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CO-DESIGNING FOR RECOVERY:

Introducing a collaborative lab in mental healthcare sector

ABSTRACT OF MASTER THESIS

While in many countries the traditional mental health service systems tend to over-focus on one's symptoms and medical interventions, there is a general acknowledgment that mental health has important social dimensions (Elstad and Eide, 2017) and one's mental health is influenced by his/her social interactions and everyday experiences: in families and schools, at work and in broader society. Service design is becoming more and more acceptable in the healthcare sector because of its experimental nature and user-centered driven approach. Notwithstanding, few have tried to introduce design-driven approaches in the Italian Healthcare sector and especially in MH where solutions usually lie in the social context.

Recovery Net is a three-year project aiming to establish three recovery-oriented labs in the eastern area of the Lombardy Region. The so-called Recovery co-Labs (name given in the beginning of the project), are aiming to conceptualize and develop innovative mental health services through multi-actor collaboration and active user involvement and enhance social inclusion. As an integrated member of the Politecnico di Milano research group, I participated in several research activities which helped to define the most fitting lab model for the area of Brescia through multi-actor collaboration and co-design activities.

Although service design methods as a user-centered approach to innovation is becoming more and more accepted by the public sector internationally, with Innovations labs spreading at various levels of the public sector, few have discussed how to establish one. This thesis is a strong intersection of empirical and theoretical findings from the literature review, desk and field research.

This research was conducted during a seven month period from September 2018 to March 2019. Desk research and literature review started by examining the various types of labs globally, exploring their actions, methodologies, collaborations, positioning, and spatial solutions. While findings were useful to set the basis of this thesis and to offer inspiration during the concept design phase, they were essential during the field research in order to inspire and inform the teams about the existing

ideas globally. Field research helped to better frame the local challenges and explore the local resources. The data of this research is the result of a thorough analysis of the fieldwork activities like semi-structured interviews with local organizations and target users, participant observation and field notes. Finally, a co-design workshop helped to define collaboratively with the project stakeholders four labs scenarios and informed this research.

The collected research data helped to conceptualize the concept prototype lab, dedicated in the area of San Polo, Brescia. The concept defines the lab as an organization, providing information about its approach, its principal methodology, the lab's team and administration, its ecosystem and collaborations, its communication methods and finally the design of spaces. As one of the first, if not the first recovery-oriented design lab, this proposal has an opportunity to lead the way for design in the local MH sector by introducing design practices and methods, in order to help shape the landscape for future social recovery services.

ABSTRACT OF MASTER THESIS (IT)

Mentre in molti paesi i tradizionali servizi di salute mentale tendono a concentrarsi eccessivamente sui sintomi e sugli interventi medici, vi è un generale riconoscimento che la salute mentale ha importanti dimensioni sociali (Elstad e Eide, 2017) ed è influenzata dalle interazioni sociali ed esperienze quotidiane: in famiglia e a scuola, al lavoro e nella società in generale. Il Service Design sta diventando sempre più accetato nel settore sanitario per la sua natura sperimentale e per il suo approccio orientato all'utente. Nonostante ciò, pochi hanno cercato di introdurre approcci progettuali nella Sanità italiana e in particolare nell'assistenza alla salute mentale, dove le soluzioni si ritrovano solitamente nel contesto sociale.

Recovery Net è un progetto triennale che mira a creare tre laboratori orientati alla guarigione nell'area orientale della Regione Lombardia. I cosiddetti Recovery co-Labs (nome dato all'inizio del progetto), hanno l'obiettivo di concettualizzare e sviluppare servizi innovativi di salute mentale attraverso la collaborazione di diversi attori e il coinvolgimento attivo degli utenti e migliorare l'inclusione sociale. In qualità di membro integrato del gruppo di ricerca del Politecnico di Milano, ho partecipato a diverse attività di ricerca che hanno contribuito a definire il modello di laboratorio più adatto per il territorio bresciano attraverso attività di co-design e la collaborazione di diversi attori.

Sebbene i metodi di progettazione dei servizi come l'approccio all'innovazione incentrato sull'utente stia diventando sempre più accettato dal settore pubblico a livello internazionale, con la diffusione degli Innovations labs a vari livelli del settore pubblico, in pochi hanno discusso su come istituirne. Questa tesi è frutto di una forte intersezione tra i risultati empirici e teorici della disamina della letteratura, della desk research e della ricerca sul campo.

Questa ricerca è stata condotta in un periodo di sette mesi, da settembre 2018 a marzo 2019. La desk research e la disamina della letteratura sono cominciate con l'esaminazione dei vari tipi di laboratori a livello globale, esplorandone le azioni, le metodologie, le collaborazioni, il posizionamento e le soluzioni spaziali. Mentre

i risultati sono stati utili per gettare le basi di questa tesi e per offrire ispirazione durante la fase di progettazione concettuale, sono stati essenziali durante la ricerca sul campo per ispirare e informare i team sulle idee esistenti a livello globale. La ricerca sul campo ha contribuito a inquadrare meglio a livello locale le sfide e ad esplorarne le risorse. I dati di questa ricerca sono il risultato di un'analisi approfondita delle attività sul campo, come le interviste semi-strutturate con le organizzazioni locali e gli utenti, l'osservazione partecipante e le note sul campo. Infine, un workshop di co-design ha contribuito a definire in collaborazione con gli stakeholder del progetto quattro scenari dei laboratori e ha contribuito alla raccolta dati di questa ricerca.

I dati raccolti hanno aiutato a concettualizzare il prototipo del laboratorio, dedicato nell'area di San Polo, Brescia. Questo prototipo vede il laboratorio come un'organizzazione, fornendo informazioni sul suo approccio, la sua metodologia principale, il team e l'amministrazione del laboratorio, il suo ecosistema e le sue collaborazioni, i suoi metodi di comunicazione e infine la progettazione degli spazi. In quanto uno dei primi, se non il primo laboratorio di progettazione orientata alla guarigione, questa proposta ha l'opportunità di aprire la strada al design a livello locale riguardo la salute mentale, introducendo pratiche e metodi di progettazione, al fine di contribuire a plasmare il paesaggio per i futuri servizi di guarigione.

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CHAPTER 1

INTRODUCTION: MENTAL HEALTH ISSUES IN A SOCIAL FRAME

The background research provides information which positions this thesis, supported by research concerning the mental healthcare sector. As a starting point, I better define mental health problems and their associated social effects, such as stigma and social exclusion. In an attempt to differentiate one's health difficulties from social barriers, I define the meaning of social inclusion and how it is linked with one's recovery. The last section provides the structure of this thesis, giving information concerning the following chapters

INTRODUCTION

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2001, p.1). It is evident that mental health is a part of this term along with physical health and social behaviors. Moreover, because of the variations among characteristics such as, age, gender, culture, and nationality, WHO tried to conceptualize the term of mental health without considering any cultural norms. WHO has argued that mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2001a, p.1). Following this term, the American Psychiatric Association (APA) stated that "mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities" (2013, p. 20). APA has further argued that mental health disorders are "behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (2013, p. 20). Mental health problems are well framed by several perspectives and considered by the disciplines of biomedical science, psychology, and social science (Borg & Karlsson 2013, Elstad and Eide, 2017). As Elstad and Eide (2017) further emphasized, there is a general acknowledgment that mental health and relevant diseases have important social dimensions; consequently, one's mental health is influenced by his/her social interactions and everyday experiences, in families and schools, at work and in broader society.

Over the last decades, significant steps have been made concerning the improvement of the social life of people with mental health difficulties. The social effects of a disease in one's life are not of insignificant importance since most cases have described that they have experienced social exclusion as the main effect. According to Lloyd et al. (2008), the social group of people with mental health difficulties is among the most marginalized, socially isolated and excluded in society.

A REFERENCE TO TERMINOLOGY

In this part I would like to define more the terms which will be used in this thesis, to describe this group of people with mental health disorders. Within the literature, a variety of terms were used to describe people who have experienced phases of their lives with mental health difficulties. According to the literature, it is not sure if these people have a specific preference, or they believe that a term is more appropriate than the others. Although, according to Barnett and Lapsley (2006), and their survey, it was given that the majority of participants tend to dislike the terms 'severe mental illness', while preferring instead characterizations like 'severe mental health problems' or 'disabling mental health problems'. It seems that the characterization "illness" to describe a situation like a mental health problem is inappropriate and makes the focus group and the people around this group form an idea of sickness. Furthermore, illness describes a period of sickness affecting the body or mind, but since the aim of this study is to focus more on the recovery of these people and the social aspects, titles which could be associated to a specific illness or diagnosis, are better to be avoided. Therefore, in order to avoid any term which could cause any frustrating feeling to people of this group, it has been decided to use the term 'people with mental difficulties' or more accurately, 'mental health difficulties'.

1.1 SOCIAL INCLUSION

Bromell & Hyland (as cited in Cheer, 2009) in a trial to identify the key determinants of social inclusion and participation, examined beyond these basic needs, focusing more on something to 'do' and 'someone to love', and distinguish the need for belonging, inclusion, participation, recognition, and legitimacy.

By the term 'belonging' they referred to social relationships and networks of the person: as families and friends, communities which share the same values, aspirations, and attitudes, but also groups where participants share the same experiences;

these type of social circles help significantly to eliminate the feelings of solitude and alienation. Morgan et al. (2007, p.479) indicated this need as being of significant importance, stating: "In most definitions of social exclusion, social relationships and networks are a central component, a key requirement for a fully participatory and inclusive life". On a social level 'Inclusion' means having equal access to services, employment, and social networks. 'Participation' enables opportunities to present, to contribute to, and to be involved in society, with the same citizenship rights as everyone. 'Recognition' is an acceptance of diversity and acknowledgment that these differences can make positive participation to the community. Last but more connected to the legal system, 'legitimacy' concerns people's rights to protection under the law and equal access to public services and community groups and organizations."

1.2 SOCIAL EXCLUSION AND THE STIGMA

Despite the international level of recognition of the importance of social inclusion to the well-being of people with mental difficulties (Sayce, 2001), it is broadly argued that many of the barriers to an inclusive social life result from widespread stigma and discrimination against these persons (Sayce, 1998; Schulze & Angermeyer, 2003).

Sayce (1998) criticized even the use of the word 'stigma' and its usage in literature, arguing that the meaning is associated by itself to discrimination. The word stigma has Greek origin and literally means mark; originally describing marked groups of people, and defining a symbol of property on the individuals. Sayce further argued that even the concept of 'stigma' by itself is defaming the person, and implies that there is something wrong.

Luhtanen and Crocker argued (1992) that stigma is not an implied label by the person itself, rather it is defined by the society in which the person inhabits and belongs. Therefore, we could say that the stigma is commonly framed as a set of negative

attitudes, thoughts, and stereotypes which cause discrimination and prejudice against people with mental difficulties. Oftentimes, this is an outcome of the society which views the appearance and behavior of many people with mental difficulties, as unusual, strange or even deviant. This causes fear and apprehension, the fear of the unknown.

In an attempt to understand and define why most people are facing stigma as the greatest barrier of all between them and the MH services or seeking help in general, Vogel et al. (2006) defined the self-stigma as a situation where one is aware of these stereotypes and replicates them on himself/herself or even other. Usually, stigma is something that people with MH difficulties try to avoid, and since It is perceived that MH service users are subjected to prejudices and stereotypes regarding insanity, violence, and even danger, stigma forms a boundary in between these people and MH services (Corrigan, 2004). A mental health diagnosis in effect 'labels' people, putting them at risk of being rejected, avoided or physically attacked (Wright, Gronfein & Owens, 2000).

The issue of social exclusion is highly connected with the MH service 'label,' without considering if the person is in the process of recovery or not, stigma stays with the people for the rest of their lives. Over the last decades several studies have shown that people can and do recover; however, cases of individuals who have recovered, are still among the most marginalized in society (Morgan et al., 2007). Thus, across the world, the stigma has a negative impact on the psychological well-being and life of the people with mental difficulties, and it was characterized in 2001 by the World Health Organization as "the most important obstacle to overcome."

1.3 SOCIAL EXCLUSION AS A RESULT OF CLINICAL RECOVERY

Clinical recovery

It could be said that the cause of social exclusion is the traditional structure of the Mental health services system and the over-focus to one's symptoms and medical interventions. In a clinical recovery level and always concerning the mental healthcare sector, many Psychiatric hospitals and other mental health services offer treatment and medication as the main solution to the problem. While such approaches are essential for people, for example, when experiencing acute traumas or crises, supporting people in daily life requires a broader, psychosocial approach (Elstad, 2014). From literature, it arrives that mental health professionals have proposed several definitions of clinical recovery. According to Prof Mike Slade and Dr. Eleanor Longden (2002) the term of clinical recovery is something which arrived from professional-led research and practice; therefore, it has not been shaped by the patients' perspective. According to their study, clinical recovery has four key features: 1. Recovery is a state where a person is either 'in recovery' or not 2. It is observable – in clinical language, it is objective, not subjective. 3. As arrives from the results of the term itself, it is something not rated by the patient, but always by the expert clinician. 4. The definition of recovery does not vary between individuals.

Based on the idea of the clinical recovery and the excessive focus on the treatment, there are cases of individuals who were taken away from their family and friends and were marginalized due to long-term or even repeated clinical admissions; cases where the individual lost their homes and society, and interactions with their loved ones, and instead they were experiencing living in the perimeter and increased contact with health professionals and carers (Bertram and Stickley, 2005 as cited in Cheer, 2009). Furthermore, J.A. Cheer, through her research, acknowledged that people need family, friends, and work, apart from good mental health services, in order to recover from a mental illness. For many people, hospitalization disrupts their lives to the extent where they lose their homes, their jobs and access to continuing education and training (SEU, 2004; Cheer, 2009).

It is a fact that people who experience mental difficulties in Europe are one of the most excluded groups in society and the stigma is considered to be more disabling than the disease itself (Grammenos S. 2004).

1.4 THE RECOVERY

When designing the meaning of recovery, it is important to differentiate between the clinical and the personal recovery. As Prof Mike Slade and Dr. Eleanor Longden (2015) have pointed out, "The distinction between different understandings of recovery has been characterized in different ways: 'recovery from' versus 'recovery in'; scientific versus consumer models of recovery; clinical recovery versus personal recovery or social recovery" (p.11).

Personal recovery

Under other conditions, and in an attempt to comprehend the situation in a more patient perspective, we cannot say that there is a particular recipe to recovery nor a specific trip that one can follow. Through emerging empirical evidence, it has been indicated that people with mental difficulties develop an identity through the process of recovery and the range of its routes (Slade and Longden, 2015). Personal recovery is something more focused on the inner strength and the will of the patient; strongly associated with hope and with one's values. A more concert term of personal recovery has been given by Bill Anthony who described recovery as a personal and unique process of changing personal attitudes, values, feelings, goals, skills, and/or roles" (1993).

It was argued that people with severe and enduring mental health difficulties had little or no hope of recovery (Cheer, 2009) and it has been questioned if there is any possibility for these people to recover without treatment. Further, some stated that in rare cases the treatment can even interfere with the process of recovery. Over-

emphasizing the significance of treatment and considering it as the core set of the recovery is both empirically un-justified and maintains much broader contextual restrains to the overall process of recovery. (Leamy et al. 2011).

Although I would like to make a reference to Frost, B., Tirupati, S., Johnston, S., Turrell, M., Lewin, T., Sly, K. and Conrad, A. (2017) who didn't eliminate the significance of the treatment when they claimed that the role of psychopharmacological treatments in the restoration of skills, although essential, is limited but rather helpful to maintain the feeling of hope. Moreover, there have been cases of people with severe mental health difficulties who have recovered using mental health services but yet without professional intervention (Farkas, 2007).

As it is assumed that the emphasis is not to deal with one's symptoms or medication but to begin managing everyday life's setbacks and start coping with the disease, these processes can and do occur outside of the mental health system. Hence, recovery is a journey, a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness.

1.4.1 THE JOURNEY OF RECOVERY

A commonly accepted term is that the recovery can be defined by one's symptom remission under the circumstances of treatments, gaining independence and support a living without the help of carers both formal and informal. Last but not least, social reintegration, including functioning in close relationships with family and friends and the possession of a full time or part time job (Leamy, 2011; Libermann RP, Kopelowicz A, 2002). It is conceived that these are the fundamental aims while a person is in the process of recovery; furthermore, many patients have described this process as a journey where one should take small and steady steps. As Deegan has argued (as cited in Farkas, 2007), recovery is not a linear process but involves growth, plateaux, and

setbacks, while learning by experience and living in both the presence and absence of the mental disease. Similarly, Dr. Hopper (2007) delivered the four main phases of the 'recovery journey,': renewing a sense of possibility; regaining competencies; reconnecting and finding a place in society; and reconciliation.

1. Start from within, the reawakening of hope

According to Deegan (1996), people with MH difficulties endure a sense of hopelessness and despair, and from their perspective, they are perceived as unmotivated, apathetic, or hopeless cases. Furthermore, they experience a strong feeling of losing control of their environment and having a mutual feeling that they are not 'listened to' by MH services' staff, and they are not anymore responsible for their lives, something which unquestionably drives to feelings of hopelessness and inability to cope with the disease and the everyday life.

Reawakening and empowerment of hope have been identified by many as the earliest and most critical steps of the recovery journey (Frost et al. 2017; Hopper, 2007; Ridgway, 2001). Frost et al. concurred with Ridgway who, in his turn, added that the patient should obtain an understanding of disability, aim for engagement in life, active coping, and reclaim a definite sense of self, meaning, and purpose. Moreover, hope has been accurately described by Snyder et al. (2006) as "the person's perceived ability or internalized belief that he or she can produce goals, pathways, and agency" (p. 89). Throughout this stage, initial treatment is important for the patient to sustain hope, by dealing with his/her fears associated with the onset of symptoms and the diagnosis (Frost et al. 2017).

2. Aiming for independence

This phase of the journey can be characterized as the purpose of the person to rebuild trust in himself/ herself and attempt to become fully independent by achieving daily coping skills and competencies. Several people who experience mental difficulties see the process of recovery as a journey of small steps, within which participation in

everyday tasks and activities is important while aiming for independence.

Gaining independence on a daily basis is something which starts from the physical and mental needs of a human being and incorporates social responsibilities,involving in some cases the personal management and decision-making concerning the treatment and the further process. Furthermore, personal independence seems to promote self-efficacy, self-esteem and the ability to plan and manage the future (Cheer, 2009). People even appear more empowered when they are viewed as individuals who are personally responsible and capable of growth and self-determination (Cheer, 2009; Finfgeld, 2004). As an assumption as Deegan argues, having daily tasks and roles, a person is more able to make decisions and have hope for a fruitful and fulfilling life (Deegan, 1996).

3. Social Reintegration

The concept of recovery from mental health problems sits within the social inclusion framework (Sayce, 2001). On a social level recovery has been characterized as the process of reconstructing one's identity and overcoming the barriers that the mental health issues impose (Curtis, 1997); additionally a process dealing with social exclusion and stigma. Thus, for these reasons, social inclusion and recovery are solidly joined.

According to Frost et al. who labeled this phase as reconnection to place and society, "the aim of this phase is the patient to reconnect and re-establish a place in the community and to explore opportunities for independence and social inclusion with a new sense of confidence and hope, based on the competencies developed in the previous stages." (p.10, 2017). As I stated before, many people do recover and manage to leave behind the clinical life by returning to their families and the community; this can be described as being integrated into society. Nevertheless, this does not ensure that any personal relationships will be acquired or that the social isolation will be diminished, (Elstad, 2014) nor that the person would be more integrated into civic and social activities nor have any employment opportunities. The most crucial factor in this process is once more the human factor and the interaction between them; thus, one can only be excluded or included relative to other people (Daly and Silver, 2006;

Elstad, 2014).

Although, a continually growing number of people are describing their experiences, both in books and recorded interviews (Youtube, 2013), highlighting the importance of social relationships and employment. However, according to Prof. Mike Slade and Dr. Eleanor Longden (2015), the rates of both employment (22%) and being in a relationship (32%) are low for people with mental health difficulties;

4. The challenge of employment

One of the critical determinants of participation and, therefore, social inclusion is employment. While it seems that during the last years the need of having healthy relationships and a place to stay have been prioritized over employment (Goodwin and Kennedy, 2005), it seems that employment plays a significant role to the patients' life since it accommodates several personal challenges. According to J. A.Cheer's research (2009), employment is an opportunity for a person to create new relationships and social status, gain financial independence, retrieve his/her self-esteem and a sense of purpose, and, therefore, improve the personal quality of life.

Although employment is identified as a major determinant for one's recovery, many testify to the difficulty in obtaining a full-time or part-time job after their discharge from the clinical long-stay; and overall they feel less able to make meaning out of their lives (SEU, 2004). It is true that MH service users have far more limited opportunities for employment compared to the rest of society. In a trial to frame the 'employment challenge' and its roots, many (Cheer, 2009; Russell and Lloyd, 2004) have distinguished among other, poor self-confidence and self-esteem, and inadequacy of training and education as the main causes of limited employment opportunities.

5. Personal relationships

A caring and supportive social network and relationships is as important as employment for mental well-being and one's quality of life. Having supportive

relationships with family members and friends are considered as one of the most critical aspects for a person's social life, and principal factors for the improvement of one's quality of life; hence it could be characterized as necessary for the recovery journey. I would prefer not to make a distinction between family and friends since they are both critical for all human beings. Besides, there are cases where family members are the only social group.

Although, for several reasons, it is hard for people with mental difficulties to create and maintain relationships. In most of the cases, the clinical recovery path is responsible for the absence of relationships outside the hospital and it restrict people's ability to fulfill their social roles; furthermore, people experience difficulties to maintain some of their previous social connections even when they leave the clinical long-stay and they are going through their personal recovery journey (SEU, 2004).

1.5 ACTIVE SERVICE USER INVOLVEMENT

As Elstad (2014) has highlighted, the fundamental question to the inquiry of social inclusion and recovery is "how to build an inclusive society". Participation of people with mental difficulties in society is highly tied with their active contribution to it. Stickley also has argued that "at the heart of any social inclusion initiatives and strategies is the belief that people with mental health problems can make a practical and positive contribution to their community as citizens, employees, and neighbors" (Stickley, 2005, p.14). The term 'user participation' relates to people's participation in their role as users of services. According to the World Health Organization (2001b), in the MH sector the phrase 'user participation', have been applied to people's rights to not only be involved in the decision-making concerning their rights and daily lives, but also contribute to the formation of the service itself. Notwithstanding, to have more holistic recovery-oriented services, there should be a shared understanding of the purposes between consumers, carers and healthcare professionals. The process of

restructuring the mental health service towards increased community-based services does affect the everyday lives of the service user, but also several stakeholders involved in the ecosystem of the service (such as healthcare professionals, carers, family members, volunteers, etc).

Alongside, services have been, and are still undergoing processes of change with a significant shift to a user's involvement. Over the last decades, it has been considered valuable to actively involve users and other stakeholders in the formation of services. Approaches aiming to engage the user and other stakeholders in the design process were referred to as co-creation or co-design (Carstensen and Bason, 2012; Sanders and Stappers, 2008); while focusing on the human factor aiming to find ways to help organizations and stakeholders to co-create value is being recognized as Service design thinking (Stickdorn and Schneider, 2010). For this thesis, user participation through co-design and co-creation is the key driver for the process of field research, which aims to draw in outsiders with no experience in design (such as patients, families and hospital staff) and with several tools and methods give them the chance to influence the overall process. The definitions of Service design, co-design, and co-creation regarding the healthcare sector are further detailed in the next chapter.

1.6 STRUCTURE OF THE THESIS

This master's thesis is divided into eight main chapters:

Chapter 1 introduces the background research, providing a literature review of mental health, defining it as a social issue and explaining the social challenges, people with mental health difficulties are facing. Furthermore, this chapter provides a brief explanation of the path towards social recovery and the needs of MH service users at each step, based on literature.

Chapter 2 is elongation of the background research, introducing Service Design, its

methods, and its value to Mental Healthcare sector. In its second section, this chapter, concentrates more in participatory methods, the importance of user involvement, and the value of collaboration and co-creation.

Chapter 3 gives an introduction to the Italian healthcare system, starting by a historical overview of the latest laws and alterations, which occurred in the physiatric sector, over the last century. In its second section, it defines the current situation, defining the MH departments, services and their functions. The third section of this chapter introduces the Recovery.Net project, providing important information like the project's aims and objectives, the partners and collaborators working on this project, the project's operations, and finally it concludes by introducing the research team which I have been working with, during the development of the thesis.

Chapter 4 describes the research setting and context of the research in more detail, defining the individual aims and objectives, and clarifying the methodological approach and action research. Furthermore, this chapter provides a basic timeline of the main research activities I was involved during the period September 2018 to March 2019, and my personal role as a researcher during these activities.

