



WP 8 - Local Workshops

Pushing research further: a comparative analysis from local feedbacks

ISTITUTO PER LA RICERCA SOCIALE

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This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).



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1. Introduction and background information

The main aim of the INNOSERV project WP8 was to stimulate the debate with showings of the 20 videos delineated and filmed in the previous WPs .

Between the months of February and May 2013, each partner organized one or more local workshops involving a different range of actors, mostly professionals, but also users and/or students. During these events, the organizer showed a certain number of videos and facilitated discussion on the innovative practices presented through the focus group methodology. A short presentation of the selected practices is available as annex to this report (Annex I).

A total of 42 local workshops were held, with 97 presentations of the videos. For each video presentation, feedback drafted in accordance with the WP8 Guidelines¹ was prepared. All feedbacks are available as annexes to this document (Annex II) and form an integral part of this report.

The following table shows the partner organizing the workshop and the specific video showed and discussed. Please see the beginning of Annex II for the acronyms.

DATE	ORGANIZING PARTY	Katymar	Ammerudhjemmet	Irre Menschlich	RealPearl	Secclin	Ethern AG	Humanitas	Mom'arte	Light Residential	GPE Mainz	Vitality - changing focus	Mobile Health	AUSER abitare solidale	Blue Assist	Somerset - KYOH	Early Supported Discharge	Place de Bleu	ECC	Nueva	CIL serbia	TOTAL video (per workshop)
05/02/13	UHEI														x							1
13/03/13	HAW											x										1
08/04/13	UHEI															x					x	2
11/04/13	HAW		x																			1
12/04/13	USH										x					x						2
16/04/13	HAW		x														x					2
17/04/13	USH													x							x	2
18/04/13	IAE						x						x	x							x	4
18/04/13	IAE						x						x	x							x	4
22/04/13	RU		x														x					2
22/04/13	SOLIDAR					x		x						x				x				4
23/04/13	EASPD				x			x						x			x					4
23/04/13	ENIL									x					x						x	3
24/04/13	RU					x													x			2

¹ The document was released on April 2013 and is available as annex to this report (Annex III).

- to discuss **potential barriers** against engagement, obstacles, negative effects in implementing innovative practices;
- to analyse to what extent a specific innovative service **can be expected to work elsewhere** (other contexts, fields or target groups);
- to identify **future challenges** in social service innovation and provide **input for the research agenda**, discussing ‘cases’ that combine within-case analysis and comparisons across cases (and contexts) and are especially suited to move on from the national to the European level.

Each focus group thus held a discussion around those four topics:

- **Innovation**: core elements, effective principles, change processes;
- **Improvement** and development;
- **Transferability**, adaptation and innovation spreads;
- **Issues** and **future challenges**.

This report follows the same structure (each topic has a chapter to itself) with the additional feature of clustering the main elements arising from discussion in four main areas:

- The **approach to the service** and the philosophy behind it (meaning by this the cultural aspects and/or the theoretical models adopted and/or the role of target users);
- The **organization** and the governance of the service (that is, which kind of professional and/or non-professional actors are involved in the production of the service and which kind of relationships exist between them);
- The economic and **financial aspects** (meaning by this both the sustainability of the services and the way the costs of them are covered);
- **New technologies** (that is, how the spread of new technologies, which implies both high potential for the improvement of the services and risks, may influence social services in the coming years).

These four areas represent a cross-sectional analysis followed over the four topics discussed during the workshops.

2. Innovation: core elements, effective principles, change processes

Each video presented at least some aspects of innovation, to varying degrees depending on the case and on perception by the participants. The most important fact, however, is that the perception of innovation varies greatly from country to country: what was considered to be very innovative in some countries was not judged to be such in others. This will largely depend on the cultural context of each country, its laws and the historical structure of its social, health and education services.

However, apart from the specific and contingent features of each case, some recurrent factors were taken as usually innovative and indicative of some emerging trends in all the countries. These trends are grouped into four areas, as mentioned in the introduction: approach to service, organization, financial and economic aspects, and new technologies.

2.1 Approach to the service

Some trends were regarded as innovative and positive in almost all the workshops.

The first is the **growing centrality of the user**, whether it be a single person or a group such as a family. This focus on the centrality of the user comes in different ways; some recurrent examples are:

- The tendency to provide the service at the user's home rather than in more traditional places such as hospitals and offices (some examples from the 20 cases selected in this project are *Empowering people to manage their finances - Humanitas Financial Home Administration Programme* and *Patient led home based stroke rehabilitation - Early Supported Discharge after Stroke* practices);
- The establishment of peer relationships between users and other actors involved in the service, such as operators and family members (e.g. *Changing perceptions of people with mental illnesses - Irre Menschlich*);
- The attempt to create the preconditions for the user to deal with his/her own problems, rather than tackling them directly (e.g. *Managing care services to support independence - VITALITY – Changing focus for old age*);
- Identification of the service (e.g. *Patient led home based stroke rehabilitation - Early Supported Discharge after Stroke*, *New housing solutions and inter-generational support - AUSER Arbitare Solidale*, *Integrated housing, social and health services for mental health rehabilitation – Light Residential*);
- User (and/or former user) involvement in the co-production of the service (e.g. *Changing perceptions of people with mental illnesses - Irre Menschlich*; *User driven service evaluation – Nueva*; *Community solutions to prevent public health problems - Santé Communitaires Seclin*);

- The effort to facilitate the social inclusion of users, making the services more open to the local community and encouraging interaction with it (e.g. *Care for older people in a community setting - Ammerudhjemmet*);
- The attempt to focus not on a specific problem of the user, but on the user in his/her entirety, taking a more holistic approach (e.g. *Breaking the Poverty Cycle: Early Child Development and Parents' Employment – Katymar*; *Community solutions to prevent public health problems - Santé Communitaires Seclin*).

This last point leads us to the second trend considered to be innovative: the attempt to **deal with more problems through one solution**. In many cases, this means that there is a combination and/or integration between the education sector, and health and welfare services (as shown in the WP7 report 4.3.2, only 7 projects out of 20 focus on just one sector). In the case of *Breaking the Poverty Cycle: Early Child Development and Parents' Employment – Katymar*, for example, the service covers support for families and education for the children at the same time. This requires greater cross-sectoral skills: the issue will be discussed in the chapter “Future challenges”, but please see also the Innoserv WP7 report (4.3.4).

