

The NEAR PROJECT

“Interim Coherence Analysis: A Preliminary Review”

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The NEAR project aims to support regions to develop or improve person-centered community-based social models that intervene both with the person (seeking the maximum development of their capacities) and in their relational environments (seeking to maximise the primary support that the person receives).

The adoption of these models implies a change in professional praxis, from a role of expert to a role of accompaniment, provision of support, guidance, and motivation. NEAR aims to identify approaches and methodologies for professional action that facilitate this change and to transfer and pilot good practices in training social service professionals for the new praxis.

To this proposal, an innovative project approach with a strong focus on in-depth learning has been organized around 5 learning events dedicated to the different challenges faced by the model change, bringing real cases from 4 different regions of Spain, the Czech Republic, Finland, Belgium, and the national experience of Italy.

To draft the NEAR project guide, titled “Towards Person-Centered Community-Based Social Models in Europe,” it is crucial to conduct a coherence analysis regarding the projects presented by the different partner countries: Spain, the Czech Republic, and Finland. This analysis is based on visits to the facilities presented by each country and aims to gather and synthesize the main insights that emerged for the creation of an integrated and shared European model.

This document offers a critical and conceptual re-elaboration of the main project themes that emerged from the various case studies visited in the partner countries.

The attached document (Annex A) provides a detailed description of the reflections and analyses that emerged from each case study in the various countries. It is divided into three sections, each dedicated to a country: 1. Spain; 2. Czech Republic; 3. Finland.

In the section dedicated to Spain, the first column presents the four thematic points identified by the Leading Partner as a guide for the analysis of the case studies. These thematic points are structured as questions addressed to the partners regarding their experiences. The second column offers a re-elaboration by the Advisory Partner, suggesting insights for interpreting and reworking the results based on methodological keys. The third column contains the critical analyses and reflections of the Advisory Partner on each case study in Spain, re-elaborated according to the proposed methodological keys.

The section related to the Czech Republic follows the same structure as the section on Spain. The third section, dedicated to Finland, includes the feedback from all partners, not just the Advisory Partner. This extension was made possible thanks to the analysis dashboards provided by the Advisory Partner during the peer review workshop held in Finland.

1. Spatial/Environmental/Territorial Contextualization

Spatial and environmental contextualization is fundamental in the design of care facilities, as demonstrated by the different approaches observed:

- In Finland, the Dila Campus is an example of architectural design that recreates familiar environments and residential units, fostering a strong sense of belonging and integration. On the other hand, Hakamaa Farm utilizes the natural setting and green care approach, where the natural environment plays an active role in the care process.
- In the Czech Republic, Domov Jeřabina Pelhřimov integrates the facility with the surrounding community, emphasizing the involvement of families and the community. The design aims to create a sense of belonging and to ensure that spaces are not only functional but also aesthetically pleasing and aligned with individual needs. This includes attention to space and human relationships, with buildings constructed to specific standards.
- Moreover, Domov Jeřabina Pelhřimov demonstrates the potential for territorial expansion and the possibility of building new residences that meet individual needs and inclusively integrate with the existing community, both spatially and socially. The centrality of architectural and socio-spatial design is also evident in the Vysočina Social Center and the Virtual Reality – Dementia project, where the easy replicability of the proposed model is an important feature.
- In Spain, the Pilar Gorgocena model shows the need for adequate spaces for facilities with different activities, preferably surrounded by greenery and protected. The territorial capillarity of the service is evident in the Early Care Service of the Autonomous Community of Navarra, which organizes teams in all geographical areas of the region.

2. Technological Innovation and Artificial Intelligence

Technological innovation is a crucial aspect for modernizing and improving social services. Some relevant examples include:

- Lab WellTech in Finland, which excels in the design of innovative technological environments and the use of flexible tools to promote health and well-being. This includes creating synergies between public and private sectors for the application of advanced technologies in social worker training and public services.
- Lab WellTech is also engaged in training based on advanced technologies, specializing in social workers and public services in safe environments and simulating specific scenarios to improve the quality of care. Virtual Reality – Dementia in the Czech Republic demonstrates how the use of digital tools and artificial intelligence can overcome socio-spatial obstacles, with applications already active in Australia, Canada, Singapore, and Italy.
- In Italy, the family home model is growing, with facilities that replicate the home environment and heavily invest in home automation and Ambient Assisted Living, enhancing safety and manual skills through telemedicine.