Chapter 5 discusses the desk research, giving an introduction to the world of Lab, providing information about their methods, positions, network, team and methods. This chapter, further highlights the value of desk research and the thorough investigation of some cases studies.

Chapter 6 describes chronologically the strategic action interventions that were carried out during the field research, explaining the methods and tools used and the participants involved. Furthermore, this chapter discusses and analyzes the findings from the field research presented in clusters of data.

Chapter 7 evidences the brief, including the statement of needs, and the strategic brief, examining the aims and objectives of the design concept.

Chapter 8 demonstrates the final design concept, explaining the case's vision and mission, and defining the development of final outcome as a whole.

Chapter 9 is the final chapter which concludes this thesis, summarizing the key learnings and providing future considerations.

CHAPTER 2

BACKGROUND: THE VALUE OF SERVICE DESIGN

In this chapter, background knowledge is provided concerning the Service design thinking and methodologies applied in the mental healthcare sector. Since Service design advances value to organizations due to its participatory approach, I provide a theoretical background for its processes often named as co-creation and co-production. After defining the terms of Service design, Co-production, Co-creation, and partially Co-design, specifying their key elements, methods, and challenges. Finally, considerations will be presented concerning these approaches to Mental Healthcare service systems.

2.1 SERVICE DESIGN FOR HEALTHCARE

Healthcare sector and especially public sector can be characterized as one of the most ill-treated components of our modern society: facing problems from financial shortages to miscommunication due to the complexity of the system, while legislative changes to insurance coverage add further complexity (SDN, 2017). A Vink el al. (2019) have mentioned the sector has been characterised by many as extraordinarily resistant to change, while attempts to bring innovation are hardly successful. Hence organizations placed in the healthcare sector are rarely able to drive innovation and bring changes, while they lose their touch with the users and ability to hear and learn from them. According to Wallin & Fuglsang (as cited by Vink et al., 2019) to innovate in the healthcare sector, conventional facts like rules, norms, roles and beliefs need to be challenged and modified; effort to shake the status quo and confront the solidly framed institutional structures should be made. In order to address such challenges, healthcare organizations started embracing and using the approaches of service design (Freire & Sangiorgi, 2010; Vink et al., 2019). Furthermore, according to research (Reay et al., 2017), design methods and approaches can contribute to improve the overall experience of the healthcare service user and their families and bring value to such service systems. In order to create transparency within the service design community and promote awareness about the value of service design within domains, the Service Design Network (SDN) decided to publish an online survey demonstrating the challenges service design has dealt with inside the healthcare sector (SDN, 2017)(see figure 01). The survey included collected insights from more than 130 organizations and 680 projects targeting phases from the pre-diagnosis to treatment maintenance. The survey conducted in the period July to September 2017. Particularly in the MH sector, service design has proved to be fruitful for supporting the ongoing transformation of the service systems due to its creative and participatory approach (Sangiorgi et al., 2019).

Furthermore, service design processes can favor transformation which can improve not only the service outcome but also personal wellbeing (Sangiorgi et al., 2019); in addition, they have been recognized as beneficial in addressing complex challenges

24%

PRECARE AND PREVENTINE

— General wellness, lifestyle
— De-stigmatization of illness
— Prevention, awareness
— Pre-diagnosis
— Diagnosis, treatment decision-making
— Preparing for treatment

25%

GETTING CARE

— Treatment
— Acute care
— Emergency intervention
— Palliation

27%

ENTIRE JOURNEY

— Pre-care and preventive
— Getting care
— Post-care and maintenance

17%

POSTCARE AND MAINTENANCE

— Treatment maintenance
— Commodities management
— Treatment discontinuation

7%

OTHER

— Relating to infrastucture
— Internal working of a healthcare org.

Figure 01   Adapted from Online survey by SDN (2017)

and supporting recovery (Sangiorgi et al., 2019). Service design, through its processes, aims to address the complex challenges of the healthcare sector by radically changing the relationships, positions, and rules between the involved stakeholders and the user, through an open process of co-creation. These processes of collaboration support people with mental health difficulties to identify and manage their own health and

social care needs (Sangiorgi et al., 2019), important steps of the personal recovery journey. Processes of co-creation, where designing with patients and not simply for them, has been a growing area of research lately (Reay et al., 2017; Sanders and Stappers, 2014).

2.2 PARTICIPATORY DESIGN

Within the landscape of service design and the philosophy of so-called participatory design, the terms of co-production, co-creation, and co-design have been spreading fast. Among others, these approaches have been characterized as necessary to develop innovative solutions (Voorberg, Bekkers and Tummers 2014). As Reya et al. have noticed "some scholars have even suggested that policy-makers and politicians are beginning to see co-creation and co-production as necessary to innovative solutions" (p.2). Though, there is still confusion about the meaning of these terms. In order to avoid any misunderstanding due to the broad concept of participation, which could also refer to cases of passive involvement, Vargo & Lusch (2004) define co-creation as the active involvement of end-users in various stages of the production process, while others have also described it as co-production. Hence the two concepts of co-creation and co-production seem to be highly related (Vargo & Lusch, 2004), if not the same.

Co-creation and co-design

According to Sanders and Stappers (2008), there have been numerous attempts to actively involve users and stakeholders in the design process referred to as co-creation and co-design. In an attempt to define these 2 terms, I would like to make a reference to Reay et al. (2017) who in their turn cited Sanders and Stappers who define co-creation as "any act of collective creativity, i.e., creativity that is shared by two or more people', and co-design as 'the creativity of designers and people not trained in design working together in the design development process" (2008, p. 6). Notwithstanding, the evidence from literature, it would be preferable to describe

co-creation from the service design's point of view, since co-creation is not just aligned with it, but rather appears to be the core of the service design philosophy (Stickdorn and Schneider, 2015). As Stickdorn and Schneider mentioned in their book This is service design thinking, "co-creation can involve anyone from staff, designer, executives or customers working collaboratively in order to examine and innovate a given service experience" (2015, p.198). Regardless of each team member's position and profession, everyone can be helpful to a team aiming to bring innovation and new ideas; although the conception of co-creation is to involve different stakeholders in the process, service designers are indispensable to a process like this, so various points when planning a co-creation can be directed. Furthermore, the role of the Service designer is to help participants who are non-experts to feel more relaxed, talkative and willing to express their ideas and interact. As Sanders and Westerlund noted (2011), some participants during the various co-design sessions may simply feel they are not 'creative' enough or even that their ideas are of limited scope or minor importance.

NEF (the new economics foundation) see the process of co-creation more as a continuous relationship or support and learning, where "professionals and citizens share the power to plan and deliver support together, recognizing that both partners have vital contributions to make to improve the quality of life for people and communities" (Slay and Stephens, 2013, p.3). Slay & Stephens, claimed that a relationship like this empowers the service users and their independence by giving them the tools to plan their long-term and short-term goals, such as everyday activities and types of support.

2.3 SUPPORTING COLLABORATION

Many organizations lately are trying to foster innovation by supporting the individuals and the teams. Although teamwork and collaboration are important factors for making innovation possible, the most crucial requirement for successful collaboration is a

constructive environment (Sayiner, 2015). The environment, through its structuring, helps the teams and influences their performance in creativity and innovation processes. Consequently, many organizations, both public and private over the last decade, are beginning to consider how the space infrastructure encourages effective group work and communication.

Next chapter analyses deeper the most recent facts of the Italian MH sector and services, starting with the brief overview of the most notable changes over the last decades; both legal and systemic. Next chapters (chapter three and four) demonstrate the most important information, framing the healthcare systemic issues on a

CHAPTER 3

THE SITUATION IN ITALY

This chapter starts by examining the latest and most important legal decision in the psychiatric field, both globally and nationally, providing a clear overview of the Italian psychiatric system. Since the location of focus of this study was the northern part of Italy and especially the region of Lombardy, a brief study of the local mental healthcare services is provided, based on a literature review and governmental online sources. Subsequently in the last section of this chapter present the Recovery.Net project, demonstrating the most important information such as: the project partners and network, the aims and objectives of the project, the funding, and the research team.

territorial level, and setting the research of this thesis.

3.1 A QUICK GLANCE AT HISTORY

According to many, during the last century, European countries have witnessed big changes in the sector of Mental healthcare and its relevant policies and laws. Still, in most of the developed countries, during the century, there has been an augmentation of the established psychiatric hospitals (Knapp et al. 2007; Pedersen and Kolstad 2009). The great change arrived in 1963 when the US government decided to reduce the number of users of the psychiatric hospitals and passed the 'The Community Mental Health Centers Act'. The plan of the law was to reduce the number of patients in psychiatric hospitals by 50 % in the following two decades.

Through the building of community mental health centers and the deinstitutionalization of mental health care, a number of positive aspects have arisen around the process of recovery and increase attention to the needs of the patients and their families. In fact, the law was so successful that the reduction of patients has been 62% before the end of the first decade (1975)(Mechanic and Rochefort, 1994). The law and its entire process has been characterized as a catalyst for the new era and has been developed by many European countries during the last century; the process is known as the 'deinstitutionalization of mental health services' (Knapp et al., 2007).

3.1.1 AN OVERVIEW OF THE ITALIAN POLICIES OVER THE LAST CENTURY

In the beginning of the 20th century, the first law concerning people with mental health difficulties was passed under the Giolitti government in 1904. The purpose of the law (Italian Law n. 36/1904) was to protect the society from the 'mentally ill' people by congregating them in asylums, where the needed care would be provided.

According to the law, a trial period of 15 days could show if the person is 'mentally ill' and in this case be subjected to permanent internment and loss of his/her civil rights (Triestesalutementale.it, n.d.). The law imposed that every province has to establish an asylum and the director of the asylum has had the authority to judge if a person was 'cured' or not, and issue the certificate which could end the patient's custody. The first update of the law arrived in 1968 by the Mariotti Act (Italian Law n. 431); after the update of the law, the once mandatory custody, became optional and the patient or/ and his/her family could make the decision. (Triestesalutementale.it, n.d.)

The Law 180

As Girolamo (1989) has noted that many have characterized the Italian mental healthcare system until the end of the Sixties, as old-fashioned and outmoded (De Plato and Minguzzi, 1981; Pirella, 1987). However, in 1978 the Italian Parliament launched the Psychiatric Reform Act, known as Law 180 which has brought major changes to the field. The law is also known as 'Basaglia law' (Legge Basaglia) since Franco Basaglia was the main influencer of the law. Although Basaglia was not in himself an anti-psychiatrist, he was really influenced by the entire movement (Bersani, 2009). The Law 180 identifying the mental healthcare as part of the general healthcare and more importantly based on the individual's right to care and health (Triestesalutementale.it, n.d.). Further, it imposed that the psychiatric hospitals had to be closed and the patient can request a mandatory Healthcare Treatment by a physician, while the treatment process can be carried out in community-based psychiatric structures or even in the patient's home (Triestesalutementale.it, n.d.), without the patient losing his/her civil rights. Along with the Law 180 in 1978 the right to healthcare was allowed as free of charge for every citizen; and although some modifications have introduced during the last decades, the right to healthcare is still free. Subsequent to the Law 180, the perception of recovery has shifted towards the social factors and partially from the illness to the person's social needs and rights. According to Bersani "the predominant interest for therapeutic strategies entrusted to psychotherapy of various kinds, psychosocial interventions or simple social assistance programs of Community therapy, etc., certainly coupled with measures more closely medical, as the pharmacotherapy" (2009, p.28).

The last and more recent update in the policies of mental healthcare in Italy was in 2011 with the attempt to close the O.P.G. (Ospedale Psichiatrico Giudiziario) Judicial Psychiatric Hospitals, places identified as criminal asylums and the latest of their kind. Although the law was passed on February 14, 2012, the operation of these hospitals was concluded on March 31st of 2015, and they were replaced with R.E.M.S (Community Mental Health Centers). Along with the closure of the O.P.G., cells and other ways of detention were discontinued. According to Frediani (2017) and her recent article for the newspaper 'La Stampa', REMS are edifices originally hosting people who experience mental difficulties and have committed a crime and are identified as socially dangerous. However, because of the lack of space 'Rems' host several people as a temporary measure (Frediani, 2017).

3.2 THE MH SYSTEM IN THE REGION OF LOMBARDY

Nowadays the regions in Italy operate with great autonomy in terms of budgeting and programming. Although, the local health authorities (ASL) are responsible for the quality of the healthcare services of every region, the Departments of Mental Health, (DSM) in Italian Dipartimenti Salute Mentale, are the core of the community healthcare system (Lora, 2009).

According to the Italian Ministry of Health (Salute, n.d.), the DSM of each region is a department responsible for managing the provided territorial services in the divisions such as SPDC (General hospital psychiatric unit), CRA or SR (Community Residential facilities), CD (Daycare facilities), CPS (Community mental health centers) (see figure 02). The General hospital psychiatric units (SPDC) is a specialized department inside the hospitals (hospitals, departments of health companies, university polyclinics), it is the first touchpoint for patients in the acute phase, providing psychiatric treatment, with the objective of bringing the patient to a 'balanced state of well-being' and further redirect him/her to the local rehabilitation services (Salute, n.d.). Daycare facilities (CD) have been defined by the Italian Ministry of health as 'semi-residential' structures

ASL
Local Health
Authorities

DSM
Department
of Mental health

SPDC
General hospital
psychiatric units

CPS
Community mental
health centers

supplemental to treatment activities

CRA
Community
Residential facilities

CD
Daycare facilities

social
communities and
voluntary
organizations
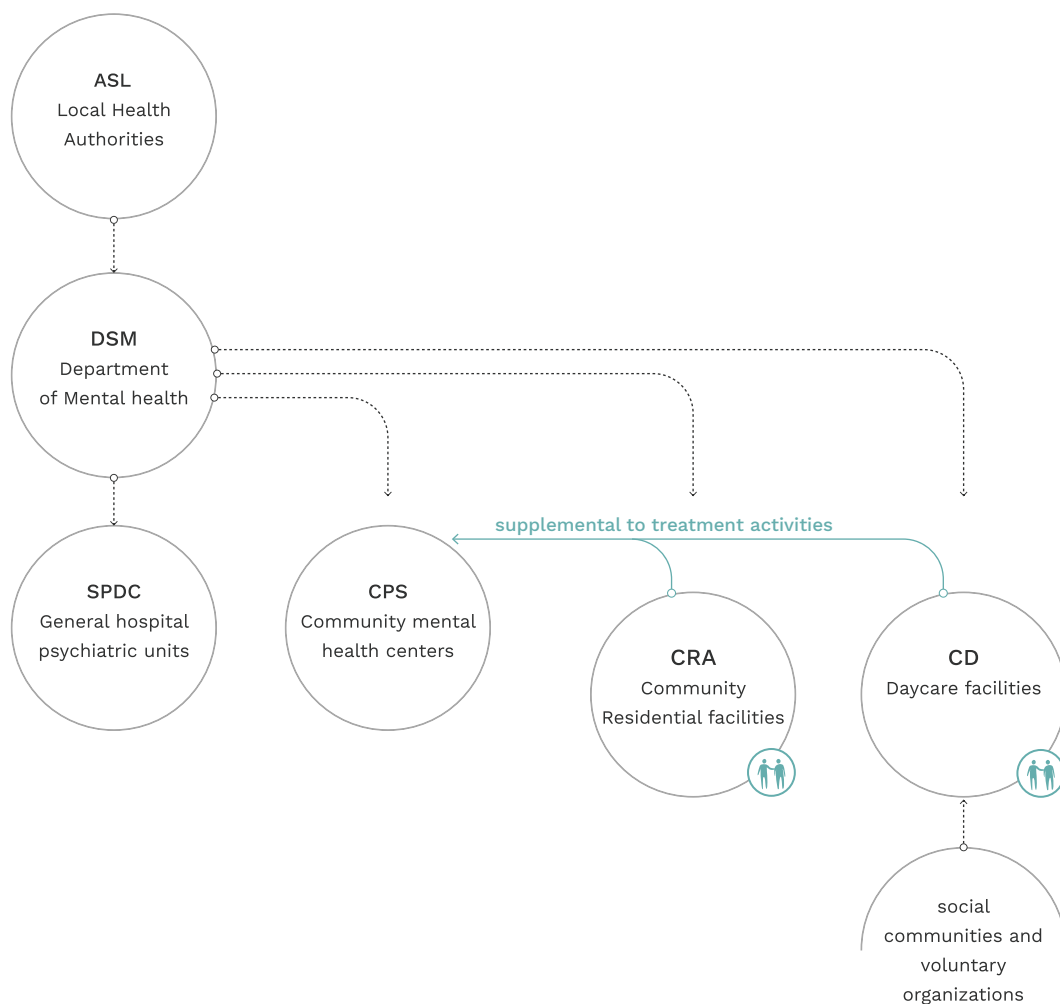
•• Figure 02   Regional MH system management hierarchy

with therapeutic-rehabilitative functions. For every CD there is a professional team, usually supported by social communities and voluntary organizations. The operative scope of these centers is the social recovery of the patients, practicing skills useful for their independence, social relationships, and even job placement. The Community residential structures (CRA or SR) is another local service designed to face the challenges of social isolation; offering a network of relationships and opportunities, within specific rehabilitative activities (Salute, n.d.). According to the website of IMH

(Italian Ministry of Health), the SR is an extra-hospital structure in which a part of the therapeutic-rehabilitative and socio-rehabilitative programs is being developed; therefore, it should not be understood as a housing solution. Notwithstanding, according to Antonio Lora's research (2009), most of the SRs are providing long term accommodation and have been characterized as 'home for life'; furthermore, their regulations demonstrate no formal limitation to the length of stay. Last, but seemingly the core of the mental health community-based services, are the CPS. CPS is the first place where people with MH difficulties refer to and its operation starts with diagnostic activities and therapeutic program definement. According to the PROG-CSM survey (as cited by Lora, 2009) conducted in a national level, in the region of Lombardy 93% of the patients registered to the DSM, during 2005-2009, joined the CPS facilities. Furthermore, CPSs incorporate and manage supplemental to treatment activities, delivered by the CRAs and CDs; such as rehabilitation, training sessions, information, and consultation (Lora, 2009).

3.3 THE CURRENT SITUATION

Considering the CPS to be the core facility of health according to the number of citizens registered, it is evident that the main activities provided by the CPs were clinical psychiatrists, psycho-therapeutic and nursing activities represented 68% of the overall CPS activity in Lombardy during the year 2005. It is evident in the survey (Lora, 2009) that services which favor the social integration of the user, implementing rehabilitative-socializing activities, represented 4% of all total services in the region of Lombardy. The interaction with the users and their families, in case, is very low and the relevant activities like meetings with the relatives and the caregivers, and psychoeducation interventions, representing 7% of the overall CPS activity.

Regardless of the situation, it can be stated that the CPSs were not originally designed to be community nor social institutes. As it was outlined before, the RF was the territorial service for leisure, socializing activities, and rehabilitative interventions;

ACTIVITIES	INTERVENTIONS	TOTAL	LOMBARDY
Clinical phychiatrists's activity	Outpatient clinical contact with psychiatrists for forensic psychiatric assessment	29%	30%
Phycho therapeutic activity	Psychological assessment, outpatient clinical contact with psychologist, psychotherapy	8%	9%
Nurses' activities	Outpatient contact with nurse, nurse's home visit, administering psychotropic drugs	31%	28%
Activity addressed to families	Meeting with relatives and carers, psycho-educational intervention, family groups	**4%**	**7%**
Care coordination activity	Staff meeting in the department, meeting with other health and non-health services, meeting with social network	**6%**	**8%**
Rehabilitative and socializing activity	Intervention aimed at achieving basic, interpersonal and social skills training, sheltered employment activities, psychomotor and creative therapy, outpatientcontact with rehabilitation therapist	**9%**	**4%**
Social support activity	Outpatient contact with social worker, social support	4%	7%

•• Table 01   Adapted from Research results by Lora (2009)

however, these activities were not frequent and according to Lora's research "45% of the patients were totally inactive, not even assisting with their facility's daily activities and family-addressed activities were not frequent" (2009, p.12). Notwithstanding, is being considered as important, and the RFs had several external activities aiming users' integration to the local community and job placement. However, according to the study of the total population of 5 regions including Lombardy (2962 people), conducted by de Girolamo et al. (2005; Lora, 2009) in 2005, almost half of the users, never had a job, while the amount of the people employed was 2.5%. Exclusion from work creates a loop which drives further to the loss of confidence and skills. Territorial services have lost the ability to 'engage' with users and their families, and the relationships between users, local communities and services can be portrayed as distant.

With respect to the aforementioned reasons, the territorial system of public MH services in Italy, and particularly regarding the region of Lombardy (for the purposes of this project), can be characterized as inadequate,degraded, and partially unsustainable. The emphasis of the territorial services is focused on therapeutic activities, with the main intention of targeting the illness instead of aiding the person as a whole. Furthermore, decision-making is not considering the needs and aspirations of the service users, while the active involvement through collaborative practices are significantly low, if none.

3.4 THE PROJECT: RECOVERY.NET

Current situation

The area of focus of Recovery Net is the eastern Lombardy Region where about 490 thousand inhabitants live. During the last years, there has been a significant increase in the performance of mental health services for adults, neuropsychiatry and pharmacological performance preceded by an increase in needs and requests for complex and articulated interventions in the Italian MH sector. These facts are even more evident in the area of eastern Lombardy Region where about 490 thousand inhabitants live (Welfare In Azione, n.d.). A number of issues have been identified concerning the needs of the MH service system and particularly the condition of 'separateness' between the MH services and the rest of the society. In simple words, it can be said that 'society' and 'healthcare' are completely detached. Furthermore, the corporate processes have developed the impression that the "mental health product" is the result of interventions of specialized health services, provided to passive users and de-contextualized by the territorial and relational matrices in which they are located. MH service users remain as one of the most marginalized social groups, while public and private local resources remain unintegrated to the system and yet futile.

The current situation can be described as follows:

— Mental health is perceived as a "social burden", where the care of people who experience mental health difficulties, is characterized as a problem without any possible solution.

— The territorial services have lost the ability to 'interact' with the users, and the entire system is orientated towards standardized and poorly examined solutions, without being able to effectively involve the users.

— MH users experience social struggles, such as work exclusion, housing, and loss of social ties during their long-term stay in residential social structures.

— A territorial system of public services and unsustainable private-social relationships has been established, not integrated by collaborative practices, and yet not able to respond to the needs of the sector.

3.4.1 THE PROJECT AIM

It is of major importance the communication among the territorial service system and the local community be strengthened and work with a shared vision of promoting citizenship for people with mental difficulties, improving their quality of life and encouraging autonomy; thus jointly focus on the redesign of the recovery journey according to the social opportunities and people's capacities. Furthermore, the service users should have an active role in the decision-making concerning both their recovery care journey and the design of the services through the processes of co-design. Therefore the aim of the Recovery Net is to encourage users inclusion focusing on *personal responsibility* interventions (recovery-oriented approach) and *social responsibility* (distributed among several institutional and non-institutional subjects).

3.4.2 PARTNERS AND NETWORK

Recovery Net is a three-year multi-actor project aiming to integrate 'personal and 'social' responsibility interventions. The mission is to design and consolidate a network system (Net) of territorial services and initiatives co-produced to support the individual recovery and social inclusion paths. To do so the Network should be able to support the users to live, work and relate in real life contexts drawing on the resources of the territories. For the development of the Recovery Net project, a partnership among a group of public and private organizations was established: two territorial socio-health companies, four associations, a 'type A' social cooperative, three universities and social organization association. Table 02 demonstrates the main partners involved, according to the last update of Fondazione Cariplo online source (Welfare In Azione, n.d.) and the broad network of the project Recovery.Net.

The Network will operate as a community of shared experiences, with interest in new practices and forms of governance. The network stakeholders could be involved and benefit from mutual learning and experimenting with new practices. Furthermore, already funded projects which aim to reach people with mental difficulties who are not users of MH services will be involved. Lastly, the existence of Universities in the network will bring opportunities for scientific knowledge, new practice and innovative processes.

