

FOUNDATION

The Consortium contributes

- A** to the professionalization and reinforcement of social service provider structures through cooperation between service providers that are active in different fields whilst respecting the same values and principles (related to the social economy where profit is not an end in itself, but just the instrument to carry out activities serving the human being);
- B** to a better structuration of the sector in Ravenna/Faenza, responding better to the needs of the local population;
- C** to boost innovation capacity of service providers that are able, within the Consortium, to jointly respond to the multiple and sometimes rapidly changing needs of individuals by developing new services,
- D** to provide service beneficiaries and their families with the opportunity to express their needs and take part in designing the service adapted to these needs ;
- E** to enhancing service quality (due to the capacity to better take into account the different needs of service beneficiaries and their families),
- F** to counteracting illegal employment by giving the different professions a better image and by making the added value of employment within the cooperatives better visible.

RELEVANCE

The Consortium is the result of an analysis of needs of women working in the co-operative sector (including cooperatives active in the care and domestic service field). Its initial objective was

thus above all to better serve the needs of employees which are at the same time potential beneficiaries of the different services.

Today services of the “Bottega dei Servizi” are co-constructed with persons in need and their families – be they co-operators or not, giving beneficiaries thus the opportunity to have an overview of the diversity of possible services on offer, to determine themselves the type of service (combination) he/she would need, to re-shape service features according to his/her specific needs, to propose/ask for new services etc.

CONSISTENCY

The “methodology” of the Bottega dei Servizi lies in the **cooperation** of different service providers which belong to the **social economy**.

Cooperation enables the service providers not only to make the service offer better visible and known, but also to better structure and develop the service offer, to mutualise resources (including knowledge), to foster innovation and to strengthen capacities of the different member structures through peer learning. This contributes to an improvement of service quality.

The social economy values and principles the member cooperatives of the Consortium adhere to (e.g. the primacy of the human being; limited profit-distribution/re-investment of profits into the activities and therewith an improvement of their quality; solidarity; participation and involvement of different type of stakeholder etc.) are a guarantee for service beneficiaries that are directly involved into the design and the organisation of the different services.

MATURITY

Even though the Consortium is fairly young, its creation is one of the results of a process of deep research and discussion in the framework of the study “Famiglia - Impresa - Lavoro” carried out from 2009 to 2011 by Confcooperative, Fondosviluppo and RicerAzione. The study had the objective to analyse the different challenges that in particular women are facing when trying to reconcile work and family life and to outline the solutions cooperatives (could) provide.

Another element which contributes to a certain maturity of this good practice is the fact that cooperatives involved are active in the field of domestic services since years and on the same territory – many of them have knew each other before and some of them already worked together to a certain extent.

EMPOWERMENT OF PLAYERS

The Consortium was in its initial stage (during its conception) a means in particular for female co-operators to solve daily problems related also to reconciliation of work and family life and to have directly a say when it comes to designing and organising the type of service (combination) they would really need.

However, also other parts of the population (that are not co-operators) have access to the Service of the Bottega.

The Consortium recently further strengthened the capacities of families to organize themselves in order to claim and get better access to enjoying basic rights by setting up a consumer cooperative in the field of electricity and water etc.

Also other cooperatives have the possibility to join the Consortium.

Furthermore, Bottega dei Servizi organises

or contributes to the organisation of public events aiming to raise the awareness of citizens in general on different rights of citizens and possibilities offered by the cooperative sector, but also to discuss challenges and needs of the local population.

EVALUATION AND MONITORING

Monitoring and evaluation of the activities of the Consortium are carried out on a regular basis in the framework of board meetings and the general assembly.

Moreover, each member of the Consortium has its own instruments of impact assessment, evaluation and monitoring (based, for instance, on the Carta dei Servizi and social balance sheets).

TRANSFERABILITY

- Other co-operatives (and other service providers?) that are active in the field of care and domestic services have the opportunity to become members of the Consortium (membership of the "Bottega dei Servizi" increased, in-between 2012 and 2015, from 9 to 12). Conditions for a replication of the experience in other territories are related to aspects such as
- existence of overarching values and principles linked to cooperation (as a basis for a common vision and project);
- capacity to co-operate and existing cooperation (or not) between different service providers on a territory;
- willingness of service providers to mutualise and jointly restructure resources, knowledge, strategies;
- ...

SUSTAINABILITY

The initiative did for the moment not receive any major support by public authorities.

This could also be seen as a proof of the capacity of the Consortium to be self-sustaining. A main advantage here is certainly the fact that most of the members of the Bottega dei Servizi do already know each other and did already cooperate with each other before. The "Bottega dei Servizi" is an opportunity to further reinforce already existing capacities.

INNOVATION

- No involvement of public authorities so far. Professionalisation of the sector and improvement of the service offer happens on the initiative of the service providers.
- The Consortium allows for cooperation between providers of services going beyond the traditional health and care service-combination, including also other household services, education and training of dependent persons at home, social housing, organisation of relocation services etc. The needs of a beneficiaries of care services are analysed from the perspective of their whole "project of life".

GENDER IMPACT

The Consortium is the result of a study/project aiming to identify and promote better opportunities for women (and families in general) to reconcile family and work life.

It was thus conceived as a tool for the improvement of services to the benefit of (female) service users, but also of (female) cooperators that might at

the same time work in the field of home care/domestic services.

RESOURCES

Human resources:

The "Bottega dei Servizi" is run by the Consortium on the basis of staff coming from the different member cooperatives.

Economic resources:

The "Bottega dei Servizi" is currently not co-financed by public authorities. All costs are carried by the cooperatives and – partially - by service users. In the case of certain services beneficiaries have the possibility to deduct costs from taxes.

Technological resources: Website

IMPACTS

- **QUANTITATIVE:** No information so far
- **DEGREE OF GOAL FULFILMENT:**

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Franche-Comité Region: Programme "Supprt for job in the social and solidarity economy / Part 2: Consolidate and professionalize employment in associations operating in the field of domestic services - "Tremplin Solidarités"
territorial scope	Regional
Period of Reference	2005 - today

CONTENT

Since 2005, the programme "Tremplin Solidarités" of the region Franche-Comté seeks to enhance quality employment within not-for-profit organisations providing home care services specifically for elderly persons or persons with disabilities.

The objectives of the initiative are multi-fold, as it aims to professionalize at the same time persons (working for service providers), the structure of the service provider and the sector (not-for-profit organisations providing home care services).

Eligible are not-for-profit enterprises that

- A** provide domestic services/home care services to elderly and other persons dependent on assistance/care;
- B** are a member of one of the recognised national federations of domestic service/home care providers (ADESSA, UNA,

ADMR) and therewith of the "Collectif Franc-Comtois d'Aide à Domicile" (composed of these three unions) and respect all relevant collective agreements in the sector.

Persons whose employment and professionalisation is supported have to be employed by the above mentioned structures and have to find themselves in at least one of the following groups:

- under 26 years old;
- worker with disabilities;
- 50 years +;
- single parents;
- persons living in a rural zone that is undergoing a process of revitalization or in a disadvantaged neighbourhood;
- long-term unemployed;
- beneficiaries of the RSA (Revenu de Solidarité Active).

The eligible type of activity are home care services for elderly or other persons dependent on assistance/care (persons with disabilities, persons suffering from illnesses, ...).

The structures benefitting from the financial support commit themselves to respect three criteria:

- Work integration: employment of persons belonging to the above mentioned groups (and thus partnership with intermediary organisations working, for example, in the field of work integration);
- Qualification/Professionalisation of employment: Maintenance or increase of the proportion of qualified employment (with the aim to reduce the proportion of low-qualified or unqualified employees within each beneficiary association by 10% each year in order to reach a reduction of low-qualified employment of at least 40%)

- Consolidation of employment: maintenance or increase of average working time

Moreover, beneficiary associations engage to employ trainees of the regional training programme in the sector of home care and form tutors able to accompany these trainees.

The agreement with each beneficiary association is based on a specific "Plan for Professionalisation", which takes account of the specific socio-economic situation and strategy of the association. Among the actions realised with the support of the region figure employment and training, purchase of relevant equipment or counselling services, certain communication activities, the employment of trainees etc. Associations are also strongly encouraged to improve the organisation of working time and to work on the improvement of working conditions together with their employees (increasing participation).

Since 2013, the Franche-Comté region also formalized its partnership with the Collectif Franc-Comtois d'aide à domicile in order to support cooperation and mutualisation between not-for-profit structures working in the field of personal care and domestic services. Associations receiving financial support in the framework of Tremplin Solidarité have to use training instruments that are recognised by this platform. Therefore, the Franche-Comté Region examines each "Plan for Professionalisation" together with the Collectif Franc-Comtois d'aide à domicile.

General and specific goals:

General objective: - Professionalisation and structuration of the employment of non-qualified (non-certified) assistants in the field of domestic services provided to elderly or other persons dependent on assistance/care.

- Improvement of working conditions of employees in the field of home care and therewith promoting a more positive image of the profession of a caregiver.

- Professionalisation of service provider organisations and of the sector in general.
- Promotion of cooperation between different service providers.

FOUNDATION

The programme contributes to a model which fosters, in particular:

- A** a better qualification of carers/persons working in personal care and domestic services and therewith also
- B** better work conditions (counteracting precarious work that is still widespread in the sector) and
- C** a better recognition and image of professions linked to personal care and domestic services and better opportunities for employees to develop their career path;
- D** the development and professionalisation of social economy enterprises/organisations and the recognition of the added value these enterprises/organisations are able to produce in comparison with other private service providers;
- E** an improvement of the quality of care services;
- F** a regularisation of work that might otherwise partially be delivered in an illegal way.

RELEVANCE

The programme responds, first of all, to the needs of employees in the personal care and domestic service sector inasmuch as it encourages employers to provide their employees with training opportunities leading to an improvement of qualifications (and their maintenance). Employees - in this

sector often women belonging to disadvantaged groups - are thus given better opportunities to develop their capacities and therewith career opportunities.

(Training opportunities in the care and domestic service sector still seem to be rather underdeveloped or employees might not be able to make use of them.)

Moreover, the improvement of qualifications also means the improvement of salaries (counteracting precarious work conditions).

At the same time, service providers are encouraged also to maintain qualified employment (therewith also counteracting a misuse of the programme by associations employing mainly under-qualified persons) and to improve working hours (offering more full-time employment etc.).

Through the improvement of qualifications of employees the initiative also stimulates a higher recognition and greater attractiveness of the profession as such.

With its focus on the social economy, the initiative gives a clear political signal, highlighting the importance of the sector and its added value and contributing to its further development.

Last but not least the improvement of qualifications of persons working in personal care and domestic services should also lead to a significant improvement of the service quality.

CONSISTENCY

The financing is provided to organisations

- A** responding to specific eligibility criteria (linked to principles and characteristics such as not-for-profit, respect of inter-branch-agreements);

B employing a specific type of person (namely those in unemployment or at risk of finding themselves in precarious work conditions, including illegal work);

C having established and implementing a specific "Plan for Professionalisation" which includes work integration initiatives, specific training measures for staff (aiming to improve their qualifications) and a commitment to increase or at least maintain the number of qualified staff.

Methodology and instruments are thus directly linked to the objective of the initiative.

MATURITY

The initiative is in place since 2005. Since then it has been continuously reviewed and adapted.

Evaluation meetings take place on a regular basis, involving the public authorities and service providers (Collectif Franc-Comtois d'Aide à Domicile).

In 2013 the region further strengthened its cooperation with relevant social economy service providers by formalising its partnership with the main platform of social economy employers in the personal care and domestic service sector (the Collectif Franc-Comtois de l'aide à domicile).

Since 2005, the public envelope spent for the initiative increased significantly (from approx. 800 000 EUR to nearly 2 million EUR).

EMPOWERMENT OF PLAYERS

- The initiative empowers above all employees (of social economy enterprises) by providing them with the opportunity to increase their qualifications and leave the vicious circles of precarious employment including low salaries, high working hours and lack of time for training.

- Persons finding themselves on a work integration path (and that have been in illegal work as caregivers before), are given a major chance to find their way back into the labour market as enterprises are specifically encouraged to take them on board.
- With the support of and the cooperation with the Collectif Franc-Comtois de l'Aide à Domicile the Franche-Comté region also promotes cooperation and mutualisation processes between different (platforms of) service providers that are supposed to strengthen the sector as such.

EVALUATION AND MONITORING

An evaluation of the programme was carried out in 2012 in cooperation with FACT (Franche-Comté Amélioration des Conditions de Travail), a public agency focusing on the improvement of working conditions.

After this evaluation, the objectives of the programme were slightly modified by placing a higher focus on the raising of working hours and on the consolidation/further increase of qualified work within the organisation. Reason for this was a perceived risk that the concentration on professionalisation alone could also turn the financial support by the region into a "bonus for non-qualification" - encouraging associations to employ a high number of low-qualified persons with the aim to benefit from the initiative.

TRANSFERABILITY

- A number of different organisations/enterprises may have access to the financing, as far as they fulfil the aforementioned eligibility criteria.

- Transferability of this practice to other regions/cities depends on aspects such as:
 - > availability of (public) budget and (political) willingness to allocate budget to this type of action and actors;
 - > existence of platforms of (social economy) service providers in a region, degree of cooperation between these platforms and degree of their cooperation with public authorities;
 - > existence of appropriate and recognised training instruments for the sector,

SUSTAINABILITY

Since 2005, the budget foreseen for the initiative doubled (from approx. 800 000 EUR to nearly 2 million EUR). The Franche-Comté region seems to clearly consider the initiative as a success. The conviction of the usefulness of investing into the sector is reinforced by outcomes of studies such as a study on the positive economic impact of supported homecare as opposed to costly hospitalisation (researchers calculated savings of 500 000 EUR for 925 analysed cases).