3. Training and Professional Development: New Training Paths

Enhancing professional skills is essential to improve services and the holistic approach to care:

- In Finland, projects like Hakamaa Farm and Peer Coaches offer integrated training courses that combine skills in mental care and complementary sectors, promoting a holistic approach to people's needs. This includes training paths that combine social and health skills, education, and job placement.
- Dila Campus and Peer Coaches emphasize specific interventions for vulnerable groups, aimed at developing skills, autonomy, and community inclusion, as well as addressing post-crisis psycho-social consequences. The role of the peer lecturer, highlighted in the Czech Republic, is crucial for promoting support and trust, as well as understanding and empathy.
- Raising awareness about changing attitudes towards death and teamwork with palliative care professionals are aspects addressed by APSS CR. Peer education in Italy, Spain, and Finland shows how training courses for social workers and caregivers are vital for managing dementia and facilitating work-life balance.

4. Evaluation and Measurement of Inclusion

The evaluation of inclusion is essential for monitoring and improving services:

- In Finland, ESIS uses tools to measure and quantify the level of inclusion and the impact of policies, allowing for a comprehensive evaluation that extends to the public, private, and third sectors. This tool is also useful for monitoring experiences and guiding the creation of personalized care plans.
- The political tool offered by ESIS encourages supranational cooperation and the exchange of practices to improve the evaluation of the impact of inclusion policies.

5. Territorial Welfare and Community Social Inclusion

Territorial welfare and social inclusion are central to service design:

- In Finland, Hakamaa Farm offers personalized plans that integrate social, health, educational, and employment services, while Dila Campus focuses on the presence of professionals and volunteers to care for vulnerable individuals and community-based methods to combat marginalization.
- The Vysočina Social Center and Pilar Gorgocena demonstrate how educational-assistance support and the variety of activities contribute to the development of beneficiaries' autonomy and skills. The Early Care Service in Navarra emphasizes empowering families and improving the quality of life for children and families, making services accessible to the entire community.

6. Network Building

Network building is essential for creating effective and sustainable support networks:

- In Finland, Hakamaa Farm and Dila Campus build networks of local and national stakeholders, including social teaching farms and partnerships with other facilities to increase social inclusion. Virtual Reality – Dementia promotes an extended support network that includes healthcare and social workers and medical schools.
- In Spain, the Early Care Service shows the importance of a strong network on different scales (urban, local, territorial), involving various actors and depending on the specific characteristics of each environment. The connection between multi-problematic families and kindergartens is crucial for combating marginalization and improving social inclusion.

This coherence analysis demonstrates how the models observed in the various partner countries can contribute to the creation of a shared European model for the training of social workers, based on innovation, training, and inclusion.

Contribution FNAS, experiences in Spain - June 2023

PILAR GORGOCENA DAY CENTER

PAMPLONA QUESTIONS	FNAS CRITERIA	ANSWERS
<i>What aspects would you highlight of this experience? (Resources, size of units, work processes, methodologies...)</i>	REASONS FOR CHOICES	<ul style="list-style-type: none"> -Methodology: care-based service model centered on each individual. -Equality criteria for the professional staff as it is perceived from the patient. - Variety of activities carried out within the center aimed at developing different capacities and levels of autonomy of the patient
<i>Do you consider that this experience could be adequate to progress towards a new model of care and towards the training of professionals for the new praxis in your territory? Why?</i>	EXPORTABILITY	<ul style="list-style-type: none"> - stronger relationship between the professionals working in this day center and the life of the patients outside it, especially in view of a future in which these patients could be left without a family of reference. - training professionals to work with these patients even outside the walls of the day center. - The easy replicability of the proposed model, which is not particularly affected by the specific reference context. - The possibility of finding suitable spaces for the development of complete structures that can include the performance of different activities in different contexts with an equally good endowment of open space surrounded by greenery and protected.
<i>Which are the facilitating and limiting elements to apply this experience in your context?</i>	STAKEHOLDERS NETWORKS	<ul style="list-style-type: none"> - The ownership of the center corresponds to the Navarre Agency for Autonomy and Development of the Person. Department of Social Rights. Government of Navarre. - The center is managed by the company DomusVi and it could be important develop the partnership with the community.
<i>Is there any similar experience in your territory? What are the most relevant aspects?</i>	NEW SOCIAL SERVICES	<p>Some example:</p> <ul style="list-style-type: none"> - Disabled Day Center (CDD), a facility that ensures the provision of services on the basis of Individualized Projects developed with the involvement of families. - "Don Gnocchi", for people with disabilities and their families, the operators of the Centers of the Don Gnocchi Foundation offer valuable educational-welfare support for the development of skills, autonomy, training, job placements, housing and the family atmosphere, with experimental projects of protected apartments, the management of free time and initiatives on the "after us", in the absence of familiar refer. <ul style="list-style-type: none"> - developing a stronger relationship between the professionals working in this day center and the life of the patients outside it, especially in view of a future in which these patients could be left without a family of reference. - training professionals to work with these patients even outside the walls of the day center.