PROJECT PARTNERS

TYPE OF ORGANIZATION	ORGANIZATION
Healthcare Departments	ASST degli Spedali Civili di Brescia
	ASST di Mantova
Universities	Politecnico di Milano - Department of Design
	University of Milan, Bicocca - Department of Sociology and social research
	University Cattolica del Sacro Cuore - Department of Psychology
Social cooperatives and associations	La Rondine NPO
	Association Teatro 19
	Association il Chiaro del Bosco
	Solco Mantova
	Associazione Oltre la Siepe (Mantova)
	Association Alba NPO

PROJECT MEMBERS

1. Lombardy Region, **2.** Foundation of the Brescia Community, **3.** Foundation of the Mantuan Community, **4.** Foundation of the Bergamo Community, **5.** Confcooperative Brescia, **6.** Solidalia Consortium-Romano di Lombardia (BG), **7.** Municipality of Brescia-Participation Department, **8.** Municipality of Brescia-Department of Family Policies, Health and Youth Policies, **9.** Municipality of Brescia-Department of Culture, Creativity and Innovation, **10.** Municipality of Montichiari-Department of General Affairs and Services to the Citizen, **11.** Office of the Territorial Area Plan (Treviglio, BG) - Gera D'Adda Social Resource, **12.** ASST Fatebenefratelli Luigi Sacco(Milan)-UOC Psychiatry1, **13.** ASST Lariana-Department of Mental Health, **14.** SIEP-Italian Society of Psychiatric Epidemiology, **15.** SIMG-Italian Society of General Medicine and Primary Care, **16.** Giuseppe Zanardelli Provincial Training Center of Brescia, **17.** AIB Industrial Association (Brescia), **18.** Laura Saiani Consolati Association (Brescia), **19.** Associazione Nessuno is an island (Brescia), **20.** Ipsilon Association-IPS Work Placement (Bologna), **21.** Alliance for Mental Health Association (Brescia), **22.** Association for mental health (BG), **23.** Itaca Social Cooperative (Morengo, BG), 24. Il Girasole Association Onlus (Caravaggio, BG), **25.** Coop. Social AEPER (Bergamo), **26.** City of Montichiari-Project Actions, Project Network, **27.** "Solidarity Project" Consortium of Mantua - Project Network "Generation BOOMERANG", **28.** G. Piamarta training association (a.f.g.p.), **29.** Associazione Samambaia onlus (Castel Goffredo), **30.** "Fare Legami" Project-Cremona Consortium Company

•• Table 02   Recovery.Net partners and project members

● ● Figure 03   Recovery.Net gathering in La Goliarda, in Mantua

3.4.3 THE RECOVERY CO-LABS

The Recovery Net system will be fortified by the establishment of the so-called
Recovery Co-Labs; spaces and teams which will be utilizing design practices, such
as co-creation, prototyping, evaluation, for the development of care paths, services,
and initiatives, suitable to the users' needs. The three Labs will be established in the
following locations: Cimabue, San Polo in Brescia, the area of La Goliarda in Mantova,
and the REMS in Castiglione delle Stiviere.

These spaces will foster collaboration among users and various stakeholders, support
mutual learning,experimentation and evaluation, while offering a palette of tools and
methods to support these processes. Hence the Recovery Co-labs and their teams will

function as a medium, through which the Network will elaborate a series of objectives:

— Increase the integration of actors of the "local communities for mental health" (ASST, MMG, private social associations, local authorities, users and families) through new methods and new tools.

— Transformation of the individual recovery pathways through the adoption of recovery-oriented practices aiming for improvement of their social standing, such as a social role in their community, a job, living in a non-healthcare context and consequently psychosocial well-being.

— To enrich the endowments of the services and to increase the variety of the offers making the paradigms of the recovery and of the co-production through the acquisition of competences to guarantee the centrality of the users and their 'capacity' in reaching the objectives they have identified.

— Building a local community for mental health based on common ground, increasing cooperation and participation in the governance of mental health policies.

— Reduce the phenomenon of 'stigmatization', increasing the consciousness through social experiences that re-qualify the quality of relationships in the territories.

— Develop participatory governance of the project; realize the project objectives through extended participation of all the partners in all the decisional phases of the project

— Develop a coordinated Communication and Fundraising action to create attention on the issues of mental health, change the perception of citizenship, disseminate good practices, build a network of stakeholders, who in turn will be promoters of a new vision, and at the same time itself implement participation and donations to ensure the future sustainability of the project.

3.4.4 THE PROJECT PLAN

As mentioned before, Recovery Net is a three-year project, and its actions are divided into two main phases.

First phase is planned to last 9 months, and its approach is more strategic, aiming to explore, analyze and prepare the local communities, therefore networks, before the establishment of the three Recovery Co-Labs.

In parallel, a series of meetings and workshops will be organized, aiming to expand knowledge and experiment, exploring new concepts and tools oriented to recovery and co-production, involving both users and operators and territorial actors. Subsequently, the establishment of the three Recovery Co-Labs will take place at the end of this phase.

Second phase is planned to have an average duration of two years. During this period, processes of co-planning and co-production will investigate new practices and innovative recovery-oriented services; furthermore, the relative spaces of the services will be redeveloped. According to the plan, this period will be fundamental for testing and evaluation of new models of relationships to the various levels of change in the system, such as individual recovery routes, services, spaces and events in the city and the governance of the network as a whole. Furthermore, during this two-year period, practices of monitoring and self-assessment of change will aim to evaluate the new system of governance. The wider network of the project will be involved during these activities of analysis and sharing.

Finally, in parallel with the two phases, activities are planned for better management, operational coordination of the project and its extended network, and involving citizens through communication, awareness-raising and fundraising processes, which are the basis of sustainability.

3.4.5 PROJECT FUNDING

The project is financially supported by the Fondazione Cariplo and the main project partners. The project partners shared the construction of an economic plan with particular attention to the issue of the future sustainability of the network and the actions connected to it. In more detail, the three-year economic plan of the Project outlines a framework of altogether 60% funded actions with resources requested from the Cariplo Foundation, while the remaining 40% is financed with resources provided by the partner associations and fundraising. The 40% of the budget arrived from the partnership is subdivided in 26% by partner organization self-funding and 14% by resources from fundraising.

3.4.6 POLITECNICO DI MILANO RESEARCH TEAM AND ACTIONS

During the first phase and the period, September 2018 - June 2019, Politecnico di Milano and its design research team are responsible for the activities planned in order to explore new methods, tools, and approaches and define the Lab as a whole. More specifically these activities will aim to form the Lab as a space and define its practices. The design research team of Politecnico di Milano is responsible for the planning and facilitation of collaborative workshops to ideate, inform and inspire by putting forward scientific knowledge, good practices, and innovative processes. During these workshops, the team members have the role of facilitator, facilitating workshops, discussions, and continued actions from workshop reflections. The university team is furthermore responsible for providing insight, advice, tools and methods from previous experience as well as from literature.

The team

The core design research team is composed of 3 members: Daniela Sangiorgi, Associate professor at the Design Department and researcher, specialized in

Healthcare sector; Marta Carrera, a research assistant, and finally (me) Dimitris Chatzichristos, a master student of the course Product Service System Design, in the role of research assistant. The team is further supported by Anna Meroni, Associate professor at the Design Department, with expertise in co-design methods and tools, and Daniela Selloni, researcher and contract professor.

As a Master's degree student, I was an integrated member of the research team for the period September 2018 to March 2019, assisting through the various tasks of the project, and following the majority of the research and collaborative activities during this period. As I was following this project as my Master Thesis project, my research was very much aligned with the project concerning the aim, objectives, methods, field research activities and findings; although, I was keeping independent filed notes for the purpose of my research, and conducted an individual literature review.

The next chapter distinguishes more the scope and actions of my research and underlines the differences between individual and group work. Furthermore, the next chapter gives a timeline of the this research, identifying the individually set aim and objectives of the research.

CHAPTER 4

RESEARCH SETTING AND METHODOLOGY

It is important to specify the explicit and implicit context of this research in order to focus the research appropriately. This chapter provides an overview of the context for the research. The first sections provides information which help to set the research, defining the location and the target. The second section defines briefly the aims, objectives and the potential challenges of this project's research, making more evident the existence of it as an independent part of the Recovery. Net. Furthermore, it describes both the qualitative exploratory methodology and the participatory design methods which were used, providing justification for the selection of these methodologies. It discusses how and why these methodologies were selected, along with further explanation of the methods and their instruments, selected by the design research team of Politecnico di Milano. The chapter concludes with a brief description of my role as researcher throughout the entire research, defining the activities which were carried out conjointly with the desk research team of Politecnico and the ones developed individually.

4.1 RESEARCH SETTING

It is of major importance to define the location and the target of the research before
setting the objectives. The research objectives have to be reconsidered concerning
the territory, since our intention is to examine local needs and requirements. As it was
mentioned before, Recovery Net aims to establish three Labs in the following locations
in Lombardy region: Cimabue neighbourhood in San Polo area in Brescia, the area of
Valletta Valsecchi in Mantua, and the REMS in Castiglione delle Stiviere.

As it was discussed and mutually agreed during the stakeholders meetings, Brescia
would be the first territory, where the research activities would take place.
Furthermore, approximately in December of 2018, we were informed that a space for
a future lab was available in one of the residential buildings, the tower of Cimabue, in
the areas San Polo in Brescia. Because of the prolonged activities and the needs of my
individual research, I decided to participate only in the fieldwork activities focused in
the territory of Cimabue, San Polo, in Brescia. Subsequently, my research objectives
had been adjusted according to the selected territory, and my design project became
related to the Recovery Co-Lab of Brescia. Furthermore, I did not participate in any
activities after the March 2019 related to the other two locations.

4.1.1 THE TERRITORY

San Polo is located in the south-eastern outskirts of Brescia, a district of Brescia
with almost 20,000 inhabitants. The district is substantially divided into the 'old' San
Polo, nowadays called as 'Storico' and San Polo Nuovo. San Polo is a neighborhood
with a history behind it, in fact, it was born as an innovative concept promoting the
'unification of the urban project and the building project, in a continuous project
controlled by the public administration' (CodexLeonardo, n.d.). Designed by the
architect Leonardo Benevolo in the seventies, it was planned to be a green residential
neighborhood, distinguished by the presence of the residential towers, terraced

houses, and large parks. Nowadays, after almost 40 years, and mainly because of the social composition that took place during the twentieth and twenty-first century, mainly with strong migratory flow from non-EU countries, the quality of life of the residential towers' inhabitants, especially in the Tintoretto and Cimabue towers, has seen a heavy degradation with related serious housing distress (CodexLeonardo, n.d.). In consideration of the current situation, San Polo can been characterized as a marginalized location, comparing to the rest of the city of Brescia.

4.1.1 RESEARCH AIM AND OBJECTIVES

The initial steps of any research are about developing the research aims and objective. Although the setting of the research aims and objectives is a relatively challenging process for some researchers, Doody and Bailey (2016) have underlined the importance of developing clear research aims and objectives, and yet they argued that it is necessary at this step to intersect knowledge from relevant published literature and people correlated with the field. Moreover, having a clear understanding of a project's research objectives and aims paves the way for other important decisions about the design and running of the project, such as decisions about which populations or demographic groups to include in the study and what research methodology to apply (Thomas & Hodges, 2010).

The aim

As it was mentioned in the Recovery.Net description, (see chapter 3), the project was planned in two major phases. I was personally involved and conducted research during the first phase of Recovery Net. The aims and objectives of this research were defined before the initiation of the project, during the stakeholder meetings and under the unanimous consent of the stakeholders involved. Nonetheless, the research approach setting was constantly adaptive; while care was taken to decide solutions which enable engagement with all participants. Although, I was following the project's objectives

some of the objectives had to be defined individually and be revised along the process, with respect to the emerging needs of the project.

The primary aim of this research, was the analysis of the Recovery Co-Lab as a whole, with respect to the needs of the territory and inspired by cases from the Lab research. The definition of the Lab as an entity includes the space, team, network and partnerships, governance, methodology and system of tools.

The objectives

To achieve the aim a list of objectives have been identified in order to guide this research. It was understood that since the Lab will, at least initially, operate in a territorial level, a study of the territory should be conducted to better understand the local needs. To do so, the research activities should actively involve the users and the project's stakeholders in the process and in the decision making. Moreover, the research should examine the territory in terms of resources and look for opportunities concerning the partnerships and collaborators. As it was highlighted in the Recovery. Net description, the strong communication among the territorial service system and the local community and the collaboration among them with a shared vision is very important.

— Based on the previous statements, the research objectives have been determined as the following:

— Identify the key resources located in the Recovery Co-Lab territory (such as public social services, self-driven volunteering groups, local entrepreneurs, NGOs, etc.) in order to build a community-based and Mental healthcare focused network.

— Acquire a profound understanding of the status quo of the local social community, in Cimabue, San Polo. Identify the main issues and opportunities of the territory ona social level employing people-centered user research and design methodologies to outline findings and insights.

— Develop a profound desk research to explore, and get inspired by the most relevant cases of Labs. Findings should be used to contribute knowledge about the 'content' of Labs, ideate, inspire and 'educate' the participants during the research activities.

— Maintain a continuously 'learning and adapting' approach, combining findings from the desk and field research, to organize and support the co-design workshops, developing the activities and tools necessary for users to participate in the design process.

Organizing activities to codesign the Lab as a working model, and try conceptualize its methods and practices.

4.2 METHODOLOGICAL APPROACH

The research methodology has been described as the lens through which the analysis occurs and yet defines the general research strategy (Brookshier, 2018). As Denzin and Lincoln (2005) have argued, the research methodology is determined by the nature of the research question. Thus, a clear examination of the research questions, aims and objectives helped us to define the methodology. Deriving from the setting of the aims and objectives of the research, a qualitative research approach was chosen as the methodology to conduct an in-depth exploration of the participants' experiences and personal points of view and yet identify the local community in terms of resources. Furthermore, the principal aim of the research was to encourage the active contribution of the users and various stakeholders in the co-design process; hence, transforming the participants to actively involve researchers (Brookshier, 2018). To do so, participatory design methods within the qualitative approach were adopted.

Qualitative research

While the quantitative methods of research have proved useful to measure and quantify facts and events and produce objective knowledge, the qualitative research

approaches are interested in people's experiences, meaning, and perspective, most often from the standpoint of the participant (Cheer, 2009; Hammarberg, Kirkman, de Lacey, 2016). Qualitative research methodology serves to develop a deep understanding of how people perceive their social realities and yet connect events, perceptions, and actions so the research results will remain holistic and contextual. More specifically in the healthcare sector, some argued that qualitative research focuses on people's social experiences and environment, and not their disease . Furthermore, to reinforce user-centricity and yet promote a collaborative culture, our aim was to work conjointly with healthcare providers, educators, service users, families and guiding them through the processes and methods of participatory design.

Regarding the aims and objectives of our research, qualitative research techniques appeared to be beneficial. Qualitative methods such as small discussions among the stakeholders could aim to investigate beliefs, attitudes, and concepts of normative behavior, while semi-structured interviews and in-depth interviews could serve to explore views of key informants from the territory, background information or examine an institutional perspective (Hammarberg, Kirkman, de Lacey, 2016).

Participatory design methods

While some of the participatory design research methods arrive from the qualitative methodology, the participatory design has its own highly articulated methodological orientation, methods, and techniques. Participatory design methods can ensure that the research will include a variety of standpoints and diverse ideas by actively involving the participants. This methodology ensures that participants' interpretations are taken into account in the research as an essential part of the process (Spinuzzi, 2005). Furthermore, analysis and interpretations of emerging empirical findings arrived from the qualitative research helped us to create scenarios helpful for the participatory design events like co-design workshops. The research strategy has been in line with this approach, and participatory methods were well devised by qualitative and desk research.

4.3 THE CHALLENGES OF THE RESEARCH

During a qualitative research process, researchers faced numerous challenges. These challenges vary notably regarding the experience of the researchers, the complexity of the project, the level of multidisciplinarity of the team, etc. Furthermore, these challenges are often compounded when the research involves sensitive issues or when the participants are part of more marginalized society (Cheer, 2009), as in our case.

Another big challenge is the complexity of the project itself, concerning the number of different stakeholders involved. As it was mentioned, including numerous perspectives offers a great value to the outcome, but often bring conflicts of interest. While the participatory approaches of service design aiming to bridge such gaps, some stakeholders may feel that others are more availed or that they have a position of power. The complexity of the public healthcare systems and the multiple actors involved also bring a big challenge with respect to research schedule planning and further organization. Furthermore, it is often hard to plan for transparency between multiple stakeholders and try to keep every person updated concerning the process.

As Khankeh et al. (2005) have mentioned another problem frequently is that the research team does not always have a clear understanding of the research process in terms of data gathering and strategies. Some teams tend to thoroughly plan the research process and methods, which diminishes the flexibility of the research, while others keep a more broad approach which can lead to a more vague outcome.

4.3 RESEARCH DESIGN

The research process can be identified by three main stages: the Desk research, the fieldwork and co-design workshop facilitation and, subsequently, the research findings analysis. The field research along with the co-design workshop have been organized and facilitated by the design research team of Politecnico di Milano, while the desk

research was an activity carried out individually. The most appropriate methods in each phase were selected with reference to the research aims and objectives.

After the initial kick-off meeting at the beginning of the process, stakeholder meetings were set every month to keep the project partners informed and aligned concerning the status quo and the succeeding steps of the research.

Desk research (chapter 5)

The desk research consists of a literature review on labs and a more in-depth study of 3 case studies selected according to the project's aim and objectives; furthermore, remote interviews with representatives from the selected cases have been organized, to analyze thoroughly these cases, and execute a more tailored study. For this phase three kinds of strategies have been used to identify relevant studies from the field of Labs: electronic database searching through private organization reports and field research reports; literature review based on journal articles and other relevant dissertations.

Field research (chapter 6)

The fieldwork was conducted from October 2018 until April 2019. Due to the iterative nature of this research, there are two phases of research that were conducted via interviews.

Fieldwork first phase: The approach of this phase was more exploratory and it took place before the co-design workshop. We set a series of interviews with focus groups such as MH service users, MH professionals, and a self-initiated volunteer group. Findings of the first phase, observations, theoretical study, and early analysis influenced the further research process by inspiring the setting of the imminent co-design workshop.

The co-design workshop was intending to combine the collected findings from

the first phase of the fieldwork and data from the desk research to set the right
tools and activities to elaborate on four potential co-designed scenario cases
of Recovery Co-Labs. A possible Lab case storyboard was presented in order to
ideate and inspire the teams, followed by brainstorming sessions and expectation
mapping.

Fieldwork, second phase: The aim of the second fieldwork phase was to identify
and cluster the territorial resources starting from broad themes and questions
about the characteristics of the context, activities, social interaction and local
relations and partnerships. This series of activities took place after the co-design
workshop and it included contextual and semistructured interviews with people
from the local public services and residents of the tower of Cimabue; concluded
by a context and stakeholder mapping.

Timeline

Following up to consultations of last year's project (Recovery Net) and their given output, the previously specified processes took place during the period of the research (October 2018 - April 2019). The following timeline (see figure 05) has been designed to better demonstrate the duration and the project and indicates the events and activities I was personally involved during the entire process.

30/8
Project kickoff
meeting
CPS Brescia

2/10
Stakeholders
and users gathering
La **Goliarda, Mantua**

7/11
Focus groups
interviews
MH users group
families, volunteer
group
CPS, Mantua

1/11
Remote
Interview
Malmö lab

19/11
Remote
Interview
La 27e R.

Field research
Desk research
timeline

SEP   OCT   NOV

Figure 05   Research period timeline

2/12
Stakeholders
meeting
Discuss Labs' tools
and methods
CDA, Brescia

12/12
Co-design workshop
Co-create 4 lab
scenarios
CDA, Brescia

21/2
2 Interviews
Coop La Rete,
Elefanti Volanti
CDA, Brescia

26/2
1 Interview
Tower inhabitant
CDA, Brescia

DEC   JAN   FEB   MAR
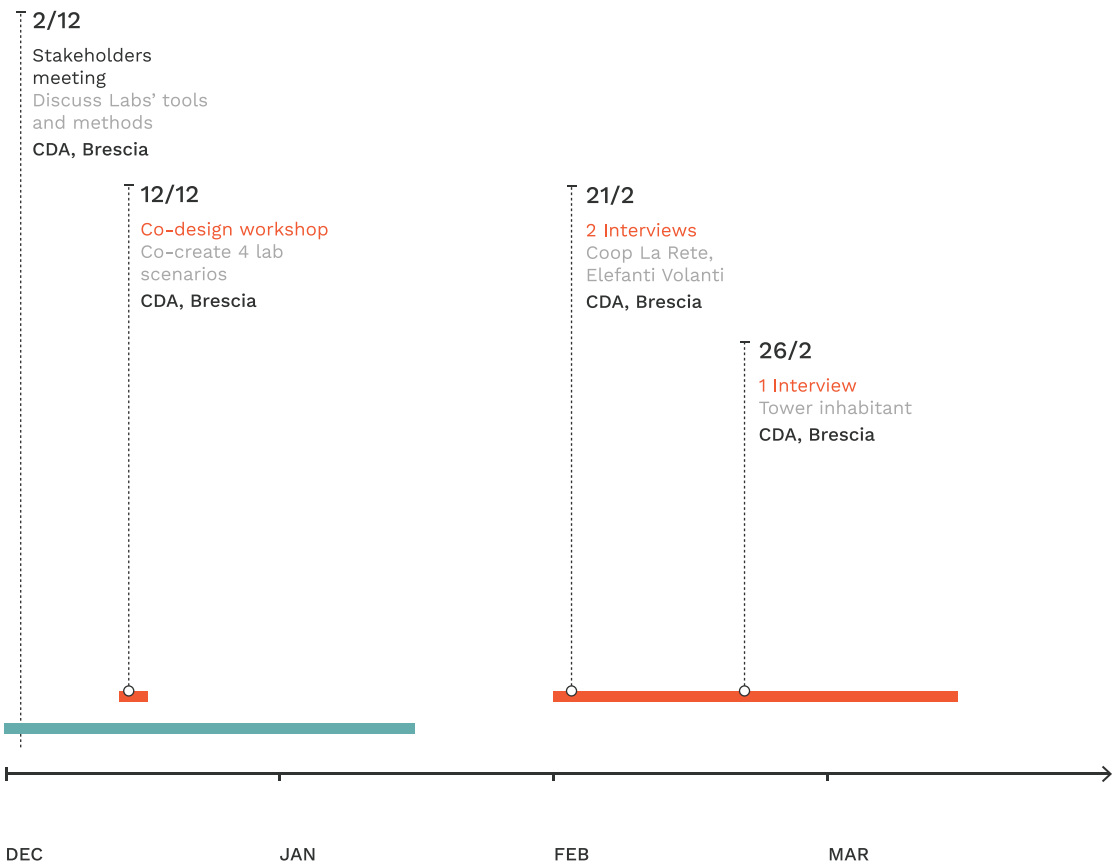
4.5 DATA ANALYSIS APPROACH

The process of data analysis was both collaborative when needed and individual. As it was explained before, the collected data from desk research and the findings emerge from the fieldwork, and subsequently, inform the whole process; hence, revising the research questions, the key opportunities and helping us set the next research steps. It was very much a validating process where the result of activities and feedback on those were used to inform future actions. This, by no means, implies that the research starting objectives or plan are poorly framed, rather than the overall process needed to be more experimental and not linear.

Data organization is one of the key elements of the analysis plan. In our case, all the study, literature, interview information, field notes, photos, and any other data used in this study are stored using online tools to keep files synced (Google Suite). The analysis methods of findings are explained more precisely in chapter 5, while I explain the field research process. Lastly, the analysis also took place in the act of making personal field notes and photos, as well as in the further analysis of them.

4.6 MY ROLE AS RESEARCHER

Although my field of study was service design, my infield experience conducting research in the healthcare sector was far limited. Since the mental healthcare services sector was new to me, individual research was essential. I analyzed for relevant documents, such as reports, media articles, websites or diaries focusing on mental healthcare and the value of service design and participatory design in the sector. By using multiple data sources, my intention was to learn about distributed or private knowledge and broaden my knowledge base. Researching on various literature sources, both internationally and locally (mental health services internationally, nationally and locally, national healthcare laws and regulations, analysis of the current Italian mental healthcare system, service design methods and tools and their value to

healthcare based on previous cases), has provided a solid background knowledge for the study.

The researcher can often be seen as an assistant, facilitator, or even an consultant. Participatory methods require active involvement in the actual problems facing the researched group. As an integrated member of the design research team of Politecnico di Milano, I was assisting with desk research and the preparation of the tools and activities described before and I had the chance to have the role of the facilitator during the co-design workshop of December, and actively assisting one of the participant teams. Approximately twice a month, a meeting with the rest of the team members was set, to discuss and define the following steps, as well as roles and responsibilities. During the stakeholder meetings, our responsibility was to bring knowledge from our field studies and prepare presentations to inspire and ideate. Because of my limited experience, the language barrier, and the complexity of the sector, my role in some cases was of limited interaction, mainly supporting the teams throughout the events. Although keeping a personal track record with individual field notes, observations and visual records by the camera was essential for my research.

