings (Navarro Aguiar, 2017). For example, it has been described as a cognitive style (Dorst, 2011), as a method for management when it comes to innovation (Brown, 2008) and as a method for decision-making (Boland Jr. & Collopy, 2004), but also as a general theory for design (Buchanan, 2015).

Within management, DT became recognised as a concept for a new way of thinking. Having a design attitude meant using a different way to frame problems, to come up with unexpected solutions, to balance different perspectives and recognise that problems can be complex, not only complicated. This is argued as being a different way of thinking from a traditional management way of thinking, which is defined as a decision attitude (Boland Jr. & Collopy, 2004; Michlewski, 2015). Boland Jr. et al. (2008) came up with the notion of ‘Managing as Designing’. According to these authors, the industrial era is now over, and it is time to solve problems from a pluralistic perspective instead of optimising.

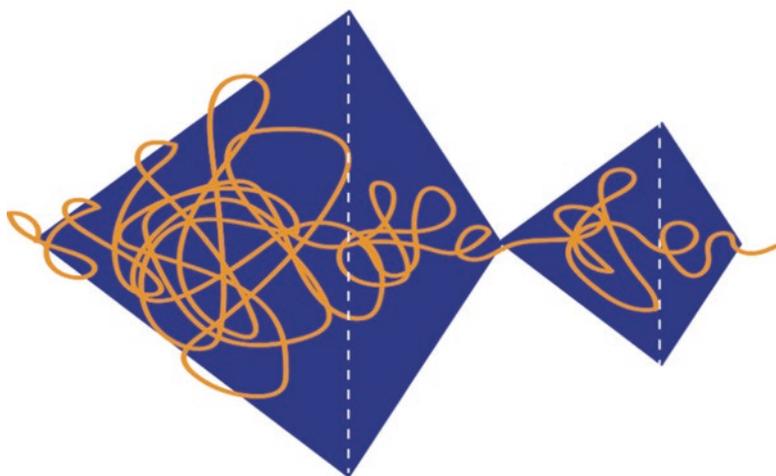
Boland Jr. and Collopy (2004) were inspired while working with the architect Frank Gehry, who led the design of a new department building within their university. The architect tried to return to important assumptions that had gone invisible and unnoticed within the organisation. He also looked for concrete things that could be accomplished and looked beyond the residue of years of organisational habit; then he sought inspiration in other sources and suggested improvements. In order to create understanding of their work processes and what they perceived to be important, he interviewed both employees and students. The design process was described by Boland Jr. and Collopy (2004) as ‘liquid and open’ and involving different stakeholders affected by the change. They also refer to Herbert Simon, who in *The science of the artificial* (1969/1996) suggested that the design process should be a method for managers to utilise in their problem solving. Dunne and Martin (2006) also suggest that DT is a method for approaching managerial problems as it is a means ‘to think broadly about problems, develop a deep understanding of users, and recognise the value in the contribution of others’ (p. 512). This change in approach towards how to manage and make decisions is also relevant for public organisations, not least those in which human perspectives are extremely important and where problems have become increasingly complex. According to Kolko (2015), managers – regardless of whether they work within the private or public sector – need to

cope with increasing complexity and they can utilise design as a way to simplify and humanise complex systems, which is what caregiving for older people is turning into.

Designers in general spend a large amount of time exploring problems, investigating the 'why', what lies behind the problem, not least in an institutional context, which broadens the space for both the problem and the solution (Johansson & Svengren Holm, 2008; Dorst, 2011; Jahnke, 2013). This use of time to understand the problem, the 'pre-study', often clashes with a decision attitude, where time is of the essence, where there is pressure to move on quickly in the decision-making process, and where the problem that should be reflected upon is decided very early on. Designers argue that the framing and re-framing of problems must be allowed to take the time that is needed (Hookway et al., 2019). The needs that can be brought to the surface are key to creativity and creative solutions (Dorst, 2011) (Fig. 10.2).

This 'design attitude' is the basis of DT. In design research, the focus is on how to enable individuals within an organisational context to increase their capability of being innovative and creative. This is related to Nussbaum's capability of *Senses, Imagination and Thoughts*, which means being capable of sensing, imagining and – in this case – trusting the process when it comes to solving increasingly complex problems in a global, digital context. Also, recognising that the work is never done but needs constant development.