EARLY CARE SERVICE

PAMPLONA QUESTIONS	FNAS CRITERIA	ANSWERS
<p><i>What aspects would you highlight of this experience? (Resources, size of units, work processes, methodologies...)</i></p>	<p>REASONS FOR CHOICES</p>	<ul style="list-style-type: none"> - Territorial capillarity of the service: The Early Care teams are organized in all geographical areas of the Autonomous Community of Navarre. - Interdisciplinarity of professionals This network is made up of the specialized services/units of each department, as well as the community agents of each locality. - Universal availability, accessibility for minors (public service, bottom up, free). <p>The project contributes to:</p> <ul style="list-style-type: none"> - family empowerment and the feeling of self-competence, - improve the quality of life of minors and families, - involve the family in the design, planning and execution of work objectives baimed at families, children and the environment.
<p><i>Do you consider that this experience could be adequate to progress towards a new model of care and towards the training of professionals for the new praxis in your territory? Why?</i></p>	<p>EXPORTABILITY</p>	<ul style="list-style-type: none"> - The technical criteria of the professional team would also be aimed at transforming the work team into a team in which dialogue and consensus prevail, but also into a team that would be able to adapt itself to the different natural environments of that family and that minor, creating networks with the rest of the professionals in those environments.
<p><i>Which are the facilitating and limiting elements to apply this experience in your context?</i></p>	<p>STAKEHOLDERS NETWORKS</p>	<p>One facilitating element to apply this experience is the creation of a Network through:</p> <ul style="list-style-type: none"> • Transformation scenarios - creation and dialogue • Adoption of evidence-based practices and professional training • Implementation Regulatory framework/ Strategic framework • Implementation of prototypes (in an orderly, participatory and social innovation process). • Training processes for all professionals, following the example of this project • A limiting (or better “challenging”) it could the transcalability: a strong network on different scales (urban, local, territorial etc.) and among different actors (professionals, families, children, local communities, etc.), that strongly depends on the specific characteristics of each different environment that could host the project. <p>The obligation as a Public Administration to create a network between:</p> <ul style="list-style-type: none"> - the community and the specialized, - the local context and the Public Administration <p>Strengthening and articulating the common space of:</p> <ul style="list-style-type: none"> - co-responsibility, - establishing organizational and functional mechanisms that make it possible, - avoiding parceled actions or dysfunctions, - guaranteeing the quality, effectiveness and efficiency in terms of early care.

<p><i>Is there any similar experience in your territory? What are the most relevant aspects?</i></p>	<p>NEW SOCIAL SERVICES</p>	<p>In Italy the Regions have competence in social matters but define the criteria and methods for implementing the Programs and the distribution of resources to the territorial social ambits, which define and manage the operational Area Plans. The services are largely private and the public administration manages the family centers and draws up the personalized assistance plan through multidisciplinary teams. Some example:</p> <ul style="list-style-type: none"> - Save the Children which support multi-problem families and nursery schools, networking social, health and educational skills, also for the fight against educational poverty; - Compiti Point AllenaMente; - Cooperativa Sociale Nuova Scuola a r.l., a specialized center that offers services to children and teenagers, parents and teachers for everything related to Specific Learning Disorders (DSA) and the developmental difficulties that can generate Special Educational Needs (SEN) - (private center): The Padua Clinical Center, born from the desire of the Institute of Constructivist Psychology, a School of Specialization in Psychotherapy recognized by MIUR, to create a clinical structure in which children, adolescents and adults can find a qualified response at affordable rates for their psychological and development. - The creation of a flexible working group, based on dialogue and consensus
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EL VERGEL ELDERLY