Sustainability of quality employment within social economy service provider structures is ensured the following way:

- Enterprises and organisations that were able to benefit from the financing provided by the region now profit from a reinforcement and better qualification of their workforce and professionalisation of their structures in general. This should strengthen them for the future (stronger capacities to provide quality services; to participate in public procurement procedures etc.).

- The reinforcement of cooperation and processes of mutualisation between the different enterprises/organisations belonging to the Collectif Franc-Comtois d'Aide à Domicile, the platform of not-for-profit service providers, strengthens the sector as such (e.g. possibilities to maintain jobs by forming an association of employers/alliance of employers and to adapt to changing situations within single enterprises by 'exchanging' qualified employees; joint organisation of training; joint participation in public procurement procedures etc.) ...

Nevertheless, through a permanent dialogue with the beneficiary organisations and the service provider platform the region is also aware of and seeks to tackle challenges social economy service providers continue to experience (due, for example, to their general interest mission and "exposure" within a competitive market).

INNOVATION

According to the regional administration, a main factor of innovation (if compared to other territories in France) is the participative way in which the initiative has been conceived and is implemented, i.e. the deep cooperation with the employer organisations (Collectif Franc-Comtois d'Aide à Domicile). The latter is involved not only in the review and evaluation of the measures taken, but also in their preparation (i.e. the examination of each individual "plan for professionalisation" of applicant associations; the identification of training measures that are considered eligible etc.).

Also the main focus on professionalisation in the broadest sense (professionalisation of employees, of structures and of the sector) instead of a pure financing of work places, and the promotion of cooperation between different kind of associations can be considered as a particularity.

Moreover, the Franche-Comté region seems to place the dialogue around professionalisation into a broader debate on the context in which social economy service providers work and on the general challenges they are facing on a daily basis (i.e. public service mission versus competition on an open market).

GENDER IMPACT

- **Qualification:** The initiative opens new ways for further (professional) development to women (as it is mostly them working in domestic and care services). A sector with predominantly female employees, (home) care services have for a long time been the ground for precarious employment (under-qualification, bad pay, part-time employment or high amount of working hours). With "Tremplin Solidarités" women are given the opportunity to receive training at the work place, increase their qualifications, improve their salaries, adapt working hours to their needs and develop career opportunities.
- Also in particular the increase of working hours (from mini to full-time jobs) renders jobs linked to care less precarious (which they have been for a long time and this especially for women, as it is above all women working in this sector).
- Women (but also men) working in the "grey/black employment market" might never be able/have the time to follow qualification processes and therefore also risk to find themselves in a vicious circle forcing them to remain in illegal work (which also means low quality work). The initiative offers an alternative and encourages social economy to help these persons finding their way into legal quality employment.

RESOURCES

Human resources:

Economic resources:

Total amount of financial support: approximately 2 million EUR/year

Technological resources: /

IMPACTS

QUANTITATIVE:

In 2014 approximately 2 million EUR were spent to finance 754 full-time equivalents temps in 13 not-for profit associations providing home care services.

- The objective of reducing the proportion of low or not-qualified employees was nearly achieved already in 2010 (still at 75% in 2004 this percentage reached 48% in 2010).
- Moreover, the initiative of the Franche-Comté region also stimulated the conclusion of further interbranch agreements (e.g. on working time).

DEGREE OF GOAL FULFILMENT: High

GOOD PRACTICES TEMPLATE

IDENTIFICATION

Name	City of Gdynia (Poland): "Gdynia's dialogue on quality of care services"; "Gdynia Charter of Quality of Care Services"; "Gdynia's standard for residential care services"
territorial scope	local
Period of Reference	2008 - today

CONTENT

Gdynia is a city in Eastern Pomerania (Poland), close to the city of Gdansk. It has a population of approximately 250 000 inhabitants. Care services in Gdynia are provided by NGOs (non-for profit actors), social enterprises or other small enterprises.

From 2008 to 2010 the Municipal Welfare Centre of Gdynia participated in a European project, led by the European Network of Cities and Regions for the Social Economy (REVES aisbl). The aim of this project was to develop a methodology to define "Territorial Quality Standards for Social Services of General Interest".

After the project the local authority decided to carry out, in 2011 and 2012, "Gdynia's dialogue on quality of care services" – a participatory process involving around 1000 persons, among them final users of care services, service purchasers and service providers, front line staff, voluntary workers and others.

The dialogue led, first of all, to the identification of a catalogue of the following main quality criteria: efficiency, good management, positive approach to cooperation, information flow, mutual respect, availability, responsibility, adaptability and solidarity.

Among the final results of the process figure the drafting and publication of two documents:

- 1 the “Charter of Quality of Care Services” which lays down main principles and quality standards for the design, organization and provision of care services, and
- 2 “Gdynia’s standard for residential care services” focuses specifically on domestic services and contains
 - A the definition of the objectives of care services and expected results (as defined during the aforementioned participatory process);
 - B a catalogue of the whole range of (domestic) care services provided in the city of Gdynia;
 - C duties and rights of organizers and providers of care services as well as care givers (this part also include requirements for professional qualifications of care givers).

The care standard has now also been integrated into public procurement procedures. With concrete requirements regarding the employment of care givers (minimum salary, existence of a proper contract, but also existence of a training fund or contribution to a local training fund by the employers) the local authorities aim, for instance, to improve the image of the care giver profession and the level of education of care givers.

However, the above mentioned participatory process also led to clear changes and innovation in service design, service organization and

provision. To give just one example: Many elderly mentioned as a challenge to be tackled the problem of security in everyday life. In cooperation with (social) private service providers, the local authorities reacted: A system linking telecare with traditional care services was introduced. A bracelet or phone device with buttons of different color enables the user (i.e. the elderly person):

- A to contact an Alarm Centre (available 7d/7 and 24h/24) which will either get in touch with a care giver knowing the elderly person, with family members or other close persons who could rapidly visit the person; or send an ambulance (red button)
- B to use assistance services providing information/orientation/consultation (including psychologists etc.) (green button)
- C to get to know and use extra services (e.g. rehabilitation, repairs, cleaning...) (blue button)

The system has been established and is run in cooperation with private enterprises. It is free of charge for certain groups (those already entitled to receive certain social benefits) and available at a reasonable price (7 EUR/month) for other residents of Gdynia. The local authority co-finances the service.

FOUNDATION

The Gdynia experience is a fairly unique good practice example in particular with regard to governance in service design, organisation and provision.

The participatory process on the basis of which the Charter of Quality of Care Services and the Standard were developed involved different kind of stakeholders, among them service beneficiaries, service providers, carers and other kind of staff, civil society etc.

The result achieved was made a binding part of the city's welfare policies - not at least by the integration of the principles and standards of the Charter into public procurement procedures.

Moreover, the process and the ideas it generated led to the innovation of care services as such.

The experience combines thus:

- A an improvement regarding the creation of a conducive policy environment and legal context for quality services in the care sector;
- B empowerment of service users/end beneficiaries and service staff (carers);
- C promotion of partnership between different players in the field of care services;
- D enhancing the quality of care services (based on the needs expressed by different stakeholders).

RELEVANCE

The Gdynia initiative is based on a broad participatory process that involved directly also service users and service staff (carers) in the definition of principles and standards regarding service design, organisation and delivery.

With regard to these two groups of stakeholders the process had a clear impact

- A on quality of services - enhanced also through the integration of the developed standards and principles into public procurement procedures;
- B on service innovation (still in the sense also of quality enhancement);
- C on the improvement of qualification and work conditions of service staff (which is part of the principles/standards and thus also of considerations included in public procurement procedures).

However, dialogue and resulting standards also incorporated viewpoints of other stakeholders such as service providers (employers) or civil society in general.

CONSISTENCY

Under the slogan "We want to see. We want to hear. We want to decide together.", the city of Gdynia decided to enter in direct dialogue with those affected by the process of service design and service provision or by the absence of appropriate services (i.e. service staff, service users, service provider organisations and others). Public government and administration were thus able to identify and confront, in partnership with civil society, needs and expectations of different stakeholders and to formulate - together with the partners - guidelines and standards that should lead to an improvement of service quality and quality of work in the care sector.

The outcome of the process - the "Gdynia Charter of Quality of Care Services" and "Gdynia's Standard for Residential Care Services" - was made an integral part of local policies and has been a driver for the innovation of services and of administrative procedures (public procurement and partnership with different stakeholders), the latter also stimulating better working conditions and better qualification of staff in the care sector.

MATURITY

The concept and methodology for the Gdynia dialogue on quality of care services was developed and simulated in the framework of the initiative "Territorial Quality Standards in Social Services of General Interest" (co-financed by the EU) in-between 2008 and 2010, before being realised in practice in 2011 and 2012. Since then, the Gdynia Charter of Quality of Care Services and "Gdynia's Standard for Residential Care Services" are in place and have been successfully applied.

EMPOWERMENT OF PLAYERS

The described initiative as such is based on a dialogue between different public and private stakeholders.

In the framework of this dialogue and the implementation of the resulting Charter,

- A service users are given the opportunity to help raising service quality by voicing their specific needs and by indicating shortcomings;
- B service staff's (carers') needs are better taken into account, with a specific focus on improving their qualification and promoting a better recognition of their profession;
- C other (indirect) stakeholders such as volunteers and civil society are given the occasion to contribute also with their (community) point of view (which is sometimes still neglected in different kind of "quality dialogue" around social services).

EVALUATION AND MONITORING

The city of Gdynia carried out two internal evaluations of *Gdynia's standard of residential care services* - the first in 2013 and the last one in spring 2015. They were conducted with front line staff (social workers and caregivers), coordinators of care services and managers both of service providers and of the Municipal Welfare Centre. The aim of these evaluations was to check whether established standards are adequate, i.e. whether the standards are a good tool to organise and provide care services of good quality in the way such as it was described by local stakeholders during *Gdynia's dialogue on quality of care services*. After the second evaluation, an update of Gdynia's standard of residential care services is currently (summer 2015) being prepared.

However, no external evaluation of *Gdynia's standard of residential care services* was carried out so far. It is foreseen for 2016 and include a revision of both *Gdynia's standard of residential care services* and *Gdynia's Charter of care services quality* with the participation of care recipients. One of the main objectives is to find out if and in how far the expectations concerning the quality of care services (quality criteria) changed/are changing.

TRANSFERABILITY

- The principles and standards developed in the framework of the Gdynia dialogue on Quality of Care Services have to be applied by all local public care providers and by private organisations (at least those that officially adhered to the Charter or/and that take part in local public procurement procedures).
- One of the main conditions for the transferability of this good practice to other cities and regions is a strong political will of local governments, the commitment of local administration and their capacity to work in partnership with service providers and civil society. Much also depends on the ability of these players to mobilise the local population in order to stimulate a real dialogue.

SUSTAINABILITY

The continuity of the application of the Charter of Standards on Quality of Care Services in Gdynia is ensured through its integration into local policies and administrative procedures, including public procurement.

Moreover, Gdynia's Charter and Standards of residential care services were used as an example of good practices in the preparation of nationwide

standards. Staff of the Municipal Welfare Centre were also part of the team which prepared a project of regulation for the national ministry in charge. This national standard (regulation still needs to be implemented) will further contribute to the continuity of the initiative.

The processes launched/promoted by the initiative - e.g. improved qualification of carers and professionalisation of service providers through integration of related requirements in the specification of essential terms of public contracts - certainly contribute to a strengthened (social economy) service provider organisations and quality of work in the (residential) care sector.

INNOVATION

In Poland, national standards for care services, laid down in the framework of national legislation or guidelines do not exist so far. The Law of 12 March 2004 on Social Assistance includes only a short chapter on this subject: It stipulates that care services are provided for the benefit of a single person, who, due to age, illness or disability, requires assistance, and that they may also be provided to a person having a family, if the family is not able to provide the necessary assistance. According to the law, care services comprise satisfying daily necessities of life, hygienic care, nursing as recommended by a doctor and ensuring contacts with the environment.

Gdynia's Charter on the Quality of Care Services goes much further - by enlarging definitions (also of care services and needs), but also by setting clear standards.

Moreover, in the case of Poland, but also in comparison with other cities or regions also in other EU Member States where similar charters might already exist, Gdynia's initiative can be considered innovative as it came into being in a participatory way.

Finally, the principles and standards laid

down in Gdynia's Charter on Quality of Care Services got a binding character, as they were integrated into public policies and administrative procedures (e.g. in public procurement procedures).

GENDER IMPACT

The Dialogue on Quality of (Residential) Care Services included a number of carers and volunteers, on one hand, and service users and their families, on the other - among them many women. The process allowed thus for the identification of needs and a definition of quality also (but not only!) from the point of view of women finding themselves in different situations (as a person in need of care, a family member, a professional caregiver, a volunteer, ..., ...).

RESOURCES

Human resources:

- local administration
- service providers and civil society when it comes to activating persons during participatory process and to participation in the drafting of the Charter and Standards

Economic resources: data not available

Technological resources: resources linked to the implementation of innovative services such as the aforementioned Telecare (for which the technological system has been established and is run in cooperation with private enterprises and the use of which is co-financed by the local authority)

IMPACTS

QUANTITATIVE:

No concrete numbers/data were available so far.

