Francesca Masnaghetti

SERVICE DESIGN FOR COLLABORATIVE EVALUATION IN THE THIRD SECTOR

Master thesis

A.Y. 2021/2022

Supervised by

Daniela Sangiorgi

PSSD PRODUCT-SERVICE SYSTEM DESIGN

POLITECNICO MILANO 1863

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Matricola 941749

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ABSTRACT
ENGLISH

In recent years, with increasing cuts in resources due to the economic crisis, the third sector has found itself having to provide more and more services in place of the state. At the same time, third sector organisations have found themselves competing with each other to share the scarce economic resources. For this reason, sponsors and policy makers, in order to know where to allocate their budgets, require third sector organisations to demonstrate their value and social impact through evaluation. Third sector organisations, in turn, must be able to respond to the needs of their beneficiaries in order to survive.

At the same time, a new trend in evaluation has emerged in recent years, the 'fifth wave of evaluation', whereby people are no longer simply informants in the evaluation process, but become co-evaluators. Some efforts to make evaluation more participatory already exist in the Stakeholder Involvement Approaches to Evaluation, but these approaches do not sufficiently involve users.

Service Design can make evaluation more participatory through its collaborative approach and more change-oriented through its transformative approach, as already experienced within the public sector.

To test this claim, a five-stage action research was conducted, whose aim was to understand how Service Design can be integrated within collaborative approaches to evaluation in the third sector in order to support transformative and participatory objectives.

As the output of this research, a model integrating service design with co-evaluation is presented, which aims to provide guidelines on how to conduct a more participatory evaluation that prepares the ground for organisational change, thus demonstrating the contribution that service design can bring to evaluation.

Keywords

Service Design, Co-design, Transformation Design, Third Sector,

Evaluation, Co-evaluation

ABSTRACT
ITALIANO

Negli ultimi anni, con il crescente taglio alle risorse dovuto alla crisi economica, il terzo settore si è ritrovato a dover somministrare sempre più servizi al posto dello Stato. Allo stesso tempo, le organizzazioni del terzo settore si sono ritrovate a competere tra di loro per spartirsi le scarse risorse economiche. Per tale motivo, gli sponsor e i policy maker, per capire a chi destinare il proprio budget, richiedono agli enti del terzo settore di dimostrare il proprio valore ed impatto sociale tramite la valutazione. Gli enti del terzo settore, a loro volta, per sopravvivere devono essere in grado di rispondere ai bisogni dei propri beneficiari.

Allo stesso tempo, negli ultimi anni si è affermato un nuovo trend di valutazione, la "quinta ondata della valutazione", che prevede che le persone non siano più semplici informatrici del processo di valutazione, ma che diventino co-valutatrici. Alcuni sforzi per rendere la valutazione più partecipativa esistono già negli Stakeholder Involvement Approaches to Evaluation, ma questi approcci non coinvolgono sufficientemente gli utenti.

Il Service Design può rendere la valutazione più partecipativa grazie al suo approccio collaborativo e più orientata al cambiamento grazie al suo approccio trasformativo, come già sperimentato all'interno del settore pubblico.

Per provare questa tesi, è stata condotta una ricerca azione divisa in cinque fasi, il cui scopo era comprendere come il Service Design può essere integrato all'interno degli approcci collaborativi alla valutazione nel terzo settore al fine di supportare obiettivi di partecipazione e di trasformazione.

Come output di questa ricerca viene presentato un modello che integra il service design con la co-valutazione e che ha lo scopo di fornire delle linee guida su come condurre una valutazione più partecipativa e che prepari le basi per il cambiamento dell'organizzazione, dimostrando quindi il contributo che il Service Design può portare alla valutazione.

Parole chiave

Design dei servizi, Co-design, Transformation Design, Terzo settore,

valutazione, co-valutazione.

TABLE OF CONTENTS

1 INTRODUCTION

The last years of economic austerity and scarce resources have led governments to delegate a growing number of services and responsibilities to the Third Sector. However, because of the same financial crisis, Third Sector organizations found themselves competing for resources among themselves. As a consequence, in order to understand where to allocate their budget, sponsors and policy makers started pressuring Third Sector organisations into demonstrating their value and social impact through evaluation in order to survive and to improve their service offering and delivery to meet their users' needs best.

At the same time, with the rise of increasingly complex issues such as climate change and the Coronavirus pandemic, it has become clear that such issues need to be addressed by a collaborative effort which includes citizens too. This trend, called New Public Governance, therefore recognises the role and value of citizens as both co-designers and co-producers of "more effective, innovative solutions for social problems and grand challenges" (Krogstrup & Mortensen, 2021, p. 67). This trend has affected evaluation too, meaning that citizens are no more simple informants of evaluation, but they need to become co-evaluators themselves. This need is coherent with what Stakeholder Involvement Approaches to Evaluation have been proposing for decades: such approaches are based in the appreciation of people's "knowledge, values, beliefs and capacity" (Fetterman, 2019, p. 138), and therefore aim to include stakeholders during the evaluation process.

However, the problem with these approaches is that they are not as participatory as they claim to be on paper: most of the time, it seems they mostly engage managers, funders and programme staff, while the presence of users and programme beneficiaries is not taken much into consideration.

The claim of this research is that Service Design, thanks to its collaborative approach and tools, can build on the current efforts of co-evaluation making it more engaging and participatory. Moreover, as claimed in the literature (Kurtmollaiev et al, 2018; Warwick, 2015), since Service Design has already proven its capacity to direct organisations towards the transformation of their practices and culture, and given the need of Third Sector organisations to better address their users' needs to survive, Service Design may help co-evaluation to be not only more participatory, but also set the basis for organisational transformation.

To support my claim, I conducted an action research divided in five stages: a literature review of evaluation approaches in the Third Sector, with a focus on participatory and transformational approaches; a participant observation stage during which I learnt about the application of a collaborative evaluation tool in the Italian mental health sector and reflected on the evaluation process; a co-design phase, where I understood how evaluation findings could be used to start a transformation process; a stage where I conducted some semi-structured interviews where I tested

the readiness of four third sector organisations regarding co-evaluation aimed at transformation; and a final reflection on the role Service Design plays in making evaluation more collaborative. The aim was to understand how Service Design can be integrated in collaborative evaluation approaches in the third sector, in order to support participatory and transformational goals.

The output of this research is an integrated theoretical model which provides some principles and guidelines for a collaborative evaluation based on the principles of Co-evaluation, Co-design and Transformation Design and a co-evaluation process integrated with some preparatory activities to set the right conditions for user engagement and transformation and a co-design process where stakeholders work on the findings of the co-evaluation.

2 THIRD SECTOR VALUE AND SOCIAL IMPACT THROUGH EVALUATION

2.1 INTRODUCTION

The aim of this first theoretical chapter is to introduce the Third Sector and the theme of evaluation. We will start by going through the reasons why Third Sector organisations are evaluated, what challenges they may encounter, how many types of evaluation they may choose from and the steps they need to go through. The first section is followed by an overview of the most common methods and tools used in the evaluation of the Third Sector.

A historical account of evaluation is then given through the description of five waves. We will focus on the most recent one, which revolves around co-evaluation. The participatory nature of the fifth wave paves the way for the introduction of Stakeholder Involvement Approaches to evaluation.

The last section then focuses on the Italian case study, reviewing the history of the Third Sector, spanning from its origin in the nineteenth century and ending up with the latest legislations and the evaluation of social impact.

2.2 WHAT THE THIRD SECTOR IS

The UK's National Audit Office (2013) defines the Third Sector as a "range of organisations that are neither public sector nor private sector". In their conceptualization of a European Third Sector, Salamon and Sokolowski (2014) go into details and describe these organisations as "private associations and foundations; non-commercial cooperatives, mutual, and social enterprises; and individual activities undertaken without pay or compulsion primarily to benefit society or persons outside of one's household or next of kin".

More specifically, expanding on the UN Handbook on Non-profit Institutions in the System of National Accounts (2003), the same authors (2014; 2018) describe these entities as:

- Organizations, that is, entities with a degree of structure and permanence;
- Private, that is, institutionally separate from government;
- Non-profit distributing, that is, none of the profits they generate can be distributed to their stakeholders or investors. Rather, these surpluses are reinvested to pursue the organisation's goals and to keep the organization financially sustainable (National Audit Office, 2013);
- Self-governing, that is, able to control their own activities, policies and transactions;
- Voluntary, that is, non-compulsory and involving individuals who participate deliberately.

The National Audit Office also adds that Third Sector organisations are value-driven, meaning that they are driven by the ambition to fulfil social goals, such as improvement of public welfare or the environment, in order to benefit society. Individuals who are part of these organisations act voluntarily, without compensation and for a meaningful period of time

(Salamon & Sokolowski, 2015).

2.3 THE REASONS BEHIND THIRD SECTOR EVALUATION

The reasons behind the evaluation of the Third Sector lies in its recent history: with the coming of a period of austerity and an increasing scarcity of resources, governments have been delegating a growing number of services to the Third Sector, which in turn gained more responsibilities. However, as in the Italian case, because of the same financial crisis, Third Sector organizations found themselves competing for resources. As a consequence, in order to understand where to allocate their budget, sponsors and policy makers started pressuring Third Sector organisations into demonstrating their value and social impact through evaluation in order to survive.

More specifically, the evaluation in the Third Sector serves the purposes of:

- Generating knowledge about what works, what does not work and why in programmes and services, giving organisations the possibility to improve current projects and to apply this knowledge within future ones (Arvidson & Kara, 2016; Harlock & Metcalf, 2016);
- Monitoring performance and quality (in terms of user satisfaction) and checking whether an organisation has achieved its objectives or not (Arvidson & Kara, 2016).
- Accountability and accounting, by providing funders and policy makers with evidence of how funds have been used, what has been achieved and the value and impact of the organisation. This is because, in a time of financial austerity, if policy makers and funders cannot see the value in an organisation, they may decide to shut it down or refuse to fund it any further. On the other hand, if organisations manage to prove their value to policy makers, they may gain institutional legitimacy (Arvidson & Kara, 2016; Arvidson & Lyon, 2014; Bach-Mortensen & Montgomery, 2018; Kah & Akenroye, 2020).
- Marketing, to attract new potential funders (Arvidson & Lyon, 2014).

2.4 THE CHALLENGES OF EVALUATION

Evaluation brings about some challenges, some of which lie within the process of evaluation itself, while others can be attributed to organisations, and some others can be traced back to the relationships existing among the different stakeholders involved.

Challenges of the first kind regard factors of uncertainty, such as the difficulty of attributing a performance to a specific Third Sector organisation or intervention; the influence of external factors outside of the organisation's control on outcomes, and the fact that intended effects may not be visible until several years later (Cordery & Sinclair, 2013). Additional challenges are the poor conceptualisation of social value and the lack of a common framework (Arvidson & Kara, 2016; Arvidson & Lyon, 2014; Courtney, 2018), and arguments about what methods are

deemed rigorous and what data is most valid (i.e.: the alleged superiority of objective statistics over subjective case studies) (Arvidson & Kara, 2016).

As for the second category, organisations may find themselves struggling because of the cost of collecting data and the lack of expertise in data collection and analysis, which leads to the choice of easy evaluation tools over the most appropriate ones (Cordery & Sinclair, 2013). In addition, sometimes Third Sector organisations have a low understanding of impact measurement (Bach-Mortensen & Montgomery, 2018; Harlock & Metcalf, 2016).

Lastly, the relationships among internal and external stakeholders may turn into an obstacle too. Organisations typically see evaluation as an external imposition (Arvidson & Lyon, 2014; Cordery & Sinclair, 2013), which causes internal resistance on behalf of the staff (Arvidson & Lyon, 2014; Bach-Mortensen & Montgomery, 2018; Cordery & Sinclair, 2013). This friction also originates from the fact that evaluation practices stem from a world run by principles of cost efficiency, while organisations are governed by principles of solidarity, volunteering and altruism (Arvidson & Kara, 2016; Arvidson & Lyon, 2014). This means that stakeholders can have very different ideas and requirements about what should be measured and how (Arvidson & Kara, 2016; Bach-Mortensen & Montgomery, 2018; Harlock & Metcalf, 2016; Kah & Akenroye, 2020). Moreover, since the survival of organisations depends on evaluation, organisations are often afraid to report bad performance to funders and policy makers, which makes the evaluation pointless (Cordery & Sinclair, 2013).

2.5 TYPES OF EVALUATION

Depending on the objective of evaluation, in the "Principles of Community Engagement" (Clinical and Translational Science Awards Consortium, 2011) the evaluation of programmes is classified as:

- Formative: the evaluation provides information to improve a programme;
- Process: the evaluation tells whether a programme is delivered as intended to its target beneficiaries;
- Summative: the evaluation surveys whether the goals and objectives of the programme have been met;
- Outcome: the evaluation checks whether the observable conditions of a specific population, organizational attribute, or social condition addressed by the programme have changed;
- Impact: the evaluation examines the long-term goals of the programme.

Formative and process evaluation should be conducted during the implementation of a programme, while summative, outcome and impact evaluation are to be conducted when the programme either has been

completed or has been going on for a significant period of time.

Evaluation is also categorized according to when it is carried out (Simister & Scholz, 2017):

- Mid-term evaluation is carried out halfway through a programme to check whether the programme is on track and, if not, how it can be improved.
- Final evaluation is carried out at the end of a programme to assess which achievements have been met and what has changed.
- End of phase evaluations are used in multi-phase projects to monitor what has been achieved in one phase, so that the findings can be used for the following phase.
- Ex-post evaluation is carried out some time after the end of a programme to assess long-term impact.
- Real time evaluation is carried out in emergency contexts, as in humanitarian projects, to provide real time feedback.

Additionally, evaluation can also be classified according to the approach being used (Simister & Scholz, 2017):

- Process evaluation: it assesses the internal process behind the programme.
- Impact evaluation: it assesses the impact of a programme.
- Theory-based evaluation: it tests a theory of change which describes how a programme is supposed to work by assessing what changes occur when the theory is applied in practice.
- Case-based evaluation: a series of case studies is analysed to draw wider conclusions regarding change in a specific area.
- Realist evaluation: it seeks the mechanisms which cause specific outcomes in a determined context (in other words, it is aimed at finding "what works, in which circumstances, for whom").
- Synthesis evaluation: it gathers the results of several evaluations of a similar topic in one single report to produce common conclusions.
- Meta-evaluation: it assesses the process of the evaluation itself.
- Developmental evaluation: it is a long-term evaluation which is used in innovative projects or complex situations.

2.6 THE STEPS OF AN EVALUATION

Usually, most evaluation processes go through four phases: planning the evaluation, implementing the evaluation (data collection and analysis), reporting the results and using them to improve the programme.

Here we find an example by the Ontario Agency for Health Protection and Promotion (2015), which splits the previous phases into the following ten steps:

1. Clarify what is to be evaluated: define the scope of the evaluation (a programme, a policy or a service), the goals, outputs and outcomes which the organization plans to achieve.
2. Engage stakeholders: identify key stakeholders, understand their interests and expectations and engage them in the review of objectives to develop evaluation questions.
3. Assess resources and evaluability: consider the availability of funds and time, approval processes and leadership buy-in to understand if the evaluation is feasible.
4. Determine your evaluation questions: consider what type of evaluation is needed and formulate questions with as many stakeholders as possible.
5. Determine appropriate methods of measurement and procedures: decide what to measure, when to collect data, how to collect it and from whom. Use appropriate indicators to measure change.
6. Develop an evaluation plan
7. Collect data (through surveys, interviews...)
8. Process data and analyse results
9. Interpret and disseminate results: link interpretations to the original evaluation questions and list recommended actions to create a report. Make a report tailored to each category of stakeholders.
10. Apply evaluation findings: discuss learnings and find the next steps with stakeholders, prioritize actions and develop an action plan.

2.7 METHODS AND TOOLS

The following section consists in an overview, by no means exhaustive, of the most popular methods and tools used for the Third Sector evaluation according to the literature. This selection includes both quantitative and qualitative (or even mixed) methods: some of them are very specific, like those which assess financial performance, while some others evaluate the whole strategy of the organisation, like those focused on organisational learning or on measuring social impact, which also have a longer time span compared to the former. They have also been classified according to how much they engage users and whether they consider the context as relevant or not for the evaluation.

Here follows a description of each of them. To simplify the reading, they have also been clustered and visually represented on page 30 according to the dimensions just mentioned.

FINANCIAL PERFORMANCE

PURPOSE:
reporting to funders and policy makers

METHOD:
quantitative

SCOPE:
specific

TIME SPAN:
short

USER ENGAGEMENT:
users may be informed

CONTEXT:
not considered

EVALUATION CAPABILITY BUILDING:
not considered

COST-BENEFIT ANALYSIS

This technique is used to compare the total costs of a project/programme with its benefits by using a monetary metric (Kaplan, 2010). It is based on the premises that a monetary value can be placed on all the costs and benefits of a programme, both tangible and intangible (Prime Minister's Strategy Unit, 2004). It is usually used at the beginning of a programme to compare different options and choose the best approach for action (Kaplan, 2010). To do so, the present value of the costs is compared with the present value of the benefits of the strategy. The result is the calculation of the net cost or benefit associated with the project/programme (Prime Minister's Strategy Unit, 2004).

SOURCES:

Kaplan, J. (2010, December 14). Cost Benefit Analysis. Better Evaluation. https://www.betterevaluation.org/en/evaluation-options/CostBenefitAnalysis

Prime Minister's Strategy Unit. (2004). Strategy survival guide. Retrieved from https://olev.de/s/strat/Strategy%20Survival%20Guide.pdf

STRATEGIC AND SOCIAL PERFORMANCE

PURPOSE:
reporting to funders and policy makers and improving programmes

METHOD:
mixed

SCOPE:
evaluation of the whole strategy

TIME SPAN:
variable, from a few hours to a few weeks

USER ENGAGEMENT:
users may be informed

CONTEXT:
n/a

EVALUATION CAPABILITY BUILDING:
n/a

LOGICAL FRAMEWORK (OR LOGFRAME)

The Logical Framework is used to create a narrative about how an organization plans to achieve a goal, starting from the activities and going through the outputs and the outcomes until the goal at the top.

The template (fig. 1) consists of four columns:

- The project summary, which describes the goal, the outcomes, the outputs and the activities.
- The indicators, used to check whether the objectives have been met or not.
- The means of verification of the achievement of the objectives.
- The risks and assumptions which, if true, are supposed to lead to the following level of the Logframe.

The template may be compiled and read either from the top or from the bottom. Later on, the compiled version is used by an evaluator to assess the programme.

SOURCE:

Bisits Bullen, P. (2014, April 22). How to write a logical framework (logframe). Tools4dev. https://tools4dev.org/resources/how-to-write-a-logical-framework-logframe/

	Project Summary	Indicators	Means of Verification	Risks / Assumptions
Goal	10% increase in the number of Grades 5-6 primary students continuing on to high school within 3 years	Percentage of Grades 5-6 primary students continuing on to high school	Comparison of primary and high school enrolment records	N/A
Outcome	Improve reading proficiency among children in Grades 5-6 by 20% within 3 years	Reading proficiency among children in Grades 5-6	Six monthly reading proficiency tests using the national assessment tool	Improved reading proficiency provides self confidence required to stay in school
Outputs	1. 500 Grade 5-6 students with low reading proficiency complete a reading summer camp	Number of students completing a reading summer camp	Summer camp attendance records	Children apply what they learnt in the summer camp
	2. 500 parents of children in Grade 5-6 with low reading proficiency help their children read at home	Number of parents helping their children to read at home	Survey of parents conducted at the end of each summer camp	Children are interested in reading with their parents
Activities	1. Run five reading summer camps, each with 100 Grades 5-6 students who have low reading proficiency	Number of summer camps run	Summer camp records	Parents of children with low reading proficiency are interested in them attending the camps
	2. Distribute 500 "Reading at Home" kits to parents of children attending summary camps	Number of kits distributed	Kit distribution records	Parents are interested and able to use the kits at home

Figure 1. Example of Logical Framework (Source: Bisits Bullen, 2014).

SOCIAL PERFORMANCE

PURPOSE:
organisational learning

METHOD:
qualitative

SCOPE:
variable

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users are engaged

CONTEXT:
considered

EVALUATION CAPABILITY BUILDING:
encouraged for staff

MOST SIGNIFICANT CHANGE

The Most Significant Change technique is a participatory method mostly used in international development programmes. It consists in asking programme participants and staff what, according to them, was the most significant change over a period of time in a specific domain. The question prompts participants to tell stories which are collected and selected by other participants who choose the most relevant ones. Selected stories are skimmed again by people at higher levels of the hierarchy of the organisation (e.g.: staff level, regional level, donors). Finally, prioritised stories are verified on site and further information are gathered to build a richer picture of them.
The purpose of this technique is to attain a qualitative description of a specific situation rather than one which is described by numbers only.

SOURCE:
Davies, R. J., & Dart, J. (2007). The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. MandE.

STRATEGIC, FINANCIAL AND SOCIAL PERFORMANCE

PURPOSE:
reporting to funders and policy makers, organisational learning and improving programmes

METHOD:
mixed

SCOPE:
evaluation of the whole strategy

TIME SPAN:
short

USER ENGAGEMENT:
users may be informed

CONTEXT:
not considered

EVALUATION CAPABILITY BUILDING:
not considered

NON-PROFIT BALANCED SCORECARD

This is a non-profit version of the original, for-profit Balanced Scorecard. The model (fig. 2) illustrates the strategy of the organisation and shows the cause-and-effect relationships which link the four perspectives among themselves and to the desired goal.
Compared to the original version, the Non-Profit Balanced Scorecard adds a layer at the top of the model, where the organization states its social goals. It also shifts the focus of the financial perspective to financial sustainability, and broadens the customer perspective, giving space to other stakeholders.
The following model is to be compiled from the top to the bottom: the organisation starts by stating the outcomes it means to cause. After that, for each of the four perspectives (financial sustainability, stakeholder, internal process and learning and growth) further objectives are defined. The objectives of the four perspectives are related and they make up the strategy to achieve the desired goal.

SOURCES:

Somers, A. B. (2005). Shaping the balanced scorecard for use in UK social enterprises. Social Enterprise Journal, 1(1), 43–56. https://doi.org/10.1108/17508610580000706

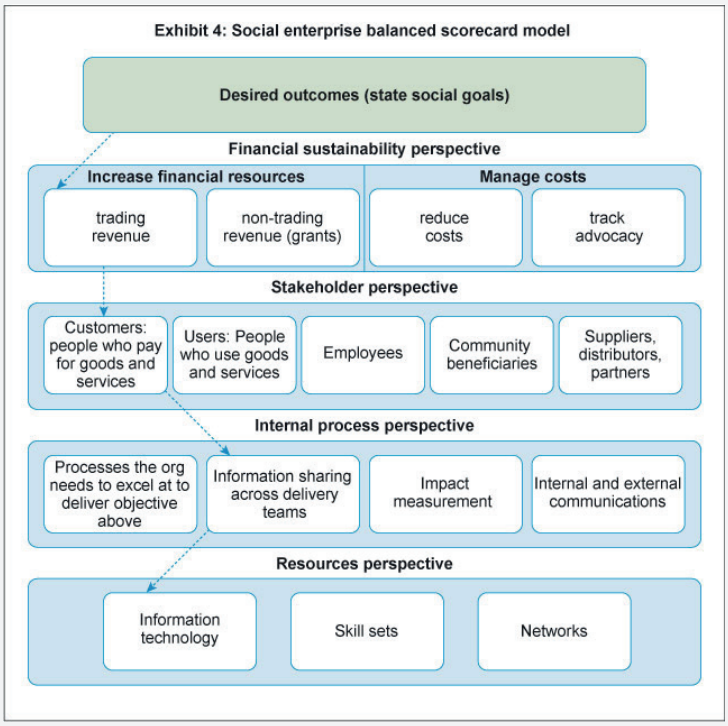


Figure 2. Example of Non-Profit Balance Scorecard (Source: (Somers, 2005).

STRATEGIC, FINANCIAL AND SOCIAL PERFORMANCE

PURPOSE:
improving programs and services, organisational learning

METHOD:
qualitative

SCOPE:
specific

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users are engaged

CONTEXT:
considered/essential

EVALUATION CAPABILITY BUILDING:
encouraged for staff

OUTCOME MAPPING

The purpose of Outcome Mapping is to identify and measure "changes in the behaviour and relationships of actors with which the program interacts directly" (Earl et al., 2002, p. 1). It is supposed to involve a wide range of boundary partners, that is, individuals, groups and organisations who influence and participate in the programme, so that they can contribute to evaluation and use their own findings.

Outcome Mapping consists of three stages, summarised here:

1. Intentional design: after identifying the programme's vision, the programme team defines what changes they would like to support through the programme and how.
2. Outcome and performance monitoring: the team measures how the programme and its boundary partners are doing in terms of achieving their chosen goals.
3. Evaluation planning: the team uses the findings of stage 2 to identify evaluation priorities and develops a plan to run a deeper evaluation of the selected areas.

SOURCE:
Earl, S., Carden, F., Smutylo, T., & Patten, M. Q. (2002). Outcome Mapping: Building Learning and Reflection into Development Programs. IDRC Books.

SOCIAL PERFORMANCE

PURPOSE:
improving programmes

METHOD:
mixed, tending to qualitative

SCOPE:
measurement of specific objects

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users co-produce

CONTEXT:
essential

EVALUATION CAPABILITY BUILDING:
encouraged for users

OUTCOMES STARS™

Outcomes Stars™ are "a family of evidence-based tools for measuring and supporting change when working with people" (Outcome Star, n.d.) in a variety of sectors, from education to health. The Stars are rooted in the principles of empowerment, collaboration and integration. Their approach is person-centred and co-produced with the service user, who is seen as an active agent and expert of their own experience.
Each Star (fig. 3) covers a number of outcome areas which are important to both the service provider's aims and the user's quality of life. Each area uses either a 1-5 or a 1-10 scale. Areas are used to describe the current situation users finds themselves in, and present strengths and challenges.
Together with the areas is a Journey of Change (fig. 4), a customized representation of the stages users go through when making sustainable changes in their lives. For each step, expected attitudes and behaviours are listed. The Journey of Change is used to plan future action and to track how far the user has come.

SOURCE:
Outcomes Star. (n.d.). How the Outcomes Star works. https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/how-the-outcomes-star-works/

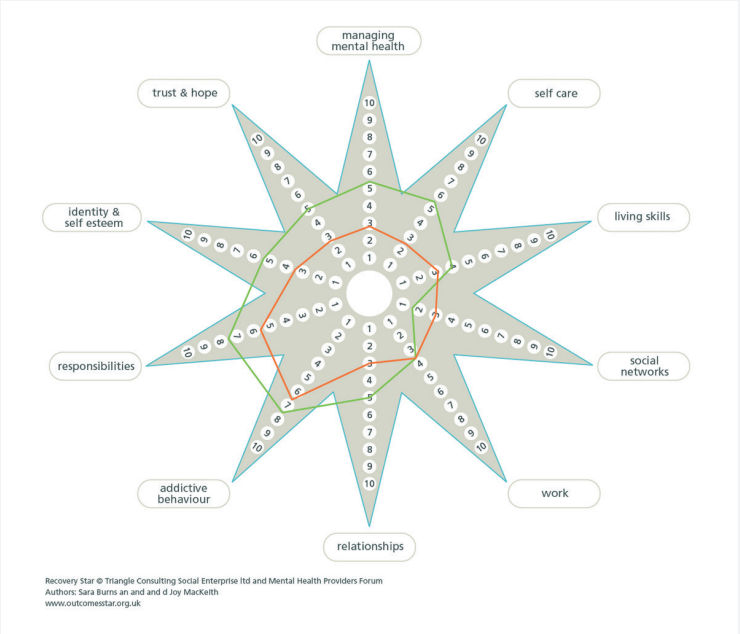


Figure 3. Example of a Recovery Star (Source: About Outcomes Star, n.d.).

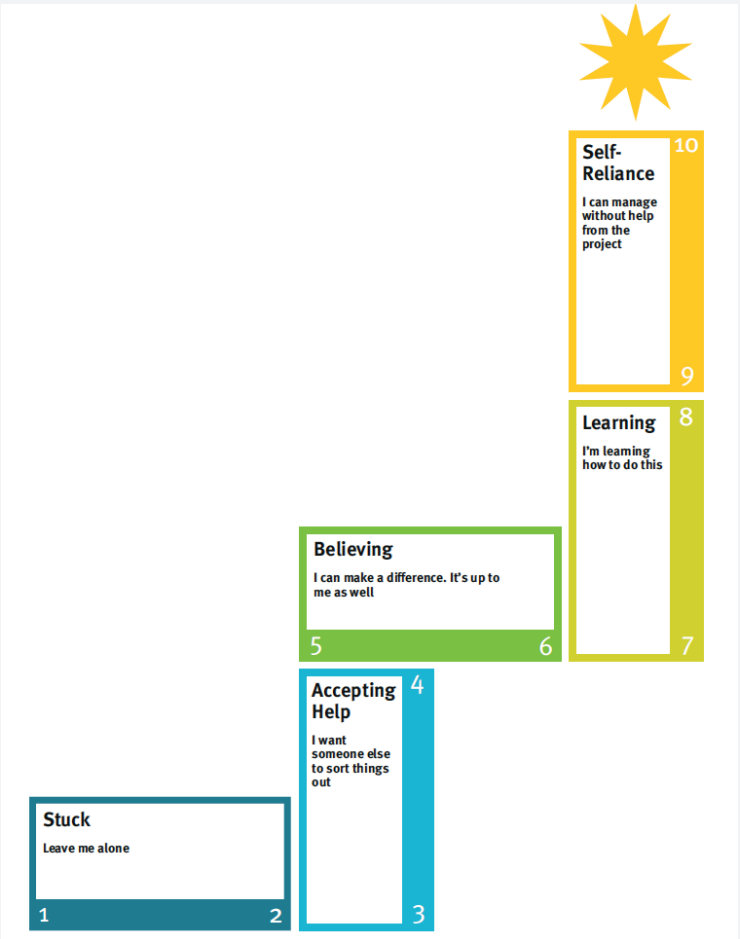


Figure 4. Example of a Journey of Change (Source: About Outcomes Star, n.d.).

STRATEGIC AND SOCIAL PERFORMANCE

PURPOSE:
organisational learning and improving programmes

METHOD:
qualitative

SCOPE:
variable

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users may be consulted

CONTEXT:
n/a

EVALUATION CAPABILITY BUILDING:
encouraged for staff

PEER REVIEW

Evaluations of services, programmes or even whole organisations may be carried out by peer evaluators. Peers may be equal-status people from an organisation similar to the one being reviewed or outsiders who have a deep understanding of how the organization works. The peer reviewer is a person who has been a manager in a similar-sized organization, has been trained to conduct peer reviews and has a direct experience in the area which is being evaluated.
As in other evaluation processes, Peer Review consists of a first preparatory phase, a second phase where data are collected (usually by interviews and focus groups) and analysed and a last phase where findings are presented and disseminated.

SOURCES:
Purcell, M., & Hawtin, M. (2007). Peer Review: A Model for Performance Improvement in Third Sector Organisations? Paper presented to NCVO & VSSN's 13th
Researching the Voluntary Sector Conference, University of Warwick, 5-6 September 2007.
https://www.academia.edu/1573957/Peer_Review_a_Model_for_Performance_Improvement_in_Third_Sector_Organisations

SOCIAL PERFORMANCE

PURPOSE:
reporting to funders and policy makers and improving programmes

METHOD:
mixed

SCOPE:
evaluation of the whole strategy

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users may be consulted

CONTEXT:
n/a

EVALUATION CAPABILITY BUILDING:
n/a

SOCIAL ACCOUNTING AND AUDIT

The Social Audit Network describes Social Accounting and Audit as a circular evaluation process which is done periodically to assess and prove the benefits organisations bring to society and the environment. Evidence of such impact is submitted to and verified by the Social Accounting Panel.
The process may be described in four steps:
Agreeing upon the difference the organization wants to make: deciding the vision and mission, the values, the objectives and identifying the key stakeholders.
Planning how the organization wants to make a difference: setting indicators to measure change, specifying expected outputs and outcomes, consulting stakeholders, confirming the scope and planning the evaluation.
Collecting and analysing evidence of change.
Submitting a report of the findings to the Social Audit Panel for evaluation. After the report is approved, it may be distributed to the programme's stakeholders and to a wider public.

SOURCE:
Social Audit Network. (n.d.). What is Social Accounting? https://www.socialauditnetwork.org.uk/what-is-social-accounting

SOCIAL PERFORMANCE

PURPOSE:
improving programmes

METHOD:
mixed

SCOPE:
evaluation of the whole strategy

TIME SPAN:
compiled over a long period

USER ENGAGEMENT:
users are engaged

CONTEXT:
essential

EVALUATION CAPABILITY BUILDING:
encouraged for users

SOCIAL IMPACT ASSESSMENT

According to the definition of the International Association for Impact Assessment, Social Impact Assessment is a framework for "analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions" (International Association for Impact Assessment, 2009). Based on the principles of equity and ethics, its goal is to help organisations maximise their positive outcomes.
Social Impact Assessment considers social impact a very broad term, which encompasses numerous issues (e.g.: culture, community, politics, environmental conditions, health, fears and personal aspirations). It also stresses the importance of local knowledge in evaluation, and therefore strongly advocates for stakeholder participation in the process.

SOURCE:
International Association for Impact Assessment. Social Impact Assessment. (n.d.). https://www.iaia.org/wiki-details.php?ID=23

FINANCIAL PERFORMANCE

PURPOSE:
reporting to funders and policy makers

METHOD:
quantitative

SCOPE:
specific

TIME SPAN:
short

USER ENGAGEMENT:
users are informed

CONTEXT:
not considered

EVALUATION CAPABILITY BUILDING:
not considered

SOCIAL RETURN ON INVESTMENT (SROI)

Social Return on Investment is a standardised financial method to understand how certain activities generate value and to estimate that value in monetary terms. It is calculated by dividing the net present value of the benefits attained by the net present value of inputs (i.e.: the investment).
The "Guide to Social Return on Investment" (Nicholls et al., 2012) describes the six stages involved:

1. Establishing the scope of the analysis and identifying key stakeholders to involve.
2. Mapping the links between inputs, outputs and outcomes.
3. Demonstrating outcomes and giving them a monetary value.
4. Excluding those aspects of change which would have occurred in any case or resulted from external factors.
5. Calculating the SROI.
6. Reporting, using and embedding findings.

SOURCE:
Nicholls, J., Lawlor, E., Neitzert, E., & Goodspeed, T. (2012). A guide to Social Return on Investment. The SROI Network.

As anticipated earlier, the methods and tools described above have been clustered and visualised according to some dimensions:

The kind of performance they evaluate, whether it is social, financial or strategic (figure 5). It is to be noted that some of them are more comprehensive and assess two performances, if not three, at the same time.

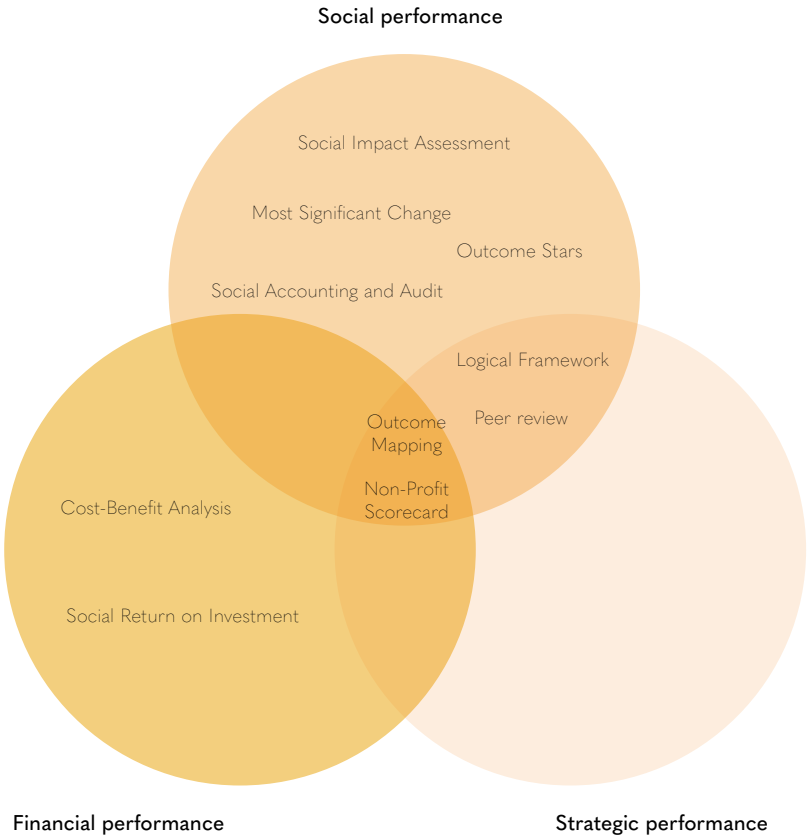


Figure 5. Performance evaluated.

The purpose of the evaluation: findings may be used for organisational learning, to improve programmes and services or to inform funders and policy makers (figure 6). Most of the methods and tools described, as shown in the diagram, are aimed at reporting to funders and policy makers and improving programmes and services.

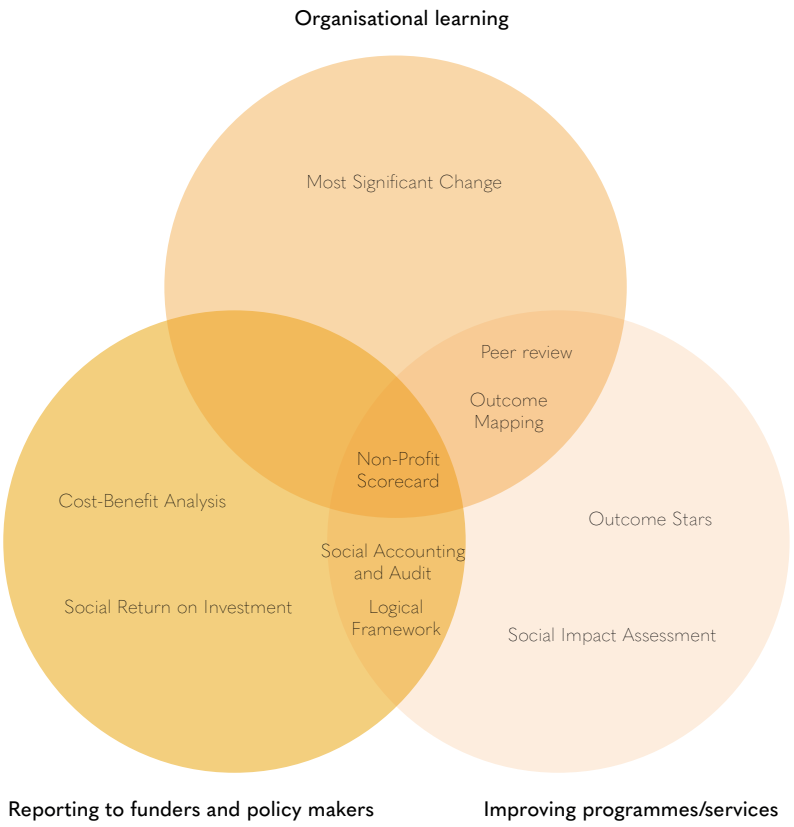


Figure 6. Purpose of the evaluation.

The methods are either qualitative, quantitative or mixed methods (figure 7). As it is to be noted, the methods which are purely quantitative are those with a financial focus, while the majority of them tends to either be completely qualitative or mixed.

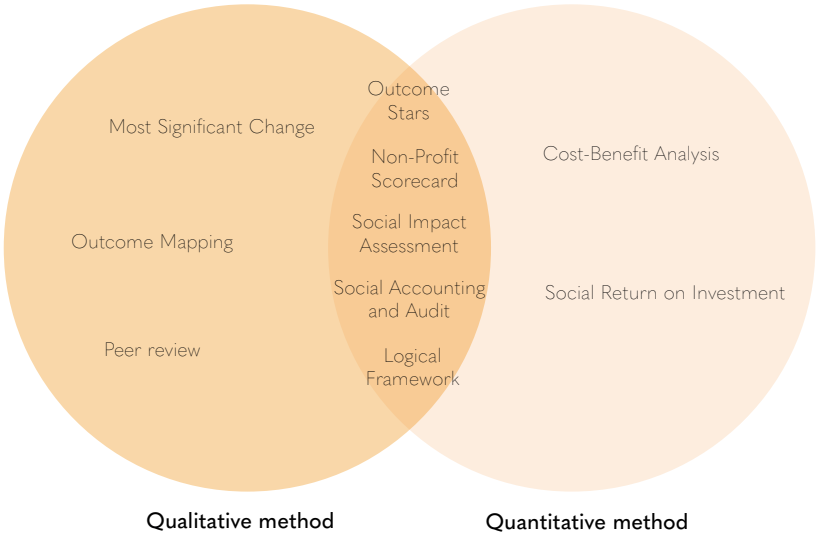


Figure 7. Method.

Some of the methods and tools have a narrow **scope** (e.g.: the measurement of a single object, like the Social Return on Investment), as in the case of financial tools, while some others are used to evaluate the whole strategy of a programme or organisation. A couple of them, "Peer Review" and "Social Accounting and Audit", do not exactly fit into either of these two categories, since their scope is variable (figure 8).

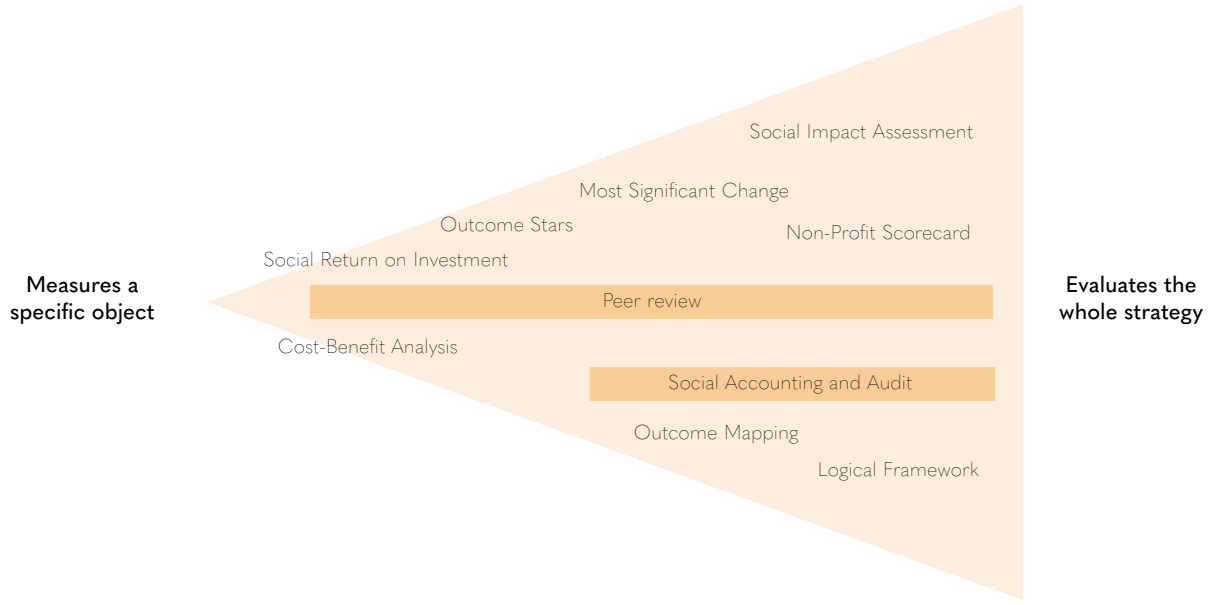


Figure 8. Scope.

Timing: depending on the method or tool used, evaluation may be performed in a short time (from a few minutes to a few hours, as in the case of financial tools or templates like the LogFrame or the Non-Profit Balanced Scorecard), while in some other cases it may even take months to collect the needed data (figure 9).

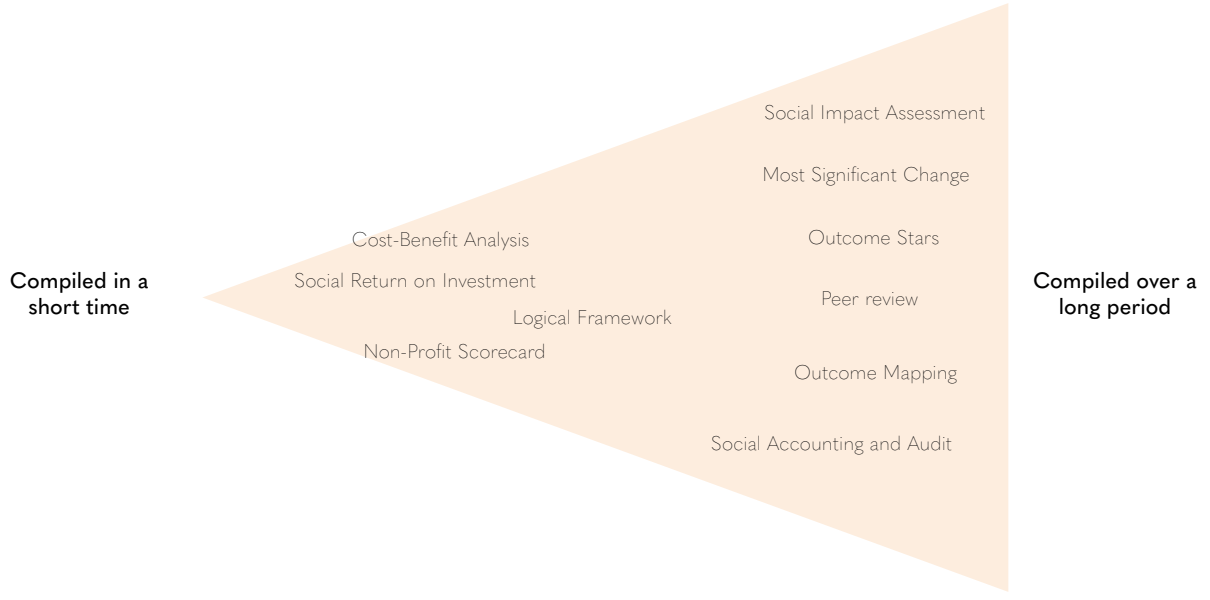
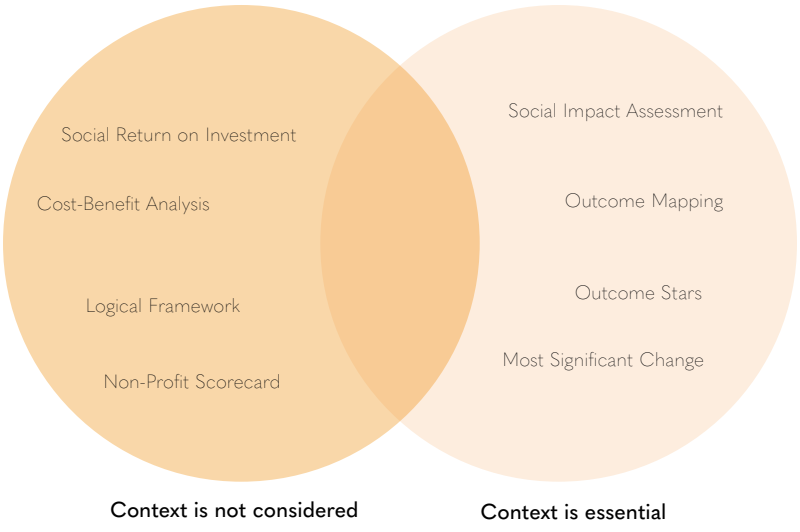


Figure 9. Time span.

Level of user engagement: describes the depth and quality of their involvement on the ladder of participation (figure 10). All of the tools are positioned in the "doing for" stage, equally distributed among the three levels and ranging from methods where users are only informed about the results to methods which either consult them or engage them as informants. The only exception is the "Outcome Stars", where users are co-evaluators.

Figure 10. User engagement.

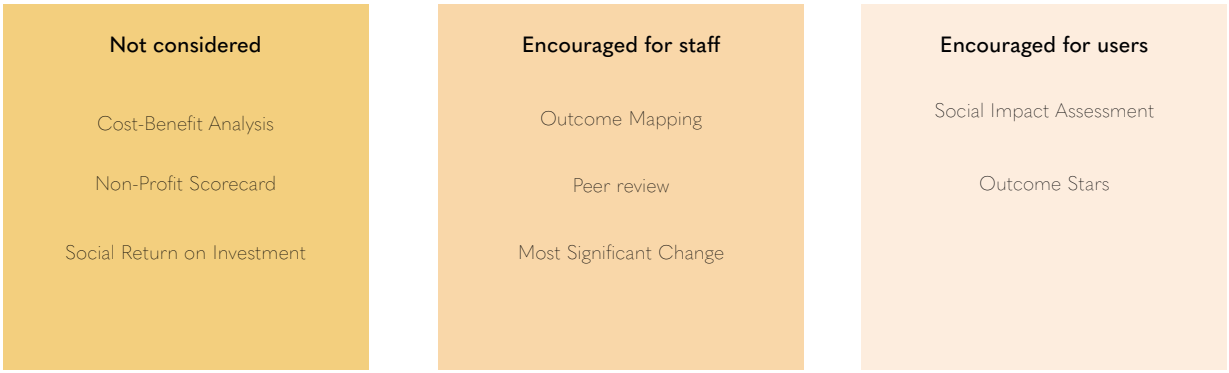
Role of the Context: taking into account the context is essential for the evaluation to be accurate and most of all relevant, whereas for others it is not (figure 11). Those methods and tools for which context is essential are generally those which assess outcomes or impact, while those which do not consider it are the financial ones.



N/A: Peer review, Social Accounting and Audit

Figure 11. Relevance of the context.

Evaluation capability: shows how much each method encourages evaluation capability building (i.e.: the ability to carry out an evaluation autonomously without the need of an external expert) and for whom (figure 12). The majority of them does not either consider evaluation capability building or it does so only for organisation staff. Only one method and one tool encourage capability building for users too.



N/A: Logical Framework, Social Accounting and Audit

Figure 12. Evaluation capability building.

2.8 THE FIVE WAVES OF EVALUATION

Evaluation approaches are deeply entwined with societal tendencies and, consequentially, they have changed and evolved with them through time. Krogstrup and Mortensen (2021) have described these changes as five waves through a historical perspective, summarised in table 1.

	THE SCIENCE-DRIVEN WAVE	THE DIALOGUE-ORIENTED WAVE	THE NEO-LIBERAL WAVE	THE EVIDENCE WAVE	THE COLLABORATIVE AND CITIZEN-FOCUSED WAVE
Knowledge focus	Outcome	Processes	Performances	Outcome	Processes and outcomes
Conception of the problem	Simple	Complex	Simple	Simple	Complex
Nature of knowledge	Objective/neutral	Context dependent (socially constructed)	Neutral	Neutral	Context depended (the search for the generative mechanisms)
Purpose	Summative/ judgement	Formative/ improvement	Summative/ judgement	Summative/ judgement	Primarily formative, but also summative
Context dependency	Context independent	Context dependent	Context independent	Context independent	Context dependent

Table 1. Overview of the evaluation waves (Krogstrup & Mortensen, 2021).

2.8.1 THE SCIENCE-DRIVEN WAVE

The first approach, the Science-driven wave, dates back to the 1960s and stemmed from "radical rationalism" (p. 61), a perspective where evaluation was seen as a scientific approach which could guide decision-making. The consequence of such a rationalist approach was that "social problems and their solutions were regarded as simple and technical" (p. 61), therefore implying that intervention A is bound to lead to outcome B. However, this approach did not take into account the complexity that social issues bring about when one tries to establish a connection between an intervention and an outcome.

2.8.2 THE DIALOGUE-ORIENTED WAVE

The second wave, the Dialogue-oriented one, arose in the 1970s to counter the oversimplification of the first wave. According to it, to capture the complexity of social problems, evaluators "must move out into the organizations where managers, staff and citizens are" (p. 61), and hear directly from stakeholders and discussing with them in order to better identify the relationship between an intervention and its outcome. The implication of such an approach was that context became crucial for an accurate evaluation.

2.8.3 THE NEO-LIBERAL WAVE

The third stream, the Neo-Liberal wave, appeared in the 1980s with the trend of New Public Management, where welfare interventions were outsourced and citizens were free to choose among different services in the public sector, making public institutions compete with each other. For this reason, the public sector started applying private sector management techniques, believing that this would improve its effectiveness and efficiency. Similarly to the first wave, the Neo-Liberal wave saw social problems as simple, therefore assuming that interventions could be measured by cost-benefit analysis. The difference lay in the role of citizens, who played "an independent role as informants in respect of the evaluation of user satisfaction" (p. 62), measuring the quality of services.

2.8.4 THE EVIDENCE WAVE

Born around 1995, the Evidence Wave is an evidence-based approach which recalls the first wave. Evidence was ranked according to its "ability to causally produce safe and scientific knowledge of intervention and its effects" (p. 62-63). Therefore, according to this theory, the safest procedure to produce knowledge was by randomized controlled trials, while user and citizen opinion was considered the least reliable source. The consequence of such a standardized approach was that no attention was paid to changes in context.

2.8.5 THE FIFTH EVALUATION WAVE

While the tendencies mentioned above declined, a proposal for a new evaluation wave turned up. There is no denying that the world is dealing with more and more complex issues, wicked problems such as climate change and the Coronavirus pandemic among others. Due to their nature, the solution to these problems shall not be "merely technical, but to a high degree socially based as well" (p. 65). Moreover, since wicked problems are global, co-operation at different levels, be it local, national or international, is pivotal in tackling them.

Such awareness adds up to the inadequacy of New Public Management, which failed to capture the complexity of public service delivery and management. To support this, now researchers are sceptical of the possibility to produce objective, evidence-based knowledge about interventions, since many variables come into play.

A reaction to the "financial and administrative discourse of the New Public Management" (p. 66-67) comes from New Public Governance, where "stakeholders, such as frontline staff, citizens, civil society, voluntary and interest groups, jointly design and deliver more effective, innovative solutions for social problems and grand challenges" (p. 67). The ideas at the core of New Public Governance are public value, local democracy and power and role distribution among the state and civil society. As a consequence, stakeholders are not mere informants, but active co-evaluators too. Citizen participation is nurtured through co-production and capability building, and citizens' individual strengths and resources are leveraged to create positive outcomes for them.

Similarly to the Dialogue-Oriented Wave, the fifth evaluation wave sees the evaluand as something complex and anchored in the local context. Therefore, the focus is understanding how a process or a mechanism can generate an outcome in a specific context, answering the question "what works for whom under which circumstances".

