respond

Good Practice Guide for Services

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Written by:
Just economics
Dr Eilís Lawlor and Dr Eva Neitzert

Foreword

Respond's vision is 'that every family and individual in Ireland will have high-quality housing as part of a vibrant and caring community' and one of our key strategic goals is to provide 'high quality Services in the heart of the community'. Our Research Strategy also sets out organisational commitments to be 'evidence informed' in both our policy making and our practices.

In September 2022, Respond commissioned Just Economics to undertake an evaluation of its non-housing Services. There is limited published information about non-housing Services delivered by social housing landlords in Ireland, making it difficult to identify good practice in the design and delivery of these Services. So, the main purpose of the commission was to evaluate our current Service provision, along with providing insights to inform future delivery and support Service improvements.

Just Economics have brought rigour, expertise, intellect and crucially challenge to this process, accompanied by a passion for 'getting under the bonnet' of our organisation to truly understand the very particular opportunities our Services deliver to the individuals, families and communities we serve. It is not enough to just believe we deliver good Services, we want to truly understand and evidence how we can have an impact and implement a learning loop that allows us to continually monitor, adapt and improve them into the future.

We believe the process and output of this evaluation has set us on that path and we are keen to share the findings with the sector. This resulting Good Practice Guide is designed to summarise the good practice principles that emerged from the two-year Services evaluation. We hope it will inform, inspire and invigorate the provision of much needed Services across Ireland.

Table of contents

Section 1

Introduction

Respond is an **Approved Housing Body** (AHB) and Service provider. This Good Practice Guide for Services was developed to inform the design, implementation, and evaluation of **community Services** delivered by AHBs.

In this section:

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Approved Housing Bodies (AHBs) are independent, not-for-profit organisations that provide affordable rented housing, for people who cannot afford to pay private sector rents or buy their own homes. AHBs are also known as housing associations or social housing landlords.

Community Services refer to additional or supplementary support Services that housing providers may offer to tenants to enhance their wellbeing. Respond also provides some community Services to the wider community or other non-tenant groups such as older people.

1.1

What need is the Guide responding to?

There is limited published information about Services delivered by AHBs, making it difficult to identify good practice in the design and delivery of non-housing Services.[1 2]

This is particularly the case in Ireland, as most of the evidence and guidance that exists comes from the UK where the context is different.

This Guide is designed to summarise good practice principles for Service design and delivery. Although derived from the Irish experience, the Guide is applicable to all social housing landlords delivering community Services.

1.2

Who is this Guide for?

- Service practitioners
- Service Managers
- Other AHB/Housing association employees
- Local authorities
- NGOs in related Service areas
- Service commissioners and policymakers

1.3

What does it cover?

The Guide summarises good practice relating to the design and delivery of community Services by AHBs. It covers:

- Good practice principles for Service design and delivery
- Undertaking a Service needs assessment
- Designing an effective Service
- Delivering high-quality Services
- Evaluation and continuous improvement
- Governance and workforce development

1.4

How can I use this Guide?

This is a step-by-step Guide to take you from planning and needs assessment through to delivery and evaluation.

It is important to remember that the process is not as linear as set out here. For example, although workforce and evaluation are placed at the end of the process, you will want to consider these from the outset.

For this reason, it is best to first read the Guide from start to finish so that you understand the full life-cycle of Service design, delivery and evaluation. After that, you can dip into the sections that are most relevant to you.

Don't worry if you are new to this. You'll find all the key terms clearly defined and explained.

There are worked examples of how the approach has been used elsewhere, as well as top tips and checklists.

We use the following icons to aid you as you progress through the Guide.

TOP TIPS

OVER TO YOU

WORKED EXAMPLE

DEFINITION

CAUTION

CHECKLIST

1.5

How is the Guide structured?

Section 2 starts your journey with key approaches that can inform Service design and delivery, as well as ten good practice principles.

Section 3 shows you how to put the principles into action by walking you through each step in the Service design and delivery cycle.

Section 4 concludes the Guide.

Section 2

Good practice guidance and principles

The Guide is informed by three key approaches:

- A tailored approach to housing management
- Trauma-Informed Practice (TIP)
- Brain Health

Here we explain what each of these are and why they are relevant to community Service delivery by AHBs and other Service providers. A worked example is provided to bring each approach to life. The section concludes with ten good practice principles.

2.1

A tailored approach to housing management

A feature of good Service design is that it should respond to the needs and motivations of Service users and include an element of co-design.[3] This allows organisations to make sure that scarce resources are invested where they are needed and make the biggest difference.

Respond worked with the Centre for Effective Services (CES) to co-design a new approach to housing management that:

- **Is evidence-informed.**
- **Recognises the unique characteristics of individual housing developments.**
- **Meets the changing needs of tenants and communities over time.**

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Co-design refers to a collaborative approach where Service providers and Service users work together to design Services or interventions. In this model, all parties contribute their expertise, knowledge, skills, and resources to create more effective and responsive Services.

The **New Model** focused on simplifying decision-making and supporting staff to tackle the root causes of issues in each individual community. Teams working on the ground are equipped to independently solve problems and adapt quickly to their tenants' needs, while working under a common national ethos. These principles are being adopted on an organisation-wide basis.

A **'Tailored Approach'** involves coordinating all employees who work on the same estate to address and resolve local issues in a responsive manner. Anti-social behaviour, social issues, family issues and individual histories are amongst some of the issues that lead to an estate becoming unsettled and difficult to live in. Housing and Services departments collaborate using their combined expertise and experience to address those needs. This is based on the premise that local teams that have knowledge of the area and have developed relationships with tenants - including getting to know their personal histories - are best placed to respond to these issues.

The process allows a local team to make decisions, with the tenants and the estate at the centre of the process. The team looks at different ways to respond to issues raised by individual team members. They discuss the situation as it stands and explore strategies to improve circumstances, including anticipating possible unintended consequences for other outcomes or people. Each member of the team shares their ideas on how to proceed and together the team decides what is the best way to progress. This style of working gives an opportunity to hear colleagues' diverse viewpoints which also aids professional development of both individuals and the team.

The process also allows the team on the ground to be more effective and the **Transparent Structure** ensures a shared understanding of the problems and solutions reached. This approach has also been shown to increase engagement from tenants, as they see results being achieved.

WORKED EXAMPLE

Applying a tailored approach to housing management

A large family who lived on the estate for over 20 years have been living in an overcrowded situation for nearly 10 of those years. They have been seeking a transfer but were ineligible due to historical arrears on their rent account. The refusal of a transfer led to a poor relationship between landlord and tenant who did not want to engage, as they felt the landlord was preventing the move. Through the 'tailored approach' process, the team which included the Family Support Worker, Tenant Relations Officer and Rent Control Officer reviewed this case and a suggestion to clear the arrears was considered.

This involved many discussions within the team, on how the process could be applied fairly, potential outcomes for both parties and costs to the landlord.

The Family Support Worker highlighted the engagement the family had with their Service and the progress that had taken place over the previous year. They also informed the group about the circumstances that had led to the rent arrears. This meant that the team considered, as a collective, the broad range of views. The costs and benefits for all parties were represented and debated.

As a result, a decision was approved to clear the arrears from the tenant's account along with specific stipulations. These were that the tenant would make a small regular payment towards the arrears, engage regularly with the Family Support Worker and maintain open lines of communication. In the 16 months from the agreement being put in place, the family have maintained a clear rent account and started to attend community events. As a result, the relationship between tenant and landlord has improved considerably. In addition, the family have secured a transfer to a more suitable home, as the arrears are no longer a barrier.

2.2

Trauma-Informed Practice (TIP)

TIP recognises and responds to the signs, symptoms, and risks of trauma. Trauma may be caused by past life experiences which can impact on social, emotional and cognitive development and ultimately brain health.[4] For example, experiences of poverty[5] and adversity[6] in childhood can create stressors that change the structure of the brain with long-term implications.[7]

Trauma is known to be a cause and consequence of housing insecurity and homelessness,[8] and research shows a high level of Adverse Childhood Experiences (ACE) within homeless and disadvantaged populations.[9]

Trauma-Informed Practice aims to create a culture of healing within an organisation and to avoid re-traumatisation where possible. Given the heightened levels of ACEs amongst individuals with a history of housing insecurity, ensuring that TIP informs Service delivery can help to support positive outcomes for Service users.