However, the local administration states the following (measurable) main improvements:

- the increase of the number of caregivers who have completed specialist trainings and got professional qualifications,
- the implementation of several new tools which improved the flow of information and made the process of organising care services shorter,
- considerable reduction of administrative costs and increase of caregivers' salaries (as a benefit, without increase of total costs).

Gdynia's Charter and Standards of residential care services were used as an example of good practices in the preparation of nationwide standards. Staff of the Municipal Welfare Centre were also part of the team which prepared a project of regulation for the national ministry in charge.

DEGREE OF GOAL FULFILMENT: High

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Personal assistance and the GIL Cooperative Gothenburg
territorial scope	Personal assistance: national scheme; cooperatives replicated in different cities all over Sweden
Period of Reference	1983 / 1985 - today

CONTENT

Description of the good practice:

GIL cooperative in Stockholm emerged out of the Independent Living Movement and its definition of "personal assistance" following which the end user of the service decides

"who is to work, with which tasks, at which times, where and how".

The cooperative was set up as a project in 1989 by several persons with a handicap.

It now operates based on a model of personal assistance which was made possible through a national law adopted in 1994 - a law making direct payment for personal assistance to persons with a high degree of disability possible: Based on a bi-annual assessment of the assistance needs (in hours) of each beneficiary, the latter receives directly a certain amount of money. With this budget he/she is entitled to contract one or several assistants directly, or to use the services of public or private organisations providing assistance.

In the case of the GIL cooperative of which only assistance users can be a member (and board members), the monthly benefits paid by the authorities (either the municipality or the National

Social Insurance Agency) to the person are transferred to the cooperative and the subaccount of the respective member. Each member of the cooperative is accountable for his/her budget which is used to cover the salary costs of the personal assistant, administrative costs and some extraordinary expenses (e.g. travel of the assistant when accompanying the beneficiary etc.).

GIL signs the employment contract and acts thus formally as the employer of the personal assistants which are, however, recruited, trained and supervised by the members of the cooperatives individually following their specific needs.

The services delivered by the cooperative include advice; administration and accountancy; training of beneficiaries and assistants; legal counselling (representation of individual members in legal disputes etc.) and communication (disseminating information on the movement etc.).

Moreover, GIL also acts as an advocacy organisation aiming to change the public perception of people with disabilities and to make society for the latter as accessible as it is for any other part of the population.

Before entering GIL cooperative as a member and starting to recruit their personal assistant, potential members have to take part in training sessions aiming to convey the necessary skills and knowledge on recruitment, supervision, training of assistants etc. Moreover, peer support sessions are organized on a regular basis to provide cooperators with the opportunity to exchange information and experiences on relevant topics.

Assistants are principally not shared between different members.

Members of the cooperative do not live together, but in different places all around the city and county.

Each beneficiary of personal assistance benefits has to diligently report on and prove the use of the budget he/she received.

General and specific goals:

The General Goal of the (Swedish) Independent Living Movement and GIL cooperative is to maximise each person's control over personal assistance at the least administrative costs.

More specifically, the initiative aims to equip the assistance users with all necessary knowledge and advise making it possible for them to take their own decisions regarding the specific character of the assistance. This, in turn, is supposed to enable the beneficiaries to exercise their roles in society and in their family (going to work, raising children, participating in household keeping, having social relations, following out leisure activities etc.).

¹ For each member, the cooperatives concludes a contract either with the municipality or the National Social Insurance Agency (depending on which institution is paying the personal assistance benefits of the respective person).

FOUNDATION

Practice contributes to a model which fosters:

- A the empowerment of beneficiaries enabling them to have a life according to their individual potential and wishes (not making their life dependent on 'care standards', limited availability of care staff etc.);
- B direct control of the quality of the service by the service user;
- C a greater independence of other household members/family members that are able to work, share responsibilities (household keeping, children etc.) with the assistance user etc.;
- D a regularisation of work that would otherwise partially be delivered in an illegal way...;

E a certain room of manoeuvre regarding the engagement of assistants (with a certain flexibility regarding working hours etc.).

Moreover, as it is based on a universal rate per service hour, the personal assistance model counteracts a price dumping in social services such as it might happen in the framework public procurement and related contracting between local authorities and certain type of service providers.

Cooperatives such as STIL and GIL, in turn, further enhance the positive effects by:

- A** allowing their members to acquire the necessary competences enabling them to recruit, train and supervise their assistants;
- B** organisation of training sessions also for assistants (in cooperation with the members);
- C** diminishing administrative costs and providing legal advice;
- D** promoting cooperation between different personal assistance beneficiaries;
- E** carrying out actions aiming to change the public perception of persons with disabilities and increase accessibility of the latter within society.

RELEVANCE

The GIL example can be seen as an alternative to traditional care solutions (in particular homes and day care centres) that might often somehow impose a unique way and rhythm of live on the persons in need of assistance (dependent on the availability of staff and service hours)- due to economic constraints or even "profit-seeking", or even due to a certain conception of "care" and related standards that does not take into account the needs and empowerment of the individual beneficiary.

The danger of local/regional authorities contracting out such services on the basis of the "lowest cost" criterion does also not exist, as the payment of individual assistance benefits is linked to a universal calculation based not only on physical care (washing, feeding etc.), but also needs related to the different roles of the individual in society and his/her family.

On the part of carers, personal assistance such as it is practiced in GIL is also a means to establish a human relationship with the beneficiary (which does not seem the case in many traditional care institutions where staff often deplors not to have enough time to interact with the beneficiary and satisfy specific needs of the person, as the large number of patients to be served allows to follow a minimum care standard only).

CONSISTENCY

The possibility for the assistance user to directly receive the assistance benefit - calculated on the basis of the analysis of individual needs, to administrate this budget himself/herself and be the employer of her/his own assistants is meant to ensure the greatest possible self-determination of the person in need of care. Training and peer-support organised by the cooperative further contribute to the process of empowerment of the beneficiaries.

MATURITY

The Personal Assistance Model has been (and still is) promoted and disseminated in Sweden by the Independent Living Movement since the 1980s. After successful pilot projects carried out in the 1980s often in cooperation with municipalities (e.g. Stockholm and Gothenburg), the model finally found support in a national law adopted in 1994. This law gives each person with a specific degree of

disability to benefit from personal assistance and the related financial benefits.

Different studies were conducted since then and were able to prove the usefulness and success of the model in social and economic terms.

Moreover, the model has been replicated in a similar form in several other European countries (Norway, Finland, Denmark, ...) and is being tested in others.

EMPOWERMENT OF PLAYERS

Following the example of the STIL cooperative in Stockholm or GIL in Gothenburg, a number of similar cooperatives emerged all over Sweden (and similar experiences now exist also in other European countries), supported by the Independent Living Movement.

Empowerment of different stakeholders through personal assistance:

Persons with disabilities: A large government survey proved that 16% of persons (assistance beneficiaries) were able, through personal assistance, to have a job enabling them to earn their lives.

Family: A high number of family members of the persons enjoying personal assistance could take up work again (or was never forced to stop working).

Assistants: Work places were/are created for a number of persons, including persons belonging to groups that would otherwise rely very much on social benefits (such as students, persons with a migration background and others). They are thus given the opportunity to integrate into the labour market, but also into society in general.

However, assistants are not member of the cooperative (they do not have any voting right)!

EVALUATION AND MONITORING

An evaluation of the Personal Assistance Scheme as such was carried out by the National Social Insurance Agency, but also by institutions such as Stockholm University (see "Impact").

GIL evaluates the services delivered annually with each member in the framework of the establishment of his/her individual assistance plan.

TRANSFERABILITY

— The transferability of the model depends very much on the willingness of national governments and public authorities to adapt national social security schemes and then subcontract with such kind of cooperatives and other initiatives.

— So far, similar approaches seem to be developed in a few other EU Member States (among them Scotland, Slovenia and...?). In other countries, however, the model met more or less strong resistance also by Welfare Associations (running many of the more traditional homes and services for persons with disabilities).

SUSTAINABILITY

The sustainability of the model is based on its link to the national Personal Assistance Scheme.

Practice and studies showed its success.

— A study conducted by Stockholm University showed that the Personal Assistance Model - compared with community-based municipal services - had led to savings of more than 3 billion crowns in-between 1994 and 2006.

— It has been proven that over 50% of public payments for Personal Assistance go back into public funds as income tax or social security contribution.

— A large number of regularized jobs have been created (and a part of the beneficiaries are themselves enabled to work).

INNOVATION

— Few examples seem to exist in Europe where empowerment has reached this stage and where the final beneficiary (here person with disabilities) has such a direct influence on the quality of a service and the conditions in which the service is delivered. Decisions on how to use the care budget are made directly by the final beneficiary. This means that the latter has direct control over the service, choosing himself/herself his/her assistant and defining the (daily) activities this assistant will help him with (in the framework of the total of daily assistance hours fixed by the national social insurance agency for the beneficiary on a biannual basis).

— Price for care services: "Neediness" is calculated not just on the basis of the degree of impairment, but regarding the different roles the beneficiary fulfills/could potentially fulfill within society and economy: employee/work; family etc.

— The cooperative serves as an instrument to enhance the degree of independence for the final beneficiary by providing training and peer-to-peer exchange regarding recruitment of and employment relationship with the assistant. Moreover, it allows personal assistance users to mutualise means in order to diminish administrative costs.

GENDER IMPACT

— The model promotes burden-sharing within families of the assistance user in as far as also the role of the beneficiary within his/her family (e.g. childcare) is taken into account whilst calculating the hours of service he or she is entitled to.

— The existence of personal assistance certainly enables a number of women (but also men) that would have stayed at home in order to take care of a family member with disabilities to return back to work.

RESOURCES

Human resources:

GIL employs 1800 persons providing personal assistance.

The cooperative has 235 members (at the same time the beneficiaries and service users) who recruit, train and supervise their assistants and who put their knowledge at the disposal of other members of the cooperative

staff of the cooperative (23 persons) are in charge of administration, legal advice, organisations of training and exchange and information/advocacy work.

Economic resources: mainly from the personal assistance scheme (which covers also administrative costs etc.)

Technological resources: /

IMPACTS

— QUANTITATIVE: GIL cooperative Stockholm: 235 members, 1800 personal assistants

— Costs savings in comparison with traditional public services: A study conducted by Stockholm University showed that Personal Assistance Model - compared with Community based municipal services had led to savings of more than 3 billion crowns in-between 1994 and 2006.²

— Personal assistance in Sweden led to the creation of employment (also and especially for

groups that would otherwise be dependent very much on social welfare benefits...).

According to a study of the National Social Insurance Agency realised in 2012, approximately 16 000 assistance users employed in total 50 000 full-time assistants.³

— Over 50% of public payments for Personal Assistance go back into public funds as income tax or social security contribution.

— The model of personal assistance and the cooperative has been replicated in other cities and EU Member States.

— **DEGREE OF GOAL FULFILMENT: High**

² Adolf Ratzka: *Self-determination through Direct Payments and Personal Assistance cooperatives*, Keynote at the launch of the Citizen Directed Co-operatives Cymru (CDCC) project supporting citizens in Wales to develop a Direct Payment co-operative owned and run by its members, Cardiff (Wales), 24 March 2015.

³ Adolf Ratzka: *Die Voraussetzungen zur De-Institutionalisierung von Menschen mit Behinderungen*. Fachtagung „WOHNEN FÜR ALLE – Teilhabe für Menschen mit Behinderungen. Berlin 14. April 2015.

References:

— Interview with Ander Westgerd, Director of GIL, 2015.

— The Independent Living movement paved the way: *Origins of personal assistance in Sweden*

Adolf Ratzka, Independent Living Institute

<http://www.independentliving.org/docs7/Independent-Living-movement-paved-way.html>

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ALDA

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Domiphone application
Country and area (Region, City...) of implementation	France
Territorial scope (does it operate to the entire territory or only in part of it?)	Entire territory
Period of execution	As from October 2014

CONTENT

Description of the good practice

The Domiphone telemanagement solution has been developed in 2000 on request of several French public authorities to complement Edenred's solution Ticket CESU®. The latter has been launched in the context of the French Borloo plan to intensify job creation in the personal and household services sector.

Domiphone is a tool explicitly dedicated to public authorities and services providers to ease their management of PHS. This IT system helps them to better follow the activities provided, to collect data and to avoid administrative burden (for instance by suppressing the need for presence sheets and by generating planning alerts directly addressed to their employees). Domiphone is notably used by public authorities to increase transparency in the management of public funds dedicated

to personal and household services (in particular long-term care to elderly and disabled people) and to simplify administrative task and follow-up on care provision.

Domiphone comprises of :

- An Interactive Voice Response (IVR), to register hours provided by social and domestic workers
- A database, in which all these hours are stored
- Several websites, to provide access to these data and to generate invoices to services providers.

Edenred has developed and launched (end of 2014) a new component to the Domiphone solution : a mobile application to facilitate the implementation of an integrated approach of personal and household services.

The mobile application is based on an android smartphone through Near Field Communication technologies (NFC). A NFC sticker is made available in the house of each beneficiary of personal and household services.

General and specific goals

The goal of the mobile application is to facilitate the implementation of an integrated approach of personal and household services.