Among the examples of methods and tools reviewed before which might belong to this wave, we might add Most Significant Change, Outcome Mapping and Social Impact Assessment, since they all engage users in the evaluation and they all consider the context as essential in the evaluation.

2.9 STAKEHOLDER INVOLVEMENT APPROACHES TO EVALUATION

A good fit for the latest evaluation wave and the concept of Co-evaluation may be found in Stakeholder Involvement Approaches (not to be confused with Stakeholder-Based Evaluation), consisting of **Collaborative Evaluation, Participatory Evaluation and Empowerment Evaluation.**

Despite fitting well with the Fifth Wave, as we will see later, Stakeholder Involvement Approaches did not spring from New Public Management. In her historical account of Stakeholder Involvement Approaches, Liliana Rodriguez-Campos (2012) recounts that current approaches have evolved from work dating back even to the late 1940s and have gained increasing interest from the 1970s on.

The core idea of these approaches is the appreciation of people's "knowledge, values, beliefs and capacity" (Fetterman, 2019, p. 138). As a consequence of this idea, their goal is to include stakeholders at one or more stages of the evaluation (e.g.: evaluation design, data collection, interpretation of the results) in order to increase the likelihood of the use of the evaluation findings and to promote the further development of the evaluand (O'Sullivan, 2012; Rodriguez-Campos, 2012). Since all of the three approaches share the same goal, the difference among them (illustrated in table 2) lies in how this goal is pursued (Rodriguez-Campos, 2012).

We will now go through each of the three approaches (table 2), ending with a critical review of their application in practice.

	COLLABORATIVE EVALUATION	PARTICIPATORY EVALUATION	EMPOWERMENT EVALUATION
Role of the evaluator	In charge of the evaluation; Team leader and staff collaborator	In charge at first, control is then passed on to community members after some time	Evaluation facilitator and critical friend
Role of stakeholders	Continuously engaged as assistants and data sources	Shared control	In charge
Level of participation	Variable: from simple consultation to collaboration in every stage	Variable: from participation in the evaluation to co-design of the evaluation	In charge of / partners in the evaluation
Decision-making	Negotiated	Shared	Stakeholders are key decision makers

Table 2. Overview of Stakeholder Involvement Approaches (adapted from O'Sullivan, 2012).

2.9.1 COLLABORATIVE EVALUATION

The goal of Collaborative Evaluation is to promote stakeholders' participation so that programmes that serve people are improved (O'Sullivan, 2012).

In Collaborative Evaluation, evaluators are still in charge. However, stakeholders are engaged and contribute to "stronger evaluation designs, enhanced data collection and analysis, and results stakeholders understand and use" (Rodriguez-Campos & O'Sullivan, 2010). Engagement may vary greatly, depending on the organisation's needs and resources (O'Sullivan, 2012): stakeholders may be engaged just as consultants or may collaborate in every stage of the evaluation (Rodriguez-Campos & O'Sullivan, 2010). In other words, Collaborative Evaluation uses "a sliding scale for levels of collaboration" (O'Sullivan, 2012, p. 518). In this approach, stakeholders are generally considered clients, partners, evaluation assistants and data sources, and may collaborate as data collectors, analysers, interpreters and reporters (O'Sullivan, 2012). The levels of decision-making are negotiated (O'Sullivan, 2012).

To help building a collaborative environment for both the evaluator and the stakeholders, Rodriguez-Campos (2012) provides a model for Collaborative Evaluation (fig. 13) which is made up of six components: 1) identify the situation, 2) clarify the expectations, 3) establish a collective commitment,

4) ensure open communication, 5) encourage effective practices, 6) follow specific guidelines. Each of these components is explained in more detail through the subcomponents in the outer ring to better support the work of the evaluation team.

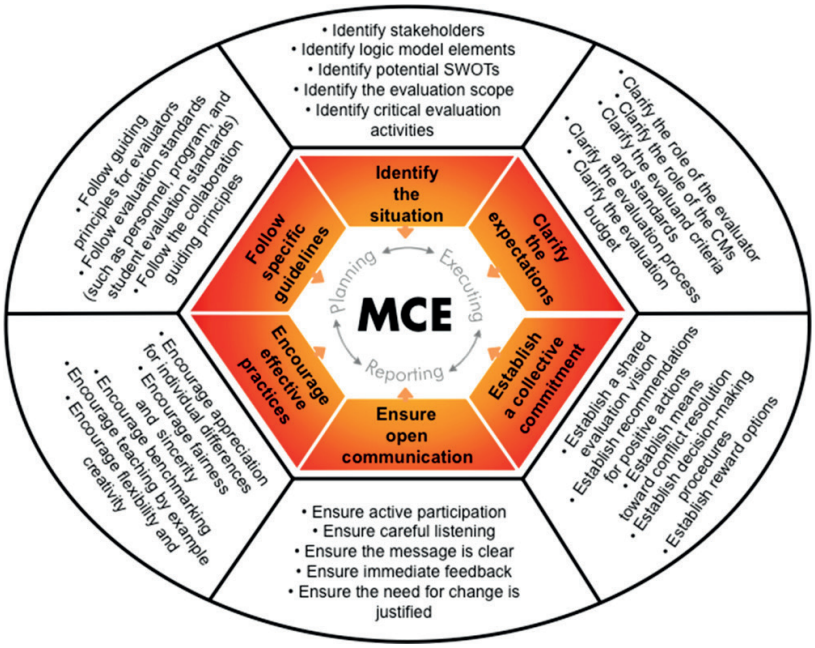


Figure 13. Model for collaborative evaluation (Source: Rodríguez-Campos, 2012).

2.9.2 PARTICIPATORY EVALUATION

In the literature regarding evaluation, the term Participatory Evaluation is nebulous, as it is often used as a catch-all word for evaluation approaches which involve stakeholders, and not as a specific one in itself. Here it is examined as a distinct approach, in accordance with the classification of Stakeholder Involvement Approaches.

In Participatory Evaluation, control is shared between the evaluator and stakeholders. Similarly to Collaborative Evaluation, stakeholders may just participate in the evaluator's agenda or may co-design the evaluation itself with the evaluator (Fetterman et al., 2014). Respective roles and degree of participation of stakeholders are variable (O'Sullivan, 2012). For example, O'Sullivan (2012) affirms that the role of the evaluator can range from participant observer to team leader, while Cousins and Whitmore (1998) declare that, for example, evaluators may be in charge of carrying out technical evaluation tasks, while stakeholders "define the evaluation problem, scope-setting activities, and, later, interpret data emerging from the study" (Cousins & Whitmore, 1998, p. 7). Typically, at first the evaluator is in charge of the process, but, as stakeholders become more experienced over time, control is gradually handed over to them (Cousins et al., 2013).

Essentially, Participatory Evaluation can be split in two main streams identified by Cousins and Whitmore (1998): Practical Participatory Evaluation (P-PE) and Transformative Participatory Evaluation (T-PE). The

first one arose in the Unites States and Canada as a way to encourage the use of evaluation findings, while the second one is rooted in community and international development and can be traced back to the efforts of 1970s researchers from developing countries who sought alternatives to exploitive methods of enquiry.

P-PE has a practical goal, that is, to support programme decision making and problem solving; T-PE, being politically rooted, aims at empowering and emancipating programme beneficiaries (similarly to Empowerment Evaluation). In P-PE decision-making is shared between the evaluator and the stakeholder, while in T-PE, despite their partnership with the evaluator, participants are ultimately responsible for decision-making. In both approaches, participants are engaged in all phases of the evaluation. However, in P-PE only primary users (e.g.: programme sponsors, managers, developers and implementors) are selected, while in T-PE all legitimate groups (especially programme beneficiaries) are encouraged to participate.

2.9.3 EMPOWERMENT EVALUATION

Within Empowerment Evaluation, stakeholders are the ones in charge of the evaluation. Unlike the previous approaches, it makes an explicit reference to community members, and not only staff members and programme participants (Fetterman, 2019). This is because Empowerment Evaluation stresses the political value of evaluation: if people are engaged in it, not only they are more likely to trust and believe in the process and the findings, but they are also building their own capability to conduct an evaluation on their own. Furthermore, they are more likely to make decisions and take actions based on their results.

The evaluator takes on a slightly different role too: not the role of the expert who has the lead of the evaluation, but rather the role of a critical friend who works beside stakeholders. Fetterman (2019) describes the critical friend as a facilitator of the process, one who provides constructive feedback, raises difficult questions, tells the hard truths and helps to make sure the evaluation stays organised, rigorous and honest. Important characteristics of a critical friend include: "(i) creating an environment conductive to dialogue and discussion; (ii) providing or requesting data to inform decision-making; (iii) facilitating rather than leading; (iv) being open to ideas and inclusive; and (v) willing to learn" (Fetterman, 2019, p. 139).

However, it should also be noted that, when applied in real case studies (Fernández Moral et al., 2015), this approach may not always be as radical as it is in theory: although participants are expected to be in charge of the evaluation, if they are not committed or skilled enough, at first the facilitator may take on a lightly authoritative role, making the relationship with the stakeholders a hierarchical one. So, at the start the facilitator suggests activities, while participants get do decide which ones to carry out, but as participants become more skilled and independent, the

evaluator turns from being a leader to becoming a guide for them.

The theoretical framework of Empowerment Evaluation is based on the following ten principles (Fetterman et al., 2004):

1. Improvement: helping people improve program performance.
2. Community ownership: facilitates community control.
3. Inclusion: promotes involvement, participation and diversity.
4. Democratic participation: participation and decision-making are open and fair.
5. Social justice: addresses social inequities in society.
6. Community knowledge: respects and values community knowledge.
7. Evidence-based strategies: respects and uses the knowledge base of both scholars while engaging with community members.
8. Capacity building: enhances stakeholders' ability to conduct evaluation and to improve program planning and implementation.
9. Organisational learning: data are used to help organisations learn from their experience (building on successes, learning from mistakes and making mid-course corrections).
10. Accountability: focused on outcomes and accountability (within the context of existing policies, standards and measures of accountability).

Empowerment Evaluation also comes with a couple of tools developed according to its tenets: the Three-Step (Fetterman, 2019) and the 10-Step Getting-To-Outcomes (Phillips et al., 2019) approaches.

The Three-Step approach

The following method is articulated in three steps: stating the mission of the organisation, taking stock and planning for the future.

1. **Mission:** the group, supervised by the evaluator, defines the organization's values and what it wants to achieve by writing some statements about the organisation's mission. These statements are then summarised in a mission statement, which is approved by the whole group.
2. **Taking stock:** group members brainstorm about the activities the organization carries on to reach its mission and choose the 10 most important ones by voting. Then, participants proceed to rate how well they are doing in each of the activities they listed. After activities are prioritized, each group member rates how well the organization is doing in each activity on a 1 to 10 scale and explains their choice.
3. **Planning for the future:** goals and strategies are generated for each activity. The group is also asked to generate a list of methods (e.g.: surveys, interviews, focus groups...) which will be used in the future to

collect evidence and assess whether the strategies are implemented and the goals are met. Evaluation tests need to be conducted on a regular basis.

10-step Getting-To-Outcomes

1. The Getting-To-Outcomes approach consists of ten steps which guide users through the planning of the evaluation, the evaluation itself and the improvement of the programme which has been evaluated.
2. Check the needs of the beneficiaries of the programme by using qualitative and quantitative data.
3. Agree on the goals, the target population, and the intended outcomes of the programme, then proceed to create short- and long-term objectives.
4. Get to know the best practices through relevant literature reviews.
5. Check if the programme is relevant to the target population by consulting community leaders.
6. Assess whether or not the organization has the capacity (e.g.: staffing, funding, expertise, and community connections) to effectively implement the programme.
7. Plan the implementation of the programme. Specify who will carry out the programme, what objectives need to be completed, when, where, how, and why, and what effects community participation will have in the programme.
8. Verify whether the programme has remained true to its goals and whether it has been carried out with quality. To do so, describe what was done, how it was done, who was served, and changes that occurred along the way.
9. Design how the efficacy of the programme, in terms of meeting its goals and producing the expected outcomes, will be measured.
10. Use the existing findings about the programme to inform decision-making and quality improvement.
11. Evaluate the sustainability of the programme by asking whether the initial problem has been solved and whether future funding is needed to produce more data.

2.10 STAKEHOLDER INVOLVEMENT APPROACHES IN PRACTICE: OBSERVATIONS AND CRITICAL ISSUES

The first issue of Stakeholder Involvement Approaches is that, although scholars insist on stressing the differences among these three approaches (especially in the cases of Collaborative Evaluation and Empowerment Evaluation), it turns out that, when it comes to practice, the differences among them become blurry. It does not help either that the terms Collaborative Evaluation and Participatory Evaluation are often used interchangeably, leading to further confusion (O'Sullivan, 2012).

Secondly, when applied in real life cases, these approaches tend to be less radical than expected. This is especially the case with Empowerment Evaluation: as anticipated in paragraph 2.9.3, the capabilities of communities might be overrated, so their lack of familiarity with evaluation makes it necessary for the evaluator to take on the role of the leader at first (Fernández Moral et al., 2015). Moreover, while Fetterman (2004, 2019) stresses the role of communities on paper, in practice Empowerment Evaluation tends to involve mostly stakeholders in the upper part of the hierarchy (e.g.: staff and managers), despite claiming a horizontal and democratic approach. This is also the case with the other two approaches: the most engaged stakeholders are mostly sponsors, managers and programme staff, while programme beneficiaries and users are scarcely represented.

Another critical point regarding Empowerment Evaluation is that there are little case studies of its application in the literature (Njoroge et al., 2016; Schnoes et al., 2000), which may prevent this approach from having a solid foundation.

Lastly, Rodriguez-Campos (2012) describes other issues with Stakeholder Involvement Approaches, such as issues of objectivity, issues of resource feasibility and issues concerning the quality of involvement. She states that the problem of objectivity lies in the potential bias which may result when evaluators and stakeholders bring their own experiences and views to the evaluation table and which could affect the evaluation and its credibility negatively. In any case, as she concludes, "the benefits gained by adopting a stakeholder approach to evaluation should outweigh the potential difficulties that may ensue" (Rodriguez-Campos, 2012). This is supported by benefits such as including a better understanding of the context by the evaluator, more confidence on the stakeholders' behalf when sharing their knowledge, and questioning of core assumptions, which may lead to organizational improvement.

2.11 SUMMARY OF THE KEY FINDINGS

So far we have introduced the concept of evaluation, explaining why and how it is conducted and giving an overview of the most popular methods and tools. Following that, we went through an historical perspective of the trends of evaluation through the decades, ending with the current fifth wave of New Public Governance, which stresses the role of citizens as co-evaluators. This was aimed at introducing the three Stakeholder Involvement Approaches to evaluation, which have the purpose of making

evaluation more participatory. We have found that these three approaches involve users in a variable way: sometimes users may be only involved as data sources, while in some other cases they may co-design the evaluation with the evaluator, to the point of being in charge of the whole evaluation process, as it happens in Empowerment Evaluation. The main problem with these approaches, however, is that they are not as radical as they seem to be on paper.

Before moving on to the conclusions and suggesting a possible solution to this problem, we will now go through a short history of the Italian third sector, which is the larger context of the following action research process of this thesis.

2.12 THE ITALIAN CASE

As anticipated in the previous paragraph, we conclude this first chapter with a history of the evolution of the Third Sector in Italy, covering also the recent laws regarding both its regulation and the one of social impact evaluation.

According to the account by Di Paolo (2016a), the very first origins of the Third Sector in Italy can be traced back to the second half of the nineteenth century. Prior to that, the assistance of poor people, invalids and orphans was in the hands of religious congregations and private charities. The most prominent one was Opere Pie, a charity network which included both religious and laic institutions such as hospices and orphanages. In parallel, there were guilds offering assistance based on mutual solidarity, and Congregazioni di carità, both religious and laic, which provided assistance and healthcare. All these institutions had different political leanings, from moderate liberalism to the democratic left and social Catholicism.

In 1862, for the first time, in Gran legge no.753/1862 Opere Pie were framed and institutionalized as institutions aimed at assisting lower classes. With this law, Opere Pie all fell under the same legislation and were independent from any influence from the State. Moreover, the following law, Legge Crispi no. 6972/1890, established that all private institutions aimed at providing assistance should become public, therefore preventing them from having any religious leanings. For the first time, the State took charity and assistance upon itself, subtracting them from the hands of the Church and private philanthropists.

Di Paolo (2016b) goes on by saying that, after the unification of Italy at the beginning of the first industrialization, Opere sociali had to face the flaws in the educational and healthcare systems. Parallelly, new congregations such as Salesiani were also providing assistance in education and schooling, while Società di Mutuo Soccorso gave protection to the working class. These Società were the forerunners of present social cooperatives and were based on solidarity among fellow working-class people.

With the rise of fascism, however, dark times came for cooperation.

Cooperatives were deprived of their role, which was taken over by the National Institute of Social Services. Unions and associations were violently suppressed, while the Church got back some of the privileges it had lost to the Crispi law. In fact, in 1929 the State delegated its aid duties to the Church: the agreement stated that the State would take care of that part of the population who could contribute and participate in productive sectors and in the accomplishment of the objectives of the regime, leaving unproductive people (such as elderlies and invalid) to clerical institutions.

In sharp contrast with fascist legislation, upon writing the new Italian constitution, the Constituent Assembly stressed the concept of social pluralism as the most fundamental one of the new constitution, avoiding any regulation regarding social organisation. Particularly, Article 2 of the Constitution (Assemblea Costituente, 1948) acknowledges the rights of both individuals and social organisations and recognizes the latter as the place where the first develop their personality. Political, economic and social solidarity must also be pursued compulsorily. In addition, Article 38 (Assemblea Costituente, 1948) declares the right to social aid for those who cannot work and do not have sufficient means to sustain themselves, their right to adequate means for workers in case of illness and the right to education and professional training for people with disabilities.

According to Busso (2018), the Third Sector started to grow in the 1970s as a consequence of the "political mobilization that had started in the 1968 movement" (p. 7). The political climate of terrorist action, which prevented protests in the streets, forced activists to find an alternative to traditional methods of militancy. Therefore, people turned to non-profit service providing as a new form of activism and fight of the marginalization of "people previously excluded from welfare benefits" (Ranci, 2001, p. 81), such as people with disabilities or a mental health condition and drug addicts (Fazzi, 2007).

Another factor which boosted the rise of the Third Sector was the welfare state crisis which started in the late 1970s. Unable to increase its intervention any more, the State started to delegate the provision of social and health services to Third Sector organisations, which became more and more specialized and less amateurish (Ranci, 2001). The end of the welfare state paved the way for the welfare society, which includes citizens in the production of services.

The golden age of the Italian Third Sector came to a stop with the economic crisis which started in 2008 (Busso, 2018). Flows of resources were considerably reduced, and Third Sector organisations had to compete among themselves and with the private sector in the provision of services.

2.12.1 THE LAW

The increasing competition and the shrinking resources made it necessary for Third Sector organisations to prove their value and the impact they had on society in order to survive (Zamagni et al., 2015). In 2012, some years after the start of the financial crisis, the European Commission released a communication which encouraged social enterprises to evaluate their own impact (Committee on Employment and Social Affairs, 2012), and the following year the European Economic and Social Committee (2013) held a debate on the topic of evaluation of social impact, arguing, however, that much more time would be needed to examine the topic due to its complexity, in order to avoid constraining the development of social enterprises.

As for the Italian regulation, the first mention of the evaluation of social policies can be found in article 20 of "Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali" (2000), which alludes to "means of monitoring, checking and evaluating costs, efficiency and results of interventions".

Eight years later, ministerial decree no. 328 (2008) mentioned the use of specific indicators, both qualitative and quantitative, to evaluate social impact.

In 2016, law no. 106/2016 stated the necessity to define and use evaluation processes as the core of the new reform of the Third Sector. Article 7, clause 3, of the same law also gives a definition of the evaluation of social impact: "[...] the qualitative and quantitative evaluation, in the short-, medium- and long-term, of the effects of the activities carried out in a specific community regarding the identified objective".

The following year, the "Codice del terzo settore" (2017) finally defined the boundaries of the Third Sector and the organisations which are part of it, while the guidelines for evaluating social impact in the Third Sector were released later in Decreto 23 luglio 2019. The same decree gave the following definition of social impact: "[social impact] incorporates explicit elements regarding the quality and quantity of services offered, consequences which can be verified in the short-term and are therefore more direct, but also the medium- and long-term effects, which concern the consequences and the changes induced in a chosen community, in view of building more inclusive, sustainable and close communities".

The decree also specified the values of such evaluation, that is, intentionality, relevance, reliability, measurability, comparability, transparency and communication, and stressed the necessity to reveal the values of the added social value which the organization has generated. As for the guidelines, the following process is suggested:

1. Analysis of the context and the needs.
2. Planning of impact objectives.
3. Analysis of the activities and choice of the methodology and the timings.

4. Evaluation.
5. Communication of the results.

2.13 CONCLUSIONS

In this chapter we briefly introduced the Third Sector and the theme of evaluation. The aim of the first part of the chapter was to learn more about the latter topic, understanding the reasons why organisations engage in evaluation, its most typical challenges, the types of evaluation, the steps it consists of and its most popular methods and tools. After that, we found out that the latest trend in evaluation stresses the need to involve citizens as co-evaluators, and therefore we went deeper into Stakeholder Involvement Approaches, expanding on the role of the evaluator and of stakeholders. However, we have found that these approaches may not be as engaging as they claim to be, and that most of the time they seem to include mostly sponsors, managers and programme staff, leaving little space to programme beneficiaries and users. This raises the problem of how to better engage users within an evaluation process, making sure that their voices are heard. I argue that Service Design may provide an answer to this problem with its tools and participatory tools. Therefore, in the next chapter we will see the role Design currently plays in the Third Sector, explaining how it is currently used and the benefits it can bring, and we will compare it to Stakeholder Involvement Approaches, with the aim of understanding how these can leverage Service Design.

The chapter ended with a short history of the Third Sector in Italy and how the necessity of evaluating its social impact arose. The purpose of this was to give an introduction to the context of my following action research, which was conducted within an Italian third sector organisation.

3 SERVICE DESIGN AND ITS POTENTIAL FOR A MORE COLLABORATIVE EVALUATION

3.1 INTRODUCTION

Following the introduction to third sector evaluation and particularly the definition of Stakeholder Involvement Approaches for the evaluation process, this chapter introduces the concept of Service Design, expanding on its collaborative and transformative approach and on its current role in the Third Sector.

The second part of this chapter then compares the Service Design process to an evaluation process, leading to the possibility that Service Design tools may be used to increase user participation in evaluation. In the last part of the chapter, the ways in which Service Design may contribute to the making of a more engaging evaluation are explored and supported by a couple of case studies.

3.2 SERVICE DESIGN

In recent decades, services have increasingly been viewed as enablers of society-driven innovation and as ways to deal with societal and economic challenges. As a consequence of this perspective, the field of design has expanded its area of application from the design of physical artifacts to the design of intangible outputs such as services (Meroni & Sangiorgi, 2012). Nowadays, Service Design has indeed earned its place not only in "incremental and radical service development, in innovation, in the improvement of services, in customer experience work" (Stickdorn et al., 2018, pp. 22-23), but also "in education, in empowerment, in government, and in the strategy of organizations" (pp. 22-23).

Stickdorn et al. (2018) define Service Design as "a human-centred, collaborative, interdisciplinary, iterative approach which uses research prototyping, and a set of easily understood activities and visualisation tools to create and orchestrate experiences that meet the needs of the business, the user, and other stakeholder" (p. 27).

More specifically, the same authors describe Service Design through the following principles:

1. Human-centred: the experience of all the people affected by the service should be considered.
2. Collaborative: stakeholders of various backgrounds and functions should be actively engaged in the Service Design process.
3. Iterative: Service Design is an exploratory, adaptive, and experimental approach, which iterates toward implementation.
4. Sequential: services should be visualized and orchestrated as sequences of interrelated actions.
5. Real: needs should be researched in reality, ideas prototyped in reality, and intangible values evidenced as physical or digital reality.
6. Holistic: services should sustainably address the needs of all stakeholders through the entire service and across the business.

The Service Design process consists of two kinds of phases: a divergent one, which is about exploring and looking for opportunities, and a convergent one, which is about narrowing down and making decisions (Stickdorn et al., 2018). These two phases, along with the core activities of Service Design, are illustrated in the Double Diamond model (figure 14) (Stickdorn et al., 2018; Design Council, 2015). At first, in the research phase (the first diamond), designers generate a lot of knowledge in order to be able to extract insights regarding the problem and to challenge assumptions about it. Later, after the insights are collected and organised, the area to focus upon is defined with the help of the insights from the previous phase. Designers then brainstorm about possible solutions to the problem, starting out with many possibilities and then choosing the most promising ones, which are iteratively tested and improved.

In the following sections, we will go through the most popular methodologies, methods and tools employed within Service Design, and then we will delve into co-design and transformative design to explore both the collaborative and the transformative power of Service Design.

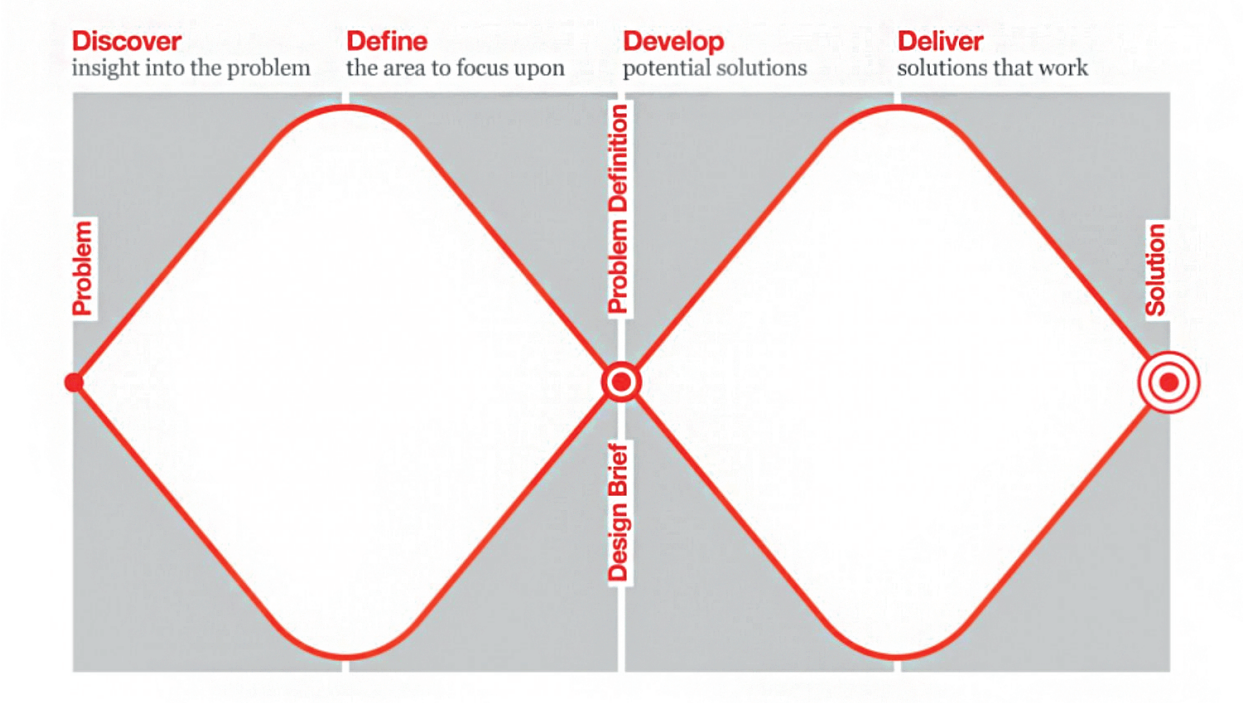


Figure 14. Design Council's Double Diamond.

3.2.1 SERVICE DESIGN METHODOLOGIES, METHODS AND TOOLS

Service Designers adopt a wide array of methodologies and qualitative methods to conduct research and collect data. Stickdorn et al. (2018) list the following ones as the most popular:

- Ethnography: a methodology used to explore a specific experience in its real context. Designers can use it to document their own experience (autoethnography), to investigate interactions happening in online communities (online ethnography) or collect multiple autoethnographies with a smartphone (mobile ethnography).
- Participant or non-participant observation: a method belonging to ethnography where designers observe behaviours either by immersing themselves in the experience they are studying or without participating.
- Contextual interviews, which are conducted in a context which is relevant to the research question, and in-depth interviews to relevant stakeholders.
- Focus groups: Morgan (1996) defines focus groups as "a research technique that collects data through group interaction on a topic determined by the researcher" (p. 130). The key here is that data is generated by a purposeful interaction between participants moderated by a researcher, therefore distinguishing this approach from group interviews.
- Cultural probes: Mattelmäki (2006) describes probes as "an approach based on user participation by means of self-documentation" (p. 40), where users express their thoughts and record their experience with the help of some assignments developed by the researcher. The most popular assignments consist in writing in a journal or taking pictures to document users' daily life. The purpose of this approach is to explore design opportunities by leaving room for user's interpretation and creativity.
- Co-design: a methodology which consists in designers and non-designers working together in the design development process Sanders and Stappers (2008a). This collaboration is set within workshops, collaborative sessions where stakeholders are invited to share their experiences regarding the design problem, in order to generate, discuss and choose ideas in a co-creative way (Rizzo, 2009).

The toolkit of the service designer also includes visualisation tools, which are used to summarise and make sense of research data and to communicate insights (Segelström, 2010). The most common ones are described by Segelström (2010):

- Blueprint: a diagram which displays all the processes within a service and connects them to each other (Shostack, 1984). The typical service blueprint describes these processes using five components: customer actions, onstage/visible contact employee actions, backstage/invisible contact employee actions, support processes and physical evidence

(Bitner et al., 2008).

- Customer Journey: it follows a customer before, throughout and after the whole service interaction. Its main focus is to represent how the customer feels when they interact with touchpoints at every stage of the experience.
- Desktop Walkthrough: a low-threshold technique consisting in "a collaboratively built miniature environment to construct knowledge about a specific service" (Blomkvist et al., 2016, p. 154), whose aim is to explore and design service concepts.
- Persona: a research-based representation of a customer segment in form of an idealised person.
- Storyboard: a representation through drawings or images of the service interactions and experience.
- System Map: a visual representation of the network of actors and components of the system of the service, and of the flows of material and information which happen among them (Morelli & Tollestrup, 2007).
- Prototypes are another fundamental tool. They consist in a physical or digital representation of a part of a service, whose purpose is to test the early form of ideas in a fast and cheap way in order to find out what works, what does not, and which ideas are most promising to implement. Beside exploring and evaluating, they can also be used for communicating ideas. (Stickdorn et al., 2018)

In order to be able to compare Service Design to Stakeholder Involvement Approaches to evaluation later in the chapter, we will now expand on the participatory and transformative nature of Service Design.

3.2.2 ENGAGEMENT THROUGH CO-DESIGN

As anticipated in the previous paragraphs, one of the key tenets of Service Design practice is to actively involve stakeholders throughout the process. The reason behind this is that, if the needs of all parties are addressed, services are going to be more accurate and responsive to users' needs, which in turn increases their satisfaction (Steen et al., 2011). The engagement of users throughout the design process is called Co-design, which Sanders and Stappers (2008a) define as "the creativity of designers and people not trained in design working together in the design development process" (p. 6).

In a traditional user-centred approach, the user is a passive object who is studied by researchers, who in turn develop further knowledge from their observations. Such knowledge is later used by the designer to generate ideas. However, as explained by Sanders and Stappers (2008a), in Co-design roles cannot be distinguished clearly anymore: the user joins the researcher and the designer (who may be the same person) as an "expert of their own experience" and brings their knowledge and ideas to the

table. On the other hand, the researcher/designer supports the user by providing tools for their expression and by giving shape to their ideas.

Although it is unrealistic to expect all users to play the demanding role of Co-designers, that does not mean that this should prevent people who are keen to contribute from playing their part (Lam et al., 2012). In this regard, Sanders (2006) describes four different levels of creativity: doing, adapting, making, and creating (table 3). These levels grade a person's contribution depending on the level of commitment they can bring, their passion and their skills.

LEVEL	TYPE	MOTIVATED BY	PURPOSE	EXAMPLE
4	Creating	Inspiration	'express my creativity'	Dreaming up a new dish
3	Making	Asserting my ability or skill	'make with my own hands'	Cooking with a recipe
2	Adapting	Appropriation	'make things my own'	Embellishing a ready-made meal
1	Doing	Productivity	'getting something done'	Organising my herbs and spices

Table 3. Four levels of creativity (Source: Sanders, 2006).

Whatever level one might find themselves on, users "must be given appropriate tools to express themselves" (Sanders & Stappers, 2008). So, designers need to take on the role of a facilitator for people at the different levels:

- The designer leads people on the "doing" level of creativity.
- The designer guides people at the "adapting" level.
- The designer provides scaffolds to support the creative expression of people at the "making" level.
- The designer offers a clean slate for people at the "creating" level.

3.2.3 THE TRANSFORMATIVE POWER OF SERVICE DESIGN

The application of Service Design is not limited to the mere development and improvement of services. In recent years, services have been considered "less as design objects and more as means for societal transformation" (Sangiorgi, 2011, p. 29). This is due to the recent rise of complex societal issues and wicked problems, which are showing the limits of incremental innovation and of innovation happening at the service level. This means that, in order to deal with new problems, organisations need to undergo a deeper transformation (Burns et al., 2006). This is where the transformative side of Service Design, known as Transformative Design, comes into play: this approach is based on the idea that user participation, combined with the capacity of designers to reframe problems and knowledge, brings organisational change and a shift in mindset and behaviour inside organisations, which become more attentive and responsive to user needs (Junginger, 2006).

More specifically, transformative projects share the following characteristics (Burns et al., 2006):

1. Defining and redesigning the brief: stakeholder involvement begins before the definition of the design brief, so that users and organisations can decide together the scope and the problem to solve.
2. Collaborating between disciplines: the complexity of problems requires the collaboration and knowledge of multiple stakeholders coming from different backgrounds. In addition, this collaboration should turn into a strong relationship based on community, trust and constant communication among stakeholders (Yee & White, 2016).
3. Employing participatory design techniques: Transformative Design acknowledges the expertise of all the stakeholders involved and leverages it to discover their needs and build solutions.
4. Building capacity, not dependency: Transformative Design needs to be an ongoing process in order to achieve real organisational change. Therefore, it is essential for organisations to learn how to use design tools and skills to keep innovating.
5. Designing beyond traditional solutions: the solution to a problem cannot be predicted at the start of the process. Possible outputs range from products to system approaches, from processes to experiences.
6. Creating fundamental change: the aim of Transformative Design is to change organisational mindsets, behaviours and culture, so that, on one side, organisations shift their focus towards their users' needs, and, on the other side, users learn to recognise their own needs and feel empowered to work towards change (Warwick et al., 2012).

In this approach, the designer is a facilitator who has a holistic viewpoint of issues and who extracts and creates knowledge for stakeholders by translating data into usable information through prototypes and visual tools (such as customer journey maps, blueprints, desktop walkthroughs, personas, storyboards and system maps) (Han, 2010; Warwick et al., 2012). The same tools are adapted to the organisation by the designer in order to build capacity and ensure that the transformative culture becomes part of the organisation. The designer also takes on the role of a critical friend and provocateur, one who offers a new perspective and helps questioning assumptions and the status quo (Yee & White, 2016). Warwick and Young (2016) expand on the meaning of "critical friend": on one hand, the designer must be critical in order to help stakeholders challenge their assumptions and the status quo and look for possible alternatives, but, as a friend, they encourage stakeholders and earn their trust. If such trust is earned, designers are allowed to create value on a service level at first. Then, once they prove their ability to create value on the service level, they are allowed to move to the systems and the organisational level, where they can have the most profound impact by producing transformational change (Warwick, 2015; Warwick & Young, 2016).

3.3 THE ROLE OF SERVICE DESIGN IN THE THIRD SECTOR

As anticipated in chapter 1, in the last years the Third Sector had to face a paradoxical challenge: on one side, States have been delegating service provision to the Third Sector, which led to a growth in the number of organisations, but, at the same time, due to the economic crisis, funding has decreased, which makes Third Sector organisations struggle and compete among each other for scarce resources (White & Young, 2014). Therefore, in order to survive and meet the demand, organisations are pressured to improve their service offering and delivery (Warwick & Young, 2016).

Since Service Design has already proved its effectiveness in tackling some of the needs of the public sector, such as the need to provide efficient services with limited resources (Warwick & Young, 2016), due to its ability to generate innovative ideas through its user-centric and holistic approach (Meroni & Sangiorgi, 2012), Service Design has been increasingly recognised and advocated as the solution to keep up with the issues stated above and the run for innovation. However, we still know little about its role and its application in the Third Sector, compared to what we know about its application in the public sector (Lam & Dearden, 2015; Warwick & Young, 2016). Moreover, it seems that Third Sector organisations still have little understanding of the potential of Service Design: enquiring about the knowledge of 49 small- and medium-sized non-profit organisations about Co-design, Lam and Dearden (2015) found that most of the organisations generally employed designers for graphic and web design purposes, excluding them from service development. Lam and Pitsaki (2018) back up this finding up by saying that when most Third Sector organisations are asked what design is, they think of web and graphic design, ignoring the value of design thinking and Service Design.

Still, according to Warwick (2015), Service Design impacts Third Sector organisations in the following ways: besides providing financial gains, Service Design improves customer experience by creating more customer-focused services, and it encourages and enables a shift in organisational strategies and cultures. In other words, it makes transformation happen at both the service and the organisation level. This is also supported by Kurtmollaiev et al. (2018), who found that the impact of Service Design on organisations is not just the mere creation of new services, but it has further-reaching consequences, because it causes changes in the organisational mindset and routines.

Following the introduction to Service Design and the overview of its role, both current and potential, within the third sector, we will now explore the role of Service Design as an evaluation process.

3.4 SERVICE DESIGN AS AN (IMPLICIT) EVALUATION PROCESS

After defining Service Design and its role in the Third Sector, now we will start examining the relationship between Service Design and evaluation, starting from the similarities between them and ending with the ways in which the first may contribute to the latter. This topic has been discussed by Foglieni et al. (2017) in their book "Designing Better Services: A

Strategic Approach from Design to Evaluation". After analysing four case studies of Service Design applied in both private and public sectors (see the "Test Tube Trip" case study), the authors argue that the design process conceals an evaluation process, which is undertaken unconsciously. The ways in which the two processes overlap is visualised in figure 15:

1. At first, evaluation happens when research is conducted on existing services to assess what works and what does not (if there is no existing service, research loses its evaluative function, and serves the purpose of collecting information about the context).
2. Then, evaluation happens in the development and validation phases, where concepts and prototypes of new services, which do not exist yet, are evaluated in itinere in order to assess whether they still adhere to the project's goals or not.
3. Lastly, evaluation happens both right at the end of the process and some time after it to assess how the new or renewed service is doing, what works and what does not and if it still meets the objectives. If the objectives have changed, the service must be redesigned.

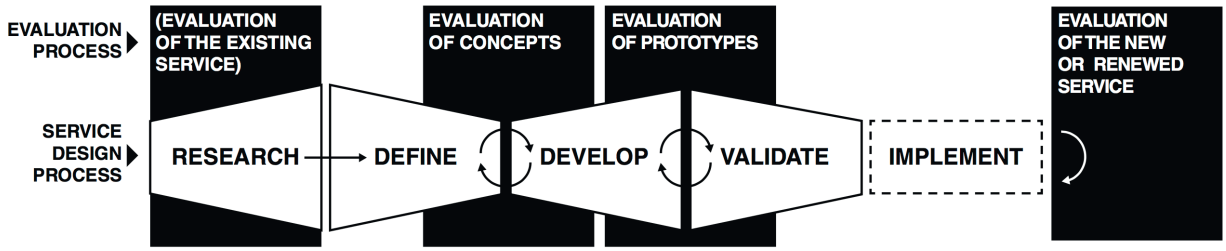


Figure 15. The integrated processes of service design and evaluation (Source: Foglieni et al., 2017)

Foglieni et al. (2017) go on claiming that the overlap between Service Design and evaluation is not limited to their respective processes: Service Design research methods and tools can also turn into evaluation tools, if we shift "the purpose of these activities from producing a factual knowledge (how things work) to an evaluative knowledge (if and how things answer to given values) (p. 67)."

For example, tools such as those mentioned at the beginning of this chapter (such as customer journeys, system maps...), which are used in Service Design to make sense of, visualise and interpret collected data, could serve the purpose of both collecting and interpreting qualitative data in the research phase and visualising and reporting evaluation results too (Foglieni et al., 2017).

Another Design technique which can be considered an evaluation tool is prototyping. As explained earlier, in the development and validation phases, concepts of new or improved services are tested through prototypes in order to assess what works and what does not and to ditch those ideas which are not promising before they are implemented,

therefore minimising risks in the later phases of the design process.

This overlap between the two processes may prove to be an opportunity for evaluation, as we will see in paragraph 3.4.2 and in the "Test Tube Trip" case study, which shows an example of the practical use of Service Design tools as evaluation tools.

3.4.1 SIMILARITIES BETWEEN SERVICE DESIGN AND STAKEHOLDER INVOLVEMENT APPROACHES IN EVALUATION

The similarities between Service Design and evaluation are not limited to their overlapping processes. If we recall Stakeholder Involvement Approaches to evaluation (see chapter 2), we may find them coherent with the collaborative and transformative approaches of Service Design. As a matter of fact, both disciplines put stakeholder engagement at their core in many ways:

- Both Service Design and SIA aim at creating value for users and generating outputs they can benefit from (e.g.: an improved service, findings about what work and what does not in current programmes or services and how they could be better).
- Both are based on the belief that including a wide range of stakeholders coming from different backgrounds makes the identification of needs and objectives more accurate.
- During the evaluation/design process, stakeholders are regarded as experts of their own experience, their knowledge is respected and each of them is treated equally.
- For a most effective outcome, they both benefit from building a community based on trust among the organisation, its users and the evaluator/designer.
- They both encourage capability building, so that on one hand stakeholders learn how to evaluate/design with at least some autonomy, while on the other a culture of evaluation/design gets ingrained in the organisation, allowing such activities to become part of its day-to-day praxis.

Other patterns can be identified when comparing the roles of the Service Designer and of the evaluator:

- As experts in their respective disciplines, they both act as facilitators, giving users tools to share insights and contribute to the process while keeping the evaluation/design process on track.
- They both act as critical friends, by questioning assumptions and asking provocative questions.
- They both create a safe space where stakeholders can share and discuss their ideas and thoughts, allowing everybody to contribute.
- Both need strategic, systemic and holistic thinking in order to take into account the complexity of both the context and of the relationships among stakeholders.

With these similarities in mind, and having assessed that both Service Design and Stakeholder Involvement Approaches aim at engaging users with the support of a facilitating figure, we will now see how Service Design can contribute to make evaluation even more engaging.

3.4.2 THE POTENTIAL CONTRIBUTION OF SERVICE DESIGN TO A FORM OF COLLABORATIVE EVALUATION

In their review of the current state of user engagement in the Third Sector, Mazzei et al. (2020) explain that sometimes organisations overestimate their knowledge of users and their capacity to represent them accurately, claiming that years of experience spent working with them can substitute their engagement. And even when organisations do attempt to include users, their efforts may be perceived as insufficient by beneficiaries, raising doubts about their adequate representation. Some other times, users may get to make decisions about specific topics, but the topics are decided by others, therefore creating an illusion of empowerment. Assuming that the same may happen when organisations evaluate their programmes, one might argue that Stakeholder Involvement Approaches may already fill this gap. However, as we have seen in chapter 1, these approaches appear to engage mostly sponsors, managers and programme staff, with a scarce representation of programme beneficiaries and users.

Service Design, with its collaborative nature rooted in Co-design, may further enhance the participation of all stakeholders, users included. Believing that everybody can contribute to the design process and in the necessity to work in multidisciplinary team to create knowledge, designers make an effort to help non-designers contribute to the process by creating tools for people at all levels of creativity (see Sanders's four levels of creativity in chapter 1), respecting individual availability and aptitudes at the same time. Service Design also employs a wider array of less common, creative methods and tools to collect data from users, such as cultural probes, Co-design workshops and prototypes. Unlike the traditional research tools of evaluation such as interviews, surveys and focus groups, the variety of design tools allows designers to engage users in the way they prefer and in order to let their valuable knowledge emerge (for example, Project Leapfrog, the case study described later in paragraph 3.3.4, includes the example of a box to collect feedback from users who do not wish to share what they think out loud).

Moreover, making contribution easier for users by adapting tools to their specific case helps them build their own capacity to design. If the same happened in evaluation, organisations would be able to learn how to evaluate themselves, therefore decreasing their dependence on an external evaluator and preventing themselves from choosing the easiest tools rather than the most appropriate ones.

The creation of a safe space where all stakeholders are equal and can bring their own experience and expertise may also help organisations tackle another common problem, that is, the clash between external and internal stakeholders. In chapter 2 we saw that the latter feel like evaluation

is imposed by the first, and that external and internal stakeholders have very different ideas about what to assess with evaluation. Giving the same space to both of them may help in creating a common, perhaps more neutral ground where stakeholders can discuss what they expect from the evaluation and decide to work towards a goal which takes into consideration everyone's needs.

3.4.2.1 THE POTENTIAL OF SERVICE DESIGN TOOLS AS COLLABORATIVE EVALUATION TOOLS

In the previous paragraph we have touched upon how Service Design research tools can contribute to making evaluation more participatory, claiming that tools such as cultural probes and workshops can be used alongside traditional evaluation tools such as surveys and interviews to enhance user engagement further. In paragraph 3.4, we have also seen how, according to the findings of Foglieni et al. (2017), Service Design methods and tools can turn into evaluation tools: for example, they can be used to collect and interpret qualitative data, to assess service ideas and prototypes before their implementation and to visualise and report evaluation results (Foglieni et al., 2017).

What may be the most interesting feature for evaluation is the visual nature of Service Design tools, which makes "complex stories, processes, and relationships visible and accessible" (Foglieni et al., 2017, p. 104). In doing so, visualisation helps everyone involved in the design process understand, share and contribute (Moritz, 2005), and it makes insights open to critique for everybody (Foglieni et al., 2017).

Not only can Service Design tools help visualise the current situation of an organisation, a programme or a service, they can also be used to visualize what we think or wish a future service or programme to be like. Although the (re)design of programmes and services technically goes beyond the scope of evaluation, it may still be worthy of mention if we consider it an extension of the last phase of the evaluation process, where organisations plan the actions they need to take to improve their work. If we look back at Foglieni et al.'s (2017) overlap of the Service Design and evaluation processes, this phase could coincide with the prototyping phase, where service concepts are tested in order to assess what works and what does not and to ditch those ideas which are not promising. This early evaluation of services allows designers to identify and dodge potential risks, which otherwise could show up later on in the design process. The same approach could help decision making when deciding how to take action to improve a programme at the end of the evaluation or when designing an altogether new programme, strategy or service by assessing the value of improvements even before their implementation, therefore lowering potential risks. As said above, although this phase may fall out of the evaluation process, if organisations were to test their future offerings, they might want to consider prototyping as a technique to engage users in this phase too. Stakeholders may use prototypes in a collaborative way to give shape to their ideas, to discuss them, to understand their strength and their

weaknesses and to assess if they meet their needs before moving on to the implementation phase.

	SERVICE DESIGN	SERVICE EVALUATION	COLLABORATIVE EVALUATION
Aim	Creating value for users by (re) designing services	Creating value for users by evaluating and (re)designing services	Creating value for users by evaluating programmes
Based on common values, such as collaboration, trust and empowerment	Yes	Yes	Yes
They share the same process	Yes	Yes	No
They share the same methods and tools	Yes	Yes	No
Purpose of the methods and tools	Collecting information about the context, creating and testing future services	Evaluating existing and future services	Evaluating current programmes
Methods and tools are participatory	Yes	Yes	Yes
Role of the designer	Facilitator Provider of tools Critical friend Strategic and holistic thinker	Facilitator Provider of tools Critical friend Strategic and holistic thinker	Facilitator Provider of tools Critical friend Strategic and holistic thinker
Role of stakeholders	Co-designers	Co-evaluators Co-designers	Variable, ranging from data sources to co-evaluators
Capability building is encouraged	Yes	Yes	Yes

Table 4. Comparison of Service Design, Service evaluation and collaborative evaluation approaches.

The following case studies show an example of how Service Design tools can be used to make evaluation more participatory in practice.

3.3.3 CASE STUDY: TEST TUBE TRIP

The following case study is one of the four case studies where Foglieni et al. (2017) observed the use of Service Design tools for the purpose of evaluation.

"Test Tube Trip" is a project carried out by Experio Lab, a Swedish centre for patient-oriented service innovation, and the Diagnostics Division of the County Council of Värmland. The aim of this project was to use Service Design to reduce errors in blood and tissue sampling procedures, which may have unpleasant consequences, ranging from simple delays to dangers to patients.

The project consisted of five phases: preparation, understanding, improving and implementing.

After planning the process and preparing workshops in the preparation phase, Experio Lab researchers conducted contextual interviews and field observations to understand the overall activities of people involved in sampling procedures. Then, journeys maps were created to visualize

the journey of the tubes and the interactions between them and the actors involved. All of these activities were documented through research diaries and pictures.

After collecting evidence of the pain points in the test tube journeys, the designers held two workshops. During the first one, insights were discussed and mapped, and participants identified possible ways to improve the overall process. During the second workshop, they co-designed, clustered and voted possible solutions which would lower the number of errors and the waste of resources in sample analysis. The prototypes of chosen solutions were later tested in the field. All of the prototypes originated from the research phase, where participants had identified a lack of knowledge sharing among actors, who were not used to talk about their practices, and which impacted the sampling process. So, the three prototypes were aimed at creating a common culture regarding sampling among the laboratory. They consisted in a training programme about how to collect samples, a checklist to avoid bad practices and a short film which stressed the importance of safety in hospitals by comparing it to safety protocols in airports. After the end of the project, the prototypes continued to be used across the organization to spread knowledge about safer procedures.

In this process, the evaluation phase lay in the research phase, when the existing process was analysed through a customer journey to identify what did not work in order to find possible solutions to make it better later on in the design process, and in the validation phase, when prototypes of the solutions were validated and refined. As Foglieni et al. (2017) put it, "all these activities were not aimed at gathering information per se but were addressed to the measurement and achievement of specific values, cost (and error) reduction and patient safety, as evaluation is supposed to do" (p. 54). Here, Service Design research tools, such as observation, contextual interviews, visualization of the journey through diaries, videos and journey maps turned into evaluation tools, triggering reflections about the participants' daily practices and starting a learning process, which led ultimately to service improvement. Moreover, these tools "facilitated participation and collaboration in people involved, enabling the spread of knowledge produced, and awareness about limits and opportunities for the organization" (p. 56).

Lastly, the collaboration between service designers on one side and medical staff on the other, with the first providing expertise on Service Design methodologies and acting as organisers and facilitators of activities, and the latter bringing their knowledge and experiences, created a mood of trust among participants, making them more willing to act on the findings of the research phase.

The benefits of evaluation (and of the consequent design outputs) were already visible a week after the implementation of the first prototype (the training programme), with errors in blood sampling having decreased by 75%.

3.3.4 CASE STUDY: LEAPFROG, CO-DESIGN TOOLS FOR CREATIVE EVALUATION

Leapfrog is a project delivered by Imagination Lancaster at Lancaster University, and the Institute of Design Innovation at The Glasgow School of Art. Its goal is to create new tools and models for consultation needs of the public sector with the goal of increasing the engagement of users and communities.

Among the tools developed by Leapfrog are creative evaluation tools. Their purpose is to make the process of evaluation more engaging for users, who may feel that traditional methods, such as surveys, focus groups and interviews, are not appealing enough for them.

One of these tools is the "Evaluation game" (figures 15 and 16), which consists of a game board, some small objects representing evaluation objectives, question cards, agree or disagree cards, pawns and dice. At the beginning of the game, the game master assigns an objective to each small object and one or more questions related to the objective. If a player passes or lands on an objective, they will have to pick the card containing the questions about the objective and answer what they think about it. During the game, the other players may agree or disagree with another player's answers by using the agree or disagree cards, so that a conversation is created.

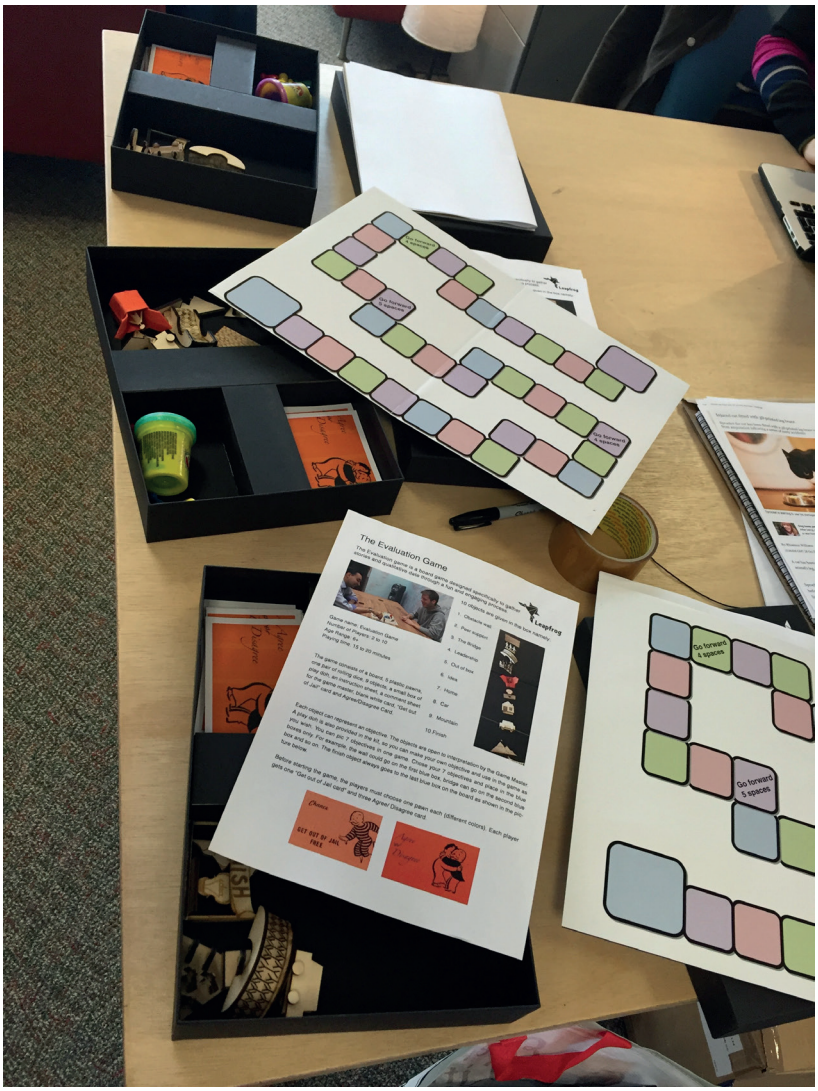


Figure 15. Evaluation game by project Leapfrog (Source: Leapfrog).

