Designing with people:

Creating a multi-level interdisciplinary design education environment for more inclusion

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ABSTRACT

Attention for inclusion and diversity in the learning and living environment of students in higher education is important. Universities can play a key role in educating, facilitating and setting a good example themselves in their communication, infrastructure, teaching methodologies, etc.

The educational programs of 'Interior Architecture and Architecture' and 'Occupational Therapy' (OT) of Hasselt University (Belgium) both teach about inclusion and human-centered design approaches, but want to join forces for the purpose of elevating

knowledge and expertise on inclusion to a higher level (cf. Young et al., 2019).

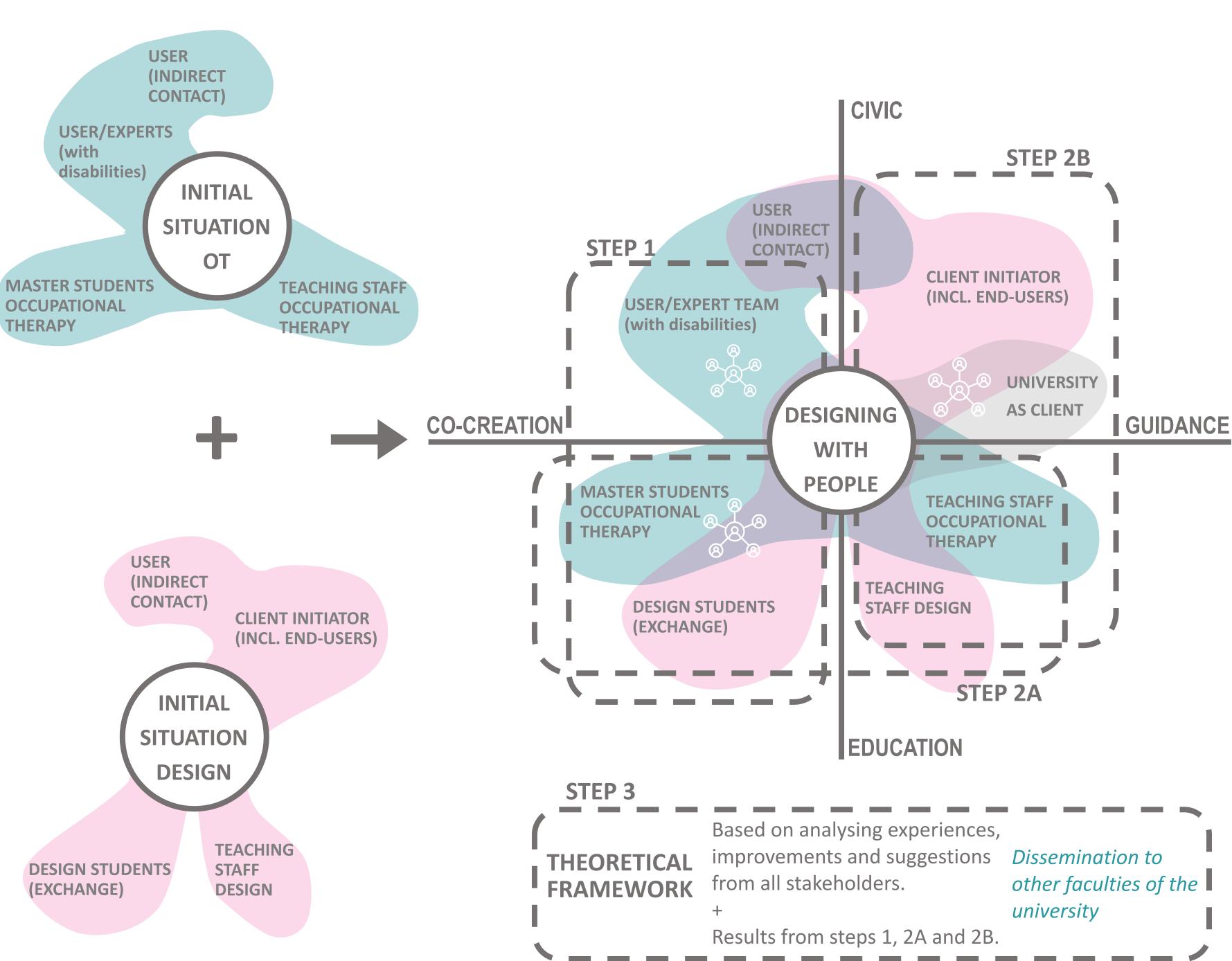
In a two-year project (that started in October 2022) we explore how to create the best possible setting to teach inclusive design and create an inclusive learning environment. This poster outlines the steps to develop a new, multidisciplinary inclusive design course 'Designing with people', where knowledge on diversity and inclusion will be gathered and disseminated throughout the design process through the paradigm of Universal Design.

The outcome of this project is threefold:

- (1) A new interfaculty course linked to structural and sustainable learning networks;
- (2) More knowledge and awareness towards inclusion and a variety of people, with different (dis)abilities, needs, experiences and backgrounds, not only among students, but also among staff as well as the broader network of real-life cases;
- (3) The development and dissemination of a theoretical framework on inclusive co-creation.

INITIAL SITUATION IN SEPERATE FACULTIES

DEVELOPMENT OF SHARED 'DESIGNING WITH PEOPLE' COURSE



STEP 1 Optimizing interdisciplinary design teams (within education)

Expertise and competences of both disciplines are analyzed according to complementing and strengthening/reinforcing properties.

They are combined to establish more powerful design teams: For example, Occupational Therapy students' knowledge of the needs of people with disabilities, design students' expertise in creating elegant, user-friendly design, and user-experts' daily life experiences and insights from their different backgrounds.

The benefits of this collaboration have been demonstrated in the literature, but little is known about the best ways to create a (safe) setting in which each group's competences can flourish. Different scenarios will be developed and tested in practice.

STEP 2 [A + B] Realizing an inclusive learning and living environment

STEP 2A: First, students and staff will focus on Universal Design for Learning (UDL). Staff members will test teaching methodologies and alternative strategies to create an enabling environment for everyone. Students will need to communicate and present (within the design team with students of different backgrounds and user-experts, with clients, etc.) in an inclusive way.

STEP 2B: For stakeholders involved within real-life cases (clients, end-users & staff) a network is installed in which different clients (& end-users) who initiate a real-life design issue not only learn from the design teams' design proposals, but also from each others problems and possible solutions.

STEP 3 Developing a methodology for inclusive co-creation

Experiences, improvements and suggestions from the process of optimizing powerful design teams (i.e. step A), from the inclusive learning process (i.e. step 2A) as well as from the Universal Design process within the broad network (i.e. step 2B) will be structurally gathered from all stakeholders and analyzed.

Insights and lessons learned will be established in a theoretical framework on designing with people to further disseminate to other courses and other environments in order to facilitate diversity and inclusion in real life.

Young, D., Wagenfeld, A., & Rocker, H. V. V. (2019). Universal design and the built environment: Occupational therapy and interprofessional design teams—A scoping review. *Annals of International Occupational Therapy*, 2(4), 186-194.









