

Solving Social Problems Backwards

(Slide 1) Thank you so much for the opportunity to speak before you today. What an honour it is to be here; and what a stimulating week it has been.

(Slide 2) Albert Einstein once said: “The significant problems we face cannot be solved at the same level of thinking we were at when we created them.” Today I want to talk about where that different level of thinking may come from by sharing my own personal story with you.

(Slide 3) This week we’ve heard about complex—truly global—problems, challenges, risks, and opportunities. Problems like poverty. Challenges like financial downturns. Risks like globalization. Opportunities like technologization.

This is the ‘big’ and uncertain world in which we all live. And then, there is the ‘day-to-day’ world in which each of us lives. The world we will return to when we leave this conference hall, travel back to our countries, to our cities and villages, to our neighborhoods and streets, and into our homes.

I want to introduce you to Mo’s day-to-day world.

(Slide 4) Mo is 19-years old, lives in the South of London with his mom, dad, sisters, and brother. I met Mo in a parking lot last year. Mo shows up to school, some days, and hangs out with his mates, every day. He struggles to read and write, but gets by. He’d like to be a mechanic, but that probably won’t work out, so there’s always the menial job in the back kitchen of his parent’s Indian restaurant. He likes girls just as much as cars and goes clubbing every few weekends. Other than that, Mo keeps a low profile. He was shot at a few months back—a case of mistaken identity—but doesn’t go looking for trouble.

So, what’s special about Mo? Well, the fact he is so typical; so typical despite his proximity to the big global issues of our time. Mo is British. His parents are Bangladeshi. He is a practicing Muslim. He’s entering the job market during the global financial crisis. Mo may be surrounded by global change, but he does not actively experience this change. Mo experiences life as a 19-year old living in South London.

Mo completely challenged my thinking.

Before I met Mo, I saw social change as the process of changing the ‘big world’ to effect our ‘day-to-day worlds’: it was about actively shaping the rules, structures, and settings that surround us so we could live healthy lives.

The problem was I assumed what it meant to live a healthy life, and therefore I assumed I knew the best rules, structures, and settings for enabling healthy living. Healthy living was about not engaging in risk behaviour: not smoking, drinking, having unprotected sex, self-harming, bullying, eating unhealthy foods, etc.

Not surprisingly, Mo is not all that interested in less drinking, smoking, or sex.

(Slide 5) And even if Mo didn’t smoke, didn’t drink, didn’t have unprotected sex, didn’t self-harm, didn’t bully, and didn’t eat unhealthily, he still would not be doing all that well. He most certainly wouldn’t be thriving. With a few more connections, and a greater sense of possibility, Mo could spend his days doing something he finds meaningful and is good at; he could have a reason to invest in his future, and therefore in his health.

Yet we continue to conceptualize health in terms of health outcomes and health behaviours. This conference, unlike most, has evolved beyond the single-issue presentations on tobacco, nutrition, physical activity, alcohol and drugs, sexual health, oral health, mental health, cancer, and chronic disease. Together, we’ve explored the determinants underpinning these behaviours, and begun to probe what these behaviors all add up to. Concepts like sense of coherence and confidence are beginning to bring into focus life outcomes, not just health outcomes.

But, even these more ‘radical’ concepts focus on getting-by, not on thriving. They are still mostly about overcoming stress and adversity; about moving from the past to the present. They are not explicitly about aspirations and capabilities; about moving from the present to the future, from coping to re-imagining.

And for all of this present thinking, our practice remains mostly aspirational. Health as the absence of ‘bad stuff’ is still the dominant lens, bolstered by our surveys, our targets, our benchmarks, and our outcome measures.

Now, a confession:

Fifteen years ago, I would have said a reduction in youth smoking was the critical outcome.

(Slide 6) Fifteen years ago, I was a ten-year old sting agent with the Texas Department of Health where I busted store owners for selling tobacco products to minors. I was too short to see over the counter, but tall enough to walk away with a pack of Marlborough Lights or Virginia Slims. 100% of the time.

The data was robust. The anecdotes were compelling. Speaking before city councils and state legislatures, I doggedly advocated for a change in policy. We passed new regulations outlawing minors’ access to tobacco, and enforced those regulations with tough fines. Embedded in these actions was a single assumption: rules change people’s behaviour.

Several months after the regulations were in place, I returned to a store to try and buy cigarettes. I was not successful. But, behind me in line was a fifteen year old girl waiting to buy her pack of Marlborough Lights. She was not on a sting operation. I discovered that whilst the rules changed store owner’s behaviours, they weren’t actively changing young people’s behaviour. Indeed, policy change was reforming practice; but was not reshaping people’s lives.