There are several areas where TIP can positively impact on Service user experience and outcomes. Where practitioners understand the impact of trauma, more appropriate paths to recovery can be identified. This requires training such that practitioners can recognise the signs and symptoms of trauma in Service users and make appropriate ACE assessments. Several training courses and toolkits have been developed specifically for housing and homelessness organisations[10 11 12]. However, the literature also stresses that as well as these practical tools, TIP requires empathetic Service provision and practitioner skill in cultivating feelings of safety and trust. Achieving this may require cultural change within an organisation.

In addition, a trauma-informed organisation needs to integrate this understanding into policies, procedures, and evaluations. This awareness and understanding should also ensure that Service users are not retraumatised through their interaction with Services and practitioners.

Finally, barriers to becoming trauma-informed need to be identified. Other evaluations have identified a lack of resources, the length of time needed to build trusted relationships, and a lack of joined up working between agencies and Services.[13] Further research may also be required to support individuals and families to maintain tenancies and prevent evictions in the presence of existing or previous ACEs.

WORKED EXAMPLE

Trauma-Informed Practice in housing Services

A Service user (AB) at a Family Homeless Service had become homeless as a result of domestic violence. She recently had her fourth child with her new partner, who also resides at the Service. During assessment and key working sessions, it became clear that AB had experienced a significant number of ACEs (Adverse Childhood Experiences) as the key working sessions allowed for a relationship of trust to develop between her and the Key Worker.

A Care and Safety plan was developed based on AB's expressed desires and wishes. This focussed on areas of her life where she felt she needed additional support and included daily 'check ins' from staff. It also allowed staff to understand AB's triggers, boundaries, environment, communication preferences, language, and to be mindful of giving AB autonomy.

AB experienced both a traumatising and re-traumatising event involving her daughter which then triggered her own previous trauma regarding a similar personal experience. A meeting with the Gardai to discuss the event acted as a further trigger for AB resulting in her re-experiencing her own suicidal ideation and self-harm. AB went through a phase of hypoarousal[14] during the meetings which was evident through her body language, tone, and her withdrawal. She also became hyperaroused after the meetings and understanding these triggers meant staff allowed time and space for her to get back to her baseline in order to debrief.

Utilising their TIP training and being aware of AB's triggers, history and experiences, staff were prepared for the potential impact of key worker meetings on AB herself, staff and other Service users. They were able to provide the appropriate level of support, stay within their own 'Window of Tolerance' and debrief themselves. This ensured that the situation was managed and that they avoided any vicarious (secondary) trauma.

2.3

Brain health

The World Health Organisation (WHO) defines brain health as:[15]

> **The state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders.**

So, although brain health is sometimes associated with dementia and other neurodegenerative conditions, this definition shows that the concept is much broader. It spans the entire life-course and is concerned with creating the conditions for individuals to realise their full potential.

Five brain health determinants identified by WHO

Physical Health

- Maternal health, immune-competent environment
- Genetic and epigenetic factors
- Nutrition
- Infections
- Non-Communicable Diseases (NCDs)
- Health behaviours
- Traumatic injuries

Healthy Environments

- Safe use of chemicals
- Protection from radiation
- Healthy and safe agricultural practices
- Air and water quality
- Stable climate
- Access to preserved nature and health-supportive built environments

Safety & Security

- Physical safety
- Financial security
- Humanitarian crises and emergencies

Learning & Social Connection

- Education
- Lifelong learning
- Nurturing care
- Social connection and social isolation
- Social networks

Access to Quality Services

- Integrated care at all levels
- Skilled workforce and interdisciplinary teams
- Access to essential medicines, diagnostics, and health products
- Carer support
- Traumatic injuries

Source: World Health Organization

The non-housing Services provided by AHBs and other Service providers can help to create conditions that promote brain health. In this way, the brain health concept can become an organising principle for Services and the evidence base from the brain health literature can inform Service design and delivery.

A good example of how to apply this is provided by the work being undertaken through the Brain Health and Housing partnership between Respond and the Global Brain Health Institute (GBHI), Trinity College Dublin.[16] The Brain Health Village (BHV) project seeks to build up an understanding of how brain health interacts with housing, especially in low-income communities and how a brain health approach can inform the design and delivery of social housing and associated Services.

WORKED EXAMPLE

Applying the brain health approach to Services

To incorporate brain health into Service design requires a whole-of-life approach, taking account of key developmental stages and groups that are more likely to be at risk.

Brain health requires that certain basic Services and opportunities are in place to enable individuals to thrive.

For an AHB, this would require, in the first instance, the provision of a suitable, safe, secure, and affordable home. Research shows that quality housing is fundamental to good health and wellbeing[17] and 'home' is where adults and children spend a large proportion of their time.[18] In order to promote brain health, this home needs to ideally provide access to green space, public transport, and public Services.

Additional Services can support this enabling environment further. Service areas to consider might include:

- Pre- and postnatal support to mothers and fathers.
- Early years education and care (1-5yrs).
- Support in the areas of health, wellbeing, learning and social connections.
- Support to reduce economic hardship and debt.
- Services to reduce loneliness and isolation amongst older people and support healthy ageing.

During a recent reconfiguration of one of Respond's Daycare Centres for Older People, a Brain Health approach was incorporated to guide the Service redesign. In doing so, staff focused on key elements of the Brain Health Framework, particularly external wayfinding and colour contrast, to reduce the risk of accidents among older Service users, many of whom have impaired vision. High colour contrast aided these users in identifying seating areas and distinguishing between spaces, such as restrooms and reception areas. Proper lighting is also essential, as it enhances visual contrast, which is measured using Light Reflectance Values (LRV). Strong visual contrast between surfaces, such as walls and floors, improved navigation for those with impaired vision by making it easier to differentiate between them.

2.4

10 principles for good practice

The three approaches set out in this section provide an overarching framework to inform Service delivery. This section sets out ten principles to guide good practice Service design and delivery.

10 principles for good practice

1 Be outcome-focused

2 Be evidence-focused

3 Be trauma-informed

4 Adopt a strengths-based approach

5 Be user-centred

6 Adopt a learning culture

7 Tailor the approach to your context

8 Ensure culturally sensitive, equitable and inclusive Service design

9 Maximise automation and technological integration

10 Be transparent

1

Be outcome-focused

An **outcome-focused** Service understands, measures and manages outcomes as part of its Service design and delivery. It is important to distinguish between outcome measurement and other forms of measurement such as **output**, **throughput** or **process** measurement.

Only outcome measurement includes a measure of quality and effectiveness and there is a danger with other forms of measurement of incentivising throughput at the expense of quality.

This understanding of outcomes should be shared amongst **stakeholders**, including beneficiaries themselves and regular reporting of outcomes ensures that the organisation is accountable to those stakeholders (Principle 9).

2

Be evidence-focused

Services benefit from drawing on wider evaluations and research literature in their field. It helps to ensure that you deliver the best Service possible and avoid mistakes that others have already made. Moreover, organisations are increasingly required to demonstrate the evidence-base underpinning their Services.

Evidence-informed is distinct from evidence-based in that it takes account of the fact that other factors (e.g. national policies) will inform Service design. Evidence can also take many forms from lived experience to experimental research and all should be taken into consideration as part of this principle.

3

Be trauma-informed

AHBs and other Service providers are uniquely situated to identify trauma at an early stage due to the holistic nature of their work and the high level of engagement they have with Service users.

As well as tools, guidance and practical training, trauma-informed practice requires empathetic Service provision and practitioner skill in cultivating feelings of safety and trust. Achieving this may require cultural change within an organisation.

4

Adopt a strengths-based approach

This principle focuses on identifying and leveraging the strengths, talents, abilities, and resources of individuals, groups, or communities rather than focusing on their deficits or weaknesses.
It is about recognising and building on what is already working.

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Outcome: the result or consequence of a particular action, process, or event (e.g. change in health or wellbeing).

Output: immediate and usually quantitative measure that tells you an activity has taken place (e.g. number of sessions delivered).