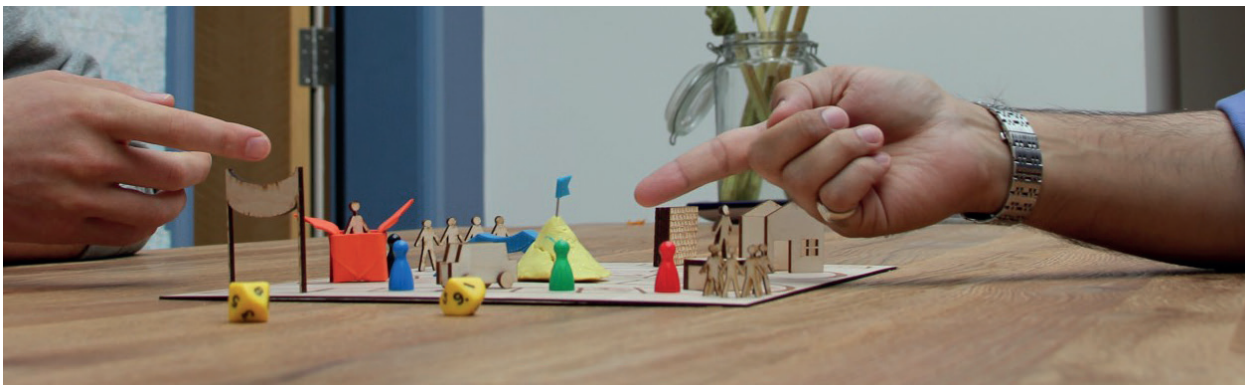


Figure 16. Evaluation game by project Leapfrog (Source: Leapfrog).

Beside the "Evaluation game", Leapfrog has developed other tools which may help evaluation:

- Tools to prioritise and agree on objectives (The Wheel of Priorities).
- Tools to plan change and define actions to reach a goal (The Uber Plan, Bridge Over Troubled Water).
- Tools to assign roles and responsibilities (The Role Bingo).
- Tools for recording insights, ideas and feedback from users: the "Personally Important" tool (figure 17) and "Everyone's Voice Matters", respectively a template and a box which allow service providers to collect feedback in a discreet way from users who may not have the confidence to share their thoughts out loud.
- Tools for accountability: the "You suggested, we tried" tool allows service providers to present people what they have done with their feedback and know what they think about the changes in the service.

Figure 17. The "Personally Important" template (Source: Leapfrog).

3.4 CONCLUSIONS

In this chapter, we have described what Service Design is, elaborating on its collaborative and transformative approach and on its current role in the Third Sector. The introduction served the purpose of drawing a comparison between Service Design and evaluation and Service Design and Stakeholder Involvement Approaches (SIA) to evaluation. The latter comparison revealed that both Service Design and SIA stress the importance of involving a diverse group of stakeholders in design and evaluation, and that both the designer and the evaluator act as critical friends to support stakeholders through the process. On the other hand, the work of Foglieni et al. (2017) exposed how Service Design tools may turn into evaluation tools. These findings established a starting point to investigate how Service Design could build on current efforts by SIA, making evaluation more collaborative and engaging for stakeholders, especially users and programme beneficiaries, who seem to be the least included in SIA. Service Design could contribute by tailoring design/evaluation tools to everybody's capacity and by using creative and visual tools (such as cultural probes, workshops, prototypes...) to facilitate users' participation. Service Design tools could also make it easier for stakeholders to understand insights and to visualise problems and possible solutions.

However, these assumptions need to be tested in practice. Some tools have already proven their effectiveness in evaluation (see the use of customer journeys in the "Test Tube Trip" case study), while others would need further testing. For example, some other techniques, such as prototyping, are effective when it comes to evaluating Service Design concepts. It may be interesting to explore if they could also be applied beyond the design field in the evaluation of Third Sector organisations.

Foglieni et al. (2017) reckon that "if we substitute the word program with the word service it becomes easier to imagine how to translate [programme evaluation] elements to the design of a service evaluation strategy" (p. 85). The aim of this thesis is to reverse the previous claim and to understand how, in practice, Service Design and its tools can be applied and adapted to evaluation, with a focus on how to make it more engaging for stakeholders.

4 METHODOLOGY

4.1 AIM

As we have seen in chapter 2, the current trend in evaluation (the fifth wave of evaluation, also known as "the collaborative and citizen-focused wave") promotes a collaborative approach, in which stakeholders participate actively in the evaluation of programmes and their own strengths and resources are valued, leveraged and nurtured. The approach and values of the fifth wave are also shared by Service Design, which, given its collaborative and transformative nature and its engaging tools, provides opportunities to make evaluation more collaborative and to act on the findings which emerge from it.

Therefore, the aim of this thesis is to understand how Service Design can be integrated in collaborative evaluation approaches in the third sector, in order to support participatory and transformational goals.

The research objectives are:

- Studying existing evaluation approaches in the third sector, and their collaborative and transformational goals, with a focus on the Italian third sector and mental health system
- Experimenting with Service Design approaches within collaborative evaluation approaches applied in a third sector organisation and evaluating its potential adoption in other third sector fields and organisations
- Elaborating an integrated model of service design intervention for collaborative evaluation in the third sector

4.2 METHODOLOGICAL APPROACH

The chosen methodology of this thesis is action research, that, in the field of design, is often labelled as Research through Design. Research through Design is "a research approach that employs methods and processes from design practice as a legitimate method of inquiry" (Zimmerman et al., 2010, p. 310) and which, in turns, is able to generate theory for the design discipline itself. Such forms of theory can be conceptual frameworks, guiding philosophies, or even design methods and new artifacts. Thanks to its holistic, cross-disciplinary approach, which "involves deep reflection in iteratively understanding the people, problem, and context around a situation that researchers feel they can improve" (Zimmerman & Forlizzi, 2014, p.1), it has proven effective to deal with wicked problems such as societal changes.

As the most popular type of applied research (Muratovski, 2016), Action Research integrates the production of knowledge (research) and the "intentional modification of a given reality" (action) (Oquist, 1978, p. 144). These two elements, intervention in practice and production of knowledge, are its two primary objectives (Collatto et al., 2018), and are deeply linked: knowledge is not an objective in itself, but is generated to guide practice and it modifies a given reality, while, in turn, knowledge is generated, used, tested and modified through action during the project (Järvinen, 2007), becoming theory grounded in action (Susman & Evered, 1978). The

knowledge and action generated in the process, Järvinen (2007) states, must be relevant for the people in the context of research by contributing to their practical concerns.

Action research consists of a cycle of action and reflection: in the action phase, practices are tested and evidence is gathered, while in the reflection stage, the researcher makes sense of what emerged so far and plans further action accordingly (Reason & Bradbury, 2007).

Action research is also a collaborative pursuit, since it requires researchers and participants of a research situation to work together in a collaborative and participatory way (Thiollent, 2009).

The action research for this thesis was part of the project Recovery.Net, a research project on mental healthcare system transformation funded by Fondazione Cariplo, during which I gained practical knowledge about collaborative evaluation by participating in the application of an evaluation tool called EnCoRe within the mental health division of a cooperative called La Rondine. Subsequently, findings from the co-evaluation were used to start a Co-design process with stakeholders of the same cooperative. Further knowledge and evidence about the use of collaborative evaluation and Co-design practices were acquired during some interviews with Third Sector cooperatives regarding their experience with evaluation. Eventually, the reflections generated from this research came together in an integrated theoretical model about Service Design within and for co-evaluation processes.

This field research has therefore generated a double output, that is, a reflection about the topic of collaborative evaluation and Co-design and a practical intervention brought about by the Co-design process.

4.3 CONTEXT OF RESEARCH: RECOVERY.NET AND ENCORE

As anticipated earlier, this research was part of the project Recovery.Net. Recovery.Net is a closing project funded by Cariplo Foundation and active in the East of Lombardy (Italy) aiming to transform mental healthcare toward Recovery and a community-based psychiatry model (Sangiorgi et al., 2020). The project, coordinated by the Department of Mental Health of Spedali Civili di Brescia (the local health authority of the city of Brescia) involved two departments of mental health in Brescia and Mantua, three universities (the design department of Politecnico di Milano, the sociology department of Università Bicocca and the psychology department of Università Cattolica di Milano), three associations of relatives (Associazione il Chiaro del Bosco, Associazione Oltre la Siepe and Associazione Alba) and a theatre company (Teatro 19).

The background of this project lies in the process of de-institutionalisation of mental health, a more balanced approach to healthcare which implies that people with a mental health condition move from long stays in psychiatric asylums to a more distributed and community-based service provision on the territory (Tomes, 2006). In this framework, the

community provides most of the services, while the institution of the hospital is increasingly reduced to a back-up role, with limited inpatient care (McDaid & Thornicroft, 2005). In Italy, this process of transformation was started with the 180 law, also known as Basaglia law. As explained by Russo and Carelli (2009), "prior this law, patients with a diagnosis of mental health disorders for any reason were considered a risk to themselves and to others. Consequently they were detained in psychiatric hospitals without any chance of receiving adequate rehabilitation that would have allowed them reintegration into the community" (p. 2). However, once the law was enforced and mental asylums were closed, a new, community-centred approach to mental health care was created.

Another concept at the core of the project is the idea of Recovery. Traditionally understood as mere symptom remission, the concept of Recovery in mental health has evolved into a new understanding, which can be described as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles", "a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness" (Anthony, 1993, p. 527).

In order to reach a transformation towards Recovery and community-based psychiatry in the mental healthcare system, the aim of Recovery. Net was "to activate and create synergies among territorial resources of Lombardy and develop the necessary competences and tools to experiment and evaluate a model of psychiatry oriented toward Recovery and co-production, active on the territory and based on the community" and "to support the creation of regional and local forms of network governance able to manage care paths centred on people, co-produced and integrated in the territory" (Sangiorgi et al., 2020, p. 193). Given the complexity of the context it aimed to change, Recovery.net consisted in a multilevel process (Sangiorgi et al., 2020, p. 193):

- Micro-level: the project supported the co-production of Invidual Treatment Plans which are Recovery-oriented and which are supported by local resources. In other words, patients and health workers work together to plan the Recovery journey of the patient and leverage the resources of the territory.
- Meso-level: in order to start a process of transformation of services and of their relationship with the territory and to start innovative practices of co-produced services, the project provided two activities, the dynamic mapping and the Co-Lab. The first one consists in identifying and getting in touch with local resources to start a collaboration which supports users' recovery journeys by providing activities (for example: yoga classes, opportunities for volunteering...). The Co-lab is a physical space outside of institutional entities where to grow Recovery-oriented and co-production knowledge and practices. Other activities experimented were Recovery College (a Recovery-oriented training programme), Social Prescribing (the prescription of

local social activities) and Peer Support (people with lived knowledge of a mental health condition support others who struggle with their mental health).

- Macro-level: on one hand, the project aimed at creating a more positive culture regarding mental health by challenging the stigma around it (for example, raising the awareness of citizens with the help of Co-lab initiatives and the local theatre group Teatro 19). On the other hand, it also aimed at challenging the political sphere by developing "practice communities" in order to grow the number of people interested in Recovery-oriented innovation. One of the key outputs of this level of action has been the evaluation tool EnCoRe that I introduce in the following section.

4.3.1 THE EVALUATION TOOL ENCORE

EnCoRe (Engagement, Co-production and Recovery) aims at evaluating how much mental health organisations adopt and apply the principles of Recovery, co-production and engagement. The level of compliance to such principles is measured using five levels of change (No change, Discussing and learning, Commitment made, Work in Progress, Transformation reached) applied to the following seven areas: enhancing the experiential knowledge in the relationship between health workers and users, engagement of users, organisational policy, training and professional knowledge, health workers' wellbeing, co-production and inclusive governance of a local community for mental health, risk and opportunities management.

EnCoRe is the evolution of a previous evaluation tool called CoRe, which was addressed at organisations willing to transform their services towards the principles of Recovery and co-production. The tool assessed the level of compliance to the values of Recovery and co-production using the same five levels of change as EnCoRe in the following areas: organizational policy, Recovery training, the relationship among health workers, users and relatives, treatment path, engagement of users and relatives in the services, risk and opportunities management, citizenship rights, professional knowledge and health workers' wellness. Starting from the evaluation model by project ImROC (Implementing Recovery through Organisational Change), CoRe was further enriched by the practices experimented in the first year of Recovery.Net. Some of these good practices were used as examples of a transition towards Recovery-oriented services.

One of the main differences between CoRe and EnCoRe is that the first one lacked a territorial dimension. EnCoRe assesses the relationship between mental health organisations, local entities and systems both formal and informal which contribute to producing better mental health for users. In other words, it assesses the role community plays in creating mental health as a common good. EnCoRe also evaluates inclusive governance, that is, how institutions and stakeholders collaborate to influence healthcare and cultural policies to promote individual empowerment.

Moreover, EnCoRe adds one further principle, the concept of user engagement, which is the basis of co-production.

The EnCoRe evaluation process is meant to be collaborative, meaning that it should involve users, mental health workers, user's relatives and members of local social networks. However, prior to our intervention, the tool lacked both the collaborative dimension and a following transformative part, where stakeholders act on the findings of the evaluation and co-design solutions to improve their services and their organisation, was also missing. Therefore, EnCoRe provided a good opportunity to exploit the potential of Service Design in order to improve its participatory and transformational goals, as better explained in stages 2 and 3 of the following research process.

4.4 PROCESS

Consistently with the action research methodology, the overall research process (figures 18 and 19) can be split into a sequence of stages where observation of and action in the context of research came together to generate a theoretical model about the application of Service Design within collaborative evaluation:

1. The first stage of my research consisted in learning about current evaluation approaches, methods and tools in the Third Sector, via Desk Research, with a focus on the most collaborative and transformative ones, such as Stakeholder Involvement Approaches, and learning about the history of the Third Sector in Italy.

2. In parallel, I started my participation in the EnCoRe evaluation process. My aim for this phase was to learn about the application of a collaborative evaluation tool in the mental health sector, reflecting on the evaluation process and its formalisation. During this stage, the goal of Recovery.Net was to test the EnCoRe tool with the users and health workers of the mental health division of La Rondine, a cooperative based in Brescia (see next chapter), and to develop and test a co-design process consisting of tools and activities which would make the evaluation more collaborative and allow the use of the insights to start a Co-design process after the evaluation ended. When I joined the project, the first stage of the process (the launch phase, during which the cooperative learnt about the tool and decided which areas to work on) had already been concluded. I followed La Rondine through the remaining three stages of the process (see next chapter), attending workshops, evaluation activities and meetings and taking notes of the process and the insights that emerged. My role also consisted in assisting the Recovery.Net team (which developed the tool and the process and consisted at first of two researchers from the design department of Politecnico di Milano) in developing the tools for the evaluation activities and the workshops, and in supporting the broader team (which also included the manager of the La Rondine's mental health division, the coordinator of Recovery.Net and the

scientific director of the project) in formalising the final version of the EnCoRe process following the application within La Rondine.

3. Following the evaluation, I started a Co-design process based on the findings of the evaluation. The aim of this stage was to experiment with Service Design within the collaborative evaluation approach of EnCoRe, in order to understand how evaluation findings could be used to start a transformation process based on the findings of the evaluation and based on the principles of Co-design. More specifically, at the end of its evaluation process, La Rondine's mental health division identified some objectives, all related to improving its current relationship with the local territory. Given this goal, I came up with three concepts which could help La Rondine better engage with the territory. Among the three concepts, one (a socialising event for citizens and La Rondine's users) was defined and developed further with a group consisting of some users, some health workers, the manager and the coordinator of the mental health division in a Co-design process over three weeks. The concept was then tested during a pilot event, followed by a meeting where the group reflected on and discussed how to improve the following editions of the event.

4. After the finalisation of the EnCoRe tool and the Co-design experience following the evaluation, I interviewed four Third Sector organisations for a total of seven interviews. The aim of this stage was, on one side, to understand the organisations' current methods of evaluation and, on the other side, to explore their level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase by testing EnCoRe. The interviews were held with two organisations which deal with mental health, one taking care of children and their families and one having to do with people with disabilities, so that the approach could be tested in other sectors beside the mental health one.

5. All of the reflections and insights that emerged during the previous stages (observation of the evaluation and Co-design process and findings from the interviews) were synthesised in a theoretical model about the role of Service Design within collaborative evaluation processes .

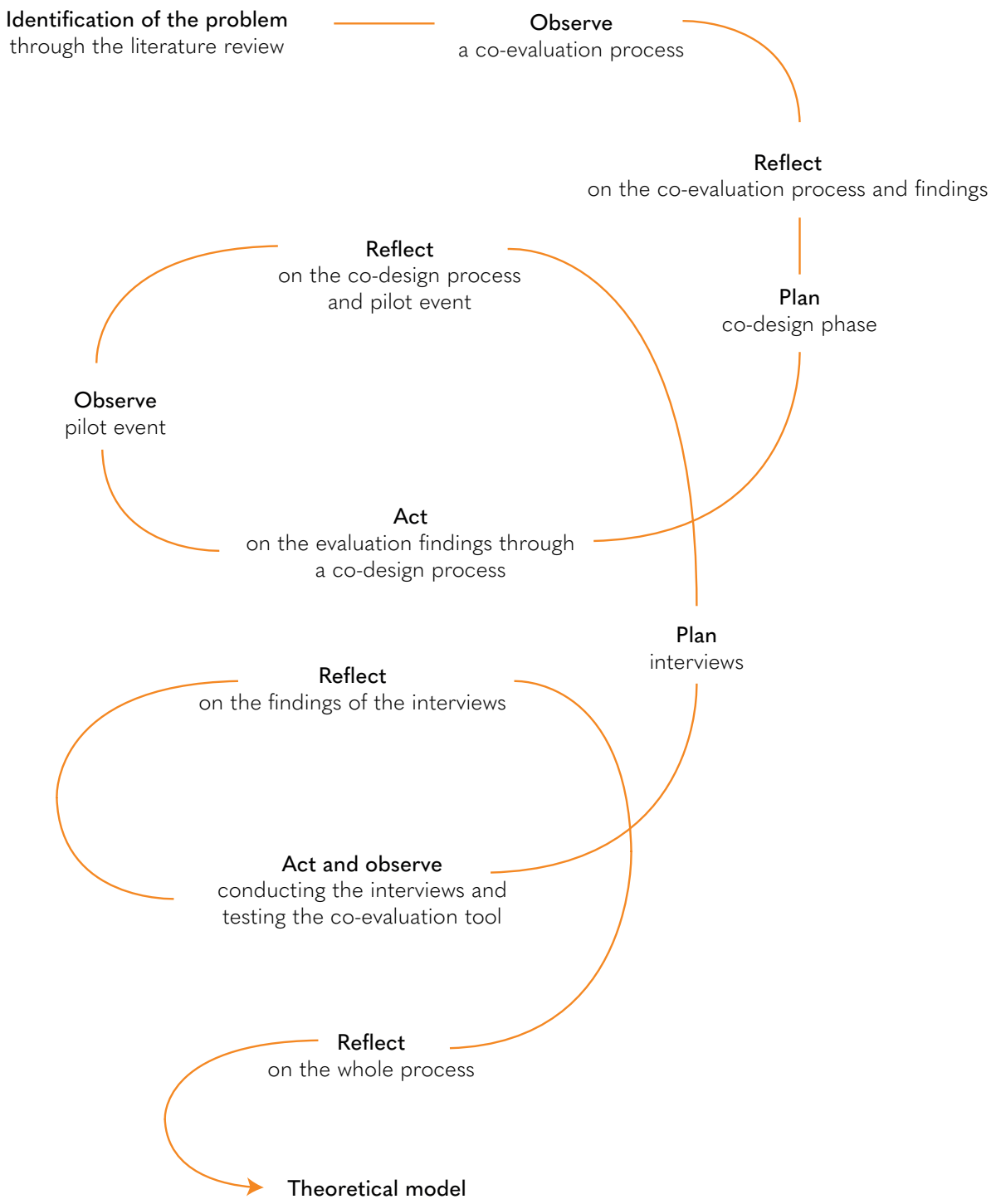


Figure 18. Overview of the action research process.

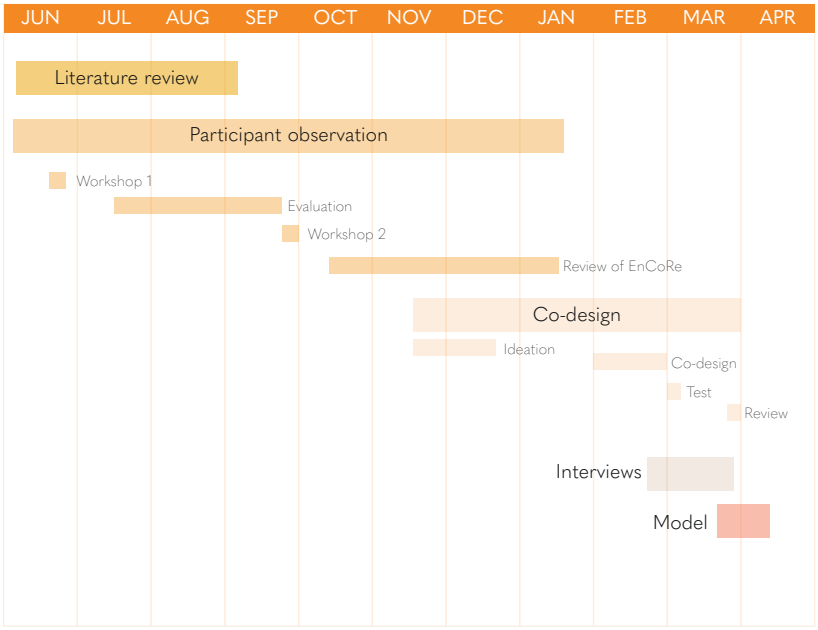


Figure 19. Timeline of the research from June 2021 to April 2022.

4.4.5 METHODS

During the process, the following methods were adopted, each of them corresponding to the five phases described above:

- Literature review: it provides an overview of books, scholarly articles, and any other sources relevant to a particular area of research. The purpose of this overview is to describe, summarise and evaluate these works in relation to the research problem (Fink, 2019). The literature review for this research, summarized in chapter 1, was aimed at studying evaluation approaches in the Third Sector, with a focus on participatory and transformational approaches, and learning about the history of the Italian Third Sector.
- Participant observation: in this qualitative method from ethnographic research, the researcher immerses themselves in the context they are investigating and interact with the people that are being observed over a period of time, while still remaining an outsider and reflecting independently on their own observation (Madden, 2017; Muratovski, 2016). It can be used to learn more about the "inner workings and the internal culture of a particular group or organisation" (Muratovski, 2016, p. 65). During the second stage of my research, I had to immerse myself in what would be my context of research, that is, both the evaluation tool (EnCoRe) and the area where it was applied (the mental health division of cooperative La Rondine). To do so, I attended all the evaluation activities and meetings (table 5), learning on one side how EnCoRe was applied in practice and, on the other side, how the cooperative works, what its culture is like, how users and workers are involved in activities and what challenges they face.
- Co-design: the methodology of Co-design is a form of collaboration where designers and non-designers work together in the design

development process (Sanders & Stappers, 2008). The aim of this research was to experiment, develop and evaluate this methodology within collaborative evaluation. In the context of EnCoRe and in line with the principles of co-production and patient engagement at its core, Co-design was used to improve the co-evaluation process, increasing its participatory nature, and to co-create solutions to act on the findings identified during the evaluation phase (table 6).

- Semi-structured interview: this kind of interview generally follows a set of questions which are planned prior to the interview and revolve around a core topic, but it also allows for a certain degree of freedom, since the set of questions may evolve depending on the interviewee's answers, opening up new paths as the conversation unfolds (Magaldi & Berler, 2020). It was used to enquire about the evaluation tools and methods used by some Third Sector organisations, assessing whether they are collaborative or not, the level of user engagement in evaluation activities, and to investigate their familiarity with and readiness for Co-design and collaborative evaluation practices. The interviews also included a walkthrough of the EnCoRe evaluation model to support the enquiry.
- Theory building: a synthesis of the reflections which were gathered during the research, was then integrated into a model for Service Design for collaborative evaluation.

The next chapters will describe in further details how the three research phases (the participant observation phase, the Co-design phase and the interviews about evaluation practices) were conducted, leading to a final reflection and synthesis of the findings into an integrated theoretical model.

ACTIVITY	Interview with the communication manager	First meeting to share the concepts	Update and feedback about the concept	Reco meeting: sharing concepts with users and health workers and first ideation round	Reco meeting: definition of activities
DATE	November 11th 2021	December 21st 2021	January 19th 2022	February 7th 2022	February 14th 2022
PARTICIPANTS	The communication manager of La Rondine	The manager of the mental health division	The manager of the mental health division	The manager, the coordinator, 6 users and 2 health workers	The manager, the coordinator, 6 users and 2 health workers

Table 5. Activities attended during the participatory observation.

ACTIVITIES	N.	DATES	PARTICIPANTS
Introductory interview with the manager and the coordinator of the mental health division of La Rondine	1	June 17th 2021	The manager and the coordinator of the mental health division of La Rondine
Sessions for the preparation of the materials for the workshops	6	June 14th 2021 June 15th 2021 June 21st 2021 August 27th 2021 September 27th 2021	The two researchers from the design department of Politecnico di Milano
Workshops	2	June 25th 2021 September 29th 2021	The two researchers from the design department of Politecnico di Milano, 4 health workers and 4-5 users
Evaluation meetings	5	July 13th 2021 July 27th 2021 August 17th 2021 September 14th 2021 September 20th 2021	The manager of the mental health division of La Rondine, 3 health workers and 6 users
Reviews of the EnCoRe tool	4	October 20th 2021 December 3rd 2021 December 22nd 2021 January 13th 2022	The two researchers from the design department of Politecnico di Milano, the manager of La Rondine's mental health division, the coordinator of Recovery.Net and the scientific director of the project
Plenary meeting where evaluation partners shared their results	1	November 26th 2021	The manager of the mental health division of La Rondine, the coordinator of Recovery.Net, 2 health workers from the day centre of ASST Brescia, 3 health workers from the residential structures of ASST Brescia, 2 health workers and one user from the Centro Psicosociale of Brescia

Table 6. Overview of the activities of the co-design process.

Reco meeting: definition of activities	Call with the manager to agree on the invite and on the informative materials	Reco meeting: simulation of the event	Test event at day centre Le Rose	Reco meeting: review of the test event and plan of the next steps
February 21st 2022	February 24th 2022	February 28th 2022	March 2nd 2022	March 28th 2022
The manager, the coordinator, 6 users and 2 health workers	The manager	The coordinator, 6 users and 2 health workers	The manager, the coordinator, 7 users and 2 health workers, 8 guests	The manager, the coordinator, 6 users and 2 health workers

5 PARTICIPANT OBSERVATION

5.1 INTRODUCTION

After conducting a literature review in order to study current evaluation approaches in the third sector, I joined the Recovery.net team and followed the case study of cooperative La Rondine, with the aim to learn about the application of a collaborative evaluation tool in the mental health sector, reflect on the evaluation process and formalise it. To do so, I adopted the method of participant observation.

Besides taking part to the evaluation sessions as an external observer, my role was also to support the Recovery.net team in developing and formalising the final version of EnCoRe.

The first part of the chapter describes in further details the EnCoRe tool and its methodology and introduces cooperative La Rondine, the object of the participant observation. Then, the core of this chapter describes the tools developed to support the evaluation and narrates the complete evaluation process itself. The chapter closes with the presentation of the updated version of the EnCoRe methodology, followed by some reflections which arose during my observation.

5.2 ENCORE

As anticipated in the previous chapter, EnCoRe evaluates the compliance of mental health organisations to the principles of recovery, co-production and engagement. Such compliance is assessed on three levels (the single service, the whole organization and the local territory the organization is part of), and the degree of transformation is measured using a 5-steps scale (table 7).

TRANSFORMATION REACHED 9-10 POINTS	Significant and firmly structured changes have been achieved. Services have been radically redesigned.
WORK IN PROGRESS 7-8 POINTS	Actions which have produced some significant changes in the culture, policy and practice of the organisation have been implemented.
COMMITMENT MADE 5-6 POINTS	The organisation is committed to guide its services towards Recovery and there are some shared projects on how to proceed.
DISCUSSING AND LEARNING 3-4 POINTS	A discussion on the themes of Recovery, co-production and engagement was started within the organization.
NO ACTION 1-2 POINTS	The organization is not currently interested in the theme of Recovery and does not take any action towards it.

Table 7. The five steps of change.

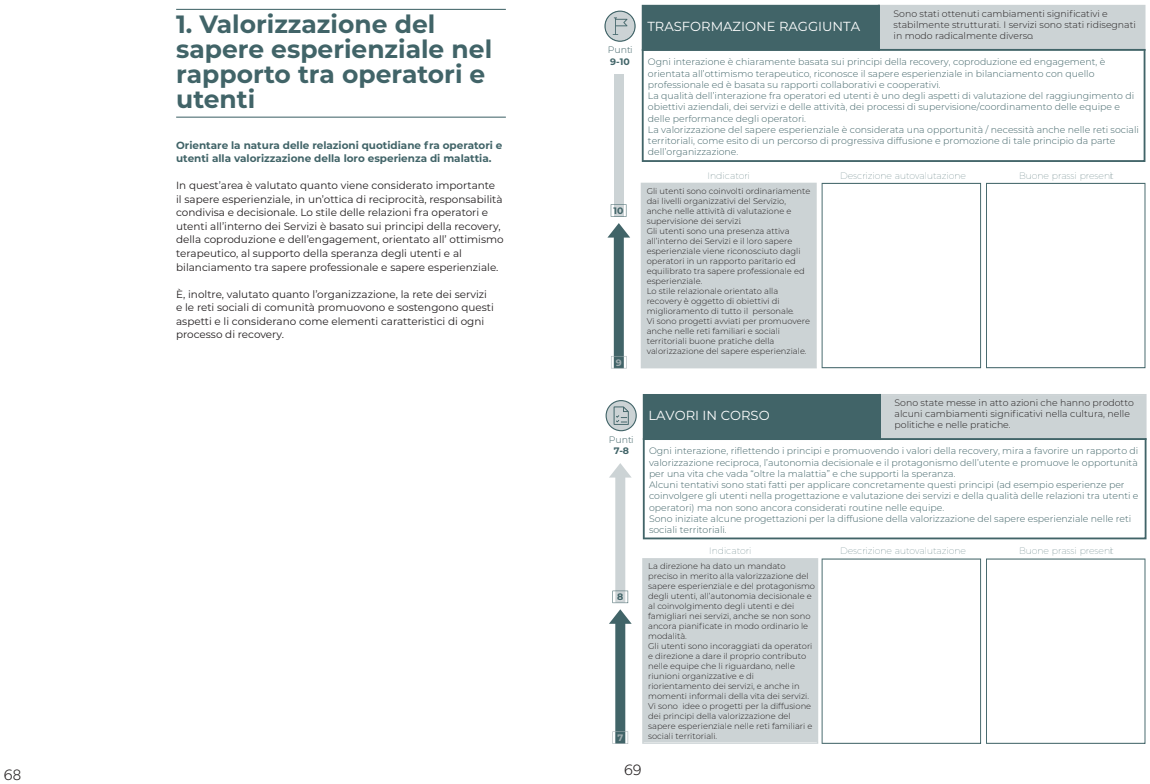
The previous scale is applied to seven areas representing seven key characteristics for organisations that want to steer toward recovery, co-production and recovery (table 8).

For each of these areas, the tool provides a detailed description of the five steps towards transformation, so that the organisation can assess where it currently stands. To identify the most accurate score, below the description are some indicators, followed by one box, where to write evidence supporting the choice of one specific stage and another space

where to list some good practices (that is, examples of activities within the organisation that are in line with the principles of Recovery, co-production and engagement) (figures 20 and 21).

AREA	WHAT IS ASSESSED
1. Enhancing the experiential knowledge in the relationship between health workers and users	How much importance is given to users' experiential knowledge in the relationship between health workers and users.
2. User engagement	How much users are actively engaged in their individual care paths, in the production of services, in the cultural processes and in the engagement of the social context.
3. Organisational policy	How much the organisation explicitly promotes the culture and the practices of Recovery, co-production and engagement, in the territory and in the community too.
4. Training and professional knowledge	How much the training of health workers provided within the organisation is coherent with the principles of Recovery, co-production and engagement.
5. Health workers' wellbeing	How much the organisation supports its health workers in their Recovery path and recognises their personal wellbeing as an important asset of the organisation.
6. Co-production and inclusive governance of a local community for mental health	How much the organisation promotes and activates processes of empowerment, prevention, opposition to stigma and appreciation of mental health as a common good.
7. Risk and opportunities management	How much the organisation supports the evaluation and shared management of risks and opportunities.

Table 8. The seven areas of evaluation



1. Valorizzazione del sapere esperienziale nel rapporto tra operatori e utenti

Orientare la natura delle relazioni quotidiane fra operatori e utenti alla valorizzazione della loro esperienza di malattia.

In quest'area è valutato quanto viene considerato importante il sapere esperienziale, in un'ottica di reciprocità, responsabilità condivisa e decisionale. Lo stile delle relazioni fra operatori e utenti all'interno dei Servizi è basato sui principi della recovery, della coproduzione e dell'engagement, orientato all' ottimismo terapeutico, al supporto della speranza degli utenti e al bilanciamento tra sapere professionale e sapere esperienziale.

È, inoltre, valutato quanto l'organizzazione, la rete dei servizi e le reti sociali di comunità promuovono e sostengono questi aspetti e li considerano come elementi caratteristici di ogni processo di recovery.

68

Punti 9-10

TRASFORMAZIONE RAGGIUNTA

Sono stati ottenuti cambiamenti significativi e stabilmente strutturati. I servizi sono stati ridisegnati in modo radicalmente diverso

Ogni interazione è chiaramente basata sui principi della recovery, coproduzione ed engagement, è orientata all'ottimismo terapeutico, riconosce il sapere esperienziale in bilanciamento con quello professionale ed è basata su rapporti collaborativi e cooperativi.
La qualità dell'interazione fra operatori ed utenti è uno degli aspetti di valutazione del raggiungimento di obiettivi aziendali, dei servizi e delle attività, dei processi di supervisione/coordinamento delle equipe e delle performance degli operatori.
La valorizzazione del sapere esperienziale è considerata una opportunità / necessità anche nelle reti sociali territoriali, come esito di un percorso di progressiva diffusione e promozione di tale principio da parte dell'organizzazione.

Indicatori | Descrizione autovalutazione | Buone prassi presenti

10

Gli utenti sono coinvolti ordinariamente dai livelli organizzativi del Servizio, anche nelle attività di valutazione e supervisione dei servizi
Gli utenti sono una presenza attiva all'interno dei Servizi e il loro sapere esperienziale viene riconosciuto dagli operatori in un rapporto paritario ed equilibrato tra sapere professionale ed esperienziale.
Lo stile relazionale orientato alla recovery è oggetto di obiettivi di miglioramento di tutto il personale.
Vi sono progetti avviati per promuovere anche nelle reti familiari e sociali territoriali buone pratiche della valorizzazione del sapere esperienziale.

9

Punti 7-8

LAVORI IN CORSO

Sono state messe in atto azioni che hanno prodotto alcuni cambiamenti significativi nella cultura, nelle politiche e nelle pratiche.

Ogni interazione, riflettendo i principi e promuovendo i valori della recovery, mira a favorire un rapporto di valorizzazione reciproca, l'autonomia decisionale e il protagonismo dell'utente e promuove le opportunità per una vita che vada "oltre la malattia" e che supporti la speranza.
Alcuni tentativi sono stati fatti per applicare concretamente questi principi (ad esempio esperienze per coinvolgere gli utenti nella progettazione e valutazione dei servizi e della qualità delle relazioni tra utenti e operatori) ma non sono ancora considerati routine nelle equipe.
Sono iniziate alcune progettazioni per la diffusione della valorizzazione del sapere esperienziale nelle reti sociali territoriali.

Indicatori | Descrizione autovalutazione | Buone prassi presenti

8

La direzione ha dato un mandato preciso in merito alla valorizzazione del sapere esperienziale e del protagonismo degli utenti, all'autonomia decisionale e al coinvolgimento degli utenti e dei famigliari nei servizi, anche se non sono ancora pianificate in modo ordinario le modalità.
Gli utenti sono incoraggiati da operatori e direzione a dare il proprio contributo nelle equipe che li riguardano, nelle riunioni organizzative e di riorientamento dei servizi, e anche in momenti informali della vita dei servizi.
Vi sono idee o progetti per la diffusione dei principi della valorizzazione del sapere esperienziale nelle reti familiari e sociali territoriali.

7

69

Figure 20. An excerpt of the tool.

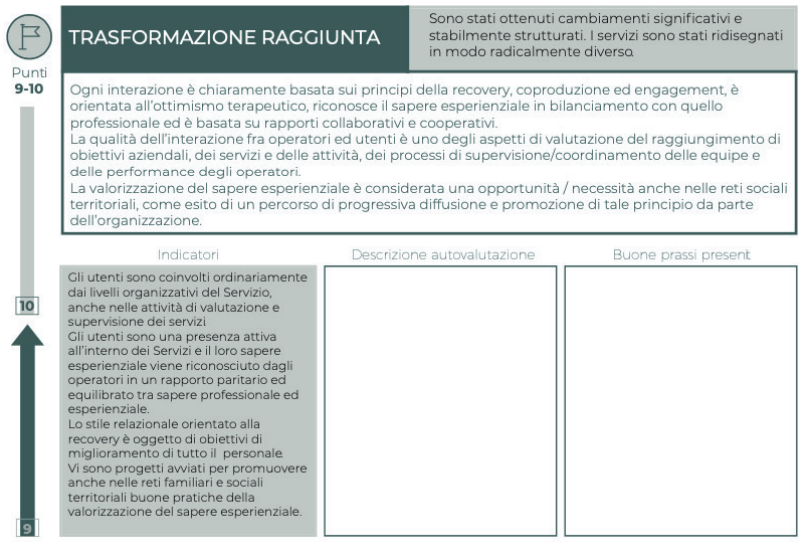


Figure 21. Left to right, top to bottom: the description of the stage, the indicators, the space or writing the evidence, the space for listing the good practices.

The tool also includes:

- A synthesis of each area, consisting of the description of the area itself and of the "Transformation Reached" step and a list of examples of good practices related to that area (figure 22).

Figure 22. The synthesis of area 1.

- An eight-spoke wheel to link and visualise all the scores assigned to each area (figure 23).
- A plan of action where the evaluation team states the change they want to implement, the strong and weak points of the organisation at the moment of the evaluation, the actions it needs to undertake to reach the objective, the way the team plans to engage users and the local communities, individual responsibilities, and the time by which each action is to be concluded. The last section at the bottom is for reporting the outcome of each action and whether the objective was reached in the set time or not (figure 24).

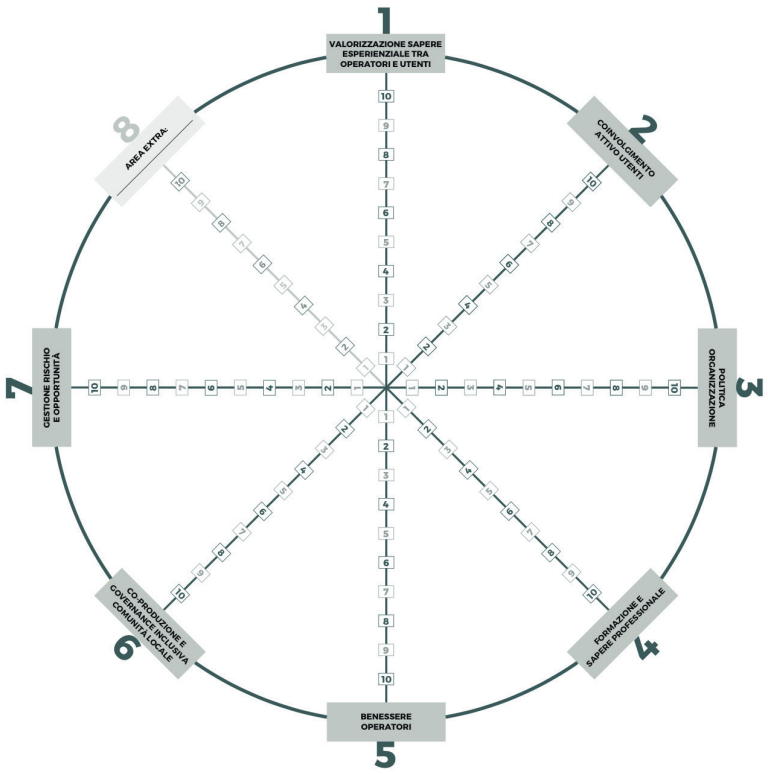


Figure 23. The eight-spoke wheel.

In quale area si progetta un miglioramento:

Cambiamento atteso (obiettivo del Piano di Azione):	**Entro quando?** (Tempi per il raggiungimento dell'obiettivo nella sua globalità)

Rispetto alla situazione attuale (riferita all'area indicata), quali sono per l'organizzazione...

...i punti di forza	**...i punti di debolezza**

Azioni da intraprendere (finalizzate al raggiungimento dell'obiettivo)					
Modalità di coinvolgimento degli utenti					
Modalità di coinvolgimento della rete e/o della comunità locale					
Responsabilità (chi ha il compito di svolgere o coordinare l'azione indicata)					
Entro quando? (tempo previsto per la realizzazione dell'azione indicata)					
Esito dell'azione Se l'azione prevista è stata attuata ed ha avuto l'esito previsto (indicare la data)					

Data compilazione piano:	Raggiungimento dell'obiettivo nei tempi indicati:
Firma del team leader:	☐ RAGGIUNTO ☐ PARZIALMENTE RAGGIUNTO ☐ NON RAGGIUNTO

Il Piano è:	☐ CONCLUSO	☐ PROROGATO NEL TEMPO
Note:		
Data:	Firma del team leader:	

64 65

Figure 24. The plan of action.

To facilitate the evaluation process, the tool was integrated with a co-design approach that aimed to enhance the potential of collective reflexivity, while linking it to concrete examples of good or promising practices to avoid abstract thinking. The co-design process, imagined as a facilitated one, should also help to connect co-evaluation to co-design as a direct result of the evaluation journey. EnCoRe co-design methodology is explained in the following paragraph.

5.2.1 THE METHODOLOGY

At the time of the evaluation of La Rondine, the methodology of EnCoRe was ideated as consisting of four macro-activities:

- **Individual and collective reflection (R)** on how the three principles of recovery, co-production and engagement are applied in the seven evaluation areas and at different levels of the organisation (such as the single services, the division, the whole organisation and the territory). Such activity would be part of a workshop.
- **Individual and collective documentation (D):** participants identify and collect information about some existing activities within the organisation which are related to the areas of EnCoRe.
- **Self-evaluation (A):** the material gathered in the previous activities is used to support the compilation of the self-evaluation templates.
- **Ideation and planning (I+P):** a workshop where participants define new possible directions and/or initiatives, starting from the good practices they identified in the previous activities, is therefore implemented.

These four phases were split in smaller activities, some of which facilitated by external facilitators, while some others by an internal facilitator (table 9):

1. Workshop 0 (R: reflection): participants are introduced to EnCoRe's key principles, the tool and the process. Then participants do a group exercise about a good practice which is linked to some of the EnCoRe evaluation area.
2. Communication of what happened in workshop 0 to the broader group of users within the service and decision of the areas to focus on in the next workshops (D: documentation).
3. Workshop 1 (R: reflection): participants reflect on an area and analyse a couple of activities linked to it, identifying enhancers and obstacles to transformation.
4. Collective and individual documentation (D: documentation): participants gather information about the issues regarding the areas they are interested in evaluating and find some promising practices.
5. Introduction to the evaluation (A: self-evaluation).
6. Evaluation of all the areas (A: self-evaluation) using the EnCoRe tool.
7. Compilation of the eight-spoke wheel (A: self-evaluation) with the score of each area.

8. Workshop 2 (I+P: ideation and planning): the group defines some objectives for change and plan some actions to reach these goals.
9. Plenary session (R: reflection): the evaluation group shares the results of the evaluation process with the rest of the cooperative.
10. Mini sessions for implementing results (I+P: ideation and planning): groups within the services carry on the programmed activities to reach change.

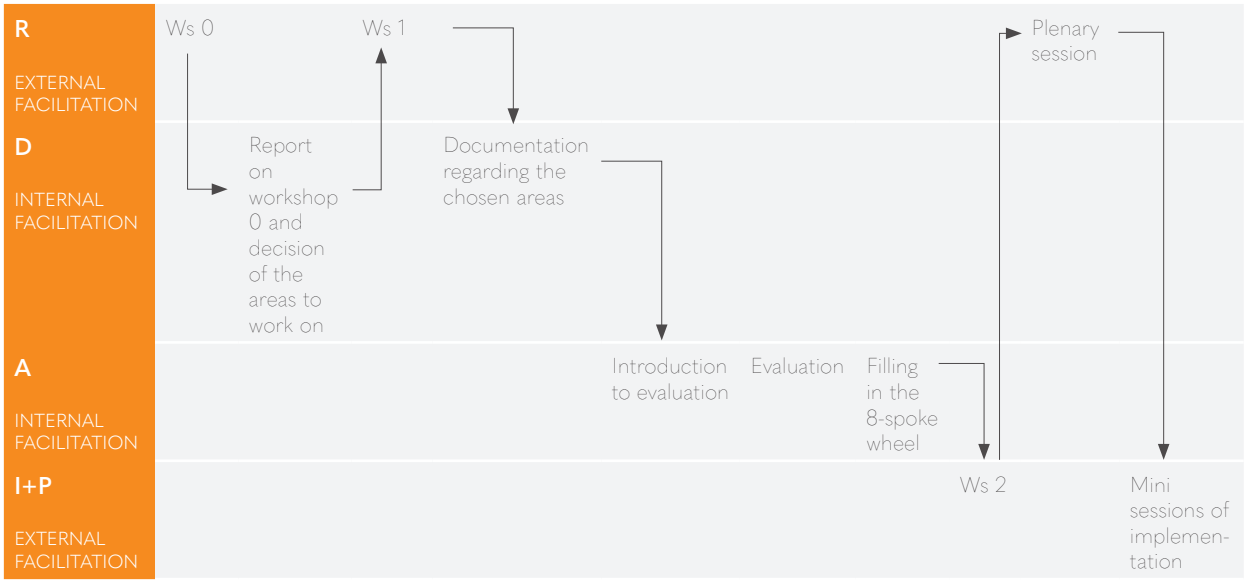


Table 9. Overview of the evaluation process.

The evaluation case of La Rondine represented the first testing of this approach, which was therefore developed starting from their specific needs. Table 10 illustrates how the evaluation process above was adjusted to and applied to their case.

	MAY	JUN	JUL	AUG	SEP
R	Workshop 0	Workshop 1			
	May 26th 2021	June 25th 2021			
D	Report on workshop 0 and decision of the areas to work on				
	May 2021				
A			Evaluation meetings		
			July 13th 2021	July 27th 2021	August 17th 2021	September 14th 2021	September 20th 2021
I+P					Workshop 2
					September 29th 2021

Table 10. Overview of the evaluation process of La Rondine.

The evaluation team consisted of the manager of the mental health division, who acted as an internal facilitator, and a group of users and health workers. The group was supported by two researchers from the design department of Politecnico di Milano, who acted as external facilitators expert in the EnCoRe tool and its methodology (table 11).

The following paragraph expands on La Rondine as the context of the evaluation.

ROLE	N.
External facilitators	2
Internal facilitator	1
Users	4-8
Health workers	3-4

Table 11. Members of the evaluation team.

5.3 LA RONDINE

La Rondine is a cooperative which has been operating in the eastern part of the province of Brescia since 1986, when a group of volunteers decided to join to aid old people in the area. Since the 1980s, the cooperative has grown and now provides its services to people with disabilities, minors, and people with a mental health condition too. At the core of La Rondine's work is taking care of people with fragilities by trying to address their needs and with the aim of improving their quality of life. The cooperative aims to do so by also collaborating with families and local organisations to build an inclusive and close community.

The actors involved in the evaluation came from one of La Rondine's mental health services, a protected psychiatric community which hosts people with a psychiatric pathology who need a period of rehabilitation and recovery of their autonomy. The mental health division chose to experiment with the evaluation process to test their level of compliance to the three key principles of the tool, so that they could improve their services and start a concrete change within the organisation.

When I interviewed the manager and the coordinator of the division upon joining the Recovery.net team, they were mostly concerned about transferring the principles of recovery, co-production and engagement to the other two divisions of the cooperative. They also pointed out that they found some resistance within the mental health division too, since some health workers were reluctant to apply recovery and co-production in their practice. These two challenges, along with the interest in understanding how far the three principles could get them in experimenting with new services, were some of the reasons they decided to take on the evaluation.

5.4 DEVELOPING THE TOOLS

To allow Recovery.Net partners, La Rondine included, who participated in the evaluation, to better reflect on their current situation and, consequently, assess it more accurately, specific evaluation tools were designed and implemented (table 12).

	TOOL	AIM
WORKSHOP 0	1	Reflecting on the level of transformation within the evaluation areas starting by a reflection on a good practice
WORKSHOP 1	1	Reflecting on the area and identifying some activities to analyse
	2	Analysing the activity by describing it and listing its enhancers and obstacles
	3	Helping in identifying enhancers and obstacles within the organisation
WORKSHOP 2	1	Reflecting on the vision of change
	2	Reflecting on the reasons why we want to reach our objective
	3	Reflecting on the macro-activities which could support our objective for change
	4	Identifying enhancers and obstacles within the organisation
	5	Understanding whether the activities are structured or not
	6	Planning actions for change

Table 12. Overview of the tools.

5.4.1 TOOL FOR WORKSHOP 0

Tool 1 (figure 25) was used during the first introductory meeting in May 2021, before I joined the Recovery.net team. It consisted in a set of cards dedicated to some examples of Recovery.net good practices, for example the dynamic mapping and the Co-Lab (for a description of these good practices see chapter 4). Participants had to choose one of these practices (e.g. Co-lab) to start reflecting on where they were within the key areas of the project. Each good practice was linked with the related areas and then questions were defined to help and facilitate the reflection. For example, the Co-lab could be linked to areas 1 (enhancing the experiential knowledge in the relationship between health workers and users), 2 (user engagement), 3 (organisational policy) and (co-production and governance). Within each of these areas, there were some questions about the good practice and the organisation (for example, a question from area 1 would be "how and how much is experiential knowledge leveraged in the development and management of the Co-lab?"). By answering these questions (for example, "there are plenty of opportunities to leverage experiential knowledge within the Co-lab"), the group was able to assess and choose their level on the scale of change, from "No action" to "Transformation reached".

This first exercise was used as an exploratory exercise which helped participants to identify the areas in which they ranked lower.

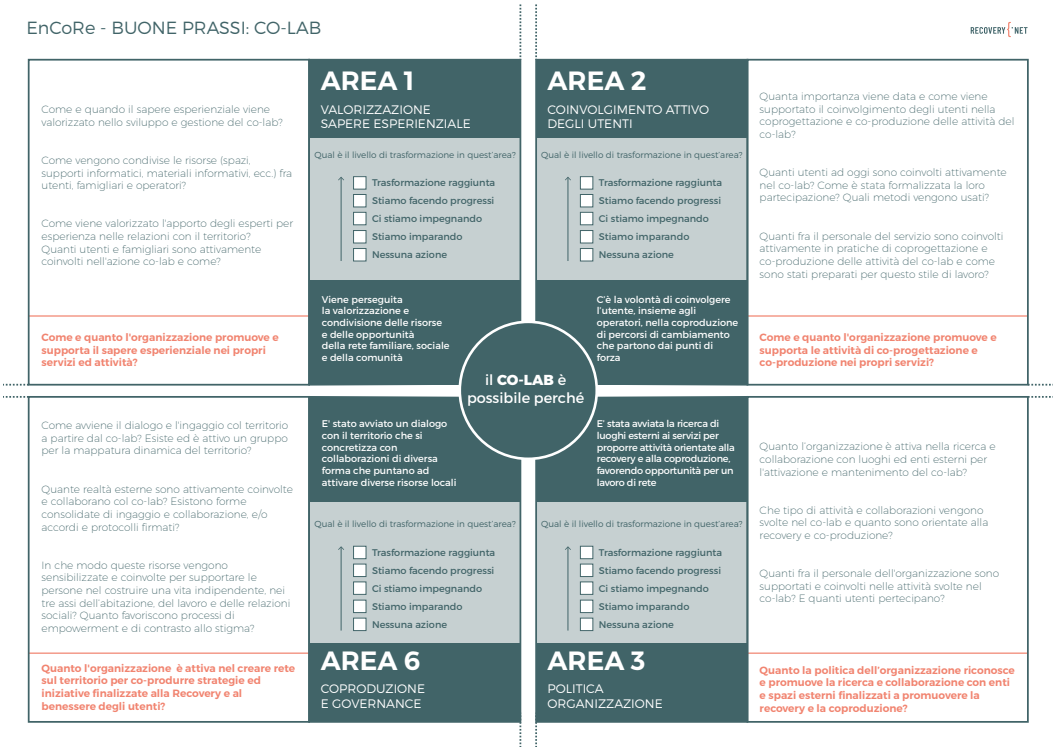


Figure 25. Workshop 0 – tool 1.

5.4.2 TOOLS FOR WORKSHOP 1

The purpose of the tools for workshop 1 was to help participants reflect more deeply on the evaluation areas of EnCoRe before proceeding to evaluating them.

Tools 1 and 2 were developed for each distinct area. These were:

- Tool 1: a card which provides a description of the area, what it aims to assess, and a list of questions, which, on one side, help the participants identify the activities to analyse later and, on the other, reflect on the current situation of the area (figure 26).