(Slide 7) Twelve years ago, I tried again. This time I would prevent young people from ever starting to smoke, and thereby stop young people from buying cigarettes. With a \$10,000 grant from the American Cancer Society, I got to work, writing a curriculum to implement in schools. The curriculum would be engaging, framed around what we young people wanted to know, rather than what teacher’s wanted to tell us. The assumption was with more information, delivered in a better way, young people would choose not to smoke. After a year selling the curriculum to teachers, I had only a few signed-up, ready to bring it into practice. Teachers lamented at the standards and targets they had to meet; their students were assessed in basic reading and math, not in health literacy.

The disappointment of developing a curriculum that did not spread was overshadowed by the disappointment of realizing that the curriculum wasn’t the solution to teen tobacco use. I had just turned fourteen, entered into the petulant teenage years, and discovered that I didn’t always act in accordance with what I knew. Information wasn’t enough to shift behavior. What I learned in a school setting, from teachers and counsellors, wasn’t always translatable outside of that setting. And it was in those settings beyond the classroom that young people were making real-time decisions about their health and well-being.

(Slide 8) 10 years ago, as a fifteen year old, I tried again. This time, I vowed to change the settings by changing the structures behind the settings. The assumption was that if we changed how schools, workplaces, and communities ran, we could change how young people interacted with their teachers, parents, and peers and thereby change how young people made decisions. For the first time, I looked beyond youth tobacco use to youth health. I started a youth-run organization called Youth Infusion to help youth-serving institutions engage young people in the design and delivery of programs and policies.

Our instruments were participatory structures and processes: youth-adult advisory boards, committees, partnerships, focus groups, and consultations coupled with ongoing user engagement training.

The trouble was once we set up the boards, committees, partnerships, focus groups, and consultative processes, we found that what young people said they wanted and what they actually did diverged. This wasn’t just a case of people behaving in opposition to what they knew, but young people behaving in opposition to what they purported to want. For example in California, a youth-adult advisory board set-up to improve parks and recreation settings, implemented the activities young people recommended, only to find few young people actually participated. Why?

(Slide 9) Two years ago, I met Mo in that parking lot in South London, and the answer became clearer. The level at which I was thinking was wrong. My theory of how change happened, of how to enable health and wellbeing, didn’t get at the complexity, the richness, the real meaning of people’s lives. Rules, structures, settings, and processes were all social constructs—things designed for and around people—they didn’t actually start with people.

(Slide 10) Paulo Freire wrote that, “Transformation is only valid if it is carried out with the people, not for them.”

But, who determines what we transform into? It is not enough to work with people to carry out transformation; we must also work with people to determine the very point of transformation. I had been so busy on the ‘how-to’ of transformation, I had forgotten the ‘what-to’. No wonder few youth showed up to the parks and recreation activities they recommended. It wasn’t all that important to them. Outside of the boardroom and inside their homes and communities, young people had other interests, values, motivations, routines, and expectations. Physical activity wasn’t their core issue, it was our core issue. We were bringing young people into our narrow contexts, and expecting them to adopt our goals and priorities. It was confirmatory practice, not transformative practice.

How do we do transformative practice?

We’ve heard some inspiring examples this week. Federations of the urban poor setting their own agendas for change, and challenging traditional funding cycles.

A research team from the American University of Beirut collaborating with residents of a refugee camp to create and document a new approach to mental health; and in the process challenging scientific convention about what constitutes ‘gold standard’ evidence.

No doubt each of us could add another inspiration point or two to the list.

What I have heard far less of this week is the origin of new ideas; about how we create the content behind our approaches, tools, interventions, partnerships, and cross-sectoral initiatives, etc. Applying evidence or synthesizing best practice or even conducting a community needs assessment is not the same as generating new ideas. When we always start with what we think we know, we leave little room for people to challenge prevailing assumptions or co-construct a different reality. Don’t get me wrong; it’s not that we shouldn’t use evidence, it’s about when and how we use evidence, and what counts as evidence. Evidence shouldn’t stifle ideas.

So, where do new ideas come from?

Design, I believe, offers a powerful route forward.