PAMPLONA QUESTIONS	FNAS CRITERIA	ANSWERS
<i>What aspects would you highlight of this experience? (Resources, size of units, work processes, methodologies...)</i>	REASONS FOR CHOICES	<ul style="list-style-type: none"> - The attempt to rebuild a family environment in the structure with the division into 15 housing units. - The availability of an adequate minimum number of professionals involved in the care and entertainment of patients who, in this way, are adequately followed in their activities.
<i>Do you consider that this experience could be adequate to progress towards a new model of care and towards the training of professionals for the new praxis in your territory? Why?</i>	EXPORTABILITY	<ul style="list-style-type: none"> - There are already similar models existing in Italy - Improving the role of professionals by assuming responsibility, decision-making capacity, conflict resolution, communication and flexibility in their care.
		<p>There could be the issue of the public/private relationship:</p> <ul style="list-style-type: none"> - the real challenge, in fact, would consist in guaranteeing a high-quality service for the elderly, centered on a model of Integral Care centered on each single person, with his unique aspects; - at the same time, being available and accessible for all the community, for all the inhabitants, regardless of the economic situation.
<i>Which are the facilitating and limiting elements to apply this experience in your context?</i>	STAKEHOLDERS NETWORKS	<ul style="list-style-type: none"> - Among the limiting elements, there could be the issue of the public/private relationship: In Italy, quality services for the elderly are very often linked to a private offer, making them economically inaccessible for most families.
		<p>The ownership of the center corresponds to the Navarre Agency for Autonomy and Development of the Person. Department of Social Rights. Government of Navarre. The center is managed by the company GSR and it could be important develop the partnership with the community</p>
<i>Is there any similar experience in your territory? What are the most relevant aspects?</i>	NEW SOCIAL SERVICES	<p>Currently in Italy the model of the family home is increasing which consists of:</p> <ul style="list-style-type: none"> - small structures that reproduce the context of one's own home. These structures invest heavily in technology, both for safety and to facilitate possible manual skills (home automation, Ambient Assisted Living, telemedicine). - the sharing of support figures, such as careers and personal assistants. - Often the largest and most complex structures divide up the rooms to make the elderly feel as much at home, facilitating the management of privacy even in family gatherings and identifying specific spaces to share with the other beneficiaries. - Investments for home care have increased recently, up to 24 hours a day, constantly supporting the activity of family caregivers.
		<p>There are already similar models existing in Italy and they could improve the role of professionals by assuming:</p> <ul style="list-style-type: none"> - responsibility, - decision making - capacity, - conflict resolution, - communication - flexibility in their care.

NETWORKING WITH D.A.

PAMPLONA QUESTIONS	FNAS CRITERIA	ANSWERS
<p><i>What aspects would you highlight of this experience? (Resources, size of units, work processes, methodologies...)</i></p>	<p>REASONS FOR CHOICES</p>	<ul style="list-style-type: none"> - Presence of complete training courses for new models of professionals who can accompany the future application of the dialogic approach to promote the Comprehensive and Person-Centered Care Model in different contexts. - The model intervenes both with the person (seeking the maximum development of their abilities) and in their relational environments (seeking to maximize the primary support that the person receives). - Intersectorial and networking approach of the project which: <ol style="list-style-type: none"> a. interweaves relationships, b. collects learning, c. combines collaboration between the parties, d. generates synergies beyond the case, e. constitutes a joint space, f. open and diversified, in which initiatives and proposals can be added.
<p><i>Do you consider that this experience could be adequate to progress towards a new model of care and towards the training of professionals for the new praxis in your territory? Why?</i></p>	<p>EXPORTABILITY</p>	<ul style="list-style-type: none"> - This kind of approach is applicable in each kind of context, (Finland was the first country in which it developed) - The center of professional activity is people's daily lives and their private networks of personal and community relationships, being their most important resources: professionals help activate them. <hr/> <ul style="list-style-type: none"> - it promotes a change in professional praxis, in the accompaniment, support, guidance and motivation phases
<p><i>Which are the facilitating and limiting elements to apply this experience in your context? (</i></p>	<p>STAKEHOLDERS NETWORKS</p>	<ul style="list-style-type: none"> - the principle to adapt the different activities of professionals to different situations regarding each single context. - dialogue, creativity and joint thinking are facilitated by a model aimed at promoting dialogue between people's private personal and professional networks, in order to combine different resources. - importance for the project to cross sectorial borders, considering the life of families and individuals in their whole context without dividing their lives in sectorial separated entities of multiple care devices (such as social services, education, health, etc ...).

<p><i>Is there any similar experience in your territory? What are the most relevant aspects?</i></p>	<p>NEW SOCIAL SERVICES</p>	<p>In the vast training program in Italy, research plans on the new practice emerged, focused on how it relates to the type of care usual in the context of that country. Some examples:</p> <ol style="list-style-type: none"> 1. Some projects aimed at defining training proposals for teachers, developing dialogic practices in professional schools are developing in the national territory. 2. ATS della Montagna, in collaboration with the Brescia provincial network of schools that promote health and with the support of all the schools in the Area, has organized a training course entitled "Towards a new educational alliance: Timeout - dialogic practices at school". The training course on dialogic practices was aimed at all school leaders, the health education contact teachers and all the contact teachers of the various school 16 complexes of the Camunian schools, but also to health professionals involved in health promotion activities. 3. Dialogic Experimental Project promoted by the Emilia Romagna Region to implement the reorganization of social and health services, also for adolescents, with dialogic tools. <p>- Dialogue, creativity and joint thinking are facilitated by a model aimed at promoting dialogue between people's private personal and professional networks, in order to combine different resources.</p>
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PAISS