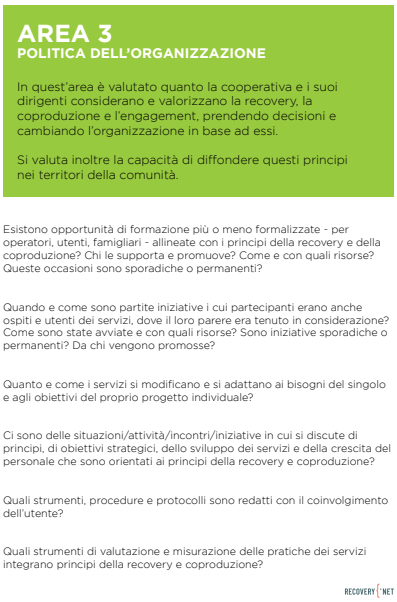


Figure 26. Workshop 1 – tool 1.

- Workshop 1 – tool 2: a card to analyse activities within the organisation which could be linked to the area that is being evaluated (figure 27). Participants had to describe briefly what the activity is about, who participates in it and how, at what level of the organisation it occurs (single service, division or cooperative) and its degree of institutionalisation (e.g. whether it is recognised and promoted by the organisation, standardised or informal, and whether it is occasional or permanent). Then, on the same card, participants had to reflect on and list the enhancing factors and obstacles to the activity at each level of the organisation (single service, division, cooperative and territory).

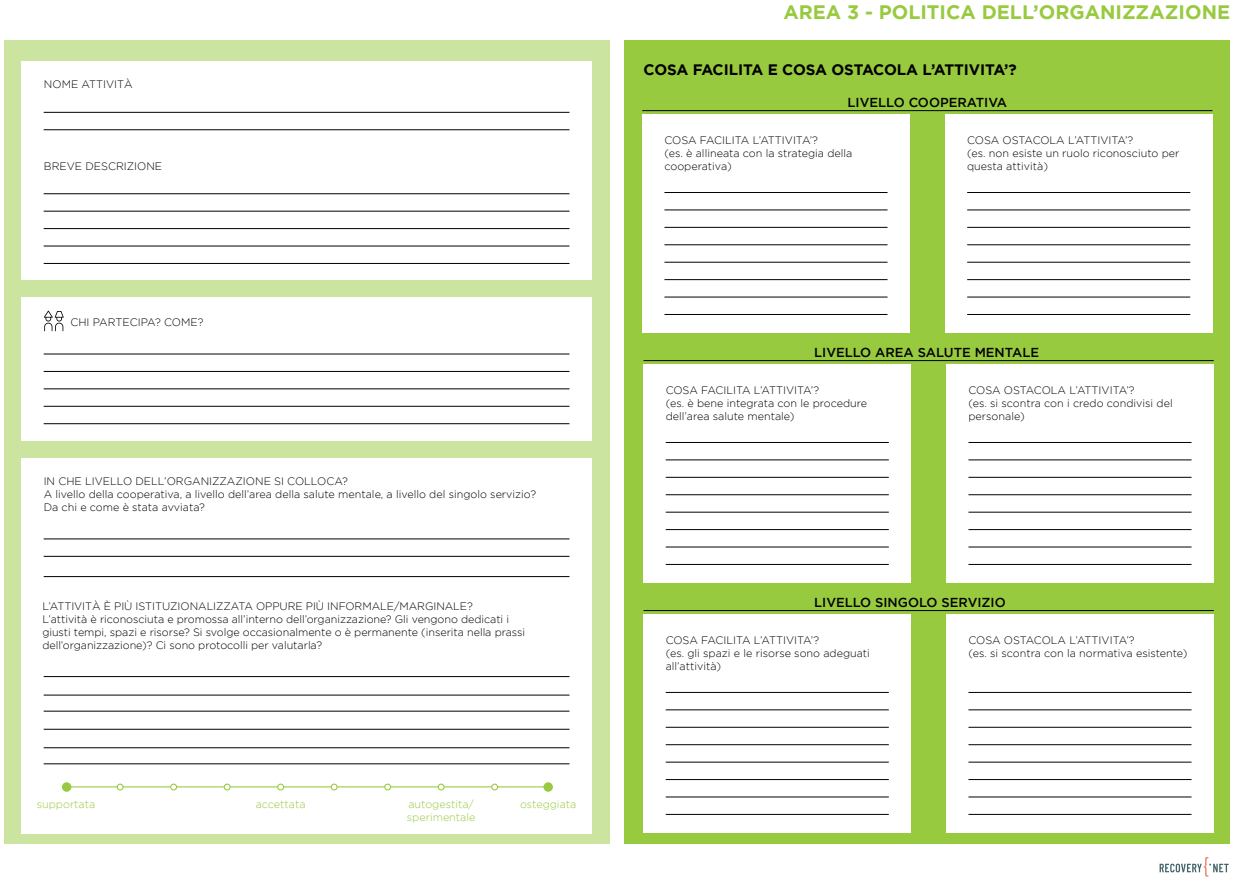


Figure 27. Workshop 1 – tool 2.

- Workshop 1 – tool 3: the reflection was supported by a card depicting an iceberg (figure 28) which represented possible visible and invisible factors within the organisation (such as its vision, its resources, laws and regulations, roles and relationships...).

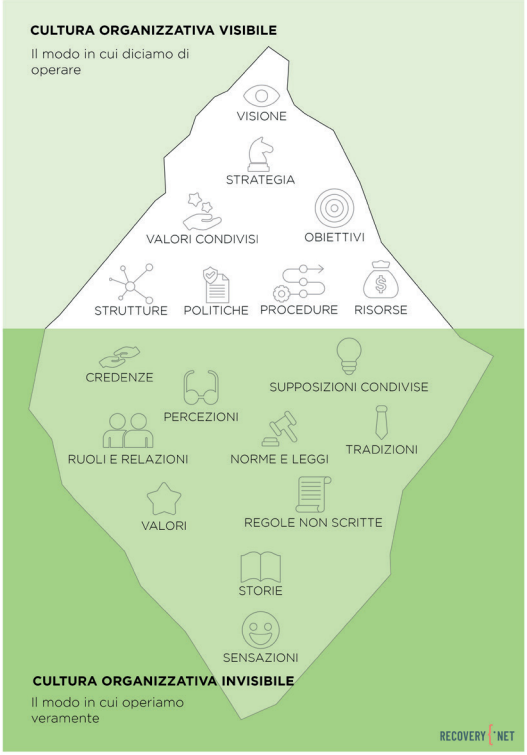


Figure 28. Workshop 1 – tool 3.

5.4.3 TOOLS FOR WORKSHOP 2

Other cards were created for workshop 2, where participants had to reflect on their goal for transformation and plan further actions to reach it. These were:

- Workshop 2 – tool 1: a reflecting board (figure 29) with the identified goal for transformation in the centre asking why we want to reach it (for example: why do we want to open up to the local territory?). It was used to reflect on the reason why the organisation, and the different categories of stakeholders, want to go towards a certain objective.

Figure 29. Workshop 2 – tool 1.

- Workshop 2 – tool 2: some inspirational cards (figure 30) including some reasons why the organisation wants to reach the goal, supported by quotes gathered during the first workshop (for example: to get used to the world outside of the mental health community, to build relationships with the neighbours, to exercise...), used to get the reflection going.

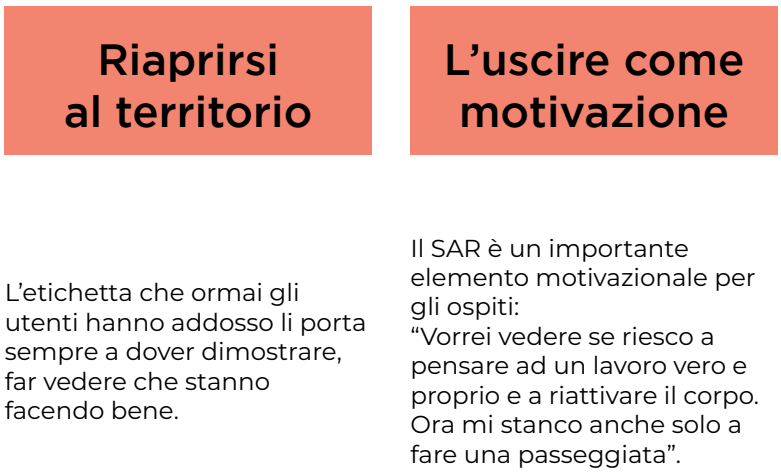


Figure 30. Workshop 2 – tool 2.

- Workshop 2 – tool 3: some Activity Cards (figure 31) describing some macro-activities within the organisation which could help it reach its objective (for example: events in the neighbourhood, classes, job placement initiatives...).

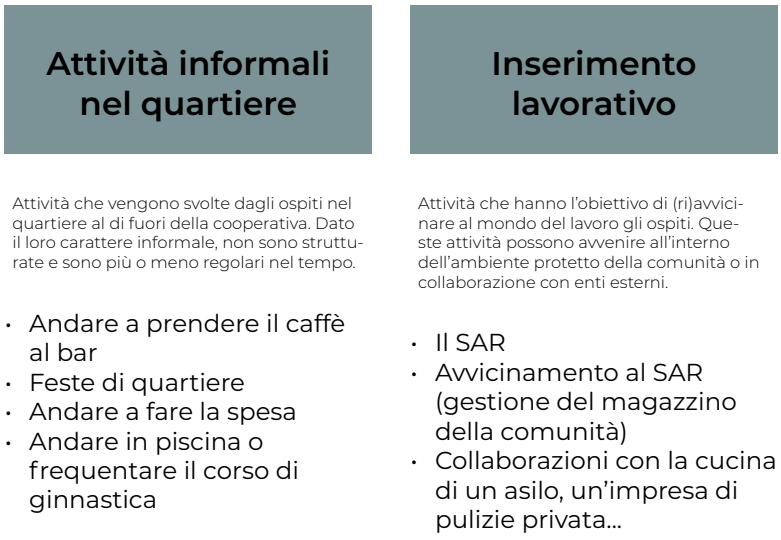


Figure 31. Workshop 2 – tool 3.

- Workshop 2 – tool 4: a card with the definition of structured activity (figure 32) to help participants assess to what extent the activities chosen earlier are structured, in order to reflect and brainstorm on ways to make them more so. As written on the tool, an activity is structured if it is recognised and promoted within the organisation, if it has dedicated time, space and resources, if it is integrated within the practice of the organisation, if it takes place regularly and if it has evaluation protocols.

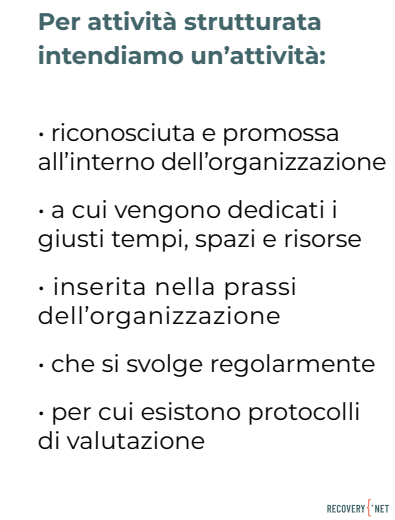


Figure 32. Workshop 2 – tool 4.

- Workshop 2 – tool 5: a card for each activity where to list possible factors which could enhance or interfere with the transformation (figure 33).

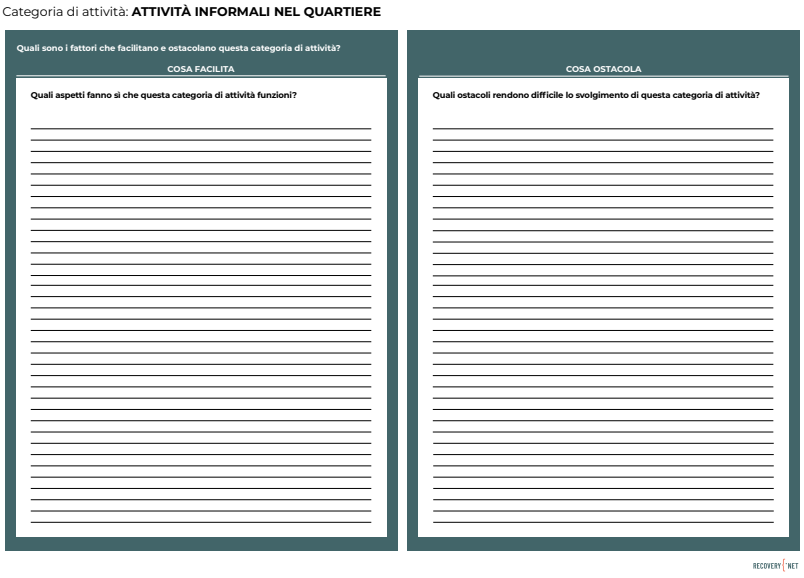


Figure 33. Workshop 2 – tool 5.

- Workshop 2 — tool 6: an action plan where to write what practices the organisation wants to consolidate and what its objectives for change are, followed by short-, mid- and long-term actions the organisation may take on to reach these objectives (figure 34).

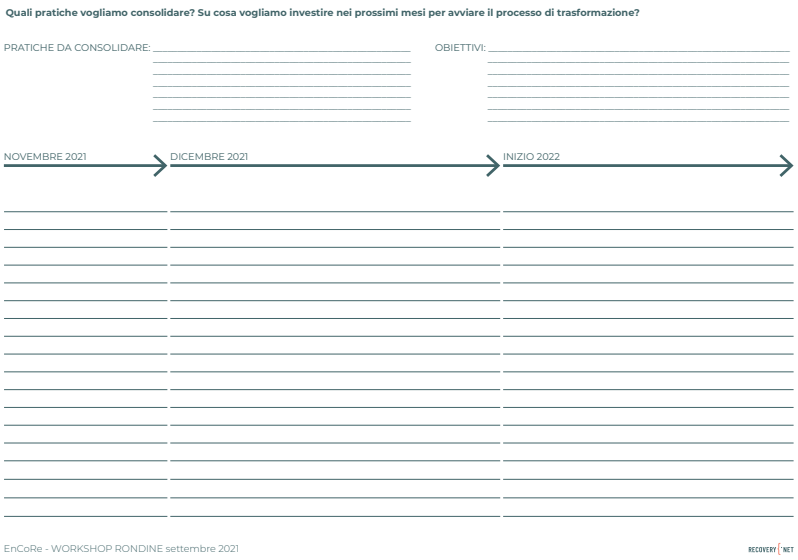


Figure 34. Workshop 2 – tool 6.

The application of these tools within the context of La Rondine will be further explained in the next paragraph.

5.5 PROCESS OF APPLICATION

When I joined, the evaluation group of La Rondine had already participated to a first meeting (workshop 0) where they were introduced to the EnCoRe principles, tool and methodology. On the same meeting, they did an activity where they had to choose a good practice to reflect on some areas of the tool the good practice was related to. The group had chosen the dynamic mapping (see chapter 4), which allowed them to reflect on areas 1 (enhancing the experiential knowledge in the relationship between health workers and users), 2 (user engagement), 3 (organisational policy) and 6 (co-production and inclusive governance of a local community for mental health). The group found out that they were on a good track in the first two areas, while there was still room for improvement in areas 3 and 6. Moreover, area 3 represented an opportunity to decrease the distance between the mental health area, the management and the other areas of the cooperative, a problem which was of great relevance at the time of the evaluation. Area 6, on the other hand, was new to the participants, since the CoRe tool (see chapter 4), which they had used previously, did not include the territorial dimension. So they decided that these two areas should be the focus of the first workshop.

5.5.1 WORKSHOP 1: REFLECTING ON THE AREAS

The goal was to reflect on the chosen areas by analysing a couple of existing activities in order to describe the actual situation regarding the EnCoRe areas. More specifically, the groups had to identify two activities: a promising one, still in its early stages, and a thriving one with room for improvement. The analysis of the activities would be used later in the evaluation process to support their evaluation and decision process.

At the beginning of the workshop, the group was split into two smaller ones, one for each area, so that they could work simultaneously on the two areas. After splitting, each group started a reflection on their area, prompted by the questions on tool 1. Such questions would help them identify a couple of activities to analyse in the second part of the workshop with the help of tools 2 and 3. At the end of the workshop, the two groups got back together to share their respective reflections.

WHAT	Workshop 1
WHEN	June 25th 2021
WHO PARTICIPATED	2 groups, each consisting of 1 external facilitator, 2 health workers, 2 users
AREAS	3 (organizational policy) and 6 (co-production and governance)
GOAL	Reflecting on two areas and analysing two activities for each of them
PURPOSE	Generating evidence for the following self-evaluation phase
AGENDA	Participants split in two groups, one for area 3 and one for area 6. Part 1 • Reflecting on the areas • Identifying activities within the organisation linked to areas 3 and 6 Part 2 • Describing the chosen activities and identifying what facilitates and what hinders them Part 3 • The two groups got back together to share their respective findings

Table 13. Workshop 1.

5.5.1.1 REFLECTING ON AREA 3: ORGANISATIONAL POLICY

In the first part of the workshop, after splitting from the other group, the group working on area 3 touched on several topics related to the organization's policy regarding the topics of Co-production and Recovery, using tool 1 (figure 35) with a description of the area and suggested questions to guide the reflection. Upon reading the description of the area (i.e.: how much the organisation considers and values recovery, coproduction and engagement, taking decisions and changing the organisation based on them), the group reported the following reflections:

- The great autonomy that the mental health area has in managing its own services.
- The difficulty in blending with the rest of the cooperative (to which the mental health division was added later) along with the poor exchange of knowledge and ideas with the other two divisions (the ones taking care of people with disabilities and old people).
- The contrast between the training of La Rondine's health workers, which is oriented towards co-production, and the traditional training of other health workers, who lack training about Co-production.
- A desire to pass down the topics of Co-production and Recovery to the other divisions.

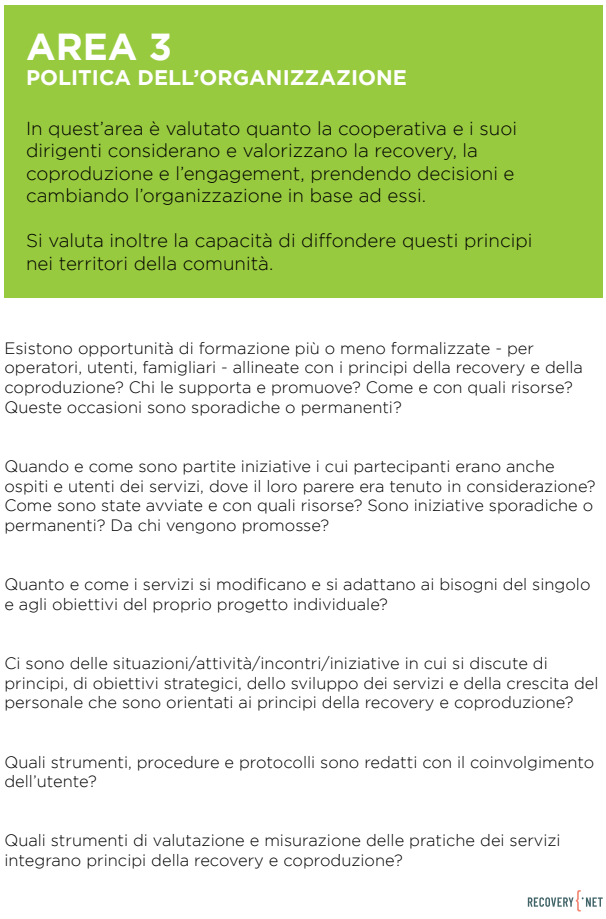


Figure 35. Workshop 1 – tool 1.

The group then proceeded to list some existing ways in which the mental health division already applies Co-production, as probed by the questions in the tool 1:

- Training activities revolving around the topics of Co-production and Recovery, such as the Recovery Star training.
- Meetings with users, such as a daily briefing where health workers and users discuss what activities need to be done, by whom, and how, and a meeting with users every 15 days regarding longer term goals (RECO meeting).
- A co-produced activity in which once a month a user and a health worker propose a film to watch and discuss together with the other users.
- Ways in which health workers try to adapt the division's organisation to the needs of the single person, such as letting users have lunch at a different time or negotiating the schedule of the administration of their therapy.

Following this last example, participants stressed the need to balance what has to be done for the good of the guests with the guest's personal preferences, as well as the need to work on mutual trust and motivation.

After this reflection, the group decided to focus on the following activities:

- The RECO group, an activity which is already formalized and recognized.
- An activity that is not yet there: the transfer of recovery and coproduction ideas to the other divisions.

5.5.1.1.1 RECO GROUP

The analysis of the RECO group was supported by tool 2 (figure 36): in the first part of the tool, participants were asked to briefly describe the activity and specify who participates in it. Then, they had to state at which level of the cooperative the RECO group stands and how much standardized and recognized it is within the cooperative.

After this first description, in the second part of tool 2 the group was asked to reflect on the enhancers and obstacles to the activity at three levels of the cooperative: the cooperative level, the mental health division level, and the service level. The reflection was also supported by the tool 3 (figure 37), which listed some potential factors which could influence the activity (for example, economic resources, norms and regulations, relational dynamics...).

The results of this activity are described in the following table.

After describing the RECO meeting, the group moved on to the analysis of an activity which did not exist yet, that is the collaboration and knowledge transfer between the divisions of the cooperative.

DESCRIPTION	A monthly meeting where, on the one hand, ordinary and systemic issues, such as rules and regulations and general updates, are discussed and users are recruited for activities; on the other hand, during these meetings, health workers try to reconcile the users' wishes with what needs to be done and to address them together with them. These meetings are very open, since they give the opportunity to people who do not usually participate to give their opinion - even a critical one.
WHO PARTICIPATES	Users and health workers
LEVEL OF THE COOPERATIVE	Service level, specifically the protected psychiatric community and a residential mental health facility
DEGREE OF INSTITUTIONALISATION	Positively institutionalised, its value is recognised.

COOPERATIVE LEVEL

Enhancers	Obstacles
• Availability of resources	

MENTAL HEALTH DIVISION LEVEL

Enhancers	Obstacles
	• Distance of the residential mental health facility, from where the meetings take place, and lack of means of transport • Lack of digital know-how • The need to find adequate spaces • Finding cross-cutting objects of reflection • Not all participants are on the same level of self-awareness

SERVICE LEVEL

Enhancers	Obstacles
• Participants are aware of the value of the activity • The activity takes place in the protected psychiatric community, which is convenient for its users • Results are verbalized • Freedom of speech and suspension of judgement: everyone can say what they want without constraints and is welcome to disagree. • High level of participation due to the users' interest in the content of the meetings. Moreover, the activity is not perceived as a burden or a duty. In addition, setting out the agenda of the meeting before it starts makes it possible for users to know the topics, thus facilitating their contribution. • Constant presence of the coordinator and the manager of the division	• Co-production isn't properly organized yet • Lack of evaluation protocols

Table 14. Analysis of the RECO meeting.

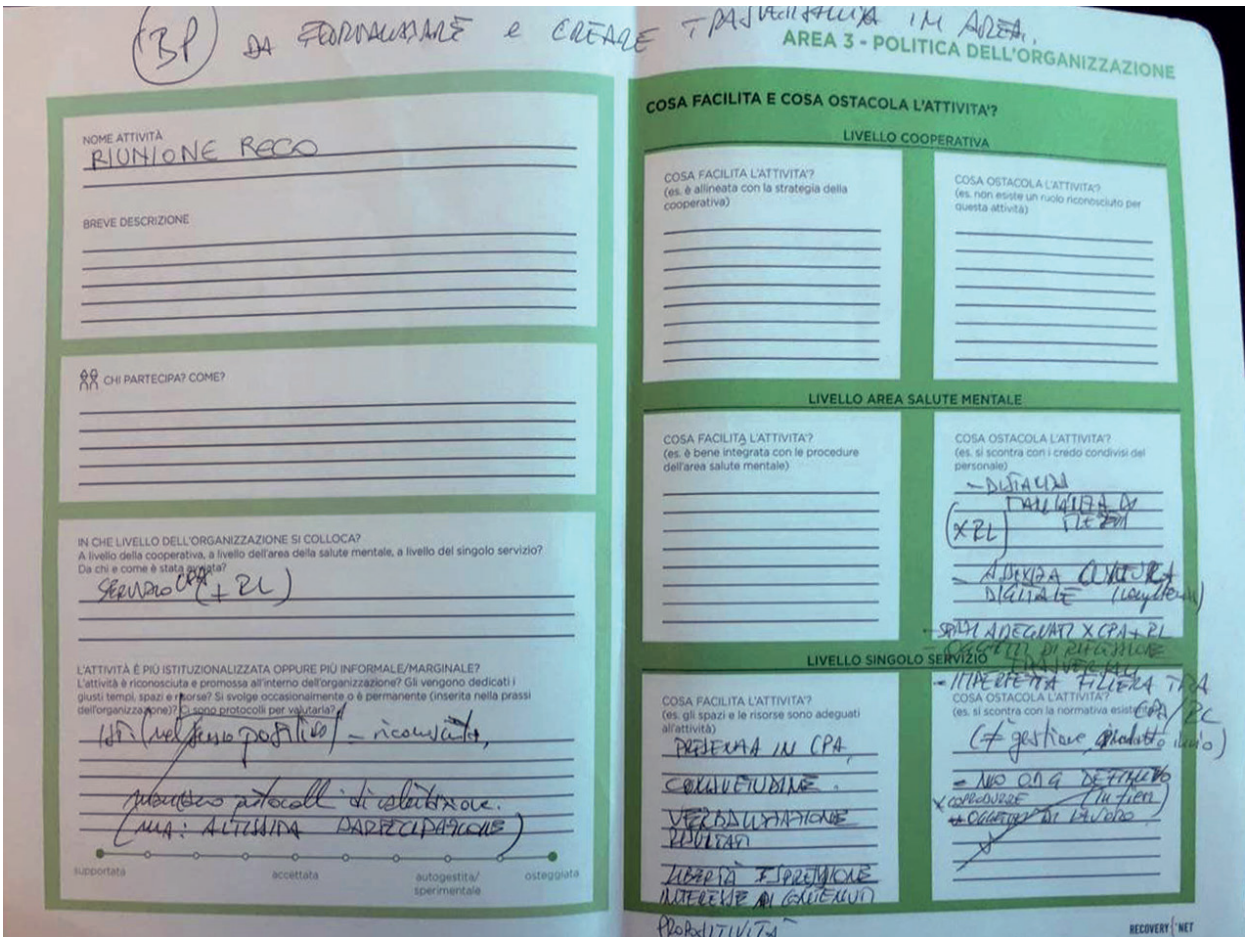


Figure 36. Analysis of the RECO meeting, tool 2.

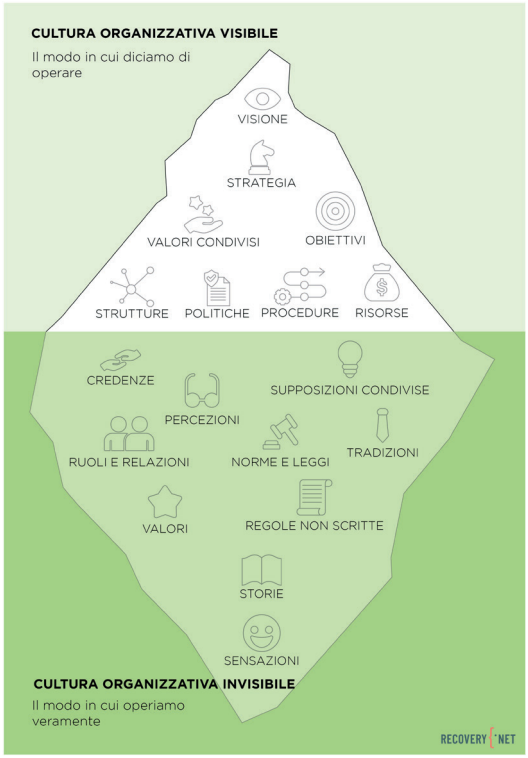


Figure 37. Workshop 1 – tool 3.

5.5.1.1.2 COLLABORATION AND KNOWLEDGE TRANSFER BETWEEN THE DIVISIONS

The analysis was conducted in the same way as the RECO meeting: first, using tool 2 (figure 38), the group described an already existing activity within which the knowledge transfer could be integrated into, then participants stated who participates in this activity, the level of the cooperative it happens in, and how institutionalised and recognised it is. Again, as for the RECO meeting, the group stated which factors would enhance or hinder the activity at the cooperative level, at the mental health division level and at the service level, with the help of tool 3.

In parallel, the same activities described above were carried out in the group dedicated to area 6 too.

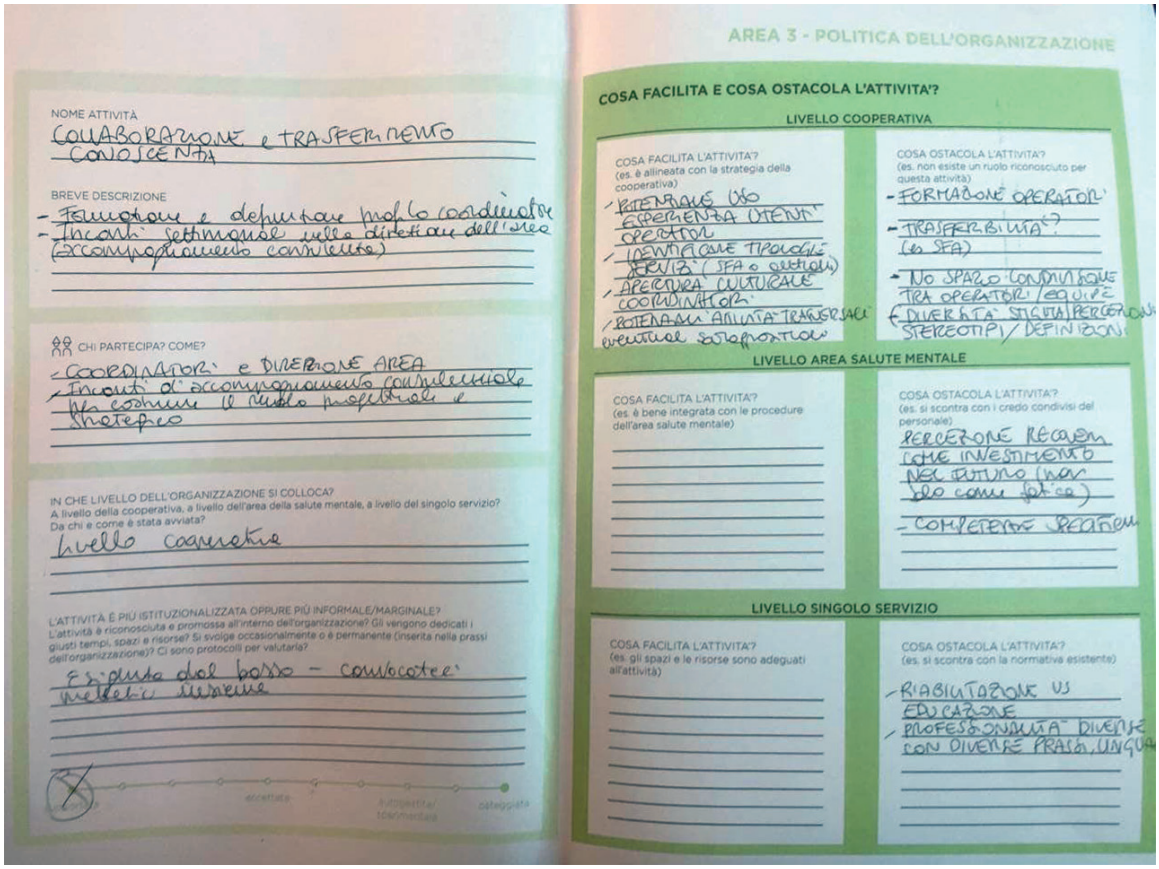


Figure 38. Analysis of the knowledge transfer activity, tool 2.

DESCRIPTION	Currently, there is a meeting where managers meet weekly to take strategic decisions. The knowledge transfer could be integrated in these meetings, where managers could share the mutual experiences of their own divisions.
WHO PARTICIPATES	Managers of the organisation and managers of the single divisions
LEVEL OF THE COOPERATIVE	Cooperative level
DEGREE OF INSTITUTIONALISATION	It is a very institutionalised activity, but it is also a need that comes from below and has been anticipated by many coordinators. The way to carry it out, however, is yet to be institutionalised.

COOPERATIVE LEVEL

Enhancers	Obstacles
• The potential use of health workers' experience regarding users. • The open-mindedness of the coordinators. • Potential cross-cutting activities may arise from mutual knowledge.	• The traditional training of operators and their cultural narrow-mindedness. • The way to transfer knowledge depends on who does it: managers and health workers have a different way to tell what they know. • Low transferability to other divisions: how can we compare the condition and experience of a person with disabilities with those of a person within the mental health division? A distinction has to be made among services too. • Some users are more difficult to involve. • The lack of permeability between divisions and the lack of sharing moments leads to little mutual transparency. The large number of operators makes sharing even more complicated. On the other hand, mutual knowledge could lead to transversal projects, such as an exchange of activities between divisions. • Diversity and stigma, perceptions, stereotypes, definitions (e.g. different conceptions of disability, concept of mental illness vs. mental health). There are mutual stigma and cross prejudices caused by a lack of knowledge transfer.

MENTAL HEALTH DIVISION LEVEL

Enhancers	Obstacles
	• Recovery is perceived as an investment in the future (not only as effort). • Specific skills.

SERVICE LEVEL

Enhancers	Obstacles
	• Rehabilitation vs. education: health workers with an old approach have a different relationship with the guests. • Different professionals with different practices, languages and mentalities.

Table 15. Analysis of the knowledge transfer activity.

5.5.1.2 REFLECTING ON AREA 6: CO-PRODUCTION AND INCLUSIVE GOVERNANCE OF A LOCAL COMMUNITY FOR MENTAL HEALTH

So in the first part of the workshop, while the other group was working on area 3, the second group answered the questions related to area 6 using tool 1 (figure 39). The first question asked whether there was any activity to map possible partners on the territory with whom to start collaborations to support users in their recovery path, to which the group answered that the mental health division uses the dynamic mapping to do this. Then, following the other questions of tool 1, the group proceeded to list the activities done in collaboration with actors on the territory.

- Theatre group with Teatro 19: a guest participates in the group and then the community assists to the performance.
- SAR (socialization in a real environment), a job placement initiative to help users of the cooperative start entering the job market and keep themselves busy.
- Sunday visits to the local dog shelter.
- Saturday trips to the supermarket, where everyone can buy what they need.
- A photographic project by the users and health workers of the community, exhibited in the square.
- Events in the neighbourhood, to which the community is always invited.
- Gymnastics classes at the local day centre for old people and at the park.

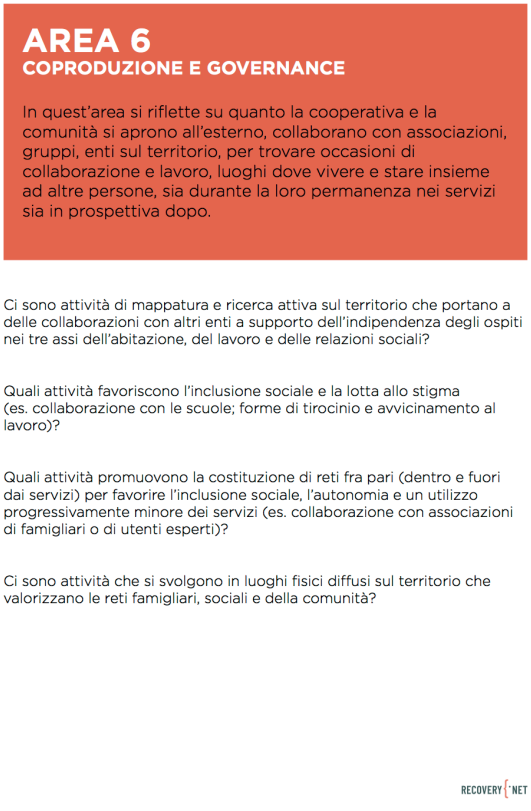


Figure 39. Tool 1 for area 6.

- English course.
- Christmas party with family members.
- Doing the laundry for Lievita, La Rondine's bakery.
- Relationships with people from the neighbourhood: for example, during the first lockdown users used to go to drink coffee at their neighbour hairdresser's, who was always very welcoming.
- Project "Avviciniamoci", promoted by the municipality of Brescia and consisting in helping old people in the neighbourhood in a voluntary way (for example, by ding grocery shopping for them).

The group decided to analyse these activities:

- SAR (job placement), a consolidated activity with allocated funds.
- Going to the bar, an informal, still unstructured activity.

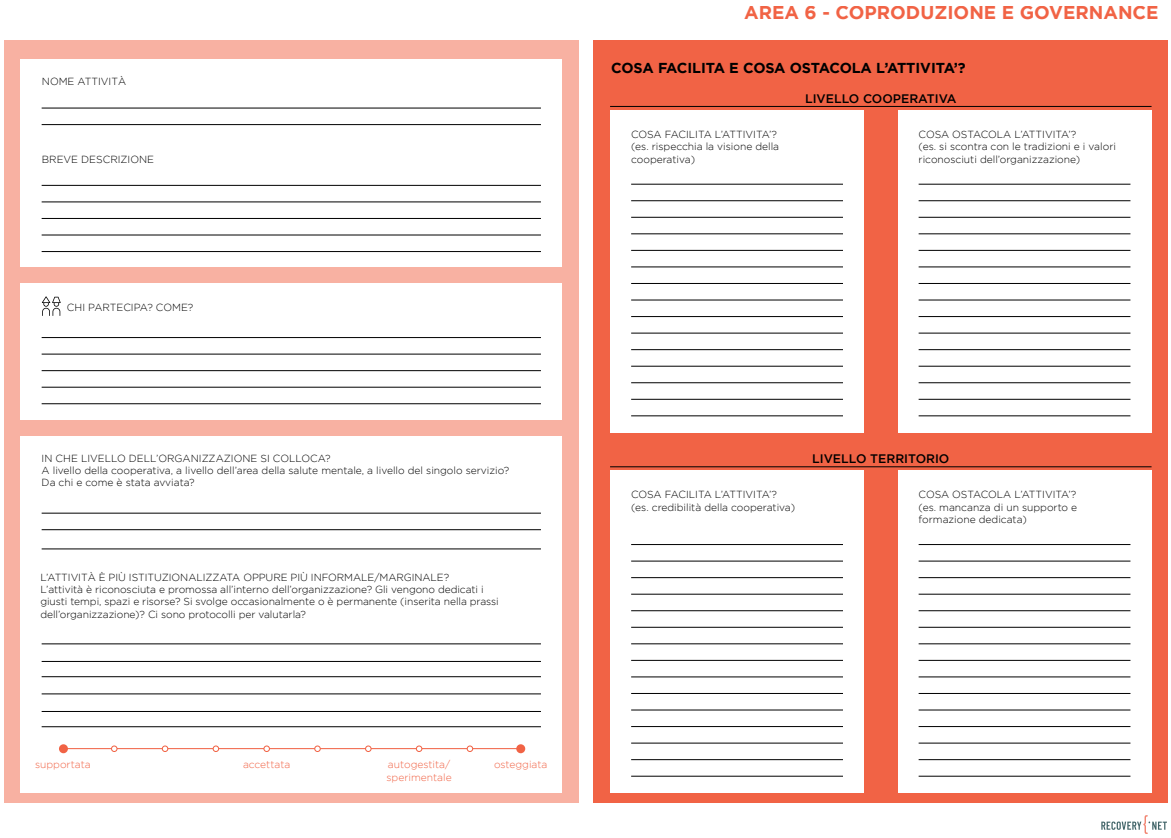


Figure 40. Tool 2 for area 6.

5.5.1.2.1 SAR, JOB PLACEMENT ACTIVITY

As in the other group, the participants started by describing the activity and by stating who participates in it using tool 2 (figure 40). Since it is an activity conducted in collaboration with the territory, they also listed some examples of partners they had collaborated with so far. Then they specified that the activity was located at different levels of the cooperative and that it was institutionalized.

Then they proceeded to fill the second part of the tool, writing the enhancers and obstacles to the activity at the cooperative and at the territory level, again by also using tool 3.

DESCRIPTION	A re-socialisation activity carried out in cooperation with local organisations, including B-type cooperatives, private organisations, etc. La Rondine dedicates a certain amount of its funds to give a motivational fee to users taking part in SAR. The activity starts with an active search of potential partners in the area. A contract is then stipulated, followed by an appointment with health workers and then a meeting to get to know the guest. Each SAR project may last up to 24 months. SAR is an important motivational element for the guests: as one of them said, *"I would like to see if I can think of a real job and reactivate my body. Now I get tired by just going for a walk".*
WHO PARTICIPATES	In the host institution there is always a person who supports the user. So far, the cooperative has collaborated with: • Mandacarù, a second-hand shop • A private cleaning company • A cooperative with an industrial laundry • The canteen of a kindergarten
LEVEL OF THE COOPERATIVE	The funds for SAR are managed by the cooperative, but the courses are activated by the mental health community (which also takes care of finding partners and starting contracts).
DEGREE OF INSTITUTIONALISATION	SAR is an institutionalised activity because there is an economic commitment and bureaucratic support (e.g. insurance) from the cooperative. However, the motivation for carrying it out comes from individual health workers and the manager of the mental health division.

COOPERATIVE LEVEL

Enhancers	Obstacles
• Being able to have a direct and constructive confrontation with the contact person of the division when requests arise is a fundamental aspect. • The possibility of having the users in the community do odd jobs that act as an introduction to SAR: e.g. a user in the community keeps the warehouse tidy and he would like to do a similar job in a cleaning company near the community. • Team meetings where individual projects and goals are discussed. Users participate in these meetings, together with the relevant professionals and their psychiatrist. • SAR is recognised by all as an important activity, so even Covid-related difficulties have not interrupted it.	• The budgeted number of hours per week is limiting because it does not cover SAR for all 10 community residents. • The fact that La Rondine was started with the old people and disability divisions, and that the Mental Health division was acquired later from an external cooperative, means that the cooperative is still more focused on the first two divisions. • There is little dialogue between the community, the top management and the other divisions. • Searching for available partners on the territory is often not easy. • No time is allocated to the activity of managing SAR: health workers do it on a voluntary basis.

TERRITORY LEVEL

Enhancers	Obstacles
• The personal network of the health worker who searches for partners is crucial. Having a good network of acquaintances in the area makes it easier to identify resources to contact. • The host institution is reassured that the right conditions (motivation of the guest and consent of the psychiatrist) are in place to start the SAR. • Health workers communicate the new opportunities to the community. • Conducting safety training and, if necessary, HACCP training by guests.	• The stigma and the stereotypes towards guests. They are still asked if they are dangerous, and sometimes potential partners refuse to take them in. • Some partners have an overload of job placements, and are consequently unwillingness to activate new SARs.

Table 16. Analysis of the SAR.

5.5.1.2.2 GOING TO THE BAR

The second activity described by the group, that is going to the bar, was an informal one, which at the time of the workshop was not formalised yet. By using tool 2, the group described what the trip consists in and who, among users and health workers, participates in it. Regarding the level of the cooperative and the degree of institutionalisation, participants agreed that it was a bottom-up informal activity started by the users of the community. After this first description, the group listed the enhancing and hindering factors which influence this activity at the cooperative and territory level, using tools 2 and 3.

DESCRIPTION	Users go to the bar twice a day, once around 9.45am and the other around 3.30pm. They go to Bar Lucia, which is a favourite with users because the coffee is better, the place is pleasant - especially in summer - and they have built up a good relationship with the owner and the regulars, with whom they always have a chat. The trip usually takes about half an hour.
WHO PARTICIPATES	There are usually 4 users accompanied by a health worker. Other guests who are independent also go to Bar Lucia.
LEVEL OF THE COOPERATIVE	Community level
DEGREE OF INSTITUTIONALISATION	The activity arises from and is requested by users. It is informal.

COOPERATIVE LEVEL

Enhancers	Obstacles
• The activity is a long-standing practice. • Thanks to this activity, users get to know the neighbourhood. • The therapeutic success (going to the bar as a normalising moment) of the activity depends as much on the health worker accompanying the group as on users' personal objectives. • The motivation of the operator is very important. As one health worker said, *"In the beginning it always seemed like there was something more important to do".*	• Lack of staff: if staff is limited, it is difficult to leave the community, because a health worker must always be present in it. • Also, if the health worker knows that there are other tasks to be carried out in the community, they tend to shorten the activity. • Although the activity has become part of the practice of the services, it is not really recognised: there have often been attempts to turn it into a more structured activity (e.g. exercise and physical activity time), without success. • For the community it is very difficult to give structure to the activities, due to lack of economic and human resources. • Sometimes it can be experienced as a burden by some health workers who do not find it useful. • Health matters and activities are prioritised over these more emerging activities.

TERRITORY LEVEL

Enhancers	Obstacles
• Attitude of the health worker accompanying the group. • The routine of the practice allowed to establish a good relationship with the patrons of the bar and the owner. There is involvement and a nice environment is created where guests feel comfortable.	• Stigma: for example in another bar the group was not well received and felt uncomfortable several times. • Repetitiveness: being able to structure an outing proposal that is a little more varied could encourage renewed participation. The group expressed a desire to see new places, such as a trip to the mountains.

Table 17. Analysis of "going to the bar".

After the end of this activity, the two groups that had worked on areas 3 and 6 respectively got back together and shared their findings regarding both the areas and the activities they had analysed, which were described in the previous paragraphs.

These findings would be used in the following evaluation phase to support the group in deciding where they were located on the scale of change of areas 3 and 6.

5.5.2 EVALUATION

Some weeks after workshop 1, the group got together with their internal facilitator to evaluate all the seven areas in a series of five meetings which happened over a period of three months (table 18). During these meetings, I observed and took notes of the evaluation findings and of the reflection that happened within the group, and on one occasion I also facilitated one of the meetings in place of the internal facilitator.

In the case of areas 3 and 6, which were the object of workshop 1, the findings from the workshop were used to inform and provide evidence for the evaluation and to let users reflect on their score at the beginning of the meeting. To give the group the possibility to reflect on the remaining areas too, the research team from Politecnico and I created new tools like tool 1 from workshop 1 for the other areas (figure 41).

Most of these evaluation meetings started with a reflection on the area to be evaluated during the session, supported by tool 1. In some other cases, as in area 5 (health workers' wellbeing), the group skipped this initial reflection and started the evaluation straight away.

The second part of these meetings was devoted to the evaluation itself, which was supported by the EnCoRe tool and its scale of change and indicators. After reading the description of the scale of change and the indicators, the group, supported by the initial reflections, would agree on the final score. Before the end of the meeting, they would also set some objectives for change to reach the next stages on the scale of change.

Since they were the focus of workshop 0 and, most of all, workshop 1, here we will review the evaluation findings of areas 3 and 6.

WHAT	Self-evaluation meetings
WHEN	5 meetings: July 13th and 27th, August 17th, September 14th and 20th 2021
WHO PARTICIPATED	1 internal facilitator, 3 health workers, 6 users
AREAS	All
GOAL	Assessing all the areas using EnCoRe indicators and findings from the first workshop
PURPOSE	Generating a starting point for choosing which area to prioritise and planning objectives of transformation
AGENDA	Part 1 • Reflection on the findings from workshop 1 (for areas 3 and 6) and reflection prompted by the questions of tool 1 from workshop 1 for the areas that were not examined in workshop 1 Part 2 • Evaluation using the EnCoRe tool by reading the description of the scale of change and the indicators for the area Part 3 • Identification of some objectives for improvement

Table 18. Self-evaluation meetings.

AREA 5
BENESSERE DEGLI OPERATORI

Quest'area valuta quanto l'organizzazione riconosce nel benessere e nella salute degli operatori un elemento determinante per un clima positivo negli ambienti lavorativi e per il raggiungimento di obiettivi condivisi.

Quali sono i contesti - formali ed informali - dove il benessere degli operatori è preso in considerazione?

Esistono forme per valutare il benessere degli operatori? Se sì, vengono utilizzati anche format e parametri?

Quali iniziative di promozione del benessere degli operatori vengono promosse e messe in atto?

Vengono raccolti i casi e le esperienze degli operatori? Se sì, si agisce per risolverli? In che modo?

Ci sono momenti di confronto informali e di socializzazione fra operatori?

In quali contesti/iniziative/situazioni gli operatori si sentono più a proprio agio a condividere i propri problemi e disagi? Con quali persone?

La direzione supporta le iniziative volte a valorizzare la creatività e l'iniziativa degli operatori? In che modo?

RECOVERY NET

AREA 7
GESTIONE DEL RISCHIO E DELLE OPPORTUNITA'

Quest'area valuta quanto l'organizzazione ha attivato un sistema di procedure che supportano una valutazione ed una gestione del rischio aperta e trasparente inserita in un quadro generale di orientamento alla recovery, alla coproduzione e all'engagement.

All'interno dell'organizzazione c'è consapevolezza rispetto al concetto di rischio positivo? Ci sono stati dei momenti di formazione su questi aspetti?

Quali strumenti formalizzati e quali attività vengono usati per valutare il rischio nei percorsi individuali o di miglioramento del servizio?

La valutazione del rischio è svolta in modo aperto e collaborativo seguendo i principi della co-produzione? Attraverso quali pratiche? Chi partecipa?

Quanto la direzione supporta delle pratiche di presa di rischio positivo? Esistono policy dell'organizzazione che riguardano la valutazione del rischio?

RECOVERY NET

Figure 41. Workshop 1 - tool 1 for areas 5 and 7.

5.5.2.1 EVALUATION OF AREA 3: ORGANISATIONAL POLICY

The first meeting was dedicated to evaluating both areas 3 and 6. Before proceeding to evaluating the area, the group reviewed the findings which emerged during workshop 1 using a report I had written after the workshop. The first thing that emerged was that, given the differences between the culture of the mental health division and the culture of the other two divisions regarding Recovery and co-production, the evaluation score would be different depending on the scope.

These differences between the two levels (mental health division and the whole cooperative) were immediately apparent when the group started using the evaluation grid (as shown in table 19). At first they read the description of the "Commitment made" level on the scale of change (picture 42), since they did not think they ranked lower than that (regarding this point, it should be said that the EnCoRe evaluation grid must be read from the bottom to the top of the page, starting from the lower level "No action" to the top level "Transformation reached").

Punti **9-10**	**TRASFORMAZIONE RAGGIUNTA**	Sono stati ottenuti cambiamenti significativi e stabilmente strutturati. I servizi sono stati ridisegnati in modo radicalmente diverso.
	Sono stati fatti propri dall'organizzazione i principi della recovery, coproduzione ed engagement. I servizi e la loro organizzazione sono costantemente rivisti e coprodotti con l'aiuto di operatori e utenti e condivisi a tutti i livelli dell'organizzazione. La definizione degli obiettivi dell'organizzazione, la loro pianificazione strategica e la motivazione del personale prevedono riferimenti specifici a questi principi. L'organizzazione promuove un ambiente di aspettative positive e ottimismo che riconosce l'unicità e le potenzialità degli individui. I valori della recovery, della coproduzione e dell'engagement sono integrati nei protocolli e nelle procedure che sono redatte con il coinvolgimento attivo degli utenti. L'organizzazione ha definito una serie di competenze (job description) che gli operatori devono possedere per promuovere la recovery e l'engagement e favorire la coproduzione degli interventi. La progettazione e valutazione partecipata dei Servizi è una pratica consolidata e orienta gli ambiti decisionali delle organizzazioni. Vengono identificati e realizzati luoghi fisici inseriti nelle comunità, nei quali si svolgono attività orientate alla recovery, alla coproduzione e all'engagement e si costruiscono opportunità per un lavoro di rete	
Punti **7-8**	**LAVORI IN CORSO**	Sono state messe in atto azioni che hanno prodotto alcuni cambiamenti significativi nella cultura, nelle politiche e nelle pratiche.
	La Direzione ha scelto una strategia per la recovery che esprime i valori ed i principi che la ispirano. L'organizzazione è attiva a tutti i livelli nel comunicare il suo approccio alla recovery. Alcune attività di programmazione e valutazione e alcune modalità organizzative sono state riorientate con il coinvolgimento degli utenti e familiari in modo da supportare i processi orientati alla recovery. Anche se si è attivato un certo numero di iniziative per la recovery e alcune procedure e protocolli recepiscono esplicitamente diretti riferimenti alle attività orientate alla recovery, c'è consapevolezza che il cambiamento culturale non è ancora avvenuto in tutte le parti dell'organizzazione. È stato attivato un dibattito sull'opportunità di favorire e diffondere nei contesti sociali esterni ai servizi pratiche di salute mentale orientate alla Recovery, alla Coproduzione e all'Engagement.	
Punti **5-6**	**IMPEGNO ASSUNTO**	Un impegno ad orientare i servizi alla recovery è stato preso e ci sono alcuni progetti condivisi su come procedere.
	Sono in cantiere progetti validati dalla Direzione per rivedere le procedure ed i percorsi dell'organizzazione per renderli maggiormente orientati alla recovery ma per ora non si sono fatti significativi passi avanti. Alcuni operatori o equipe sono direttamente coinvolti per promuovere i temi della recovery, anche se non ci sono ancora azioni concrete. Si inizia a parlare di questi temi con alcuni pazienti. Non viene tenuto in considerazione alcun impegno a favorire e diffondere nei contesti sociali esterni ai servizi pratiche di salute mentale orientate alla Recovery, alla Coproduzione e all'Engagement.	
Punti **3-4**	**CONFRONTO E APPRENDIMENTO**	All'interno dell'organizzazione si inizia a discutere sui temi della recovery, coproduzione ed engagement.
	È in atto nell'organizzazione un dibattito sui temi della recovery anche se sono ancora presenti numerose resistenze, può anche accadere che la Direzione non lo sostenga. I vincoli culturali e organizzativi sono a volte un freno. Ci sono singoli operatori o equipe motivati che spingono per l'adozione dei principi della recovery ma sono isolati e non si evidenzia un reale riconoscimento della direzione su questi temi. Emergono chiaramente le difficoltà al cambiamento.	
Punti **1-2**	**NESSUNA AZIONE**	L'organizzazione non è al momento interessata ai temi della recovery e non attua alcuna azione.
	La Direzione dell'organizzazione non riconosce i principi della recovery e non ci sono operatori che promuovono questi temi.	

27

Figure 42. Scale of change of area 3.