All this well reflects the need for a more **integrated approach**, a change that is necessary because in many cases the problem is not isolated, but rather linked to other problems that can be both cause consequence of the first.

Another factor in innovation relates to the composition of targets: **multiculturalism and inter-generation** are always appreciated and seen as innovative, as they foster the inclusion, cohesion and circulation of experiences and points of view (one of the best examples is *Care for older people in a community setting - Ammerudhjemmet*).

2.2 Organization of the service

The workshops highlighted some recurrent innovative trends in relation to the organizational structure of services.

The first concerns the **bottom-up process**, in two senses. First, it is through this kind of process that innovation is best stimulated. Second, it seems there is a growing trend towards the use of bottom-up organizational structures even once services are already established and fully operational, and not only in their early stages of life. It is also important to note that innovation usually starts with setting up of new organizations rather than with new projects promoted by already well-structured organizations.

A second important aspect is the increasing **multi-disciplinarity**, i.e. the presence of different professionals who work together contributing each with their own skills. Health care professionals, caregivers and educational staff thus work in the same team. Moreover, in some cases new professional figures may join the more traditional ones: artists and actors, for example. Usually professional expertise (which can be gained through many different ways, regardless of the formal occupational field) is more important than occupational expertise.

In addition, in many cases **non-professional stakeholders**, such as the families of users, ex-users or the users themselves and volunteers are actively involved in providing the service. This issue is related to the previous one, as in some cases volunteers have a good level of expertise despite being engaged in other occupational fields, while in other cases training is needed.

All this makes the **network of actors much larger and horizontal, but also far more complex**. There is usually a **peer-to-peer relationship** between the actors, and in many cases the users themselves participate in production of the service (e.g. the dialogue proposed in *Changing perceptions of people with mental illnesses - Irre Menschlich*). This new kind of organizational structure was judged innovative and positive in almost all the cases.

2.3 Financial aspects

Overall, the workshop participants paid particular attention to the financial aspects and sustainability of the cases presented.

In particular, some practices were considered to be valid in terms of **efficiency, containment or reduction of costs and cost-effectiveness**. However, many participants pointed out explicitly that the mere financial factors should never be considered as innovative in themselves unless they are accompanied by improvement in the service, its quality and/or its effectiveness.

The workshop participants attributed truly positive and innovative qualities to **social entrepreneurship**, meaning by this the inclusion, as a core element of the service, of business activities that contribute to sustainability by covering all or part of the cost. Usually (e.g. *Living Independently: Bringing people with disabilities into work - GPE Society Mainz*; *User driven service evaluation – Nueva*) in these cases the users are directly involved in the business activities: their competencies and capabilities thus becomes valuable potential.

2.4 New technologies

In general, the cases involving the use of new technologies (especially internet-related) aroused a mix of positive and negative feelings.

On the one hand, they were perceived as innovative and endowed with great potential in relation to:

- The reduction of costs, as new technologies allow for achievement of greater efficiency (e.g. *On line coaching empowers disabled people - Blue Assist*);
- The improvement of the service: the Blue Assist app for smartphones, for example, allows for greater autonomy of the disabled and/or people with mental diseases;
- The promotion of interaction between people: the service *Patient led digital health for long term health conditions - Somerset Pain management Service and Know Your Own Health* (an online platform to support people with chronic pain to manage

their condition for themselves) is a good example, as it allows people with the same problem to interact and share their experiences through a sort of social network;

- The transferability of the services, as the software used, once developed, can be transferred for free (except possible licence costs) on any device supporting the same technical requirements.
- The ease of collecting useful data to be analysed: the service *Patient led digital health for long term health conditions - Somerset Pain management Service and Know Your Own Health* is again a good example, as all the quantitative and qualitative data collected through the platform can be shared by the users with their own health professionals.

On the other hand, however, the participants stressed the fact that the use of new technologies has a number of contraindications and risks excluding those who do not have the technical skills required to use them. These aspects will be analysed in more detail in the chapter on open issues and future challenges.

Finally, the workshop participants pointed out that in some cases the use of new technologies may cause a loss of "humanity" in the service.

3. Improvements and development

It is very difficult to generalize about the possible improvements and developments of the cases presented, since each has its own peculiar characteristics. In addition, if the same improvement occurs in many cases, then it is likely to become an open issue and/or future challenge, and will therefore be discussed in the chapter dedicated to these aspects.

Very often the workshop participants highlighted and asked questions about some aspects that were not explained in depth in the video, the duration of which - about 5-6 minutes on average - did not allow for a full comprehensive presentation of the entire service. However, the absence of certain factors from the video does not imply that they are not present in the service.

Thus, this (short) chapter is not divided into four areas like the others, but simply proposes some improvements applicable to some services².

Workshop participants identified **sustainability** as a key factor calling for improvement, from two points of view. The first is financial: some of the cases presented include (or may include) business activities that could be expanded and/or improved. The second perspective concerns the organizational structure: some services, especially those born from bottom-up processes, should in the long run implement more stable structures to ensure effective coordination. Conversely, these services are likely to end when the first promoters and leaders leave their position.

² If interest is in a specific service, please refer to the related feedbacks, which are annexed to this report.

Another key factor is the **level of expertise** required to provide an adequate service. The use of non-professionals, such as volunteers, family members, users and ex-users, proves very positive, but their preparation should be in line with the quality requirements of service. This also applies to professionals in those cases where the service involves many sectors, given that skills are required in many fields. Finally, a point to be made clear on the ex-users: having direct experience of an issue does not necessarily also imply the capacity to transmit it.

A third factor concerns the **user's choice**, in a twofold way. First, in some cases the path followed by the user appears already to be predetermined and she/he has no real alternatives (for example in the case of *Mobile health services for hard to reach people - Center against human trafficking*: there's no real alternative apart from repatriation): the user, once involved, has no real choices. Second, in some cases involvement in the service as a user is exclusively on a voluntary basis (meaning that the potential user has a fully active role in searching out the service and getting involved). This means that those who actually access it are not always those who need it most (two examples are *Community solutions to prevent public health problems - Santé Communitaires Seclin* and *Empowering parents - Eltern AG*): in this case the explicit choice of the potential user seems to be a precondition for his/her effective involvement.

Another element calling for improvement is that in some cases and especially those where membership is completely voluntary, the **target is too homogeneous** and should be more differentiated (e.g. Seclin: all middle-aged women).