PAMPLONA QUESTIONS	FNAS CRITERIA	ANSWERS
<p><i>What aspects would you highlight of this experience? (Resources, size of units, work processes, methodologies...)</i></p>	<p>REASONS FOR CHOICES</p>	<p>The aspects to underline are:</p> <ul style="list-style-type: none"> - Strongly place and territorial based project, developed around 3 first socio-sanitary teams belonging to 3 different districts. - The progressive and continuous territorial implementation of PAISS (started with three places but with plan to enlarge the areas of influence). - Strong internal teamwork to attend and organize cases.
<p><i>Do you consider that this experience could be adequate to progress towards a new model of care and towards the training of professionals for the new praxis in your territory? Why? (Max. 250 words).</i></p>	<p>EXPORTABILITY</p>	<ul style="list-style-type: none"> - It ensures continuity of care in a personalized way: this means that the professional should adjust his actions to specific cases, different people and needs. - ability of professionals to develop tools for the implementation of strong Community actions in the areas (basic zone profiles, asset mapping, conducting meetings), also involving other professionals from basic social services (educators, community agents...). - The project should work on the definition of criteria for comprehensive coordination between different work teams. <hr/> <ul style="list-style-type: none"> - it could promote an Intersectoral and interdisciplinary approach among the professionals with associations, Foundations, City Councils, networks, Citizen Associations, Volunteering, Red Cross and people from the community.
<p><i>Which are the facilitating and limiting elements to apply this experience in your context? (Max. 250 words)</i></p>	<p>STAKEHOLDERS NETWORKS</p>	<ul style="list-style-type: none"> - Facilitating: analysis of the different district resources needed by the persons and the community, changing with relation to each context. - Joint and comprehensive diagnosis on each case realized by the dialogue between different professionals, skills and sectors. - professionals should have a deep knowledge of their area of territorial influence, at the level of resources and community dynamics. - a process should be initiated to reorganize knowledge related to the bases and approaches of health promotion (social determinants, equity, salutogenesis). <hr/> <p>Professionals develop tools for the implementation of:</p> <ul style="list-style-type: none"> - strong Community actions in the areas (basic zone profiles, asset mapping, conducting meetings) - involving other professionals from basic social services (educators, community agents...). <p>The project should work on the definition of criteria for comprehensive coordination between different work teams.</p>

<p><i>Is there any similar experience in your territory? What are the most relevant aspects? (Max. 250 words)</i></p>	<p>NEW SOCIAL SERVICES</p>	<ul style="list-style-type: none"> - There are municipal systems of home assistance services aimed at elderly resident citizens and adult citizens with disabilities, who use home services paid by the Civic Administration, evaluated and authorized by the Social Territorial Areas (for example Comune di Genova). Some examples: - In the Veneto Region, residence permits: <ul style="list-style-type: none"> a. Day centers for non self-sufficient elderly people b. Service centers for non self-sufficient elderly people c. Alzheimer's Protection Higher Section (S.A.P.A) d. Section of Permanent Vegetative States (P.V.S.)
		<ul style="list-style-type: none"> - comprehensive diagnosis - analysis of the different resources

Contribution FNAS based on the 4 criteria, experiences in the Czech Republic - November 2023

VIRTUAL REALITY DEMENTIA

CRITERIA	ANSWERS
REASONS FOR CHOICES	- This method puts the person at the centre by supporting the skills, empathy, dignity and respect of the person suffering from dementia or Alzheimer's.
EXPORTABILITY	- It could become an innovative European good practice because the use of new digital tools and AI can allow us to break down socio-spatial obstacles which are nevertheless important elements in the analysis of the services provided.
STAKEHOLDERS NETWORKS	- It could represent an important aid in different contexts, allowing the creation of an extended support network (health and social workers, home services, medical schools...)
NEW SOCIAL SERVICES	- interesting method to support the patient's cognitive, emotional and relational functions. - it also allows the development of skills and abilities of the social workers engaged for example in supporting caregivers in the management of the domestic spaces and health care for the person with dementia.