DESCRIPTION OF THE "COMMITMENT MADE" LEVEL	COMMENTS
There are projects in the pipeline, validated by the management, to revise the procedures and paths of the organisation in order to make them more recovery-oriented, but so far no significant progress has been made.	This point applies to the mental health division, while it cannot yet be applied to the whole cooperative. So far, management knows and approves of Recovery only at the level of the mental health division.

Table 19. Description of the "Commitment made" level.

After reading the description of the "Commitment made" level, the group concluded that both the co-operative and the mental health area were already at the level of "Commitment made", so they moved to the description of the upper step "Work in progress".

DESCRIPTION OF THE "WORK IN PROGRESS" LEVEL	COMMENTS
Management has chosen a strategy for recovery that expresses the values and principles that inspire it.	Applies to the mental health division.
The organisation communicates its approach to recovery at all levels.	Applies to the mental health division.
Some planning and evaluation activities and organisational arrangements have been reoriented with the involvement of users and their relatives in order to support recovery-oriented processes.	Some organisational arrangements have been reoriented with the involvement of users, while this has not yet happened for programming activities.
Although a number of recovery initiatives have been activated and some procedures and protocols explicitly include direct references to recovery-oriented activities, the organization is ware of the fact that the cultural change has not yet taken place in all its parts.	Applies to the mental health division.
A debate was activated on the opportunity to promote and spread Recovery, Co-production and Engagement oriented mental health practices in the social contexts outside the services.	While no activity has been started so far in this sense, the need to go outside to make recovery known was stressed, for example by organising dissemination evenings dedicated to the topic in the district. The aim is to implement the recovery process not only inside the mental health community, but also in external contexts such as bars and gyms. The "human library" could be a good practice in this sense (especially for the fight against stigma), even if it is not focused on recovery.

Table 20. Description of the "Work in progress" level.

Upon reading this description, the differences between the mental health division and the cooperative were evident again, since most of the points applied to the first but not to the latter. The group also found that most of description of this level matched the present condition of the division.

In order to understand better their position on the scale of change, after reading the description of the "Commitment made" and the "Work in progress" levels, the group moved on to the indicators, starting from the level "Commitment made" again, writing the following comments beside the indicators (figures 43 and 44).

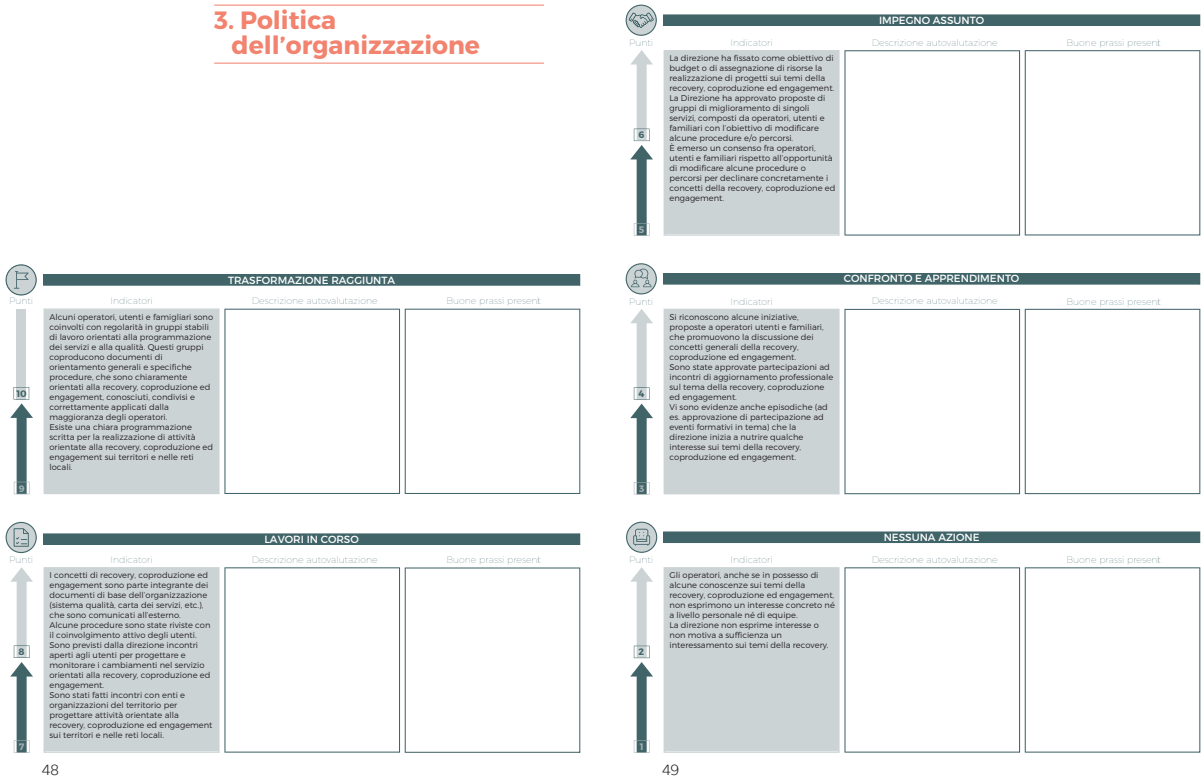


Figure 43. Indicators of area 3.

INDICATORS OF THE "COMMITMENT MADE" LEVEL	COMMENTS
The management has set as a budget or a resource allocation objective for the realisation of projects on the themes of recovery, co-production and engagement.	Resources have been allocated until March 2022, after which a budget will have to be found.
The management approved proposals for improvement groups of individual services, composed of operators, users and relatives with the aim of changing some procedures and/or pathways.	This is done by discussing the regulations within the Reco group, which often hosts discussions on individual organisational aspects to be changed.
A consensus emerged among practitioners, users and relatives regarding the opportunity to modify some procedures or pathways in order to concretely implement the concepts of recovery, co-production and engagement.	Even if not so specifically, the fact that practitioners are discussing this issue means that they recognise the need to constantly change the way services are delivered towards recovery.

Table 21. Indicators of the "Commitment made" level.

Since most of these indicators were met, the group read those of the upper level "Work in progress".

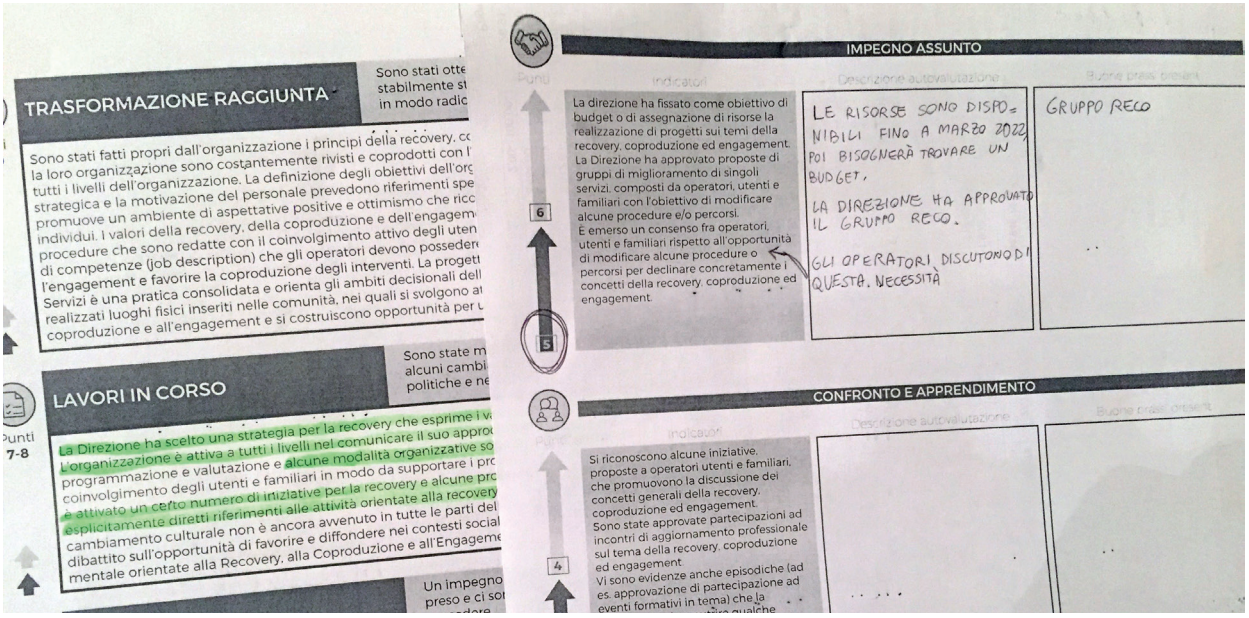


Figure 44. Description and indicators of area 3.

INDICATORS OF THE "WORK IN PROGRESS" LEVEL	COMMENTS
The concepts of recovery, co-production and engagement are an integral part of the organisation's basic documents (quality system, service charter, etc.), which are communicated externally.	Not yet.
Some procedures have been revised with the active involvement of users.	Yes, within the mental health division only.
Meetings open to users are planned by the management to design and monitor changes in the service oriented towards recovery, co-production and engagement.	Yes, within the mental health division only.
Meetings have been held with local bodies and organisations to plan activities oriented to recovery, co-production and engagement in the territories and local networks.	Yes, within the mental health division only.

Table 22. Indicators of the "Work in progress" level.

Since the mental health division met most of these indicators (while the cooperative did not), in conclusion participants agreed that score 7 ("Work in progress") could be assigned to the mental health division, while a score of 5 ("Commitment made") would be more appropriate for the cooperative.

The group did not identify any new possible objective beyond the before mentioned knowledge transfer with the other divisions, which was one of the activities identified in workshop 1.

5.5.2.1 EVALUATION OF AREA 6: CO-PRODUCTION AND INCLUSIVE GOVERNANCE OF A LOCAL COMMUNITY FOR MENTAL HEALTH

Within the same meeting, the group evaluated area 6 too. As in area 3, the group started by summarising the findings of workshop 1, where they had found that most of the activities involving the territory arise from a strong bottom-up push by health workers and users, while they meet more resistance from the upper parts of the cooperative and other divisions. This factor, and the limited resources, means that, while there are many activities in collaboration with external partners, they are neither structured nor formalized. Moreover, some activities were stopped because of the pandemic, while some others (like the dynamic mapping) are difficult to maintain. Another threatening factor lies in the internal routines and in the closed-mindedness of some health workers. In fact, while the division has communicated the concepts of Recovery and co-production to all health workers, some of them still have to internalize them and are reluctant or sceptical.

After this recap, the group started the evaluation by reading the description of the "Commitment made" level on the scale of change (figure 45), since, as it had already happened in area 3, they did not think the lower levels applied to their case.

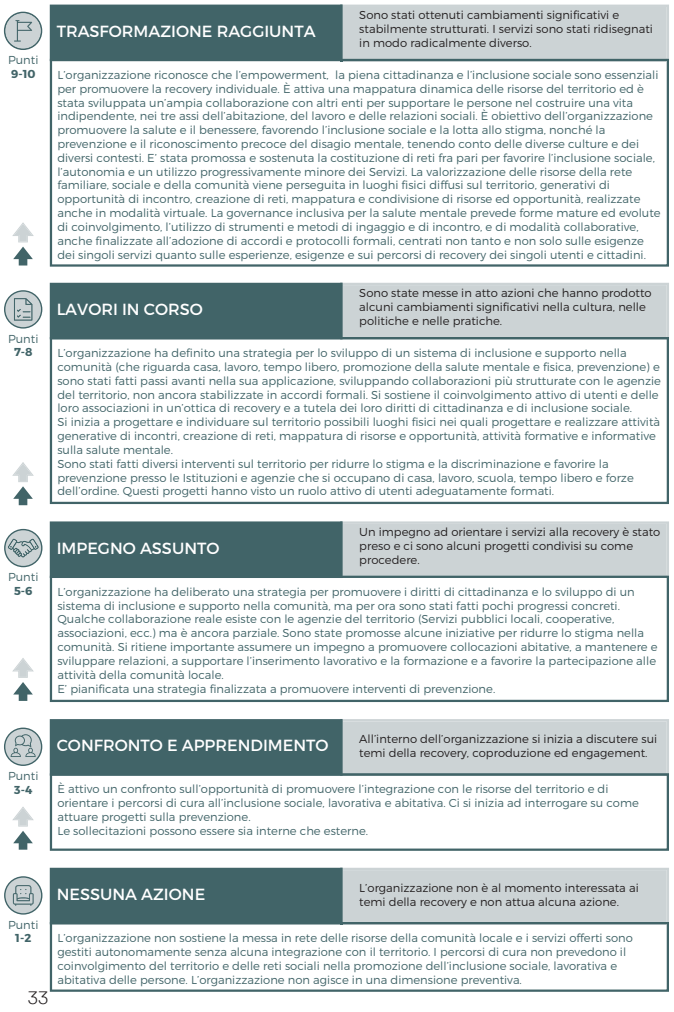


Figure 45. The scale of change of area 6.

DESCRIPTION OF THE "COMMITMENT MADE" LEVEL	COMMENTS
The organisation has deliberated a strategy to promote citizenship rights and the development of a system of inclusion and support in the community, but so far little concrete progress has been made.	Not yet.
Some real collaboration with local agencies (local public services, cooperatives, associations, etc.) exists but it is still partial.	Some collaborations have been started, but they are not properly structured yet.
Some initiatives have been promoted to reduce stigma in the community.	Not yet.
It is considered important to make a commitment to promote housing placements, to maintain and develop relationships, to support job placement and training and to encourage participation in local community activities.	All of these activities are considered important. Some of them are beyond the commitment level, and some work is already in progress (see SAR).
A strategy to promote prevention interventions is planned.	Not yet.

Table 23. Description of the "Commitment made" level.

Although this description did not fit the present situation, the group still read the upper step, "Work in progress", to check whether some parts of the description would fit them.

DESCRIPTION OF THE "WORK IN PROGRESS" LEVEL	COMMENTS
The organisation has defined a strategy for the development of a system of inclusion and support in the community (concerning home, work, leisure time, promotion of mental and physical health, prevention) and steps have been taken in its implementation, developing more structured collaborations with local agencies, not yet stabilised in formal agreements.	A strategy does not exist yet.
The active involvement of users and their associations is supported with a view to recovery and to protecting their rights of citizenship and social inclusion.	Applicable.
The organisation started to plan and identify possible physical places in the territory where to plan and implement activities which in turn generate meetings, networking, mapping of resources and opportunities, training and information activities on mental health.	Not yet.
A number of interventions have been carried out in the area to reduce stigma and discrimination and promote prevention at institutions and agencies dealing with home, work, school, leisure and law enforcement. These projects have seen an active role of adequately trained users.	This applies only to interventions regarding prevention, not stigma and discrimination.

Table 24. Description of the "Work in progress" level.

After assessing that they still missed many aspects of the "Work in progress" step, the group got back to the lower step and read its indicators (figure 46).

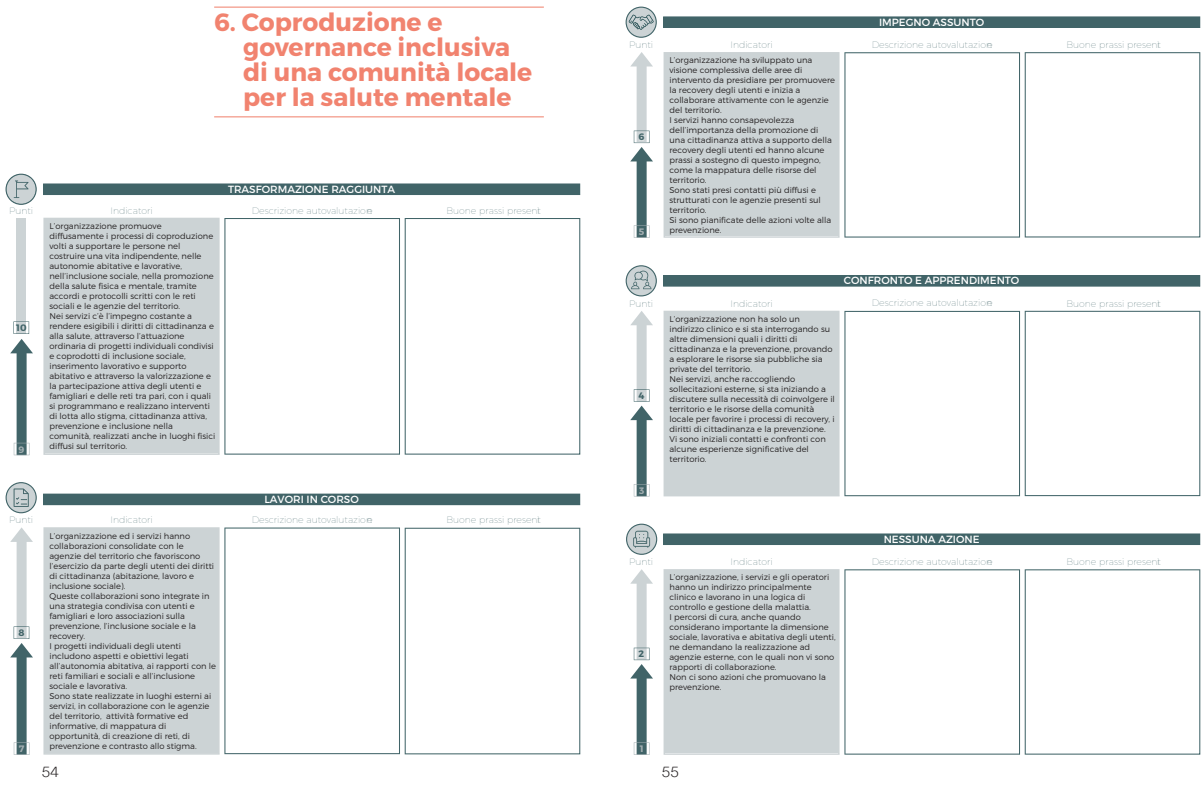


Figure 46. Indicators of area 6.

INDICATORS OF THE "COMMITMENT MADE" LEVEL	COMMENTS
The organisation has developed an overall vision of the intervention areas to be covered in order to promote the recovery of the users and starts to actively collaborate with the agencies of the territory.	Collaborations with the territory have been started.
The services are aware of the importance of promoting active citizenship to support the recovery of users and have some practices to support this commitment, such as the mapping of resources in the territory.	Yes. The mental health division uses the dynamic mapping to map the resources of the territory.
More widespread and structured contacts were made with agencies in the territory.	Structured contacts are still missing.
Actions aimed at prevention were planned.	Not yet.

Table 25. Indicators of the "Commitment made" level.

While the cooperative still did not meet all of the "Commitment made" description and indicators, the group pointed out that the cooperative already promotes activities related to the theme of social inclusion within users' individual projects, which belongs to the next level "Work in progress". So, participants concluded that the co-operative could still be placed at level 5-6, "Commitment made" of the EnCoRe tool. The other objectives of the level just mentioned which were not reached yet were set as the goals the cooperative should aim for in the future.

At the end of the evaluation, the group identified some possible objectives for future action:

- Redefining and communicating the strategy and common vision
- Formalising partnerships with external partners.
- Planning some public events on the topic of mental health, aiming to involve experts and health workers and to attract a wider audience, especially those who are not yet familiar with the topic of mental health.

5.5.2.2 FINDINGS OF THE EVALUATION: FILLING IN THE WHEEL

Once the evaluation was concluded, the group filled in the eight-spoke wheel (figure 47). The resulting average of the seven scores was 5.28 (table 26) on the "Commitment made" level of the scale of change, meaning that the mental health division was committed to steer its services towards recovery and that there were some shared projects on how to do so, while in some cases significant changes had already happened within the organizational culture and practice due to action being taken.

Area 1	7
Area 2	6
Area 3	5
Area 4	5
Area 5	4
Area 6	5
Area 7	5
TOTAL SCORE	**5.28**

Table 26. Scores for each area.

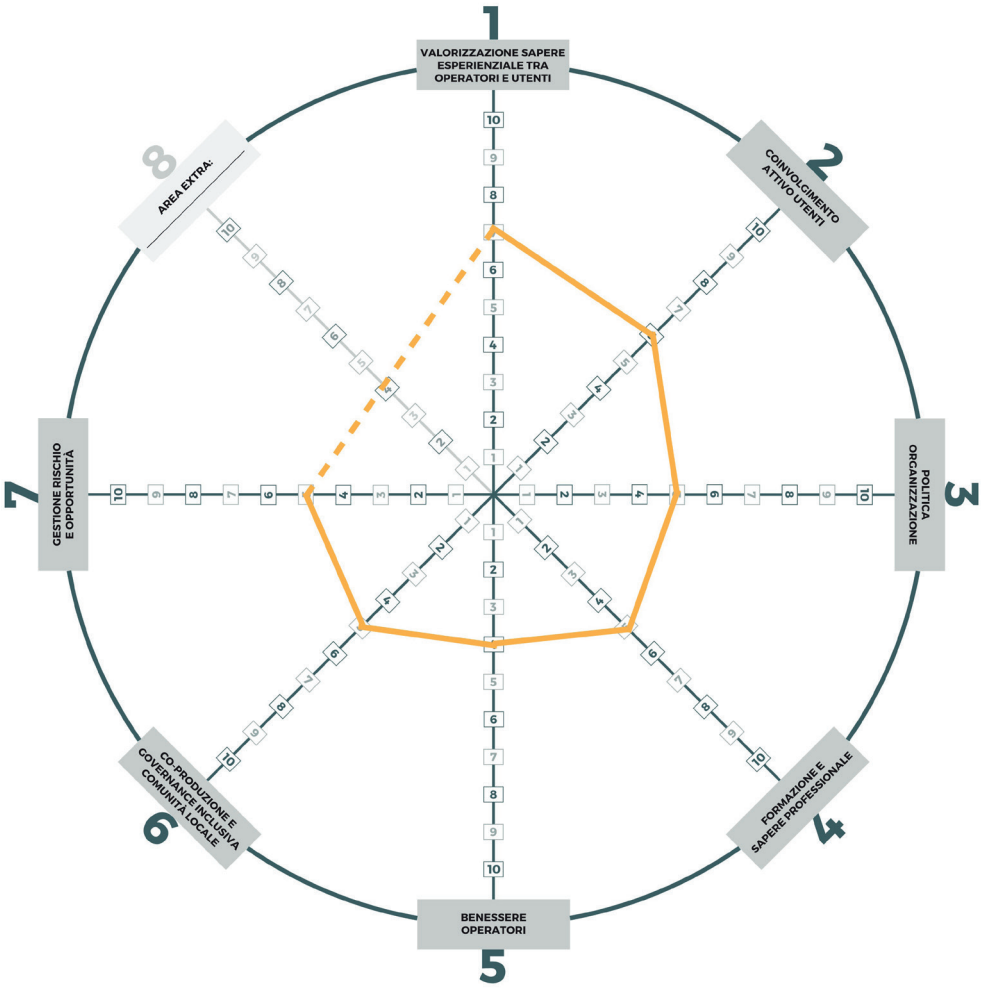


Figure 47. The compiled wheel.

Following the evaluation, the mental health division could choose whether to keep working on area 3 (organizational policy) or 6 (co-production and governance). Since meanwhile the manager of the division had already started a conversation regarding the transfer of knowledge with the managers of the other two divisions, which was the main goal for area 3, the group decided to plan change for area 6.

5.5.3 WORKSHOP 2: PLANNING CHANGE

After the evaluation of area 6, the group had already decided that they wanted to work towards opening the mental health division to the local territory, both for improving the autonomy and quality of life of users and for spreading awareness about mental health outside of the community. Therefore, this objective was the focus of workshop 2.

WHAT	Workshop 2
WHEN	September 29th 2021
WHO PARTICIPATED	1 group, consisting of 4 health workers and 5 users, supported by 2 external facilitators
AREAS	6 (co-production and governance)
GOAL	Planning future change within the chosen area
PURPOSE	Taking concrete action towards transformation
AGENDA	Part 1 • Reflection on the vision which drives change • Analysis of four macro-activities linked to the objective • Decision of which macro-activities to analyse Part 2 • Analysis of the macro-activities and identification of the objectives for each of them to make them more structured • Definition of short-term objectives

Table 27. Workshop 2.

The first activity of the workshop consisted in reflecting on the vision which was the driver behind transformation using tools 1 and 2. Then, some examples of macro-activities, written on tool 3, within the organisation which could help it reach its transformation goal were provided. The group chose some of them and came up with another one to analyse. For each of them, participants identified factors which could enable and hinder them and wrote them on tool 4 and defined some objectives on how to make them more structured prompted by tool 5. At the end of the workshop, the group came up with some short-term objectives to reach their transformation goal and wrote them on tool 6.

5.5.3.1 REFLECTING ON THE VISION

The goal the group wanted to work on was opening up to the territory. So, during the first activity, participants reflected on why the mental health division should do this by using the reflecting board (tool 1, picture 48). To help them in their reflection, the external facilitators and I had prepared some inspirational cards (tool 2, figure 49) with quotes from workshop 1 which supported this vision (for example, we want to open up because we want to fight stigma). As participants came up with their reasons, the external facilitators and I wrote them on a poster around the reflecting board (figure 50).

EnCoRe - WORKSHOP RONDINE settembre 2021

Figure 48. Tool 1.

Figure 49. Tool 2.

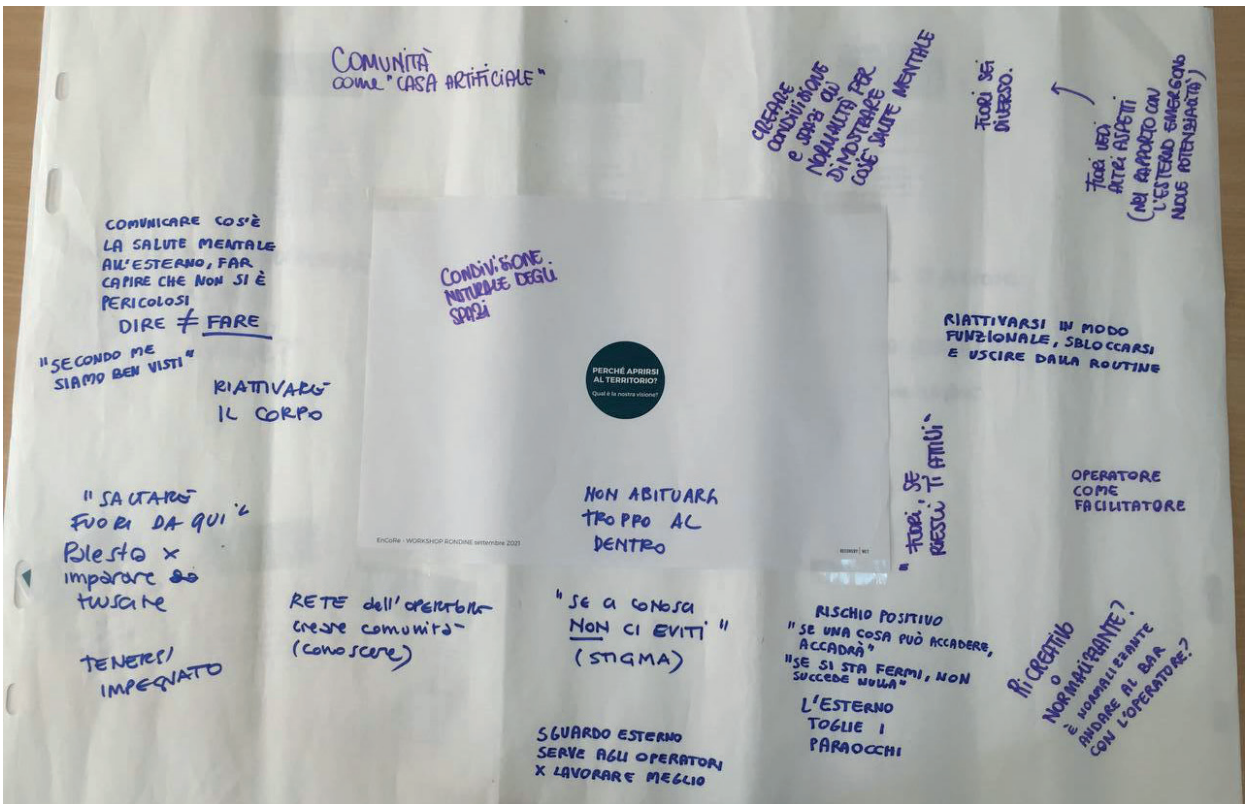


Figure 50. Reflecting on the vision, tool 1.

These were the motivations which came up:

- Users see the community as a sort of "artificial house", so opening up to the outside serves the purpose of "not getting too used to the inside", of "jumping out of here". In this sense, activities are a training ground for learning to go outside.
- Interacting with the people outside the community communicates what mental health is more effectively than describing it. People understand that the users are not dangerous ("if you know us, you don't avoid us") and see them in a good light ("in my opinion we are well seen").
- Being open to the outside world comes naturally because the community is immersed in the neighbourhood and spaces are shared (e.g. with the day centre).
- To get to know the neighbourhood and to create a network and a community within it.
- Going outside helps to reactivate yourself both physically and mentally. It helps in keeping yourself busy and getting out of the routine.
- The external environment stimulates the users and brings out new potentials and aspects that otherwise would not have been visible to health workers.

- Working with the outside makes health workers more open minded.
- Going outside is seen as a positive risk for the residents on their way to autonomy and improvement ("if you stand still, nothing happens").

5.5.3.2 ANALYSING THE ACTIVITIES

After this first reflection, the external facilitators showed four categories of macro-activities (tool 3, figure 51) that the mental health division already implements in order to open up to the outside world: informal activities in the neighbourhood, job placement activities, courses to follow and contribute to, activities to participate in or to co-organise. Users, however, added a further category (Getting ready for moving into a new home) which included activities that help the user to move towards an autonomous life outside the cooperative. These activities were selected and clustered by the external facilitators on the basis of the findings from both workshop 1 and the evaluation meetings.

Instead of choosing a single category, users preferred to work globally on the macro theme "home - work — leisure" (i.e. on the categories "getting ready for moving into a new home ", "job placement activities" and "informal activities in the neighbourhood"). For each of these categories, facilitating and hindering factors were discussed and written in tool 5 (figure 52). Then, with the help of tool 6 (figure 53), which describes what makes an activity structured (i.e.: being recognised and promoted within the organisation, having dedicated time, space and resources, being integrated within the practice of the organisation, taking place regularly and having evaluation protocols), participants assessed the current situation regarding each activity and set objectives to make them more structured.

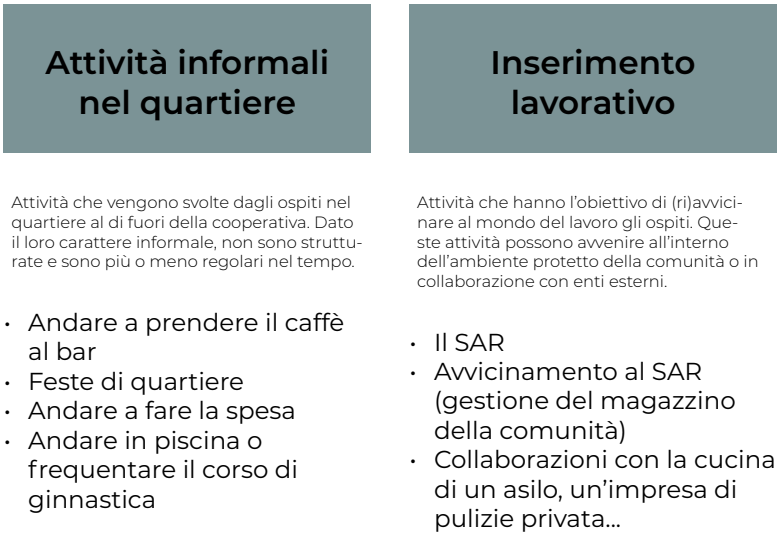


Figure 51. Tool 3.

Categoria di attività: **ATTIVITÀ INFORMALI NEL QUARTIERE**

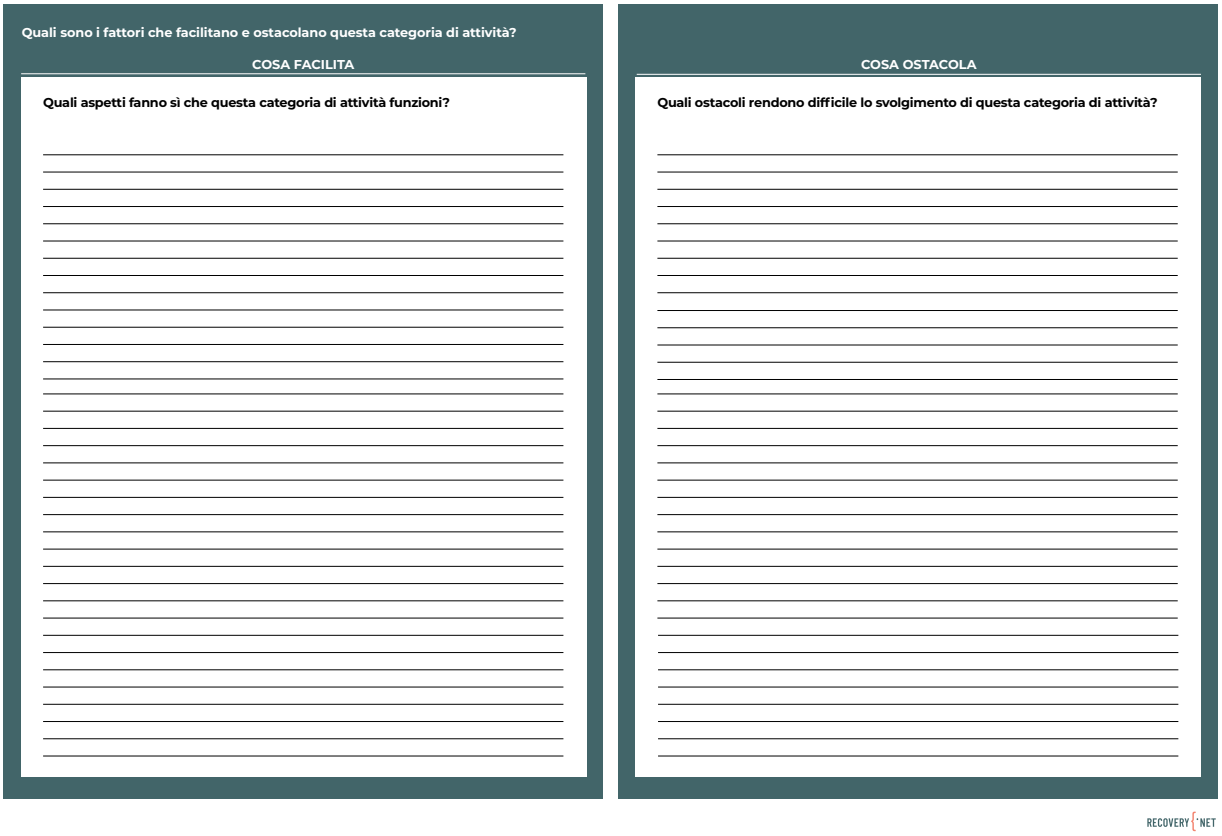


Figure 52. Tool 4.

Per attività strutturata intendiamo un'attività:

- riconosciuta e promossa all'interno dell'organizzazione
- a cui vengono dedicati i giusti tempi, spazi e risorse
- inserita nella prassi dell'organizzazione
- che si svolge regolarmente
- per cui esistono protocolli di valutazione

RECOVERY NET

Figure 53. Tool 5.

5.5.3.2.1 GETTING READY FOR MOVING INTO A NEW HOME

This macro-activity was proposed by users, who thought it complemented the other macro-activities well, and most of all, that it was highly relevant for them, since users live in the community waiting to be ready to get outside and be independent once again. Moreover, this macro-activity fitted well with the objective of opening up to the territory and could be linked to the motivations stated during the first activity of the workshop (such as "being independent").

For this activity, the group defined the enhancers and obstacles and wrote them on tool 4 (figure 54), followed by some comments on its actual state and by the definition of some objectives to make it more structured, prompted by the description of structured activity on tool 5.

DESCRIPTION	Activities that aim to prepare guests for an independent life outside La Rondine.
ENHANCERS	**OBSTACLES**
• Maintaining the points of reference on the territory already found by La Rondine • Building the confidence to form relationships gives the ability to build relationships independently outside La Rondine and/or in a different territory. • The fact that tools for autonomy are given (see above) • Having a job (because it provides a salary, structures the day and makes it more like a 'normal' life, helps build relationships and create personal interests)	• Not all guests come from the neighbourhood of the cooperative, so once outside, local points of reference built in the cooperative would be missing • Lack of money • The need to be autonomous in taking medication and in everyday activities (cooking, tidying up the house, managing money...) • The need to have a job that provides income • The lack of an intermediate phase between life in the co-operative and independent life outside it • The need for living spaces
COMMENTS	The current practice is well governed and highly personalised in individual projects, but should be made more visible to management. The intentionality and motivation of the individual guest are the basis for the smooth functioning of the activity, but there are also other external or system-related factors that are hardly influential.
OBJECTIVES	• Finding resources and new opportunities • Reflect on which territory they want to work on • Improving current relationships

Table 28. Description of "getting ready for movingo into a new home".

The group concluded that the activity is currently well structured, however it is hindered by the scarcity of resources and by the lack of local points of reference for some of the users who are not from the local area. For this reason, participants decided that the cooperative should find more resources (as prompted by tool 5) and improve its current relationships on the territory they want to work on to create more points of reference for users and make this activity even more structured (figure 55).

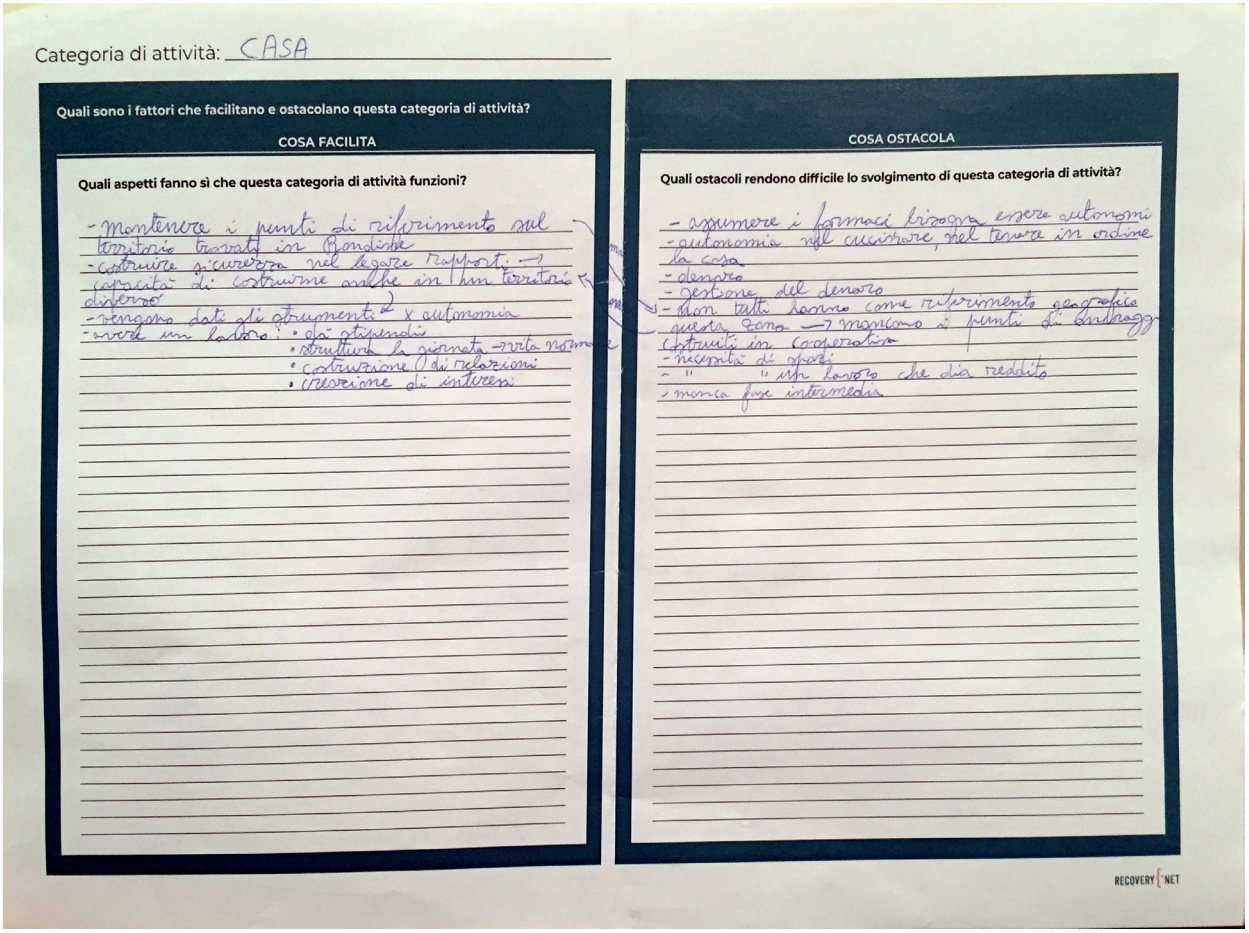


Figure 54. Reflection on the enhancers and obstacles of "getting ready for a new home".

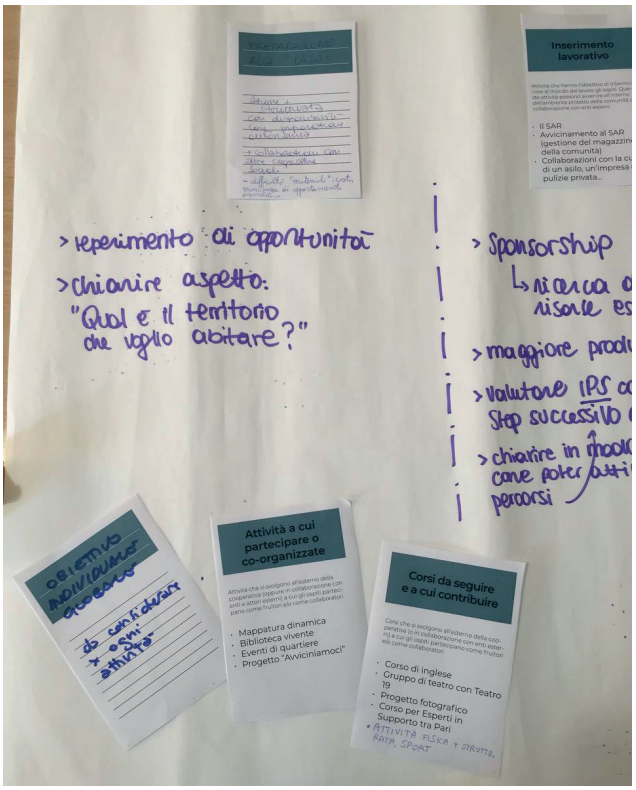


Figure 55. Objectives of "Getting ready for a new home".

5.5.3.2.2 JOB PLACEMENT ACTIVITIES

Another category of activities which could support the objective was the one of job placement activities, which were linked to the need of users to become more independent and get used to the outside world and be more productive.

The same procedure as before was adopted here: first, the macro-activity was described and some examples of individual activities within it were listed (for example, the SAR) by writing on tool 3, then the group reflected on current enhancers and obstacles to the activity using tool 4, followed by some reflections and a discussion among participants regarding the desire of users to be paid. Lastly, the group identified some objectives to make the activity more structured with the help of tool 5.

DESCRIPTION	Activities aimed at (re)introducing guests to the world of work. These activities can take place within the protected environment of the community or in collaboration with external organisations. Examples: • SAR • Introduction to SAR (community warehouse management) • Collaboration with a kindergarten canteen, a private cleaning company...

ENHANCERS	OBSTACLES
• Knowledge of the territory • Interest in the area (no one comes from the neighbourhood of the mental health community) • The openness of the territory ("they are all open") • Economic availability • Knowledge of the territory	• Knowledge of the territory should be further expanded • The pandemic stopped many activities • There are not enough hours • Economic resources • The companies users work for do not pay them because SAR is not a job.

COMMENTS	Since SAR only aims to teach users a job without the company relying on them, users manifested their desire to have a real job. In order to do this, an IPS (individual placement and support) project could be set up, in which the user would work independently, supported by a tutor. However, IPS has additional costs for training and for paying the tutor. In addition, new locations should be provided.
OBJECTIVES	• Finding resources for SAR and IPS (including through a sponsor) • Systematising IPS and SAR pathways • Evaluating IPS as a next step after the SAR in order to respond to users need to feel productive • Clarifying in a participatory way how new paths can be activated

Table 29. Description of job placement activities.

Following the reflection on the enabling and hindering factors (figure 56), users manifested their wish to have a real job beside the SAR. So, the group decided that, to broaden work opportunities for users, the cooperative would take into consideration setting up the IPS (Individual Placement and Support, a project which accompanies users when they first start in the job market) and finding further resources for it (as prompted by tool 5), along with co-deciding with users how many paths they could activate.

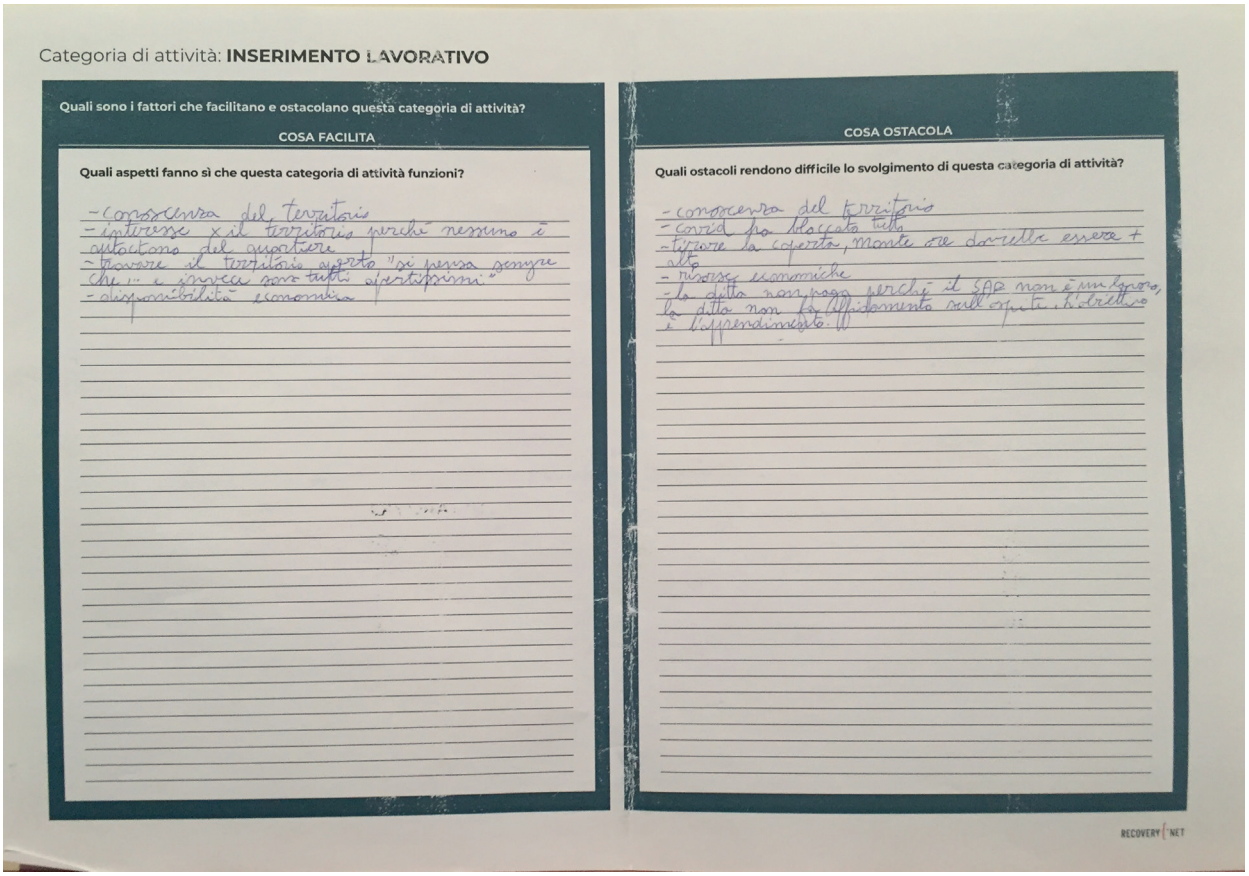


Figure 56. Reflection on the enhancers and obstacles of job placement activities.

5.5.3.2.2.3 INFORMAL ACTIVITIES IN THE NEIGHBOURHOOD

This category includes all those informal activities that users carry out in the neighbour, such as going to the bar or attending gymnastics courses. These activities were supported by and linked to the reflections which came up during the first activity regarding the need to exercise, building a community in the neighbourhood and building relationships with the neighbours.

After describing these activities, the group identified enhancers and obstacles (figure 57) and identified a couple of objectives to increase users' contact with the neighbourhood.

DESCRIPTION	Activities that are carried out by guests in the neighbourhood outside the cooperative. Given their informal character, they are not structured and happen more or less regularly. Examples: • Going for coffee to the bar • Events in the neighbourhood • Going shopping • Going to the swimming pool or attending a gymnastics course	
ENHANCERS		**OBSTACLES**
• Dynamic mapping • The relationship with the oratory and the day centre		• Therapy and side effects of medication prevent you from doing sports or other activities normally • Mapping courses, preparing the documentation and other activities necessary to start a course take time. • The cost of the courses • The general cumbersomeness of the process
COMMENTS	These external activities have a strong impact on the users (one of them, telling about when he went to the stadium, said he "never felt like this"). Usually the initiative to undertake an activity comes from the users, who then discuss it with the health workers. The decision of which activity to favour is not yet a matter of co-production, but it could be if it is introduced in the Reco group. The district manager is willing to cooperate and help the cooperative access resources or find new possibilities. It emerged that the activities are not very consolidated, and that they should be more structured without losing their flexibility.	
OBJECTIVES	• Bringing out the interests of the guests and activating new activities based on them • Increasing contact with the outside world by attending courses outside La Rondine or by attracting external participants to courses held within the cooperative	

Table 30. Description of informal activities in the neighborhood.

After assessing the enablers (such as dynamic mapping) and obstacles (such as the cumbersomeness of mapping and starting new courses) and writing them on tool 4, the group decided to activate new opportunities for users based on their personal interests and to let them participate in more courses outside of the cooperative (or to hold courses open to citizens within it), with the aim of making this activity more regular, as suggested within tool 5.

Following the analysis of all these activities, some patterns regarding the objectives emerged, such as the need to find new economic resources for activities and to start new or consolidate existing partnerships on the territory. The last activity of the workshop consisted in defining some objectives to aim at in the short-term (figure 58).

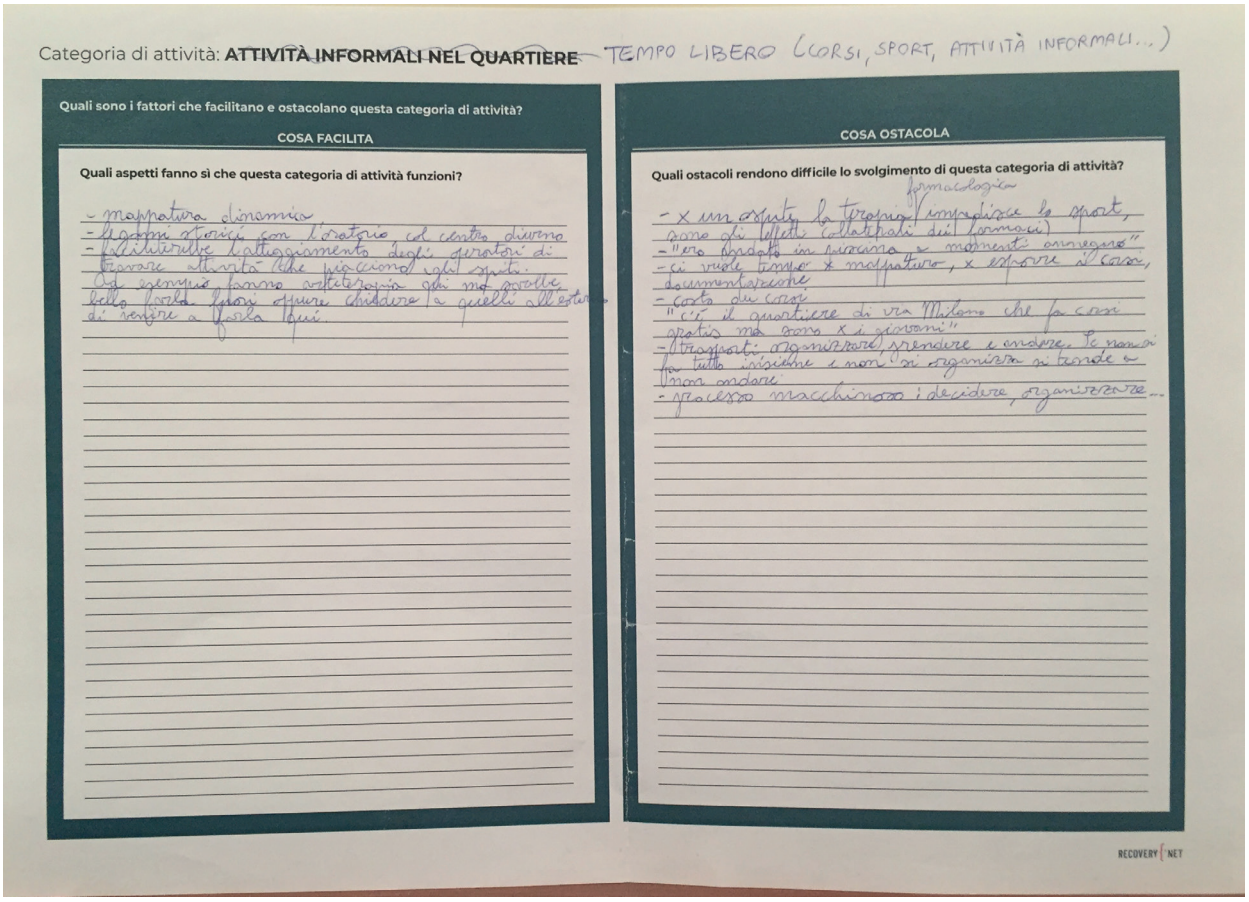


Figure 57. Reflection on the enhancers and obstacles of informal activities in the neighborhood.