On the one hand, it constitutes a tool easing the work of the domestic worker through different features such as an interactive planning, a clear list of activities to be done and achieved, a geolocalisation and assistance to join the beneficiary of its services and a simple access to different means of communication to contact him. It is also a tool to connect domestic workers, who are often isolated and working alone in a private place (the house of the beneficiary). The application therefore proposes for example a feature to trigger an alarm in case of work accident.

On the other hand, the mobile application is synchronized with an internet platform allowing both relatives of the beneficiary and the funding entity to follow the domestic services provided (number of hours, exact timing of the provision, type of activities provided, etc.). It therefore ensures a transparent treatment of such services.

Target groups

- PHS workers and the entity they work for (NGOs, private company, public social services...)
- All people benefiting of the services and their relatives
- Funding entities of the system (local public authorities, social services, health insurances, private company,...)

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

The practice eases the job of PHS workers, and therefore contributes to improve the efficiency of the provision of services. It contributes to the modernization of the PHS sector.

It provides the worker with an easy to use interactive planning, a clear list of activities to be done and achieved, a geolocalisation and assistance to join the beneficiary of its services.

Being a transparent tool, it also lists the range of activities provided at the beneficiary's place and therefore creates continuity in the services provided. If the beneficiary benefits from different services provided by multiple workers, this tool becomes really useful to provide a clear view of what have been done by colleagues, not to repeat the same activities, becoming an instrument to

maximise coordination between workers. It optimizes the continuity of the provision of services and also the organization of workers rounds. It helps services providers to simplify tours and agenda of workers.

It is also a way to implement a person-centred service, with a specific and adapted care.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

The practice has been developed on request and with local public authorities. It is an adaptation of the Domiphone telemanagement solution implemented as from 2000 in France. Therefore, the Domiphone mobile application has been created according to feedbacks from users (workers, beneficiaries of the services and funding entities) of the previous Domiphone telemanagement solution. This background has contributed to design a solution answering :

- the specific needs of workers while delivering their services,
- Funding entities (as local public authorities) requesting for more transparency in the deliverance of services,
- Beneficiaries of the services and their relatives who pledge for more personalized approaches.

It is also worth noting that it is an easy-to-use application not requiring any IT competences.

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

The Domiphone mobile application is a new tool added to the Domiphone telemanagement solution. It is brand-new (launch in October 2014) but the Domiphone solution has proved its efficiency as from 2000. The mobile application is therefore the result of the evolution of the sector and of existing solutions. It is a more technologic version of the Domiphone telemanagement solution. The mobile application is today considered as pretty achieved but it will obviously be adapted if needed in the future, according to the sector's demand and expectations.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

As previously mentioned, the adaptation of the Domiphone telemanagement solution has been made according to the market changes and expectations during a long process of dialogue with stakeholders of the system (be they local public authorities, services providers, beneficiaries of services, etc.). A meeting with a group of users has also been organized once to gather feedbacks and questions, and an option would be to institutionalize such a practice.

The solution is at the disposal of all stakeholders on request and on the basis of a commercial agreement. But the solution contributes to the evolution of the sector as a whole.

EVALUATION AND MONITORING

Are monitoring mechanisms in place?
Are its results regularly evaluated?

A satisfaction survey led by an independent structure is held annually to evaluate feelings and requests of users of the solution.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

The Domiphone solution is an adaptable solution which is tailored made according to the needs of the funding entity. It comprises of a set of different features that can be customized.

It is currently used by different public local authorities within various contexts (rural, urban, with more or less elderly people, etc.) which proves its flexibility.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

In France, the financial context (especially public finance) and the demographic challenges are really strong and heavy. Solutions to ease the outsourcing of personal and household services are more and more requested (notably for elderly and disabled people in need of long-term care). Such solutions, that facilitate the monitoring of public spending and increase the transparency of public money use, are warmly requested by public authorities.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

The solution relies on new technologies and items adapted to the everyday work on PHS. It gives access to features that ease the provision of such services and ensure their seamless management: it ensures transparency about the provision. Each stakeholder (worker, beneficiary and its relatives, the funding and management entities) has access to the precise agenda of PHS deliverance. It is a more dynamic and clear way of managing such services which ensures a follow-up and a continuity in the services provided.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The solution contributes to a professionalization of the sector which competencies are currently suffering from a lack of recognition. It also contributes to shrink workers' isolation reinforcing confidence and well-being of workers. It ensures that a greater value is attached to PHS. As the sector is highly dominated by working women, the solution is therefore directly embedded in the process of transformation of women recognition and image at work.

RESOURCES

Human
Economic (public/ private)
Technological

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

Funding entities and providers of services need tools to facilitate their work. It is a way to limit their administrative charges and costs. The Domiphone application is an instrument at their services to ease their provision of services and to shrink the time consumption related to management and organization.

References:

Web links and bibliography

<http://www.edenred.fr/besoin/gestion-des-programmes-sociaux-publics/produit/domiphone/>

<https://play.google.com/store/apps/details?id=com.penbase.domiphone.store>

Photos/Youtube videos, etc.

<https://www.youtube.com/watch?v=iRUj3ScuDKA>

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Mobile Learning Solutions
Country and area (Region, City...) of implementation	Northern Ireland, UK
Territorial scope (does it operate to the entire territory or only in part of it ?)	The programme operates across the entire region of Northern Ireland
Period of execution	October 2013 - On going

CONTENT

Description of the good practice

The Northern Ireland Social Care Council has developed (in partnership with an e-learning solutions company called Learning Pool, the Department of Health and social Services, two universities, training colleges and key employers in the statutory and independent sector), a suite of mobile apps that have a particular relevance to the Social Care workforce. The apps include a Child Development series, 0-6, 7-12, 13-18 years; an app for child minders (who care for children in their own home) and an app on good practice for Domiciliary Care Workers and home workers (who provide care mostly for older people).

The apps are free of charge, easy to access and are designed to support workforce learning and development. The apps have been developed to help careworkers' learning in practice by providing succinct, bite size information at their fingertips, as and when they need it. The apps also provide links

and gateways to more detailed theoretical information to allow for greater reflection and learning towards accredited training and qualifications.

Link to NISCC apps:

<http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps>

General and specific goals

The goal of the apps is to provide free, easy access to information on good practice that would aid on the job learning. It is a practical approach to practice development that can be used, both as a real time tool and a reflective tool, by the individual in supervision with managers, in peer group sessions with work colleagues and as part of a training programme.

Target groups

- Target groups are all those who work directly in caring for children and adults across all programmes of care.

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

It responds in particular to the professionalisation of employment in the personal care and home care sector. It gives easy access to high quality, up to date practice information for on the job learning. It also provides a gateway to more detailed information with built in links to papers, journals and other sources of information. It follows content over areas such as, child development, values and behaviours, safeguarding and protection, administration of medications and health and wellbeing and so on.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

The apps integrate the characteristics and needs of the people acting in the sector in that it is designed to be a mobile learning tool that can be useful to the individual to look at real time, specific, information. It can also be used by a peer group to reflect on practice and to learn from one another as well as in a traditional classroom setting. As this group of workers tend to be mobile, it allows them to work on their own and have support for formal training with a tool that is designed to respond to their particular needs.

It is available at their fingertips, to them as an individual. It is also written in an accessible language and designed to capture key concepts and deliver quick, practical advice. A good deal of time and discussion in the design phase was spent on ensuring the apps would be usable and accessible for the specific needs of the mobile workforce with potentially limited formal training in their area of care.

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

The apps have been designed as a suite of apps which follow a consistent approach in terms of design and content. The partner for the apps design is Learning Pool and the partners for the apps content consultants are the two universities in Northern Ireland (Queens University, Belfast and Ulster University). The content and access advisory partners are the key employers, the local training colleges in the sector, and the systems regulator in social care in Northern Ireland, (RQIA). NISCC is

the regulatory body for the social care workforce in Northern Ireland and also has a lead role in workforce development. NISCC are currently in the process of completing the compulsory registration of home care workers in Northern Ireland which will make Northern Ireland the first country in Europe to register and regulate the home care workforce. The home care workforce will be required to work to standards of conduct and practice. The mobile app is consistent with the standards of conduct and practice and in line with regulation requirements.

The Child Development apps and Child minder apps are designed to be accessible not just to workers but also to parents so that formal and informal carers of children can be informed and share a common language.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

The first app- Child Development 0-6 years, was released in October 2013. The other apps have been developed on an on-going basis since then with constant review and refinement of design and function. For example, the third Child Development app includes for the first time, a feedback link to the NISCC website- this allows us to capture feedback on the app from users so we can continue to improve its function and design. To date almost 40,000 people have used the apps and the numbers continue to grow. We are working now on a framework of maintenance to ensure the apps remain up to date with relevant information as well as exploring the further development of new apps.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

The app has been developed in partnership with the two universities in Northern Ireland, key employers in the public and private sectors, key training organisations and e-learning solution partners, Learning Pool, the systems regulator in Northern Ireland (RQIA), the Department of Health & Social Services and a number of community based organisations. Key to the development of the apps has been the nature of collaboration and partnership working across the government department, regulators, employers in the statutory and private sector, community based groups who advocate for service users, training providers, and the universities. The methods for development and design of the apps are held within the partnership but could be replicated or translated with support from NISCC.

It is a free app available through iPlayer and Google and has been publicised widely and shared with the key umbrella organisations, IHCP and UKHCA.

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

Monitoring at this stage is largely through usage and analysis of the app downloads. Plans are in place to evaluate impact through the development of learning focus groups. A feedback tool has now been developed and applied to all the apps which is providing useful monitoring information from users.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

The basic design and method used to develop the app has been applied to the development of all the apps. While the apps themselves are freely available and are being used by a number of organisations and individuals, the design features and content management belong to NISCC. We have plans for the development of apps in Dementia and End of Life Care. All the apps are in English and use UK policy and legislation. Opportunities for translation and importing policy and legislation from other countries can be explored and should be possible with minimal cost and resource implications.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

The on-going development and maintenance of the app will be carried out by NISCC with support from its partners. The app is embedded with a suite of mobile solutions that is a key activity for NISCC. An on-going contract is in place with Learning Pool to ensure technical and design consistency is maintained and the apps continue to receive policy support from all the providers across the region.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

The app is novel in itself for the sector as there is no similar tool currently available. It has opened up a wide range of possible blended learning opportunities and open badge approaches to accreditation for learning. E-learning is not a key feature in this sector in Northern Ireland. This app has pointed the way towards the potential of such an approach and is being used as a learning, practice development and training tool. Feedback from the sector has been very positive and all stakeholders in the sector continue to support the further development of apps as key learning tools.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The care workforce in Northern Ireland is predominantly female, low skill and low paid. This is a practical and accessible approach to learning for women who can use the app, at a time and place convenient for them, to improve their knowledge and skills and potentially setting them on the road to qualifications in health and social care and Childhood studies. The nature of this mobile solution is that people can use it in a way which opens up new possibilities for learning and development, in a way that allows a balance between family life and professional development. The overall impact on this area has not been tested yet but could be an interesting part of the evaluation process.

RESOURCES

Human - Content and maintenance
NISCC and partners time and expertise

Economic (public/ private) - Cost of developing the app, the technical and contract costs are the key resource areas

Technological - Challenges of app design to ensure easy use and access

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

Over 40,000 people have used the apps to date. Feedback suggest the apps are very useful tools for learning and provide effective mobile solutions for people working in care. No formal evaluation of the programme for apps has taken place as yet- this is currently being planned to give us a clearer idea of the impact.

References:

Web links and bibliography:

<http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps>

Photos: Please see below



Left: Former N.I Health Minister, Edwin Poots with Colum Conway, CEO NISCC at Belfast Apps Launch, January 2014



Left: Innovative Solutions event, Londonderry, March 2014 including Kevin Keenan and Gerry Conway from the Northern Ireland Health and Social Care Board, the Mayor of Derry, Paul McElvaney CEO Learning Pool, Colum Conway CEO NISCC



left: Prof. Mary McColgan, Ulster University, and Dr Anne Campbell, Queens University Belfast, speaking at Apps Launch, January 2015

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Elderly for higher quality of living at home” Short name: “Elderly for Elderly” Project leader: Zveza društev upokojencev Slovenije, Kebetova 9,1000 Ljubljana, And Društvo upokojencev Novo mesto, Čitalniška 1 , 8000 Novo mesto
Country and area (Region, City...) of implementation	Slovenia, all regions
Territorial scope (does it operate to the entire territory or only in part of it?)	Operating on the entire Slovenia area
Period of execution	Permanent

CONTENT

Description of the good practice

Social care program: Elderly for higher quality of life at home is carried out since 2004 on the basis of tender Ministry for work, family, social affairs and equal opportunities. It is included in the multi-annual program. Coordinator of the program is Association of Pensioners of Slovenia, contractor is the Pensioners' Association of the entire Slovenian area. The program is intended for persons older than 69 years who live at home and need various forms of assistance and services.

Each year new entrants, those who completed the age of 69, join the program, younger people only if they are ill or disabled.

The program is currently being implemented in 302 of the 503 associations of pensioners in the territory of SLO with 3450 volunteers who visit the elderly, irrespective of membership in DU living at home. In accordance with the adopted methodology they conduct a personal interview on the basis of a questionnaire, through which they determine the quality of their lives and their need for assistance and services. The interview is carried out with the consent of the user. They participate and connect with other NGOs - the Red Cross, Caritas and public services and local community.

