‘Making’ Knowledge, ‘Making’ Impact

WHEELER, Gemma <http://orcid.org/0000-0002-4429-160X>, PARTRIDGE, Rebecca, BEC, Remi <http://orcid.org/0000-0003-0544-5095> and LANGLEY, Joe <http://orcid.org/0000-0002-9770-8720>

Available from Sheffield Hallam University Research Archive (SHURA) at:
http://shura.shu.ac.uk/23482/

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

Published version


Copyright and re-use policy

See http://shura.shu.ac.uk/information.html
Good afternoon, my name is Gemma Wheeler, and I am also presenting on behalf of my colleagues...

We are a part of Lab4Living, which is a multi-disciplinary research unit within the Cultural, Communication and Computing Research Institute (C3RI).

It primarily focuses on bringing Design-led research to fields of health and wellbeing, spanning a range of contexts across the entire life course.

Our work is also characterised by the use of creating and making as effective, empowering approaches to including those affected by research outcomes in the knowledge creation process, and as a route to greater impact.

When we approach a problem, either in research or in day to day life, it’s common to think about it just in our heads, using our cognition.

However, designer’s often think not just with their heads but also with their hands.

For a designer, the process of drawing or making something is not to transcribe ideas from their heads but as a means of orchestrating a conversation with themselves, and others [1].

Externalising those emergent thoughts, making them tangible, allows designers to extend their thinking, distributing it between conception and perception simultaneously [1].

When others are invited into this ‘conversation’, the materiality of drawings or prototypes makes it easier to share, communicate and develop knowledge in a common language, unbounded by barriers between disciplines or hierarchies.

The process of making, either collaboratively or as an independent enquiry, elicits deeper forms of knowledge (for example tacit, behavioural or experiential) that can elevate research findings into meaningful, impactful outcomes that are sensitive to the ‘messy’ reality within which they hope to contribute.

Clearly, many of the principles of ‘making’ knowledge resonate with the complex, interdependent nature of h/c services and personal, hard to articulate nature of h/c XP.

So, to illustrate this, I’ll present several key case studies from the Lab4Living portfolio.

**UKKMb**
Good example of value of making in facilitating reflection and communication.

Researchers from any discipline interested in mobilising knowledge, we designed a workshop to demonstrate use of creative, co-production methods to think and talk about complex issues - here we talked about global warming - not healthcare, but many h/c professionals.

We walk people through a process that builds their confidence in making and media through trivial tasks.

The quality of what is made is not important - it's the meaning attributed to it by the maker is important.

People who think they can't make, can - tweets show...
This next project is Starworks - which is...

Good example of creative methods as a way of exploring the real issues, from multiple perspectives, then focussing diverse expertise towards something that is relevant to the user and the context.

This has now led to 10 proof of concept funded projects ranging from socket fit and comfort, to information provision, customisable covers, to gamifying the training process of learning to use robotic hands.

Final example is the Head Up project, which is a customisable support for people with neck muscle weakness, often as a result of neurological conditions such as motor neurone disease.

This is an example of how an unmet need can come straight from users and carers, and be taken all the way through to an impactful product by engaging a vast range of partners (including Universities, NHS trusts, charities, commercial organisations) through co-production.

This is a:
CE marked class 1 medical device with a global patent, and a licensing deal has been signed for manufacture and global distribution
Clinical evaluation on 140 patients - 80% asked to keep the device at the end (they did).

So to summarise, the key points I’d like you to take away are:
Value of making, individually & collectively:
Knowledge that it pulls up that is different to other forms of knowledge production
inclusion of ‘non-experts’ within a process - they are experts in their illness and condition - often not seen as experts, but we do, so we include them as experts
Relevance of what is produced is relevant to user use and context-sensitive.

Importance of co-production for greater impact - this is particularly important in healthcare.
messiness of healthcare service and experience of poor health (without expertise to manage it) is a field that is completely ripe for this kind of activity and work in order to create change effectively, together.