The next chapters (chapter 5, chapter 6) explain both the desk and field research. In chapter 5 the desk research is defines the field of study and the importance of its findings for the development of the field research, while chapter 6 gives a more extended explanation of the field research processes, defining its specifications, such as the participants, the tools, the findings and their analysis.

CHAPTER 5

DESK RESEARCH: EXPLORING THE WORLD OF LABS

This chapter aims to provide a clear understanding of the field of study of the desk research and the contribution of its findings in the overall research and in the design proposal. As described before (see further Chapter 4), findings from the desk research have been considered throughout the field research, and they were presented to the participants during the meetings and the co-design workshop to inform, inspire and ideate the future Recovery Co-Labs. The desk research has been carried out simultaneously with the initial field research activities (see figure 05, *timeline* in Chapter 4), and it was an individually developed process. My aim was to explore the world of Labs: their general characteristics such as management, sustainability, the field of work, methods and tools, human resources, leadership and their network and partnerships, and the different variations of them in a global level. Furthermore, a more concentrated case study selection is presented, with cases selected as the most relevant to this project. Lastly, this chapter concludes with the findings arrived from the desk research and the remote interviews, giving the most insightful conclusions drawn.

5.1 LABS: THEORETICAL OVERVIEW

Both the public and private sector have a great interest in the benefits of co-creation, openness, and user involvement in order to bring innovation. In recent decades, corporates, NPOs and even governments have recognized the need for institutionalizing innovation and started forming initiatives so-called Labs, to address complex societal needs and challenges (Reay, 2017).

Terminology

The label 'Lab' is a buzzword in the last years used by many organizations both in the public and private sector (Mulgan G. 2014). While some named these group of initiatives *social Labs* (Reay, 2017), and others define them as *Design Labs* based on their methodologys. Even more accuretly Scholl et al. (2017) in their study 'Guidelines for Urban Labs', they chose to synthesize the categories of labs and position them under the umbrella term of *Urban Labs* According to Scholl et al. … "Urban lab is a generic term that incorporates a great variety of different methodological and conceptual approaches to deal with the increased urban complexity, promoting new platforms for experimentation, citizen participation, and collaboration" (2017, p.10). Although, since there many of these types which use the label *lab*, I considered more accurate to use just the title Labs in order to define the broad category of teams; including: social labs, policy labs, innovation labs and teams, living labs, do-tanks, accelerators etc.

Formerly a lab is known from the fields of science and technology, and the structure and definition of it are far removed from the ideas of the modern Labs. The most updated definition of the word was given by Merriam-webster online dictionary which states that it is 'a place equipped for experimental study in a science or for testing and analysis' (Merriam-webster.com, n.d.). Geoff Mulgan (2014) is trying to do an overview of the public labs (2014) and started by defining the first application of the labs during the 18th and 19th centuries; he recognized that their main feature was that they were safe spaces to test new ideas before they were released to the public. From that, he arrived to the conclusion that, although there is no shared definition, social or public

labs are initiatives which generate ideas to address social needs and challenges and then experiment those in the safe environment of the lab before they were taken out into the world (Mulgan, 2014).

Apart from safe zones for ideation and experimentation labs can be characterized by their openness on a public scale and the user involvement in their processes. While user involvement can take a variety of forms, the majority of cases involve the user during the co-creation processes in order to find solutions to social challenges with them and not just for them (Sandlers and Stappers, 2008; Binder and Brandt, 2008). Hence labs can be characterized as initiatives built upon and guided by the core aspects of Service dominant logic (user participation, co-creation, and prototyping) and its focus on the human factor. The importance of service design in both the public and private sector is by no means new; however, in the past years it is becoming more common that organizations embrace design practices, concepts and methods and identify them as essential to their existence (Junginger, 2015).

5.2 LABS: GENERAL CHARACTERISTICS AND VARIATIONS

While the Labs both in the private and public sector are sharing many common features, they are very heterogeneous in terms of aims, methodologies, scale, and organizational structures. Some cases can be found in universities as research units, others are placed in big institutions and even more closely tied to governments as initiatives, among them the most dominant categories are the ones of Living Labs and Innovation Labs (Gryszkiewicz and Sikora, 2018).

Innovation Labs and Living Labs, although labeled as labs, could be better described as teams, since many of them do not even have a dedicated space. During the desk research, I decided to examine more deeply these two categories and compare them according to their methods, integrity and practices. Both terms are used interchangeably nowadays creating a big confusion concerning their differences.

In this section I try to identify better these two categories based on findings from literature. In order to also explore other types of spaces, I decided to expand my research to two other types of spaces, the community hubs, and coworking spaces; and create a third category.

5.2.1 INNOVATION LABS

Innovation labs or i-labs is a big category which contains cases located in both the private and public sectors, usually functioning as expansions of existing organizations in the form of hybrids, digital R&D labs, social enterprises, and charitable organizations (Schuurman and Tõnurist, 2017). Scholl et al. described the Innovation labs as ... "cross-disciplinary platforms designed to support a range of stakeholders, to foster innovation and entrepreneurship. They usually focus on networking, consulting and qualification services" (2017, p.12). The idea of spaces like these, is to provide a safe house for experimentation and support interaction between multiple stakeholders either through dialogue or through collaborative activities (Carstensen, H. V., and Bason, C. 2012). The formation of those spaces is based on the need for innovation and radical changes, something which is hard to achieve without the help of a team from the outside. Especially in the public sector globally, the ongoing processes striving for innovation are few, if none. In an attempt to better frame the existence of i-lab, Carstensen, H. V., & Bason, C. (2012, p.5) argued that "Innovation labs are based on the idea that the competencies and mindsets needed for systematic innovation are not the same as those required for stable, daily operations and service delivery at the front line. Further, they are not even the same as needed for traditional, linear project design and 'stage-gate' implementation. Innovation labs seek to provide approaches, skills, models, and tools beyond what most trained civil servants usually possess."

i-Labs in the private sector

In most of the cases in the private sector Innovation labs are in-house units

● ● Figure 06   Intesa san Paolo Innovation Center, Turin, Italy

established within larger organizations. While there are cases of independent units, most of the cases the project agenda management and the funding is settled by the host company. Dealing with the stable hierarchies of big organizations they support knowledge exchange across organizational silos, and their space becomes a house for either examining solutions for new products and services or transforming existing ones (Mager et al., 2017). The need for these incubators arrived in big organizations where the hierarchical structure was strict and the processes of work were eliminating the values such as creativity and innovation. Innovation is hard to arrive at from individuals or teams of employees who may be highly skilled lawyers, economists, doctors, nurses, but are too focused on budgeting, operations, and other tasks, simply because few of them have formal skills in creativity or innovation (Carstensen & Bason, 2012). Therefore, i-labs have a close relationship with the host organizations and "help

● ● Figure 07   Space 10 by IKEA, Copenhagen, Denmark | Photo credits: Nikolaj Thaning Rentzmann

support the uptake of new ideas and approaches in the host organization. Building
on experience and ongoing learning processes, labs codify effective methods and
approaches. Meanwhile, organizations adopt new practices as they are executed and
exploited." (Carstensen & Bason, 2012, p.4). According to the 'Design-thinking In-house'
survey' (SDN, 2017) most innovation labs in the private sector (16 out of 20), are located
in-house, holding a high degree of independence in selecting themes, methodologies,
and human resources. Some noteworthy examples are the *Space 10* by IKEA, focusing
on future living and the creation of better and more sustainable ways of living (Space
10, n.d.); the *Lufthansa Innovation Hub*, exploring digital developments and business
opportunities for Lufthansa (SDN, 2017); in the finance sector, the *Innovation center*
of Intesa San Paolo in Italy is a team investing in a Fintech solution to improve the
bank customers' experience, and explore new market openings; lastly, *DHW lab* is a

space embedded in Auckland City Hospital, operating hand-in-hand with the hosting organization to tackle problems.

i-Labs in the Public sector

Although many private organizations are investing a lot in the latest year for innovation purposes, public players such as government agencies, municipalities, ministerial departments, NGOs, etc, are trying to keep up by creating their own initiatives (Reay, 2017). Commonly, I-Labs operate with great autonomy, separately from the rest of the public sector concerning their targets, working methods, and funding, while some of them establish strong partnerships with private initiatives and/or educational institutions, especially in coordinated market economies. According to Tõnurist et al. (2015), the recent interest of the public sector in various process-oriented methods, such as design thinking and user experience design (Junginger, 2017), in combination with the need to increase productivity and citizen trust simultaneously, has driven to a sudden surge of i-Labs.

The common key feature of these innovation teams is the emphasis of lead users, user-led design, with most of the examples engaging the people directly involved or concerned by the issues addressed by the lab. While their most common services are the establishment of networks, providing resources, developing skills, and, in some cases, offering space for experimentation. Many examples of public i-Labs have been classified in the i-teams report by Nesta (see further Nesta and Bloomberg Philanthropies, 2014).

The following were the most inspiring examples considering their approach, values and methodology: La *27e Region*, using the *friendly hacker* method to help the regions in France to establish a territorial team for social innovation (Nesta and Bloomberg Philanthropies, 2014; Tõnurist et al. 2015); the *Mayor's Office or new urban mechanics* in Boston, applying fast prototyping and establishing partnerships to tackle challenges head on; finally the *Mindlab* in Denmark, which can be characterized as the forerunner of the government labs, operating since 2002.

5.2.2 LIVING LABS

Living Labs are very similar to the Public Innovations labs sharing many common traits, features and even challenges dealing with the public sector. Similar to Innovation labs, living labs are set upon the approach of user-centered innovation and active user involvement to create and test processes in a community setting (Ballon & Schuurman, 2015; McPhee, Westerlund and Leminen, 2012; Reay, 2016; Scholl et al., 2017). Almirall et al. (2012) further added that most of the Living Labs are using experimentations in real-world settings in order to evaluate their processes, a characteristic of many of the public Innovation labs, described in the iTeams report by Nesta, such as *Open Mexico* and *Barcelona Urban Lab* (see further Nesta and Bloomberg Philanthropies, 2014). In an attempt to summarize a set of similarities and differences between both concepts, Schuurman et al. (2017), distinguish the Living Labs by their aim to involve multiple stakeholders and established partnerships with companies, public agencies, universities, users, and other stakeholders, implied also as the public–private–people (PPP) character of the Living Labs (Leminen & Westerlund, 2017; (McPhee, Westerlund and Leminen, 2012; Schuurman et al., 2017). Several 'living labs' around the globe have joined their forces and developed the *European Network of Living Labs* (ENoLL)(Almirall, Lee and Wareham, 2012). All the features above have been stated as the main characteristics of the Living labs by the ENoLL, according to the official website (European Network of Living Labs., n.d.), "Living Labs (LLs) are defined as user-centered, open innovation ecosystems based on systematic user co-creation approach, integrating research and innovation processes in real life communities and settings. LLs are both practice-driven organizations that facilitate and foster open, collaborative innovation, as well as real-life environments or arenas where both open innovation and user innovation processes can be studied and subject to experiments and where new solutions are developed. LLs operate as intermediaries among citizens, research organizations, companies, cities, and regions for joint value co-creation, rapid prototyping or validation to scale up innovation and businesses."

Other labs, originating from research groups of several design Universities in Europe which share the same values and approach, have joined forces to create the *Design for*

Social Innovation and Sustainability (DESIS) network (Puttick et al. 2014); Labs of the DESIS network has worked closely with many LL, facing challenges in the public sector by working on innovation policies and projects, such as neighborhood improvement, affordable living, and social integration (Bason et al., 2013).

Inspiring examples of Living Labs can be considered, the *FabLab* in Italy, as a makers' open space for experimentation; the *ThessaHall* in Greece, working as an independent research unit in the AUT (Aristotle University of Thessaloniki), encouraging regional development and healthcare systems sustainability; and finally the *Malmö Living Lab* in Sweden, working since 2007 fostering social innovation in the city of Malmö.

5.2.3 COMMUNITY HUBS AND COWORKING SPACES

Considering the purpose side, community spaces similarly to Living Labs and Innovation Labs usually have a clear focus on the social aspects. Furthermore, according to WCW (Works Centre for Wellbeing) (2018), community hubs are community centers or community anchor organizations providing services and activities open to their wider community, while they can be either locality-based or work as a network. Their main scope is to support interaction between the community members and, at the same time, increase people's knowledge and skills. In most of the cases, Community Hubs aim to increase social networks of different social or generational groups (WCW, 2018). Moreover, Community hubs support the territory in which they are based, providing a place where several local partners and stakeholders can come together and address the issues that matter most to them (My Community, n.d.).

While some Coworking spaces are community-focused like the Community Hubs, the main intention of most of them is to obtain financial interests for their owner(s). Nonetheless, Co-working spaces are shared workspaces that enable collaboration, shared knowledge and mutual learning, and offer business opportunities among their

•• Figure 08   Gotham coworking space interior, Lausanne, Switzerland

members (Fuzi, Gryszkiewicz and Sikora, 2018). Many Co-working spaces support partnerships providing access to advisors and investors, and organize various events, meetups, and workshops, open to the public, promoting open sharing of resources and market knowledge (Fuzi, Gryszkiewicz and Sikora, 2018). While these initiatives are far from the idea of co-creation and active user participation, they have proved inspiring examples for their community-oriented features and their spatial structure and services. The most noticeable cases were the *Impact Hub network* and the *Healthfoundry* in the UK.

Most of the coworking spaces offer a well-equipped environment for freelancers and firms. Apparently, their focus is such space oriented, that cases of coworking spaces globally have the most inspiring space examples. The spaces are not only focused on

the functionality of the space, but also to the latest decorative detail. One of the most inspiring spaces I have attended is *Gotham* in Lausanne, Switzerland.

5.3 CASES STUDIES SELECTION AND REMOTE INTERVIEWS

The desk research aiming to uncover the world of Labs has offered a lot of knowledge to this project and a solid foundation to start considering the form of the Recovery Co-lab. In spite of the conducive desk research, further exploration, and a more qualitative, extensive research needed to be implemented. It was decided by the research team that some examples of Labs would be valuable to our project for various reasons. In order to develop a more thorough investigation on the our cases we decided to contact with the *Malmö Living lab* in Sweden and *La 27e Région* and schedule an interview with one representative from both labs.

Remote interviews setting

The interviews were conducted via Skype and the discussion was recorded and later on transcripted. For both interviews, we decided to design in advance a questionnaire with some primary questions, serving mostly as guidelines and setting milestones to our process, while the aim was to give flexibility to the interview's structure and extra time for further discussion. The Interview question form was created to address some categories of questions regarding: the history of the Lab and an overview of their establishment process; the aim and approach, including examples of current projects; the team, roles of the members, and the further management of the resources; the space; the methods and the toolkits; descriptions of the recent projects (if not confidential); and finally the evaluation processes.

The aim of the cases studies was to inspire us concerning their approaches, team structure, establish network and partnerships, resource management, decision making and governance, and last but not least the positioning comparing the sector

or the host organization of the Lab. According to our judgment, Malmö and the La 27e Region were the most prominent cases regarding their positioning and their approach since their establishment, while the DHL Lab in the Auckland City Hospital was an interesting case regarding its healthcare projects and its connection with the Auckland University of Technology. Although we managed to collect insightful information about the evolution process of the labs, from literature (Puttick et al. 2014; Reay, 2016; Scholl, 2017), we decided to have remote interviews with representatives from Malmö and the La 27e Region.

5.4 FINDINGS FROM REMOTE INTERVIEWS

The sections below provide a brief overview of the most notable parts of the discussions. Interview participant quotes *(in italics)* are being used to illustrate the most notable insights stated by the labs' representatives.

The Malmo Living Lab case

The Malmö Lab, in part of the DESIS group of labs, which is hosted inside the Malmö university; focuses on how design can help to explore and raise discussions about societal challenges, conentratingon research projects exploring the intersection of participatory design, sustainability, and social innovation (Mah.se, n.d.). Our person in contact was the current coordinator of the Lab, Dr. Anna Seravalli.

It seems that the Lab has started as a unit of researchers in the university, initially working a lot with the healthcare sector, within hospitals, trying to promote a new way of working in relation to care and rehabilitation. Since 2014, the team was trying to explore new ways of working shifting towards the public sector, including involvement of different actors from grassroots initiatives, the city, city servants, companies of different sizes, others researchers and having quite a range of actors.

"so perhaps before 2014 the focus was as a university to drive in experimentation, bring people together, working within infrastructure in different ways, there is a matter of aligning different actors and fostering in co-ownership."

" we still try to work with experimenting but rather been we as researchers, as the driving force we try to look for opportunities. [We] try to work with the big players, big companies especially in the sector of smart technologies for sustainability, maker thing … "

The team continues working as a research team in the university, very much attached to the public sector and the municipality trying to create opportunities from inside. Striving to keep a balanced, distant approach from the sector, so as not to lose its identity.

" It is still important to not lose [the identity], don't get swallowed somehow by the public sector, but rather trying, or at least what I am trying to do, is still to keep a thought within the grassroots scene for example."

The current team of the Lab consists of 4 members, the coordinator Dr. Seravalli and 2 more Phds, but at the moment they are looking for people to expand the team. Moreover, depending on the projects, the lab has partnerships with other public entities, a research public institute called 'Rais' and several civil servants in various public departments; additionally, with the private sector, the lab cooperates with some design consultants on projects about urban planning and urban development.

"… organizational change, requires competencies within organizational studies and the way we are integrating this at the moment, for example, is quite collaborative with this institute I was mentioning before, so from there we get a researcher that is, his field of studies, is organizational change."

According to Dr. Seravalli, the team's main drive is knowledge, promoting mutual learning and through it support change.

" lifting up this notion of learning mutual learning reflection as particularly key

because learning can be seen as a way of promoting change."

Secondly, the team is trying to bring change by challenging the organizational structure through their methods, hence using their sources of knowledge to support people, and bring together on common ground as many perspectives as possible.

"... the key aspects in that processes have been as I said trying to support people in looking at what does the practice look at a different level, if you want to work with citizen involvement, if you want to work on the ground ..."

Concerning the process of evaluation, the evaluation is much focused on learning, trying to measure learning, and how the perception and ways of working of the people involved changed through the development of the project.

" for example for the evaluation of the pilot it was important to work together with the department, define what is important to evaluate; and they were very keen on looking at the numbers of the pilot itself, so instead we proposed to look at the process and the learning, and this is with both the interviews of people at different times, but also very much being part of the activities trying to have ongoing evaluation of what is happening within the service and the space."

La 27e Region case

La 27e Région aims to increase French Provincial Governments' capacity to innovate, developing methods from the humanities, design services and social innovation (Puttick et al. 2014). The Lab has been operating since 2008; in 2011 it became an official NGO acting as a partner to the government but working exclusively with the French regions. In one of the interviews of Nesta with the director of La 27e Région, Stéphane Vincent said that "with regional Governments, we thought it would be easier than working for the national government and more challenging than working with cities. We find it a very interesting middle level to work with." The teams of 27e

Région are consisted of service designers, social researchers, ethnographers, and urban planners, while they work with several civil servants using co-creative and prototyping methods. Concerning the approach, La 27e Région can be defined by its so called 'friendly hacker' approach, and their 6 principles while working with the public sector: being both inside and outside; finding the right balance between neutral and being an activist, promoting your values, experimenting before developing solutions; engaging multiple stakeholders; using design thinking approaches; and finally, capturing learning (Puttick et al. 2014). As a case study, La 27e Région attracted our attention for its transformation plan called 'La Transfo' (see further La 27e Region. fr, n.d.): the aim of the program is to ideate, explore the feasibility, and further help the regional governments to create their own social innovation lab. Our person in contact and representative of the lab for the purposes of the research was the director of the program, Nadège Giraud.

As an introduction to the interview, Mrs. Giraud gave us a brief overview of the establishment process of the first innovation labs in the regions. During the period 2011-2014, the labs ran as a pilot program, lasting 4 years in total; the team responsible during the initiation was a standard team consists of designers and 20 civil servants from the regional departments.

> *"We asked the regional governments to find 15 to 20 civil servants from different paths, directions, services etc, and we decided to work with these people to try to test and imagine a future lab."*

Since the beginning, there has been a training process of the *ambassadors*; the program lasts 14-18 months, where the main team organizes 2-3 days sessions every month for idea generation, focusing on practical projects. The aim wasn't to transform the ambassadors into designers, but rather help them to understand how designers think and work.

●● Figure 09   La Transfo session, Mulhouse, France | Credits: La 27e Région (flickr.com)

"… after one or two practical cases they know what we are talking about, they know what experimentation means, they know what design is, user-oriented services, or trying to at least; they know what it means to work with different service direction, and we have different ways of thinking and having them work on the design, the lab; we do workshops, we try to work with several dimensions of the lab, we need a space, we need a permanent team on that, the kind of methodologies we work, and what will be the government, who will make the decision, etc."

An important feature of La 27e Région and the *La Transfo program* was the transparency they decided to maintain during their projects and the willingness to keep the citizens of the region aware of the process. La Transfo has also an online blog where people can read the reports after the end of the practical cases

"Usually, after work, they write a post about what they did, how it went, etc. [with their own words] but [give] an idea, be very honest about what happened."

According to Nadège, the evaluation is not the strong point of La 27e Région, mostly because of the limited time and resources. Although, concerning the current projects, she claimed that they plan to organize interviews and meetings and take advantage of their partnership with *Bloomberg Philanthropies* to measure data.

"We have also, the partnership with Bloomberg Philanthropies which is interesting for this, they are very good on measuring impact, they are good, they are focused on measuring impact, it is interesting because they don't do it in the same way we do it."

Finally, it appears that not all of the regional innovation teams have a dedicated space, and according to the interview the creation of a space for La 27e Région is not a priority.

The DHW Lab case

The DHW Lab was very interesting as a case because of its positioning in the healthcare system and its university-hospital structural nature. Although I was not able to arrange an interview with a representative from the lab, the story and the process of establishment of the DHL Lab was well represented by Stephen Reay, Guy Collier, Justin Kennedy-Good, Andrew Old, Reid Douglas & Amanda Bill in the co-design journal (see further Reay et al., 2016). Through the paper, I manage to gather all the important knowledge the DHL Lab could bring to our study.

The process started in 2012 after the Memorandum of Understanding, signed by the Auckland District Advise Board and the AUT's Faculty of Design and Creative Technologies, aiming to establish a Lab inside the Auckland City Hospital. According to Reay et al. (2016), the initial approach aimed to collaboratively develop the Lab's culture and purpose, and build relationships, both internally and externally, suggesting

an experimental/prototyping approach to support learning for both the university and the hospital.

Contrasting with most of the lab cases, the development process of the lab started from the space customization and, during the next months, a series of workshops were organized to understand the identity and the core values of the Lab. A working group with representatives from the two organizations was authorized to run the process. As the authors of the journal have described, the spatial environment was by all means 'under construction', but it served well for the processes of the workshops, mostly to ideate and inspire the participants. The whole development of the space was based on collaboration between the Auckland DHB and hospital staff, researchers and students from the university. "Designers, students, researchers, and the DHW Lab directors have regular sessions to develop the lab culture to reinforce its core values" (Reay et al., 2016, p.232). While the regular workshops engaged the users of the space, a series of participatory sessions with the core representative teams were planned in advance, in order to highlight key opportunities, issues, questions, and a shared vision; the co-creative workshop was organized based on the meetings' discussions. During the second and third phase, and after the consideration of the workshops' outcome, the Space started getting its first shape. "The third saw the development of a more formal space, installation of wifi, computers and related infrastructure, and a formal launch event" (Reay et al., 2016, p.232). As stated previously, The DHL Lab has been an inspiring case of a health-led collaboration between university and healthcare organization. One of the most important goals of this type of collaboration is the exchange of knowledge between the stakeholders of both institutions. Hospital staff could learn more about the design-driven processes and students could have real-world opportunities and learning experiences by working from the inside of the hospital; engaging in design-led healthcare projects through the DHW Lab. DHW recognized the collaboration with University as an opportunity to resources accessibility. As Reay et al. mentioned, "during 2014, a small number of undergraduate and postgraduate projects were initially conceived from the Product Design department at AUT" (2016, p.234). Furthermore, the Lab used the opportunity of the summer university break to organize summer internship programs for the

● ● Figure 10   DHW lab interior, Auckland, New Zealand | Credits: DHL Lab Studio (nickhayes.com)

students and test the functionality of the space as a collaborative environment. "The summer student intern programme drew on the skill sets of graduates working across a range of disciplines – e.g. health informatics, graphics and spatial design, computer science, management, health sciences – to work on three main projects related to the use of information technology in the hospital." (Reay et al., 2016, p.237). At the end of the program the students had to fill a questionnaire and describe their experience working in the lab; the evaluation process was designed to question the relevance of projects and how they were perceived by the students, as well as how they contributed to the students' learning objectives and professional development; the general lab environment and culture; collaboration opportunities, and what could be further improved.