Throughput: the rate at which a Service can be provided within a given period of time (e.g. number of appointments per month).

Process: a series of actions or steps that are undertaken to achieve a particular goal or outcome.

Stakeholder: an individual, group, or entity that has an interest, concern, or investment in a particular organisation, Service, or outcome (e.g. beneficiaries, funders, society).

5

Be user-centred

Services that meet the needs of Service users are more effective. The involvement of users in the design, delivery and evaluation of Services is essential to ensure that the project is responsive to needs. This principle recognises that lived experience is an important source of knowledge in Service design, delivery and evaluation.

A Service User Engagement Strategy (see page 26) is an important tool to actively engage the people who use a Service in shaping how it operates. This can improve its effectiveness and relevance, increase Service user satisfaction and outcomes, empower Service users and focus on continuous improvement.

6

Adopt a learning culture

A key component of a learning organisation is a focus on continuous improvement supported by measurement and evaluation. In line with Principles 1 and 2, this requires timely and reliable data to be available to managers and practitioners.

7

Tailor the approach to your context

There is a pattern of social disadvantage amongst those living in AHB social housing and some tenants will have complex needs. Delivering a national Service in a complex context is challenging and requires an organisation to be flexible and adaptable to local variation, whilst at the same time ensuring that this occurs within a consistent overarching framework.

8

Ensure culturally sensitive, equitable and inclusive Service design

Inclusion in social and affordable housing involves understanding and respecting the diverse backgrounds of individuals and communities when designing and delivering Services. This is especially important given that groups that are more likely to experience discrimination (e.g. disabled people, Travellers) tend to be overrepresented in social housing.

9

Maximise automation and technological integration

Evidence suggests that the voluntary sector has been slower in adopting digital technologies compared with other sectors.[19 20] Yet, technology has the potential to enhance efficiency, reach and impact. This is especially the case with emerging technologies including AI. It is important for organisations to consider how technology can support the other principles outlined in this Guide.

10

Be transparent

By gathering and reporting honestly on outcomes, Services can increase the trust that stakeholders have in them. This also requires that expectations are managed about what is achievable and that there is space for, and acknowledgement of, failure and lessons learned. Trust is a key quality for AHBs and other Service providers, and this can be improved by timely responses to feedback to show that concerns are proactively addressed.

WORKED EXAMPLE

Developing a Service User Engagement Strategy

Respond commissioned an independent charity that champions tenant and community participation to develop a Service User Engagement Strategy. Respond had already set a strategic goal to be a listening organisation and to involve Service users in shaping, delivering, improving, or evaluating the Services it provides.

An Advisory Group was established to set out the timeline and monitor project progress. The methodology and approach to developing the strategy included:

- A review of existing governance and reporting structures.
- Desk-based research into good practice examples.
- Individual meetings with key staff members within services.
- Regional meetings with Service users and board members.
- Surveys of staff and Service users.

The findings from this work demonstrated that, while there was some level of engagement with Service users across Respond, this could be strengthened.

The new strategy is focused around the four pillars of engagement- listening, acting, change and communication - and sets out a detailed pathway for Respond to implement effective Service user engagement. It recognises that this is a journey that starts with Respond developing a shared vision for Service user engagement across the organisation and developing skills and knowledge on how this can be achieved.

Implementation of the strategy will include:

- Raising awareness of the importance of service user engagement.
- Providing training for staff on how to engage with Service users to best hear their voice.
- Developing and promoting a menu of engagement activities such as face to face meetings, surveys etc.
- Embedding service user engagement into everyday activities.
- Highlighting good practice through internal communications and on the respond website.

Section 3

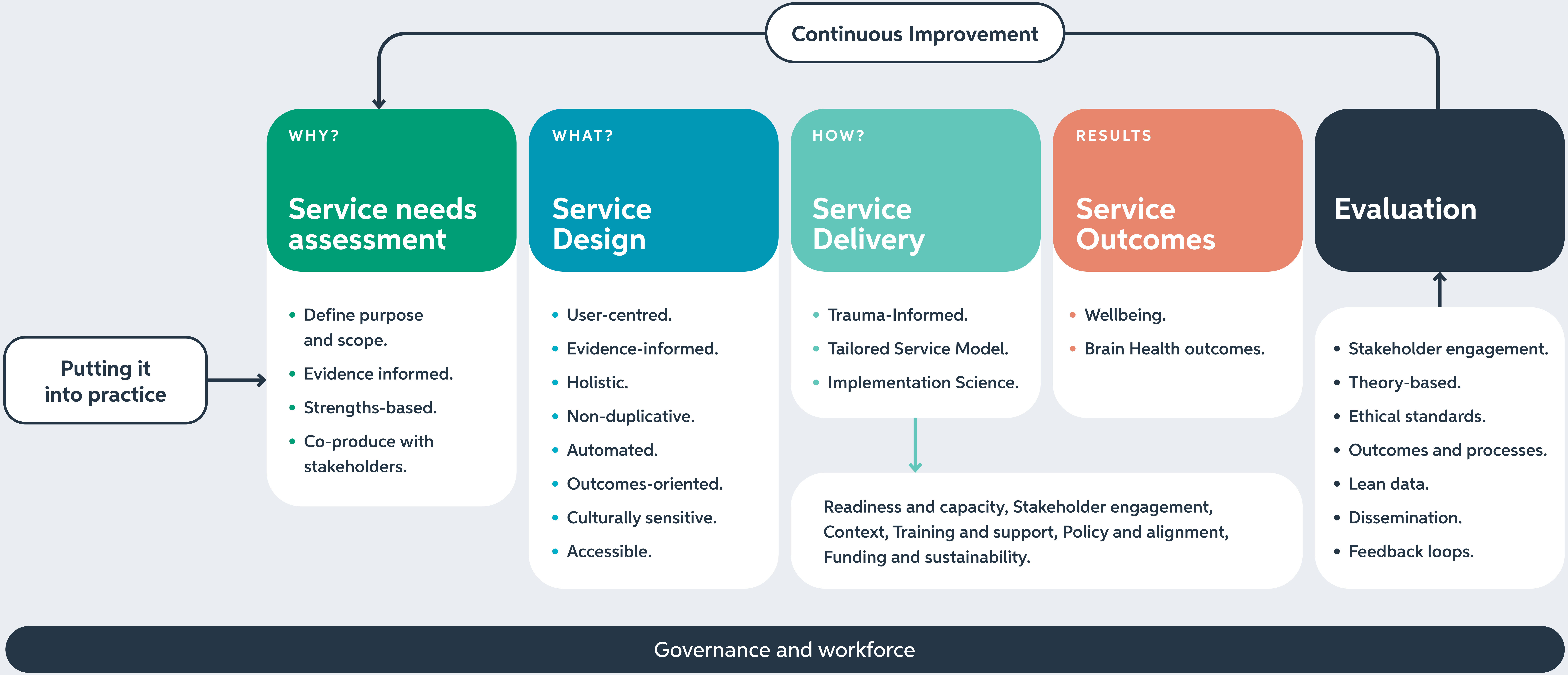
Putting it into practice

Up to now, the Guide has set out approaches and principles. This section will help you to put theory into action by walking you through all the steps from needs assessment and design to Service delivery and evaluation.

This section is a ‘how to’ for:

- Service needs and strengths assessment
- Service design
- Service delivery
- Evaluation
- Governance and workforce development

The overall process is presented below.



CAUTION

Before you begin

You need to familiarise yourself with the legal framework within which you will be operating and map out any legal, statutory and regulatory responsibilities. For example, you may need to check if the activities fall within your organisations Memorandum and Articles of Association and/or, whether they require updating. Depending on the activity, you may also need to register with appropriate regulatory bodies. This is an area that your Board of Directors should be able to assist you with. You may also want to seek professional legal advice.

3.1

Service needs and strengths assessment

Before you design your Service, it is vital to understand what needs you are responding to and how you can build on existing strengths.

The steps:

STEP 1
Knowledge gathering

STEP 2
Stakeholder engagement/ co-creation

STEP 3
Identifying the scale and prioritising needs

This section describes a methodology for assessing the Service needs and strengths. Applying this ensures that your new Service:

- Builds upon strengths, existing resources and areas of resilience.
- Addresses unmet needs and gaps in provision.
- Overcomes potential barriers to successful implementation.