In our studies, we have mainly used DT as a concept for innovation, introducing it into healthcare organisations that are about to develop new digital services. But we have also used it where the result is a method for improving the decision-making process. Instead of a *decision attitude*, we argue that it is necessary to take a *design attitude*, balancing the economic perspective with a humanistic perspective.



**Fig. 10.2** Double Diamond illustrating the time aspects of the process, in particular the need to spend more time in the first phase in order to understand the problems and needs (Herzfeld & Nguyen, 2018)

However, to develop a design attitude, people need to have the capability to trust their own capabilities, as stated in Nussbaum's capability (CC4) to 'imagine, experience and produce works and events'. The design attitude can also refer to the third capability (CC7), so older clients and employees raise their voices and are accorded respect for their needs. The *decision attitude* is largely based on analytical methods, focusing on predefined content that seldom considers the contextual or humanistic need. This can be relevant when issues are complicated rather than complex and there is a need for constant changes.

## 10.9 Using Design Thinking as an Approach to Changing Practice

Although Scandinavia has a strong tradition of user involvement in design projects, the UK pioneered the way in user involvement in the health sector (Burns et al., 2006). Recently, projects related to elder care have also been conducted. The British Design Council ran the project *Transform Ageing* (Design Council, 2018), aimed at finding new social entrepreneurs who can come up with better and more innovative solutions for the heterogeneous group of older people. The project resulted in many ideas for which the entrepreneurs received start-up money to continue to develop their ideas into sustainable enterprises.

In the design research project *Aging Playfully*, led by Lancaster University and Age UK Lancashire (Imagination Lancaster, 2017), researchers used the methods of the design process to give people in the early stages of dementia the opportunity to co-design two-dimensional and three-dimensional images and models to stimulate and enable their physical mobility, imagination and social interaction in various workshops in a creative and playful manner. The results showed that people with dementia could be engaged and have meaningful social interactions. Thus, not only did the personnel become more capable in handling people with dementia, but also the people with dementia themselves increased their capabilities to use their imaginations.

Another project discussing the problem of caregiving in workplaces was conducted by a master's student, Kevin Dagostino, on the Business and Design Master's programme at the University of Gothenburg in 2017, with us as supervisors (Dagostino, 2017). This project focused on the stress that people experience when, in the middle of their careers, they also must simultaneously take care of both older parents and young children. Dagostino conducted several workshops at a small architectural firm, where interviews with managers and employees revealed that the managers were not aware of the stress the employees felt. It was a problem the employees did not feel comfortable to talk about, even though they realised it affected them at work. The DT process allowed these employees '... to access unspoken ideas; it also encouraged spoken ideas to occur outside of the activities, especially around the often subjective opinion of how culture should look inside of a workplace' (Dagostino, 2017: 56). The process included a co-design project in

which the employees prototyped a creative solution that ultimately sparked conversations between the employees and management. This in turn contributed to a deeper dialogue associated with the challenges presented by the problem, which was considered a first step towards a more caregiver-friendly workplace (ibid.). The result was that people within the organisation, both employees and managers, became more capable of handling these kinds of sensitive matters in a constructive way, which can be referred to as the affiliation capability (CC7), the capability to raise one's voice and find respect for one's needs.

Below, we describe our two cases where we try to improve people's capabilities by using DT in research on older people's needs and caregiving organisations' decision-making processes.

## 10.10 Two Case Studies

### 10.10.1 *Design Thinking as an Approach to Improving Home Services*

Within the AgeCap programme, we initiated the pre-study '*Design Thinking for Ageing Capabilities*' (DTAC). This study was conducted in collaboration with Gothenburg City (GC), which had already started a programme, '*Attractive Home Services*' designed to deliver better services and organisation of home care.

The questions in our study were: 'how can DT, as a working process, contribute to an increased understanding of older people's needs?' and 'how can the Home-Care Service increase its ability to deliver good service?' In 2016, GC conducted a survey (consisting of about 200 interviews) to gain an improved understanding of the needs and the ways in which welfare technology could support this development. GC aims to introduce at least ten digital services by 2022 to support the organisation. Digital solutions and systems can streamline operations in many ways, but at the same time, they will require new skills among employees, Home-Care Services, and the older people themselves. The Home-Care Service was interested in finding new ways to understand the problems in the field.