4. Transferability, adaptations and innovation spreads

According to the workshop findings, the **framework** of the perception about innovation in social services is **very uneven at the European level**: some services considered innovative in one country have been present for decades in others, and vice versa. The point is not to deal with the distinction between more or less economically developed countries, or between countries where social services are very extensive or not: the **situation** is much more **complex and fragmented**. For example, in each country, there may be peaks of excellence in certain areas and gaps in others, and often these gaps are due in large part to the cultural characteristics, to the subsystems of each context and to historical factors.

Given that the participants showed particular interest in the cases presented, it is natural that they also expressed the desire to **replicate the projects and services** in their **local context**. Thus, in most cases the attention of participants focused on finding **possible constraints to the transferability** of the services.

The **legislative framework**, which varies (sometimes significantly) from country to country, is an upstream barrier that does not allow for transferability in some cases. The most striking example is the case of *Mobile health services for hard to reach people - Center against human trafficking*, which entails the prerequisite that prostitution be legal (it is not in most of the countries), unless extremely radical adaptations are introduced. Apart

from such striking examples, in most cases there are still some specific legislative aspects that stand in the way of immediate transferability: the various suggestions advanced include partial re-adaptation of the service in order to align it with current legislation, or intervention through legislative adjustment. This last option has often been suggested when:

- The case presented was considered particularly innovative, positive and with a low economic impact;
- The case was part of an innovative trend already recognized by participants as in line with future scenarios and with the changes that social services have been undergoing in recent years.

4.1 Approach to the service

Within the “approach to the service” category, the main barrier is the **cultural context** of each country. In order for the service to be replicated it is, in fact, necessary for it to be consistent with the characteristics of the local culture. Alternatively - and this has been invoked several times - a change in the local culture would be required: however, this would be a possible future challenge, rather than mere adaptation of the service.

The cultural aspects considered the most critical concern:

- The **role of the family** and the perception of the **concept of "home"**: in some countries there is a broad concept of family, in others not. At the same time, the family is sometimes regarded as a nucleus to be protected, while in other cases there is a greater opening to society. In addition, in some countries the family is historically a provider of informal support and assistance parallel to the welfare system (and often preceding it), while in other countries this concept simply does not exist. Much the same applies to the concept of “home”: according to some cultures a service offered at the user’s home is seen as an intrusion, while according to others it is naturally accepted and considered an optimal element.
- The way certain (sometimes disadvantaged) **groups are perceived by society**: the most significant cases are those of the **elderly**, the **disabled** and those with **mental diseases**. In some countries there is a strong stigma, the prevalent perception being that these are categories that need to be cared for and kept isolated from the rest of society. In other countries, however, inclusion is greater and it is believed that these categories may give a valuable contribution to society.
- The **way some concepts are perceived**: for example, the concept of **health** is quite narrow, referring mainly to the absence of diseases in some countries, while in others it is much more extensive, and almost coincides with that of **well-being**.
- The **importance attributed to certain disciplines**: in some countries (e.g. France), there are services that use **art and theatre** to promote social inclusion and/or education, but in some other countries transferability is hampered by the fact that art and theatre usually receive little consideration and/or people are not inclined to engage in them.

4.2 Organization of the service

The issue of the relationship between public and private was raised on various occasions, but it was not the one on which workshop participants focused the most.

The most significant constraint that is likely to prevent the transferability of services seems to be the fact that in many countries the **social sector** is clearly **distinguished from the healthcare sector** (and in turn from education). Given that most of the innovative services proposed require some mixing of the two sectors, this has been seen as an obstacle. This is true of both those professions entrusted with providing the service and the fact that the service itself would be difficult to frame within the policies currently in force; workshop participants seemed particularly concerned about the difficulty of attributing the service to the health sector or the social and institutional levels.

Another factor that hinders transferability is the **organizational culture** that historically characterizes some areas. For example, according to some feedbacks, in the UK the health and social care sector is considered to be risk averse, which may hinder innovation.

4.3 Financial aspects

Some services require investments and/or have **high operating costs**, and this has been considered a potential obstacle for transferability. This is especially true in cases where an old need is being addressed with new methods that are more effective but require a greater use of both financial and human resources (in a historical period in which both are decreasing).

As explained above, in other cases it is difficult to classify the service in a specific sector since it is explicitly inter-sectoral: as a result it becomes hard to determine who should bear the costs of the service. This leads to one of the biggest challenges (a point that will be taken up in the next chapter): the current system of governance of the social sector, which is often divided into health, welfare and education, seems to be inadequate for future scenarios, in which the three fields will be increasingly overlapping and integrated.

4.4 New Technologies

It seems that there are **no major obstacles** to the transferability of new technologies applied to social services. New technologies, especially those in mass distribution and associated with the Internet, by their very nature offer good transferability. This is certainly an opportunity to be exploited in the coming years.

However, there are some issues and risks associated with new technologies: they will be discussed in the next chapter, which is dedicated to future challenges.

5. Issues and future challenges

The workshops highlighted several issues and challenges for the coming years.

They are described in this chapter, which has the usual structure: approach to service, organization and governance, financial aspects, and new technologies.

5.1 Approach to the service

The first major challenge has already been mentioned in the previous pages: the **health, social and educational sectors have gradually been converging** in recent years, and it seems that this trend is likely to increase in the future.

Already today, many of the cases presented are cross-sectoral and have large areas of overlap between multiple fields. This is a great challenge since the institutional structures of these sectors in many countries are clearly separated: this has implications with regard to both policies and the allocation of financial and human resources.

Addressing this challenge will call for increasing integration between sectors, and coordination implies rising costs.

One of the main reasons for this convergence seems to be the increasing complexity of the needs and problems, both because new problems and needs are emerging and because a problem is usually not isolated, but rather is accompanied by other problems that are the causes and/or consequences of the first.

This trend highlights the importance of a holistic approach, which should focus on the whole user target, and not on a single problem.

A second major challenge is that innovation takes place by its nature first in practice and then in theory. Starting from innovation, the process that leads to the creation of models and then to their application on a large scale should be continuously studied and controlled. Otherwise, there is a risk of confining social innovation in micro-projects supported by EU funds without there being any integrated and coordinated vision of policy upstream.