Needs and strengths assessments should be undertaken holistically, across the whole life-course and with cultural sensitivity. They should seek to identify areas where early intervention strategies could be implemented to prevent problems before they arise or escalate. Finally, a Service needs assessment should seek to identify areas of hidden, changing or emerging needs and to predict future needs based on current trends.

STEP 1

Knowledge gathering

The first step in a Service needs and strengths assessment is gathering existing knowledge. This aligns with Principle 2: Be evidence-informed.

Usually this means starting with desk research to find existing evaluations and other relevant background research. Things you may want to look at could include:

- Academic journals of peer reviewed research (accessed through Google Scholar).
- Grey literature (non-academic) published by NGOs or international institutions (e.g. the OECD). These are accessed through internet searches of key terms or by asking generative AI to provide you with an overview.
- Published data held in databases by organisations like the CSO or Eurostat.
- Interviews with experts for specialist information.

TOP TIPS FOR DESK RESEARCH

Be clear about what your **research questions** are – what exactly do you want to find out? This will save time reading unrelated material.

Fine tune your **search terms**. If you cannot find what you are looking for, try using different terms.

Remember that the quality of evidence varies across topics, and you may find a limited amount is relevant to you. If that is the case, you may decide to conduct **expert or key informant interviews**.

STEP 2

Stakeholder engagement[21]

Next you will want to engage your intended beneficiaries and other key stakeholders. This ensures you are acting in line with Principle 5: Be user-centred.

You can engage your stakeholders in different ways: surveys, face-to-face and online/telephone interviews, public meetings, focus groups, online consultations (including use of social media), local referenda and Citizens' juries (also known as citizen panels or stakeholder dialogues).

The quality and depth of engagement varies between these methods, from very passive to very active involvement. The term **'co-production'** is sometimes used to describe very close collaboration in Service design.

A consistent finding from the literature is that user engagement and co-production are challenging to implement effectively.[22] Findings from such processes are generally under-utilised and rarely translate into Service improvements.[23] This points to the importance of engaging stakeholders with a clear purpose and ensuring that there is a process in place for using the information that is gathered.

In experience-based co-design, stakeholders are engaged via **qualitative research.** This is usually interviews or focus groups, which can be done in-person, online or over the telephone. You can either mix different stakeholders (e.g. funders and beneficiaries) or engage them separately. It is a good idea to identify areas where your stakeholders may already be gathering (e.g. an event), so you can build your engagement around this.

One option for structuring your session is around a **Theory of Change** (ToC) exercise. This approach will also be helpful to you later on when it comes to evaluating your Service. Having a clear ToC at the outset will help to ensure your project is outcomes focused. More detail is provided on this in Section 3.4. Stakeholder engagement is also useful for mapping the Service user journey from recruitment through to long-term outcomes (see Section 3.2).

CAUTION

Before you begin engaging stakeholders, you may be required to apply for ethical approval. Where that is not the case, you should still ensure that your activities are fully GDPR compliant.

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Co-production shares similarities with co-design defined above but is a wider concept, as it includes user involvement in the delivery and evaluation of Services as well as their design.

Qualitative research is an approach used to explore and understand human behaviour and experiences. Unlike quantitative research which focuses on numerical data, qualitative research emphasises gathering rich, descriptive data. It is usually done through focus groups or interviews.

A **Theory of Change (ToC)** is a comprehensive and systematic approach to setting out intended outcomes and how they will be achieved. It provides a logical framework that outlines the underlying assumptions, strategies, activities, and expected results necessary to bring about desired changes.

OVER TO YOU

Engaging stakeholders

1
Identify and understand the people involved in your project. This is called stakeholder mapping. Decide who you want to engage (e.g. the most significant stakeholders) and what you want to ask them.

2
Identify a suitable venue/method and ensure that barriers to engagement have been addressed (e.g. childcare, digital technology, language, timing, incentives, refreshments).

3
Send out an invitation to participate. Inform them of their rights under data protection legislation and obtain informed consent.

4
Conduct engagement activities.

5
Write up results. A slide deck (using an application such as Powerpoint) is often a useful way of presenting this material. Make sure you use quotes to bring the story to life (but be careful to anonymise these if you have assured your participants of anonymity). If you have large amounts of data, you can use a software package to analyse it.

6
Report findings back to your stakeholders either by sharing your slide deck or presenting the information to them.

7
Extract any data you need for survey work (Step 3) or for future evaluation (see Section 3.4).

STEP 3

What is the scale of strengths/needs and how do we prioritise them?

By now you will have a good understanding of the needs and strengths your Service is responding to. However, you may still have questions. For example, you may only have engaged a small number via stakeholder engagement and the desk research may have been inconclusive.

If this is the case, you may decide to conduct a survey of potential Service users. Surveys can be developed, distributed and analysed using survey software, saving you time and resources. Some companies offer free basic or introductory packages.

Whilst survey design and analysis are specialist skills, templates and automation can be used to simplify the process. More detail on this is provided in the Section 3.4.

In Box 4, we describe how a survey was used by Respond to conduct a needs assessment for the Brain Health Village project. A copy of the survey is available here.

WORKED EXAMPLE

Using a brain health approach to identify needs

In 2023, Respond commissioned Just Economics to carry out an evaluation of its Brain Health Village Project. This is a pilot project in one estate, Rathcoran in Baltinglass, Co. Wicklow. A series of needs assessment activities took place at the outset to help inform the workplan of activities. These were as follows:

- Tenant Relations Officer (TRO) got to know tenants by being present on the estate and distributing posters and leaflets about the Service concept.
- Baseline Community Outcomes Star[24] conducted by the Tenant Relations Officer (TRO) with each household.
- Tenants invited to attend a series of workshops facilitated by the TRO and an academic partner.
- Online survey was disseminated to all households, with parents asked to report on outcomes and needs for children. Voucher incentives were provided for each completed survey.

As this was a pilot project, the process was more protracted. In your project, you may only need to conduct one or two of these activities.

STEP 4

Service ecosystem mapping

This is a process of systematically mapping Service provision in your area. A Service ecosystem map should provide you with the following information:

- Gaps in provision.
- Areas of potential duplication.
- Gaps in a related area that will impact on the effectiveness of your Service (e.g. a lack of organisations to refer people to for more specialist support).

A Service map will enable you to identify the unique features of your Service, which will contribute to your Service mission statement (see Section 3.2).

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A mission statement is a short statement that describes your organisation's purpose and overall identity.

CHECKLIST

Do you:

- [ ] Understand the context within which this Service will operate?
- [ ] Understand the latest findings from evaluations of similar Services and how these can inform your Service design and delivery?
- [ ] Understand who the key project stakeholders are?
- [ ] Understand local Service provision, including gaps/areas of potential duplication and the unique features of your Service?

CHECKLIST

Have you:

- [ ] Engaged all material project stakeholders to gain an in-depth understanding of needs and strengths that your Service will respond to, as well as the preferences of Service users?
- [ ] Reported back to stakeholders?

✓ **If you can tick all these boxes, you are ready to move on to Service design.**

3.2

Service design

Service design involves mapping and planning the entire Service experience. It builds on all the information gathered during the needs and strengths assessment.

The steps:

STEP 1

Service journey mapping

STEP 2

Service design and strategy workshop

STEP 3

Develop a Service blueprint

STEP 1

Service journey mapping

A Service journey map is a representation (often visual) that illustrates the complete experience a Service user goes through when interacting with a particular Service. It typically encompasses all interactions between the Service user and provider(s), from the initial awareness or need, through to the post-Service stage as follows:

- Recruitment of Service users.
- Interactions with provider and other Services.
- Potential assets, collaborators or supportive organisations.
- Discharge.
- Post Service interactions/follow-up (if any).

By mapping the full journey and taking a holistic approach you can identify potential barriers and enablers to positive outcomes for your Service users.

You will already have gathered information to support this during stakeholder engagement.

STEP 2

Service design and strategy workshop

The next step is to take the materials gathered as part of the Service needs assessment and Service journey mapping to conduct an ideas workshop with key stakeholders to plan out the Service.