5.5.3.3 DEFINING THE SHORT-TERM OBJECTIVES

In the light of what emerged during the workshop, the group decided to focus on the following points, which were written down in tool 6 (figure 59):

- Focusing on activities already in place and consolidating relationships with the current network.
- Seeking sponsors for further funding, leveraging help from the district manager too, and asking the funder for more funds, explaining how they want to use them and why.
- The issue of stigma could also be taken forward, for example through the human library project.

These objectives were the starting point of the co-design stage of my research, which is the object of the following chapter. Before moving on to the next phase, we will now go through the changes which were made to the EnCoRe methodology after its application in the evaluation of La Rondine, closing the chapter with some reflection on the whole process.

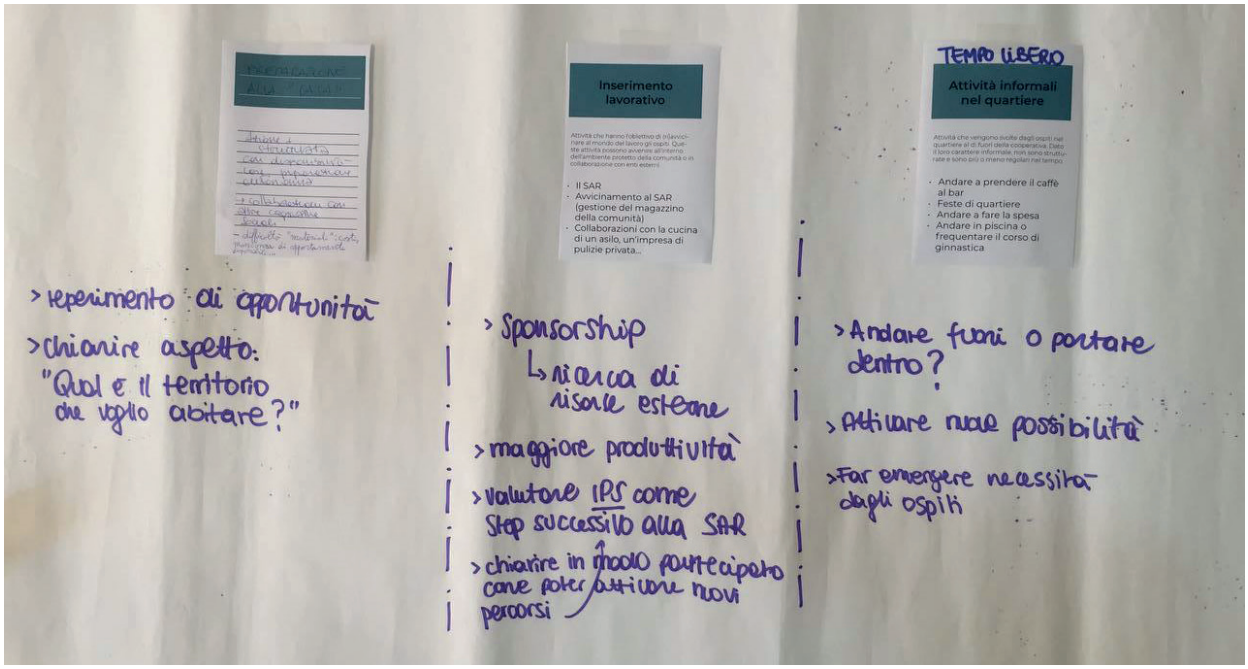


Figure 58. Overview of the objectives of the three macro-activities.

Quali pratiche vogliamo consolidare? Su cosa vogliamo investire nei prossimi mesi per avviare il processo di trasformazione?

PRATICHE DA CONSOLIDARE: _____

OBIETTIVI: _____

NOVEMBRE 2021 → DICEMBRE 2021 → INIZIO 2022

EnCoRe - WORKSHOP RONDINE settembre 2021

RECOVERY NET

Figure 59. Tool 6.

5.6 THE FINAL VERSION OF ENCORE

After the evaluation process at La Rondine was concluded, I joined the extended Recovery.net team to support them in finalising the tool. The final version of EnCoRe consisted mainly in a revision of the methodology and of some of the tools and in the deeper definition of some elements and details, such as the evaluation groups and the amount of hours needed to complete the process.

For a start, the new methodology was reduced to four sequential stages, which were deemed as clearer and more linear compared to the previous division into four thematic macro-activities (Reflection, Documentation, Evaluation, Ideation and Planning). Such four stages are:

1. **Launch (A):** in the initial stage, after learning about EnCoRe, the organisation decides on which areas to work on, creates the evaluation groups and creates a plan.
2. **Reflection on the areas (R):** the groups reflect on the present situation regarding the chosen areas and they do so by analysing two activities within the organisation.
3. **Self-evaluation (A):** based upon the reflections that come to light in the previous phase, the groups evaluate all of the areas using the 5-step scale of change.
4. Planning (P): based on the previous reflections and on the self-evaluations, the groups set a goal and plan a set of actions to reach that goal which will be reviewed and updated regularly.

A		R	A
Meeting 0: • Creation of a work plan • Hypothesis of the evaluation groups	**Internal discussion:** • Communication to the thematic groups of what was learned about the instrument and the decisions taken during the contract definition and the meeting 0 • Confirmation of evaluation areas to be worked on • Confirmation of working groups	**Reflecting workshop:** • Reflection exercise with guiding questions to identify within the chosen evaluation areas both promising activities and activities to be improved • Analysis of identified activities • Mini-assessment of other areas concerning the identified activities	**Evaluation and completion of the EnCoRe tool:** • Sharing of findings from the reflection phase • Self-evaluation and compilation of the tool • Compilation of the 8-spoke wheel
Recommended timing: 1 hour	**Recommended timing:** 1 hour per meeting, in case the service consists of several units.	**Recommended timing:** 2 workshops of 3 hours	**Recommended timing:** 2 meetings of 2 hours
Participants: Representative group	**Participants:** Representative group, thematic groups	**Participants:** Reference group, thematic groups	**Participants:** Reference group, thematic groups

Figure 60. Overview of the new EnCoRe methodology.

Each stage consists of three main kinds of activities, individually described in figure 60:

- Two workshops (one for reflecting and one for planning)
- Meetings within the organization (to take collective decisions and/or sharing reflections and results with either the other evaluation groups or with the rest of the organization)
- Sessions for carrying out the evaluation and the change implementation

Moreover, the new methodology suggests creating two different kinds of groups:

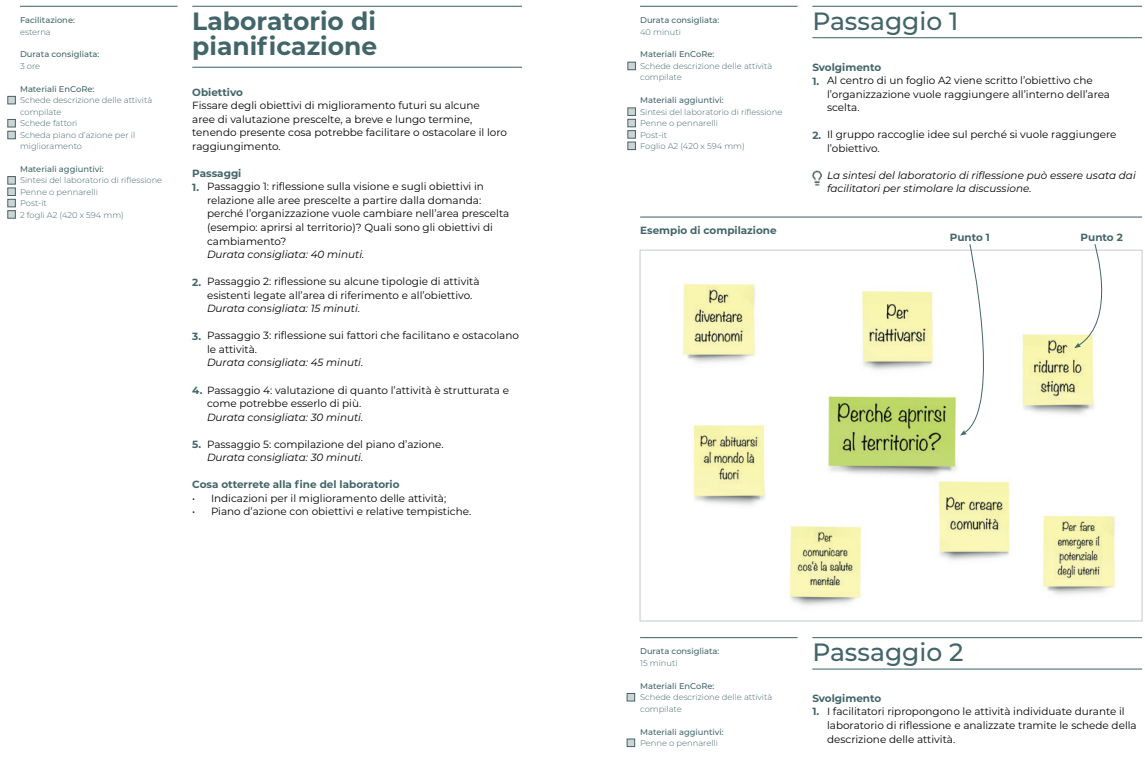
- A representative/leading group that communicates with the external facilitators, coordinates of the thematic work groups (described below) and gathers their results. This group should include some health workers, who act as a link between the organisation and the external facilitators, and, if possible, a representative of users.
- Some thematic work groups that work on the evaluation areas. These groups should be mixed, so they should include members of the staff of the organisation (if possible, one representative for each profession), representatives of users, of family members and of external collaborators.

P			
Internal discussion: • Sharing the overall results of the evaluation, selecting areas for action and defining macro-objectives for change	**Planning workshop:** • Defining the organisation's vision and transformation objectives • Identification of factors facilitating or hindering transformation • Drafting an action plan	**Plenary session:** • Presentation of the results of the planning workshop and the whole process	**Working groups for the implementation of change plans:** • Groups within the organisation carry out planning for improvement, monitoring the achievement of objectives periodically
Recommended timing: 1 hour	**Recommended timing:** 3 hours for each workshop	**Recommended timing:** 1 hour	
Participants: Representative group, thematic groups	**Participants:** Representative group, thematic groups	**Participants:** Representative group, thematic groups, all the other members of the organisation	

These groups are supported by two kinds of facilitators:

- External facilitators: they are trained and know the EnCoRe tool and its methodology.
- Internal facilitators: they are people within the organisation who are knowledgeable about the structure of mental health services and how they work. They may be those who interacted with the external facilitators during the definition of the contract, people who share the objectives of the tool or people who have an important role within the organisation. If acting on the single service, they might be coordinators or health workers, or members of the organisation's top management when dealing with big organisations.

Some other edits to the single activities were made too: for example, the introductory meeting where the organisation learns about EnCoRe and completes the exercise about the good practices (figure 25) was split into two moments, and the exercise is now part of workshop 1. Workshop 2 was also slightly simplified, since the tools which had been created for La Rondine have been replaced by the original EnCoRe action plan template (figure 24).



Facilitazione:
esterna

Durata consigliata:
3 ore

Materiali EnCoRe:
- Schede descrizione delle attività compilate
- Schede fattori
- Scheda piano d'azione per il miglioramento

Materiali aggiuntivi:
- Sintesi del laboratorio di riflessione
- Penne o pennarelli
- Post-it
- 2 fogli A2 (420 x 594 mm)

Laboratorio di pianificazione

Obiettivo
Fissare degli obiettivi di miglioramento futuri su alcune aree di valutazione prescelte, a breve e lungo termine, tenendo presente cosa potrebbe facilitare o ostacolare il loro raggiungimento.

Passaggi
1. Passaggio 1: riflessione sulla visione e sugli obiettivi in relazione alle aree prescelte a partire dalla domanda: perché l'organizzazione vuole cambiare nell'area prescelta (esempio: aprirsi al territorio)? Quali sono gli obiettivi di cambiamento?
   Durata consigliata: 40 minuti.
2. Passaggio 2: riflessione su alcune tipologie di attività esistenti legate all'area di riferimento e all'obiettivo.
   Durata consigliata: 15 minuti.
3. Passaggio 3: riflessione sui fattori che facilitano e ostacolano le attività.
   Durata consigliata: 45 minuti.
4. Passaggio 4: valutazione di quanto l'attività è strutturata e come potrebbe esserlo di più.
   Durata consigliata: 30 minuti.
5. Passaggio 5: compilazione del piano d'azione.
   Durata consigliata: 30 minuti.

Cosa otterrete alla fine del laboratorio
- Indicazioni per il miglioramento delle attività;
- Piano d'azione con obiettivi e relative tempistiche.

30

Durata consigliata:
40 minuti

Materiali EnCoRe:
- Schede descrizione delle attività compilate

Materiali aggiuntivi:
- Sintesi del laboratorio di riflessione
- Penne o pennarelli
- Post-it
- Foglio A2 (420 x 594 mm)

Passaggio 1

Svolgimento
1. Al centro di un foglio A2 viene scritto l'obiettivo che l'organizzazione vuole raggiungere all'interno dell'area scelta.
2. Il gruppo raccoglie idee sul perché si vuole raggiungere l'obiettivo.

La sintesi del laboratorio di riflessione può essere usata dai facilitatori per stimolare la discussione.

Esempio di compilazione

Durata consigliata:
15 minuti

Materiali EnCoRe:
- Schede descrizione delle attività compilate

Materiali aggiuntivi:
- Penne o pennarelli

Passaggio 2

Svolgimento
1. I facilitatori ripropongono le attività individuate durante il laboratorio di riflessione e analizzate tramite le schede della descrizione delle attività.

31

Figure 61. The handbook.

All of these changes and integrations, based on the evaluation experience with La Rondine and on multiple discussions within the Recovery.net team, were collected by me into a handbook (figure 61) which guides the reader one step at a time throughout the whole evaluation process, explaining each tool and providing examples of compilation.

The chapter now closes with some reflections on the overall evaluation experience with La Rondine.

5.8 REFLECTIONS ON THE PROCESS OF COLLABORATIVE EVALUATION

The hours spent observing the evaluation activities at La Rondine allowed me to reflect on the participation of users and health workers and the dynamics between them, as well as on the challenges related to starting transformation at the service level in a wider organisation.

5.8.1 USER ENGAGEMENT

When I first started observing the activities, I could not help but think that the level of participation among the users could have been higher. However, during an informal conversation, the coordinator explained to me that they had a harder time in participating for a number of different factors: the level of personal education and the mental fatigue and low level of concentration they experienced. Another considerable barrier which was soon evident was also the complexity of the language of the evaluation tool, which made the facilitator and the health workers spend a lot of time explaining and exemplifying the content to the users.

Still, as we went through the process, I found that the situation was more nuanced than that. For example, generally speaking, most of the time users seemed to limit themselves to confirming what the health workers said, an attitude which could look passive. However, it should also be said that, on the other hand, they never showed any reluctance in criticising what the health worker and the manager said.

General participation also increased when working on those areas which were more relevant for users, or the ones they were most knowledgeable about (for example, when talking about the appreciation of their experiential knowledge, when talking about their routine or when asked about their personal preferences), while it naturally decreased when the reflection turned to areas they did not have much to say about (for example, the wellbeing of health workers or organizational policy). In other words, users were most active when they could talk about their personal sphere, their experience and narrative.

In any case, regardless of how much they intervened during the discussion, users were more than willing to show up at the meetings. In addition, on a couple of occasions, two users, who had never participated in the previous meetings, spontaneously asked to participate in the reflection. According to the coordinator, users are willing to participate because they see the value in what they do. Health workers do not force them to take part in meetings: if they do not want to, they simply will not participate.

However, a lack of interest in participating is not the main reason why a user might not join the meetings: as the coordinator claimed, "those who do not participate do not have the means and the capacity to do so. The tool should be adapted to them".

Speaking of individual capabilities, it was also interesting to note that, during the evaluation meeting for area 1 (valuing the experiential knowledge of users), upon being shown the participation ladder (figure 62), some users thought that their engagement was on the "instructing" level, while some others indicated the "co-design/co-production" level. This contrast can be explained by the users' individual journeys. In the same meeting, the coordinator explained that users who have just entered the community have to follow their health worker's instructions, which, at this point of their journey, may sound restrictive. As a consequence, this kind of users rarely takes decisions autonomously, and does not feel legitimised to participate. Long-time users, however, have become increasingly autonomous and self-aware over time, and the relationship with health workers is more equal and participated.

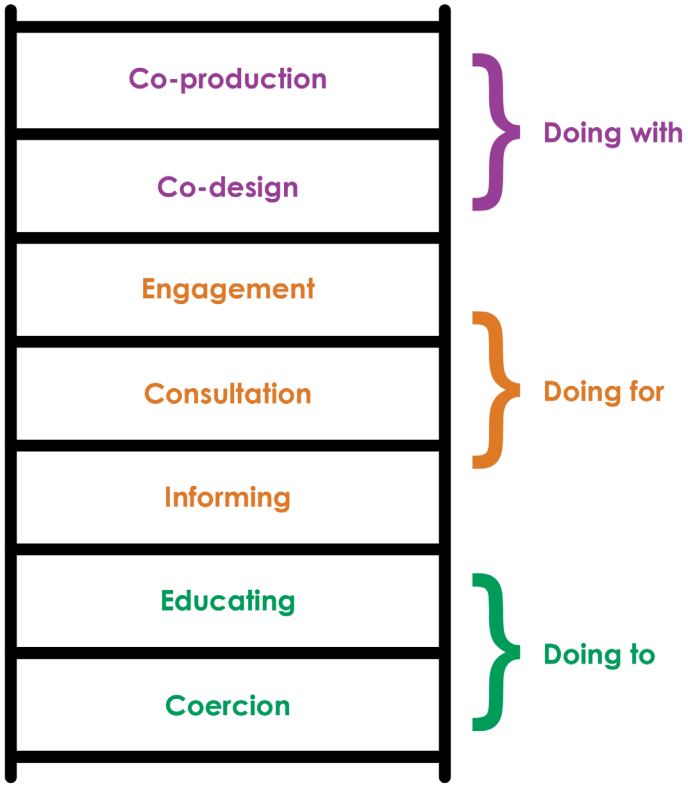


Figure 62. The ladder of participation (source: NAPPI uk).

5.8.2 THE ROLE OF THE HEALTH WORKERS AND OF THE INTERNAL FACILITATOR

Speaking in terms of participation, health workers were usually more active than users, especially when the activities required the group to go beyond their personal experience and consider the wider picture of the mental health division and organisational policy.

During the meetings, it also seemed to me that the health workers had a sort of double role: on one side, they contributed with their knowledge about how the mental health division and its services work, while, on the other side, they acted as informal facilitators. Because of the difficulties mentioned in the previous paragraph, users had to be prompted by both the internal facilitator and the health workers. The latter, given their personal, one to one relationship with each user and their knowledge of their recovery paths, were able to stimulate reflections from them individually by mentioning past episodes of their personal experience they could elaborate on.

Users and health workers were coordinated and led by the manager of the mental health division, who facilitated the internal meetings with the support of the coordinator. Whereas users spoke about their personal experience and health workers provided insights regarding the services, the manager's role and knowledge provided a wider, cross-cutting picture of the several levels of the cooperative. Moreover, the manager, being the link between La Rondine and the Recovery.net team, already knew the EnCoRe tool and grasped the design terminology, therefore facilitating users' and health workers' understanding. Lastly, it was evident that users trusted him because, while he was in a position of authority, he was not authoritarian and contributed to the creation of a safe space along with the presence of health workers.

5.8.3 SETTING THE FOUNDATION OF TRANSFORMATION: CHALLENGES AND OPPORTUNITIES

During the observation, I also noticed some other positive and promising elements which could enhance and lay the ground for a transformative process after the evaluation.

First of all, during the activities, especially the internal meetings, there was an atmosphere of trust and openness, which probably derived from the already established Reco experience and the relationship between health workers and users. It proved to be a good place where to start discussing change. The group was also open to self-criticism and to being questioned, which showed a willingness towards transformation. However, such willingness is not to be given for granted once one steps out of the evaluation group. For example, other services within the Department of Mental Health of Spedali Civili di Brescia, which had also used EnCoRe to assess their work, seemed to get results which were considered to be too optimistic. La Rondine, on the other hand, was more critical of its practice. However, it should also be stressed that the reason for this discrepancy could also be another one: as the coordinator of Recovery.net pointed out, La Rondine was the only one that tested the extended version of the evaluation process, which included the two workshops for reflecting on

the areas and planning change. This allowed the cooperative to have more time to properly engage users and health workers and to reflect and find evidence with them to support its evaluation and make it more objective.

Moreover, La Rondine was also the only one to identify objectives for future change, something that the other services of Spedali Civili did not do.

Other factors which recurred during the evaluation and which could hinder openness to criticism and, subsequently, transformational change could also be the distance between the mental health division and the top of the cooperative and the reluctance of some health workers within the mental division to transform their practice towards recovery. Still, as we have seen in transformative design, in order to provoke the most profound impact in an organisation, change should first start at its border, that is at the service level. So, in the case of La Rondine, even if

the mental health division is still somewhat isolated in its path towards recovery and co-production, with most of its activities still unstructured, they might be able to show their value to the rest of the organisation and the top management, triggering a wider change in culture and mindsets.

5.8.4 BROADER IMPLICATIONS OF THE REFLECTIONS

The previous reflections from my observation of the case of La Rondine elicited some more general reflections.

As evidenced by the variable participation of users during the process and the fact that they needed to be supported by health workers, we saw that some users have specific needs which need to be addressed, and that even in the same category of users (e.g.: people who suffer from a mental health condition) people might be very different from one another. This means that these individual differences need to be taken into account when evaluating, and Service Design has the possibility to do so and make evaluation tools more customised and engaging for everyone involved in the evaluation.

Then, I observed that users were most active when asked to talk about their personal experience, while health workers had much to say about how the organisation works and how its different levels interact with each other. This means that co-evaluation tools should be designed in a way that leverages and values both types of knowledge, experiential and professional, at the same time, since the interaction between these two kinds of knowledge is what provides the most accurate picture about the current state of the organisation which is being evaluated, since on one side the staff of the organisation can share their systemic knowledge of the organisation, while users, with their experiential knowledge, are those who may provide a key to challenging how the organisation works at present. So, in line with the principles of transformative design, in order to be more objective co-evaluation needs to include stakeholders from many different background, so that everyone can contribute with their specific

knowledge. Service design, for its part, may contribute by understanding how to best enhance each type of knowledge by using co-design tools.

Another insight which emerged was that users of La Rondine participated in the evaluation because they saw it was valuable. However, this might not happen in other third sector organisations, especially those which are not used to valuing and acting on users' feedback. A transformative co-design process which acts on the findings of a previous collaborative evaluation may not only show users that the organisation listens to their feedback and tries to change based on it, but it can also make users feel they are an important asset of the organisation, meaning that they could be more willing to participate in the co-evaluation processes.

The last reflection is about how open an organisation might be to be challenged: while the mental health division of La Rondine was open in this sense, this might not be the case for every organisation. Therefore, this is something that needs to be considered and assessed right at the beginning of the co-evaluation, in order to set the best conditions possible for transformation and see how much room of manoeuvre there is in terms of change. Service designers, in their role of critical friends, might be helpful in setting an open and safe space where reluctant stakeholders are gently nudged towards change. In case the whole organisation is not yet ready for a transformation at the cultural level, the transformative approach could be applied only within a peripheral service of the organisation, as in the case of La Rondine, and then, with time, the transformative practice may be spread to the whole organisation.

5.9 CONCLUSIONS

In this chapter, we introduced the context of my research, that is, the EnCoRe tool and its methodology (both before and after being tested) and the mental health division of cooperative La Rondine. Then, the tools developed to support the evaluation and make it more collaborative and engaging for all stakeholders were described one by one. After that, the evaluation process of La Rondine was thoroughly narrated.

As explained earlier, the mental health division of La Rondine had decided to evaluate its practice to improve its services and, most of all, triggering a concrete change within the organisation. Following an introductory activity, they found that they were already on a good track when it came to user engagement and co-production, while they needed to improve in areas 3 (organisational policy) and 6 (co-production and inclusive governance of a local community for mental health), which were the object of the first workshop. During the workshop, they reflected on their current practice and identified the enhancers of and obstacles to change at the many levels of the cooperative by analysing two activities for each area. They found a strong willingness to start change from the bottom of the organisation, since many of the activities based on recovery and co-production were initiated by users and health workers. Similarly, recovery and co-production were mostly used within the services of the mental

health division, while they were met with scepticism within the other divisions and at the higher levels of the cooperative. These insights were consistent with the evaluation findings, which revealed a gap between the mental health division and the whole cooperative in the compliance to the principles of EnCoRe. Finally, the evaluation group decided to focus on opening up the mental health community to the local territory. This goal was the object of the last workshop, where participants reflected on why they wanted to reach that goal and listed some possible actions they could take to achieve it.

Overall, the observation of this evaluation process allowed me to learn about the application of a collaborative evaluation tool, which in turn generated some reflections about the impact of co-design on evaluation. For example, the tools and the workshops allowed participants to reflect together on the areas, allowing both users and health workers to speak their mind and to collaborate during the process up to the definition of the objectives for change. At the same time, they also allowed them to think practically thanks to the use of the good practices. This supports the claim of this thesis, that is that co-design can help in making evaluation more engaging and participatory. However, during this observation I also noticed that the evaluation tool was not always compatible with users' condition. So, this means that it is necessary for Service Design to understand and address individual barriers to make co-evaluation tools even more participatory.

Another reflection regarded the necessity to leverage all kinds of stakeholders' knowledge, such as the experiential and the professional one, to make evaluation more accurate and to reach transform. The last reflection was about bottom-up transformation within a reluctant organisation, followed by the consideration that co-evaluation aimed at organisational transformation could be first started in a peripheral service of a whole organisation and then it could be spread to the other levels of the organisation.

The information gathered during the process was also put to use in the following co-design stage (described in the following chapter), where I worked in collaboration with users and health workers on ways to open up to the local territory. As we will see, the collaborative approach to evaluation was also used to better connect the co-evaluation to the next co-design phase.

6 CO-DESIGN

6. 1 INTRODUCTION

Given the transformative approach of EnCoRe and following La Rondine's objective to open up to the local territory, it was time to start designing some solutions to start change. The manager of the mental health division asked me to find a way for them to communicate what mental health is and what the impact of La Rondine's mental health division is in order to find new sponsors and new partners for their activities. My aim, on the other hand, was to experiment with Service Design in order to understand how evaluation findings could be used to start a transformation process based on the principles of Co-design. So, after interviewing the communication manager of La Rondine to understand the goals and strategy of the present communication of the cooperative, I generated three preliminary concepts based on the findings from the evaluation, which were later discussed with the manager of the mental health division and the Reco group of users and health workers, who shared their feedback on them, suggested some changes and integrated them with their own proposals. One of these concepts was selected and further co-designed with this group and tested during a pilot event co-produced by users and health workers, which was reviewed in a following meeting with them.

6.2 INTERVIEW WITH THE COMMUNICATION MANAGER

The first action I took was interviewing the communication manager of the cooperative (table 31). My aim was to understand the main goals of the communication of the cooperative and the strategy used to reach those goals, such as the content, the channels, the targets of the communication, the efficacy of communication and the available resources.

METHODS	Semi-structured interview
PARTICIPANTS	The communication manager of La Rondine
DATE	November 11th 2021
DURATION	40 minutes

Table 31. Interview with the communication manager.

6.2 .1 FINDINGS

The communication manager started our conversation by explaining that the cooperative started to work on communication only recently, with the start of the pandemic, which brought the cooperative on its knees. For this reason, they had to find new sources of income to compensate for the increasing expenses (such as the personal protection equipment for the health workers) and for the missed revenues caused by the interruption of some of their services. At the same time, they wanted to show what was happening within the cooperative during that period, such as the consequences of the pandemic on users.

The main goals of the communication are finding funds, communicating the work of each of the divisions equally and the impact that the cooperative has on the local territory in order to attract more people. Regarding the latter objective, the strategy is very simple: they only have a

website, a newsletter and a Facebook page, as these are the only channels the cooperative can afford. However, these channels have some problems: the newsletter has a poor database of subscribers, while the Facebook page "shoots at random", therefore they are not able to reach, engage and create a relationship with their "hot targets". These "hot targets" are the people the cooperative has built a relationship with over time, such as public institutions, municipalities, or users and relatives who have used their services. These people can be engaged only if you build a continuous and one to one relationship with them.

Although she had no data to support her claims, she thinks that people perceive La Rondine mostly as a cooperative which takes care of old people, while the mental health division is in the background, and this is because it was a later addition. Moreover, as much as she tries to communicate each of the divisions equally, she has a hard time in doing so, because, compared to the other divisions, the mental health one sends little material and is physically distant from her office, meaning that she does not meet the coordinator as much as she would like to.

Regarding the object of the communication, she said that the mental health division works on a more cultural level and on the theme of inclusivity, and that, when creating the materials to share online, users participate in the effort by sharing their stories and experience.

Speaking of finding new funds opportunities, she said that they have few donors. For this reason, they try to keep the relationship with them alive and work on a one-to-one basis by sending them letters where they share what they are doing with their donations. Speaking of sponsors, they have a network of partners and institutions they could potentially activate.

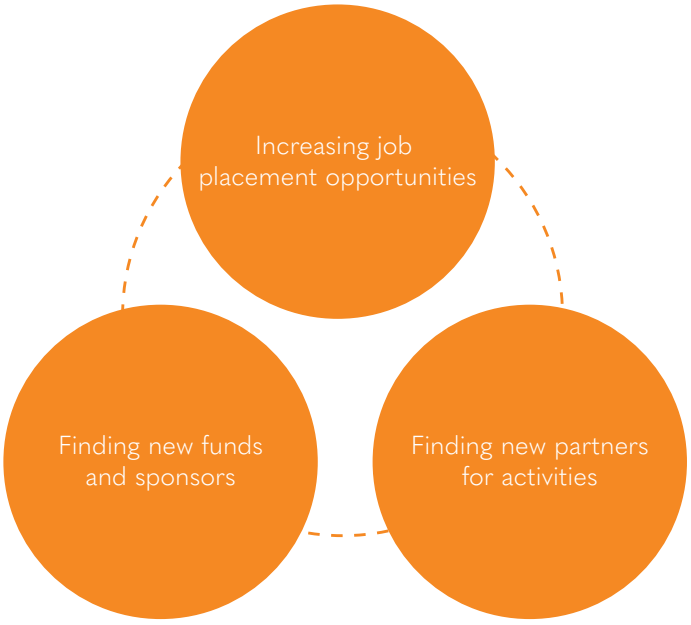


Figure 63. Project goals.

Upon reflecting on these findings after the interview, I thought that the communication goals were coherent with what had emerged during the evaluation and what the manager of the mental health division had asked me to do. So, before starting to brainstorm, I clustered and visualised the three main goals which would drive my ideation stage (figure 63). These three goals have been used in an integrated manner, as ideas were meant to address all of them in an interdependent manner.

6.3 IDEATION PHASE

In order to address my goals, I started the ideation phase with a desk research aimed at exploring the ways in which other third sector organisations communicate their work, look for new patrons and donors and start partnerships with the territory. The case studies I collected allowed me to understand what the most go-to solutions are and to find room for opportunities in less explored activities.

Case study: Parallelo Lab

I stumbled upon Parallelo Lab when I was reflecting on the branded gadgets that most non-profit organisations sell to raise funds or self-promote. I always had the impression that, most of the time, these products do not look appealing, and that people are not willing to buy them. So my question was whether there was a way to make products which people would actually buy and whose selling could benefit a non-profit organisation at the same time, and Parallelo helped in providing an answer.

Parallelo Lab is an inclusive social workshop which produces handmade products and whose workers are foreign people or fragile people on the margins of society. It is a project which also provides training courses and internships for third sector organisations and their users, supplies sustainable handicraft products for companies, and produces handcrafted and sustainable party favours and decorations for celebrations such as weddings and birthdays.

What I found inspiring in this project was the quality of the products they

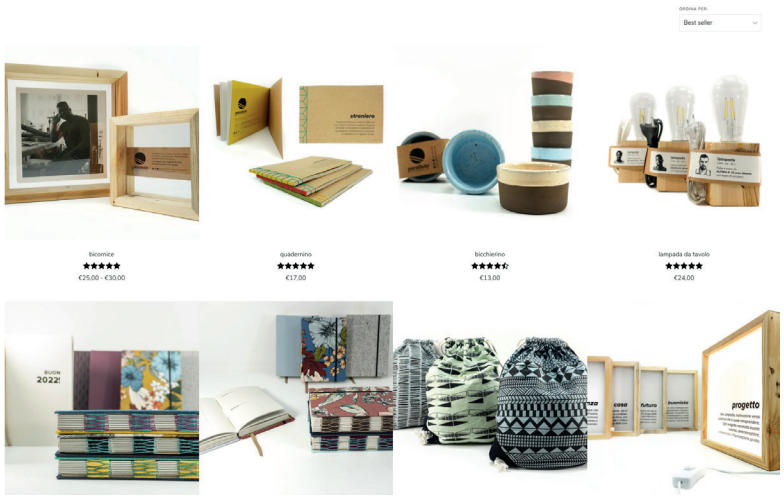


Figure 64. Some products by Parallelo Lab (source: parallelolab.com)

make and sell (figure 64), combined with a clear social mission. Unlike traditional branded gadgets sold by most non-profit organisations, the first reason people buy Parallelo Lab's products is because they are handmade, high quality products which people are actually willing to buy, while the social mission behind the project increases the value of the products. Another inspiring element was the fact that this project directly benefits marginalised people by letting them learn a craft and providing them with a job, so that they can find their place in society.

These insights provided me with some inspiration for my first concept, which consists in users of the mental health division learning a craft from a local artisan and selling the products they make for the benefit of La Rondine.

Case study: Tea & Talk

"Tea & Talk" was another initiative I found while looking for alternative, less popular ways non-profit organisations use to raise funds. It consists in a social gathering organized by citizens who invite their friends and relatives over to have tea together while talking about mental health with the aim


TEA & TALK
Mental Health Foundation

Tea & Talk Quiz

Answers are at the bottom – no peeking!

1. In which country was tea first drunk?
   a. China b. India c. England
2. Traditional English teatime is at...
   a. 1pm b. 4pm c. 6pm
3. Earl Grey tea is flavoured with which oil:
   a. Orange oil b. Oil of cloves c. Oil of bergamot
4. What percentage of children and young people have a mental health problem?
   a. 15% b. 25% c. 10%
5. What material were the first teabags made from?
   a. Silk b. Plastic c. Cotton
6. Roughly how many people in Britain will experience poor mental health at some point in their lives?
   a. 1 in 2 b. 1 in 4 c. 1 in 7
7. What percentage of sickness days can be attributed to mental health conditions?
   a. 20% b. 32% c. 13%
8. What ingredient to Tibetans like to add to their black tea?
   a. Soy milk b. Butter and salt c. Turmeric
9. Where does Chai tea originate from?
   a. India b. America c. China
10. Which age group reportedly typically experiences higher levels of stress?
    a. 55-60 year olds b. 10-15 year olds c. 18-24 year olds

Answers

1) a, 2) b, 3) c, 4) c, 5) a, 6) b, 7) c, 8) b, 9) a, 10) c

Figure 65. Tea & Talk quiz (source: Mind.org.uk)

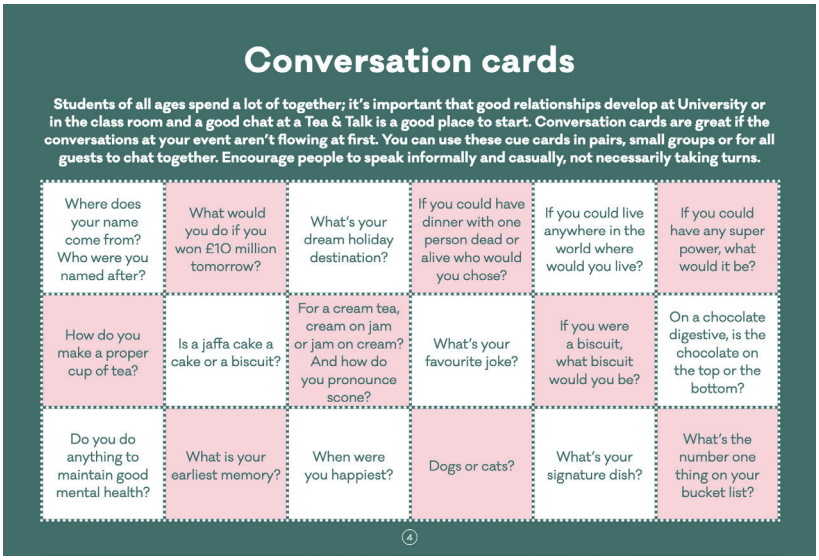


Figure 66. Conversation cards (source: Mind.org.uk).

of raising funds for mental health organisations. During these informal events, people bring their own cakes and play games about mental health, like quizzes or bingo (figure 65), or use facilitating tools (figure 66) to talk about mental health and their own experience of it. The resources for this activity are provided by the British mental health foundation Mind.

What I liked about this activity was that it is a sociable, informal and non-institutional way to discuss the topic of mental health outside of a healthcare setting. When I found this case study, I decided that I wanted to recreate the same friendly atmosphere, so I came up with the idea of my second concept, which is an event where users of the mental health division socialise with citizens and engage in a conversation about mental health with them in local bars. Another thing that I appreciated about Tea & Talk was that it uses games and other light, engaging activities, which was something that I decided to incorporate in my second concept as well.

Case study: Alzheimer Cafè

Figure 67. Alzheimer Café (source: Fondazione Cerino Zegna).

After finding the case study of "Tea & Talk", I decided that I wanted to explore the topic of socialising events, and I found the Alzheimer Cafè (figure 67). An idea by Dutch psychologist Bère Miesen, it is an occasion for patients with Alzheimer's disease and their relatives to socialize and participate in the life of their neighbourhood, with interventions by experts. The typical structure of an Alzheimer Cafè is the following ('Coordinamento Degli Alzheimer Caffè Della Lombardia Orientale. Manuale Operativo', 2016):

1. Welcoming of participants and introduction
2. Presentation of a monologue/interview with an expert or a video (e.g., episodes of TV series on the theme of Alzheimer's disease)
3. Break, during which questions that participants do not dare to ask out loud are collected
4. Debate moderated by a presenter
5. Conclusion: an informal moment when participants talk to each other, sing and dance or write down their impressions in a logbook.

The idea and the structure of the Alzheimer Café proved to be useful for the definition of the second concept by giving me (and the users and health workers of La Rondine) some suggestions about possible activities to hold during the event, such as playing a short film or having a debate, in order to make it more engaging for citizens.

Case study: Mind

Mind is a British mental health organisation that offers its support to people who struggle with their mental health, and whose website I consulted on a number of occasions to find inspiration for my concepts. During my research, I found that, to finance its efforts and spread a culture of mental health, this organisation supplies mental health training targeted at companies: some examples of these courses are "Mental health awareness", "Managing mental health at work" and "Customer support and mental health". This made me wonder if similar courses could be provided

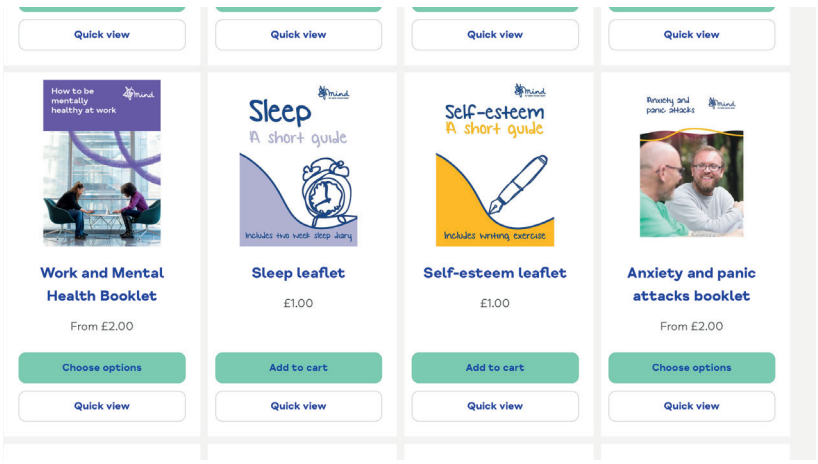


Figure 68. Resources published by Mind (source: Mind.org.uk).

Figure 69. "Pause for mind" gift (source: Mind.org.uk).

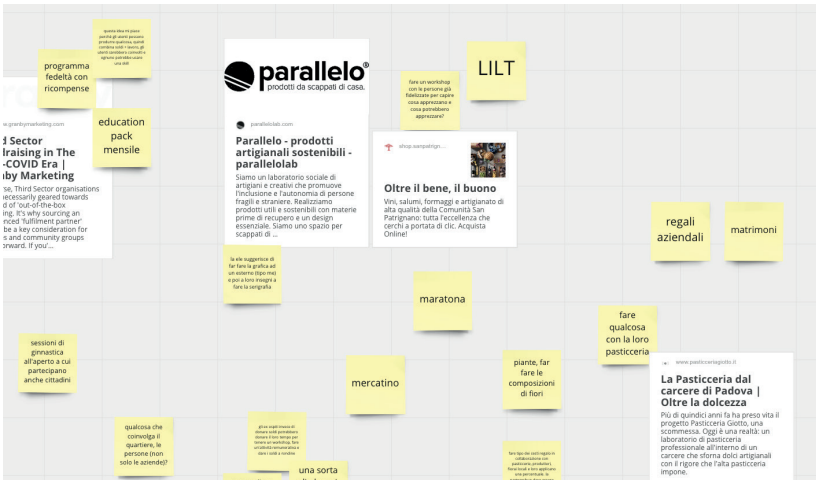


Figure 70. Brainstorming and collecting case studies.

by La Rondine too to raise funds. Moreover, Mind also has an online shop where it sells many resources and publications (figure 68) and "Pause for mind", a corporate gift consisting in a kit which contains an inspirational notebook with positive quotes, a reflection card and an activity that will allow the recipient to take five minutes for themselves and relax (figure 69). These resources, and especially the kit, prompted me to think that, if La Rondine were to provide courses about mental health in the workplace, its users could co-design some resources for trainees to take care of their mental health. Therefore, these ideas were channelled in the third concept.

The desk research, the previous case studies and the parallel brainstorming brought me to the creation of the following three concepts (figure 70).

6.3.1 CONCEPT 1

Users are trained by and work for a local enterprise or workshop and the products they create (or contribute to) are sold for the benefit or La Rondine, which receives a fraction of the revenue from the sale.

Figure 71. Atelier Il Granello, a workshop for people with disabilities (credits: Cooperativa Il Granello).

Goals: findings new partners for activities, finding new funds and sponsors, increasing job placement opportunities.

How it would work

1. Using the dynamic mapping, the cooperative finds and chooses with the user a local enterprise, shop or workshop as a possible partner.
2. The possible partner meets with a health worker from the cooperative to discuss the project and, if they accept, they have a second meeting with the user interested in working for them to decide their level of engagement.
3. The user starts to work for the partner. To allow for the participation of users at different stages of their recovery path and to meet individual preferences, I decided to adapt the four levels of creativity from the Co-design literature (Sanders & Stappers, 2008), integrating it with examples of activities users could do (table 32).
4. Products are sold directly from the partner using a personalised packaging from La Rondine, which gets a fraction of the revenue. Such packaging would tell the story of the user who made the product and advertise the impact of the cooperative on the community and the territory.
5. If La Rondine starts enough partnerships, they could resell their users' products (individually or in sets) as corporate gifts or as thank-you gifts to donors.

LEVEL	MOTIVATION	REQUISITES	EXAMPLES OF ACTIVITIES
Doing	To be productive	Minimal interest No special skills	Managing the warehouse Packing products and shipping them Assembling components
Adapting	To make something my own	Some interest Basic skills	Creating floral arrangements Notebook binding
Making	To make something with my own hands	Genuine interest Intermediate skills	Silk-screen printing Custom t-shirt and mug printing Simple tailor work Decoration of ready-made ceramics
Creating	To express my creativity	Passion Advanced skills	Botanical printing Designing and fabricating ceramics Designing the graphics/ illustration of silk-screen printed products

Table 32. Adaptation of the four levels of creativity (Sanders and Stappers, 2008).

Possible partners

Through a desk research, I identified some potential partners in Brescia La Rondine could get in touch with:

- Hopificio, a cultural association which promotes events and training for crafters.
- The #Etsymadeinbrescia network of local artisans who sell their products on Etsy.
- Makers Hub Brescia, an art residence for young entrepreneurs, designers and artisans.

Benefits

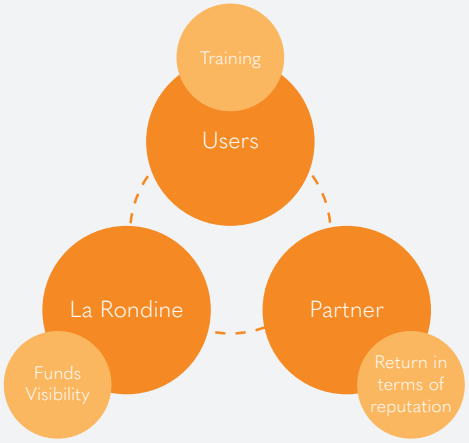


Figure 72. Benefits of concept 1.

6.3.2 CONCEPT 2

Informal events set within bars and social clubs in the neighbourhood where users can socialise with citizens and participate to a conversation on a mental health related topic.

Figure 73. A human library event (credits: UNMIK).

Goals: findings new partners for activities..

How it would work

Users go to local bars and social clubs along with former users of the mental health community and health workers to socialise with citizens. Every evening revolves around a topic related to mental health (for example, mental health in the workplace, the benefits of exercising on mental health...), which is leveraged to engage participants and lead the conversation.

These events could have the following timetable:

1. Welcome.
2. Short talk on the theme of the event, where some volunteers (users, former users, relatives) share their personal experiences.
3. Engaging group activity to break the ice (for example, a quiz).
4. Free socialising session supported by cards and facilitators. During this session, participants can choose to either keep talking about the theme of the event, with the support of some materials or to talk freely about whatever they want. For example, patrons may decide to listen to the guest's story, or they may ask for advice about their own mental health and talk about their issues, or they may simply talk for the sake of it.

Possible participants

USERS	FORMER USERS AND RELATIVES	HEALTH WORKERS
• They decide on the theme of the event and co-organise it. • They create the materials for the event. • They bring their own experience.	• They help with the promotion of the events and the search for venues. • They tell about their experience. • They facilitate interactions between users and citizens.	• They facilitate the event by supporting the users. • They bring their own knowledge.

Table 33. Possible participants.

Possible partners

The events could be held in places which host local events in the neighbourhood, places where people gather (parishes, bars and social clubs) and places which are sensitive towards social issues. Specifically for the last category, I identified Lievita, the bakery of La Rondine, and a network of bars in Brescia run by local third sector organisations.

Benefits

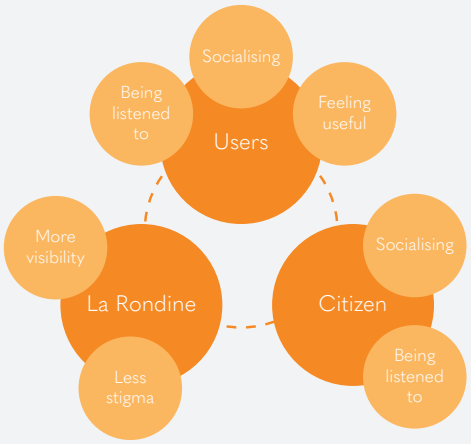


Figure 74. Benefits of concept 2.

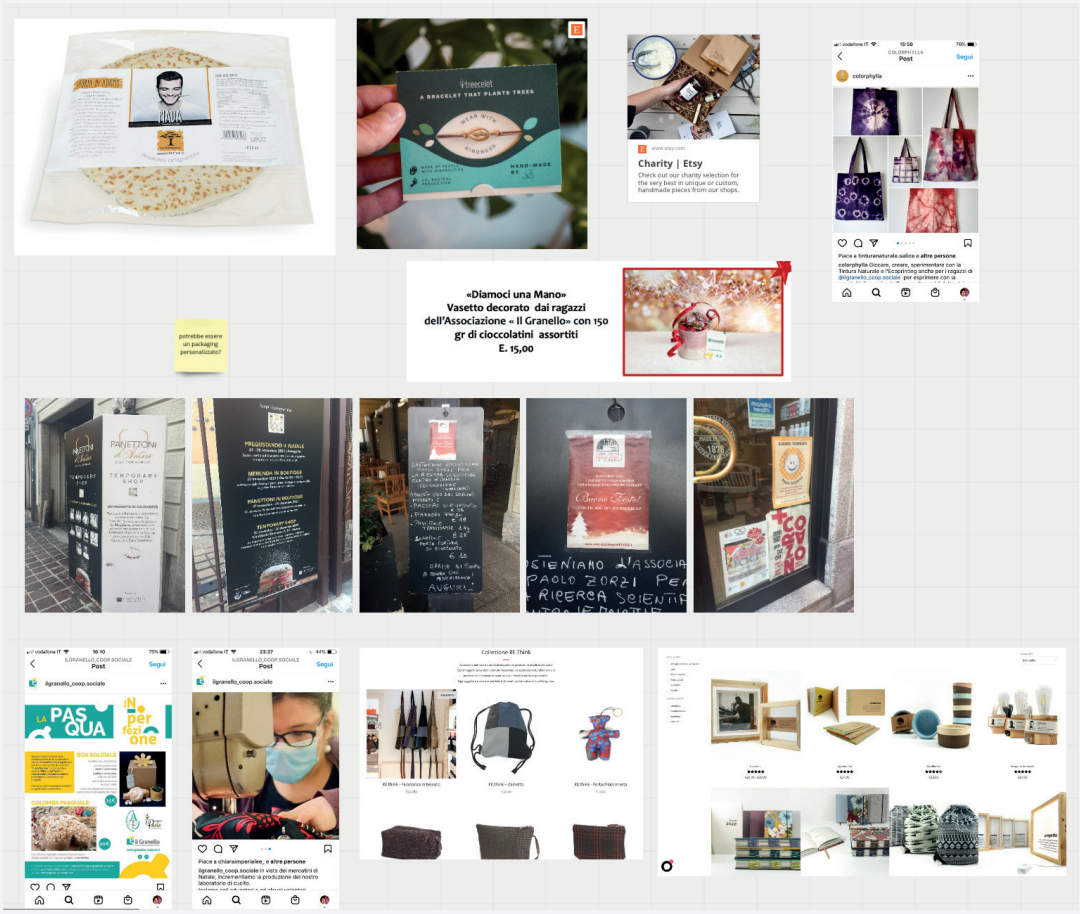


Figure 75. Inspiration for concept 2.

6.3.3 CONCEPT 3

Lessons on mental health in the workplace given by a group of users, former users and health workers in local companies interested in the topic.

The content of the lessons could be the 5 ways of well-being or coping strategies. At the end of the lessons a kit is distributed to each participant with information about mental health, mindfulness exercises and advice. The kits could be co-designed with users as experts in their own experience. Lessons would be paid for as a donation to La Rondine.

Figure 76. A lesson by mental health organisation Mind (credits: Mind).

Goals: findings new partners for activities, finding new funds and sponsors.

Possible partners

Through a desk research, I came upon an initiative promoted by ATS Brescia and Confcooperative aimed at promoting wellbeing in the workplace. It consists of a network of local companies which offer their employees opportunities to improve their health in six thematic areas: nutrition, exercising, smoking, addiction, work-life balance and sustainable mobility. I thought that some of the companies in this network, being sensitive to the wellness of their employees, might be willing to be trained about mental health too.

Benefits

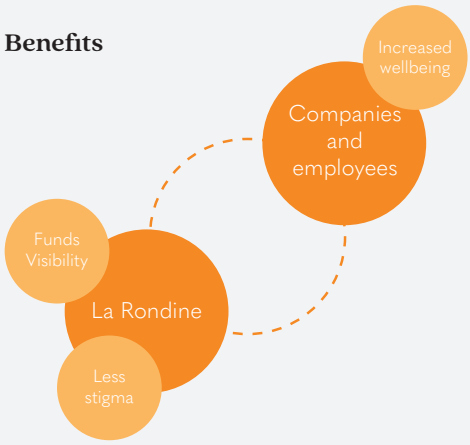


Figure 77. Benefits of concept 3.

6.4 CO-DESIGN

6.4.1 FIRST FEEDBACK FROM THE MANAGER OF THE MENTAL HEALTH DIVISION AND THE RECO GROUP

All of the three concepts were presented to the manager of the mental health division, who deemed all of them feasible, and even commented that concepts 1 and 3 could have been shared across the divisions of La Rondine and with the other partners of the network of cooperatives La Rondine is part of to work together at a higher, more systemic level.

The manager later shared the concepts with the Reco group, which approved of all of them. For the timings of my research, since concepts 1 and 3 were the most complex ones and required the collaboration of other actors, the manager and I agreed to work on concept 2, leaving the other two ideas on hold for future implementation. Users, however, wanted to understand better the concept, so during the first Reco meeting I went into further details, showing them the case studies of Tea & Talk and Alzheimer's Café to support my idea and explaining what we had to do to organise the event (table 34).

TO-DO LIST TO ORGANISE THE EVENT
1. Finding and getting in touch with venues for the events (among old and new partners) and inspecting them to see how many people we can bring.
2. Figuring out who to involve and who can participate among users, health workers, former users, family members and establishing the respective roles.
3. Choosing topics and activities for each event.
4. Preparing materials (and buying snacks in case the event does not take in a place that serves food and drink).
5. Advertising the event.

Table 34. To do list of the organisation of the event.

During this first Reco meeting, the manager, the coordinator and the health workers were the most active in discussing my proposal and suggesting possible changes or proposing activities (table 36). The manager, for example, proposed to start the event with a light presentation about mental health that they already presented in schools, followed by a short intervention of a couple of users who could share their experience. The coordinator, on the other hand, suggested beginning with a round of presentations where everybody introduces themselves by saying what mental health is for them, which to her would be more interesting and deeper ("just saying who you are brings little to the conversation").

Concerning the problem of engaging citizens, the coordinator also proposed to use a board game about mental health created within the Recovery.net project as a possible engaging activity.

ACTIVITY	First meeting to share the concepts	Update and feedback about the concept	Reco meeting: sharing concepts with users and health workers and first ideation round	Reco meeting: definition of activities
DATE	December 21st 2021	January 19th 2022	February 7th 2022	February 14th 2022
PARTICIPANTS	The manager of the mental health division	The manager of the mental health division	The manager, the coordinator, 6 users and 2 health workers	The manager, the coordinator, 6 users and 2 health workers

Table 35. Overview of the co-design process.

