

Human-Centered Design

Solving complex social problems demands the ideas and engagement of the people that have lived through them.

The challenges that adverse childhood experiences such as abuse, neglect and family instability present are overwhelming, complex and systemic. Through the use of human-centered design, we approach these challenges by developing meaningful relationships between those directly impacted and those attempting to alleviate the impacts, so that co-created solutions may be transformative and sustainable. Human-centered design and social innovation have addressed massive problems such as poverty by developing micro-lending systems, and epidemic-level school suspensions through the use of restorative justice. These examples demonstrate the power and possibility of joining forces between what has been proven to work with those that have a desire to make it work better for themselves. “In the process of creating solutions, it is also profoundly changing beliefs, basic practices, resources, and social power structures.”

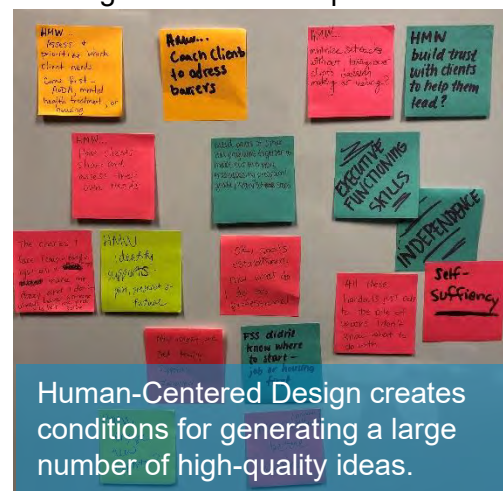
“When you start looking for solutions in the social sector, so many of them can only be made by the people you are serving. We believe that change is adopted by people when they were a part of that change.”

– George Aye, Co-founder, Greater Good Studio

What is Human-Centered Design?

Human-centered design is a creative problem-solving process grounded in empathy, learning and iterationⁱⁱ. By beginning the innovation process with the people for whom you are designing, we end with ideas and solutions that are rooted in their perspectives and needs. Ultimately, human-centered design confronts problems with optimism, collaboration, and ongoing learning to create solutions that will be embraced by those that seek them.

IDEO, a leader of social innovation, frames human-centered design as an iterative process that incorporates three “overlapping spaces”: inspiration, ideation, and implementation. During the **inspiration** phase, engaged participants – leaders, practitioners, community members – elevate the challenge for which they seek solutions. **Ideation** then leads to the brainstorming of ideas, their development into potential solutions, and the rapid-cycle testing that begins to determine what works, what does not, and how it might be implemented more broadly. **Implementation** is the leap from testing a prototype to delivery into people’s lives. “The reason to call these spaces, rather than steps, is that they are not always undertaken sequentially. Projects may loop back through



inspiration, ideation, and implementation more than once as the team refines its ideas and explores new directions.ⁱⁱⁱ

How the ICFW is using Human-Centered Design

Our human-centered design process is focused on integrating what we understand about brain science, trauma, and resilience into the experiences and needs of those we serve.

Beginning in 2017, we began implementing the following Human-Centered Design model and process:

1. Discovery
2. Ideation
3. Testing
4. Implementation
5. Scaling



In the **Discovery** phase, we begin by identifying and attempting to understand the problem. We then

frame the problem through positive goals, potential pitfalls, a narrow scope, and a commitment to not jumping immediately to solutions. Once the problem has been clearly framed, we interview and observe the experts – those that have lived through and studied the problem - review the literature, and scan the field to begin identifying potential paths to solutions.

In the **Ideation** phase, we collect our data, separate observations and interpretations, then bundle similar ideas to create themes. From those themes, we begin to brainstorm solutions to our problem through “How might we” questions such as “How might we make our services more trauma-informed?”. The best policy for brainstorming is to promote openness, lots of ideas, and creativity over immediate feasibility. This phase encourages divergent thinking as we cast a wide net prior to converging on consensus around a few potential solutions. As we arrive at a proposed solution, we develop our initial Theory of Change that aligns our strategies with anticipated behavior change and outcomes.

In the **Testing** phase, we put our Theory of Change to the test through the small scale implementation of our prototype. Through the use of defined strategies and program materials from the Theory of Change, we are able to evaluate what is working and what is not through evaluation tools and rapid-cycle feedback from the practitioner and service recipient. The prototype allows for small-scale failure, which produces meaningful learning and real-time modifications that lead to an improved product.

In the **Implementation** phase, we take the tested and modified Theory of Change, finalize the program and evaluation materials through focus groups, and train staff. During implementation, we continue to gather rapid-cycle feedback, collect data, and conduct periodic focus groups to determine effectiveness and opportunities for continuous improvement.

In the **Scaling** phase, we implement the use of Communities of Practice in which practice consultation, data review, and proposed modifications are discussed. The Theory of Change is reviewed throughout this process to determine if the strategies are effectively leading to the target behavior changes and proposed outcomes.

Lessons Learned

Through our Well-Being Innovation Projects with partners from Children's Wisconsin's child welfare and Child and Family Counseling programs, and Community Advocates' Milwaukee Women's Center, we have developed lessons learned from our use of human-centered design in the following areas:

Strengths:

- The voice and participation of clients are critical during the Discovery and Ideation phases;
- Divergent thinking through individual brainstorming methods yields many more ideas and creativity compared to traditional group brainstorming methods;
- Use of a Sprint model – large blocks of time over consecutive days - is more efficient and effective in this process than many shorter, periodic meetings;
- Testing small, failing small allows for deeper learning and greater flexibility to make necessary modifications to the prototype;
- Client and staff engagement in the human-centered design process translates to greater engagement in the implementation phases.

Challenges:

- The facilitator of the human-centered design process requires discipline and distance from the outcomes as bias and investment can lead to a leap to solutions before the design process has an opportunity to truly play out;
- Data collection and analysis through the early phases can be overwhelming and challenging, so clearly defined roles prior to beginning the process is essential.

If you're interested in learning more about Human-Centered Design, please explore these resources:

- [Greater Good Studio](#)
- [IDEO's Field Guide to Human-Centered Design](#)
- [Stanford d. school](#)
- [Tamarack Institute's Community Innovation](#)
- [*Design Education's Big Gap: Understanding the Role of Power*](#)

Citations

ⁱ Chika Urama, K. & Nti Acheampong, E. "Social Innovation Creates Prosperous Societies." Stanford Social Innovation Review. Summer 2013.

ⁱⁱ Greater Good Studio <http://greatergoodstudio.com/hcdprocess/>

ⁱⁱⁱ Brown, T. & Wyatt, J. "Design Thinking for Social Innovation." Stanford Social Innovation Review. Winter 2010.