Participants would usually include project staff and managers, board members, Service users and funders. You should ensure that the group is diverse and multidisciplinary so that a range of perspectives are heard.

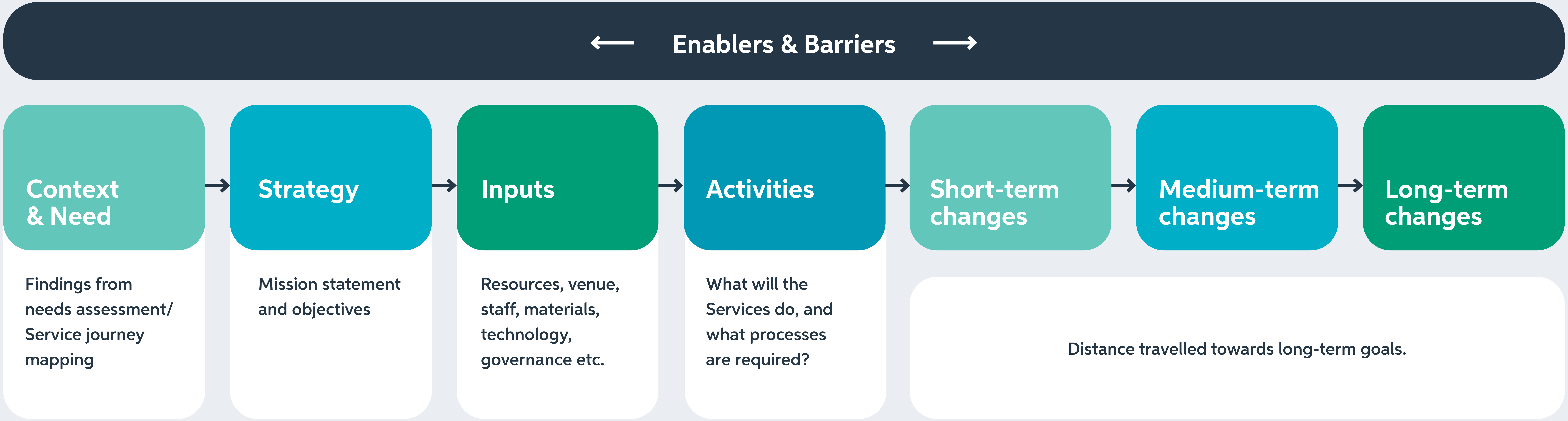
The aim of the workshop is to develop a comprehensive Theory of Change (ToC) for the Service, which sets out how the planned activities will lead to the intended change/impact (See Figure 2). You may also want to craft a Service mission statement with associated goals and objectives.

CAUTION

Do I have the skills I need?

You may want to consider bringing in a specialist facilitator or strategy expert to help design and manage the workshop.

Figure 2: Theory of Change for Service design



TOP TIPS FOR DESK RESEARCH

Help with your mission statement and objectives

Your mission statement should be limited to one or two sentences and should capture the reason your Service exists, who you serve, the nature of the Service and any central value or approach. An example of a mission statement for an AHB who is also a Service provider might be:

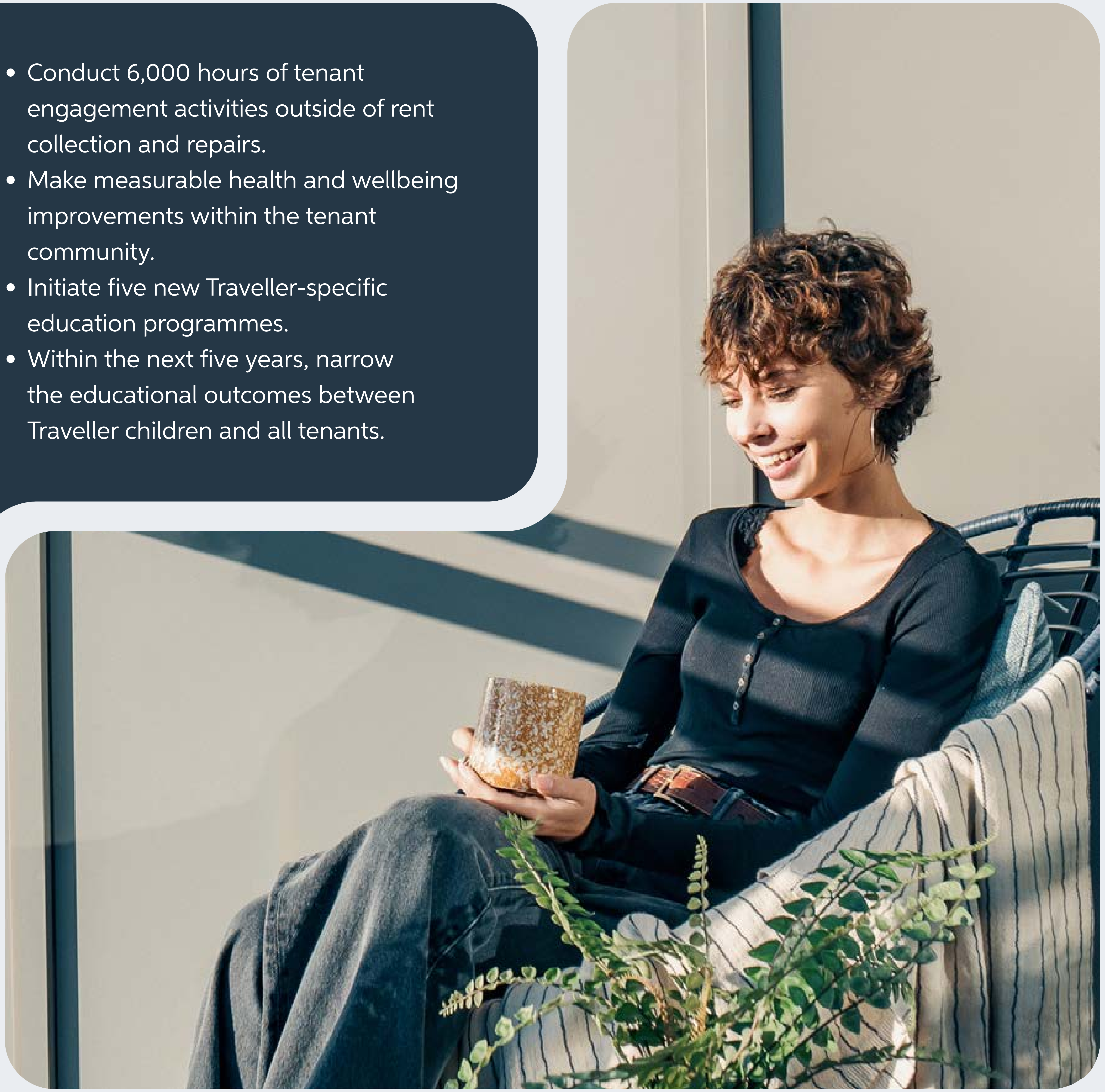
Our mission is to ensure safe, affordable, and secure housing for low-income individuals and families by providing good quality housing and building inclusive communities where everyone has the opportunity to thrive and lead fulfilling lives.

In this example, the objectives would relate to each aspect of the mission statement. This might include the number and type of tenants, the number and type of housing units, the number and type of community-building activities, as well as any advocacy or policy work that is required to achieve this. This should be aligned with the outputs and outcomes in your ToC.

Where possible you should choose SMART objectives (specific, measurable, achievable, relevant and timed). For some areas of your work (e.g. policy and advocacy), SMART objectives are less useful as the outcomes are less predictable. Nonetheless, you should think through the features of the SMART approach for each objective to ensure you are expressing it in as tangible a way as possible.

Some examples for our fictional AHB above might be as follows:

- Provide 1,000 new tenancies nationwide for low-income individuals and families in 2024.
- Run 20 community events for a minimum of 200 tenants over twelve months.
- Conduct 6,000 hours of tenant engagement activities outside of rent collection and repairs.
- Make measurable health and wellbeing improvements within the tenant community.
- Initiate five new Traveller-specific education programmes.
- Within the next five years, narrow the educational outcomes between Traveller children and all tenants.