•• Figure 11   DHW lab interior during phase 2, Auckland, New Zealand | Credits: DHL Lab Studio (nickhayes.com)

5.5 CASES STUDIES POSITIONING

Although the selected teams apply a range of methods driven by user involvement, the participation level varies, while some cases work together with the user to have direct insights and feedback, other cases grant extra authority to the user concerning the decision making; other cases consider the value of the user engagement only during the evaluation process.

Another important feature to measure was the 'closeness' to the public sector; it was evident from the desk research that most of the teams work closely with agencies across government, and with external partners, to fund or support new solutions (Puttick et al. 2014). Although working closer to public systems provides a short of cover and legitimacy for experimentation, there is always the risk of 'getting

Working from
inside

○ The Behavioural
Insights Team (BIT)

○ The Mayor's Office
of New Urban Mechanics

○ Seoul Innovation
Bureau

○ PS21 Office

○ Sitra

○ ISP
Innovation center

○ Helix centre

○ Barcelona Urban Lab

○ SILK

○ FHIL (FL hospital
innovation lab)

○ Mind Lab

○ DHW Lab

○ Healthfoundry

User Involvement
limited to passive

○ La 27e Region

User Involvement
active

○ Space 10

○ Gotham
coworking

○ Malmö Lab

○ ThessaHall

○ Experio Lab

○ Impact HUB

○ Helsinki Living Labs

Working from
outside

LEGEND

——— Innovation Labs
········· Living Labs
▬▬ Com. hubs & coworking spaces

●● Figure 12   Case studies Positioning map

swallowed' by it, which impacts the lab's identity and values, as Dr. Anna Seravalli also argued during her interview. Notwithstanding, there are also cases working from a position outside the public system which aim to increase the chances for creating alternatives to the status quo. The labs were, therefore, positioned according to the

user involvement approach and their ability to work from within or from a position outside the public systems, or in some cases, maintain a hybrid function of both.

5.6 SUMMARY AND SYNTHESIS

The previously described cases, inspired us by indicated three different ways of facing social challenges. Furthermore, the features of each case deviate a lot concerning the team values, type of functioning, size and scaling capabilities, working approach, methods and tools, space, availability of resources, and finally network and relationships; though, the three of them did manage to inspire us with at least one element to consider during the development of the Recovery Co-Lab. Malmo Lab was inspiring for their ability to keep the university integrity, while still focusing on delivering knowledge and experience; managing to stay outside of the public sector but still working closely through the right resources from within it. The 'evaluation of knowledge' is something to consider while planning the methodology of the Recovery co-Lab; a qualitative process of feedback can give an added value to the stakeholders involved, rather than just the project outcome. La 27e Région inspired us for their ability to communicate their experience and scale up their means through La Transfo; it appears that the establishment of a new territorial team is not only a co-creative process but also a testing process. The team operates for a specific period until its progress evaluation and lastly verification of its continuation in the territory; in this way, its sustainability will be guaranteed. Furthermore, the team maintains a small number of core members, but take advantage of the local resources, such as civil servants and involve them actively according to its needs. This allows flexibility for adjustments and further recruitment according to the needs of the projects. DHW lab was the example closest to our case considering its collaboration between university and healthcare organizations. Evidence from the literature provided us with a lot of insight concerning the process of the lab generations. Finally, this type of collaboration makes use of the resource capabilities, to create opportunities for both the hospital staff and the students.

Desk research was useful for my individual research in order to collect a system of possible tools and methods, space inspiration and advice from the remote interviews with the labs' representatives. Although the research was very useful for our process, the communication between the future Recovery Co-Lab and other labs around the globe should be continuous; regularly exchanging experiences and ideas with other colleagues overseas and supporting the growth of a global evidence-based policy movement (Gold, 2019). Furthermore, desk research provided an important knowledge base concerning the tools and methods of Labs, useful while conducting our field research. Cases from the research were further used during the meeting to show successful examples of Labs, and their way of working, trying to give a profound idea to the participants about the future possible scenarios of the Recovery Co-Lab. In the following chapter I describe more narratively the activities of the field research, highlighting the moments where findings from desk research were used.

CHAPTER 6

FIELD RESEARCH

This chapter aims to explain more in-depth the process of field research, giving a more detailed description of the fieldwork events and activities. A short description of every event is provided, identifying the activities, tools and the participants involved, where needed. The field research has been classified according to the applied methods, given in a chronological sequence according to the timeline presented in chapter 5. The events are described in a narrative way to highlight better the processes through my own perspective and consideration. The overall process was continuously adapted according to the needs and always supported by the desk research which was developed simultaneously. Finally, the chapter concludes in the fourth section demonstrating the key findings from fieldwork which help to develop the design project proposal.

6.1 REGULAR MEETINGS WITH THE STAKEHOLDERS

The stakeholders' meetings, including the kick-off meeting, were important to a project like this because of its complexity in terms of multidisciplinarity and the number of stakeholders involved. Usually, these meetings were intended to inform the participants about the current state of the project, and then discuss and decide the next steps. The frequency of these meetings was approximately once per month and representatives of the stakeholder groups were invited. Although the participants were not always the same, apart from some specific stakeholders, who were responsible for the coordination and management of the project, the range of people participating was dependant on several factors such as: their personal and/or the groups (which they represent) need to know, the ability to contribute to the discussion, the topic of discussion, and its purpose.

The official project kick-off happened in the CPS of Brescia on the 30th of August 2018 including about 50 people, disclosing the broader community following the Recovery Net project since the beginning. The plan during the first gathering was to keep the people informed about the next steps and consideration for the next months, with the key stakeholders giving a small presentation explaining their field of work. Similarly, a second gathering took place in the hotel La Goliadra in Mantua, on the 2nd of October 2018, where the same themes were discussed. The hotel La Goliarda was selected as the location of the Recovery Co-lab of Mantova, and the specific gathering was a good chance to visit the space. During the meeting in Mantova, we decided to present some examples of labs and their activities, representing the three categories identified from the early desk research: Innovation labs, Living labs and community hubs. Idea cards were given to the participants and they were asked to give feedback about the ideas. It appeared that people were hesitating to contribute. However, those who participated gave us insightful feedbacks about the ideas, identifying both the interesting cases, but also the cases which may not work or are difficult to implement.

On the 12th of December 2018, a small gathering was organized in the Cimabue area, San Polo in Brescia, in the public social residence tower, where the department of associations is located; called 'Casa Delle Associazioni' (CDA). CDA is a multi-purpose

•• Figure 13   Gathering in La Goliarda, Mantua (02/10/2018). Idea cards of labs and activities, to inspire and ideate.

center able to offer an equipped space for meetings and activities of non-profit associations and organizations located on the ground floor of the tower. During the same period, a space on the same floor was set to be the location of the Recovery Co-Lab of Brescia. The aim of the meeting was to describe as a team some findings from our desk research regarding the tools and methods used by several Labs globally, and then try to co-organize the co-design workshop of December.

6.2 FIELDWORK PHASE I

As mentioned in chapter 5, due to the nature of this research, there are two phases

ABBREVIATION	ROLE	METHOD	DATE
FG1	MH professionals and staff	Focus group interview	07.11.18
FG2	MH users and MH expert-users*	Focus group interview	07.11.18
FG3	Volunteer group (parents)	Focus group interview	07.11.18
I1	Tower Inhabitant	Semi-structured Interview	07.03.19
I2	Association La Rete	Semi-structured Interview	21.02.19
I3	Association Elefanti Volanti	Semi-structured Interview	21.02.19

● ● Table 03   Fieldwork interviews table

of research that were conducted via interviews. Phase I was before the co-design workshop, and phase II after . Interviews were conducted with several participants. Table 03 provides a summary of the interviews and interviewees, including the date of the interview, the research phase of the interview, the role of the interviewee and the organization he/she is working for.

focus group interviews

Subsequent to the first informative and inspirational gatherings, the research team of Politecnico scheduled a series of focus group interviews in CPS of Mantova (07/11/2018). The participants were a group of users of the CPS services, a group from the administration office of CPS including MH professionals, and a self-initiated volunteer caregivers group. The purpose of these discussions was to explain the aims of our teams and start collecting opinions about the Recovery Co-Lab concept and

MH expert-users are users who attend the MH services for years and are currently in an advanced phase of recovery.

sometimes question its value. The interviews were semi-structured giving flexibility to our conversation and the ability to go more in-depth where needed. They could even be described as 'discussions' since most of the cases were not following the predefined questions, in order to let the participants talk more openly. Especially during our meeting with the CPS users, participants felt comfortable with our presence and started talking about their personal lives and experiences. Although the interviewees were located in the area of Mantova, the interviews helped us to collect insightful data about users and identify their needs and requirements.

6.3 CO-DESIGN WORKSHOP

The co-design workshop took place in CDA of Brescia (12th of December 2018), involving approximately 20 key stakeholders. The main scope was to ideate about types of Labs regarding the team, the network, the field of work and methodologies, and further start co-creating some draft ideas of concepts for the future Recovery Co-Labs. Subsequently, two co-creative discovery workshops have been organized, one in Brescia and one in Mantova, involving a total of approximately 30 participants. (At this point, I have to clarify that I was personally involved only in the first workshop in CDA in Brescia since my intention was to focus only on the concept of lab in the area of San Polo Brescia).

The primary intention was to bring to the table as many different perspectives as possible, focusing on experiences and setting side-by-side patients, independent patients, patients' family members, psychiatrists, educators, and clinical staff. The purpose of these workshops was to generate and evaluate specific solutions concerning the Recovery Co-Labs as organizations, networks, teams, and space. The organization responsible for planning and facilitating these workshops was Politecnico di Milano and the facilitation was made by Daniela Sangiorgi, Marta Carrera, me, and a local professional educator Gianpaolo Scarsato. Research-based insights and challenges have been translated into tactical, collaborative activities and

•• Figure 14   Warm up activity during the co-design workshop

tools to help participants shape case scenarios to reach our research objectives.

During the first phase of the workshop, we started with a warm-up activity. Our aim wasn't only to transmit the spark to participants, but also to create a positive group atmosphere, help people to get to know each other, their names and roles, break down any social barriers, and reduce any possible tension (Tschepe, 2018). We asked them to present themselves and show their professional relations with the other participants on a local map (see figure 14). After the warm-up, we presented findings from desk research and we used storytelling methods to explain 3 more specific scenarios of labs. Presenting three imaginary concepts, in a narrative context allowed participants to follow much more closely the process and maintain their relevance, even if they were unfamiliar with the given knowledge (Stickdorn and Schneider, 2010). Using

● ● Figure 15   Workshop group during the second activity

a storyboard with a narrative way to describe every phase was ideal to ideate and inspire the participant groups. It appears that simple images showing every step were enough to deliver the message since storyboards are generally not very detailed and use the minimum amount of details, demonstrating the key points (Usabilitybook. org, n.d.). Participants were divided into groups and started working towards the refinement of the Lab concept. Each group was given several cards for inspiration through the process. The objective of the exercise was for each team to start defining their version of Lab, starting by the core values, aims, and finally space. (see figure 15). Rapid brainstorming helped to create possible scenarios of use of the Recovery Co-labs. Each group spent some time brainstorming ideas, intending to inspire the free-flowing sharing of thoughts of the group (Usabilitybook.org, n.d.). Regardless of participants' confidence or physical/mental capacity to verbalize or materialize

their thoughts, feelings or perspectives, our role was to assist and challenge everyone to participate. The groups came up with solid design scenarios of a Lab, using the cards with data from research to construct a plausible situation around which the scenario was based (Stickdorn and Schneider, 2015). As a second activity, each team had to create a storyboard similar to the one we had presented, explaining in detail the everyday role of lab user. Using a 'draft' version of persona helped the groups to explain their scenario and orient the situation more (Stickdorn and Schneider, 2015). Groups used their scenario maps, storyboards and inspiration cards to present their idea. Using visual and tangible prompts has been a very useful way to document on-the-spot observations and re-evaluate them in later analysis (Stickdorn and Schneider, 2015).

After the workshop we had 4 very different concepts of Lab, though sharing some overlapping features. A short further analysis with the rest of the team revealed a number of main themes in the data. The final step after the workshop was to digitize the outcome (tangible prompts), in order to have a living form for the team and the project stakeholders to track to. (This task was completed by one researcher of the team).

6.4 FIELDWORK PHASE II: MAPPING OF THE TERRITORIAL RESOURCES AND SERVICES

February 2019 was the initiation of the 'mapping plan' of the local resources in the area of Cimabue, San Polo, Brescia. This project step was aiming to identify and gather all the key local resources in terms of services. Although the 'mapping plan' was organized by and originally assigned to the research team of the University of Milan Bicocca, our design research team had the chance to be involved and assist with conduction of the interviews, since the time schedule was very short. The 'mapping' process and its relevant activities have the scope of investigating and identifying the local resources and more specifically public social services (such as church, public school) privately-held businesses (such as local pharmacies, bars, supermarkets),

●● Figure 16   Interview with an inhabitant of the Cimabue residential tower

self-initiated volunteering teams, non-profit organizations, and others. Moreover, the objective was to define the professional relations among them and shed a light on the network around the tower of Cimabue.

Semi-struxtured interviews

Semi-structured interviews allowed us to have a structured approach and have some freedom in the interview, i.e. flexibility. All interviews utilized a questionnaire prepared in advance, but interview questions were conducted in an open manner, enabling extensive exploration of the interviewees' perspectives (Swan, 2018). The questionnaires were prepared, printed and presented to the teams in advance in order to have the time to become familiar with the purpose of the interviews, since

our strategy was to be flexible and open to any kind of related insights. Most of the interviews took about one hour and were audio-recorded to preserve the spoken words with the permission of the participants, and after they filled out consent forms. To assist the notetaking, each team of interviewers had a prepared file for every participant and a map of the territory to note down the exact locations of the services.

The participant was requested to explain their role in the territory and describe their experience highlighting points of importance concerning the local services and their personal interaction with them, either as a person or as an entity. We also asked the participants if they have any particular interaction or collaboration with the MH units and services. We invited them to talk about the positive and negative facts of the area and the tower. Lastly, we asked the participants to imagine the future Recovery Co-Lab of Brescia and its capabilities, speaking about the local opportunities and resources which can play a critical role in the improvement of the status quo.

Data collection was carried out simultaneously and independently by each team, while data gathering and analysis were conducted by the two University teams. Participants of the field research shed light on the field research and supported us with their wealth of know-how and resources. Numerous opportunities were identified and the interviews have proved to be the best tool to have a real understanding of the relation of the territory and their communications.

6.5 OVERALL FINDINGS AND ANALYSIS

This section summarizes and analyzes the findings from this research study, seeking to examine the need for a Recovery Co-Lab in the area of Cimabue, San Polo Brescia, and then define its substance and its networking opportunities. The section is structured based on the most valuable findings from all empirical data sources. The first section start with the results of the co-design workshop; four case scenarios of the future Recovery Co-Lab.

6.5.1 CO-DESIGN WORKSHOP OUTCOME

As described before, the workshop has provided four thoroughly explained co-designed case scenarios of the future Recovery Co-Lab. The teams were able to define the lab values, position the lab according to the given cases studies and try to imagine and define its future practices. The four lab case scenarios combined offered a broad gamma of ideas to consider during the design of the Recovery Co-lab. Findings from the co-design workshop were also considered in the previous sections of findings, though, a depiction of the complete cases is useful to represent the ideas a whole. The analysis of workshop materials brought to light the following cases:

Case scenario 1

The first case scenario aims to discover the new practices of welfare for the local communities. This discovery, will be achieved by practical demonstrations that are articulated in the space of the Recovery Co-Lab, and facilitated by people who are trained to enhance their own and others' transversal skills. Furthermore, the participants group highlighted the importance of the relational approach, the communicative capacity, and identified it as the key to the promotion of social health. Therefore, the Lab is a place of experimentation aiming for social welfare, driven by a wide involvement of institutions, private companies and citizens.

The lab will organize monthly meetings between users, operators and citizens, where the participants can share and identify their skills and experiences. An interesting idea is the "Wellness center" for a day, where the lab would organize 'unexpected activities' related to well-being (e.g. psycho-speech, body work, etc.) and health.

Values

Continuous training, Autonomy, Symmetry, Concreteness, Risk taking, Common language, Positiveness, Beauty

Case scenario 2

The members of this group described the Co-Lab as a space co-managed by services, users and actors of the territory, a space of doing and living together. The space serves to set a new shared idea of mental health, develop and prototype new ideas, methods of representation and learning. The space will be open to the city and aims to stimulate a debate with the territory and the institutions. The group defined more the lab as a space rich in design support materials, able to support creative activities of the users. Furthermore, the space is flexible and is also suitable for organizing training and cultural events.

The lab will organize open days demonstrating its activities, gather new proposals by the citizens and discuss organizational issues, such as care of the space, access, management and cleaning. Users who attend the lab can decide to leave a testimony of their experience about the services represented by videos internally.

Values

Co-living, Openness, Plurality, Ability to be recognized, Rules vs flexibility, Importance of the body, New idea of mental health.

Case scenario 3

The third lab scenario has been described as a communication point utilizing specific actions to support dialogue and the analysis of needs, emerged by an extended participation in the city. Therefore, the lab acts as a receiver of opinions of the territory, using them as a starting point for the development of new ideas. For this type of lab, relationships and partnerships are very important, allowing the development of shared projects developed in several spaces,
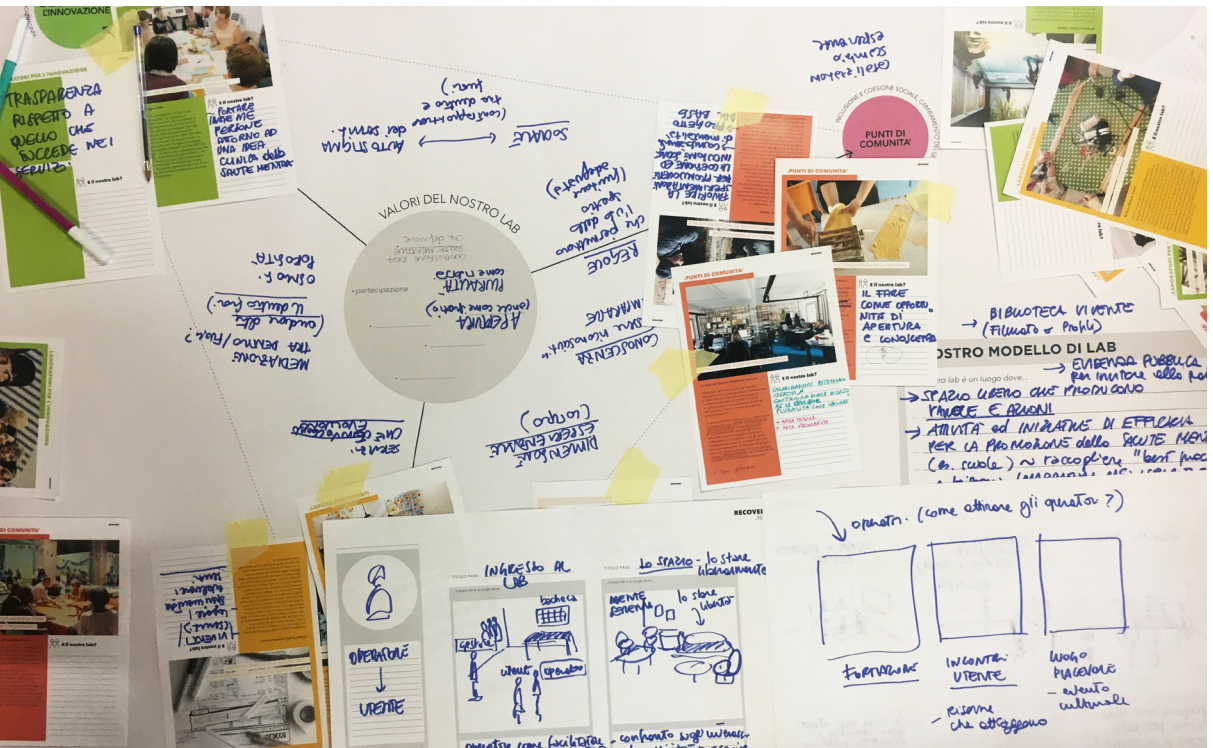
including those dedicated to planning.

The lab organizes participatory co-sessions, during which proposals are collected and ideas are explored. In a second phase the lab staff, starting from the collected proposals, designs activities which aim to bring the users together.

Values

Transparency, Building of trust, Equal human values and ideas, Attention to need, Openness to change

Case scenario 4

This lab case is a place where individual and community care and wellness paths are supported, through the establishment of a network that connects and involves its members.

The lab holds an "unconventional" attitude, challenging the status quo and offering new ideas for cultural change. The team underlined the importance of merging needs and available resources in order to identify opportunities. Ideally the lab will develop new service ideas driven by testing and evaluation, and further development of pilot projects. This idea of the lab is more based on the lab as an open community where the space and its facilities will be available to people who are interested in participating during the events. During the co-design workshop the group mentioned some interesting activities such as open day for job seeking, where various job opportunities will be offered to the people from the territory.

Values

Ideas for cultural change, Think outside the box, Resources and needs intersection

The section below provides a brief overview of the fieldwork findings, organized into five clusters. Valuable parts from the interviews are translated from Italian to English and presented as Interviewees' quotes (in italics).

There are many resources available

The first and one of the earliest findings during our fieldwork in the territory of Cimabue is the existence of many resources and territorial services. During the interviews, we asked people to identify services in the territory with which we could have contact and the process seemed to bring to the surface more and more resources and opportunities. During the interviews with one of the representatives of the association 'Elefanti volanti', we understood that initiatives like them have established relationships with several local services, like schools, churches, the parish, parks, gyms and even past social projects supported by national foundations.

> *" There is an 'inexhaustible wealth' of associations, volunteers, projects, attention from the community of Brescia, numerous opportunities." I3*

The 'mapping' activities identified several initiatives which can considered useful when designing the ecosystem of the Recovery Co-Lab of Brescia:

— **Elefanti Volanti** started as a group of volunteers in 1991 aiming to support families. Since 1993 their actions are related to the care of children and raising awareness of the territory and the institutions on the promotion of childhood. The organization supports different social groups like children with disabilities, the elderly and foreign families, working for the well-being of the citizen.

— **The social cooperative La Rete** is a non-profit organization established in 1991 organizing activities towards cohabitation without exclusion, combating difficult situations, promoting rights and growth of an

increasingly welcoming and responsible community, based on the principles of fairness, solidarity and respect for legality. Furthermore, the Network works with local administrations, the hospital company, the Aler for the provision of services in the context of adult distress, housing assistance, and mental health (Cooperativalarete.it, n.d.).

— **Christian Associations ACLI** is a broad network of clubs, services, companies, projects and associations operating in Italy since 1945. According to their website (Aclibresciane.it, n.d.), ACLI is an 'association of social promotion'; an organized system in the territory of Brescia which supports groups in condition of marginalization or at risk of social exclusion. ACLI supports workers, educates and encourages active citizenship, defends, helps and supports citizens.

— **Casa delle associazioni** is located on the ground floor of the tower known as tower Tintoretto in Cimabue, founded in 2000. CDA is a house for the local associations providing space for their meetings and discussions. It is, therefore, a multi-purpose center able to offer to non-profit associations and organizations a well-equipped place for their own activities.

One of the planned days for interviews, I had some spare time to explore the territory and have a walk around to observe the local public and services and businesses. Based on personal observations, and stories of the two interviewees (I1, I3) who live in the neighborhood, various public services and private ventures have been identified by the interviewees during fieldwork, like the local libraries, pharmacies, Supermarkets and shopping malls, Cafe-bars, and some Church driven services.

Need of a common ground and communication

During the interview with a representative of the Cooperativa La Rete, a very active non-profit cultural organization of the area, the interviewee helped us to spot many of the resources and local services on the map of San Polo. Although there are many resources, the communication between them is not easy. Two of the interviewees who are both representatives of local associations (Elefanti Volanti and Cooperativa La

Rete) mentioned the communication in terms of event organization and management of public spaces is not easy. When we asked them 'how do you imagine the future Lab, they mentioned the need for communication and they highlighted the lack of a space to do so.