In collaboration with personnel from GC, we organised two workshops to discuss the problems older people experience when meeting staff from Home Care, but also to find out what is more and/or less important in these meetings. The workshop involved eight older people and four employees from Home-Care Services. We recruited one designer, an expert in DT and service design, to create the visual materials needed for the activities in the workshop and also to participate in it. The two workshops were conducted 2 weeks apart. The first workshop focused on discovering what the older people experienced when meeting members of the Home-Care Service.

The older people were aged 70–90 years, with an equal number of men and women. To achieve an atmosphere in which everyone felt comfortable to talk, each person brought a special piece from home as a symbol for introducing themselves.

This so-called ‘ice-breaker’ created a light and fun atmosphere and generated a good starting point to getting to know each other. According to Cruickshank (2014), the start of a workshop is important to set the tone for the discussion.

During the workshops, participants were encouraged to think and tell stories about different situations, with the help of visual tools that were developed for this purpose. The stories had the themes of ‘the good day’ and ‘the bad day’. The stories that emerged were placed on a board, which was then shared, and we all discussed and problematised the questions raised. The results provided the input for the second workshop, which focused on the meetings with home-care staff, what constitutes good and bad home care, how relations are built, and what it is important to prioritise in home-care services. In addition, stories were created, shared, and discussed.

The participants emphasised their capability to be able to activate themselves, being mobile, being able to walk outdoors and perform different physical activities, but also to interact socially with friends and family, as well as with the personnel they meet from the Home-Care Service. It further emerged just how important it is to be seen and listened to as an individual – integrity and respect for the individual were seen as central. The problems experienced were a lack of time with the personnel, causing stress and hindering them from actually talking about their needs with the person coming in from Home Care. This was further problematised by the lack of continuity of staff from the Home-Care Service.



Images from our workshop in Design Thinking for Ageing Capabilities

## 10.11 Design Thinking as an Approach for Improving the Decision-Making Process

The Swedish Municipalities and Regions (SKR) initiated a collaboration with the Swedish Industrial Design Foundation (SVID) to learn DT and service design and use it as a support for developing innovative solutions within the public sector. The reason behind this was a recognition, at both the national and municipal levels, that decision-making related to development issues needs to stem from the users and with an increased capability to 'think new'. A survey conducted by SKR and IVO (the Swedish Health and Care Inspectorate) showed that the public sector lacked knowledge about how to work effectively with such issues. The result was the 'Innovation Guide', which aims to gain an increased understanding of people's real needs, enabling a creative and engaging work process and developing ideas that can be tested to see if and how they work.

In 2019, five municipalities in Sweden took part in a project called '*Needs-Driven Development*'. We participated as researchers, together with different managers, coordinators, educators, a method developer, care-home staff and social secretaries, in total 30 participants. The project ran for 7 months and included five workshops. Two coaches from SKR, trained in the DT process and familiar with the Innovation Guide, led the workshops and supported the municipalities between these gatherings. Our aim was to learn more about why and how service design, with the support of the Innovation Guide, can support a municipality's decision-making regarding the development of new innovative services. The study used observations during each workshop, interviews were conducted as part of the fourth workshop in groups with participants from each municipality, and two questionnaires distributed at the fourth and fifth workshops were answered individually by the participants, except in one municipality where participants chose to do it in groups.

Overall, the participants were very satisfied with using DT as an approach for improving the decision-making process. It was perceived that decisions were now based on facts to a greater extent, i.e. that the decisions were based on information received from service users and employees, instead of being based on assumptions, as previously. Another reflection from the participants was that DT provides decision-makers with an improved understanding of the problem by framing it suitably. The case also shows that, during the first phase, when the participants perceive a growing understanding of the problem, several participants changed their assumptions about what the real problem was. When interviewing the users of healthcare services, it was evident that the initial assumptions were wrong, and the real problem turned out to be something else. Also, during the second phase, creating design solutions, participants from one organisation were surprised by how creative the end users were and what good solutions were designed.