(Slide 11) When I met Mo in that parking lot in South London I was collaborating with a team of designers, people who are all about the art, not just the science, of behavior change. These were designers trained in making physical things—things like razors, cameras, and sugary snacks. Making a razor, camera, or sugary snack that sells requires knowing your users, in-context, as they are, not as you want them to be. Starting from the premise that people should want to take a better photo or eat a yummiier snack ignores the mixture of randomness, rationality, and irrationality that drives what people do in their homes, on their vacations, or in the grocery store. And yet we in the public health field generally start from the premise that people should want to make healthier decisions; it’s the ‘right’ or ‘rational’ thing to do.

(Slide 12) Edward De Bono explains that, “Design is really a special case of problem-solving...It is not so much a matter of linking up a clearly defined objective with a clearly defined starting position, but more a matter of starting out from a general proposition in the direction of a general objective.”

(Slide 13) The designers were using this ‘special case of problem-solving’ to improve public services for older people, socially isolated and lonely people, even MPs and constituents. Their aim wasn’t to create services that just fulfilled existing needs, but to create services that shaped & enabled future wants. After all, successful products—like the mobile phone—appeal to our future selves as much as our present selves. And since the designers were looking past present needs to future wants, they were forced to assume they knew little about the solution. Working with people in their contexts, they co-created solutions that people not only wanted but actually participated in.

(Slide 14) You see, rather than rely on the advisory boards, needs assessments, or consultation processes that I once had with young people; the designers used ethnographic and visualization tools to work out what people wanted and prototyping to make those ideas real. For those of you in international development, visual methods may not be all that new. What was new for me was the substance of those methods. Designers understood the limitations of the questions we ask and the responses people give. People don’t always know what they want. And they certainly do not know what they haven’t experienced. To overcome these conceptual difficulties, we need to help people see and feel beyond the way things are now to how they could be.

(Slide 15) This is what we tried to do last year when we joined forces with a London-based social enterprise Participle, two local authorities, and a foundation on a 9-month project to redesign universal youth services and reduce youth risk behaviour. The first week of the project, we commandeered a bus and spent the weekend parked on street corners, eating pizza, and meeting young people. Ethnographies with young people in their homes, schools, parks, and shopping malls led us to reset the outcome: from a reduction in youth risk behaviour to an increase in youth thriving. Thriving was about having a wide sense of possibility, an understanding of your strengths and interests, and connections into the community.

(Slide 16) We worked with young people to co-design experiences and interactions that broadened their contexts and contacts—like spending a day behind the scenes at a local speaker factory or a week at the local bakery concocting a new cupcake recipe--and then prototyped these experiences and interactions in real time.

We tried out new roles, training, materials, websites, propositions, back-end systems, metrics, and commissioning frameworks. Much of what we tried failed, so we tried again, cycling through as many as 60 iterations of our ideas before we saw practice with transformative potential. The result of this prototyping—a platform for community and youth development called Loops—is currently going to scale in two local authorities in the UK.

Of course, we didn't get everything right.

(Slide 17) Design thinking got us to a different level of problem-solving; it gave us a middle ground between top-down deductive reasoning and bottom-up inductive reasoning;

(Slide 18) It helped us to cut through the rules, structures, settings and processes and directly reach people, first by resetting outcomes and then by resetting practice. (Slide 19)

But, design thinking didn't help us build back up from people to structures to rules.

(Slide 20) It didn't help us translate transformative practice into transformative policy. And without the transformative policy to enable transformative practice, little was sticking or systematically spreading.

(Slide 21) You see, without knowing it, the designers were playing into the typical practice-policy divide. Promising practice made its way into reports, conferences, workshops, and recommendations which policymakers then promptly disregarded. The practice all sounded a bit too different.

(Slide 22) Of course, us policy people were doing the exact same thing. We developed new pilots, initiatives, and field guidance which practitioners then promptly disregarded. The policies all sounded a bit too bureaucratic.

Looking back at Loops, we focused so much on co-creating new kinds of practice directly with people, we neglected to enable the practitioners and policymakers to experiment for themselves; to learn how to continuously iterate rather than just to block, stall, or disregard.

(Slide 23) So, we're trying again. Last year, one of the designers, Chris, and I set up a new organization called InWithFor to try and solve wicked social problems and improve problem-solving using a design + policy approach. We call our approach working backwards. We work in, with, and for governments, not-for-profits, and communities to co-design, prototype, and scale solutions from the ground-up.

(Slide 24) This year, we're working in, with and for the Australian Centre for Social Innovation, the South Australian Department for Communities and Families, a local city, and residents to enable more families to thrive and fewer to enter the child protection system.

(Slide 25) We're asking some different questions, using some different methods, and co-creating some different solutions.