This theme is connected with the third big challenge: there is a **trade-off** between the desire for dissemination of good practices and some **standardization at the European level** on the one hand, and on the other the need to **respect the cultural, historical, economic and legislative framework** of each country, as far as possible while preserving the examples of excellence.

The ECC certificate (*Unified approach to care: a certificate for entry level staff – European Care Certificate*: the service aims at certification valid throughout Europe for caregivers) offers a good example as it has aroused a mix of positive and negative opinions: some standardization at EU level would certainly be positive and innovative; however, this would lower the quality of the service in some countries if standardization work to be based on the lowest common denominator of service quality in all the countries.

5.2 Organization of the service

In order to explain the main challenge facing the people involved in the services, it is necessary first to summarize some trends illustrated in these pages:

- Coordination: there is an increasing convergence between different sectors, and this requires a greater capacity for dialogue and coordination;
- Professionalism: many non-professionals, such as users, ex-users, family members and volunteers are increasingly being involved in the production of services;
- Complex needs: the needs and problems, their complexity and the degree of interdependence between them are increasing rapidly;
- Side-effects of technologies: the introduction of new technologies requires the ability to use them efficiently and effectively.

These trends reveal the existence of a **growing gap** between the **actual level of expertise** of the people involved in the services and the **skills required** addressing future scenarios adequately. This is even more so for the non-professionals and, among them, the volunteers and in particular all those people who participate in the long-run (not one-off) production of the service.

Greater expertise will be required of professionals in both "vertical" skills (i.e. specialization) "horizontal" ones (i.e. multidisciplinary). In addition, managerial skills will be required to ensure proper coordination.

The challenge is becoming even harder to meet as we are going through a period of deep economic crisis and the resources allocated to the social sectors are steadily dwindling.

5.3 Financial aspects

The main challenge in economic and financial terms is all too evident: as we have seen, current trends and future scenarios will be calling for increasing deployment of resources, both human and financial, as:

- Better preparation is required;
- Better coordination skills are required;
- Increased investment in new technologies is required;
- The needs and the interdependence between them are increasing;
- An increasing number of people need access to social services because of the crisis;
- The aging of the European population implies assistance to a growing number of older people;
- Immigrants, especially those from the second generation, are asking for access to services.

These factors are creating **strong pressure on the social sector**. At the same time, however, countries and local authorities are also under pressure from the financial point of view because of the crisis, and this often results cuts in expenditure on social sectors.

These two opposing forces bring strong pressure to bear on the health, education and welfare sectors in almost all the European countries. Finding the right balance between the two opposite trends is the biggest challenge from the financial perspective.

On the other hand, the **crisis** can at the same time be seen an opportunity: according to some participants, it can be a powerful **generator of innovation**, as it is a driver for alternative solutions, more efficient and cost-effective. The workshop participants have pointed this out several on various occasions, which means that they are well aware of this opportunity.

5.4 New Technologies

We can distinguish between two different major challenges in the field of new technologies in the social services.

The first concerns the **diffusion and use of new technologies** amongst populations: today PCs, Internet and smartphones are popular throughout Europe. The point is not that they are more widespread in some countries than in others, even if this is true: the problem is that the most vulnerable targets, which are those that could draw greater benefit from social innovation through new technologies, are precisely those who have less access to them. This applies to the disabled, the elderly, people with mental diseases, but also to those who live in rural areas (where on the one hand services are less accessible and new technologies could partially compensate for this gap, but on the other hand the new technologies are less available than in urban areas).

In addition, since the new technologies are often relatively expensive, it is questionable whether the user should provide them on his own or the service should make them available (who pays?).

Alongside the issue of the availability of new technologies, there is also the issue of the skills required to use them. Once again, it is the most fragile groups such as the elderly and disabled that experience the greatest difficulty here.

In the diffusion of new technologies and the ability to use them, in short, there is a **digital divide** not between countries, but between certain categories and the rest of society within the same country.

The second major challenge is to ensure the **proper integration of new technologies within the current framework of social services in the EU**. In particular, methods based on new technologies should support and complement the traditional ones, but not replace them. The participants in the workshops repeatedly stressed this point. The main reasons seem to be:

- A loss of "humanity" caused by new technologies;

- The challenge mentioned above, i.e. inability or reluctance to use the new technologies on the part of some of the prime potential users;
- The risks associated with any failure of technology (alternatives should always be available).

The challenge therefore lies in progressive extension of the use of new technologies and exploitation of all the advantages they offer (see the chapter on innovation), while keeping alive traditional methods in order to ensure access for all categories of users and possibly give them a choice between the two systems.

6. Closing comment and next steps

Based on the workshops held throughout Europe with local stakeholders, this report summarised the main trends of innovation in social services (Chapter 2) and discussed about possible improvements of the selected practices (Chapter 3). Chapter 4 identified the main issues about the transferability of innovative practices: which are the main barriers and how and under which conditions it would be possible to successfully transfer innovation and practices. Chapter 5, finally, showed the main future challenges the EU will probably have to deal with in the coming years.

This report is the main product of the Work Package 8, which aimed at comparing frameworks for innovative practice by evaluation of European service practices with regional participants.

Based on international workshops, the WP9 aims at summarising the status quo of and the future challenges facing social services of general interest in Europe.

Within the previous WPs, the WP1 produced a literature review which identified the main trends for social service provision, their logic, problematic aspects and gaps within our scientific knowledge, while the WP7 consisted in the production of background material and analyses on the 20 selected practices (please see ANNEX I).

The outputs of all these WP will feed into the report of the WP10, which aims at composing a research agenda as suggestion to EC.

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ANNEX I – SHORT DESCRIPTION OF THE SELECTED PRACTICES

Breaking the Poverty Cycle: Early Child Development and Parents' Employment - Katymar

Katymár is a village in Southern Hungary, which faces the issues of poverty and long-term unemployment. In order to increase the most disadvantaged families' standard of life – predominantly Roma people – the local government within the framework of Sure Start programme established Biztos Kezdet Gyermekház (Sure Start Child Centre) in 2005 as a place for families with small children providing services both for children and parents. The child centre offers early education, parent–children play sessions, health and family support, etc. Simultaneously the municipality began the Szociális Földprogram (Social Land Programme), which targeted families in need and used the child centre as a means to draw attention to the programme and raise interests among the attending families.