The program runs from 2004- and by the end of 2014, it included 152,082 senior citizens or 64% of all target groups, 82.4% of the target group in the areas of societies that are included in the program... There were 524,774 visits carried out and 119,468 different forms of organized services.

In 2013 alone 834,241 hours of voluntary work were carried out.

General and specific goals

- get to know the needs of older people living at home
 - to seek those who can not or are unable to seek help
 - start the continuous contact with existing public services and non-governmental organizations
 - organize and implement voluntary help
- Specific objectives:
- to allow the elderly to live independently in their home environment for as long as possible
 - to inform local and state community about the quality of life and the needs of the elderly with the help of the organization

- to contribute to a realistic assessment of the needs for assistance and services with quality data
 - help with legislation
- Target groups
- all older than 69 years of age, living in
 - Slovenia

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

The practice of implementation of the program has proven over more than 10 years the fulfillment of the set objectives and identifies the need for support for informal carers and increasing the accessibility of its assistance in the home and thus carers of the elderly.

At the very implementation of the program, due to the scale of the area and the number of operators involved, the need for professionalization of leadership of the volunteers on the regional level

With professional workers from the field of social care.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

Yes

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

Yes

The program is implemented in accordance with the adopted methodology of the program approved by the Social Chamber of Slovenia and the Rules on the implementation of the program, which includes organizational and substantive approach to the implementation of the program. In accordance with the adopted documents education for all program providers is carried out.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

During the implementation, the technique of monitoring was developed with the help of BOPRO information program, through which the server gives immediate insight into the state of the program after each contractor organized aid and services.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

Yes - in conjunction with local communities -in intergenerational day care centers / Municipality of Kanal, Črnomelj

EVALUATION AND MONITORING

Are monitoring mechanisms in place?
Are its results regularly evaluated?

Information program BOPRO allows daily monitoring of the implementation of the program and

the daily output frequency distribution of the answers to the 63 questions.

We can also daily monitor if any deviation occurred at any of the contractors

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

If interest is shown - they could.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

The program is implemented is based on bidding of MDDSZ and is included in the multi-annual program and partly funded by the Foundation of disability and humanitarian organizations. The program is supported by mayors of local communities and is based on calls to a lesser extent on local funding.

Implementation of the program is to support the program of help at home on a voluntary basis, but it is also a good basis for the planning of social policy on the local and national level.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

Yes, program is carried out on an individual basis on the user's home, and traditional forms are still based on the user's engagement, ie a personal

visit to the NGOs or public services - the elderly do not want to ask or proclaim their need for assistance and poverty or even abuse, so a new individual approach found a greater number of needs for power services as well as cases of violence.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

On the volunteer side operators recorded an increased number of male volunteers in implementing the program successfully and were well received.

RESOURCES

Human

an important aspect is the personality of performers, which is insufficiently taken into account in the matriculation contractors are often overloaded according to norms and standards, which affects the relationship of operator - user

Economic (public/ private)

Voluntary organizations depend on scarce resources for the implementation of the social programs, and the extent of their services is therefore limited

Technological

Preparing changes and new legislation is not based on quality analysis, that could facilitate the planning of performance objectives

It would be necessary to provide NGO with at least one professional employment according to all legal requirements in the operation and implementation of the program.

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem?

Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

To all the questions the answer is positive. The results are listed under the first question.

References:

Web links and bibliography

<http://www.zdus-zveza.si/project-elderly-for-elderly>

Photos/Youtube videos, etc.



GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	Badami” Project, “Take care of me” Project
Country and area (Region, City...) of implementation	Italy, Emilia Romagna, Ravenna, Cervia
Territorial scope (does it operate to the entire territory or only in part of it?)	The activity involves the Municipalities of Ravenna, Cervia together with the towns of Faenza and Massa Lombarda (thanks to a pre-determined time range funding from May 2013 to December 2014)
Period of execution	Starting from 2009 till now

CONTENT

Description of the good practice

The project "Badami", managed by the Cooperative Libra, was born in 2009 (in agreement with the Municipality of Ravenna and the Consortium of Social Services, which later became the ASP) to provide support to families and elder people no longer self sufficient who choose to keep the elders at their home, ensuring integration with the network of services.

The usefulness of providing a public service, like Badami, in a market where there are similar services provided by private organization, is evident and remarkable in the full, tight connection that the service can boast with all the other public Institutions that, at different levels in the area, take care of non self-sufficient elders.

The work-in-the-net between the Badami Service operator and the Elders Area social workers (the ASP and the local health authorities), facilitates the exchange of information about the people to look after and their families. As a result, it facilitates the targeted understanding of the real families' needs, allowing the counseling of the family in reading their own needs and finding the most suitable, possible solutions, properly.

Furthermore, regarding the family assistant profile, the Service Badami can facilitate a gradual integration in its role in the service network, in an attempt to contrast irregularities and illegal situations of care work. The Service provides practical support to caregivers both through the research activities of the work and the provision of advisory guidance about profession peculiarities.

On a time range, the service has physiologically evolved and currently, it deals with the implementation of several activities:

caregivers office and database;

- skills assessment and career guidance;
- vocational training and caregivers register;
- observatory on territorial dynamics about demand for home care for elderly no longer self-sufficient (r for Insights see. Innovation paragraph);
- Memorandum of Understanding between the actors in the network of care. Finally, the Service Badami as a whole, dedicated initially to foreign women, has seen a change over the years related to social conditions, which led to a return of many Italian women to care work. For this reason it was decided to take into considerations also their demands, putting them in the database and training courses.

General and specific goals

The project "Badami" aims to test an integrated model of "reorganization and strengthening of services in support of home care" in the direction to qualify private carework. The scope is to develop a "place" to bring together and catalyze efforts to bring the work of care towards a more accessible, qualified and protected system. The target groups are the frail elderly, their families and caregivers.

The project has the following general and specific objectives.

General objectives:

- 1 Enhance and qualify the care work of family assistants, supporting their entry and stay in the workforce, and promoting the growth of a regular labor market.
- 2 Facilitate the matching supply / demand work through careful selection processes of assistants in relation to the family who need care services and thanks to the network organization to be able to provide concrete answers to the needs of users (caregivers and families).

Specific objectives:

- 1 reducing the rate of irregularities in the work of private care;
- 2 creating easier access to the regulated market of private home care;
- 3 facilitation meeting demand / supply;
- 4 Development of an integrated network of services that collaborate with the territorial service;
- 5 establishment of a Register of caregivers to improve the quality of care provided to the elderly and to their families;
- 6 professional development of care-operators registered into the database through specific training.

Target groups

The project Badami has the following target groups:

- 1 Family care giver,
- 2 The frail elderly,
- 3 The caregivers who work at their clients.

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

The Badami project aims to qualify the primary care work to the elder no longer self-sufficient's domicile. It aims to improve the quality of services offered at home and to ensure the necessary care to improve the quality of life of the assisted, limiting the elder no longer self-sufficient and their families process of isolation.

Through personalized interviews, the service meets host families and caregivers and listen to their needs. The interviews are aimed to identify the real needs of the assisted care and the actual caregivers knowledge.

At that meeting, the operator provides:

Information to the families about:

- 1 The services offered by Badami
- 2 Existing services in the territory for elderly totally or partially no longer self-sufficient
- 3 The home care operators protections
- 4 The care allowance and other economic benefits that can get the elder no longer self-sufficient
- 5 Legality, as support for families who wish to regularize the family caregivers

Information to caregivers about:

- 1 Training opportunities through courses, e-learning, training with mentoring by qualified personnel
- 2 Opportunity to qualify their professional background
- 3 Protection related to care work

These interviews also aim to raise the availability of family caregivers trained through courses or lessons learned in the field to join in the register of carers. This register is intended to reconstruct the professional experiences of assistants and make a distinction between workers trained through recognized courses and assistants who have not made courses, but that have experience.

The minimum requirements to be enrolled in the register are: be in compliance with the required documents in the Italian territory, have a good knowledge of the Italian language, have at least six months of work experience certified or not. To be enrolled in the register "carers trained" must have attended an approved training course in the Italian territory, and have the appropriate certification, or possess a qualification of OSS, nurse, or doctor, if the qualification was obtained abroad It should have made the recognition of the certificate held. This register is constantly updated and is shared across multiple Badami offices being only one database at provincial level. This allows caregivers to be constantly helped to improve their skills and their professional position. In addition, the families are less abandoned in their care giver role.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

The project Badami is a support to ensure the protection of workers' rights, the quality, adequacy and continuity of care for the elderly, representing an effective support for families in need of assistance, but also to caregivers offering work.

The privileged instrument of the operator to understand and recognize the needs of operators who work in the field, is the personalized interview with caregivers who provide jobs and with families in need of an assistant.

- 1 The interview aimed to enrollment in the database of family caregivers:

The interview helps the operator to understand the experience and talents of people who wish to enroll in the database, allows us to understand and explore in depth, the personal and professional experience (duties and responsibilities), degree of knowledge of Italian, hourly availability and mobility in the territory.

- 2 the interview as a tool to meet the demands of families

Through the interview, the operator is able to understand the needs of the assisted (problems / diseases, or time commitment required, possibility to host an assistant). It also provides a range of essential information to families for the maintenance of the elderly at home, such information range from the request for the check of care, the provision of information on contracts and tariffs, rules governing the coexistence of the assistant, the request aids, etc ...

From the interviews carried out rise the care giver desire to acquire the basics to ensure a good level of professionalism and to join the Italian territory in which they live and work, and by families to have an assistant trained and reliable .

To meet the needs of carers and families, the project Badami integrates the characteristics and needs of family caregivers who provide jobs and families looking for an assistant through the implementation of specific training courses for carers.

The training represents a key part of the project, as it ensures the caregiver with the knowledge necessary to work in a professional and safe, and ensures the family, looking for an assistant, skills and the security of a proper action on assisted.

The operator of the Badami Office, during the interview, check availability of family caregivers to attend training courses and offers them the most suitable course according to the work experience possessed.

The training given by the service Badami uses two different methods of teaching: the first consists of classroom lectures with the teacher and the class group, the second uses a methodology e-learning through DVDs single issue regarding the care work.

The educational content of the training courses are:

- 1 The Italian language and keywords to the care and support of the elderly;
- 2 The orientation of the participants under the care work frame within the family, developing the concept of responsibility, ethics, relationships with family and ensuring the knowledge of the principal services;
- 3 The development of the needs understanding in the relationship with the elderly and families;
- 4 The acquisition of correct methods of direct care of the elderly is not self-sufficient and or adult with disabilities.

The teaching units provided are 6:

- 1 Network services;
- 2 The relationship
- 3 The health and safety of the environment and related to the person
- 4 Assist the elder person in the movement;
- 5 Feeding: help during meals;
- 6 Safety at work.

Between 2009 and 2012 10 training courses we were made in Ravenna and Cervia with a total of 111 family caregivers formed and then enrolled the register of assistants trained Database Badami. These courses were carried out by the Consortium-ASP Asscor- School Arts and Crafts Angelo Pescarini.

From May 2013 until June 2015 18 training courses were carried out in the Municipalities of Ravenna, Cervia, Massa Lombarda, Bagnacavallo, Fusignano and Faenza with a total of 244 family caregivers formed. These courses were carried out by the School of Arts and Crafts Angelo Pescarini.

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

The services provided by the Badami Office do not require certification by DNV (Det Norske Veritas). However, in order to offer a repeatable, systematic and measurable quality, such services are provided in accordance with ISO 9001: 2008 (certification of the Cooperative Libra). The methodological approach used by the operators, aimed to enroll the family assistant in the database, culminate in the compilation of a file with predefined fields.

This database is then published on-line for consultation by the social workers of the municipalities of Ravenna and Cervia. While the demands of families who need an assistant family are recorded in a special file in which are recorded, in addition to the personal data of the person in need of assistance, the type of disease or problems present and the time commitment required to family assistant. It also recorded other secondary information, useful for the activities of the Provincial Observatory of care work, the way in which the family became aware of the service Badami, any social worker who follows the patient, if the assisted has already had an assistant at home, if they have ever used the service of a OSS, or a nurse, or a physical therapist at home, if it is beneficiary of check care, or the Caregiver contribution.

Each semester is assessed the service provided (Caregivers direct contact number, Caregivers telephone contact number, Families Contact Number, Families Telephone Contact Number, Total new Carers entered in a database, Total requests Families, Total Family Assistants selected for training).

The method of the service Badami is the following:

Towards the family assistant:

During the hours of the front office in contact with the user:

- 1 Care giver meeting
- 2 Personalized interview
- 3 Family assistant assessment for registration in the Database
- 4 If the family assistant meets the requirements she is recorded in the database
- 5 If the family assistant has already been made the training courses, the certificates are viewed and we proceed to a further

entry in the “register of trained assistant”, if she wants, she is addressed in specific courses to continue into more advanced training

- 6 If the family assistant does not have training, the operator checks for available to attend them, and then re-contacts the family assistant, normally 15 days before the training course start
- 7 If the family assistant does not meet the requirements to be included in the database, the operator makes a career guidance and directs the person to other existing services in the province
- 8 In follow-up interviews and phone we also updates the assistant file
- 9 Twice a year, the caregivers fill satisfaction questionnaires to check their satisfaction with the service received and if they have established a working relationship by the service.

During the hours of Back not in contact with the user:

- 1 The operator, received a request for assistance from a family, carries out the activities between demand and supply, and select 4 caregivers, according to the requests of the family, experience and family assistant availability
- 2 The operator calls the caregivers selected and offers them the kind of family's request and verifies the effective availability for work.
- 3 The operator subsequently transmits to the family the names of the four assistants who gave their availability for work (the family will choose the assistant).