SOCIAL CENTRE OF VYSOCINA REGION

CRITERIA	ANSWERS
REASONS FOR CHOICES	- It facilitates the balance between work and individual life for the familiar caregivers. - it improves the quality of care for the different care needs of the patients.
EXPORTABILITY	- the architectural elements must be combined with those related to the socio-spatial characteristics of the different contexts. - the internal forms of the spaces express an attention to the care of the clients
STAKEHOLDERS NETWORKS	- The possibility of finding suitable spaces for the development of complete structures that can include the performance of different activities in different contexts with the support of the network with private facilities
NEW SOCIAL SERVICES	- this experience could be adequate to progress towards a new model of care because it facilitates the balance between working-life and respite's moments for the familiar caregivers improving the quality of care for the different care needs of the patients.

NEW MODEL OF TEACHING WITH PEER LECTURES

CRITERIA	ANSWERS
REASONS FOR CHOICES	<p>the peer lecturer is a figure who acts by:</p> <ul style="list-style-type: none"> - inducing changes in cognitive and perceptive factors; - encouraging support and trust in the relationship with the service user. <p>The tools also appear important in this process because they favor the creation of a better relationship based on trust, comprehension and empathy.</p>
EXPORTABILITY	<p>The aspects that help in the implementation of these activities are:</p> <ul style="list-style-type: none"> - the multi-year experience in Italy, Finland and Spain of peer education; - peer developing in different contexts of intervention, training and recovery processes.
STAKEHOLDERS NETWORKS	<ul style="list-style-type: none"> - The exchange of this good practice could become important at European level to imagine an innovative professional role, through deepening of the competences of stakeholders involved in the training of clinical social workers and educational methodologies such as peer lectures in training. - This exchange could facilitate the acquisition of new skills to be used also in post-crisis periods affecting the psycho-social consequences of user behavior
NEW SOCIAL SERVICES	<ul style="list-style-type: none"> - Creation of new training courses within which it is possible to combine skills in social and health care.

PALLIATIVE APPROACH IN SOCIAL SERVICES

CRITERIA	ANSWERS
REASONS FOR CHOICES	<p>The aim of the system is:</p> <ul style="list-style-type: none"> - to support the improvement of the quality of services provided in residential social services facilities; - to obtain expert feedback for certified facilities; - to support facilities in the implementation of measures resulting from expert feedback and to assist them in setting up procedural steps in the implementation of the palliative care concept; - to raise awareness of the issue, leading to a change in society's attitude towards death and dying and to raise awareness among specific target groups.
EXPORTABILITY	<ul style="list-style-type: none"> - this falls within the competences that must develop the social workers and that it could be important to export this skill in other regional contexts.
STAKEHOLDERS NETWORKS	<ul style="list-style-type: none"> - this can improve teamwork with other professionals involved in the palliative care services and the support provided to the caregivers. - An example is the creation of a shade platform through which to make accessible workshops, seminars and programs about Palliative Care.
NEW SOCIAL SERVICES	<p>The social worker must know:</p> <ul style="list-style-type: none"> - how to assess and welcome patients and their families for access to palliative care and in different care settings; - how to conduct community work and address any ethical issues. - how to conduct social research in palliative care and promote training in this area.

DOMOV JERABINA PELHRIMOV

CRITERIA	ANSWERS
REASONS FOR CHOICES	<p>This experience expresses the transformation that personal services have undergone in recent years in this Region. The transformation process can be achieved through:</p> <ul style="list-style-type: none"> - the care of spaces and human relationship, - the creation of buildings with specific standards, - the preparation of staff in care activities, - the involvement of family members and the community. <p>This increases the sense of belonging of the people living in this kind of facility.</p>
EXPORTABILITY	<p>A possible challenge could be given by:</p> <ul style="list-style-type: none"> - the territorial extension, - the complexity and diversity of the regional territories (for example, population density, natural landscapes). - Another issue to face with may stem from the availability of land on which to build new residences that fully meet the needs of settled individuals and integrate inclusively within the existing community, both spatially and socially.
STAKEHOLDERS NETWORKS	<p>- This experience could find some difficulties in the implementation tout court determined from the organizational order of the services and from the socio-cultural context in the various European regions.</p>
NEW SOCIAL SERVICES	<p>- The transformation of the intervention from the condition of isolation of the total institution to a perspective of networked and personalized projects.</p>

Partners' contribution to the interactive platform, experiences in Finland - May 2024