The example of the structure of an Alzheimer Café I had illustrated during my presentation (see paragraph 6.3) turned out to be an inspiration for the group: the manager and the coordinator liked the idea of playing a video, and thought about a couple of options (a short film by Pixar they had already used to talk about co-production and a monologue on mental health based on the writings of Patricia Deegan), while one of the health workers thought that we could use a logbook to collect feedback and suggestions of topics from participants. The coordinator supported this idea, since she thought that this way they could learn what citizens really need and adapt the following events accordingly.

Concerning the socialising session, the manager thought that participants could connect based on what they would share during the round of presentations, similarly to what happens in conferences ("I heard you say this thing earlier and I want to hear more...").

The meeting closed with a discussion on who to invite to the test event and how: the manager proposed to invite around twenty volunteers from other cooperatives in the neighbourhood and a couple of former users. To invite volunteers, I would design a flyer to be sent by e-mail. Flyers would also be distributed in the neighbourhood to let citizens know of the event too. As for the location, given the lack of space in the mental health community, the event could be held in the day centre for old people next door, which could provide a bigger room.

ACTIVITIES	PROPOSALS
Welcome	
Short talk on the theme of the event	• Using a presentation they used in a school to talk about mental health • Every user tells their own story
Engaging group activity to break the ice	• Recovery.net game • Using a short film to introduce the topic of the event (Pixar short film or a monologue on mental health based on the writings of Patricia Deegan) • Round of presentations where each participants says what mental health means to them
Free socialising session	• Using what has emerged during the round of presentations to connect people ("I heard you say this thing earlier and I want to hear more...")
Closing	• Using a logbook to collect feedback

Table 36. Proposals for each stage of the event during the first Reco meeting.

Reco meeting: definition of activities	Call with the manager to agree on the invite and on the informative materials	Reco meeting: simulation of the event	Test event at day centre Le Rose	Reco meeting: review of the test event and plan of the next steps
February 21st 2022	February 24th 2022	February 28th 2022	March 2nd 2022	March 28th 2022
The manager, the coordinator, 6 users and 2 health workers	The manager	The coordinator, 6 users and 2 health workers	The manager, the coordinator,7 users and 2 health workers, 8 guests	The manager, the coordinator,6 users and 2 health workers

6.4.2 SECOND MEETING: DEFINING THE ACTIVITIES

My aim for the second Reco meeting was to confirm the macrostructure of the event in order to start defining the activities. So I started the meeting by checking whether the group agreed on the structure I had proposed in the previous meeting. Then we started identifying what the stages could look like (table 37):

1. To kick-off the event, the manager would start by thanking participants for coming and by saying a brief introduction to the work of La Rondine. One user volunteered to take part in the introduction to share the impact on the cooperative's work on the users' life. Upon deciding the content of her intervention, users opened up and started describing what living in the mental health community meant to them. One user said that La Rondine "is a place for people who are looking to improve their life", while somebody else said it is "a peaceful place, where people help each other", where "you can find the resources within you".
2. The second task was to find a video to view together to start a debate later on. The video of the monologue about recovery was thought to be the most thought-provoking one, but it was too long. So we decided to go for a short film by Pixar which dealt with the topic of stigma.
3. Then, we brainstormed about possible questions we could ask after the video: how do people react to it? Do they relate to the story? What did they learn from it? To prevent awkward silences, we decided to prepare some answers too, in case the conversation did not flow. At this point, I was concerned about the fact that for both external participants and users these kind of questions could be too intimate and that therefore they would not answer. However, one user observed that "people like to talk about themselves", while somebody else said that for users this topic was "easy to address. [If we are not comfortable], we are free not to tell the whole story". The whole group opened up again and provided their personal experiences as possible back-up answers. Finally, the coordinator suggested that one of the users in particular could moderate the discussion ("I think C. would be a good moderator"), and she volunteered to support him.
4. We decided that during the free session participants could split into three groups (one for each user and health worker) to socialise. The coordinator suggested using the questions from the Recovery.net game to spark the conversation, which would be facilitated by users and health workers. During the session, they would provide drinks and snacks.
5. At the end of the event, external participants could write in the logbook their feedback and they would be left with some informational material about the cooperative.

We closed the meeting by assigning responsibilities for preparing the event (table 38).

STAGE	1. WELCOME	2. INTRODUCTION	3. QUESTIONS	4. FREE SESSION	5. CLOSING
Activities	• Thanking volunteers for coming • Introduction about La Rondine • Introduction to the video	Viewing of a video	Questions about the video: • Do you know anybody who is like the protagonist of the film? • What impression did the film leave you with? • What did you get from this video? • (Extra question: why did you come to this event?)	• Work in couples or small groups (maximum 3) • Conversation is facilitated by three couples (user + health worker) • Buffet	• Passing the logbook around • Distributing informational materials
Facilitators	The manager and a user		The coordinator and a user	• Three couples: • The manager and a user • The coordinator and a user • A health worker and a user	
Materials		Short film about stigma	• Written questions • Ready-made answers from users	• Questions about mental health from the Recovery.net game • Food and drinks	• Logbook • Informational materials

Table 37. First map of the event.

TASKS	RESPONSIBILITIES
Organisational tasks (such as getting in touch with volunteers and distributing the invites in the neighborhood)	The manager and the coordinator
Writing the speech for the introduction	The manager
Buying drinks and snacks	The coordinator and one user
Selecting questions from the Recovery.net game	One user
Preparing the invite and informational materials	The manager and I

Table 38. Responsibilities for preparing the event.

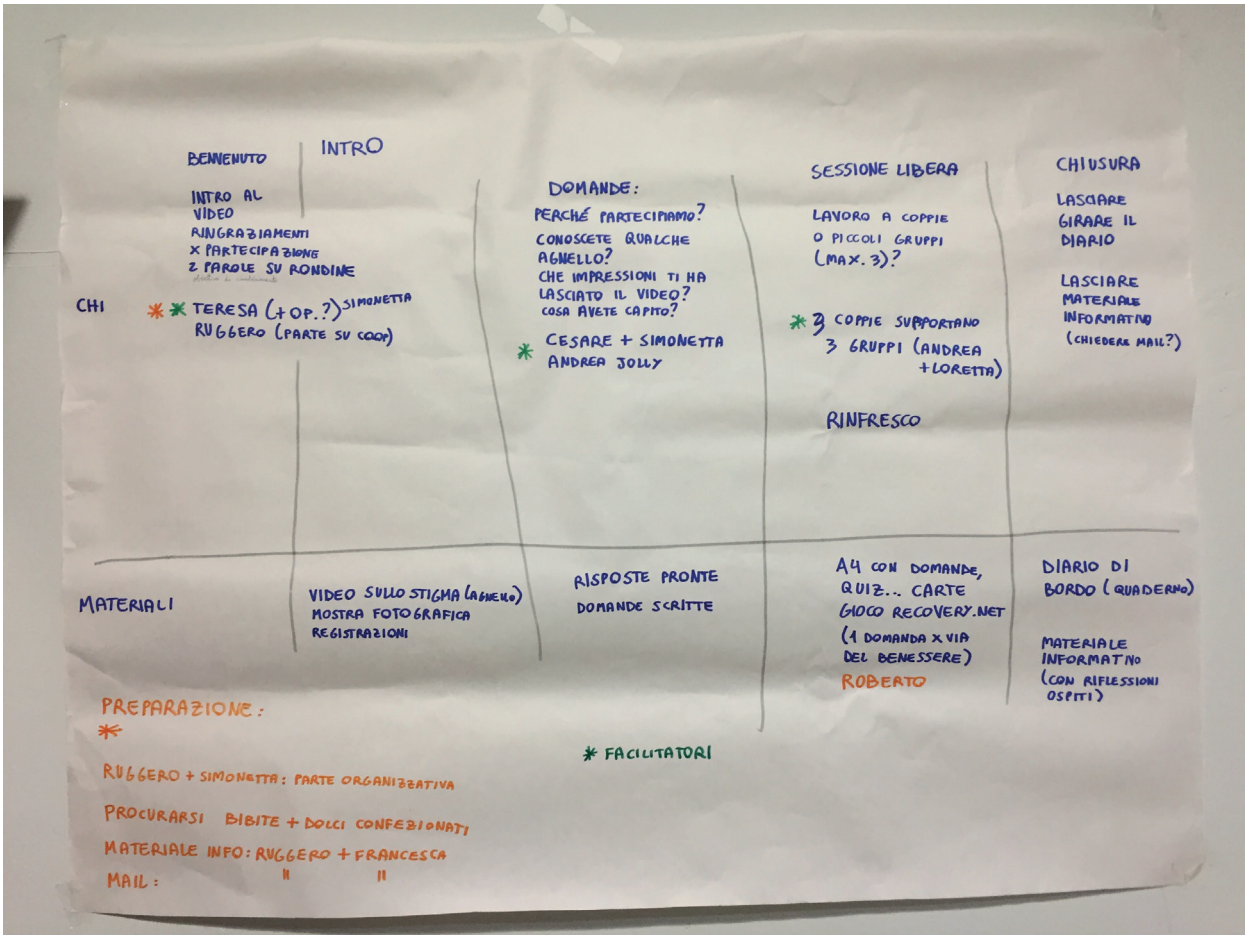


Figure 78. Lo-fi overview of the event.

6.4.3 THIRD MEETING: ITERATION

The first two meetings were about diverging and exploring different options, while now the goal was to start converging by defining the details which would make our concept work. So, after the second Reco group, I reflected on my own about the details and the possible gaps we might have missed in the whole experience, so that I could bring them up in the following meeting (figure 79).

Moreover, since users struggled when asked about their own suggestions, I retrieved the examples of the tools from the case studies to help them think and to start making things more tangible. For example, we decided to create three posters with the definition of stigma, prejudice and stereotype respectively to support the discussion after the video, so that participants could bring their own examples. To make the creation of the three groups easier, I also suggested to use sticky notes of three different colours where participants could write their name. The colour of their sticky note would help them identify their facilitators and their group.

The rest of the meeting was dedicated to taking stock of the situation and defining the missing details. For example, the manager shared the speech he had written for the introduction, the whole group generated more questions for the debate and, most importantly, we turned the socialisation

phase into a proper quiz. Lastly, we agreed on the informational materials to give to the participants (a leaflet about the five ways of wellbeing, a leaflet about La Rondine and the schedule of the events held at the Co-lab) and committed to finish preparing all the materials by the following meeting.

After this meeting, while we were preparing the materials, we learnt that the volunteers from the other cooperatives could not participate in the test anymore, since it coincided with one of their meetings. So we asked everybody to think about somebody in their own social circle who could be interested in participating and ask them to join us. We also decided to give up distributing flyers in the neighbourhood, and instead focus our energies on these one-to-one invitations to make sure we could get at least 6-8 external participants.

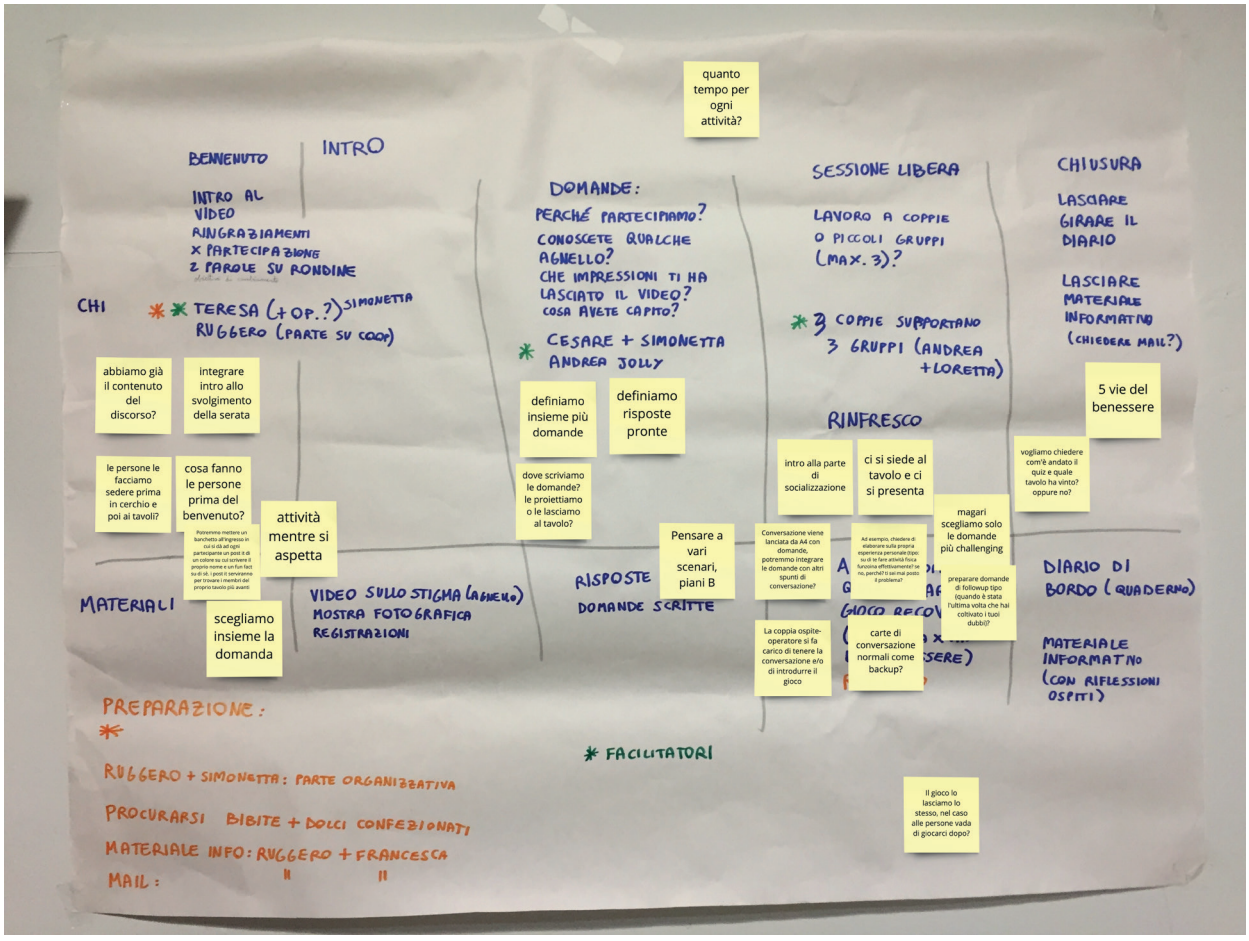


Figure 79. Reflecting on the concept and filling in the gaps.

6.4.4 SIMULATION OF THE FINAL CONCEPT

The last meeting before the test was dedicated to simulating the event to make sure that it flowed and that we did not miss anything (figure 80). The coordinator and the manager informed us that, with the effort of both users and health workers, they managed to invite eight people. After the end of the meeting, I finalised the prototype of the event, so that we could keep it as a reference (table 39).

STAGE	WELCOME		DEBATE	
Activities	1. Participants have their Covid-certification checked. 2. They sit in a circle.	3. The manager and T. introduce themselves and give their speech. 4. The manager introduces briefly the event, saying what we expect in terms of participation and which activities we will do.	5. Viewing of the short film about stigma. 6. Debate on the film and on the topic of stigma. The following questions are asked: • What is stigma? What are prejudices and stereotypes? • Do you know anybody who reminds you of the protagonist of the film? • Which impression did you get from the film? • What did you learn from it? 7. After the debate, the three posters are unrolled to reveal the definitions.	
Responsibles	L. (health worker)	The manager and T. (user)	The coordinator and C. (user)	
Materials	Sticky notes in three different colours	Short film about stigma	• Video • Posters	

Table 39. Final prototype.

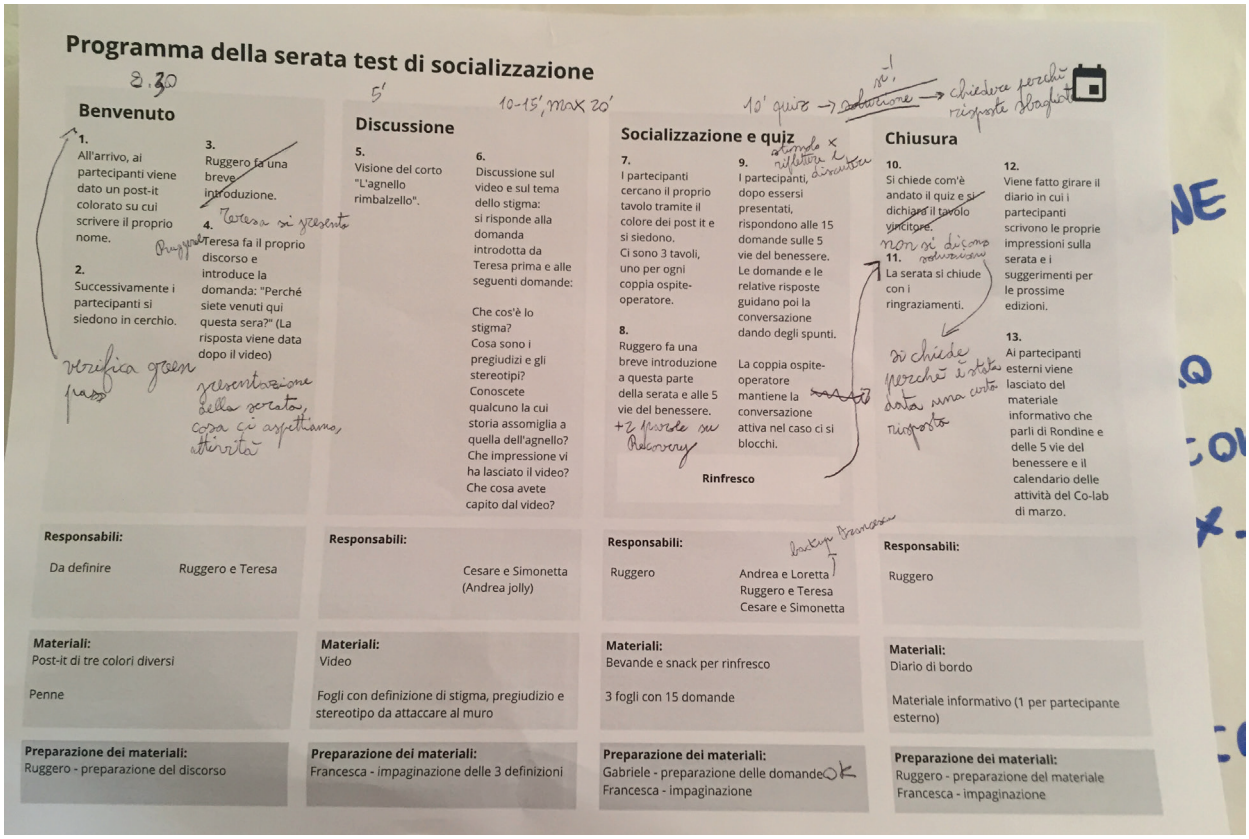


Figure 80. Defining the last details.

	QUIZ AND SOCIALISATION		CLOSING	
	8. Participants find their own group and sit at the table. There are 3 tables, one for each pair of users and health workers. 9. The manager introduces the quiz, the five ways to wellbeing and the concept of Recovery	10. Participants introduce themselves and start answering the questions. The questions act as conversation enhablers. One person per group keeps track of the answers. Users and health workers keep the conversation going in case it doesn't flow.	11. The solutions to the quiz are given. The manager explains why certain answers are wrong, generating a discussion. 12. The event closes by thanking participants for coming and with the opening of the buffet.	13. The logbook is passed around so that external participants can share their feedback and suggestions. 14. They are given some informational material about La Rondine, the 5 ways to wellbeing and the schedule of the Co-lab events.
	The manager	All of the three pairs	The manager	
	• Questions about mental health from the Recovery.net game • Food and drinks	• Logbook • Informational materials		

6.4.5 TEST

The pilot event was hosted in the day centre next door (figure 81). Since we had planned to start at 8 o'clock PM, we met there one hour earlier to make the last adjustments.

ACTIVITY	Test of the event
METHOD	Pilot event
PARTICIPANTS	4 health workers and me, 7 users, 8 external participants
DATE	March 2nd 2022
PLACE	Day centre *Le Rose* in Brescia
DURATION	2 hours

Table 40. Test of the event.

The evening started on a positive note: I was surprised to find that the group of external participants was mixed and well-balanced between men and women and young and older people. Moreover, while they waited for everybody to arrive and despite being such a diverse group, they started chatting spontaneously.

Figure 81. The room in the day centre.

Figure 82. Welcoming the participants.

When everybody was there, the coordinator introduced La Rondine and explained what the event consisted in, while T. read her speech. Then we started right away with the viewing of the film. After that, we met some small difficulties: the coordinator, who was supposed to be joined by a user, was left on her own to manage the debate. This caught us off guard, but she improvised and still managed to keep the conversation going by giving inputs to participants and by, in turn, following their inputs. The response from the whole group was positive: some of the users shared their vision about their condition and experience, while one of the external participants, who worked as a dietician, shared her own experience of stigma and prejudice linked to her job and her body: "people expect dieticians to be always in an exemplary shape. My patients are shocked when they see me having aperitives". Another external participant built on the reflection of one user and talked about the pressure to perform and to be perfect even in mental health. As a whole, this part of the event turned out to be a debate mixed with giving information about mental health.

Then we moved on to the socializing phase (figure 83). When we split into groups, we found that the sticky notes had been distributed unevenly, which resulted in one group having twice as many participants as the other two, so we had to take a minute to rearrange the groups. As soon as we sat down, we found that, despite the distance among the groups, there was a lot of noise, which made hearing questions within our own group very hard. To make up for the lack of understanding, we had to pass around our sheet with the questions within our group. Moreover, as we went through the quiz (figure 84), we found that some questions were too easy, while some others were tricky enough to spark a conversation. Despite everything, the quiz was pleasant and engaging, and everybody in my group was keen to reflect on the answers. When we finished, we also

got to chat a bit, introducing ourselves and explaining why we were there.

As soon as every group was done, the manager proceeded to read the correct answers, commenting each of them. At some point, while he was describing the current definition of mental health, one of the external participants raised his hand and asked why the definition changed, since "absence of mental disorders" made sense to him. This was interpreted as a positive sign of interest and engagement.

The event was ended too abruptly, so most of the people left without either staying for the buffet or writing in the logbook, which was compiled by only four people (figure 85). Moreover, we realized we had not still sorted the informational materials (figure 86), so we had to rush to sort them and

Figure 83. Introduction to the quiz.

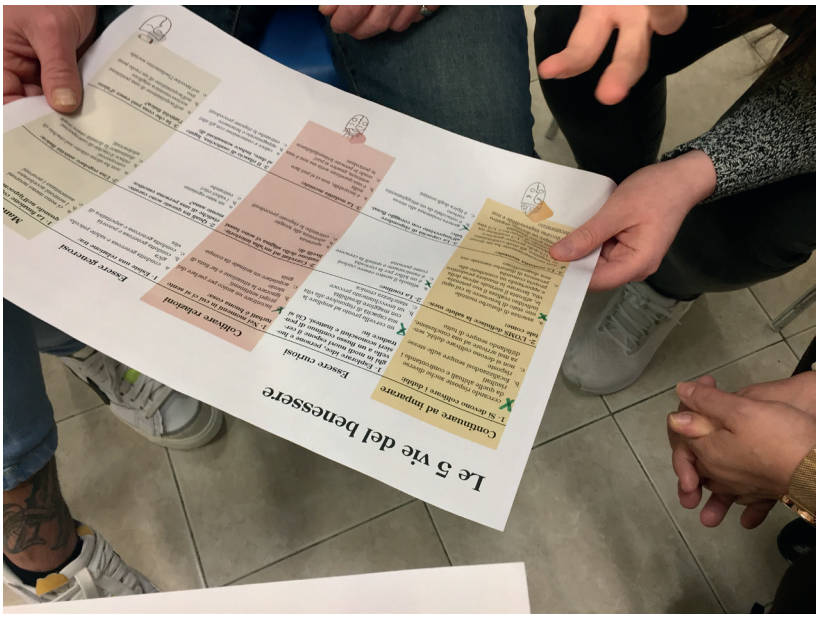


Figure 84. The quiz.

distribute them before people left.

But, all in all, everybody seemed happy with how the event turned out, since no major errors occurred. A couple of days after the event, the manager told me that users had been "excited and happy for a long time".

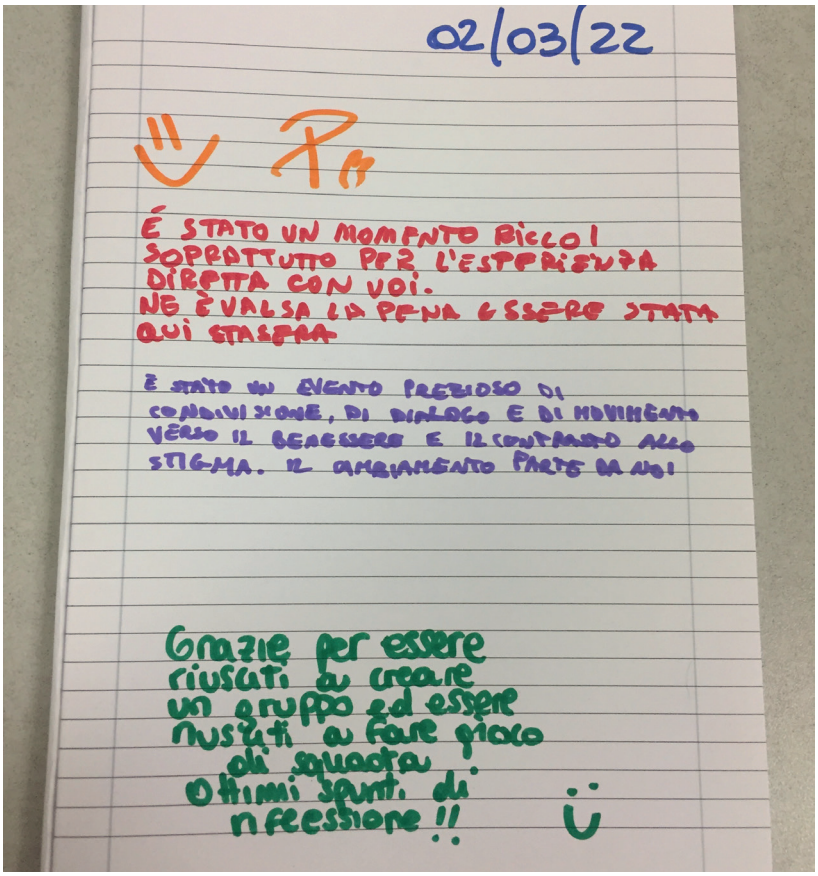


Figure 85. The logbook.

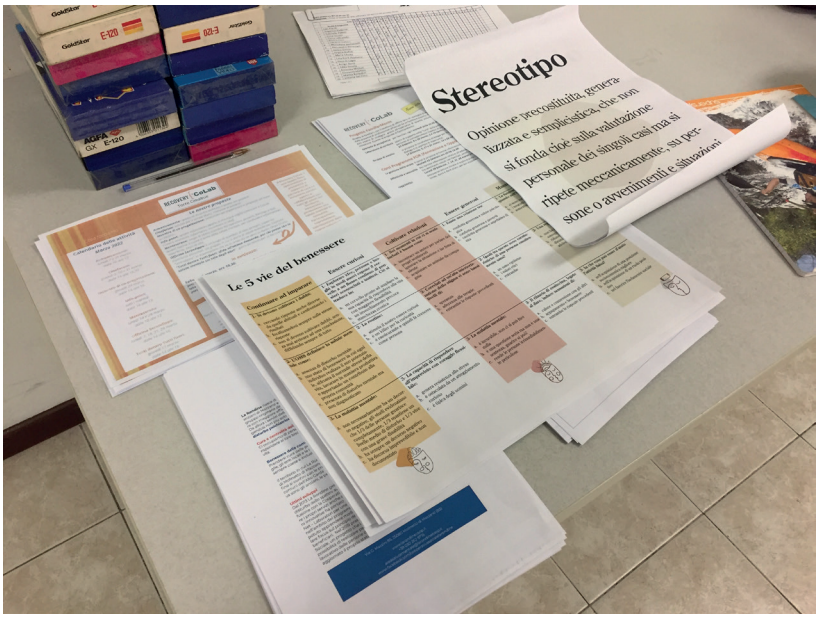


Figure 86. The materials used in the event.

6.5 REVIEW OF THE TEST

Some weeks after the event, I met again with the Reco group to get their feedback and start planning the next edition. I was especially interested in knowing what had happened in the other two groups and compare it to my experience in mine.

Their feedback was very positive, ranging from "good" to "very good". What follows here is what was most appreciated by users:

- The presence of young people and the fact that they were engaged. Since the pilot took place in a day centre for old people, one user said that he expected to find "the old ladies who attend the centre".
- Users did not find it difficult to interact within the groups and share their experience in front of strangers. One of them said that, considering that it was the first time, they got very personal and exposed themselves well. One user talked extensively within his own group about his personal story (moving to Brescia), another one talked about his therapy. Another user appreciated her exchange of ideas with another user during the first debate, where they discussed the meaning of being cured as positive or negative. She liked that everyone shared a big part of themselves and of their story.
- Despite the slightly heavy theme of the event, "it was lighter than we expected".
- In terms of organisation, both users and health workers found and appreciated that the event was easy to organize and took little time to prepare.

I also wondered if we had got any feedback from external participants. One user invited her mum and her brother, who found it constructive. Her mother, in particular, as a person dealing with depression, enjoyed it a lot and said that "at the age of 60 years old, I understood a lot of things [about myself]". We also read what was written in the logbook:

- "It was a rich moment, mostly for the direct experience with you. It was worth it to be here tonight".
- "It was a valuable event of sharing, dialogue and movement towards well-being and combating stigma. change starts with us".
- "Thank you for being able to create a group and being team players. Good food for thought!" (this last comment was written by one of the health workers).

After this first round of feedback, I shared my notes (figure 87) about what went well, what did not and what could be improved, to see if they had the same perception as me.

- Since the coordinator had improvised the questions during the debate, we wondered if next time they should stick to the questions we had planned. However, the manager said that this modality felt "light and natural", so they could keep it. In any case, questions should be prepared in case the conversation does not flow.

- The quiz was appreciated. One health worker said that they enjoyed it so much that "we just went through it without even checking what time it was".
- While noise had been a problem for me, it was not for them. One user interpreted it as a "a good sign. They were very focused on the quiz, that's why there was a lot of noise". For others, the noise was good because it created a cheerful atmosphere.
- The group discussed why nobody participated in the buffet: the health worker who took care of it said that it was "improvised and could have been more inviting". Another hypothesis was that people left because the event took place during dinner time and because the closure was too abrupt, which was probably the reason why little people wrote in the logbook too. Next time they should say something like "we would like you to stay some more minutes with us to enjoy the buffet and write in our logbook".
- Sticky notes were not popular. Besides the fact that they did not stick to clothes, distributing them homogenously proved to be somewhat cumbersome. So, the coordinator proposed to just assign people to groups using numbers.

Figure 87. My notes from the observation of the test.

6.6 NEXT STEPS

After assessing the pilot event, we moved on to brainstorm about possible locations for the following events:

- The local parish was available to offer its oratory. This option could make it easier to reach participants, since the priest would talk about the event at the Sunday service.
- An alternative could be to host the event in the same day centre, with the difference of opening it up to everybody. This could be an advantage because they already know the place.
- Everyone could ask their relatives if they have or know someone who could provide a location.
- La Rondine's day centre in Mazzano.
- There was the possibility to involve a couple of local businesses that are open to social issues, and could provide spaces and invite their employees.
- My initial proposal of asking bars and social clubs proved to be difficult as an option, since the event required a lot of space, which bars cannot offer when they are open. On the other hand, organizing the event outside of opening hours would be pointless.
- La Rondine had recently started a partnership with another cooperative. They could ask if they have spaces.
- The Co-lab in Cimabue tower in San Polo, a district in Brescia. One user suggested that it could be an interesting opportunity, because the building is home to lots of families (which would provide more participants), and because its inhabitants, being mostly migrants or fragile people, are not "cool people", suggesting that they could feel similar to the users of La Rondine.
- The possibility of organizing the event in summer in the open air was discussed too. In the nearby park several open-air events are held. The coordinator could verify the presence of upcoming events to which the group could bring the event.

In the end, the group decided that the oratory would be the easiest option to host the second event, and the manager would get in touch with the priest to organise it. Another thing which was mentioned was the wish to involve relatives and families, as one of the users had already done. To involve citizens, flyers would be distributed, and those willing to participate should be able to book so, that La Rondine can manage the level of participation more easily. The manager also suggested that the Reco meeting should be held shortly after the event to provide more accurate feedback, since doing like we did now increases the risk of forgetting the negative things that happened and that could be improved.

6.7 REFLECTION ON THE PROCESS

Following the end of the co-design stage, I reflected on the reasons why it had worked well.

First of all, the project had a solid foundation in the previous evaluation, during which the evaluation group reflected deeply on the current state of the mental health division and identified some clear objectives they wanted to work on. As a consequence, there was a clear brief to start ideating from. The strength of the brief also lied in the fact that users had been involved long before its definition. In other words, together with health workers, they were the ones to decide what they wanted to improve and why during the co-evaluation phase, and they kept being involved during the co-design process. This guaranteed that both the brief and the concept were in line with their needs.

The Service Design approach was another strong asset, in my opinion: following a diverging and a converging phase allowed us to explore how we wanted the event to look like without getting off track. Moreover, using a blueprint during every meeting let us define the main phases of the event and add details as we iterated, giving us the chance to zoom in and out on the overall flow of the event while having the whole picture always at hand. Finally, the blueprint and the final simulation before the test helped the group visualise the experience and make it less vague.

I also argue that my presence as a designer and critical friend had the advantage of bringing an external perspective, which was useful, for example, to keep the perspective of citizens in mind when the event risked getting too self-referential. To avoid this, throughout the process I encouraged the group to think of the possible needs of citizens and to propose ways to engage them too.

Overall, we could say that the complete process was coherent with the Service Evaluation model by Foglieni et al. (2017) illustrated in chapter 3:

1. The first stage, "evaluation of the existing service", corresponds to the co-evaluation process.
2. The second stage, "evaluation of the concept", happened when I presented my concepts to the manager and then to health workers and users, who gave me their feedback.
3. The third stage, "evaluation of the prototype", coincides with the Reco meeting following the pilot event, where the Reco group and I assessed how the event had gone.

These three evaluation moments, I argue, decreased the chance of error, since they allowed us to understand whether the concept was coherent with users' needs. In my opinion, if the concepts had not been based on their needs, the event would not have worked as well as it did, nor would they have been willing to participate in and co-produce it.

In conclusion, we could affirm that the keys to an effective transformation could be found in the following elements: a solid foundation given by

a co-evaluation process informed by principles and by a vision for transformation and conducted within different evaluation areas, a Service Design approach which guides users and helps them give shape to solutions and the constant participation of users in both processes.

6.8 CONCLUSIONS

This chapter documented how I moved from the objectives identified during the previous evaluation (the need to find new funds, to expand job placement and to find new partners on the territory), and reinforced by an interview with the communication manager of La Rondine, to the generation of three possible solutions which could help the mental health division start a transformation process. One of these concepts, the socializing event, was chosen and co-designed with the users and health workers of the Reco group. During these sessions, thanks to the active presence of health workers, we were able to create the safe space typical of Co-design, where everybody could contribute with their proposals and feedback. Health workers were fundamental in proposing activities and to nudge users to take up responsibilities and have a proactive role in the event while offering them their support. Users, for their part, participated eagerly when we decided how to describe the impact and work of La Rondine and most of all during the event itself, where they had space for sharing their stories and experiences.

To guide the conversation with the participants and to visualise gaps in the experience, the concept was visualised and prototyped using a low fidelity blueprint of the event which was iteratively updated after each session. The process culminated in a pilot event which was co-produced and co-orchestrated by the whole group. This event got a favourable response from both users and health workers, who decided to replicate it and started looking for venues for future editions, eager to work on their goal of increasingly opening up to the territory and disseminating the culture of mental health within the local community. The chapter closes with a reflection on the influence user engagement, co-evaluation and Service Design had in the success of the event.

The next chapter covers the fourth stage of my research, where I interviewed four third sector organisations to understand their current methods of evaluation and their level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase.

7 INTERVIEWS

7.1 INTRODUCTION

The aim of this stage was, on one side, to understand other third sector organisations' current methods of evaluation and, on the other, to explore their level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase. To do so, I conducted seven semi-structured interviews with four third sector organisations, the findings of which are presented in this chapter. In the first part of the chapter, I summarised the evaluation methods, tools and activities used by the four organisations and their level of user engagement on the ladder of the participation, while in the second part I narrated the reaction of the organisations to the methodology of EnCoRe, which I used to support my enquiry, and clustered the main findings concerning their readiness to co-evaluation and co-design.

7.2 SEMI-STRUCTURED INTERVIEWS

For the purpose of my research, I interviewed four organisations (table 41): two of them, like La Rondine, take care of people with a mental health condition, while the other two are respectively focused on children and parents and on people with disabilities. The first two were chosen to further study the theme of mental health, which is the theme of EnCoRe, while the other two were chosen in order to explore the replicability of the approach, understanding the difficulties organisations with a different

	1ST INTERVIEW	2ND INTERVIEW
ORGANISATION	Cooperative 1	
PARTICIPANTS	Director of the mental health and addiction services	
DATE	February 21st 2022	February 28th 2022
DURATION	1 hour	1 hour
	1ST INTERVIEW	2ND INTERVIEW
ORGANISATION	Cooperative 2	
PARTICIPANTS	The manager of the territorial psychiatric rehabilitation and residential services and the representative of the day centre	
DATE	February 23rd 2022	March 2nd 2022
DURATION	1 hour and 15 minutes	1 hour and 15 minutes
	1ST INTERVIEW	2ND INTERVIEW
ORGANISATION	Cooperative 3	
PARTICIPANTS	The president, the referent of the nursery and the referent of project B.E.S.T.	
DATE	March 7th 2022	March 21st 2022
DURATION	1 hour and 15 minutes	1 hour and 10 minutes
	1ST INTERVIEW	2ND INTERVIEW
ORGANISATION	Cooperative 4	
PARTICIPANTS	Coordinator of the disability division	
DATE	March 25th 2022	/
DURATION	45 minutes	/

Table 41. Overview of the interviews.

target could experience compared to mental health organisations.

Each interviewee was interviewed twice. The aim of the first interview was to examine the ways in which the organisation self-evaluates and to learn how and how much it engages users both in the evaluation and in the design and production of services and activities. The interview was divided into four sections:

1. Presentation of the organisation: questions about its areas of intervention, its structure, divisions and services, its values and goals.
2. Introduction to EnCoRe, its principles, its scale of change, its areas of evaluation and its good practices.
3. Evaluation: questions about evaluation processes, activities, methods and tools used within the organisation, and the scope and the needs behind evaluation.
4. Co-evaluation and user engagement: questions about the role of users in evaluation and in the design and production of services and activities using the ladder of participation.

The goal of the second interview was to test the level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase. This interview was divided into three sections:

1. Presentation of EnCoRe's process and methodology.
2. Walkthrough and application of EnCoRe to the cooperative interviewed: interviewees had to review EnCoRe's principles and areas of evaluation to see how they could be adapted to themselves, identifying some of their good practices and how they could be linked to the areas, review one of the areas and brainstorm briefly on how they could improve within it, and identify who could be part of the evaluation groups.
3. Final reflection on their level of readiness to collaborative evaluation and acting on evaluation findings to start a co-design process oriented towards transformation.

Before moving on the findings of the interviews, here the descriptions of each of the organisations will follow.

ORGANISATION	Cooperative 1
WHAT IT DOES	It provides healthcare, social and welfare services for all sectors and ages.
STRUCTURE	The cooperative consists of four cooperatives: • Comunità: services for tackling addictions and promoting mental health and social inclusion. • Giovani: services for minors with neuropsychiatric problems. • Impronta: family support, educational services for minors dealing with criminal situations. • Creative: social and educational services for families and minors.
SERVICES	• Residential and semi-residential services • Counselling • Day care centres • Social-work integration • Service for people in need of international protection • Home care Examples of innovative, non-accredited services: • Piccole pesti (service for minors with behavioural disorders) • Spazio Off, day centre for young people with addictions • Tecnica 38, re-socialising activities • Videogame therapy
VALUES	Establishing a human relationship, understanding each person's needs and listening in full respect of the diversity of the person to see if we can do something.
OBJECTIVES	To stand by people, getting them to roll up their sleeves and take charge of their lives and lead them independently again.

Table 42. Description of Cooperative 1.

ORGANISATION	Cooperative 2
WHAT IT DOES	It takes care of fragile people in general and runs awareness raising projects on the territory.
STRUCTURE	The cooperative consists of five divisions: • Mental health • Old people • Neuropsychiatry (including services for minors and autistic people) • Disability • Territory (ad personam services, projects for fragile teenagers) Some projects are shared across the divisions. Currently, the cooperative counts 250 employees, 70 of which are members.
SERVICES	• Day centres • Services for territorial rehabilitation • Residences for mental health patients • Resocialisation and mediation of intra-family dynamics • Home care and educational support • Counselling • Ad personam services on their territory • Mental health budget • Private agreements with families (experimental services) Besides, the cooperative holds several events on the territory: • Conferences • Exhibitions • Art workshops • Cineforum • Awareness raising events The mental health division has a shop/company in the village, where they make frames and restore furniture.
VALUES	Humanity (keeping beneficiaries and their needs at the centre), culture (working at a cultural level on the territory) and practicality for a possible world.
OBJECTIVES	• Making beneficiaries achieve the highest possible degree of autonomy • Changing the paradigm of the psychiatric patient: from a dangerous person who must be excluded to a culture of inclusion. • Reaching everyone on the territory in a concrete way.

Table 43. Description of Cooperative 2.

ORGANISATION	Cooperative 3
WHAT IT DOES	It provides services for children and parents.
STRUCTURE	The association consists of three divisions: • Developmental division: education and psychomotor activity (0-6 and 0-10). • Responsible division: support for parenting, from pregnancy to birth to early childhood to training and counselling for adults responsible for minors. • Social division: fighting child educational poverty, both for minors and parents. Services often cut across all areas.
SERVICES	• Nursery • Courses for mothers • Psychomotricity • Fiocchi in ospedale, service for expecting mothers and new parents • Several groups of parents • B.E.S.T., a project which involves families in block parties and creates relationships among families • Spazio mamme, a place for meeting other mothers
VALUES	• Putting children and their interests at the centre, best interests of the child • Relationships
OBJECTIVES	• Promoting the well-being of children and working on and with their individual context and social network • Social promotion declined in different ways depending on the service (social promotion as a tool for education, aggregation...) • Bringing people together as individuals and as a community

Table 44. Description of Cooperative 3.

ORGANISATION	Cooperative 4
WHAT IT DOES	It provides services for old people, people with disabilities and minors.
STRUCTURE	The cooperative consists of five divisions: • Old people • Disability • Minors • Promotion of cultural activities • Welfare
SERVICES	• Home care • Day services • Active ageing projects • Reactivation of sociality • Support for caregivers • Integration in the territory • Experimentation with life outside the home • After-school care • Centres for children • Orientation towards the adult world and growth experiences
VALUES	• Working with the territory and the community • Finding a "home" for beneficiaries, meaning a context where they can be happy
OBJECTIVES	• Working to support people in their well-being within their life context • Involving the territory • Promoting welfare

Table 45. Description of Cooperative 4.

7.3 FINDINGS OF THE FIRST INTERVIEW

The following two paragraphs respectively describe current evaluation methods, tools and activities used within the four organisations and the level of user engagement both in the evaluation and in the design and production of services and activities.

7.3.1 EVALUATION

When asked about the needs behind their evaluation, the organisations shared similar reasons: being transparent and communicating their own impact to the public; accountability reasons, so proving their impact to funders, showing what they do with their money; improving their services, by understanding whether they are going in the right direction and how they could help their beneficiaries best. Beside these, cooperative 1 added the reason to grow a culture of responsibility within the organisation.

Evaluation happens at several levels of the cooperatives, with different scopes: from the individual paths of beneficiaries and services to the whole organisation, where strategy is evaluated (figure 88).

The first level is the individual one, where tools are used to measure change and progress in each beneficiary' personal path and to set personal objectives they want to work forward to, as in the case of the Recovery Star (Outcomes Star, (n.d.)). At this level, cooperative 2 uses the Recovery Star (see chapter 2) and medical records, where, together with the patient, they evaluate whether they have reached their objectives or not and, if not, why, setting new goals as they progress. In cooperative 4, health workers analyse the priorities of beneficiaries using a set of dimensions (e.g. work, spiritual life, physical and mental health...). After that, they assess how each of them is important to the person and how satisfied they are with them, in order to set personal objectives. Cooperative 3's health workers, for their part, also assess their work regarding the psychomotricity of the children they assist, measuring their progress.

At the service level, customer satisfaction surveys are the most common evaluation tool. They are given to beneficiaries, and sometimes to families, health workers and external partners too. Cooperative 1 has also used the Most Significant Change technique (see chapter 2) to evaluate its re-socialising service. Cooperative 3 also set their own list of qualitative and quantitative indicators (such as the number of beneficiaries, where they improved...), but claimed that their evaluation is based on daily informal discussions with beneficiaries. Other methods that emerged were interviews and the Logical Framework (see chapter 2). Finally, cooperative 4 creates reports based on surveys which allows them to make a SWOT analysis and set objectives for the following year.

At the organisational level, strategy is assessed through meetings at different levels of the organisation. Generally, they start from meetings among health workers, followed by meetings within the service, meetings with coordinators, managers and finally members of the organisation.

Other important meetings are those with the board of auditors, the

shareholders' meeting and the meeting regarding financial statements. During these meetings, projects and strategies are reviewed, emerging issues are discussed and future objectives are set.

Finally, the organisation communicates its work through reports regarding their financial expenses and social impact.

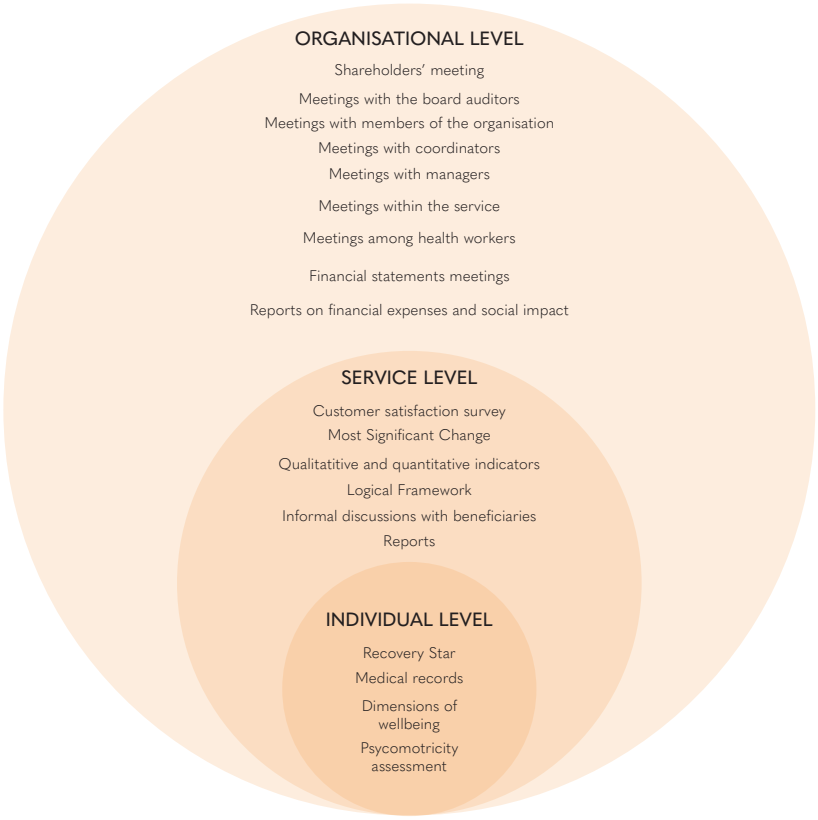


Figure 88. Evaluation approaches at the three levels of the organisations.

7.3.2 CO-EVALUATION AND USER ENGAGEMENT

User engagement was assessed using the ladder of participation (figure 89 and 90):

- Cooperative 1 **consults** users by using customer satisfaction surveys and **engages** them by including them in weekly meetings, where they are informed about what has been done and where they can say what they think about it. Depending on their condition, some users are more proactive and do not limit themselves to give feedbacks or choose an option, but they make their own proposals, while others tend to follow the suggestions of health workers. Users are also engaged in the definition of their personal path.
- Cooperative 2 **consults** users by using customer satisfaction surveys and **engages** them in weekly meetings, where they can choose and discuss practical things regarding their daily life, such as where to go on a trip. In general, there is plenty of space to discuss both

individually and in a group. Users **co-produce** their individual path with health workers. In general, patients can take decisions only within their personal sphere and regarding activities to do.

- In Cooperative 3, the only beneficiaries involved in evaluation are parents, who are **consulted** by using customer satisfaction surveys, by **involving** them in meetings and by asking them what they think of the association and its services. Some other times, parents are engaged and can influence decisions within the services. However, within the B.E.S.T. project, which involves families with a low level of awareness or who cannot understand the language, beneficiaries are located between the "educating" and "informing" levels. These families are sent to the cooperative without knowing what the project is about, so the cooperative has to **educate** them about the project, and they are compelled to take part in activities. Speaking about children, interviewees provocatively stated that, within the nursery, children are **co-producers,** since they decide what to do during the day with the health workers. In any case, they do not think that either the "do to" or the "do for" levels of the ladder fit them. This, however, does not apply to the B.E.S.T. project, where children are not encouraged to propose alternative activities.
- Cooperative 4 uses different modalities of engagement depending on the issue. Beneficiaries are **consulted** by using customer satisfaction surveys, by setting ad hoc meetings with them and by letting them participate in the shareholders' meeting. When daily life activities are concerned (such as choosing where to go on vacation), they are **engaged**, and sometimes **co-design** too (for example, by planning their own vacation autonomously). Users are also **co-producers** of their own path, but they do not co-produce services yet. Some new projects, which arose from recurring needs, were co-designed with them, and it has happened that users came up with their own ideas

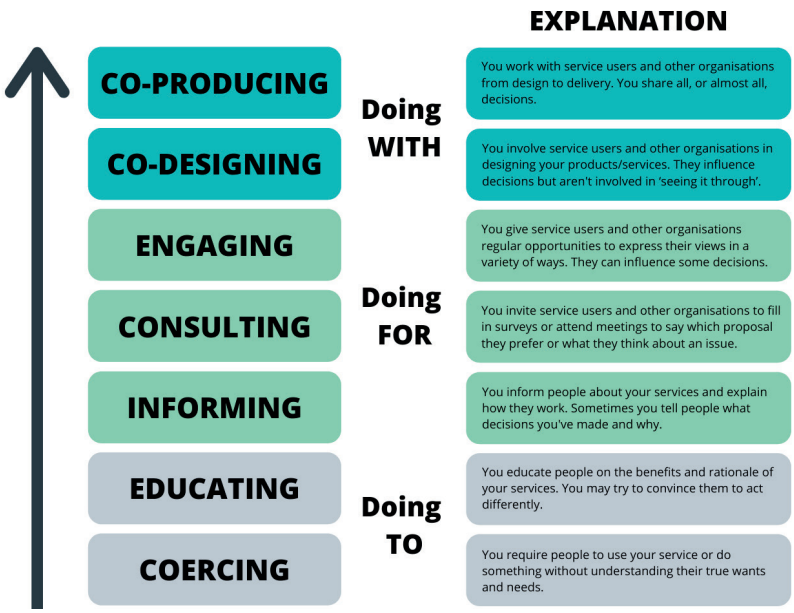


Figure 89. The ladder of participation (source: Businesslab.co.nz).

which were later implemented.

In general, we can see that most users participate in the evaluation by being consulted through surveys and being engaged in meetings, while co-production happens only when their personal path is concerned. Similarly, their decision-making power is limited to their personal path and in deciding which activities to carry on in their daily life, while decisions at higher levels are taken by health workers, coordinators, managers and members.

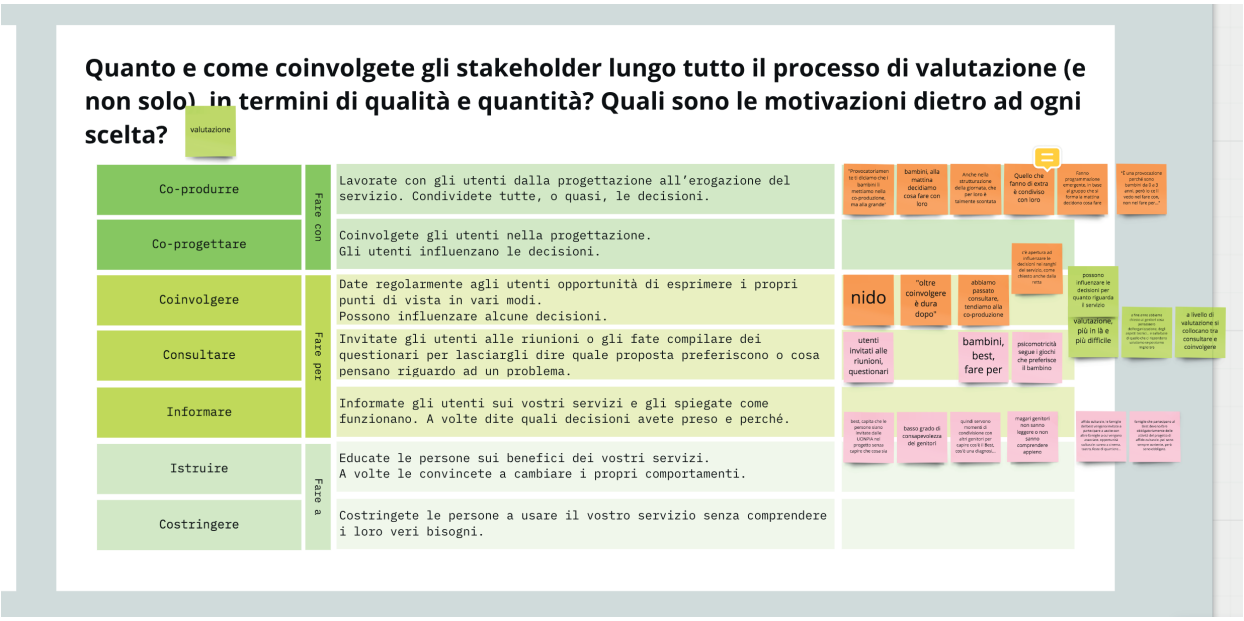


Figure 90. Example of a ladder of participation.