Toward families care giver:

During the hours of Front not in contact with the user:

- 1 Meeting the family
- 2 Personalized interview with the family
Guidance to local services for not self-sufficient people
- 4 Completing the Request Families file.

During the hours of Back Office not in contact with the user:

- 1 Study of the family demands
- 2 Enquiring the database to choose the most suitable family assistant
- 3 The operator provides 4 names of caregivers, after verification of their availability (if there is urgency the names are provided within 4 days from the date of request).
- 4 Follow up phone call to all families to check their satisfaction with the service offered by Badami (in that case it is checked whether they were established labor relations with the staff proposed by Badami). Usually questionnaires are filled two times a year.

The Service Coordinator, during the back office hours, edits the following documents:

Annual service planning, Annual Users Report, Annual service consumptive, Annual family satisfaction report and Annual family assistant satisfaction report. These documents are useful to the coordinator and operators to maintain an effective response to the needs of families and caregivers.

Even the activities of Provincial Observatory on the work of care is provided during the hours of Back Office.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

Yes. Methods and processes have reached a level of maturity that do not require changes in their application or in their development. These processes may be subject to adjustment if the demands of the public body make this necessary.

The project Badami was born in 2009, with the municipalities of Ravenna and Cervia intent to try to regulate the phenomenon of care in the private residence, which presented many aspects unknown. The aim of the project Badami, had and has right now, the dual purpose of creating a database of caregivers reliable and easily accessible by the families for free along with training of caregivers themselves.

To ensure quality of service, it has been used an online database to collect and store the curriculum of family caregivers; using a format data sheet unchanged over time.

However, to collect systematically the demands of families, there is a form called "Request for families", which is periodically adjusted according to the needs of the service and the customer Municipality.

Other tools that have helped to stabilize the processes of service delivery were the Planning, the Service Consumptive and the Users Report, They are edited annually and delivered to the city of Ravenna.

To create a service that would meet constantly the needs of families and caregivers the suggestions of families and carers were collected respectively in Annual family satisfaction report and Annual family assistant satisfaction report.

Since 2014, by the establishment of an Observatory, following a request from the City of Ravenna,

The service Badami is also a source of study of family caregivers world evolution. The studies and research, undertaken by the Observatory, help Badami operators to ensure a service that can meet the needs of families and caregivers. The Observatory is also a valuable aid to the municipal authorities to plan their social policies.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

The project Badami, to provide operators of all offices the ability to acquire and adopt the good practice the knowledge, methods and tools in a uniform and shared way, foresees a period of initial training given to new operators. Training is conducted and evaluated by the Service Coordinator following the procedures set by the Quality System of the cooperative. It is a unique training to ensure the preparation of the operators both in the way of welcome and explanation of the interview aimed to be enrolled in the Database, and for the use of the database online.

This training also includes periods of mentoring by the coordinator and the provision of a documentation with technical instructions for the operation of the online tool. Also operators and coordinator meet regularly in meetings of "Technical Unit" meetings that allow the comparison between operators located across the region in a way that ensures the user answers consistent and unambiguous. Such meetings are also aimed at revision of the tools used in the service, in order to constantly maintain the quality of the service offered.

Another important aspect to ensure the use of best practices of the service is the constant

contact with others in the network, public and private, that spin around the care work. One of the strengths of the Badami Office consists in networking with other entities (the City of Ravenna, City of Cervia, Social Workers, Union Associations, Training Institutions, private associations of migrants or support to care givers, ausl, INPS). This aspect helps families, but also the caregivers to move in the network services, breaking the isolation process where often the subject of the triangle of care gravitate (Elder, Family, Assistant).

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

The project Badami, since it has been started, foresees a monitoring activity and a periodic evaluation of the results through the application of the Quality System of Cooperative LIBRA. This is a fundamental tool to meet and achieve the objectives of quality that are at the base of the Badami activities, in accordance with ISO 9001: 2008.

The territorial Office process two different types of monitoring: the user and the user's satisfaction both on the side of family assistants, and on the family by the preparation and the use of appropriate forms, with planned timelines and milestones.

The monitoring of users is a working tool essential, because, allows the service that applies it, to understand analytically, the characteristics and the needs of users, who use, routinely and / or occasionally the structure.

Specifically, knowing the type of users that are turning once or more to Badami Offices, can provide a more specific response, which meets the needs of both families and the caregivers in the area.

With a six-month intervals, the service also provides for the monitoring of user satisfaction.

During such times both care givers and families are given an ad hoc questionnaire to assess the efficiency of the work done by Badami Offices and to program any adjustments in management.

The constitution within the "Badami" project of a permanent Observatory on territorial dynamics related to the request process for home care, from 2014, has allowed, then, to expand the monitoring and evaluation of the data collected, reaching knowledge about the historical and social evolution of the professional assistant family in Ravenna.

This was done by the analysis of the entries made in the database and collecting the need from families received at the Service.

The project manager, finally, produces an annual planning documents and final activity report, supporting the Observatory in the organization of its activities and identifying the main variables that characterize the phenomenon of carework.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

The service Badami was born in the municipalities of Ravenna and Cervia, but from May 2013 until December 2014 were activated two other Badami Offices in the towns of Massa Lombarda and Faenza with access to the common and shared database. (Badami Office in Massa Lombarda was dedicated to the 9 municipalities Union of Lower Romagna, while the Faenza Badami Office to the 6 municipalities Union of Romagna Faenza) In the period 2013-2014 the 4 Badami Offices supported directly or indirectly resident families in 17 municipalities in the province of Ravenna. The training of new operators of additional Badami Offices was common, the database used was the same, as well

as the form "Requests Families", and forms used for monitoring. Using the same tools and the same method of service delivery, combined with the networking between the 4 Badami Offices and other subjects of the service network, it has made sure that the experience already in place and tested in the municipalities Ravenna and Cervia, was replicated in the municipalities of Massa Lombarda and Faenza.

The implementation of the service was made possible thanks to a funding in time, as result of a draft submitted by the training School of Arts and Crafts "Angelo Pescarini" entitled "Measures to improve the quality of personal and professional life of Women, also migrants, who are employed in care work".

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

Since 2009 the service Badami has been taking benefit from public funding, which decreased over the time, because of cutting transfers to municipalities by the Government. Despite the difficulties related to the decrease in such transfers, the municipalities of Ravenna and Cervia continued to believe in the strategic importance of the project Badami and tried to allocate all possible resources, to continue to provide the service in both locations. From May 2013 to December 2014, due to an additional public funding, obtained through the project presented by the "School of Arts and Crafts" Angelo Pescarini, was possible to increase the hours of opening of Ravenna and Cervia Badami Offices and were able to open others two Badami Offices located in Massa Lombarda and Faenza Municipalities.

The two fundings allow to provide the following hours amount: Ravenna Badami Office, including coordination and maintenance of the

database: 1008.5 h., Cervia Badami Office and Observatory 504.5, Massa Lombarda Badami Office 198, and for Faenza Badami Office: 206.

The practice has the following conditions that guarantee its continuity over time:

- Convention With the Municipality of Ravenna, Cervia and Consortium of Social Services, which later became the ASP,
- Agreement Protocol with "School of Arts and Crafts" Angelo Pescarini for the implementation of the project entitled "Measures to improve the quality of personal and professional life of women, including migrants, who are employed in care work", signed by the representatives Legal entities of the partnership network as a response to the program objective in 2011 of the Ministry of Labour and Social Policy.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

The project Badami has some innovative features such as the technology applied to guarantee the use of a unique online database shared across multiple municipalities in the province, the free services offered and the guarantee of seriousness and professionalism of the names provided, thanks to relationship and constant contact with the public body which acts as a guarantor in synergy with the Quality System of Cooperative Libra. Other innovative aspects underlying the project is the creation of the network of services that operate around the work of home care (Some subjects of the network are: the City of Ravenna, City of Cervia, Union of Municipalities of Lower Romagna, the Municipality of Faenza, Association Line Rosa NGO, SOS Women NGO, Association Demeter women in aid NGO, Association of Romanian-

Moldovan "Romania Mare", Libra Cooperative Research and Intervention, trade unions CGIL, CISL and UIL, Councillor of equality of the Province of Ravenna- All those Organizations have signed the Agreement Protocol with the "School of Arts and Crafts" Angelo Pescarini). The creation and the implementation of the network assured that families have moved from a situation where the only possibility to have an assistant was by "word of mouth" and not regulated, to a situation in which choosing an assistant they find a network of services and institutions. The final innovative aspect is related to the creation in 2014 of the Observatory on territorial dynamics related to the process of looking for home care.

Currently the Observatory is the only reality present at the provincial level. It performs a vital function: to collect, process and disseminate useful knowledge to guide and support the choices of the local programs, based on objective data and information resulting from the analysis of the entries made in the database and by the demands of the families that meet the service.

The Observatory is a privileged source that can bring out, at local level, a deep analysis of care work, and update it periodically as a tool not only statistical, but can read the dynamics, the change phenomenon as a whole and understand how it and its components evolve.

Badami users can be divided into two categories: the first includes the carers who come to the service for job search and subsequent inclusion in the database; the second is identified with the families residing in the territory who need assistance at home.

The Observatory performs monitoring and analysis by providing a variety of indications in both directions.

Caregivers

With regard to family caregivers you can monitor several elements needed to define the type of user who accesses the serv

- caregivers direct and telephone total contacts;
- Total registered in the Database;
- Total registered in database selected to participate in training courses linked to the offices;
- Total registered in database who have completed the training courses;
- Total registered in database divided by gender;
- Total registered in database split by mode of sending / knowledge of the Service;
- Total registered in database divided by age groups;

Total registered in database divided by level of education;

- Total registered in database divided for graduation study in Italy or abroad;
- Total registered in database that pursued a degree abroad divided for recognition or not of the same;
- Total registered in database divided by nationality;
- Total registered in database divided by grade level training;
- Total registered in database split by type of training;
- Total registered in database with external training divided by type of qualification;
- Total registered in database split by type of professional experience in the field;
- Total registered in database split by level of experience certified;
- Total registered in database that found at least once / never have found a job thanks to the support of Badami Service;

- Total registered in database that found at least once a job thanks to the support of the Service Badami divided for different types of contract signed;
- Total registered in database that have turned / not have turned to other services for the work research;
- Total registered in database who have turned to other facilities for work research divided for different types of channels used.

Families

About the families, the Observatory can provide a number of elements that identify the type of subject involved and their needs.

Up to now, we consider the aspects as follow:

- Direct and telephone families total contacts;
- Total requests filled and unfilled from families, number of families involved;
- Total number of persons for which it was dealt a request for assistance;
- Total families requests divided by family unit composition;
- Total requests divide by hour coverage and duration of the assignment;
- Total requests divided by send method/ knowledge of the Service;
- Total requests divided by specific professions;
- Total number deficit / diseases present in the assisted people;
- Total families requests who have / have ever had an assistant family
- Total families requests benefiting / benefited of care check;
- Total families requests benefiting / caregivers have benefited from the additional contribution;

- Total families requests who use / have benefited from the OSS service at home;
- Total families requests who use / have benefited from the Nursing Service at home;
- Total families requests who use / have benefited from the Physiotherapy Service at home;
- Total families interested in a period of training on job by the family assistant;
- Total labor relations undertaken with staff enrolled in the Badami database.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The impact assessment of the project Badami by gender must be seized by analyzing two different aspects, but strongly interconnected because they are the flip side of the same coin: on one hand the implications gender-related families that are looking for a family assistant; on the other, the significance about the kind of people who intend to carry out the role of the family assistant.

Regarding the first aspect has emerged from an analysis of family members that come to service, which are mainly women in difficulty in the management of a ménage "interlocking" among family of origin, current family unit and employment status. In many of these situations, the decision to place a family assistant to look after a loved elder, it is the fastest and less emotionally stressful way to reconcile times of life and work of women, supporting a balance of personal and professional needs.

About the second point of analysis, The studies conducted by the Observatory, showed that professions of caregivers and domestic workers are generally the prerogative of foreign people and women, with an interesting distinction that shows an increasing of male and Italian the category domestic workers. On the nationality variable was then detected, at the provincial level, in line with the a new trend at national level, the increasing of Italian women.

It is due to the lower opportunities in traditional labor market that addressed women to take care of the needs and sufferings of other women and men.

All the above considerations lead us to argue that the current division of labor by gender is a barrier to labor market flexibility and restricts the number of potential candidates to cover the offers of jobs. With the current demographic trend of an aging population and greater participation of women in the labor force employment opportunities in the care sector (child, elderly and other dependent care) are likely to increase.

Encouragement of male participation in the care sector, could help to meet the growing demand for labor in this field. This could offer new job opportunities for base-skilled men while promoting a more equitable distribution of labor between the sexes.

Analyzing the response of the Public Administration to the families, it can be said that the project Badami has improved over the years, the welfare policies, Badami supplies answers to the families that face the aging of a relative, entering at this delicate stage of the their lives. The Badami Office, with the network of the services connected to it, is a valuable support to families to limit their loneliness and isolation that sometimes they find, having to choose a private assistant.

If you look at the side of the family assistants, the response of the public administration, made by Badami, it is about many areas: orientation to territorial Services, learning the Italian language, qualification of their profession through recognized training courses, creation of new in order job opportunities. (The families who come to Badami Offices,

being it a public service, they are more likely to establish a working relationship obeying the rules).