The latter program is intended to increase economic activities by promoting agricultural activities and ensuring all necessary conditions for the practise. The main purpose was to inspire and activate people, to influence the perception of children on the values of working and provide positive examples. The municipality succeeded to further intertwine the two projects as the involved families can meet, discuss and give pieces of advice to each other in the child centre.

In 2011 a new programme was set off devoted to facilitate transit employment for longterm unemployed in micro-region of Bácska. The re-qualification courses aimed at community service type jobs, therefore they corresponded with the labour force demands of municipalities – mostly concerning building industry, maintenance and gardening. In each municipality there is one mentor who is responsible to help the re-qualified employees. Another project aiming to increase employment and create a self-sustaining community offers courses on cultivation and stock raising. The municipality plans to establish a Social Shop and a counselling centre to facilitate the sale of the products. The mentioned child centre ensures child-care while parents are working. Recently in January 2012 an integration project was inaugurated targeting families facing multiple disadvantages.

The programme incorporates counselling services to improve life leadership and learning competences. The main purpose is to increase solidarity and enhance cooperation and mutual help within the community.

The municipality successfully integrated the projects to cope with the challenges of poverty and unemployment. Unfortunately, Katymár can be considered rather as an exceptional municipality and their approach tends to be rare in Hungary.

Care for older people in a community setting - Ammerudhjemmet

The nursing home Ammerud (owned by the Church City Mission, Oslo) is a meeting place for people across generations, cultures and persons with an untraditional combination of culture, local community and voluntary work.

Ammerudhjemmet has taken on the role of being a culture centre for the whole community and is responsible for arranging “bydelsdagene” (the annual local, urban district festival). Ammerudhjemmet as a culture centre hosts cultural events serving the whole community on a weekly basis, be it different sorts of parties, concerts, film shows, and multicultural events. It comprises café, library, swimming pool, hair dresser and pedicure open to the community. The culture centre offers cultural community to the local residents, thus providing opportunity to the nursing home residents to be a natural part of the local community.

Ammerudhjemmet offers training for work in close collaboration with a labour market business. It employs a culture and local community manager whose responsibility it is to plan and co-ordinate the cultural activities. The activities are to a great extent run by volunteers and funded through private donations. A volunteer manager is employed to recruit, train and follow up volunteers.

Changing perceptions of people with mental illnesses - Irre Menschlich

The dialogue citizen’s initiative consisting of persons with psychic/mental diseases, family members, relatives and professionals from the health system.

Innovative idea: education/information programs for health issues which are including the users few and give them the role of a professional.

The registered association and the principal supporters inform about psychic/ mental disease.

Their main intention is the removal of the stigma attached to psychic /mental diseases and the integration of mentally ill / sick people in society. The service contains reciprocally seminars for sick people, family members, relatives, professionals of health system and students. Sick people are recounting and informing about their own experience with their disease, their life and their feelings about it.

The service offers schools and teachers the possibility to use the knowledge from sick persons for programmes in school which are focusing on themes across psychic and mental health There are over 100 dialog’s in Germany. The dialog seminar is also advisable for: police, churches, journalists, actors of health system, youth welfare services, employers, actors of social services and many other fields.

Community building through art-education – Realpearl

The Real Pearl Foundation has an „excellence approved” qualification and their Roma and non Roma students bring 400-500 awards annually from all around the world.

It has been providing art-education to their students including fine and applied art, dance, graphics, painting, enamel, ceramics subjects. They had implemented integrated and childcentered educative methodology in order to facilitate unfolding of pupils's talent and to have special focus on personality development. Individuality and creativity can be improved much better in their alternative institute than in other schools applying traditional curriculum.

The school has been running an online social webshop called Szuno for selling hand-made pillow cases, rucksacks, wall pictures embroidered by their pupils' family members. They regularly organize conferences and local projects (e.g. social competence-improving program), and exhibitions in order to share their experiences with the public and other professionals. Director L.Ritók Nóra is a pedagogue and artist who has written numerous books, articles, studies, methodological publications and blogs based on her work experiences with people living in deep poverty. Igazgyöngy Iskola has an „excellence approved” qualification and their Roma and non Roma students bring 400-500 awards annually from all around the world. While performing all this, the school builds relations to the children's communities (which are often strongly isolated) and succeeds in opening new horizons for the children while preserving their cultural identity.

Community solutions to prevent public health problems - Santé Communaires Seclin

The overall action is part of a community well-being initiative involving elected officials, health and social services professionals and the inhabitants of a city, more specifically a given neighbourhood classified as a sensitive zone ("Zone Urbaine Sensible"), in the framework of city policies ("politique de la ville"). The primary objective is to set up synergies among different health or wellness skills and giving beneficiaries the role of fully-involved actors. The targeted activity concerns "self esteem" using theatre as a vector, led by an actress trained in "non-violent" communication and in the Theatre of the Oppressed (Forum Theatre).

Each year in the territory a "Faites de la Santé" (a sort of "well-being" festival) is held, to communicate on the actions conducted over the year, and to discuss a cross-sector issue. In 2007, the proposed topic was self esteem (an integral part of the project). After several sessions, some inhabitants expressed their wish to continue the process and asked us to set up a long-term activity to support expression and mutual understanding. The active network helped us to call in a professional actress to lead the group and about ten inhabitants as members of the workshop.

The innovation is that the inhabitants themselves run the workshop. An actress is there to facilitate dialog. She uses the stage as a free expression platform. The theatre work centres around the problems and issues proposed by the inhabitants (linked to wellness topics). Because of this, it is very much appreciated by the local public. Self esteem is a central theme in the approach to good health. It reflects the wish of the inhabitants to be involved in health issues, and they cannot imagine an approach to community well-beinh without working on self esteem. This work also helps to develop psycho-social skills as defined by the W.H.O.: "Learning to solve problems, make decisions, develop creative

thinking, critical thinking, effective communication, human relations skills, to be self-aware and have empathy for others, and to manage your own stress in order to deal with emotions”.

Empowering parents - Eltern AG

The Eltern AG - empowerment program aims at coaching parents from disadvantaged backgrounds to prepare them for educating and caring for their children effectively.

The intervention happens pre-natal or at a very early child age. The organization is most effective in reaching the 'hard-to-reach' target groups that alternative providers have missed to address (single parents, parents with immigrant background, etc.).