" the idea of a space for services, and also a regular meeting, does not exist. " I3

The call for a common ground for meetings was brought up many times during the co-design workshop l. It also appears from the desk research that in cases like this one, with such a wide input from actors, interests, and sometimes conflicts of values, the importance of common ground or platform becomes central (Scholl et al., 2017). According to the representative of Elefanti Volanti:

" The aim should be ... all of the projects developed in San Polo should get accustomed how to work together. " I3

It is true that dealing with the existence of many key players in the territory is a positive point, but as Scholl et al. (2017) have argued, the so-called 'Fostering plurality' is not an easy task; engaging marginal and non-traditional actors requires time and resources. Furthermore one of the interviewees mentioned mainly administration issues concerning the common spaces and their availability. She further explained that sometimes, other association book a specific space for an event and keeping the keys for weeks.

Although, the Recovery Co-lab it wasn't perceived as positively by some participants; who mentioned that the possibility of change according to them is very little.

" I see it (the Recovery Co-lab) as a very dangerous machine, which takes a long time to announce what we will do, to understand how, and in the end fertilize an idea which is not needed." I3

People desire to be involved

During the field research, we realized numerous times the importance of engaging and involving stakeholders in the design process. Our design research team was perfectly set up to engage and involve others, and the participants seemed to enjoy the process and the fact that their opinion can be heard. It came up repeatedly, from my field notes that the participants were almost always willing to enlighten us with their knowledge and experiences. It appears that even the MH service users, during the focus group interviews showed a determination to speak openly about their lives; it could be that they are accustomed to this type of conversation. Through the fieldwork it appeared that some methods like interviews and focus groups are the appropriate way to collaborate with MH users and professionals in the future.

Correspondingly, stakeholders were almost always active and eager during the meetings and the co-design workshop. One assumption could be that some

stakeholders chose to be involved in order to be sure that their rights in decisions are preserved t. This point arises an issue for future considerations while designing the prototype of the Lab and deciding the people and associatiations working with it. As it was mentioned during the interview with the 27e Region representative:

"... They (ambassadors - project stakeholders) have roles for 1,5 year, very engaging and they are too enthusiastic about that they have lived in the experience about Latransfo, so most of them are really willing to get involved in the lab and this is one of the tricky questions. " (Interviewee from desk research)

Some of the interviewees during the 'mapping' interviews, expressed their opinion about the Recovery co-lab processes and suggested that:

"The first people involved should be us!" I3

The local courses and social activities have positive impact

During the interview with an inhabitant of the tower, she explained that many people participate in the local courses and activities. She mention that she personally attends courses of sewing, italian language classes and walks around the territory. As she further mentioned when she first came to Italy, her first people she met were from these courses. Even today most of her friends attend Italian language courses organized by the church. Many other courses like this are organized by the parish and the associations Acli and Elefanti Volanti and even family associations and volunteer groups. The same interviewee mentioned that she is now coaching some sewing classes, showing methods and techniques to the new members.

The territory is autonomous and well connected

As two of the interviewees stated, the location of Cimabue can be characterized as distant concerning the city center of Brescia, which definitely does not help the

●●Figure 19   Sewing courses on the ground floor of Cimabue tower (territory exploration)

overall aim. Although one of the tower inhabitants told us that the area has everything she needs concerning public services, and most of her friends live in the area. As she mentioned, whenever she needs something particular she goes to the city center.

"Once or twice a week I take the metro and go to the central market of Brescia if I need something particular" I2

Cimabue used to be detached from the rest of the city in the past, but the last years with the new metro line and the buses, the city is approachable in 10min.

As one of the interviewees said:

> *"Cimabue is not anymore outside of the city, ... it is well connected with metro, autobus ... " I1*

Aiming for cultural change

One of the teams during the co-design workshop, defined as the main aim, the need for cultural change. During the fieldwork in the area of Cimabue, and based on my personal observations, I acknowledged that inhabitants of the social housing towers of San Polo are, to a degree, a marginalized group, despite the fact that the primary target of the whole project are people who experience mental health difficulties. The overall impression regarding the social housing towers is not ideal, and this came up in the data repeatedly from the interviews. In respect to that, the services of the Co-Lab could benefit various social groups which can be characterized as marginalized.

Reconsidering the target

The fieldwork activities in the area have provided a lot of insights and consideration, while re-considering the target of the whole project was probably one of the most important research considerations for alteration. Although, the objectives of Recovery. Net have been set considering the MH service users as the primary target, the fieldwork revealed that the selected location of the lab is by it self in great need of social inclusion interventions. Based on personal observations and data from the field research, the majority of inhabitants of the residential towers are elders and families of Non-European countries who migrated to Italy during the last decade. Both groups along with the MH users are considered among the most marginalized communities of the western world (Cheer, 2009; Yardim and Tecim, 2019). In respect to that, the services of the Recovery Co-Lab could benefit various social groups which can be characterized as marginalized.

Overview of the territory

Based on the fieldwork findings, desk research through online articles and local newspapers the situation in the territory of Cimabue San Polo can be described briefly as followed:

The territory and especially the tower of Cimabue, like every other residential building of the area, is in a very distant from the city location which makes the processes and attempts to social inclusion very hard to be developed. Furthermore, the tower is in great need of financial resources for maintenance purposes due to its size and structure. As described in the section Research findings, of the last chapter, the majority of the inhabitants of the tower are families of immigrants, elder people, families with financial deficiencies and user of MH services. Although it was evident that territory is well connected with public transportation and placed next to beautiful neighborhoods of Brescia with many parks and services available. In terms of social services, association, and philanthropic organizations, the territory can be described as very rich and active. Several activities and events are organized daily, and the participation of people is positive, while some of them during the interviews testified the effectiveness of these events. The communication between these resources was mentioned repeatedly as the core issue along with the lack of space for dialogue and meetings among the main actors.

Evaluating the research approach

Over the course of the research period, I tried to incorporate field notes concerning the methods we use and the future application of these methods in the Co-lab processes. According to my observations the overall approach concerning the number and role of participants, methods and tools, the timing, and the resources worked as a 'simulation' of the future project developing of the actual Lab. One of the most critical takeaways of this field research phase was that the participants became accustomed to working together having a common aim and under specific guidelines. It is simply

● ● Figure 20   S. Polo neighbourhood (territory exploration)

that casual meetings and informal connections help to establish trust within the broader local network. Consequently, a network is being already built under the umbrella of this project preparing the field for the existence of the Lab. Furthermore, the research has managed to work as the forerunner of the service design methods, familiarizing people with the idea of co-design. Although people never asked to learn more about design, they seemed to trust and by open towards the guidance the team was providing during the activities.

Finding from both field and desk research were gathered to examine the next steps and the development of the design brief. To do so, I used the main clusters of findings concentrated during the field research to analyse better the key challenges and opportunities of the territory. Tangible materials from the research were useful for
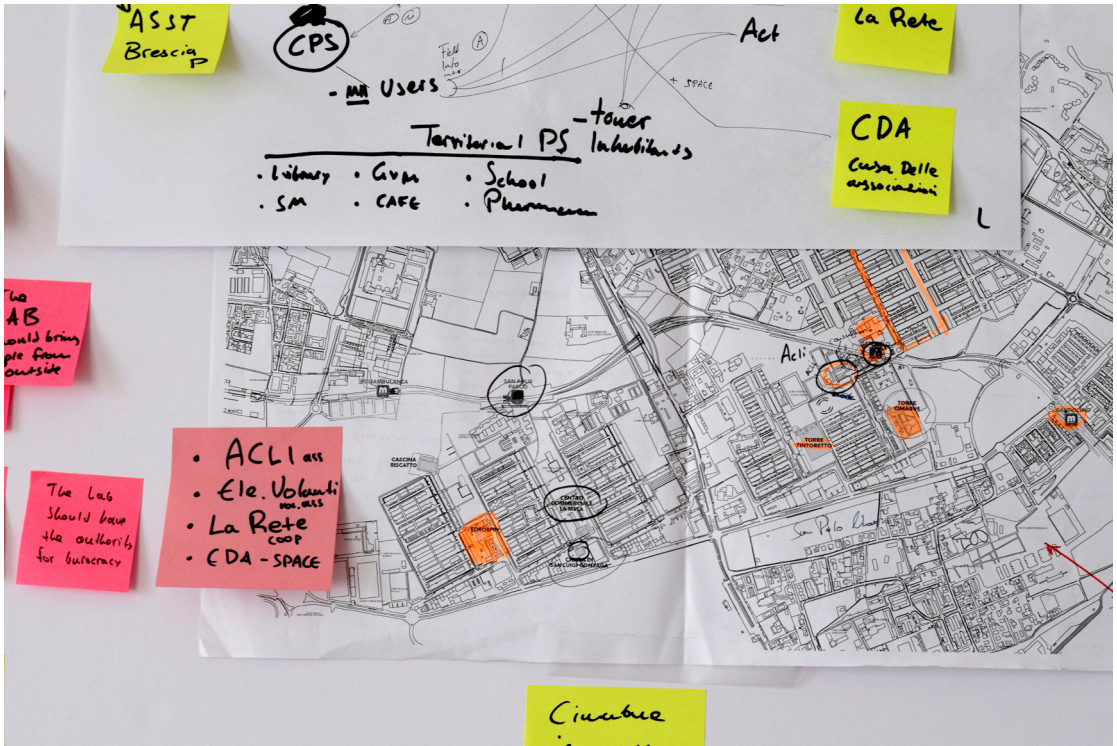
●● Figure 21   Research findings clusters

this phase, in order to bring on the table every piece of information. All the facts were gathered on post-its and placed on the wall. Findings from the desk research were useful to recognize further opportunities connected to the future lab. Insights from our cases studies and the advices of the lab representatives worked as lenses while I was investigating the possible opportunities. In the next chapter I define better how this project is going to be developed, verifying this project's objectives and priorities.

Figure 22   Tower inhabitants

CHAPTER 7

THE PROJECT BRIEF

In this chapter, the project brief and subsequently the design concept will be presented. As final, this chapter includes the statement of needs, developed considering the data of the research and the strategic brief defining the direction of this project and its values. In the second part of the chapter, the project concept design represents the final design scenario of the Recovery Co-Lab, demonstrating and interpreting the elements that form this proposal as a finalized holistic suggestion.

7.1 STATEMENT OF NEEDS

The conclusion of the last chapter presented a final overview of the current situation of the territory highlighting the main needs. Examining the needs was the first step in order to define the challenges and target. Defining the challenges of the project is the first important step as it allows to highlight the aspects that require more attention during the concept development. The challenges are a sum of the most critical issues, spotted during the field research and emerged during the MH literature review and Recovery.Net objectives. Although, the challenges are not to be considered as definite solutions but as key aspects to keep in mind while defining the aim and objectives of the design concept.

7.1.1 CHALLENGES

Recovery Net challenges

Reduce the social barriers

The community and in particular the system actors directly engaged to the MH service, need to be aware of the social difficulties MH users experience, and understand the social barriers of their situation and the stigma. The proposed lab should generate and facilitate activities and mediums to stimulate a culture of change in the local community and beyond.

Recovery oriented services designed with the users

Design of the local rehabilitation services are usually formed and further guided by the decisions of MH professional and the administration of the MH department, without actively involving the user in the design processes. Therefore the proposed lab should provide space, opportunities and approaches to enhance user participation to include MH users in the creation of the recovery

oriented services and decision making and ensure that their voices will be heard.

Dealing with resistances to change

Working with the public MH services is hard, especially to introduce new practices such as participatory design. New ideas are rarely welcome in public organizations, mostly because of their hierarchical and bureaucratic nature. New forms of collaboration such as project organization and dedicated innovation units are still considered extrinsic (Carstensen & Bason, 2012). Therefore, the challenge lies, in the approach while trying to introduce the new ways of working. During the workshop, two out of four groups mention the need for new approaches and methods, while during our gatherings many seemed to be inspired by the methods we introduced. Public sector and MH services are not open to change because usually, their people are not. Therefore, the concept lab should examine methods to provoke a culture of positive and innovative change inside the MH system; furthermore identify new methods to demonstrate the positive impact these changes may bring.

Prototype and Evaluation practices

One of the challenges of this project is to measure impact and evaluate the services before their initiation. As I learned during the remote interviews and from some webinars (States of Change, 2019) I was following during the desk research, evaluation of the innovation outcomes should be an integral part of the process. Moreover, evaluation is more valuable during the development of the services rather than after their initiation. Practices of prototyping, evaluation leave space for adjustments before the new services are released in real-life conditions. The concept lab should consider the importance of prototyping methods, and understand how to better test the impact of suggested services. Furthermore the concept should also examine how to involve the user and the service actors during the prototyping phases, in order to measure the impact on the person.

Educate to influence and innovate

It is evident that practices of co-production and co-design were introduced during the Recovery. Net research; people were eager to participate and they enjoyed this input of new learning. On the other hand, in order to establish these methods and actively involve the various actors and especially the users, human training and other form of educational programs should be considered.

Challenges of the territory

Set a space for dialogue

As it was acknowledged during the research, most of the participants from local organizations recognized the need of a common space. During the workshop, many participants proposed ideas for consideration, but it is commonly accepted that the territory needs well-organized space when facilitating meetings and discussion; something which was mentioned in all of the scenarios arrived from the workshop and the interview with the representatives of La Rete and Elefanti Volanti.

Support Communication

The communication between the local associations was mentioned repeatedly as the core issue along with the lack of space for dialogue and meetings among the main actors. Presently, although some of the association have established collaboration, like La Rete and Elefanti Volanti, communication with other associations and discussion on administrative matters is unfavorable.

Create a culture of common good

As described in the previous chapter, the tower of Cimabue is home for people. Although, it is evident that habitants' social life relies much on their families, while people among them, MH users as well, are isolated. Families and other small groups function and think independently, where the idea of common good and sharing of a common space is faded. Moreover, communication between inhabitants should be strengthened, and tower inhabitants should start relying more on each other, fulfilling everyday tasks as a team. The lab should explore ways and find solutions to support these ideas. It should explore activities and services which bring people together, and enhance the perception of the tower as a community.

7.1.2 OPPORTUNITIES

Several opportunities emerged from both the field and desk research. Participants during both processes enlighten us with their know-how and offer several ideas and food for consideration during the brainstorming sessions. After defining the major challenges of the project it was important to identify the positive aspects and possible hacks of this project. Below are the most eminent opportunities:

Recovery Net opportunities

Work from the inside of MH services

Actively involving people working the MH services of CPS, CD and CRA can offer a pipeline of information and an area available for field research. Furthermore, working with people from the MH services can provide an 'openness' concerning the ability to work and apply systemic changes from inside. As Alex Ryan (Ryan, 2016) from the Alberta CoLab mentioned "Insiders bring an understanding of organizational culture. They know how to move files through the bureaucracy and they know where the landmines are." The project should consider actors

involved in the MH services and departments as valuable resources of know-how and knowledge of the local services infrastructure. Working with people from inside will provide an opportunity for real life prototyping of new ideas and smooth collaboration with the MH departments.

Strong partnerships which favor knowledge input and research

The presence of three educational institutes can grant opportunities bringing academic knowledge and new methods of working from the disciplines of Anthropology, Design, and Psychology. Partnership with Universities contribute to a mutual learning ground for both the MH sector and the University. Furthermore, universities can be a valuable resource, considering their research departments and internship programs.

San Polo opportunities

Work with social association under the same roof

Many of the local resources and services are operating in the same building as the Lab (Elefanti Volanti, CDA, and several community courses). Operating in a common space enables processes of collaboration and makes communication easier and immediate. Furthermore, the CDA and EV can offer space and resources for the prototyping of new services which can easily be tested and evaluated.

Many associations available

As mentioned repeatedly while doing fieldwork, the area has a plurality of social initiatives and organizations. There are already many active collaborations in the area providing a wide variety of social activities and services. On the other hand, as it was mentioned during the interviews, there are also many resources which need to be activated. Collaborations and possible partnerships as such will offer

Figure 23   CDA entrance

beneficial allies for the project's aim. Collaborations will local initiatives would provide information about the territory and support especially during the first steps of the lab.

Open space availability

The neighborhood of San Polo, is favored by many open and green spaces around, with the biggest one, the park of San Polo. Many social activities and events are already organized in these spaces, and people seem to participate positively to these calls. These spaces offer a great opportunity to the local community, social organizations and the concept lab.

7.1.3 POSSIBLE PROJECT THREATS

Notwithstanding, attention should be given to the possible threats that the project may face.

Attention to public opinion

Since its initiation, the Recovery.Net project has become very prominent and a theme of discussion around the local MH sector and media. Being visible is a positive aspect for the future reputation of the Lab and its practices, which can be used to communicate with the society, fight stigma and create a positive image about the Recovery oriented services. However, being visible might lower the readiness to accept the risk of failure and affect the prototyping approaches of the Lab. Thus, media can be considered as both opportunities and threads.

Exclusion will be part of the game

Actors should have the opportunity to be involved in Lab's practices of conceptualization and planning of changes. Although there could be a potential exclusion. Some changes may have the potential to leave some community members excluded; moreover, in some cases, one project's participants might be disappointed if not included again. The Lab's team should be able to handle these frustrating circumstances.

Keep the primary target.

After the field research, it emerged that the territory and the majority of its community share some common needs with the primary target of the project. The project should not decline from its primary target but yet maintain flexibility, offering value to the territory and its broader community.

Maintain a neutral position

As research has shown, there are many stakeholders who want to be involved, but keeping a neutral position and choosing the right people is not easy. It is highly possible that some of local actors might feel more inapt and others might feel more entitled.

7.1.4 PROJECT TARGET

As mentioned before, the primary target of this project are users of the MH services, people who experience mental difficulties and suffer from social exclusion. More in details they are people who need support in their recovery journey to regain hope, obtain daily life competences, develop skills important for employment and evolve social relationships.

Secondary target

The field research made me reconsider the target group of this project and take into account a broader community. Another social group came up during the fieldwork, because of its overlapping with the MH users needs. Since both the MH users and the majority of the tower inhabitants have the same social needs, considering the steps of one's personal recovery, the persona spectrum should be scaled up to a broader audience. This does not mean that the target has switched but rather has become more inclusive considering a secondary target. With simple words, an activity which aims to support socially, and works well for an MH user might also benefit any person with the same needs who lives in the territory. The inclusive design will be able to connect different people in similar circumstances. To define better the target of this project, two personal have been created.

The aim

The project aims to conceptualize and prototype a Lab to develop, adjust and apply participatory design practices and initiatives as a strategy to engage and activate the MH community and local territory, to inform change at the individual, service and system levels, toward recovery and a community-based psychiatry. Moreover, the project aims to communicate and promote a culture of change indicating the social needs and challenges of MH users. Furthermore, the aim is to design the prototype of a Design Lab able to encourage user participation and multi-actor collaboration and to guide its local system.

Project's objectives were defined as the steps of the design process and arrived from the study of challenges that this project wants to face, the opportunities and finally the overall aim.

The project's objectives

— **Establish a board for decision making and agenda management**

Set a board of representatives of the local partners and set a neutral ground for collaborations and decision making and agenda management, between local 'social support' associations, social rehabilitation MH services, (CRA, DC, CPS) and users. The board will face the communication issues between the territorial collaborations and will act as a hub where the representatives can come together to exchange experiences and learn from one another. The lab's scope is to facilitate these gathering, guide them when needed and support learning, providing academic knowledge and field-acquired learning.

— **Introduce and further develop a service design methodology based on needs**

Use participatory design approach to support user inclusion and multi-actor

collaborations in the decision making and service co-design processes. The approach should be explorative, trying to identify the best methods to respond to the needs of the users. Additionally, methods and relevant practices should use a common language in order to introduce an easygoing environment and make participation enjoyable and casual. Therefore, lab should develop its own methods and tools through a process of testing and adjustment.

— **Set up a welcoming space**

The space is the core of the concept lab, the point of meetings and community gatherings, qualified to support engaging and collaborative practices. Furthermore the space will be a safe zone for new ideas implementation and testing. Most importantly, the lab should be welcoming, setting a ground for casual talks and making visitors feel comfortable to use its spaces and amenities. Moreover, the space should work as an open canvas letting people interact with it and place their personal touch, making them feel like home, comfortable enough to apply changes.

— **Collaborations to exchange knowledge**

Strengthen the collaboration with the three universities and ensure academic knowledge input and provide field acquired learning. The scenario lab will act as a pipeline of information applying knowledge from the disciplines of design, anthropology and psychology into real-life context, and communicate the results both towards the three universities and collaborators overseas.

— **Set up a team (Lab) including core members and field experts**

The core team will be composed of experience in design approaches and participatory methods, able to guide the lab's processes, mentioned before. Ideally the core members should be T-shaped profiles (Stickdorn and Schneider, 2015), with expertise in design but with a broad understanding of the MH field and social sciences. Furthermore, for the needs of research and services development projects, the lab will incorporate external resources from both the MH services and the social associations and even employ users. External resources will have to attend training programs, facilitated by the core team, to get accustomed to the lab's methodology.

— **Invest in the human factor**

The human factor is a major part of this project. Organizing hands-on workshops and coaching sessions for capacity building will provide knowledge transmission and enable employment of resources from the MH services, social associations, and users. Furthermore, training sessions, will ensure the participants will acquire understanding of the social aspect of mental health and the importance of user involvement and participation.

— **External communication**

The lab will provide tools to communicate with the local community and citizens, public and private organizations and entities, both locally and overseas, and colleagues from other labs globally. Digital tools will ensure transparency and communicate research findings and experiences outwards, leaving a space for interaction, while events and activities will allow interaction with the territory and citizens' engagement. Events will aim initially to demonstrate the values of the lab and its objectives, involving the community as much as possible. The messages should be clear, shaped in a common language for all who are not aware of the lab's methodology and work. Lastly, communication between the team and other lab teams overseas will aim to bring more knowledge and applied learning.

— **Set evaluation practices**

Set project evaluation methods to measure the impact of the project before and after the new services. Use target users' statements concerning the current MH services, attained during fieldwork and set milestones for consistent evaluation using qualitative methods.

CHAPTER 8

CONCEPT DESIGN

The development of this project arises from an iterative process of exploring the challenges, considering the opportunities and threats and grasping the objectives, and generate ideas to best adapt to the needs of the target and the network. This chapter demonstrates the concept design, as a response to the challenges and needs described in the brief and guided by the suggested aim and the objectives

In details, the chapter defines the concept lab regarding its purpose, approach and methodology; describes its ecosystem, team and space; and finally its communication means and purposes.

The lab proposal is estimated to operate as a pilot program for a period of 18 months until its final evaluation and endorsement. In other words *La Casa di Cooperazioni* will follow a process of fit in the territory; a process which started since the initiation of Recovery Net. All the subsequent project development choices were driven by the value proposition which represented the prototype of this lab as follows:

8.1 DEFININING LA CASA DI COOPERAZIONI

The purpose

La Casa di Cooperazioni develops, adapts and applies design methods to encourage user participation, multi-actor collaboration, empathy and prototyping, in order to reshape existing, and establish new, recovery oriented services in the territory. Moreover, *LCC* aims to communicate and promote a culture of change indicating the social needs and challenges of MH users. More explicitly, LCC is the center of its entire multi-stakeholder network, functioning as a place for dialogue and space for processes of service conceptualization and experimentation.

The process

LCC recognizes the need of intersecting multiple approaches and academic knowledge in order to address challenges. LCC main stream of work aims to concentrate academic knowledge from universities and relevant cases overseas to support and inform its multi-actor collaborative activities of service conceptualization and real real-life testing. Therefore, it captures tacit and domain-based knowledge by evolving new service concepts in real-life. LCC will benefit by private-public collaborations and partnerships in order to obtain access to the local MH service system and use field experts as resources during its conceptualization, decision-making and experimentation processes. Lastly, LCC aims to circulate learning from its research and project experience, by engaging with the local community and communicating with private and public organization both local and overseas.
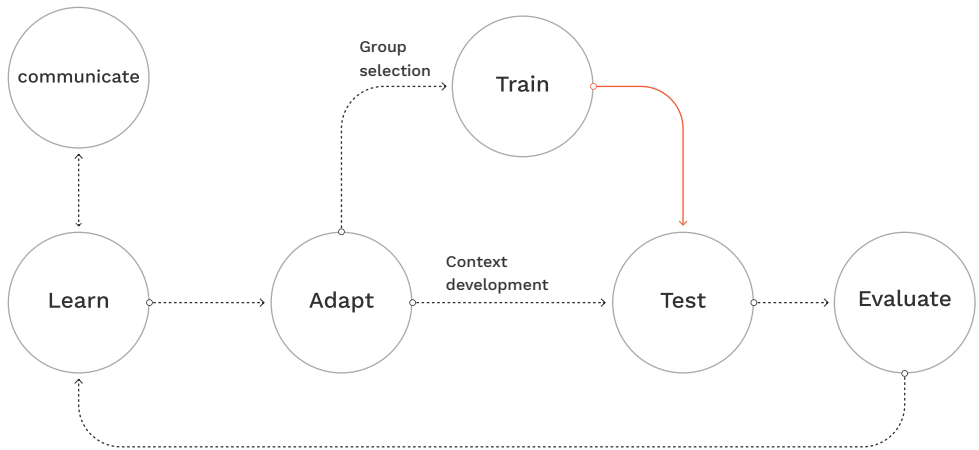
The approach

La Casa di Cooperazioni is branded as a regional independent body; a space for service development and experimentation, prolific in four main streams of work:

1   Active collaboration within its network, for the conceptualization, experimentation, evaluation, and development of services specializing on the recovery pathway of MH users and social rehabilitation.