RESOURCES

Human

In 2015 a service coordinator and two operators (one makes substitutions)

Rconomic (public/ private)

Municipalities of Ravenna and Cervia and School "Arts and Crafts" Angelo Pescarini (public funds)

Technological

Database online and computers and furniture. All the technology and furnishings are provided by the public Institutions which supplies the logistic as well (office).

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

The Badami project has, in fact, read and responded in recent years to a current trend in our country: the caregivers are, beyond the family, the source of help by far the most used by the elderly population in fragile and not self-sufficiency situation.

A pillar request for assistance, family resources and shrinking government intervention limited in responding only to situations of greater weakness, are all factors that have led to a gradual acceptance, in Italian families, the "caretaker" as a physiological response to the care problems of a member in difficulty.

The front office activity showed that the work of private care is a field of relations crossed by different interests. For employers (families) it is important to have a reliable help, continuity of care, cost containment. For workers (the caregivers) the interest is more uneven: can relate to the maximization of profit, rights protection, vocational skills, chances of interaction with compatriots. Then there are converging interests, in particular with regard to an appropriate "matching" to their expectations and support so that they do not leave people at the mercy of themselves.

Thanks to the activity of the Observatory in 2014, including direct contacts and telephone, 433 families have turned into Badami Office to receive information and be oriented, these as much as 50% (214) subsequently filled a request for names of qualified family assistants. About the duration of the tasks and the hour coverage, the demands of families have been oriented, in one case out of two, for assistance 24 hours a day and on permanent employment. The working relationships established with personnel selected by the service accounted for 56% of total requests: which means that more than half of the families, who received the names, have used then. The families questionnaires results analysis, showed a satisfaction level of 98% for the Ravenna Badami Office and 100% for Cervia Badami Office.

About the caregivers, the contacts, including direct and telephone, were 3,301. In 2014, the number of new members was 479; 182, 38% of the total, have been selected to attend ad hoc training courses, 96.2% are women, with a medium-high education, who for two-thirds are aged between 40 and 55 years. The most represented nationalities were, in descending order, Rumanians (21.7%), Italian (19.4%), Moldova (14.2%), Ukraine (12.9%), which together reach 68.2% .

A point worth of highlighted, it that in Italy the second nationality with the highest number of subscribers is Italian which support a data that is being consolidated. In these last few years, many

Italian women are going to practice a profession that only ten years ago was totally made by foreigners. It is the same at the national level, partly due to the crisis affecting the Italian labor market.

Finally, about the effectiveness and impact of the project, considering the professional placement of caregivers, it found that 61.7% of them claims to have found a job, thanks to the Service, at least once since they have joined, (These data are collected by Family Assistants satisfaction questionnaire).

References:

Web links and bibliography
 Photos/Youtube videos, etc.

Scuola Nazionale Servizi

GOOD PRACTICES TEMPLATE

IDENTIFICATION	
Name	ASIM Fund - Fund for the supplementary health assistance dedicated to employees of Cleaning, Integrated Services/Multi-services enterprises
Country and area (Region, City...) of implementation	Ytali
Territorial scope (does it operate to the entire territory or only in part of it?)	Entire Italian territory
Period of execution	(2011 formal start) 2014 start delivering health services to the employees – ongoing

CONTENT

Description of the good practice

The ASIM fund intends to ensure to workers (employed through the National Collective Bargain for Cleaning Services and integrated services/multi-services) supplementary health care treatments - personal and household services included – in addition to the ones delivered by the National Health Service.

General and specific goals

The goal of the ASIM Fund is to enlarge the set of health services that workers can obtain through the National Collective Bargain.

Targeted groups

The target groups of the ASIM Fund are:

- the workers, employed through the National Collective Bargain for Cleaning Services;
- the enterprises registered to the ASIM Fund;
- the accredited Health Care Facilities
- the whole National Health Service (NHS)

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

ASIM Fund contributes to the creation of a network of professionals, facilities, associations and other actors that represent the demand side of the personal and household services. Leading the supply side, the Fund led to:

- a progressive improvement of the offered services
- a real benefit to become an accredited structure

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

Yes, the ASIM Fund intergates the characteristics and needs of the people acting in the PHS:

- specifying the PHS supply side it contributes to the professionalisation of workers involved
- enlarging the set of health available services

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

The methodological approach of integrative health funds shifts the responsibility for the health service's request from Public side to the final user and beneficiary of the service itself. Thus, final users are more aware of the available services.

In addition, the organisations delivering the health services are stimulated to offer performances always more in line with the market needs. This process will indirectly led to a specialization of the workers in the sector, both organisations delivering services and final users.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

Even if the supplementary assistance in the health sector has had enough time to evolve (starting from 1992 until now), ASIM Fund is a relatively new entity and it's the first attempt to aggregate the supply side of PHS services for a high number of beneficiaries.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the

sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

Due to the launch of ASIM Fund, some enterprises and organisations delivering PHSs started both accreditation and training processes for their workers, thus increasing their competitiveness.

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

As for the other supplementary health funds, the Ministry of Health monitors and evaluates the ASIM Fund performances at national level.

In particular, the Ministry has founded:

- An official registry of integrative Funds (in charge of verifying the balance sheets, too)
- An observatory for supplementary health funds

In addition, there is also a private observatory for the supplementary health services reports data and collect relevant informations.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

As first example of supplementary health fund linked with the National Collective Bargain, ASIM fund is the first attempt to aggregate the supply side in PHS for a high number of beneficiaries.

Thus, it constitutes a model for future similar projects.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

There is a solid set of legislative rules related to the supplementary health funds, for example the Dgls n°502/1992, Decree 31/03/2008 "Ambiti di intervento delle prestazioni sanitarie e socio-sanitarie erogate dai Fondi sanitari integrative del Servizio Sanitario Nazionale e da enti e casse aventi esclusivamente fini assistenziali" (Intervention areas of social and health care services provided by Health Funds' completing NHS and by bodies with exclusively charitable purposes)

The ASIM Fund also enjoys the support of several social partners, such as:

- FILCAMS CGIL
- FISASCAT
- UIL TRASPORTI
- FISE ANIP
- CONF COOPERATIVE
- LEGACOOP SERVIZI
- AGCI SERVIZI
- UNIONSERVIZI CONFAPI

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

ASIM Fund is an example of the supply PHS reorganisation's processes in relation to the progressive reduction of Public funds in the sector. In this process, the National Collective Bargain is used as an instrument to hold the supply side in PHS delivering.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The data shows that more than 70% of the PHS workers in Italy are women. Thus, due to the link with the National Collective Bargain, ASIM Fund contributes to an automatic improvement in the balance between professional, family and personal aspects of life.

RESOURCES

Human

Economic (public/ private)

At this time, the annual turnover of ASIM Fund is around 1M EUR

Technological

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

The practice produced a demonstrable impact, with more than 100.000 registered workers

and more than 1.000 registered enterprises. Thus, ASIM Fund helps to afford the progressive reduction of public source of financing for health services, showing outcomes with a positive trend (the number of registered enterprises and the set of health services are constantly growing) and contributing to achieve the goals.

References:

Web links and bibliography Official website of ASIM Fund

<http://www.fondoasim.it/>

A .ppt presentation about the ASIM Fund with some data and graphics

https://drive.google.com/file/d/0Byhtl_0EUHh9aUFoLWNmZ2g0SFU/view

Registry of integrative health funds at national level (Minister of Health)

http://www.salute.gov.it/portale/ministro/p4_8_0.jfp?lingua=italiano&label=servizionline&idMat=FS&idAmb=AFSI&idSrv=01&flag=P

http://www.valoresrl.it/?page_id=10969

Observatory for integrative health services – funds included – Valore Srl

http://www.valoresrl.it/?page_id=10969

Photos/Youtube videos, etc.

GOOD PRACTICES SCORECARD

IDENTIFICATION	
Name	Azione di Sistema per lo sviluppo di sistemi integrati di Servizi alla Persona project – AsSaP project
Country and area (Region, City...) of implementation	ITALY – 4 Regions: Campania, Apulia, Calabria and Sicily
Territorial scope (does it operate to the entire territory or only in part of it?)	Regional coverage (above mentioned Italian Regions)
Period of execution	2007 - 2013

CONTENT

Description of the good practice

The AsSaP project aims to implement active policies for employment as well as vocational training in the field of cleaning and personal care services notably for dependent people. The national law framework, entitles workers to being hired under the so-called “colf-badanti” contract and enables users to deduct from their income tax up to a maximum of €2000 per year of their expenses related to household cleaners and family assistants.

General and specific goals

- create an efficient regional network of intermediation services of labour demand and

supply for household cleaners and family assistants, as well as to promote the reduction of undeclared work, particularly for third countries nationals,

- promote - through national and local intermediation agencies and Labour market services - the professional qualification of PHS workers, and introduce a certified recognition process of informal skills,
- facilitate families' access to PHS services, thanks to intermediation agencies' services. In addition, some Regions decide to grant money transfers to families hiring workers who have participated in the AsSaP project and have completed their training courses.

Targeted groups

The project targets

- unemployed and/or
- inactive people, and
- poorly skilled workers, who are or could be employed in personal and household services as cleaners and caregivers.

PHS' users can either be private families or entrepreneurs, as long as they want to hire PHS workers through permanent or fixed terms contracts for a minimum duration of twelve months.

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

Yes, the practice responds to the aims of the project, contributing - through national and local intermediation agencies and Labour market services - to the creation and professionalization of workers in the PHS sector. It is forecasted a professional qualification of PHS workers, and the

introduction of a certified recognition process of informal skills.

In particular, to promote professional qualification in PHS, the AsSaP project has implemented a training voucher. These vouchers are allocated to trainees and potential workers in order to ensure them access to jobs offered by the intermediation agencies involved in the project. The training vouchers are paid to the intermediation agency only if the worker has completed the course and has signed a permanent or a fixed term contract for a minimum duration of twelve months. In addition, the project helps to transform the undeclared work into regular employment.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

Yes, the AsSaP project integrates the characteristics and need of the people acting (and people that want to enter) in the sector:

- poorly skilled workers that need to improve their knowledge and increase the skills to react effectively and promptly to the market's requests;
- PHS workers that need a recognition of their informal, formal and non-formal skills' acquisition
- potential workers (unemployed and inactive people) that want to enter in the labour market;
- workers experiencing undeclared work, creating an efficient regional network of intermediation services of labour demand and supply
- families that need a better and easier access to PH services, through the intermediation agencies'.

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

The AsSaP project is defined as a pilot action, a 'start-up' of Systemic Actions related to PH services in the four involved Italian Regions. As a result, the SWOT analysis carried out after the project end showed that the mixed approach (i.e. public/private stakeholders; on-line/on-site tools; connection among end users/workers, intermediary organisations and employers) laying down the project has successfully contributed to achieve the expected results.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

Yes, the AsSaP project has been active from 2007 to 2013 and so having enough time to evolve and stabilise the processes and the obtained results.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

The AsSaP project represents an example of alliance among different stakeholders: it has been promoted and financed by public institution

(Italian Labour Ministry) also thanks to European funds; it has been realized under the general coordination of Italia Lavoro (an enterprise totally owned by the public institutions) and through intermediate Agencies as well as recognized private organisation.

The strategy took in place by AsSaP project is characterized by a blended approach, mixing on line (i.e. to be accredited as intermediary organisations) and on site procedures (i.e. the supporting activities of the AsSaP desks). This mixed approach allows the empowering of the actors at different level.

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

As for the ESF projects, monitoring mechanisms were applied as well as results' evaluation. The final relation of the AsSaP project (in Italian language) is available on line.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

The model and the processes of AsSaP project are easlily transferible to other territorial contexts. As a result of its success, the project should be expanded in other Italian Regions in the coming months – even if this transfer has not yet been started.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

Promoted and financed by the Ministry of Labour and Social Policies, the AsSaP project surely enjoy the political conditions to ensure its continuity over time.

AsSaP project was launched within the framework of the 2007-2013 European Social Fund and it is possible that a new edition of the project will be promoted within the new framework of the 2014-2020 ESF.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

Surely, AsSaP project has created a novel approach to the afforded problems, generating alternatives to the traditional options for managing them. In particular:

- The vouchers institution has provided a flexible training structure aimed to enhance the skills acquired in formal and non-formal contexts;
- A combination of Vouchers and Standard Costs implied a mechanism to simplifying financial and administrative accounting;
- The involvement of intermediating agencies has implied the activation of internal networks among the involved associations as well as between public and private key actors.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

A relevant part of the AsSaP target group is constituted by the so called “colf-badanti” (i.e. caregivers for elderly and/or people affected by chronicle diseases) that is mainly composed by women. Furthermore, third countries national workers constitute a significant part of the “colf-badanti” group.

These data are confirmed by the final relation of the AsSaP project, quoting that women are 83% and men are 17% of the trained and employee workers.

RESOURCES

Human

435 “AsSaP” desks (i.e. personal and household services desks) have been opened, employing 647 desks operators

Economic (public/ private)

Promoted and financed by the public Ministry of Labour and Social Policies, the project is implemented by Italia Lavoro SpA. The total cost of the action is EUR 19 milion and 757 thousands.

Technological

The desks operators were trained to access to an interactive platform, called Wiki for self-training. This platform was created and is managed by Italia Lavoro, and it is coordinated by a central contact center, providing an email helpdesk service.