## 10.12 Discussing the Results of the Two Case Studies

The results from the first DTAC study emphasise the importance of improved understanding of the issues raised by both the users of healthcare services and employees. Solutions are seldom right or wrong, but rather more or less good or bad. Improvement needs to be an ongoing process with regular assessments. It is a collaborative process in which the users of healthcare services should participate, but employees who are affected should also be involved because they are closer to the reality of daily operations and therefore have greater insight regarding prioritisations. DT can be used to support management when managing these kinds of issues and can also support strategic priorities (Frisk et al., 2018).

The results from our first case were to some extent in accordance with the results of the survey conducted by GC home services but, as reflected by the head of GC home services, required far fewer resources. The workshops can be described as using playful methods, such as the personal objects, the visual maps and brief notes, but these are also methods that encourage and trigger communication and conversations. The tools were quickly accepted, and participants thought that these tools stimulated their imaginations and memories, as well as the discussion. It helped them to realise their capability to sense and imagine (CC4).

One result was that the process of DT seems to be a method that, using few resources, can make the participants more capable of imagining situations and communicating them, which provided valuable and interesting results (Frisk et al., 2018).

The main result of the SKR study, 'Needs-Driven Development', was that the participants considered DT to be a creative process that contributes to a better decision-making process. This is because the decisions were to a greater extent based on facts instead of assumptions about what was needed. When employees investigated the problem and tested the solutions before making a decision, a better understanding of what creates value for the receiver of the service was achieved. Also, by illuminating the problem from different perspectives, the complexity of the issue can also be better identified by politicians, who can then avoid making incorrect decisions.

When employees and users were involved in a more structured way, *not only doing things right but also doing the right things* was brought up as another advantage of the process, i.e. enabling the balancing of efficiency with effectiveness. This in turn was considered to have a positive effect on the results achieved by the organisation because employees will stop doing things that are not requested and will instead focus on what is requested, and therefore create value that in fact increases the user's capabilities.

In both cases, the participants were very positive about using DT as a tool to improve the decision-making process about which services create value for citizens and increase their capabilities. The possibilities for users to increase their capabilities, i.e. to sense and understand, to critically reflect upon and collaborate on issues that concern them, will increase the likelihood that the services they want will be developed. Furthermore, both the economic and social perspectives can be better balanced in the decision-making process about what services should be offered to

users because the perspectives of both the citizens and the organisation were included in the decision-making process.

### 10.13 Conclusions

Public organisations in Sweden are facing new and more complex challenges due to a growing older population, fewer resources and increasing demands for service quality. For instance, organisations need to cope with improving the quality of services, and being more person-centred, user-friendly, and cost-efficient, all at the same time. A consequence of this is that they need to increase both their efficiency and effectiveness. Effectiveness in this case relates to the ability to provide services that create value and improve capabilities. To accomplish this, a conclusion is therefore that new ways of thinking and making decisions are needed within these organisations.

The results from the two cases presented in this chapter show that design thinking (DT) can support such development. The use of DT as an approach for developing new services that improve capabilities can both be resource efficient and provide services that create value for the recipient. This is accomplished using the DT process, which emphasises the importance of giving more time and attention to discussing the problems from different perspectives, i.e. framing and reframing the problems. Then new solutions might emerge that were not considered initially because early definitions of which problems are suitable to work on are often too narrow. Also, both service recipients and service providers are involved in the process, enabling more relevant insights. Furthermore, the DT process also opens up opportunities for increased creativity because it creates an innovative mind-set among the people involved. This can be a valuable starting point for increasing people's capabilities, as discussed by Nussbaum (2011).

Therefore, managers who make decisions about new solutions need to abandon a traditional decision attitude, which is mostly about making choices based on financial figures. Instead, a decision-making process based on a design attitude has advantages, because it provides a better understanding of 'social facts' (rather than assumptions), when it comes to generating better insights into what creates value for users. Therefore, DT will increase the chances of solving the 'right problems' and improving capabilities.

Another conclusion is that design thinking (DT) can support the organisation to achieve this and to do more with less. The case study using DT and creative workshops, conducted in collaboration with Gothenburg City, was described as very beneficial. Compared with an earlier study conducted by Gothenburg City, in which interviews with 200 people required a lot of time and resources, the two one-day workshops, taking up far fewer resources and time, gave equally valuable results. Thus, even though DT seems to be an approach that takes a lot of time and can be seen as costly, compared to the survey conducted by Gothenburg City, it was very cost efficient.

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