— Establish strong alliances for project multi-actor collaborations and information interchange.

— Expand its knowledge and applied methodology to its network, creating a set of common instruments of work.

2   Develop administrative capabilities by becoming an integral part of the local stakeholder board, aligning cross-sectoral activities towards desirable societal changes.

3   Seeking domain-based and academic knowledge, from colleagues overseas and Instructional research teams.

4   Communicate with the local society, local private-public organizations and MH services, to promote a culture of change and distribution in-field acquired learning.

Co-design methods to inform and support active involvement

Design-focused teams operate successfully in the public sector and healthcare because they just do things differently. In order to ignite change, and to bring a new innovative approach to the public sector, the normal practices and methods have to be challenged. Although, the very nature of the purpose of LCC is to apply and test design practices for user research perposes, service development with the MH users and prototyping. LCC is driven by the idea of active user participation and co-design

Figure 24   The learning approach

processes, and supporting the plurality of approaches and discussion for decision making. More specifically design tools will be able to guide the discussion among collaborators, ensure that all the voices are equally heard, and the participants are equally involved. Although, the methodology will be constantly adjusted according to the emerged needs, in order to serve best the network's practices and participation processes.

As stated, LCC methodology is very related to academic and in-field learning. New acknowledgements and practices will be translated into prototypes and get tested either in the same environment of the lab, or directly in the open as pilot programs. The prototype method though will be decided according to the projects' aims and the agenda specifications (time schedule, resources, available space, collaborators involved).

Through prototyping methods LCC intends to bring a constant and early evaluation culture during the service conceptualization and development phases; something which is missing in the local MH services and sector. The prototyping methods will act as a form of constant evaluation while doing, and further enable learning through

making. As Elisabeth Sanders mentioned (2013), another positive aspect of prototyping, is its ability to invite non-designers into the process, and make them feel comfortable by doing. In this way, LCC will be able to call into action, stakeholder and mainly MH service users, directly during the training sessions and involve them in decision-making while conceptualizing.

The core will be able to evaluate learning through the processes of prototyping and training sessions, measuring the impact of distributed knowledge. To do so, interviews with the project participants will be organized both before the initiation of a project or/and training program and after, in order to measure the impact of learning.

The lab's Values

User involvement, Network Governance, Multidisciplinarity, Doing before thinking, Distribution of Learning, In-action evaluation

8.2 THE FOUR STREAMS OF WORK

1. Active collaboration for service development, testing and training

La Casa di Cooperazioni aims to redesign existing and immagine new social rehabilitation services focusing on the four steps of recovery (see further, section 1.4.1): reawakening of hope, aiming for independence, social reintegration, the challenge of employment and personal relationships. To do so, LCC sets collaborations with the MH departments, the associations La Rete, Elefanti Volanti and ACLI, and target users, to foster plurality of perspectives and active multi-actor involvement.

While these alliances are offering information about the status quo of the territory and the MH services, they also offer spaces and direct user interaction opportunities for the phases of development, testing and evaluation of services. La Casa di Cooperazioni

on the other hand will serve as a space for collaboration, ideas exploration and conceptualization; a space for safe experimentation and prototyping before projects will be released into the open. LCC, sets training programs to transfer its knowledge and methodology to the network, building a mutual working language and providing common working tool. Training programs will be set up to prepare the prospect personnel of the services both before and during the prototyping sessions; enabling a real life learning and testing of skill.

2. Developing administrative capabilities

La Casa di Cooperazioni will face the communication incapabilities of the its ecosystem and operate as a communication body in the center of its network. The core team will been organizing and facilitating meetings, called the *house gatherings*, gathering representatives from its collaborators. The meetings will be carried out monthly, at least during the first months and the frequence will be adjusted as needed. The meetings, will serve to align agendas, distribute knowledge among the agents, and receive an input of ideas and requests from the representatives of each group. These meetings will be also necessary, in order the stakeholders to co-define the direction of the lab and its next actions, keep consistency to the aim, and discuss the emerged needs of LCC in terms of human resources and spaces. LCC core team will support these meetings with materials and methods helping to reach agreement in one dimension.

Although, facilitating such as big participation and so many different perspectives, it is certain that at some point there will be some tension. The core team should be responsible to deal with the tensions and conflicts that diversity inevitably entails (Mager et al., 2017).

3. Seeking knowledge

Collaboration with the three University faculties will ensure the domain based knowledge input for both LCC and subsequently its entire ecosystem. The domains of Sociology and Psychology in combination with Design will offer an important spectrum of knowledge, aiming to set and adjust the LCC approaches. Partnerships will allow access to research teams and constantly seeking for new approaches, strategies and opportunities. The LCC team will set information pipelines the main Lab networks, Desis and European Network of Living Labs. This will create new opportunities for collaboration and knowledge input about what works from around the world; hence, broader the lab's input of knowledge.

4. Communication and culture of change

One the main streams of work of LCC is the processes of communication. Communication has two separate aims and subsequently, ways of operating.

On the one hand it aims to stimulate a culture of change, helping the society to understand better the needs of people with mental difficulties and the social affection. There is a need for awareness in order to to create a deeper understanding of the integration difficulties connected to day-time activities, work, and programmes aiming to promote social integration. LCC is aiming to take action where it is needed the most, setting community events in the MH service facilities, coaching events and workshops in the lab's space, and entertaining events in the green spaces of the territory.

La Casa di Cooperazioni sets the right mediums and/to communicate outwards both locally and globally. Communication process will provide also transparency concerning the lab's actions and better collaboration between the partners and collaborators of the network. Digital mediums like a website and social media in combination with local events will be the main tools of communication.

8.3 THE SOCIAL DESIGN HOUSE NETWORK

La Casa di Cooperazioni is the center of the entire Network, facilitating and coordinating its individual group of allies, consisted of four dominant groups of: Universities, local social associations and NPOs, the DSM and its MH social rehabilitation services; and lastly the Recover Net partners. LCC plans to set a constant information and human resources flow and space provision between these collaborations in order to achieve its missions. Furthermore, LCC operates as a communication knot between its local alliances with the four dominant groups and the Recovery Net partners.

As stated LCC will operate close to its network, using its collaboration with the MH departments to operate from within, in order to develop, implement and test its ideas. Operating using Inside/Outside partnerships will allow the network's actors to benefit from each other's strength and amplify the reach of a Lab's work (Perla, 2019). Although working closely with all the four groups, LCC will strive to stay neutral and be responsible for enforcing equality in decision making and strategic involvement. According to Scholl et al. (2017), a hybrid position will offer flexibility and a neutral position comparing to different purposes of different actors. LCC can easily shift its interest according to the needs of the agenda avoiding conflicts of interest; this will be the approach at least for the first 18 months. As Schroll et al. argue 2017, p:81), "the way and urban lab is positioned is not set in stone"; and there could be several reasons why La Casa di Cooperazioni could change positioning after the prototyping period and the main reason is funding; since it's not clear yet how the lab will stay sustainable after this period, or gain independency.

Notwithstanding, collaborations with agents inside the three categories of departments will open doors to the broader ecosystem such as accessing and working directly in the MH services with user and stakeholders.

The role of the user

La Casa di Cooperazioni embrases the value of user involvement, including MH service user experts in the desision making of the lab and during the incontri informativi. Users are the major part of these meetings participating and guiding in a way the entire meetings respresenting their experieces and advocating for their social needs. Furthermore selected MH users will have the chance to attend the lab's training programs and advance skills crucial for collaboration and communcation.

Universities Group

Partnership with the three universities, Politecnico di Milano, University of Milan Bicocca and the University Cattolica del Sacro Cuore, for the Recovery Net project

has offered to LCC the most import allies in terms of academic knowledge input and human resource support. Access to the research teams offers an input of innovative findings and a source of inspiration. LCC aim to apply knowledge in action, influencing and guiding the network's decision and processes; furthermore, test and evaluate knowledge and its applications, communicating in field learning towards universities. Methods and theories of Psychological and Social sciences will be translated and applied in order to reinforce the human factor and ensure that the user is involve in the lab's activities. The partnership will also offer human resource support to the Lab, opening opportunities for Ph.Ds and interns.

MH services Group

Collaboration with the MH departments and more specifically the DSM and the social rehabilitation services CD, CPS and CRA, will provide 'openness' to project team to work inside the infrastructure of the services, interact with users and staff and prototype solutions in field. Collaboration with the these three departments, is the best place for LCC to start, exploring the gaps and areas of opportunity of the current social rehabilitation services. The lab will establish human resource collaboration with the departments, involving in the projects both stakeholders and service users. People will assist with their know-how and experience, both in research and conceptualization processes.

Local Associations Group

Project collaboration with the following local social associations: Christian association ACLI, Associations Elefanti Volanti and CDA, NPO La Rete, NPO Alba, will favour the service conceptualization processes with know-how and experience on the territory. Since these associations operate in the territory for many years their knowledge concerning the local needs, and their constant interaction with users is an important wisdom note for the lab's processes. LCC aims to cooperate concurrently with MH departments and the social associations, combining knowledge, perspectives, resources and under any circumstances, existing services and spaces. LCC will be able to provide a common ground for the MH and Local Association group and explore
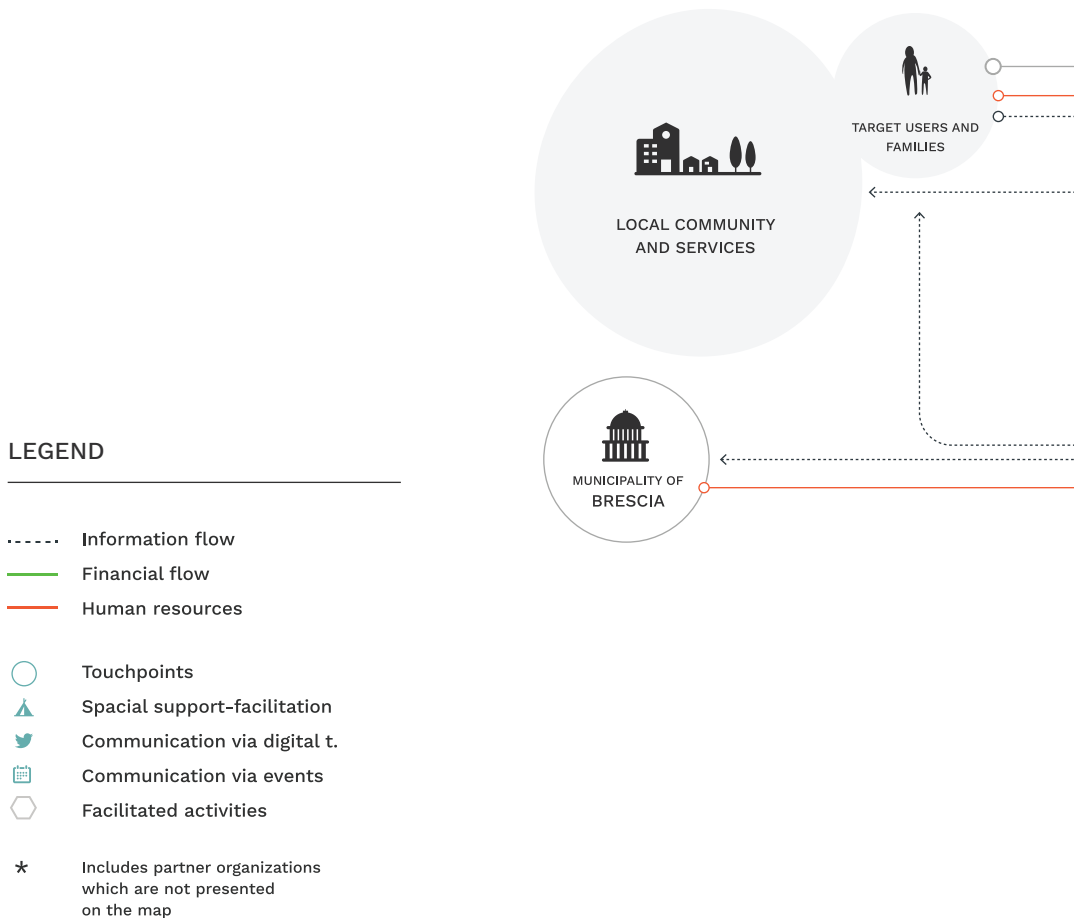
patterns of collaborations through the development of new services. Information flow will be consistent between these two group and the main focus of the Lab for the development of new services.

Other actors

Recovery Net is the main financial flow of the LCC, at least for the next 24 months according to the project agreement. As described the pilot period will last 18 months, where the funds will be used for the development of the space and the mainly the recruitment of resources, as discussed. A direct contact with the municipal authority of Brescia, and having an agent from inside will provide an ally while having to deal with bureaucratic issues for the establishment of new territorial services or the need of to operate in a public space. Teatro 19 will be considered as the key collaborator for communication events and festivals, extending its performances such as project *Metamorphosis*. Events like this will communicate with the local community and attempt to take a more creative and graceful approach. Teatro 19 will be informed about the action of the LCC in the territory and will collaborate with the board, assisting the scope of cultural change.

Ecosystem map

The ecosystem map (see figure 24) is a physical representation of the future system, representing the groups involved, partner organizations, and the interplays between them and LCC. Furthemore charts the financial and information flow and human resources interchange, and the main actions of LCC. The map also demonstrates the touchpoints the lab will use to interact with the various actors involved.

TARGET USERS AND
FAMILIES

LOCAL COMMUNITY
AND SERVICES

MUNICIPALITY OF
BRESCIA

LEGEND

- - - - - Information flow
———— Financial flow
———— Human resources

○ Touchpoints
⛺ Spacial support-facilitation
🐦 Communication via digital t.
📅 Communication via events
⬡ Facilitated activities

∗ Includes partner organizations
which are not presented
on the map

Figure 26   SDH Ecosystem map
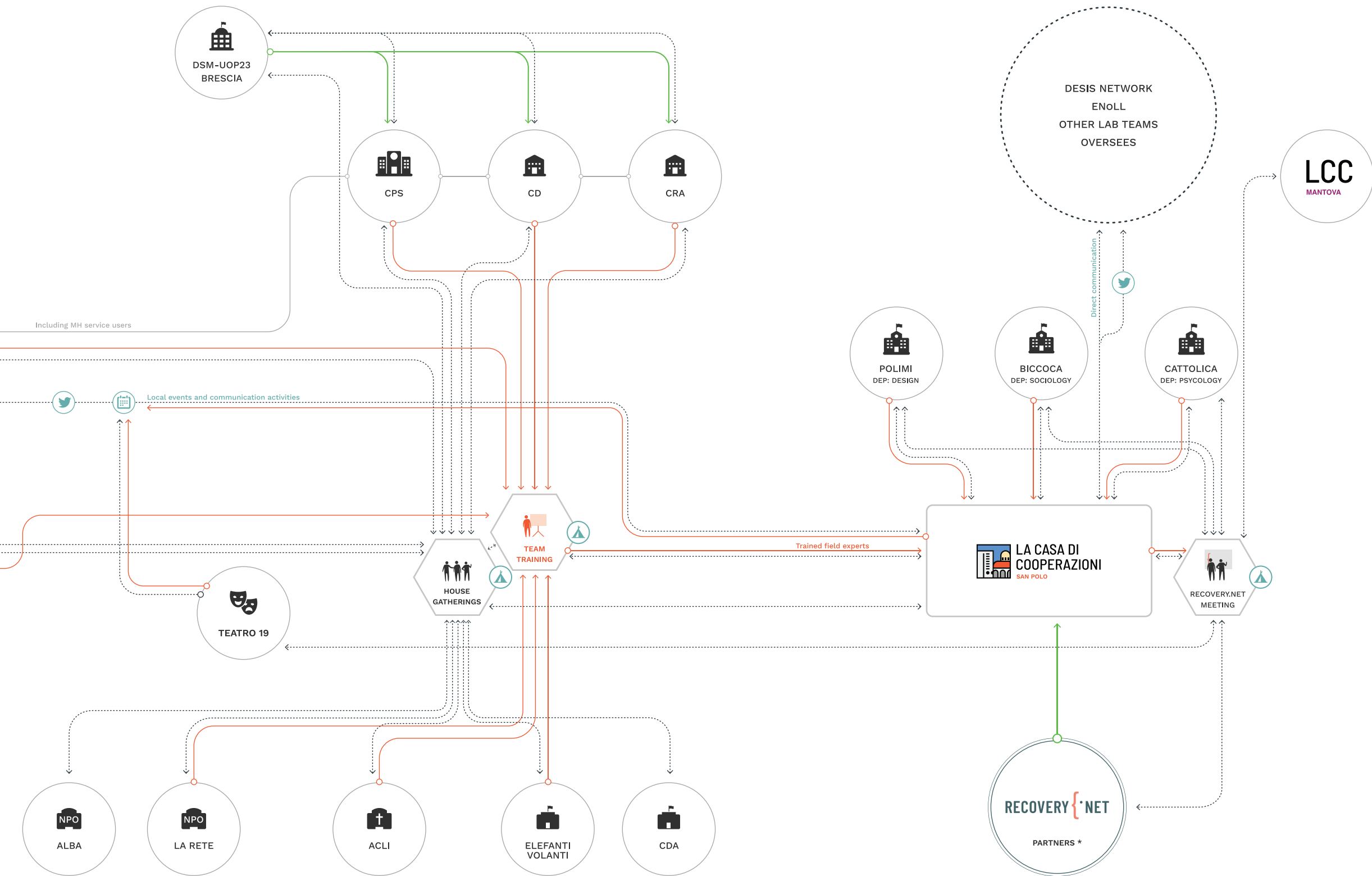
8.4 THE TEAM

La Casa di Cooperazioni intents to work with a core team and periodically by utilizing local resources of its network as outside experts. This pattern will enable a neutral position outside of the system supported by experts when needed. A core team of design experts is essential to manage the lab and its processes, while outside experts are importance to support the lab's processes with their sectoral knowledge and experience.

The Core team

La Casa di Cooperazioni will develop a small core team consisted by service users and staff, family members, experts from social associations and periodically the support of external resources. The size of the team should be ideally limited to 5-6 people. The team will be defined before the first operations of the lab and the members will be chosen during a Recovery Net stakeholder meeting.

The core team will be mostly responsible to facilitate and guide the lab-hosted activities, and will be in charge of managing the space. Therefore the role of the members is mostly administrative. The members will also have communication tasks, contacting with external resources, and the labs network, organizaing the events and project activities and keep the digital mediums of the lab updated. Although, in order to guide the processes of collaboration, a specific domain based knowledge is needed.

The core team members should be shaped based on a T *shape profile*, where their solid are of knowledge and experience should be the MH services; for this reason MH professionals and MH service users are needed for this team. On the other hand, the core team members should have a broad understanding and various skills helpful to the lab's operations, knowledge of the territory, understanding of the bureaucratic processes, trained to use participatory methods and tools and teamwork activities, ideally one of them should have advance writting skills both for the communication tasks.

The prospects have to attend a 2 week training program where they will be trained applying methods and tools of design, and start applying the lab's methodology; able to cooperate and guide the lab's activities. Training sessions will originally have a form of coaching classes and capability learning workshops organized before the lab's initiation.

The cooridnator of the core team

Recovery Net partners will define the coordinator of the core team before the initiation of LCC operations, while defining the core team. The coordinator is someone with experience in the MH sector and capable of leading collaborative activities involving MH service users. Furthermore, the coordinator should be capable of working taking a user inclusive approach, ideally trained in using participatory the methods and tools.

His/her role is to coordinate the core team members and manage the communication with the collaborators. It is also radically important, the director and the core team members to become a strong personal brand leading LCC; reaching out actively the wider community, particularly during events and open days an be involved in the projects of the Lab.

External resources and training

La Casa di Cooperazioni aims to collaborate with its allies and call into action people for the local organizations, based on the needs of the agenda. LCC's core team will collaborate for the project development with field experts from the MH departments, social associations and NPO, local entrepreneurs and the municipality of Brescia when needed.

Since the lab's aim is to work from the inside of the public MH service, working with MH experts is essential. Experts from both the social rehabilitation MH services (CD, CRA) and the local social association (Elefanti Volanti, La rete ACLI) are important

offering their know-how and experience.

Collaborations with field expertes will ensure the transfer of knowledge and the new culture into the MH departments, but also make the experts more sensible about the service which they worked on. LCC will also focus on helping employees of MH departments and social associations to understand the users better, and use the knowledge they gained to empower them. This will ensure the longevity and persistence of the project changes and make the experts, the ambassadors of LCC, able to circulate learning. Although, the participants should be aware and informed before the initiation of the training program, that they are merely involved for the needs of specific projects.

Universities partnerships will offer opportunities for students providing them real-world experience and learning application (Reay et al. 2016). Having internship positions available is a way of boosting sustainability. Based on the model of the DHW lab case, a summer student intern programme will be able to assist the lab prototype during the first months and the establishment.

8.5 COMMUNICATION

Key to make LCC more visible to its eco-system is having its own identity. According to Scroll et al. (2017), several tools can serve to develop a strong identity, such as name, logo, website and social media. Furthermore, the use of communication tools can help to communicate outwards concerning the processes and establish a culture of change.

The name

La Casa di Cooperazioni describes a common space for collaboration in the area of San Polo; a place for dialogue as mentioned; but furthermore, it described the aim of the lab to provide a welcoming enviroment for the actors who will work in its space.

Communication tools

The core team will apply two way of communication with the external community, digital and physical. Digital touchpoints will serve to keep the network and the local society involved and informed about the projects, the decisions of the board, spread knowledge, define lab's identity, and communicate with other organizations outside of LCC's ecosystem.

On a local level, events will be organized in different spaces, taking advantage of the territory and exploring new places, enabling new partnerships and spreading the lab's reputation. Open days will welcome people in the lab to demonstrate the space and explain pieces of work, showing the methods and tools of LCC. Partnership with Teatro 19 will offer the opportunity to collaborate and embellish these events, aiming for human interaction and cultural change.

The online platform

La Casa di Cooperazioni holds an online platform, providing information to citizens, partners and collaborator about the lab's approach, mission and methodology. It further provides information about current projects and events. Users can acquire information concerning the lab's space and functions and will have the chance to comment on articles, evaluate the projects and make personal suggestions. the platform will keep a record of articles concerning the lab's processes, the events and activities and research outcomes. This will ensure, on the one hand, that the stakeholders can actively participate in the development of projects, and on the other hand, that the requirements and wishes of the stakeholders can already be considered in the planning and implementation stages. Lastly the users can learn more about the core team and read about the main collaborations and partnerships.

As a digital medium, the website will be the base of the immediate communication outwards since it requires no resources to spread the Lab's knowledge and experiences both locally and globally. Other innovation teams can join and learn about LCC's actions in the territory.