OVER TO YOU

Service design workshop

1
DEFINE OBJECTIVES
What are your goals for the workshop? What do you hope to achieve? Do you have a draft plan you need help populating? How do you communicate your research so far? Should you structure it around the Service journey and what is needed at each stage of that journey? Have you got a draft mission statement and objectives that you can share?

2
IDENTIFY PARTICIPANTS
This would usually include representatives from different parts of the organisation, as well as external stakeholders such as funders or policymakers. In line with the principles of co-creation, you should include beneficiaries or their representatives where possible.

3
DECIDE WHO WILL RUN IT
If you decide to bring in an external facilitator, make sure they have experience in Service design methodologies and techniques.

4
PLAN LOGISTICS
If you are running an in-person event, you need a suitable venue with enough space and suitable equipment (whiteboards, flip charts etc.). Organise catering if necessary.

5
DEVELOP WORKSHOP CONTENT
Decide on an agenda, timings, format and other content in line with the objectives of the session.

6
DELIVER WORKSHOP
Introduce the purpose of the workshop, the concept of co-design and the findings from the knowledge gathering phase. Encourage active participation and capture insights generated.

7
FOLLOW-UP
Follow up with participants after the workshop to provide summaries of key findings and outline any follow-up activities or decisions.

STEP 3

Develop a Service blueprint

It is important that the knowledge generated by the workshop is carefully noted (e.g. by populating the sections set out in Figure 2). You should now have all the materials you need to develop a Service blueprint.

The blueprint should be as detailed as possible. It should cover all the elements set out in the Service Blueprint box below.

If the project is being tried for the first time in this context (sometimes called ‘a pilot’), it is okay to have gaps or aspects that you are unsure about.

You should think of the blueprint as a living document that will be tested and refined over time (Principle 6).

It is important to keep the blueprint clear and simple and minimise complexity as much as possible.

OVER TO YOU

Service Blueprint

Your Service blueprint should contain the following information:

STRATEGY
- Your mission statement and headline objectives.
- Your theory of change.

BACKGROUND AND CONTEXT
- Why this project, why now and unique features?
- What context is the Service operating in, including needs, strengths and the wider eco-system of Services and collaborators?

SERVICE USERS
- What is the Service user journey, how they will be identified recruited and retained?

SERVICE DELIVERY & MANAGEMENT
- How will the Service be delivered and what are the governance and workforce arrangements?

FINANCES
- What is the budget and is the funding in place? If not, what is your fundraising strategy?

EVALUATION
- How will you monitor and evaluate the Service including capturing Service user outcomes?

CHECKLIST

Have you:

- [ ] Developed a holistic Service user journey?
- [ ] Conducted a Service design workshop to gain the perspective of all relevant stakeholders?
- [ ] Developed a comprehensive Service blueprint?

✓ **If you can tick all these boxes, you are ready to move on to Service delivery.**

3.3

Implementing your Service blueprint

Once the design is complete, the hard work of implementing the Service begins.

We can be guided in this step by the learnings from **Implementation Science** (IS). This emphasises that implementation should be understood as a process that is complex and dynamic, rather than as a final outcome.

The IS approach starts from the assumption that implementation rarely progresses smoothly. You need to be continuously listening, learning and refining to ensure successful and effective implementation. This Guide has already used insights from IS by:

- Recommending a service needs and strengths assessment to identify potential barriers and enablers to successful implementation.
- Placing user engagement at the heart of service design.
- Emphasising real-time evaluation and continuous improvement (see section 3.4).
- Building in space for flexibility and adaptation as new information emerges or the context/needs change.

How you deliver your Service will depend very much on the nature of the Service. The 'over to you' box below sets out some typical steps you might take as you begin to implement your Service blueprint.

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Implementation Science involves the systematic study of methods to promote the integration of evidence-informed practices into real-world settings. The aim is to improve the adoption and sustainability of those interventions.

OVER TO YOU

Implementing your Service blueprint

1
Establish and convene an implementation steering group to oversee implementation and ensure that the mission and objectives of the organisation are being adhered to. This may include individuals that attended the design workshop. For a new organisation, this group may also be your Board members/ trustees, or for an existing Service, they may include a subgroup of your Board members/trustees.

2
During this pre-implementation stage, assess the readiness and capacity to implement, including funding, staff recruitment and training, accessing appropriate venue, purchasing materials, and technology. You may involve the steering group in conducting this assessment. Ensure that all the barriers you have identified have been resolved as much as possible.

3
Now is a good time to conduct any baseline measurement that you have set out in your evaluation plan (see Section 3.4).

4
Commence the pilot. For a new Service, we would recommend starting at part capacity for the first few months to allow staff to build up their practice and to have the space to respond to challenges as they emerge. It is important to build in strong supervision and opportunities for reflective practice for staff at this stage.

5
Once your Service is up and running and streamlined, adapt the blueprint into a Service manual that can be used in recruitment, training and for any roll out of the Service.

6
Make sure you are building in opportunities for learning, reflective practice and continuous improvement (see Section 3.4)

CHECKLIST

Have you:

- [ ] Established a steering group to oversee the implementation process?
- [ ] Undertaken baseline measurement?
- [ ] Launched your pilot/ Service?

If you can tick all these boxes, you are ready to move on to Evaluation.

3.4

Evaluation

Evaluation not only enables you to prove and improve but also helps contribute to the sum of knowledge in your field.

Good practice in Service design and delivery integrates evaluation from the very outset and we have flagged throughout the Guide where evaluation should be considered.

You should by now understand the following elements that underpin any robust evaluation:

- The difference between outputs, outcomes and other evaluation terms.
- How to develop a theory of change.
- How to engage your stakeholders to identify the most significant outcomes and steps in the theory of change.
- Baseline data collection.

In this section, we help you to decide what type of evaluation you need, and the steps involved in implementing it.

Type of evaluation

It is important to distinguish between **outcomes-based evaluation** and a **process evaluation**.

Process evaluations should be conducted when you want to know how something is being implemented. It would generally focus on whether the components of your blueprint – staffing, Service user recruitment, method of delivery – took place as intended. Where this did not happen, it will explore the reasons why and make recommendations for course correction, to get implementation back on track.

A process evaluation will often capture satisfaction with the Service and feasibility of the Service delivery.
It should also help you to understand the intervention characteristics, how the different components work together, who attended and why, and any barriers to attendance.

Activities involved in a process evaluation might include:

- A Service implementation survey and;
- Staff and Service user interviews or focus groups.

Additional resources on process evaluation can be found here.

Outcome evaluations, on the other hand, are concerned with how effective an intervention has been in creating the intended change. Such evaluations typically focus on using surveys to measure the change in key indicators.
The rest of this section will deal with outcomes-based evaluation.

?

Outcomes-based evaluation
An outcomes-based evaluation is a method used to assess the effectiveness of an intervention, rather than just the inputs or activities undertaken. It is concerned with determining whether the desired outcomes have been achieved and to what extent.

Process evaluation
A process evaluation focuses on assessing the implementation and delivery of an intervention. Process evaluations examine the processes and mechanisms through which a program is implemented to understand how it operates and why certain outcomes are achieved.

Undertaking an outcomes evaluation

While there are many different evaluation frameworks and guides, the steps involved in undertaking a robust outcomes evaluation generally follow those set out in Table 1.

This table uses tick-marks to show the steps you will have already undertaken while designing your Service.

CAUTION

This may be an area where you want to bring in some additional support, if it is the first time you are doing an evaluation.