(Slide 26) We start by asking what people want from their lives, rather than just what problems government's want fixed. We don't think the absence of a problem constitutes success. Nor do we think health outcomes, alone, constitute success.

We're using a mixture of design, social science, policy, and business methods to work backwards from outcomes to practice to policy to scale. Success for us is effective, scaled solutions. Some of our methods include:

(Slide 27) Ethnography, which means spending days and weeks with people in their everyday contexts, and seeing the world through their eyes, without the use of diagnostic frameworks.

(Slide 28) Co-design, which means working with people to visualize what could be different and project forward. Our conversations focus on ideas, not just on needs or even wants.

(Slide 29) Scenario building, which means playing out how new ideas would work, naming new kinds of interactions and experiences, at home, at work, at school, between neighbors, with family, through services, etc.

(Slide 30) Experience prototyping, which means trying out and iterating those interactions and experiences at a small scale, but in real time with real people.

(Slide 31) Policy prototyping means trying and iterating new rules, structures, metrics, and accountability procedures to enable those interactions and experiences to happen at scale.

(Slide 32) Social impact analysis, which means making an investment case for change by calculating the value of the solution set for each stakeholder group now and into the future.

(Slide 33) Logic modeling, means identifying, and then measuring, the relationship between outcomes and behaviors, behaviors and determinants, determinants and outputs, and outputs and inputs.

(Slide 34) It's through these methods that we are coming up with solutions that are about enabling relationships and unlocking local resources, rather than just about increasing access to information and to professionalized services.

(Slide 35) All of our solutions are about connecting people to new people—not to professionals—and to new experiences; as well as catalyzing community-wide assets like time, skills, interests, and expertise. That means all of our solutions are universal: we don't target, triage, or gate keep.

We're finding that cities and municipalities are the best focal points for catalyzing community-wide assets; that unlike single-issue-government departments, cities are naturally cross-cutting and better able to focus on life outcomes and not just health outcomes. In Australia, cities have no formal child protection role, making them the ideal places to situate a set of solutions about all families thriving.

Of course, along the way, we're continuing to get a lot of things wrong.

(Slide 36) Luckily, getting things wrong and learning how to do better, was one of the reasons we started InWithFor. We're looking to try out the design + policy approach in different contexts—rural and urban, western and non-western, immigrant and indigenous—in order to challenge our notion of what constitutes a good outcome and a scalable solution. Any suggestions on next projects would be very welcome.

Truth be told, I didn't always like failure. Thankfully, designers not only like, but revel in failure. Getting stuff wrong is what you have to do before you can get stuff at least sort-of right.

(Slide 37) As Victor Papanek, a renowned design thinker has said, "Design as a problem-solving activity can never, by definition, yield the one right answer: it will always produce an infinite number of answers, some righter and some wronger."

What does feel 'righter' is starting problem-solving with real people: with their worlds rather than with the 'big' surrounding world.

(Slide 38) I was reminded of this a few weeks ago when I met Nancy, one of the mum's in our family project. She's a 36-year-old single parent of six who walks four hours a day to take her kids to school; buys just enough food for her kids even if that means she goes without; and finds a way to do ten-loads of laundry without a working washing machine. She smokes a pack of cigarettes a day. She relies on welfare to make ends meet. She's not in contact with the fathers of her children.

We could look at Nancy in terms of her risk behaviour, as the school, housing, health, and child protective services have. They have joint case meetings about Nancy, and have policies in place to share information about Nancy. The departments overseeing these frontline services also have integrated strategies and joined-up decision-making processes. But all of this activity—all of these rules, structures, and processes—don't actually capture Nancy: a determined and resilient woman who has never been exposed to another way of living, can't really articulate what she wants for her future; and simply has no capacity to see beyond day-to-day needs.

InWithFor

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Over the next few months, our challenge is not to describe Nancy's world, but to act from within her world. Our challenge is not to assess Nancy's needs but to build new capabilities and experiences. Our challenge is not to embrace creative, design thinking at the expense of analytic, social science thinking, but to do both side by side. And our challenge is to show that you can be rigorous and radical at the very same time. So let me conclude, with a collective challenge:

(Slide 39) I challenge all of us to get to know the Nancy's and Mo's in our work; to leave this conference hall, travel back to our countries, to our cities and villages, to our neighborhoods and streets, and into their homes. I challenge us not just to join-up our policies and then integrate our practice around the Nancy's and Mo's, but to co-create our practice, and then our policies, with the Nancy's, Mo's, and the other 6 billion, 97 million, 254 thousand, and 41 people of the world.

Thank you.

InWithFor

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