Social media

The team will maintain an active twitter account in order to communicate internationally, exchange information and learning with other labs teams globally. Building LCC's reputation, based on transparency, can draw more projects and possible collaborations, able to boost the sustainability of the lab. Based on a brief research through several social media, twitter is the most used between organizations of the same type, and relates to the identity of La Casa di Cooperazioni. As a platform will serve best for sharing internal information and help to define LCC's values and neutral position. Furthermore, twitter can promote articles uploaded on the website, increasing the accesibility of the second.
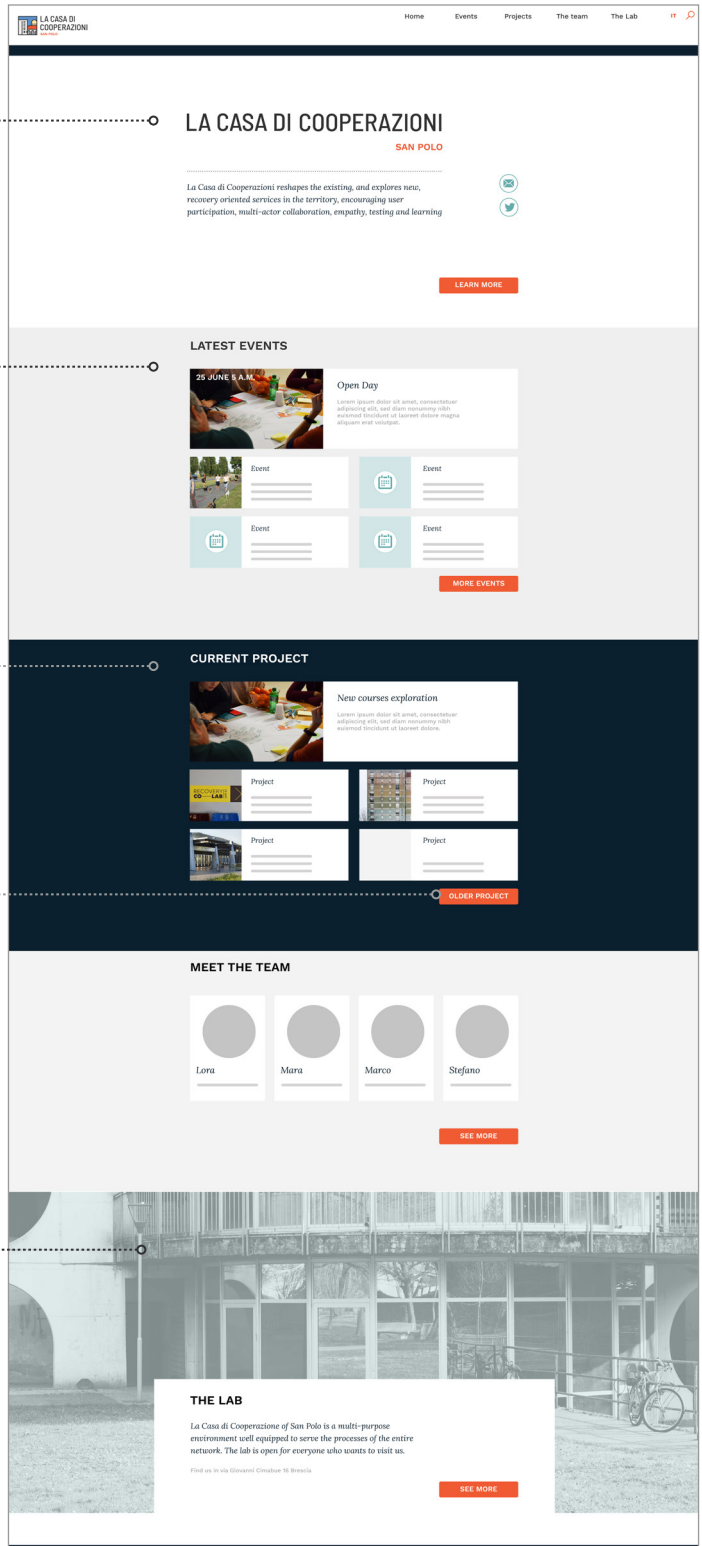
Information about the lab's approach, mission and methodology

LA CASA DI COOPERAZIONI
SAN POLO

La Casa di Cooperazioni reshapes the existing, and explores new, recovery oriented services in the territory, encouraging user participation, multi-actor collaboration, empathy, testing and learning

LEARN MORE

The local events will be online, keeping the community informed

LATEST EVENTS

25 JUNE 8 A.M.

Open Day
Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat.

Event

Event

Event

Event

MORE EVENTS

La Casa di Cooperazioni will provide a series of articles, about the processes of the projects and the participants involved

CURRENT PROJECT

New courses exploration
Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore.

Project

Project

Project

Project

OLDER PROJECT

Users can comment on articles, evaluate the projects and make personal proposals

MEET THE TEAM

Lora

Mara

Marco

Stefano

SEE MORE

Users can acquire information concerning the lab's space and functions

THE LAB

La Casa di Cooperazione of San Polo is a multi-purpose environment well equipped to serve the processes of the entire network. The lab is open for everyone who wants to visit us.

Find us in via Giovanni Cimabue 16 Brescia

SEE MORE

Home   Events   Projects   The team   The Lab   IT

8.6 LA CASA DI COOPERAZIONI: THE LAB

The importance of common ground to host such as big network of actors becomes central. Furthermore, the physical space will be functioning as a neutral ground between the actors of the ecosystem, and a safe place to conceptualize and try new things. In matter of fact, it is a base where all actors come together and collaborate under a single roof. Therefore, the physical space of La Casa di Cooperazioni of San Polo will be a multi-purpose environment well equipped to serve the needs of each one of them. The space should be able to host the training sessions, open days and other events the Incontri informativi and Recovery Net meetings; and moreover provide an equipped working environment for the Core team to operate.

The existing Space

As mentioned the given space is located in the ground floor of Cimabue residential tower, same floor as CDA, Elefanti Volanti and the rooms where some activities and events take place. The spaces available are two rooms of approximately 40 square meters each and a bigger one of approximately 60 square meters. The rooms are already furnished with the basic furnitures needed such as desks, chairs, and some cupboards. Furthermore, the rooms have already lights and heating systems. The design concept is defining the spaces and their elements based on the purposes of each room. Furthermore, the selected furnitures and equipments are the basic the lab will need for its initiation. One month after the opening, a workshop will be held, to identify better the issues after the first weeks, and make suggestions for the improvement of the working environment. This workshop will help to identify more detailed specifications such as colors for the walls and decoration. This sessions will also provide an opportunity for the prospect users of the space to be actively and equally involved in the design and continued development of the physical space, assisting the core team.

La Casa di Cooperazioni will take advantage of the three divided spaces and give

● ● Figure 27   The current space on the ground floor of Cimabue residential tower

a specific identity to each space. The biggest space located will serve most of the collaborative activities and community events; the second biggest space will be the office of the core team, where all the equipment will be located; lastly, the third space, will host the training and Prototyping sessions. The three spaces of the lab will be constituted of the basic furnitures like desks, chairs and blackboards, and mainly semi-permanent carton dividers. The dividers are light and flexible, able to create a semi-permanent space that helps provide a sense of both flexibility and

The living room

Prototyping room

The Nest
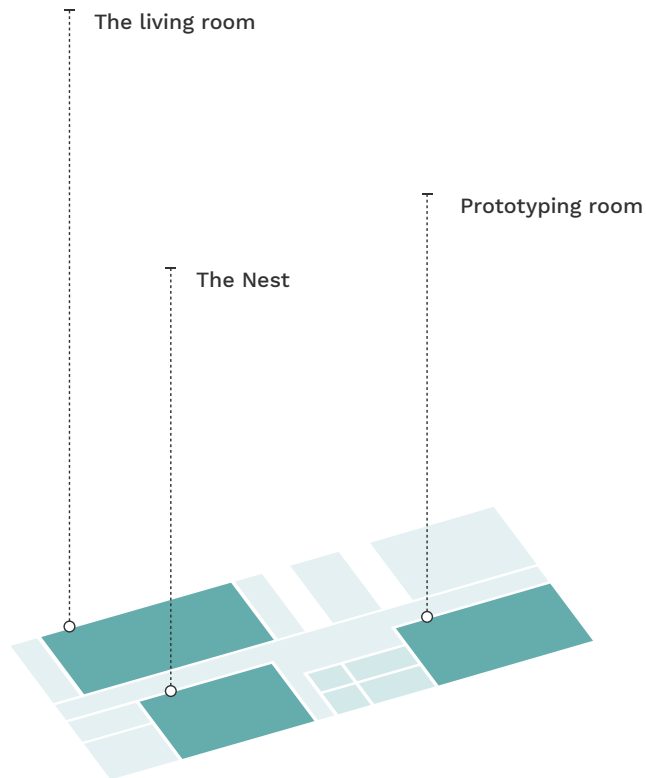
•• Figure 28   Floorplan

utility. Furthermore, divided can be used during the research activities and co-design workshops to cluster tangible materials like sketches, photographs, and post-its.

As Sayiner argue, "instead of attempting to craft a space, it is more efficient and cost effective to allow employees to personalize their own spaces and to move about the office to whatever space is allowing them to be most productive on a given day" (2015, p.8). Based on the idea that each person will be most efficient when a space matches with his/her preferences, LCC has an open policy concerning the decoration of space, allowing people to customize their work environment and feel like home. Although, LCC is providing a space with all necessary equipment, decorated enough to present the labs values and actions.

The living room

The living room (figure 29) will be the center of the entire ecosystem, well furnished and equipped in order to host any kind of community events and collaborative activities. Since this is the biggest room available and the best source of physical light, it was the most suitable room to facilitate such a broad participation of actors. The room is available for community meetings and gatherings by booking, in order to boost the sustainability of the lab. Local organization can book the living room, making a request online.

The room will be consisted of medium size desks, able to create an island formation for workshops' team activities, trolley cupboards with all the necessary materials like markets, post-its, notebooks, etc; two projectors for presentations; and several semi-permanent carton dividers with bases. Some of the dividers close to the entrance will exhibit the variety and depth of lab's in progress projects. On the wall, big posters will demonstrate pieces of the completed projects. Serving as a public archive, the space should be able to speak by itself, displaying various projects and in field processes, showing the many phases through which project ideas are developed, tested and reiterated before they are applied. Furthermore, some posters will display the methods and tools used by La Casa di Cooperazioni. During the community

events, the external visitors will be exposed to a whole range of different conceptual developments and cases studies along the way. Small tables at the end of the room will serve for user interviews and more individual activities. Lastly, the room has a vending machine and a fridge, for storing the necessary goods for the workshops and events.

Activity examples taking place in the Living room

Discovering job opportunities

One of the activities organized in the 'Living room' is a program preparing the users for job preparation and reintegration. The core team invites two labor consultants from the territory to assist with these activities. Together, they organize the day, inviting MH service users and tower inhabitants to participate. People are asked to bring their CV if they have any.

A common day of this type of workshop, people are usually divided into small groups of 5-6 people and start by presenting themselves and their experiences. In a second round the workshop, facilitators ask the participants a series of questions to help them identify which type of Archetype they are. People seem to be very interesting to learn the archetypes and more about the other participants and start their own conversations. The group instructors then start by giving them CV templates and explaining them the amount of information they should include in the CV and helping them prepare the given forms. The instructors further explained to them briefly the labor laws and the rights of employees.

During the last phase of the workshop, participants have a simulation of an interview, asking questions in couples; having an alternative role of interviewers and interviewees.
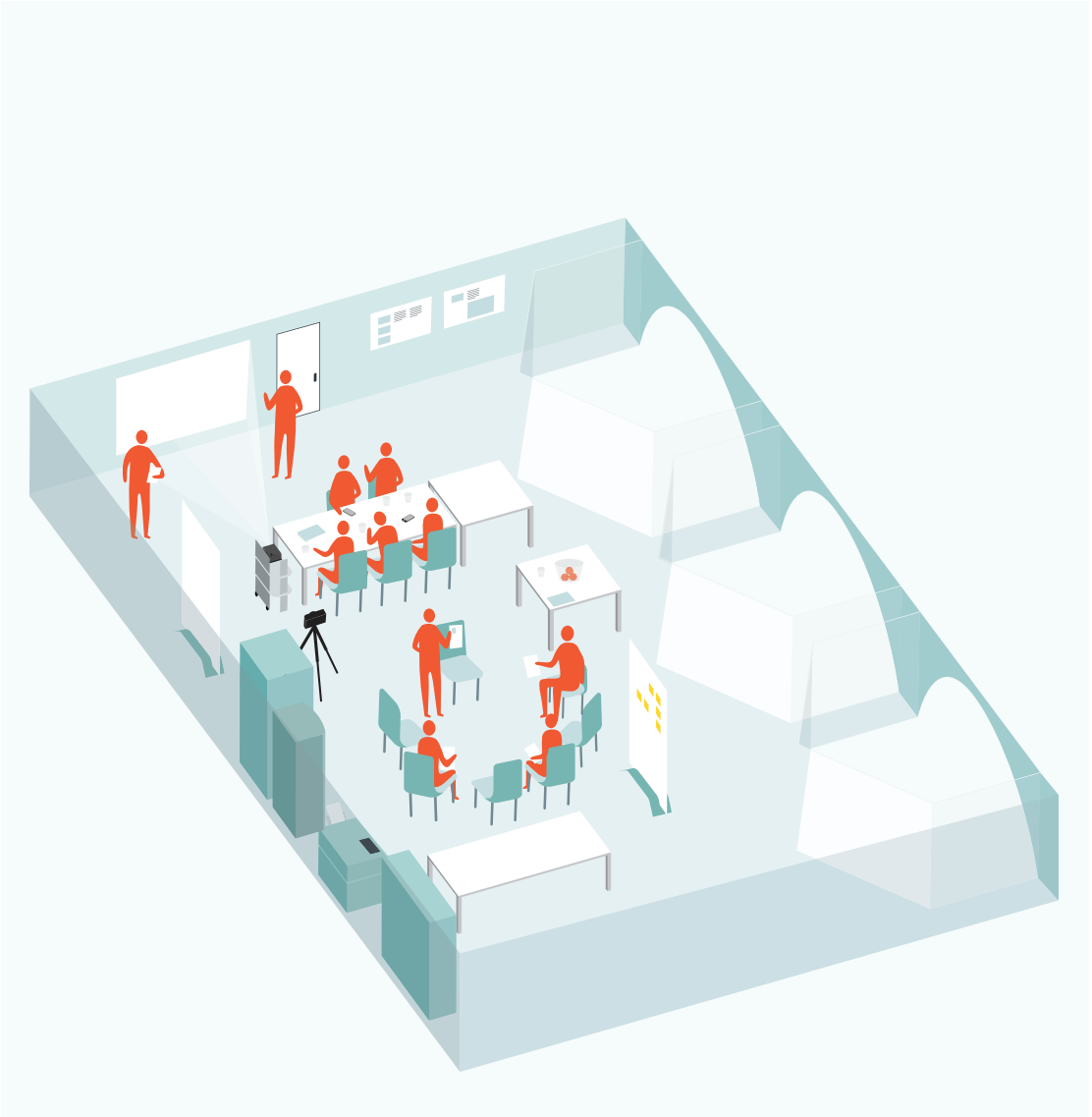
The Living room is well furnished and equipped in order to host any kind of community events and collaborative activities.

Figure 29   Living room

Dinner with the community

One of the most often events organized in La Casa di Cooperazioni is the community dinners. Open dinner days are usually organized once monthly in the bigger space of the lab, the living room. It is a great opportunity for a big gathering involving people from the lab's community, citizens, tower inhabitants, and their families. People who usually meet during the lab's activities have the chance to meet the families of their friends. These dinners are the chance for the lab to introduce its space and its activities demonstrated on the walls of the living room.

After dinner, people involved in the current painting activities of the tower's common spaces are sharing their experience from the project. Members of the core have prepared a slide show demonstrating the situation before and after and photos of the process. Citizens start asking questions about the next plans and some others decide to propose their ideas. Monthly dinners aim to bring the lab's community together but enable the citizen to propose openly their concerns and aspirations.

The prototyping room

The prototyping room is similarly equipped to the Living room. This room will the heart of prototyping sessions; the safe enviroment for service early prototype concepts and role playing. Furthermore, this space will serve for the training sessions of the territory experts of the lab, and the resources of the developing services. the space will be available for meeting and workshops in cases where the number of participants of are superior to the capacity of the Collaboration room and a second space is required. Therefore, this rooms will contain desks and chairs for the visitors, a

The Prototyping rooms is the heart of every creative process; a place were users can attend training courses and participate in prototyping sessions.

● ● Figure 30   Prototyping room

projector, and a cupboard for extra stationery material. A printer will be placed in this room, for the immersive needs of the prototyping sessions like mockup preparation.

Activity examples taking place in the protoyping room

Repairing our home

La Casa di Cooperazione decided to organize a series of maintenance activities to help refurbish the damaged common spaces of the Cimabue tower. The team with the help of La Rete contacted some local shops, inviting painters to give us a small introductive course and assist with the activities. Two shops which agreed on participating decided to visit and give a course for beginners who wanted to learn how to paint and use acrylics. People from the CPS are invited to participate in the training course and assist during the restoration activities, developing their skills by doing.

The first day, the training starts really early in the prototyping room, dividing the participants into four groups. After a small introduction and a warm-up activity, groups start using the tools, looking at the available colors choices, and expressing their aspirations. With the guidance and the suggestions of the painters, the teams are learning the basics of painting. During the second day, many more people from the tower decide to participate, eager to learn and help to make the tower more beautiful. During the day, painters explain the importance of keeping the walls clean and give some pieces of advice in order to keep the tower and the walls cleaner. CPS users and tower inhabitants are working together for the first time, developing new skills.

The lab's team decided to write one of the first articles describing these days of work, showing photos of before, during and after, mentioning the broad participation. Furthermore, the article specifies the tips for a cleaner space and highlighting the name of the shops who assisted with their know-how, as an expression of gratitude and promotion of the shops.
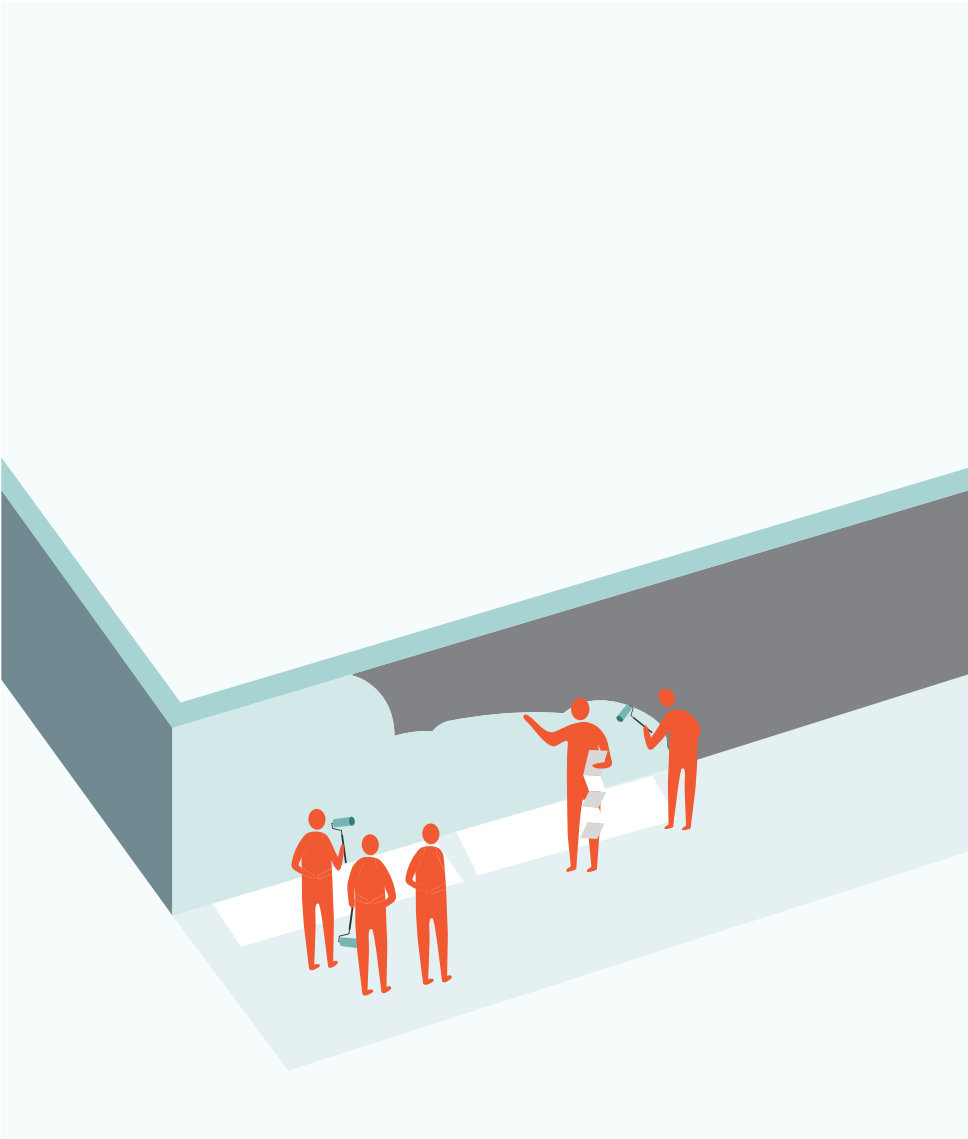
CPS users and tower inhabitants are
working together, developing new skills

Figure 31   Collaborative maintainance activities

The Nest of the core team

The Nest of the core team, is the smallest room, located next to living room and will be the office of the core team. This room serve for brainstorming and coordinating activities the group will carry out. The rooms will contain desks chairs, with three desktop computers, some carton dividers, a blackboard for notes, and the printing machine for the preparation of materials. A cupboard with a lock will contain the lab's central server and next to it another cupboard will serve as a storage of equipment, like cameras, audio recorders, camera tripods.

The Nest is the base of all brainstorming and coordinating activities the core team will carry out individually

Figure 32   The nest

COCLUSIONS AND CONSIDERATIONS

Design approaches are constantly becoming more popular and accepted in the public sector, but there are few cases of design application in MH sector and recovery-oriented services. This project applied a co-creative approach to deal with the challenging the sector is facing. As it was evident from the literature review and noticeable during the field research of this project, co-design practices are advantageous for multi-actor projects like Recovery Net. User involvement and prototyping operated as the key drivers of this project. Co-design methods created a win-win situation for both the participants and the research teams. All the participants wanted to constantly be involved in the decision-making processes for several reasons. After all, creating an end product like the LCC and its network affects the entire ecosystem and consequently the lives of the actors involved. Participants supported us with their knowledge and sharing of their experiences during fieldwork,and most of them seemed to enjoy the involving activities.

On the other hand, the research worked as an evaluation of the design approach, applied to the territory. It helped people to familiarize with it and the team to understand the effectiveness of these methods in the specific territory. Understanding the value of design approaches in the field, it was crucial for the definition as the base methodology of La Casa di Cooperazioni. Therefore, project research was a good practice to start building the methodology of LCC. As people seemed to react positively to the participants during the activities it was evident that the lab should continue with the same approach.

Personal takeaway

This project is based on the strong intersection of empirical and theoretical findings from all three, literature review, desk and field research. While desk research and the literature review on mental health and service design, has offered me a strong theoretical understanding of those fields, the long process of field research has offered a unique experience and knowledge.

Working on a multi-stakeholder public project was certainly an opportunity, to recognize the challenges of vast participation, with the most obvious and common: the difficulty to keep a small number of participants through the activities; the difficulty to arrange and coordinate project activities; the prolongation of the project timeline, impacted by the postponed activities; and sometimes the obvious conflict of interest. Although, the acknowledgment of these challenges was important as considerations during the design phase of the LCC concept.

Future considerations

The process of evaluation

In order to monitor the overall progress of the Recovery Net actions, some qualitative indicators have been set by the partners and collaborators of the projects. According to the project proposal, these indicators that can be measured through regional data systems are focused on the recovery paths frequency and number of users. More specifically the project plans to measure the number of DSM users in the recovery paths, the participation to the employment programs and numbers of success and the drop-out number of MH service users two years after the LCC initiation. Although qualitative data may offer a detailed overview of effectiveness, they may exclude the human factor and the common opinion about the new services and pathways. Since the Recovery Net field research offered a basic idea of the current situation, based on qualitative data and the voices of all the participants, it will be valuable and practical to organize a second series of interviews or/and workshop after a certain period (1-2 years), to measure the impact of the lab. Ideally, the same participants should attend these sessions to compare the responses before and after this period.

Sustainability

Although, Innovation teams and labs multiply and spread at various levels in the

public sector globally, up to not few examples of labs are self-sustainable, LCC is a prototype focusing on the needs of the Recovery Net project and functioning a prototype funded by this partnership for a specific period. Ideally, before the end of its prototype phase, the lab should consider ways to gain financial independence. This can happen by attracting the interest of clients from Italy and abroad and acquire new projects. Communication and promotion of the current work can uprise the reputation of the lab.

Communication with other teams.

The LCC team should continue exchanging experiences and knowledge with other innovation teams overseas. No matter the sector and the methodology, experiences from every innovation team can be useful for the work of LCC. Creating contacts will bring new opportunities for collaboration and learning about what works from around the world. For instance, the two representatives from Malmo Living lab and La 27e Région, have enlightened us during the desk research, willing to share openly their know-how, from years of experience. These type of communication should continue on a regular basis with even more teams exploring new ideas and methods.

The scaling problem.

As stated by Carstensen & Bason, one of the most significant challenges a lab like LCC would face is that of 'scaling'. Many novel ideas and even more applied interventions stay in effect for a short period and just in their location of origin, not spread, scaled or diffused. Although LCC will be the first prototype in the area of Brescia and other two will follow after that, it would be nice to see the ideas and projects of LCC, spreading to other regions of Italy, where needed.

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Stuckness shouldn't be avoided!
It is the psychic predecessor of
all real understanding.

— Robert M. Pirsig