Table 1: Steps in completing an outcomes evaluation

STEP		ACTIVITY	COMPLETED?
1	**Develop evaluation questions**	• What do I want to find out? • What can I find from existing literature/data? • What new data do I need to collect?	✓
2	**Ethical approval**	• Identify ethical risks, ensure GDPR compliance and seek ethical approval where appropriate/if required.	✓
3	**Engage stakeholders and develop a theory of change**	• What outcomes matter to my stakeholders? • How do my planned activities lead to short, medium and long-term outcomes?	✓
4	**Identify indicators**	• Use information from stakeholder engagement, ToC workshop and literature review to identify appropriate ways of measuring outcomes.	✗
5	**Develop an evaluation plan**	This should include: • Evaluation questions, ToC, type of data to be collected, interview guides, survey questions, ethical considerations.	✗
6	**Collect data on outcomes and impact**	This is usually done quantitatively to ensure you have a large enough sample size and to reduce the time required (see Top Tips for more on survey design and analysis.)	✗
7	**Analyse the data**	• Qualitative data can be analysed thematically or around your evaluation questions. For large amounts of qualitative data computer packages can be used. • Quantitative data can be analysed through your survey package or another computer programme such as Excel.	✗
8	**Report your findings**	• Provide a full and transparent account of what you have found including charts, case studies and quotes as appropriate.	✗

TOP TIPS FOR SURVEY DESIGN & DISSEMINATION

1

Use an online survey tool for developing your survey questions. There are various packages available to suit your budget. Always check that the provider you select is GDPR compliant.

2

Consider what demographic or practical information you need to gather. For example, you may want to include some process questions as part of your outcomes evaluation.

3

Review similar evaluations for how questions have been asked previously. In addition, for some questions you should consider using validated scales. An example of a validated wellbeing scale is the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS).[25]

Examples of Child Development Scales are the Strengths and Difficulties Questionnaire (SDQ), Santa Barbara School Readiness Scale (SBSRS) and the Home Learning Environment Measure (HLEM).[26]

4

It is important to use a 'lean data' approach. GDPR requires that we only ask questions that are strictly necessary, but this is also good practice as it minimises survey length, increases the likelihood it will be completed and reduces the amount of analysis required.

5

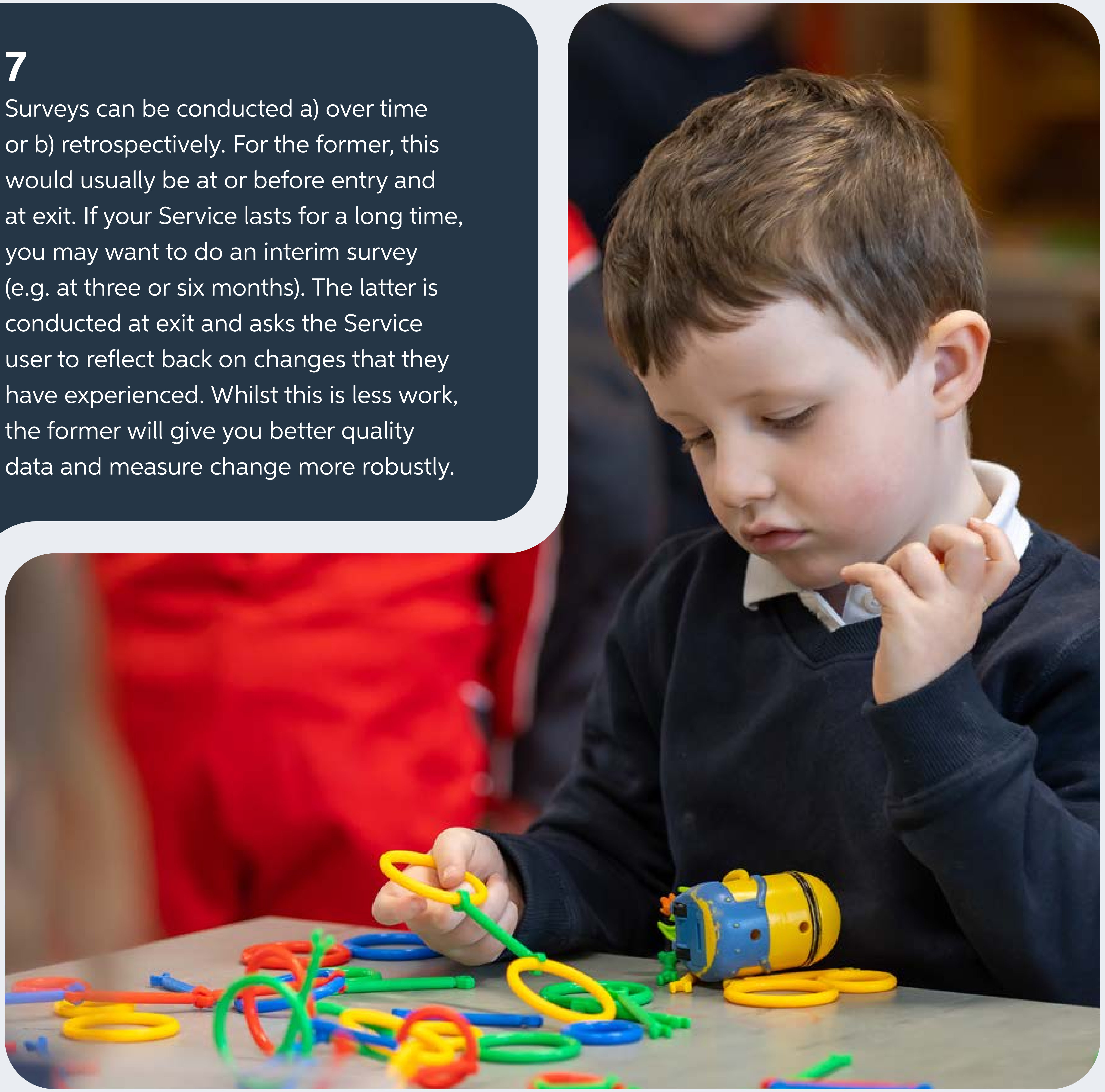
Make sure you add a fully compliant data protection statement and seek opt-in informed consent at the beginning of the survey.

6

If using an online platform, you can easily send a link to your survey via text message or email. Once responses are completed, collation and analysis can often be done automatically.

7

Surveys can be conducted a) over time or b) retrospectively. For the former, this would usually be at or before entry and at exit. If your Service lasts for a long time, you may want to do an interim survey (e.g. at three or six months). The latter is conducted at exit and asks the Service user to reflect back on changes that they have experienced. Whilst this is less work, the former will give you better quality data and measure change more robustly.



Learning and Continuous Improvement

Monitoring and evaluation should not be done as an end in itself, but as part of a commitment to learning and continuous improvement.

You will likely identify both what is working well, and areas for improvement. Where something is working well, you may decide to invest more or scale that aspect.

It is equally important that you have a plan for responding to areas of concern. Being upfront about what is not working as intended provides opportunities for thinking through how the Service can be improved.

Good practice encourages Services to report on negative, as well as positive feedback in standard reporting.

CHECKLIST

Have you:

- [ ] Put in place an appropriate evaluation framework for your Service?
- [ ] Ensured that you have the skills, either internally or from external consultants, to undertake a robust evaluation?
- [ ] Made a plan for how to respond to both positive and negative evaluation findings?

3.5

Governance and workforce development

This final part of the Guide looks at governance structures and workforce development. Both are critical components of effective Services.

In our worked example, we show how staff quality was found to be critical to the success of Services in the Respond evaluation.

Setting up an effective governance structure

If your organisation does not already have the oversight of a board of directors/board members, you will need to recruit one. Board members are responsible for the overall strategic vision of the organisation, including your Service and so it is important to include them in strategic decisions about design, delivery and evaluation. We have set out ways in which they could be involved throughout the Guide.

The board members also have ultimate responsibility for ensuring that there is transparency and accountability. For example, they are ultimately responsible for ensuring the organisation is compliant with any regulatory requirements.

It is considered good practice to have Service user representation on the board of directors/board members, however, given the transient nature of many Service users this is not always possible. A first step in this process is establishing a Service User Engagement Strategy (see section 2.4, Principle 5) to ensure the Service user voice can be heard at all levels across the organisation. In addition, ensuring the board members have input into the development of this strategy is critical.

It is important that you use your board members as a resource. There may be skills gaps you have encountered in setting up your Service (e.g. evaluation, facilitation, fundraising, compliance). Your board members may have those skills or be able to identify individuals that can support you. Alternatively, you may want to recruit new board members with these skills.

Workforce development

For frontline Services, the workforce is often the key resource, and it is not unusual for evaluations to highlight workforce quality as both a strength and a risk.

Factors that can help organisations recruit and retain a high-quality workforce include:

- Ongoing training and development.
- Workload management.
- Good quality communication.
- A shared organisational culture.
- Devolved decision making.
- Strong line management and support.