It has designed a coaching program that fundamentally builds on the interests, the involvement and the capabilities of the parents, which decide individually and freely on their participation (empowerment). By applying a bottom-up, low-threshold approach the organization succeeds in building trust in participants that enables intense and effective collaboration. The approach integrates the current findings of neuroscience, developmental psychology and social education and is being evaluated constantly on a scientific basis.

The intervention is highly preventative, since it helps avoiding the emergence of family problems before they occur. Thereby it ensures a conflict-free upbringing and education of the children. This is important, since early childhood and youth experiences have a high impact on the future development of people. Furthermore, the program is conceptualized for small groups in local neighborhoods. Thereby it automatically enables the establishment of mutual aid and community networks that mostly continue to exist after the end of the official program.

The effectiveness of the intervention is underlined by the fact that an increasing number of well established, large Welfare organizations have started making use of the experiences and the special concept of Eltern AG and let their staff participate in vocational trainings provided by the organization. Eltern AG thereby serves as an innovative lever for the existing welfare landscape.

Empowering people to manage their finances - Humanitas Financial Home Administration Programme

Financial Home Administration is a programme carried out by Humanitas to provide support to people not being able to manage independently their financial and administrative work. This project represents a social innovation as it fills in a gap in the service provision by starting before the classic debt relief services foreseen in the Netherlands and concretely addressing a new need emerged in society as consequence of the economic crisis (and of the increasing necessity of making choices in a liberalized economy: pensions, insurances, utilities etc). The project aims at preventing social poverty and social exclusion. In addition, it contributes to the empowerment of users improving

their skills and abilities as well as promoting their active inclusion and (re)integration in society.

The support given by volunteers is mostly short term and it is adapted according to the specific needs of the users. Examples of users are: people experiencing financial troubles (i.e. as consequence of bankrupt, indebtedness or displacement); young adults having difficulties with financial management (i.e.as consequence of illiteracy or low level of education); ex-prisoners needing administrative support to reintegrate into society. In order to evaluate the effectiveness of this service and its impact on people's life, Humanitas commissioned an in-depth research to the University of Tilburg. This innovative method of evaluation represents a source of evidence-based information which can be used to better allocate resources in the future development and implementation of Humanitas projects.

Being part of this programme, users acquire new financial skills and abilities and learn (step by step) how to independently manage their administrative work. This program offers them a concrete help to overcome existing financial troubles and to prevent problems to become more serious. The findings of the research carried out by the University of Tilburg show that the high quality of support received is one of the most important sources of satisfaction of the users of this programme. Users indicate to have experienced activating incentives and a safe space to exercise with new/renewed skills.

Learning new skills and acquiring new abilities as well as establishing a personal relation with the volunteer, users improve their self-confidence and independency. Based on the value of solidarity and independence, the support offered by volunteers is more than merely 'administrative' and contributes to the empowerment of the user and her/his (re)integration in society.

Flexible child care for single parent families – Mom'artre

The Môm'artre network creates new kinds of spaces for after-school childcare, helping children to develop mainly through art. It is a network of associations with eight childcare centres, in Paris and French cities such as Arles and Nimes. These centres adapt to the incomes and work schedules of disadvantaged families and ensure a diverse mix of social strata. The ideas underlying the philosophy of the Môm'artre network are:

- Opening childcare centres with schedules adapted to urban environments (open until 8 pm, for instance), primarily to accomodate low-income families and single parents.
- Offering a variable fee structure depending on the family's income (from 10cts/h to a maximum of 8€/h).
- Proposing a full-service offer focused on children's fulfillment after school. (Organisation of after-school snacks, homework and artistic activities, neighbourhood events and gatherings on weekends).
- Employing struggling artists to create jobs and provide access to art and culture.
- Developing job training for parents in difficulty.

- Providing equal employment opportunities and jobs for women.

Observing that many families cannot find appropriate after-school childcare, they set up the first Môm'artre associations in response to the problems so many households encounter. In urban environments, it is impossible for reconcile family life with professional obligations without sacrificing part of one or the other. The goal is to provide solutions adapted to transportation problems, working hours and budget constraints for different types of families. The innovation in the network is especially in providing an active response to a social need either not provided or badly met.

The overall approach is based on four priorities:

- Initiation to art
- School and learning support
- Support for partents in difficulty
- Assistance in social integration

The project can extend to all large urban centres in France and Europe. The economic model combines the participation of citizens, local municipalities and commercial companies. This way, they provide a modern, solidarity-based social service. The actions and activities provide effective answers to the lack of affordable and appropriate after-school care, especially for low-income and/or single-parent families living in the city. The incompatibility between working hours and school hours is an obstacle to finding lasting employment. This often makes families in this situation even more vulnerable. The scholastic and social integration of children is also closely related to poor "after-school" frameworks, and to the lack of cultural exposure for children of families in difficulty.

Integrated housing, social and health services for mental health rehabilitation – Light Residential

The aim of Light Residential Projects carried out by the Aiutiamoli Foundation, in Milan, is to ensure a gradual transition to independent living and inclusion in the community for people with mental health problems offering housing arrangements, whether in a group apartment or in single flats, and support in daily living. The Foundation was set up in March 2007, as a non-profit organization, building upon a pre-existing association - Aiutiamoli Onlus – operating since 1989 to deal with the discomfort, pain and loneliness of the mentally ill and their families. Currently Aiutiamoli involves more than thirty psychologists and educators, about 50 people among users' relatives and users, and 17 users of the 'light residential projects'.

The main idea of Light Residential Projects is to establish new models of residential psychiatry - based on the idea of flexible, individual, integrated and community-based therapeutic projects - in order to allow the completion of the rehabilitation of the user. An enabling factor is the modification of the local regulatory framework receiving a paradigm shift in the mental health sector. The regional law (Lombardy Region) of "redevelopment of

residential psychiatric” introduced light residential projects to support autonomy for people with mental health problems through living outside of residential structures.

The Aiutiamoli Foundation currently manages two ‘Light Residential’ projects in Milan through a partnership between the public (local public health institutions, Municipality) and third sector (associations, civil society organizations).