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

Yes, the AsSaP project has produced a demonstrable impacts:

- a new network of 81 intermediation agencies able to match supply and demand in personal and household services has been developed in the four Regions;
- total of 4682 people have participated in training courses;
- 3726 have signed work contracts with private stakeholders, co-operatives societies and other users;
- 435 “AsSaP” desks (i.e. personal and household services desks) have been opened, employing 584 desks operators, trained to access to an interactive platform, called Wiki for self-training;

Creating a solid network among actors involved in the PHS delivering, the AsSaP project has contributed to the solution of several problems: matching of demand and supply sides; professionalization of workers, creation of new jobs.

References:

Web links and bibliography:

<http://www.italialavoro.it/wps/wcm/connect/197ddc804fa3bd69acb2afe5dd4cee68/Relazione+sintetica+risultati+AsSaP.pdf?MOD=AJPERES>

(final evaluation of AsSaP project)

<http://www.italialavoro.it/wps/portal/assap>

(AsSaP project website)

http://www.efsi-europe.eu/fileadmin/MEDIA/Event/5th_European_Conference/White_book_final_deember_2013.pdf

(White Book on PHS in ten member States –quoting for Italy even the AsSaP project)

Photos/Toutube videos, etc.

<https://www.youtube.com/watch?v=mebzqw61GhY>

(Youtube video in Italian language by TeleCosenza -Italian Regional TV – explaining the ration of the AsSaP project)

GOOD PRACTICES TEMPLATE

IDENTIFICATION

Name	Comunità Attiva – community interest cooperative (Cooperativa di comunità)
Country and area (Region, City...) of implementation	Italy
Territorial scope (does it operate to the entire territory or only in part of it?)	Regional Scope (Regione Umbria)
Period of execution	2014 - ongoing

CONTENT

Description of the good practice

Comunità Attiva is the first Umbrian community interest cooperative, an innovative model of cooperative through which citizens can engage in projects and delivering services in order to serve the common interests of the community.

The “community interest cooperative” model allows citizens to be both partners- consumer users of the delivered services, and working members, as their expertise will be functional to the services that the cooperative provides. Among other services, Comunità Attiva delivers:

- Health services (mainly for elderly, long-term patients, disabled)

- Social services (such as baby-sitting, educational support, pet care, repairs, gardening but also clown-therapy and running of a web TV dedicated to the represented community)
- Environmental protection services (promotion of the recycling culture through different services, set up and running of renewable energies community facilities, integrated energy services, consulting)

General and specific goals

The general goal of Comunità Attiva is to produce benefits for the whole territory through an innovative entrepreneurial cooperative model. The specific objectives are:

- recovery of traditional products and territorial old trades,
- recovery of environmental goods and monumental, valuing cultural traditions, encouraging the development of tourism;
- deliver to the community a set of services strongly needed (such as PH services, gardening, cleaning, repairs and so on)
- create and maintain job opportunities for young and disadvantaged people

Targeted group

- citizens themselves, both as workers and as final user of the delivered services
- people that needs assistance in several fields (health assistance, educational services, household services, catering services, ecc)
- families
- local community/group of people

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

For sure the practice respond to the aims of the BESPAT project: Comunità Attiva contributes to the identification, creation and also professionalization of employment in the personal care and home services sector.

Thanks to the close link among several actors in the territory, Comunità Attiva is able to identify the needs of the citizens and to allocate the right working resources within the territory itself.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

In the “community interest cooperative” model, citizens can be both consumer users and working members, so their expertise is instrumental to the services that the cooperative provides, with the goal of producing benefits in favor of the whole territory. Following this model, the characteristics and needs of the people acting in the sector are identified and well integrated.

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

The methodological approach lays down the running of Comunità Attiva is to be close to the territory and pursuing a social scope but acting as an enterprise.

So, despite the natural economic goals and the goal to create new job opportunities, it is important to emphasize that the cooperative wants to be a subject, active and responsible, which set up projects and processes starting from the desire of the locals to unite their efforts and in order to meet common needs.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

Comunità Attiva is a new entity in the Regional panorama, due to the fact that is the first “community interest cooperative” in the territory. In addition, also the “community interest cooperative” model is a relatively new one in Italy. Despite the novelty, in the Italian territory there are some positive experiences (i.e. the Melpignano municipality experience; or the community interest cooperatives already set up in the North of Italy mostly for the electric energy production) that have led to the activation of a legislative process in the Apulia Region regarding the “Community Interest cooperative”.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice’s know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

The alliances and collaborations put in place for the running of Comunità Attiva are mainly among local community (in terms of individuals, associations, informal groups and so on), other organisa

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

The alliances and collaborations put in place for the running of Comunità Attiva are mainly among local community (in terms of individuals, associations, informal groups and so on), other organisations carrying out similar services (other cooperatives, foundations, social enterprises) regional/national aggregators (i.e. Legacoop Umbria, National Legacoop; local fair trade association such as Monimbò) and public authorities (Perugia and Città di Castello municipalities) so there is a wide range of actors that contribute at different level to the scope of the cooperative.

All the information regarding the projects, activities and active collaborations are public and constantly updated through the website of the cooperative. Other stakeholders, public ones included, could easily adopt the positive experiences.

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

As for the other cooperatives, there are internal events to evaluate the work done (such as the members Assembly) as lay down in the Statute. The monitoring mechanisms, due to the territorial scope of the community interest cooperative, are de facto put in place by the citizens themselves that are both beneficiaries and sometimes workers delivering the services.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

Comunità Attiva is always open to new collaborations and to join networks in order to make available its know how and experiences. Furthermore, thanks to the support of national Legacoop, there is a national project for the information, guidance, assistance and technical and financial support for the experiences already made in different areas of the country.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

Set up as cooperative, Comunità Attiva experiences financial independence. The human condition to ensure its continuity over time are assured by the territorial scope of the cooperative that can act as incubator for beneficiaries and workers' needs. The political support is assured by the national umbrella Legacoop through its above-mentioned project and by the will to set up even in Umbria (following the experience of Apulia) a new set of rules for the "community interest cooperatives".

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

The model of "community interest cooperative", adopted by Comunità Attiva, is an innovative

one that generates different alternative to the traditional option available to deliver personal and household services – among others.

The cooperative has innovative features, as born from the desire of its founders to develop an entrepreneurial activity but deeply linked to the territory and respectful of local traditions and culture. It originates from the idea that the leading role of citizens and companies, in a partnership, is crucial for the development of the territory and for the solution of common problems, and this comes as an organization open to new members and collaborations.

Totally oriented to the wellbeing of the local community and supported by a national project carried out by Legacoop <http://www.legacoop.coop/cooperative-di-comunita/cosa-sono-le-cooperative-di-comunita> the "community interest cooperative" surely can bring benefits to the services sector as a whole.

In addition, the Comunità Attiva enlarges the set of services traditionally delivered by such a kind of cooperatives, exploring other needs in addition to the environmental and touristic ones and namely the PH services.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

Due to the kind of delivered services, such as personal and household services (included health assistance services) there is a high participation of women in the delivering processes. To be at the same time the final user and workers contributes to the improvement of the balance between professional, family and personal aspects.

RESOURCES

Human
35 members

Economic (public/ private)
private financing through the members' quotes

Technological
constantly updated website
community web TV

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

Due to its new foundation, Comunità Attiva community interest cooperative has not yet demonstrated a solid impact, even if the attention of the local community is high and the support of national representative body such as Legacoop is an important indicator to evaluate the positive trend of the phenomena as a whole.

Surely Comunità Attiva contributes to achieve the goal of increase employment and detect the needs of the local community, it contributes also to the delivering of personal and household services in an integrated perspective.

References:

Web links and bibliography

<http://www.comunita-attiva.com/>
(official website of Comunità Attiva)

<http://www.legacoop.coop/cooperative-di-comunita/cosa-sono-le-cooperative-di-comunita/>
(official Legacoop website showing the project supporting the Italian 'community interest cooperative')

<http://www.legacoopumbria.coop/comunita-attiva-la-prima-cooperativa-di-comunita-del-territorio-umbro/>

(regional Legacoop Umbria news regarding the foundation of Comunità Attiva as the first community interest cooperative in the regional territory)

http://www.regione.puglia.it/web/files/lavoro/cooperazione/legge_cooper_comunit.pdf

(Apulia regional law for the community interest cooperatives, a benchmark for the other Italian regions)

Photos/Youtube videos, etc.

<https://www.youtube.com/watch?v=8jzFNsvhlss>

(Mr. Alessandro Fava, President of Comunità Attiva, introduces the scopes and activities of the community interest cooperative)

GOOD PRACTICES SCORECARD

IDENTIFICATION

Name	Sanicop-Federazione tra Cooperative di medici e di operatori sanitari (Federation among cooperatives and health workers)
Country and area (Region, City...) of implementation	Sanicoop is located in Rome ITALY
Territorial scope (does it operate to the entire territory or only in part of it?)	National scope
Period of execution	14 February 2012 - ongoing

CONTENT

Description of the good practice

Sanicoop is a federation of cooperatives representing doctors and health workers and covers the entire Italian territory.

Set up in 2012, it counts more than 50 cooperatives representing 15 Italian Regions. Sanicoop aims to reorganize the medical services (included PH services) supply that were traditionally purchased by Public sector.

General and specific goals

The general scope of Sanicoop is to enhance the subsidiary role of cooperation in relation to the National Health Service (NHS) as part of welfare reform, needed due to the reduction of public dedicated funds and to the increased needs of citizens.

With this cooperative project as innovative, inter-sectoral process, Sanicoop intends to:

- participate in the development of useful proposals within the in progress debate on the reorganization of the social, health and welfare Italian systems, trying to make a special contribution to the development of a local and territorial welfare;
- seize the opportunity of each cooperative sector, also through other collaborations and synergies, to generate a bid system that qualifies and extends the cooperative offer in the health services delivering
- to become a solid player in the promotion of reorganization and integration of Personal and Household Services in Italy
- promote the definition of managing tools exploiting the advantages of the cooperative asset.

Targeted groups

The targeted groups are:

- doctors
- health workers
- member cooperatives and their stakeholders
- final users
- the whole NHS

FOUNDATION

Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?

Surely Sanicoop led to a specialization of the delivered services from a technical point of view, and this allow to the professionalization of employment in the PHS sector. In addition, a Federation

avoids the fragmentation of the supply side, helping to aggregate the services and contributing to identify and create employment in the sector.

RELEVANCE

Does the practice integrate the characteristics and needs of the people acting in the sector?

The Sanicoop's characteristic is the capability to aggregate the actors playing in the PHS' supply, thus increasing the number and kind of available medical services.

Sanicoop:

- integrates the characteristics and needs of the doctors, health workers and operators directly involved in the delivering of the services;
- offers a complete set of services to be delivered integrating the needs of the final users
- represents an incubator for new mechanisms and processes, thus contributing to improve the know-how of the member cooperatives

CONSISTENCY

Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?

Sanicoop acts as a national entity promoting cooperative model to enlarge the quality and the number of health services delivered, with the aim to support the reorganisation of the NHS.

The processes and instruments it uses are aimed to support the development and the shared management of this reorganisation.

MATURITY

Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?

Sanicoop is a relatively new Federation (set up in 2012) and so it has not had enough time to evolve so as to stabilize the processes involved. However, this is the first attempt to aggregate the supply of health, personal and household services exploiting the cooperative's values and methodologies.

EMPOWERMENT OF PLAYERS

Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?

One of the specific objective of Sanicoop federation is to allow the members cooperatives and their network to participate in the public debate and process related to the reorganization of the NHS. Thus, some member cooperatives have started to carry out updating and improvement processes.

Sanicoop was set up thanks to an alliance among private, public and social partners.

EVALUATION AND MONITORING

Are monitoring mechanisms in place? Are its results regularly evaluated?

As Federation, there is a first and binding monitoring level represented by the internal Bodies of the Federation.

In addition, the monitoring and evaluation of the delivered services is centralized at national level.

TRANSFERABILITY

Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?

The foundation of Sanicoop is part of the “Health project”, promoted by Legacoop, and aimed at activate a network of personal and health services to be delivered within the territory, and following the new “community welfare” structure.

Promoting the cooperative model and the “community welfare” structure, Legacoop is undertaking a time-constante informative process that surely enable other organisations to adopt the positive results already reached.

SUSTAINABILITY

Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

Under the umbrella of Legacoop and with several active agreements with different actors (i.e. Unipol Assicurazioni), Sanicoop surely enjoys the political, technical, human and financial conditions to ensure its continuity over time.

INNOVATION

Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?

Sanicoop is an innovative model to afford the partial reduction of public fund in the Health Services Sector, activating new processes and synergies aimed to reorganize and aggregate the supply side of health services.

GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

RESOURCES

Human

more than 50 associated cooperatives in 15 Italian Regions

more than 1800 between doctors and health workers involved

Economic (public/ private)

Sanicoop is financed through the quotes of the federated cooperatives

Technological

IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

From its foundation untill now, the members of Sanicoop Federation are increased and the

informative actions carried out by Sanicoop itself and its network show a positive trend, with new signed agreements and an effective diaogue with all the relevant stakeholders.

References:

Web links and bibliography

<http://www.federazione-sanicoop.coop/>

Official website of Sanicoop

<http://www.legacoop.coop/attivita/progetti/legacoop-salute/>

“Health project” promoted by Legacoop

Photos/Youtube videos, etc.



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