OVER TO YOU

Workforce development

1
SKILLS IDENTIFICATION
What skills do you need for your Service? Do you have these skills in-house or do you need to retrain staff or recruit new staff? If they are in-house, do existing staff have capacity?

2
EFFECTIVE RECRUITMENT
Do you have accurate job descriptions? What is your recruitment strategy and is this an area where you may need to bring in specialist skills?

3
ONGOING TRAINING
Do you have a training plan in place for new and existing staff? Can you make use of online resources here? Can you use this Good Practice Guide to support staff training?

4
SUPPORT AND SUPERVISION
Do you have good quality line management, sufficient supervision and support in place, including peer support where appropriate? Have you considered the need for self-care in your Service and how you can facilitate this?

5
CAREER PATHWAYS
Are there defined career pathways to incentivise staff and retain quality employees? If not, can you create these?

6
EVALUATION AND CONTINUOUS IMPROVEMENT
Do you have a meaningful performance management system in place? Do staff feel motivated and enabled by this system? Do you believe staff are reaching their full potential?

WORKED EXAMPLE

Importance of staff quality to Services

The recent evaluation of Respond's Services consistently found that staff were identified as a major factor in delivering an effective Service. Communication skills, warmth, empathy, and approachability were often singled out as key qualities by Service users.

A survey of the staff was carried out to get their perspectives on working for Respond. Key findings were as follows:

- Staff expressed high levels of job satisfaction.
- There were high levels of agreement with a range of positive job-quality statements, particularly feeling supported by colleagues and their manager as well as understanding what is expected of them.
- Staff generally considered their Services to be high quality, meeting the needs of clients and delivered in a warm and caring atmosphere.

Respond managers told us that staff recruitment is challenging. Nonetheless, they invest considerable effort in recruitment and in retaining good staff, as the importance of this aspect of Service delivery is understood.

CHECKLIST

Have you:

- [ ] Put in place a strong governing board with the requisite skills to support your Service and organisation?
- [ ] Got the right skillset in your workforce to ensure effective Service delivery?
- [ ] Put in place good quality training, performance management and line management?

Section 4

Conclusion

Congratulations, you have reached the end of the journey!
We hope this Guide has helped you with your Service design.

4.0

Conclusion

By following the principles outlined here, you can enhance efficiency, effectiveness, and overall performance. Remember, consistent application of these good practices is essential for achieving sustainable success and delivering impact for your stakeholders.

It is important to remember that this Guide has been developed for high level guidance on Service design and you may need to consult further resources or engage external expertise.

Finally, Service design is an iterative process where feedback and evaluation inform ongoing strategy and implementation. As such, aspects of this guidance will change over time as more Services of this kind are developed and evaluated.

In line with that, we would love to hear about your experience of Service design or evaluation in this area. Please get in touch if you have any feedback.

Click here for more information on Respond

Click here for more information on Just Economics

Index

Worked examples

Endnotes

1 Williams, M. (2015) Delivering change: What Housing Associations can tell us about employment and skills. Centre for Cities. www.centreforcities.org/publication/delivering-change-what-housing-associations-can-tell-us-about-employment-and-skills/

2 Paisi, M., Allen, Z., & Shawe, J. (2023). New Home, New You: A retrospective mixed-methods evaluation of a health-related behavioural intervention programme supporting social housing tenants. Health Expectations.

3 Design Flanders (2015) Public Service Design A guide for the application of service design in public organisations www.socent.ie/wp-content/uploads/2015/10/PSD_manual_UK_LR.pdf

4 Tierney, A. L., & Nelson III, C. A. (2009). Brain development and the role of experience in the early years. Zero to three, 30(2), 9.

5 Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. JAMA pediatrics, 169(9), 822-829.

6 Navalta, C. P., McGee, L., & Underwood, J. (2018). Adverse childhood experiences, brain development, and mental health: A call for neurocounseling. Journal of Mental Health Counseling, 40(3), 266-278.

7 Ibid.

8 Public Health Wales (2018) Adverse Childhood Experiences (ACEs)and Housing Vulnerability–Report and Evaluation of ACE-informed Training for Housing phwwhocc.co.uk/wp-content/uploads/2020/08/ACEs-Housing-Vulnerability-Report-Evaluation-of-ACE-informed-Training-for-Housing.pdf

9 Lambert, S., Gill-Emerson, G., Horan, A. and Naughton, A. (2017) Moving Towards Trauma Informed Care. A model of research and practice, Cork: Cork Simon Community. www.corksimon.ie/aces-at-cork-simon/

10 Homelessness Learning Hub (2022) Trauma-Informed Care Toolkit for Youth Service Providers homelessnesslearninghub.ca/library/resources/trauma-informed-care-toolkit-for-youth-service-providers/

11 Lambert, S., Gill-Emerson, G., Horan, A. and Naughton, A. (2017) Moving Towards Trauma Informed Care. A model of research and practice, Cork: Cork Simon Community. www.corksimon.ie/aces-at-cork-simon/

12 Public Health Wales (2018) Adverse Childhood Experiences (ACEs)and Housing Vulnerability–Report and Evaluation of ACE-informed Training for Housing phwwhocc.co.uk/wp-content/uploads/2020/08/ACEs-Housing-Vulnerability-Report-Evaluation-of-ACE-informed-Training-for-Housing.pdf

13 Ibid.

14 People in a state of hypoarousal shut down and feel depressed or numb, as the nervous system is being understimulated by the stress response. It contrasts with hyperarousal - a state of heightened anxiety and awareness. Both are common for those dealing with trauma.

15 WHO (2024) Brain Health www.who.int/health-topics/brain-health#tab=tab_1

16 www.brainhealthandhousing.ie/global-brain-health-institute-and-respond/

17 circlevha.ie/wp-content/uploads/2023/10/Social-Impact-Measurement-Framework-Summary.pdf

18 phwwhocc.co.uk/wp-content/uploads/2020/08/ACEs-Housing-Vulnerability-Report-Evaluation-of-ACE-informed-Training-for-Housing.pdf

19 Walker, T., Esmene, S., Colebrooke, L., Leyshon, C., & Leyshon, M. (2020). Digital possibilities and social mission in the voluntary sector: the case of a community transport organisation in the UK. Voluntary Sector Review, 11(1), 59-77.

20 Derwent (2013) Civil Society Strategy urges the voluntary sector to embrace digital technology www.thirdsector.co.uk/civil-society-strategy-urges-voluntary-sector-embrace-digital-technology/digital/article/1490138

21 See www.dcu.ie/researchsupport/resources-on-research-ethics some additional resources on GDPR and research ethics.

22 Voorberg, W. H., Bekkers, V. J., & Tummers, L. G. (2015). A systematic review of co-creation and co-production: Embarking on the social innovation journey. Public management review, 17(9), 1333-1357.

23 Coulter, A. (2017). Patient and public involvement in healthcare. EBOOK: Healthcare Management, 328.

24 www.outcomesstar.org.uk/wp-content/uploads/Community-Star-Scales-Preview.pdf

25 warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

26 whatworks.gov.ie/app/uploads/2019/08/Info_Packs_Child_Learning_Development_Measures_July19.pdf

About Respond

Respond, a construction-led Approved Housing Body and service provider, has been working all around Ireland for over 40 years. Our vision is that every family and individual in Ireland will have high-quality housing as part of a vibrant and caring community. Housing and decent accommodation, in the areas where people want to live, are central to improving people's lives and enhancing the health and well-being of society.

18,000 plus tenants live in 8,180 properties across the 26 counties that we either own or manage. Respond also provide a range of services for families and individuals within our communities. This includes emergency accommodation with 24/7 support for families who are homeless in six Family Homeless Services, three Day Care Services for Older People, 17 Early Learning and School Aged Care facilities, Family Support and Refugee Resettlement Services. Our aim is to provide person centred services to support people to achieve their goals and reach their full potential.

respond

building homes,
improving lives

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iQ FOUNDATION

High Park,
Grace Park Road,
Drumcondra,
Dublin 9,
D09 N2N7

Airmount,
Dominick Place,
Waterford,
X91 A397

01 808 77 00
info@respond.ie
respond.ie

respond.ie