Core elements of the innovative practice are:

- Institutional and governance integration in financing, planning and managing light residential programmes. The financing of programs of light residential (72 Euro per day) is based on regional funds managed by the ASL (Local Health Unit) for the health quota (45 Euro) and funds provided by the Municipality for the social quota (27 Euro);
- Organizational and professional integration (shared care) in therapeutic rehabilitation projects for people in light residential care. Blurring boundaries between health (rehabilitative competences) and social (active citizenship) sectors involve services and professional expertise;
- Openness to civil society and to other projects, implemented in the same territorial area, working in synergy with the residential one in order to facilitate social networks, to avoid isolation and to favour social inclusion of people involved in the residential project managed by Aiutiamoli. The active role of relative’s users and volunteers are value added of the practice.

Living Independently: Bringing people with disabilities into work - GPE Society Mainz

The gpe Society for psycho-social Institutions Mainz GmbH was the result of the psychiatric reform in the eighties in Germany and was founded by a German charity and the workshops for disabled people Mainz GmbH.

It supports people with predominantly mental disabilities and illnesses. The numerous institutions and services from the organization gpe provide a framework where personal skills can be used so that it’s possible to have an independent life with disabilities.

Gpe offers a variety of professional occupational integration measures, occupational therapy practice in the center for diagnostic work, rehabilitation, support career pathways, the advice café “unplugged” for young people with mental illness, the integration operations like “Hotel INNdependence”, “Health food store “natural” and a supermarket chain, “workshop for people with disability” with the fields of work like laundry, fabric care, carpentry and tailoring, psycho-social one care and much more. All the institutions and services from gpe are networked together so that people with psychiatric disabilities are supported to lay the foundation for their personal development and get the appropriate measures for professional and social participation and integration in the society.

Managing care services to support independence - VITALITY – Changing focus for old age

At a time when few other municipalities were aware of the fact that it was important to keep a focus on every day rehabilitation, Høje Taastrup municipality applied for and was granted funds to develop a model for this.

The project ran for 2 – 3 years (remaining funds were used in the third year). The approach showed that the more focus placed on the individual citizen and the greater individualized support in line with their wishes with regards to regaining or expanding their physical, mental and social capacity, the more the individual was able to be self-sustaining or self-supporting.

The project had a large focus on making employees feel well equipped to be able to take on a wide array of assignments in the elderly area. Particularly, after the project period and when activities started, a large focus was placed on supporting all employees in front to be able to assess, support and develop the capacity of citizens.

The municipality has made a large group of the street level employees better equipped to be able to support the paradigm shift that was initiated with the project. It is not a section of the elderly area that all with need of care should be referred to. But in the daily work the employees both in the home care and at the nursing homes are attentive of the fact that citizens have to be supported in what they are able to do instead of being compensated for what they cannot do.

Mobile health services for hard to reach people - Center against human trafficking

The project is aimed at securing the health of foreign potential victims of human trafficking as well as supporting and informing around and securing access to the offers and possibilities they are entitled to, in accordance with the national Action Plan to Combat Trafficking in Human Beings 2007 – 2012 ('Handlingsplan til bekæmpelse af handel med mennesker 2007-2010').

The offer covers central and northern Jutland as there are insufficient health offers for potentially trafficked women in this area. In order to contribute to womens' health and access to services and support, the project has the overriding goal of bringing relevant health promoting and social offers to foreign women in prostitution, who are not themselves seeking such offers. Besides concrete examinations and treatments, the project has a prophylactic and health promoting aim – to secure an improved life for the woman. This involves counselling, guidance and a focus on the general health of the woman.

Finally, the project will establish whether a health offer, such as this, can provide more and better contact and access to potentially trafficked women, including women who social workers have difficulties initiating dialogue with.

New housing solutions and inter-generational support - AUSER Abitare Solidale

Abitare Solidale is a project carried out by AUSER together with the Municipality of Florence and three small towns in the province of Florence, the association ARTEMISIA and other associations. The project supports inter- and intra- generational cohabitation as an integrated solution to tackle different kinds of social problems. This project offers an innovative and sustainable solution to older people in need of help for household maintenance and household keeping, families in need to reconcile family and work life as well as to persons experiencing economic difficulties who are in need of an affordable and decent accommodation and to women who are victims of domestic violence and in need of a temporary shelter.

Social workers, public authorities and volunteers work together to provide tailor-made housing solutions as well as support and protection (through ad hoc legal tools) to users in all stages of the cohabitation. The project facilitates the creation of interpersonal relationships and promotes the value of solidarity between generations as a way to empower people, actively participate in society and combat isolation. Moreover, Abitare Solidale is environment-friendly and highly sustainable: it is based on the optimisation of the existing housing stock and it represents an alternative to retirement houses which are not sustainable on a long-term for structural and environmental reasons.

The project represents a solution to cope with the problem of isolation and social exclusion of older persons. It allows older people to stay longer in their homes improving their active participation in society, independent living and self-determination. It represents a solution to the decreasing availability of informal care givers (women, family networks) and an alternative to retirement houses.

The project helps people in need to find an affordable and decent accommodation allowing them to actively participate in society. It offers an innovative solution to new causes of poverty and social exclusion: precarious jobs, migration, people not entitled to public protection schemes and/or to public care services. Through the idea of mutual aid, the project represents an alternative to isolation and stigmatisation of people facing economical or personal difficulties and provides them a concrete support to be (re)integrated in society.

On line coaching empowers disabled people - Blue Assist

The user of BlueAssist has difficulties in understanding a situation and in asking an understandable question. With BlueAssist-messages on a BlueAssist-card, a BlueAssist application for smartphones and a function key on a BlueCall Phone, they can ask strangers for assistance. The co-citizens understands better what the BlueAssist-user needs and feels more comfortable to help.

Using BlueAssist, many things, that seemed unthinkable and unaccessible before, become possible for the user: going into town on their own, going to the supermarket, buying a compact disc or taking the bus alone. BlueAssist completely changes the lives of the users and of the carer who becomes a coach. Before, we saw people with intellectual disabilities

only going out with assistance and in group. Now they can take part in society in an individual way.

The BlueAssist project has been selected by the expert group of welfare among 72 examples in this field as being innovative because of the use of passers-by and ICT in care. It has been selected afterwards for filming.

Patient led digital health for long term health conditions - Somerset Pain management Service and Know Your Own Health

This project provides an example of innovative use of internet technology in health care: an on-line package to support people with chronic pain to manage their condition for themselves. The principle is to change people's behaviour to be actively engaged in, and to build their skills and confidence in, self-management of their pain.