7.4 FINDINGS OF THE SECOND INTERVIEW

The goal of the second interview was to test the level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase. To do so, I leveraged the example of EnCoRe, of which I did a walkthrough (figure 91). Then, at the end of the interview, I asked interviewees to reflect on the principles that could be applied for their organisation and on the obstacles they could face regarding co-evaluation and co-design.

It should be noted that, for timing reasons, I did not have the opportunity to have a second interview with cooperative 4. However, during our single interview, I did ask the coordinator of its disability division what she thought about applying co-evaluation and co-design within their organisation, and her answers are presented among those of the other three organisations.

Il modello di autovalutazione

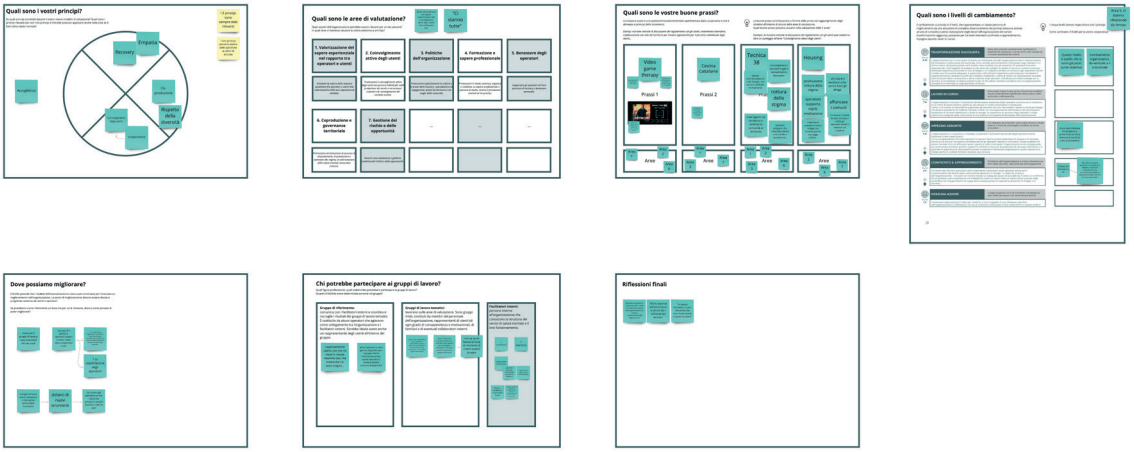


Figure 91. The canvas for the second interview.

7.4.1 WALKTHROUGH OF ENCORE

The interviewees from cooperatives 1 and 2 thought that the principles of recovery, co-production and engagement (figure 92) were relevant for them to evaluate: the director of Cooperative 1 said "these three principles have always been relevant for us" and that, if he were to add others, he would add "empathy" and "respect of diversity", while the interviewees from Cooperative 2 stated that they are "three trends we already know". However, the latter were not sure about whether they could be applied to all divisions of their own cooperative: for example, in the case of people with severe disabilities recovery would be hard to apply, given their condition. Therefore, as an alternative, interviewees from Cooperative

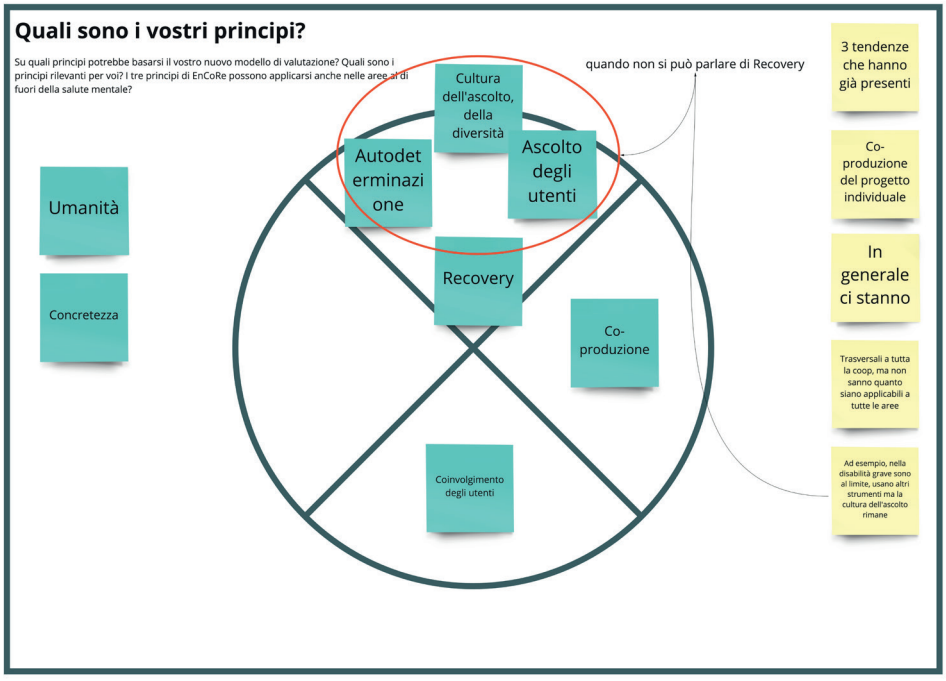


Figure 92. Discussing the three principles.

2 integrated the concept of recovery with the more universal "self-determination", "respect of diversity" and "listening". Cooperative 3 did the same and replaced "recovery" with their working principles, that is "wellness and needs of children", "nurturing and valorising children's individual characteristics" and "creating a social network where children and parents feel well".

Interviewees were then introduced to the seven areas of evaluation, which were briefly described. Everyone thought that each of them was compatible with their case, although some of them (areas 3, organisational policy, and 7, risk and opportunities management) sounded less familiar to them. Cooperative 3 was the only one to slightly adjust the definition of area 1 (experiential knowledge), where "users' experience of illness" was substituted with "users' experience of education" and integrate area 6 (co-production and governance) by adding the assessment of the association's impact on the community of educators. I should also say that interviewees from cooperative 2 and cooperative 3 spent quite some time on some of the areas by reflecting on their experience of them (for example, the referent of the nursery within cooperative 3 explained what health workers' wellbeing practically means to them). I interpreted this as evidence of the relevance of the tool both within and beyond mental health organisations.

In the third stage of the interview, I showed participants some examples of good practices I had retrieved from the previous interview, to show them how they could be linked to the previous areas (figure 93). Interviewees themselves added on to what I had suggested by adding other good practices on the spot. For example, Cooperative 1 added an initiative to support users who need to move to their new house, which could be linked to area 7 (risk and opportunities management), while Cooperative 2 brought its workshop in the village where users work, which could be linked to area 6 (co-production and governance).

Following that, interviewees chose one of the seven areas, so that I could show them how the scale of change was applied to the area they were most interested in. Cooperative 1 chose area 5 (health workers' wellbeing), because it was an area they were working on now, while both cooperative 2 and 3 chose area 7 (risk and opportunities management) because they were curious to understand what it was about and how engagement fitted in it. None of the interviewees had much to say about the descriptions of the steps themselves, which, on the other hand, sparked a reflection on each organisation's position on the scale and objectives they could set themselves. For example, cooperative 3 acknowledged that at the moment risks and opportunities were managed only within their team of health workers, while users are only informed about them.

After showing them the areas, I asked them to brainstorm some ways they could improve in the areas they chose with the collaboration of their users. Cooperative 1 thought about creating a work group within the organisation

on how to improve health workers' wellbeing and making health workers develop a new, peer-to-peer evaluation tool to submit to their colleagues. Cooperative 2 proposed to create a training occasion about risk and opportunities management where users and health workers sit at the same table as learners. Cooperative 3, for its part, came up with the intention to improve its communication of risk to beneficiaries who have not experienced it yet and to find new ways to gather their feedback and expectations about their path.

The last task consisted in suggesting who could participate in the two evaluation groups (see chapter 5): Cooperative 1 confessed that they were not sure they could find users with the strength and willingness needed to join ("although, among 250 users, there might be someone who is more dynamic"). Cooperative 3 had a similar concern, saying that barriers (such as language) and lack of time make it hard for parents to participate. To be convinced to participate, they need to see the benefit in it and know what they gain. Relatives would be hard to engage for Cooperative 2 as well. The most eligible users for them would be old people, minors and people from the mental health division. Other users, such as children and people with severe disabilities, could not participate because they would not be able to, along with minors from the Child Protection division, who could not be involved for privacy reasons.

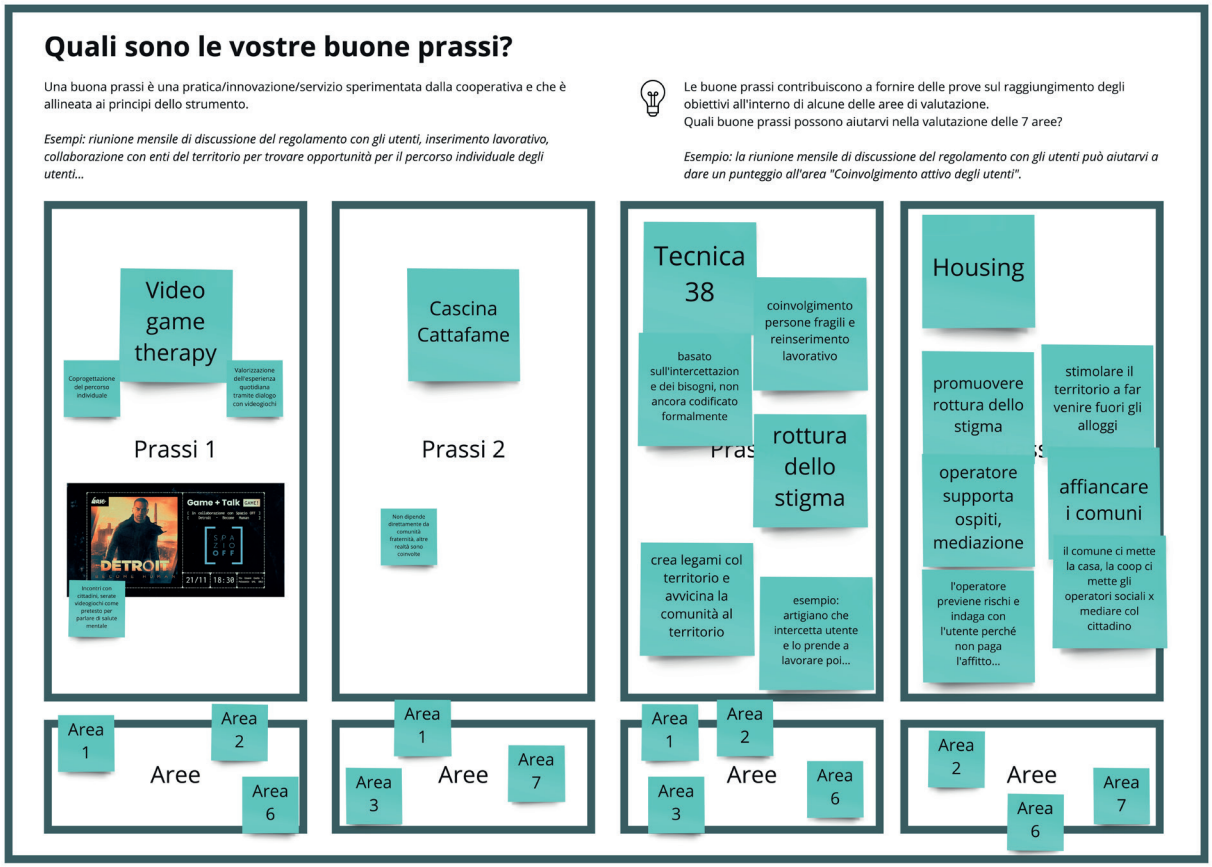


Figure 93. Examples of good practices.

As for health workers, Cooperative 1 answered that its health workers may be willing to participate, since some of them already take part in extra work groups within the cooperative. Cooperative 3 health workers are very enthusiastic and open to being involved as well, but "they would need a parallel life to do all the things they want to do". Since time is a constraint, they would also need a strong motivation (at the personal, service, and organisational level) to take on a new activity. Cooperative 2 listed all of the professionals who could join, from the managing director to the educators, and expressed the wish to involve external actors, such as the public administration, but they are aware that this might be challenging.

Finally, when asked who the internal facilitator could be, the organisation brought up roles such as the president, coordinators and managers of the divisions and those health workers who act as a connection between the services and the management of the organisation. In particular, the director of the mental health division of Cooperative 1 stressed the need to involve a person who enjoys such a reputation that they are able to motivate the other actors to start change.

Findings related to the difficulty of involving users, relatives and health workers will be illustrated further in the following paragraph, along with other obstacles concerning co-evaluation and co-design.

7.4.2 REFLECTING ON THE OBSTACLES TO CO-EVALUATION AND CO-DESIGN

In order to assess their level of readiness to co-evaluation and co-design for transformation, organisations were asked what they thought the main obstacles to such an approach would be right now in their organisation, discussing the example of EnCoRe (figure 94). Insights were clustered in the following categories.

7.4.2.1 OBSTACLES ON THE SIDE OF USERS

The most prominent and recurring factor that emerged was the condition of users. During my interview with the coordinator of the disability division of Cooperative 4, she explained that they have several moments of evaluation, but none of them includes every stakeholder at the same time. They have wanted to have members, external partners and beneficiaries sit at the same table for a long time, but there are difficulties due to the condition of people with disabilities. To solve this issue, in the past they tried to use alternative evaluation tools such as emoticons, but "each person is different", so it is difficult to find a method that works for everybody.

Something similar happens within Cooperative 2, where sometimes the condition of mental health patients is so severe that they are not able to use the Recovery Star, meaning that health workers are not able to co-produce with them. Within Cooperative 1, people who struggle with mental health or addiction are "rather compromised", and chronic patients are little proactive because they have a limited expectation of change regarding their condition.

Besides health-related obstacles, there are also cultural barriers, as in

the case of project B.E.S.T. within Cooperative 3, whose beneficiaries are foreign families who struggle with Italian, which makes participation difficult.

The interviewees from Cooperative 3 also thought that their users are extremely different among themselves, depending on the service they use and the territory they are located in. For this reason, it would be hard to engage them in a co-design process ("we have already tried to do so but it is difficult").

Cooperative 2 also shared another issue: within the mental health division they are currently struggling with younger users who struggle with new pathologies which health workers are not trained about. This means that they are not able to approach and create a relationship with them, let alone engaging them.

7.4.2.2 REQUIRED EFFORT

Another issue was the effort required to engage people and let them participate. First of all, participation takes time, both on the side of users ("You may want to engage parents, but if they entrust their children to our nursery, it is because they do not have time") and on the side of health workers, a problem already introduced by Cooperative 3 in the previous paragraphs.

Participation requires effort and energy too: for ten years, Cooperative 1 has been trying to create a user committee facilitated by a health worker which forwards the requests coming from services, but they don't know if they would manage to create such a group right now.

Adding to this, the interviewees from Cooperative 3 recalled that, when they started as an association, its members were highly motivated. Then, with time, the number of members grew, and it became increasingly harder to keep them motivated and engage all of them in the production of services ("informing and engaging 10-30 people is one thing, informing and engaging 500 people is another"). The increasing number has led to less cohesion and less sense of belonging, which may make people less prone to activate themselves and improve the organisation. In general, interviewees from both cooperatives 3 and 4 agreed on the fact that, in order to participate, users and health workers too need to know the value behind evaluation and what they can gain from it.

7.4.2.3 CULTURE OF THE ORGANISATION

Other insights that emerged were related to the culture of the organisation regarding participation and change.

The interviewee from Cooperative 4 reported that generally, when those who activate services and social policies meet, they are not willing to include beneficiaries, for the reasons stated above. If they do, they only include relatives, not users. This is a problem because relatives bring their own vision, therefore providing a partial, if not distorted, picture of the situation.

When discussing the transformative approach of EnCoRe, the same person also thought that, in order to engage in a co-evaluation process where users are involved, organisations need to be open to be challenged and put in question their services and practices. The same applies to co-design and transformation: it makes little sense to involve users in co-production if you answer their needs by proposing the same service, implying that the organization does not put its services in question by letting users co-design services which answer their needs best.

Moreover, challenging current practices is easier at the level of the individual project, but the more you get to the top the more and the more you act on the wider system, the more people "stiffen".

The director of the mental health division of Cooperative 1 also mentioned that the level of compliance to the principles of engagement and co-production may also change at the different levels of the organization: according to him, this largely depends on the manager of the single service or division and how they embody and adapt such values within their area.

Finally, norms and regulations are another constraint which leaves little space for action. This insight was also supported by Cooperative 3, that added the therapeutic asset (i.e.: the norms regulating the relationship with the patient) as a norm to be respected.

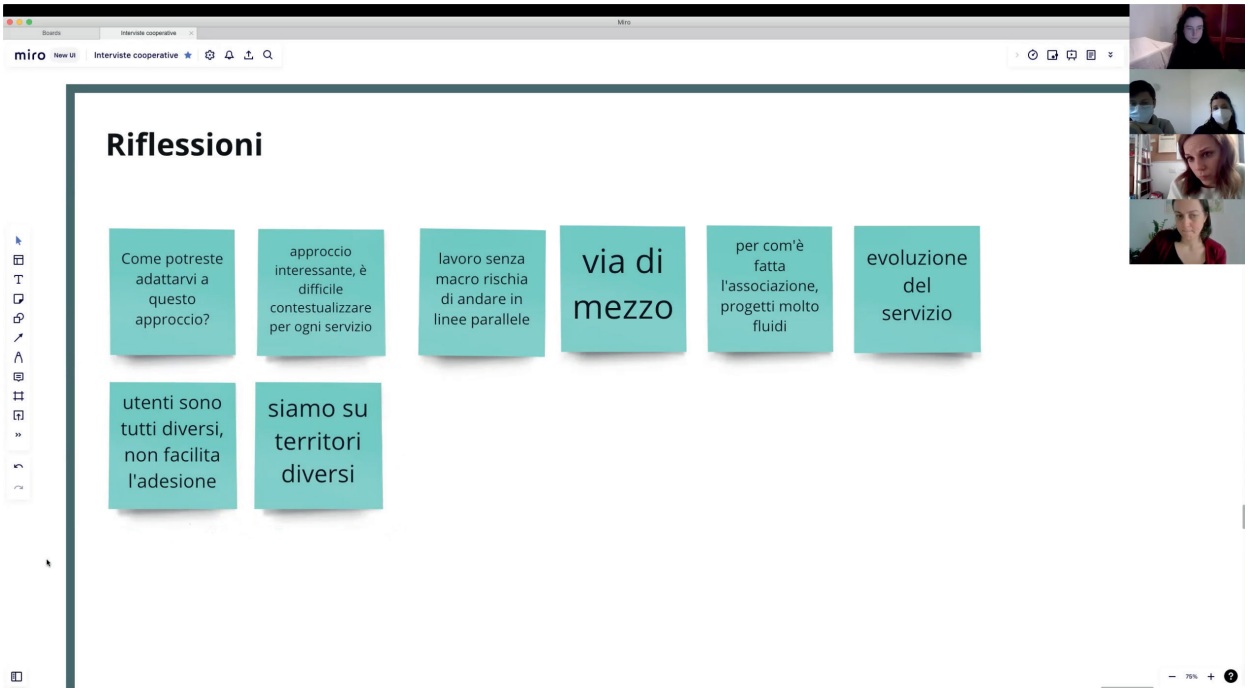


Figure 94. Reflecting on co-evaluation and co-design.

7.5 CONCLUSIONS

The aim of these interviews was, on one side, to understand other third sector organisations' current methods of evaluation and, on the other, to explore their level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase.

The research found that the organisations do not have one single, structured method to self-evaluate, but rather use several techniques and tools. These evaluation methods, tools and activities are consistent among all of the organisations I interviewed: users are mostly consulted through customer satisfaction surveys, and in some cases they are included in meetings with health workers where they can share their feedback or opinion. User engagement fades the more we get to the top of the organisation, where health workers, coordinators and managers hold multiple meetings where they discuss the feedback they get from users and assess and adjust the organisation's strategy without involving them. It appears that users are most engaged when it comes to define their personal path, where they become co-producers of their own path along with health workers, and when day-to-day activities are concerned (such as deciding where to go on a trip).

As for the EnCoRe methodology and tool, organisations found the three principles and the seven areas relevant (showing an openness to the topic), and limited themselves to tweaking them slightly to fit their practice. It was also easy to individuate good practices within the organisation that could be leveraged in a potential evaluation. Some issues, however, started to emerge when I asked interviewees to reflect about who could be involved in the evaluation teams: as I found out, engaging users for such a long effort would be difficult for many of the beneficiaries of the organisation, whose participation is limited by the condition they find themselves in. The interviewee from Cooperative 4 stated that there should be tools which are suitable and designated for facilitating participation, and that evaluation should take place in a setting which accommodates people who struggle. Such tools should also address individual differences, as stressed within both interviews with cooperatives 3 and 4. I argue that Service Design could help in providing a more diverse range of tools which may be able to address these differences and needs and allow everybody to participate.

Service Design may also address the problem brought up by Cooperative 2 regarding relating to young users with new pathologies, since the appropriate tools may help start a conversation and a relationship with them, allowing health workers to understand their needs and wishes and how users would like to be engaged.

Both cooperatives 3 and 4 agreed on the fact that users need to know the value behind evaluation and what they can gain from it, otherwise they will not participate. This calls for a different approach towards evaluation: on one side, organisations need to be transparent about and be accountable for what they do with the feedback provided by users, so that they know that they are listened to and their feedback contributes to improving

services. However, I also argue that this alone is not enough, and that users should have the right to see themselves as an important asset of both the organisation and its evaluation process, to recognise the power of their participation and how they can contribute to change in a practical way. This also calls for a transformative approach, since being willing to engage users and acting on their feedback implies being open to being challenged, not only to the service level but at the organisational culture level too.

However, as it emerged on multiple occasions during the interviews, participation takes time. Still, users should be allowed to contribute to evaluation even if they have little time on their hands, so designers could create a wide range of tools which engage users more while requiring a varying effort in terms of time.

Lastly, the coordinator of the disability division of Cooperative 4 added that not only should evaluation be useful, but it should also become "a moment of wellness, not just another meeting". This may imply that evaluation is perceived as a boring task, a finding that is supported by the case study of project Leapfrog in chapter 3, so Service Design should make it more appealing to users. Elaborating on the meaning of wellness, in this sense evaluation may become a space where users are not included in a condescending manner, but where they feel listened to, where what they have to say is important and where they feel they are contributing to something as an active part of change.

Moving to the organizational level, I also assume that Service Design might also help reinforcing trust, cohesion and a sense of belonging when they are lacking, as in the case of Cooperative 3, since it would allow the different stakeholders of the organization to sit together and share their personal needs and objectives, building a common vision to work forward to. In case the management of the organization is not willing to include users beyond the service, as it happens within Cooperative 4, it may still be worth it to start applying co-evaluation and co-design at the service level first, transforming the organization one step at a time from the bottom up.

In the next chapter, all of these reflections, along with those in the previous chapters, converge in a theoretical model where the issues which emerged during my research regarding co-evaluation and co-design for transformation are addressed from a Service Design perspective.

8 THEORETICAL MODEL FOR SERVICE DESIGN INTERVENTION IN COLLABORATIVE EVALUATION

8.1 INTRODUCTION

Following my literature review on collaborative evaluation, co-design and transformative design, and my participant observation and interviews, I combined my findings and reflections and developed the following theoretical model for Service Design intervention in collaborative evaluation (figure 95). The model consists of three parts: the three concepts it is based on, that is co-evaluation, co-design and transformative design; twelve principles elaborated from my literature review and my reflections; and a co-evaluation process based on an abstraction of the EnCoRe methodology and integrated with a preparatory phase and a co-design phase. Each of these parts will be explored thoroughly in the following paragraphs.

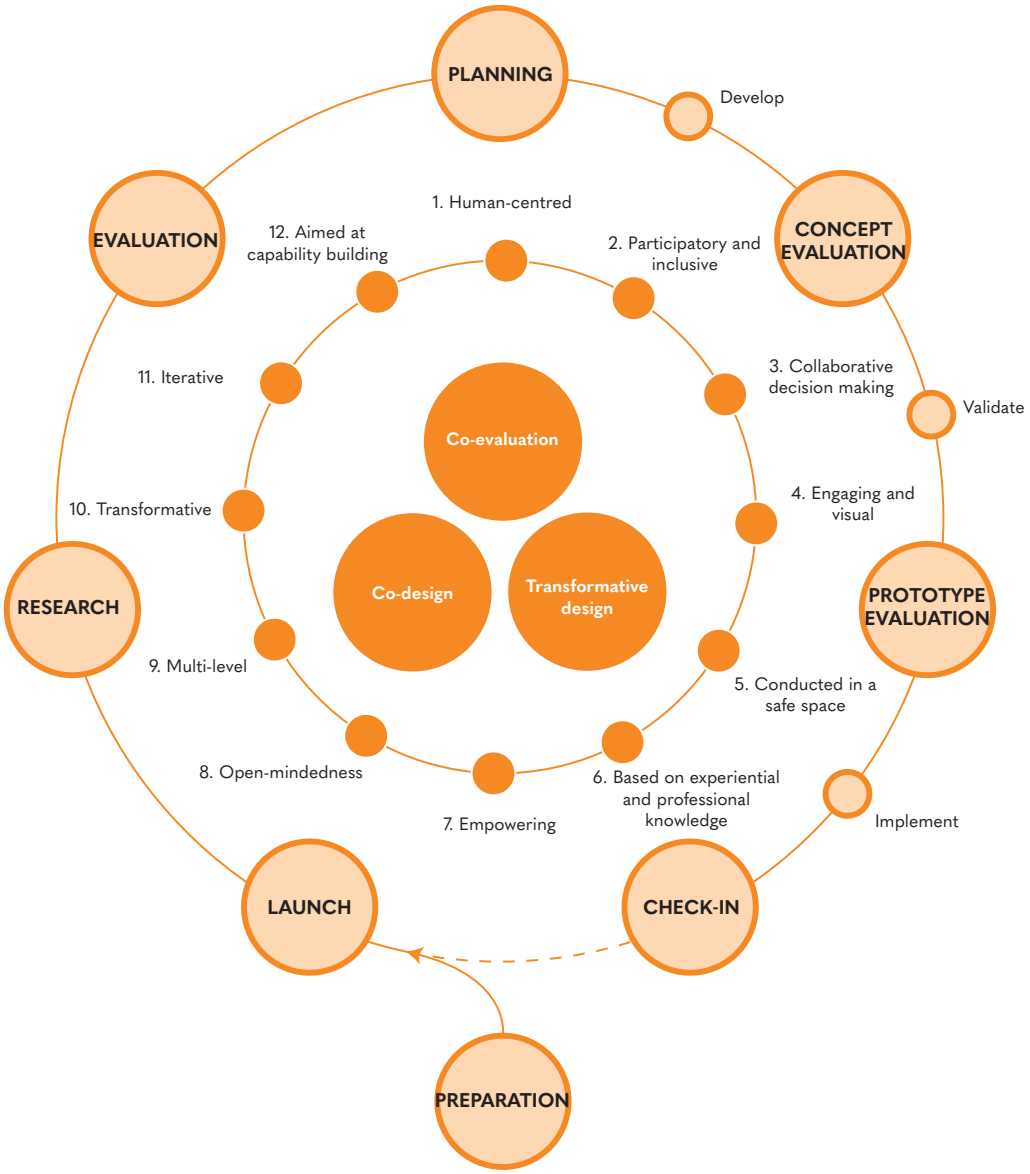


Figure 95. Theoretical model for Service Design intervention in collaborative evaluation.

8.2 THE MODEL

As introduced above, the core of the model consists of its three generative concepts: co-evaluation, co-design and transformative design (figure 96). This is in line with the main argument of this research, which is that co-design can build on the efforts of co-evaluation and leverage its collaborative, engaging tools to make evaluation more participatory, while transformative design, on the other hand, adds an organisational transformation dimension to co-evaluation.

Figure 96. The three generative concepts.

The combination of these three concepts has generated twelve principles, which are listed in the following paragraph.

8.3 THE PRINCIPLES

The following set of principles and guidelines have been defined to guide the co-evaluation process towards organisational transformation and suggest ways to make it more participatory (figure 97). They have been collected by reviewing the literature about collaborative evaluation, Co-design and Transformation Design and by synthetising the findings from my own research.

According to these principles, co-evaluation needs to be:

1. **Human-centred:** both co-evaluation and transformation should be aimed at answering users' needs and orienting the organisation towards them.
2. **Participatory and inclusive:** all stakeholders should be involved in the evaluation. The use of co-design tools could contribute to making sure that everybody's needs and preferences regarding involvement are addressed as far as possible by using, adapting or creating tools

Figure 97. The twelve principles.

which allow as many people as possible to participate and share their perspective. This is because the more stakeholders from different backgrounds are represented and participate, the more the evaluation will be accurate and diverse, and transformation will aim to match users' needs as well.

3. **Collaborative decision making:** including stakeholders does not simply mean to involve them as informants of the co-evaluation process. Every decision regarding goals and action should be taken collaboratively, meaning that no group of stakeholders should take decisions on behalf of somebody else. Visions, ideas, and objectives should be shared among stakeholders, who have to work together towards change. This means that the scope and object of the evaluation and the design brief of the following transformative stage should be decided taking into account everybody's needs.
4. **Engaging and visual:** to secure and increase participation and to avoid turning evaluation into a dull task, service design could help creating tools which are engaging enough for stakeholders, which spark their creativity and allow reflection for everybody.
5. **Conducted in a safe space** based on trust and open communication, where no one is afraid to speak their mind, which contributes to a more honest evaluation and paves the way for transformation.
6. **Based on experiential and professional knowledge:** users' knowledge of their own experience and condition is valued and leveraged along with professionals' knowledge of their field and of the system of the organisation.
7. **Empowering:** stakeholders are not mere informants, rather they are important assets of the organization, and co-evaluation should be an opportunity for to them to discover their power and contribute to the change they want to see in the organization. Service Design facilitates such empowerment by providing stakeholders with tools they can use to express themselves, their ideas, their vision and concerns.
8. **Open mindedness:** the organization takes on co-evaluation on the provision that it has to be open to findings and subsequent design proposals, even if they may challenge its very core.
9. **Multi-level:** co-evaluation does not limit itself to point out changes that need to be done at the individual or service level only; co-evaluation results may indicate that it is the culture, mission and paradigm of the organisation that need to be transformed, and this has an impact on all levels of the organisation (figure 98). However, it should be noted that this transformation may happen gradually, starting from a peripheral service which experiments with an innovative practice and later spreads it to the whole organisation, as shown in Nesta's Innovation Spiral (figure 99).
10. **Transformative:** co-evaluation is not an end in itself, meaning that its

findings should be acted on and should start a co-design process to change the organisation.

11. **Iterative:** evaluation should not be a one-time task. It should be repeated periodically to check the organisation's improvement towards transformation.

12. **Aimed at capability building:** stakeholders of the organisation should be able to learn how to conduct evaluation and co-design independently, or at least with some degree of independence, without having to rely on external evaluators or designers every time. By letting stakeholders be co-evaluators and by providing them with customised tools, Service Design may help them in gaining more independence in this sense and in encouraging a culture of co-evaluation, co-design and transformation within the organisation.

The model also includes a third part, where a co-evaluation process is synthetised.

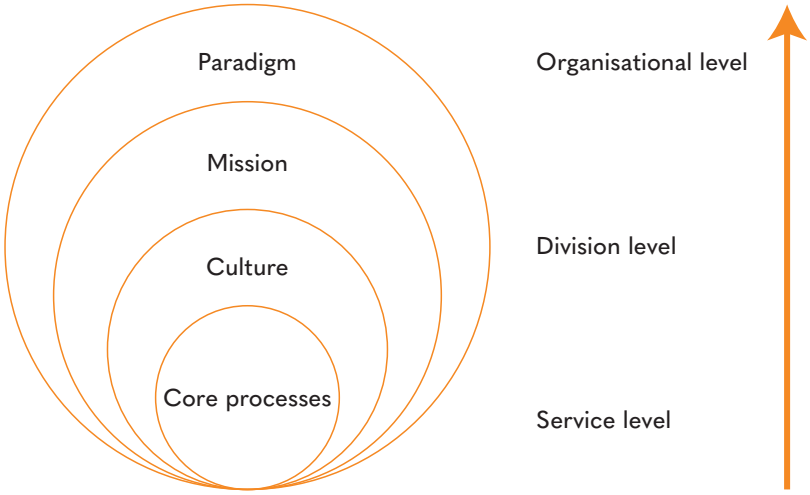


Figure 98. Levels of organisational change (adapted from Sangiorgi, 2011).

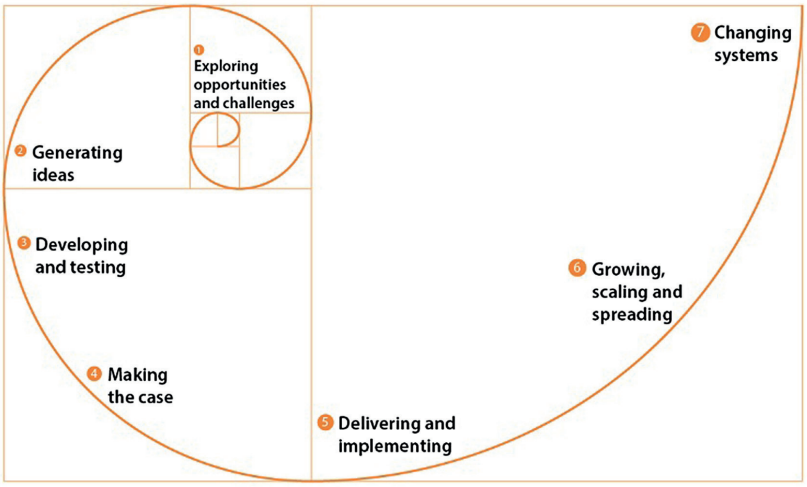


Figure 99. Nesta's Innovation Spiral (source: Nesta).

8.4 THE PROCESS OF COLLABORATIVE EVALUATION

The previous principles and guidelines are to be put into practice in the following co-evaluation process (figure 100 and table 46). This process is based on an abstraction of the EnCoRe methodology which I documented within my participant observation (see chapter 5). Before the start of the evaluation process, I added an additional preparation phase, which is based on my own reflections and findings from my participant observation and most of all the interviews where I tested and adjusted the EnCoRe methodology. This phase consists in a series of activities, which can be carried out in one or more meetings and are aimed at setting the right conditions for user engagement and transformation.

In this process the organisation should be first assisted by a team of facilitators who train the organisation about co-evaluation. Within this team of facilitators there could be a designer who helps in creating and adapting the tools to the context of the organisation. Then, coherently with

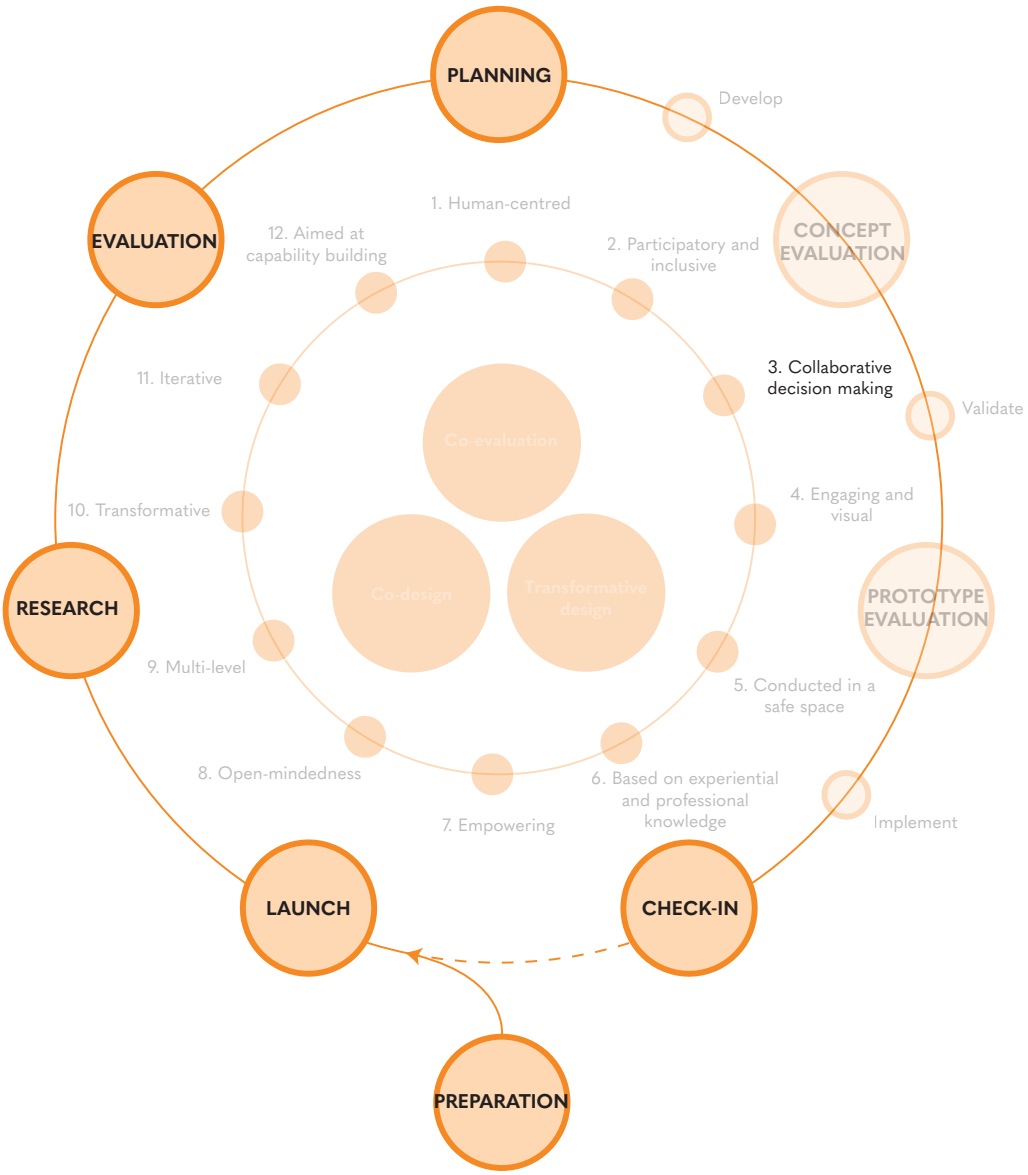


Figure 100. The co-evaluation process.

the principle of capability building, the organisation should be able to use the tools and conduct the co-evaluation on its own without any external facilitator.

These are the stages of the process:

1. **Preparation of co-evaluation:** the facilitators meet the organization and a selection of user representative to prepare the following evaluation process. Here follows a proposal of activities:

- An introduction to co-evaluation, to the concepts of Co-design and Transformative Design and to the guidelines above. The facilitators assess the level of familiarity to the three concepts.
- The facilitators also assess the organisation's openness to being challenged and to change, showing the levels of transformation that can happen within an organisation (figure 98). This could be investigated by either asking stakeholders to share their personal experience (for example, telling a story about how they tried to push their colleagues towards making their practice more user-centred and what their reaction was) or by sharing some good practices within the organisation that either transformed its core processes, its culture, its mission or its paradigm. These good practices may be used later on in the evaluation process to assess the level of transformation.
- As stated in the principles above, mutual trust and openness are necessary throughout the whole co-evaluation process in order to have stakeholders collaborate towards their goal and to let everyone speak their mind freely. Such trust should be established right from the start not only among stakeholders, but between the stakeholders and the facilitators too: in the first case the facilitators might create an informal setting where stakeholders can work together side by side, while in the second case the facilitators might show case studies of co-evaluation leading to transformation they have worked on to gain the trust of stakeholders (Parkinson & Warwick, 2020). To create an open atmosphere, the facilitators may also invite everybody to share what they expect from the evaluation (for example, a manager may expect further organisational learning to use in future projects, while a user may expect to co-create a new service which better addresses their needs) and what they can contribute with in terms of knowledge (for example, health workers may bring their professional knowledge, while users may bring their experiential knowledge).
- The facilitators ask the group which principles they would like to evaluate, in comparison with existing values in the sectorial literature. For example, in the case of mental health, it could be the principle of recovery, or it could be patient-centred care in another healthcare context.
- In the previous chapters, we have introduced the need to find evaluation tools which can engage all stakeholders and meet their

needs and preferences. So, in a second meeting with the organisation, facilitators could map all of the stakeholders of the organization (to make sure that those whose voices have not been heard yet will be part of the evaluation group) and interrogate some of their representatives about the ways in which they would like to be engaged and ask whether there is anything the designer needs to take in consideration before preparing their tools (such as little time to participate, a mental health condition, norms to be respected...). To make evaluation more inclusive, and if time allows for it, the facilitators and the organization may consider extending the reflection and data collection beyond the evaluation group for people who cannot participate in workshops and meetings, for example by sending out cultural probes or using mobile ethnography.

- The facilitator/designer and users co-create new, ad hoc tools for their specific situation for all the phases of the co-evaluation process.

2. **The launch phase:** after the organisation has been introduced to co-evaluation and tools have been developed for everybody, the evaluation group is confirmed so that stakeholders can decide together the scope of their evaluation and create a work plan.

3. **The research phase,** where members of the evaluation group reflect together on the object of the evaluation by bringing their own knowledge and experience and with the help of co-evaluation tools created in the preparation phase. The good practices identified in the preparation phase, along with new ones too, are analysed to support the reflection. All of the insights which emerge will be used during the evaluation phase to understand where the organisation is on the scale of change.

   The facilitators support the conversation, bringing a critical perspective and making sure that everyone participates.

   In case the group has decided to extend the evaluation to people outside of their group who cannot participate in meetings or workshops, the material generated by this parallel research (for example, cultural probes) is gathered, analysed and discussed within the group.

4. **The evaluation phase,** where the group reflects on the findings from the previous phase and uses them to assess the organisation's level of transformation at the service, division and organisational area levels using the scale of change (see chapter 5).

5. **The planning phase,** where the group reflects on the score of the evaluation and plans future change. More specifically, participants decide together the objectives they want to reach and plan how to get there. The role of the facilitator here is to stimulate a reflection regarding users' vision of change and their needs and to make sure that such needs are addressed within the planned change.

6. **Check-in sessions:** the evaluation group meets periodically to check whether change is being implemented as planned and whether it is still aligned to users' needs.
7. The whole process, except for the preparation phase, is repeated periodically to assess the current level of transformation within the organisation and plan other actions.

PREPARATION	LAUNCH	RESEARCH	EVALUATION	PLANNING	CHANGE
Introducing co-evaluation, co-design, transformative design and the guidelines Assessing the level of familiarity with the three concepts, the openness to challenge and change Building trust Choosing principles to evaluate Asking stakeholders' how they would like to be engaged Co-designing and adapting tools for participation	Confirming the evaluation group Deciding the scope of the evaluation Creating a work plan	Reflecting on the object of the evaluation Analysing the good practices Collecting and analysing research materials which were filled in by stakeholders outside of the group Generating insights to support the evaluation	Reflecting on the research findings Assessing the level of transformation by using the scale of change	Reflecting on the score of the evaluation Deciding the transformation objectives Planning action towards change	Checking whether change is being implemented as planned and whether it is still aligned to users' needs

Table 46. Overview of the co-evaluation process

8.2.3 THE CO-DESIGN PROCESS

As one of the principles of the model states, in order to be truly effective, co-evaluation should not be an end in itself, but it should be the starting point of a transformation process, which should be collaborative as well. Therefore, within this model, the co-evaluation process is integrated with a co-design one, which follows the principles of co-design and transformation design (figure 101). Following the model by Foglieni et al. (2017) illustrated in chapter 3, the co-evaluation process can be compared to the evaluation of an existing service or to the research conducted prior to a design intervention. After the evaluation, a co-design phase where stakeholders ideate on ways to reach their goal and transform the organisation starts. During this phase, concepts and prototypes are assessed to check whether ideas work and, most of all, if they address users' needs and the objectives decided at the end of the evaluation. After ideas are implemented, similarly to the co-evaluation process, stakeholders evaluate whether the implemented idea still meets users' needs or if it needs to be changed during some check-in sessions (table 47).

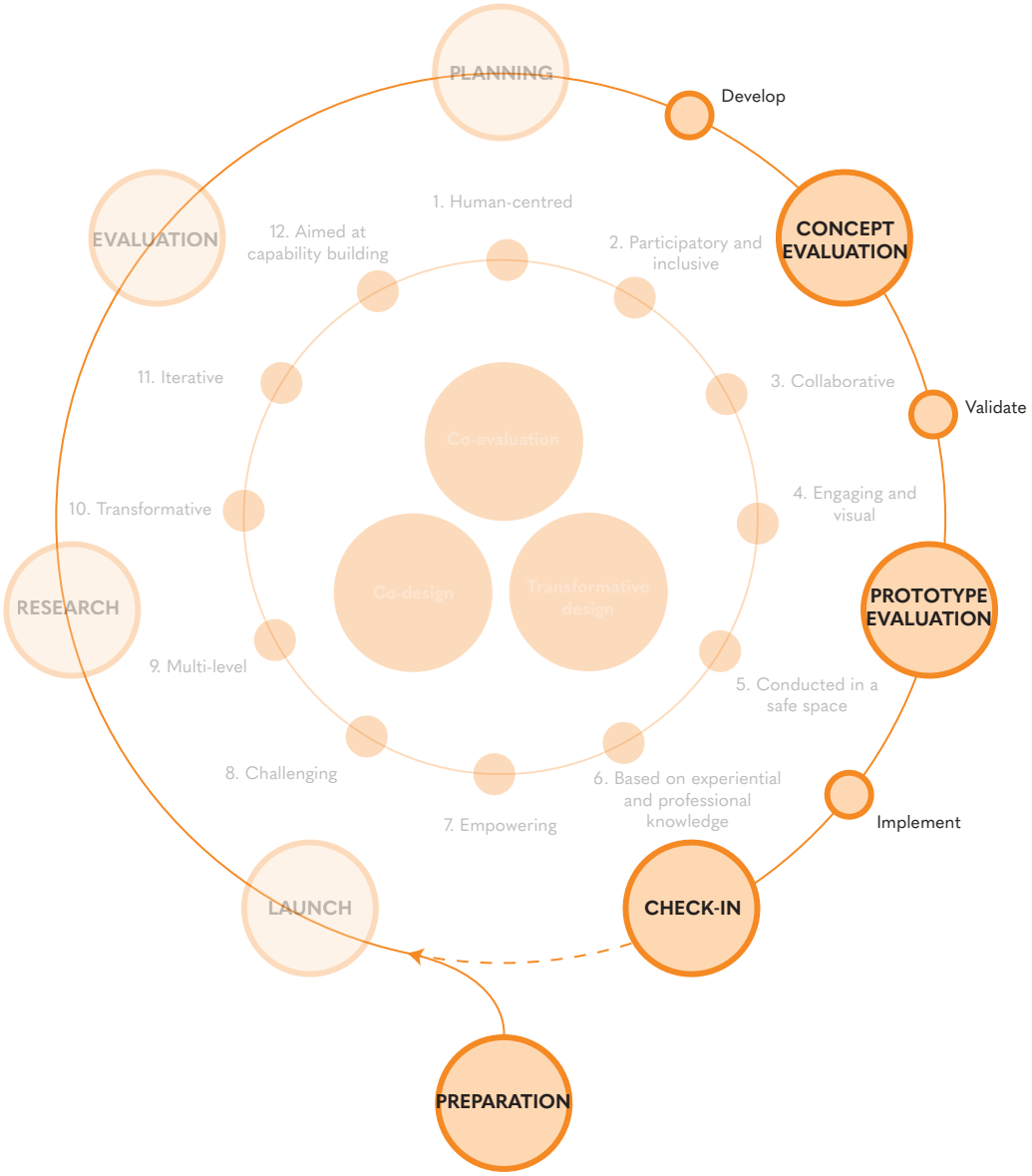


Figure 101. The co-design process.

DEVELOP	CONCEPT EVALUATION	VALIDATE	PROTOTYPE EVALUATION	IMPLEMENT	CHECK-IN
Ideating ways to reach the goal and transform the organisation	Assessing whether the concepts work and whether they address users' needs and the objectives of change	Validating the concept stakeholders have decided to work on	Assessing whether the prototype of the concept works and whether it addresses users' needs and the objectives of change	Implementing the idea	Checking how the new intervention is doing, what works and what does not and whether it is still aligned to users' needs and the objectives of transformation

Table 47. Overview of the co-design process.

8.3 CONCLUSIONS

This chapter described my theoretical model for Service Design intervention in collaborative evaluation which I created following my previous reflections and with which I addressed the issues which emerged during my participant observation and the interviews, such as the problem of adapting evaluation tools to all users and considering the needs and preferences of all stakeholders to make their participation easier.

Following my literature review on co-evaluation, co-design and transformation design, I built on the current efforts by collaborative evaluation approaches by integrating their principles with those of co-design and transformation design.

The result of this work is a model which is therefore based on the three concepts of co-evaluation, co-design and transformation design and suggests twelve principles and guidelines to make co-evaluation more participatory and more oriented towards change, followed by a co-evaluation process preceded by a preparatory phase, where some activities to set the right conditions for a collaborative and transformative evaluation are suggested, and integrated with a co-design process where stakeholders work on the findings of the co-evaluation and start a transformation.

If the organisation is not willing to be challenged or to include users in the evaluation, facilitators could still check whether the co-evaluation process can be conducted, as a sort of pilot, within a peripheral service with the collaboration of some more open-minded actors, with the hope that over time this practice will be scaled up to the whole organisation.

In conclusion, as we have seen in this chapter, Service Design can be integrated and play a relevant role into a co-evaluation process and can contribute to it in a meaningful way, not only by developing tools to make sure that all participants are engaged throughout the whole process, but most importantly to ensure that the conditions for participation and transformation are set from the start.

9 CONCLUSIONS

9.1 CONCLUSIONS

The aim of this research was to understand how Service Design can be integrated in collaborative evaluation approaches in the third sector, in order to support participatory and transformational goals. To do so, I conducted an action research which consisted of five steps.

First, I reviewed the literature concerning evaluation in the third sector, focusing on the most collaborative and transformative approaches and learning what their present limitations are. This allowed me to acquire a theoretical background on the topic on one side, while on the other it opened up some possibilities for the integration of Service Design within collaborative evaluation.

Then, in parallel, I attended as a participant observer the application of a co-evaluation tool within a mental health organisation and helped in the development and formalisation of the tool. During this period, I had the opportunity to reflect on the process, focusing on how users were engaged during the evaluation and the organisation's openness to transformation.

The previous evaluation generated some objectives for change, which were the brief of a following Co-design stage, where I ideated three concepts and co-designed, co-produced and tested one of them with the organisation's health workers and users. The aim of this phase was to understand how evaluation findings could be used to start a transformation process based on the findings of the evaluation and based on the principles of Co-design. The output of this stage was a socialising event which got a positive feedback from all the participants, a consequence, I argue, of the solid foundation provided by the findings of the previous co-evaluation process.

After the finalisation of the co-evaluation tool and the Co-design project, I interviewed four third sector organisations to explore their current evaluation methods and tools and explore their level of readiness and willingness to adopt a co-evaluation approach followed by a transformative Co-design phase. This phase provided me with more insights and reflections on the issues Service Design should address within co-evaluation, such as finding ways to enhance the engagement of all users.

The last stage of the research consisted in bringing together my reflections and findings from the previous phases in an integrated model for Service Design intervention within co-evaluation. Specifically, this model is based on three generative concepts (co-evaluation, co-design and transformative design), and consists of twelve principles and guidelines about how to make co-evaluation more participatory and oriented towards change and a co-evaluation process with a preparatory phase aimed at setting the conditions for user engagement and transformation and a co-design process to work on the findings of the co-evaluation.

This last model, and the experience within the mental health organization, prove that Service Design can be integrated within evaluation, providing

a valuable contribution in allowing users to participate in the best way for them (which makes evaluation more accurate) and paving the way to transform organisations starting from their peripherical services and aiming at changing its culture and mindset thanks to co-design. So, following these conclusions, third sector organisations should consider leveraging Service Designers' knowledge of creative and engaging tools, which has already proven its worth within the private sector (Meroni & Sangiorgi, 2012; Warwick & Young, 2016), within their own evaluation, giving them trust but also letting them challenge the organisation at several levels in order to bring meaningful and valuable change.

9.2 LIMITATIONS OF THIS STUDY

The first limitation of this research can be found in the low number of participants within the application of the co-evaluation tool, the co-design process and the interviews too. In the first case, while cooperative La Rondine was not the only one to be evaluated, it was still the only one among the partners that was engaged in a longer evaluation process. While I argue that this had a positive effect on the quality of the evaluation, it is still too low a number to generalize this conclusion.

The same can be said about the co-design process, since we only developed one of the concepts I ideated. While I attribute the positive outcome of this stage to the solid foundation given by the evaluation findings and by the participatory approach, the same might not have happened within a different organization or with a different project. At the same time, this also stresses the opportunity offered by Service Design, that is the prototyping of concepts of new services before their implementation to understand whether they will work or not.

As for the interviews, even if the findings were consistent across the four organisations, which allowed me to identify some patterns, it is too early to conclude that the issues identified apply to third sector organisations in general. Similarly, if I had interviewed more of them, I would have probably discovered other issues which did not emerge during this research.

Another limitation lies in the fact that the co-evaluation tool and the co-design process were tested with a group of participants who were already open to being challenged and to being guided towards change. As pointed out during the research, this must not be given for granted when working with other organisations, which might be more resistant and close-minded. Because of this, I argue that this openness might have made the task easier.

9.3 POTENTIAL DIRECTIONS FOR FUTURE DEVELOPMENT

Regarding the model which resulted from this research, it would be interesting to test it within various third sector organization to see how it can be applied to their case and to start a co-evaluation process and a following transformation.

Service Designers, for their part, might start to consider developing tools which are specific for evaluation, so that organisations, evaluators and

other designers can use them too. Finally, it would be even more interesting if Service Designers were to deepen their knowledge about evaluation to integrate the skills of both designers and evaluators, since, as we have seen in chapter 3, the two roles have many characteristics in common.

LIST OF FIGURES

LIST OF TABLES

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