HAKAMAA FARM: green care farm - peer coaches and peer instructors

CRITERIA	PARTNER	ANSWERS
GREEN CARE FARM		
REASONS FOR CHOICES	Spagna	offers an opportunity to live in a supportive environment, independent of the family but integrated into the community
	Rep. Ceca	clients feel responsible and useful for community, they have meaningful activities
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - It provides person centered and rehabilitation planning. - The natural context is an important and active part in the process of care of the community. - Development of territorial welfare policies and opportunities for personal employment growth.
EXPORTABILITY	Spagna	experience adequate to progress toward a new model of care and towards the
	Rep. Ceca	training of professionals for the new praxis. The integration of different and
	Finlandia	complementary skills to care work allows us to address the needs of people with
	Belgio	disabilities in a holistic way, involving them in solidarity economy activities. It
	Italia	<ul style="list-style-type: none"> - it could become an innovative European good practice because it's a method that uses FARMS as a tool of care: social farms carry out functions of a social nature (socio-health, educational, training and job placement, recreation) aimed at vulnerable people or at risk of social marginalization
STAKEHOLDERS NETWORKS	Spagna	different sectors (sustainable agriculture, farming and gardening, craftsmanship)
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Create a partnership with healthcare local companies, third sector and social private sector to improve peer education in social services.
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - The integration of different and complementary skills to care work allows us to address the needs of people with disabilities in a holistic way, involving them in solidarity economy activities. - Create training courses that integrate specific skills in different sectors (sustainable agriculture, farming and gardening, craftsmanship)

CRITERIA	PARTNER	ANSWERS
	PEER COACHES AND PEER INSTRUCTORS	
REASONS FOR CHOICES	Spagna	In Navarra, specific training for peer coaches is being defined
	Rep. Ceca	It benefits peers self confidence, usefulness for customers and them as well; empowerment of clients: building self-confidence, provided the coaches are not expected to bear integral responsibility of capacity building support
	Finlandia	
	Belgio	
	Italia	- Peer coaches and peer instructors are qualified partners for social service professionals -Fundamental points of this experience are the possibility of developing forms of user empowerment and rehabilitation in society and work encouraging self confidence
EXPORTABILITY	Spagna	Easy exportable to any region
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- deepening of the competences of stakeholders involved in the educational methodologies such as peer lectures in training. - dwell even more on the commonalities and differences in practices that emerge from different contexts in order to imagine shared good practices.
STAKEHOLDERS NETWORKS	Spagna	There are some mentoring experiences similar to this experience, so might be adapted to a context like this (people with disabilities)
	Rep. Ceca	
	Finlandia	Peer coaches have for example worked with elderly people for mutual benefits also - work opportunities by work places
	Belgio	
	Italia	- Professionals able to train clients to become peer coaches
NEW SOCIAL SERVICES	Spagna	Disable people can live a meaningful life
	Rep. Ceca	we would like to know more about the peer educational programme
	Finlandia	
	Belgio	
	Italia	-Competencies in mental care

THE EXPERIENCE OF SOCIAL INCLUSION SCALE (ESIS)

CRITERIA	PARTNER	ANSWERS
REASONS FOR CHOICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	Might be a useful policy tool, allowing for policy makers to compare and assess social intervention initiative; provided the tool is easy to use, it can be used for not-so-easy to assess target group; if it is suitable for evoking a process of ambition strengthening (at individual level), often a big challenge for socially isolated and immobilised people, it might be used for outreaching initiatives like so called "mobile teams" (=bringing psychiatric or psychological care to people, not the other way around). Tool could encourage supra national cooperation and or exchange on impact assessment
	Italia	<ul style="list-style-type: none"> - To measure and quantify the level of inclusion and impact of policies and actions on different territories; - to orient the new services and good policies. - Credibility of project because of the scientific validated tool; - objectivity of evaluation
EXPORTABILITY	Spagna	Could be useful for the assessment of some services, but should be previously adapted (not only translated) into the Spanish context
	Rep. Ceca	quick tool for evaluating results of intervention, should be accompanied by othe methods (qualitative)
	Finlandia	
	Belgio	when properly translated it could inspire likeminded measuring tools, or be applied as-is
	Italia	<ul style="list-style-type: none"> - Passing from an evaluation relating on the single experience to an evaluation built on a global system; - multiple uses and categories
STAKEHOLDERS NETWORKS	Spagna	
	Rep. Ceca	you need someone with knowledge of statistics to interpreted results - cooperation with other subject is needed or complete tool for working with data
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> -Necessary instrument for facilitating the inclusion of services users in their decision-making process. -Every facility can evaluate the level of social inclusion provided.
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - Improving the quality of the services provided, to work in the areas affected by the greatest critical issues. - cognitive tool for social workers to improve their performance and acquire new knowledge. - Measuring the levels of inclusion of a project/service allows the social worker to guide the personalized care plan; - support for the autonomy of the vulnerable beneficiary throughout the implementation process, reducing inefficiencies and time.

LAB UNIVERSITY OF APPLIED SCIENCES: SIMULATION LEARNING ENVIRONMENT AND LAB WELL TECH

CRITERIA	PARTNER	ANSWERS
SIMULATION LEARNING		
REASONS FOR CHOICES	Spagna	
	Rep. Ceca	safe space for practicing difficult situations with customers and all professionals in social services
	Finlandia	
	Belgio	Belgian nurses schools make use of the principle: advantage is that you can learn in safe environment
	Italia	- Support living at home
EXPORTABILITY	Spagna	Totally exportable and necessary. At the universities should be aware of the importance of this training. Is the best way for students to acquire key competence for the workplace
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Promoting the possibility of acquiring new skills experimenting them directly on the field.
STAKEHOLDERS NETWORKS	Spagna	Public university of Navarre is one of the stakeholders, so this is a useful starting point
	Rep. Ceca	APSS offers to its members special courses to simulate dementia for professionals in VR or from videos
	Finlandia	
	Belgio	
	Italia	- healthcare equipe to share competencies in domotic issues. - Private Social STHD (companies, Enterprise, Startup)
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- New specialization levels of SW for care of specific categories of fragilities (elderly, disabilities, etc.)

LAB WELLTECH

CRITERIA	PARTNER	ANSWERS
REASONS FOR CHOICES	Spagna	
	Rep. Ceca	useful/interesting assistive equipment
	Finlandia	
	Belgio	
	Italia	- Weak approach in cooperation with High tech innovation in the training study of social services.
EXPORTABILITY	Spagna	Public University of Navarre is one of the stakeholders, so this is a useful starting point.
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Way to create synergies among different sectors: a. Which specialization levels do SW reach; b. how do they reach them (especially public social services)
STAKEHOLDERS NETWORKS	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Different customers and stakeholders: start-ups, public and private sector, and municipalities.
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Creation of new training courses within which it is possible to combine skills in social and health care by using the technology as a learning tool. - Familiarity with technical languages helps broaden communication channels between different care environments.

THE DILA CAMPUS: COMMUNITY AND INCLUSION AREA

CRITERIA	PARTNER	ANSWERS
REASONS FOR CHOICES	Spagna	
	Rep. Ceca	It is important to show young unemployed people a new direction for their careers in the social services sector. Because Dila Campus works with several different target groups, young unemployed people can try working with different types of clients and find the group they would like to work with.
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - Developing different skills and levels of autonomy and promoting social inclusion. - Reconstruct a family environment in the structure with the division into different residential units. - The availability of professionals involved in the care and volunteers in entertaining the patients who are adequately followed in their activities.
EXPORTABILITY	Spagna	
	Rep. Ceca	The Czech Republic has a very low percentage of unemployed (less than 3.5%), so it is not useful for training the young unemployed. However, there are a number of courses for social service workers in the Czech Republic, which are attended by some of the unemployed. It is particularly important to promote social services and direct people to this sector.
	Finlandia	
	Belgio	
	Italia	- it promotes specific and differentiated interventions for people at risk of social marginalisation also through community work.
STAKEHOLDERS NETWORKS	Spagna	There are many stakeholders of the project that could be interrelated to create a similar experience
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- Creating a partnership with other social facilities of the context to increase the level of social inclusion for those who are at risk of social marginalization.
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	It is important to promote the social services sector to young people to get more information about social services and to show them that working in social services is important, meaningful and fulfilling for them.
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - community-based method that can be used by social workers to fight against the risk of marginalization and social exclusion. -The transferable model is that of cooperative communities, where the beneficiaries of aid interventions make themselves available to support the community.

MENTE SERVICES

CRITERIA	PARTNER	ANSWERS
REASONS FOR CHOICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - Mente Services provide: <ul style="list-style-type: none"> a. customer-oriented housing services b. rehabilitation services for people recovering from mental health issues and substance abuse. - Customers receive personal support with implementing their Recovery Action Plan.
EXPORTABILITY	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	- this experience can be adapted to develop a new model of personal care because it promotes the recovery and well-being of the person.
STAKEHOLDERS NETWORKS	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - Set up a community based approach because every facility presented on the territory can support the mental health patient's recovery thanks to: <ul style="list-style-type: none"> a. a strong partnership for social inclusion, b. health care c. work inclusion.
NEW SOCIAL SERVICES	Spagna	
	Rep. Ceca	
	Finlandia	
	Belgio	
	Italia	<ul style="list-style-type: none"> - A method based on the principle of community care and recovery as a necessary instrument to develop a new method to improve the mental health of the patients. - Social workers support the patient's recovery by supporting his\her daily actions to ensure autonomy and self-determination.