The Somerset Pain Management Service (SPMS), as part of the National Health Service, provides support for patients with persistent pain. The Service has partnered with Know Your Own Health (KYOH), an on-line self-management support platform, in order to supplement and extend the self-management support they provide to patients, both in the clinic and after discharge.

The Know Your Own Health on-line platform includes: access to a health mentor for self-management support and to help set personal goals; access to, and tools to organise, validated information about living with pain; generic self-management skills training; tools to monitor progress towards goals and to communicate with others (health professionals, family, friends); encourages and facilitates localised peer support networks; information about relevant local support services.

Core innovation idea: innovative use of technology to provide a sustainable solution to care of long term conditions, aiming to build patients' confidence to self manage and to improve their own health outcomes.

Patient led home based stroke rehabilitation - Early Supported Discharge after Stroke

The service provides early supported discharge (ESD) for stroke patients with mild to moderate symptoms. Early stroke specialist multidisciplinary rehabilitation and support is provided in the community (patient's home).

The service provides a tailored, personalised approach for patients and their carers, including lifestyle management and support to reduce risk and to transition into lifelong support and integration in activities which enhance life after stroke. The project involves integrated team working across health, social care and the voluntary sector. The service is based on a number of UK policy statements in stroke. The

service has been piloted and evaluated over a 6 month period (report available).

- Innovation for patients: hospital rehabilitation in own home, innovative because of specialist intervention; short time in hospital; tailored specialist intervention with patients setting own goals; tailored specialist support and education for patients, carers and families at the appropriate time for them.
- Innovation for the health and social care economy: new ways of joint and specialist MDT working across health and social care economy; continuity of specialist management provides improved outcomes and prevention of readmission to hospital; highly specialised interdisciplinary team; on-going assessment of patient and equipment needs avoids waste, improves safety and is more cost effective.

Social enterprises for integration and development – Place de bleu

Place de bleu is a sewing room that employs marginalized immigrant women. We produce home interior and accessories, all produced by hand and sold via a webshop and actual shops and retailers such as magasin, louisiana, strøm (hellerup), kalejdoskop (ålborg), norman og hay.

All collections use colours, forms and beautiful needlework traditions from all over the world as their starting point. Behind place de bleu is the association qaravane that works to promote the employment of vulnerable immigrant women. The association works politically/strategically as well as concretely qua place de bleu. The objective is to support women towards better integration in the danish labour market, greater inclusion in the danish society and thus also help the families of the women.

Place de bleu is a leading project on a number of fronts:

- the development of our method for the induction of women to the labour market, remuneration and retention as well as empowerment
- that we have been successful with what we do! We presently employ 9 women on flexible conditions of employment and have 5-6 women affiliated as freelance ‘knitting wives’ and ‘crocheting ladies’
- our combination of ethnic inspiration and scandinavian design
- adherence to needlework traditions that otherwise are becoming extinct in denmark
- an effective impact in the media both as to the social task we perform and in terms of design and business

Unified approach to care: a certificate for entry level staff – European Care Certificate

The European Care Certificate (ECC) is an entry level award now available in 16 EU countries.

This created a set of learning outcomes covering essential knowledge which any worker new to care will need to know in order to work safely and in line with person centred values. The 8 Basic European Social Care Learning Outcomes (BESCLO) have been shown to reliably cover this essential knowledge and the ECC Board has established an exam (paper or online) to test for knowledge of these outcomes.

This began because there was no common statement of what staff needed to know to begin working within the care sector, yet social care is an easy way to find work in other countries, so, creating a certificate demonstrating a worker knew the agreed basics in care would aid worker mobility, assist employability and promote better standards. Our research found that induction training often did not routinely happen (or even exist), that the front line staff were badly trained but still asked to make complex judgments.

This innovation has proved very successful, with over 3650 candidates so far in our ECC database. Employers and workers quickly understand what it demonstrates and trainers like the 'learning outcomes' which links to the EQF approach. EASPD promotes high standards of care built around the value base encapsulated in the UN Convention on the Rights of People with Disabilities. The ECC provides a practical way of delivering that across the whole of Europe.

User driven service evaluation - Nueva

Nueva is specialized in the evaluation of services (Evaluation von Dienstleistungen) in the area of housing for people with mental handicaps, job coaching and work integration and housing for the elderly.

It has subsequently extended its expertise along these areas. There is the possibility of extending its application across fields. The particularity of the evaluation is that it happens from the perspective of the target groups. Nueva has succeeded in developing evaluation tools that enable clients to rate interventions effectively. Combined with the assessment and knowhow of Nueva as the responsible analyst, organizations in the listed fields are able to enhance the quality of their services significantly. Indeed there are standard methods that Nueva developed, but it always includes the recipient perspective in a way that makes every performed assessment unique and context specific.

Besides, evaluations are not being performed along simple rating schemes, but on the basis of peer-to-peer interviews. The organization has furthermore realized a strategy that allows for including and illustrating the perspective even of people that have difficulties in communicating their opinion (due to their age or physical or mental impairments). The quality evaluation is thus highly inclusive and empowers users and clients in unprecedented degrees.

Thereby the organization offers a service that complements potentially existing internal quality management systems. Overall it increases both, a general quality orientation in the social sector and a user oriented evaluation for tailored service improvement. Abstracting from the organizational perspective Nueva supports the establishment of general benchmarks in the social sector.

User involvement for independent living and personal assistance - CIL Serbia

CIL – mainstreaming of PA service and accreditation of PA provider training Serbia
Mainstreaming of pilot project results to the national legislation is a very new concept in the Western Balkans.

Therefore, this innovative example by the Center for Independent Living Serbia features regional newness. In a nutshell, CIL piloted, tested, researched, analyzed, mainstreamed, standardized and accredited the personal assistance (PA) service with the relevant institutions of the national government.

CIL is an NGO that was founded in 1996 on cross-disability principle www.cilserbija.org. Inspired by the Irish experience, CIL introduced a pilot PA project in Serbia in the year 2000. The project was funded by Irish Aid. It took 12 years from that initial personal assistance service project to the accredited service. In the process, CIL took all the steps that are normally done by the government in cooperation with the expert community prior to the introduction of a new social service:

- Designed and implemented a feasibility study for the PA service
- Designed and implemented a cost-effectiveness study for the PA service
- Designed and implemented a participatory action research on PA service
- Produced two films by service users in order to raise awareness
- Designed and successfully advocated for mainstreaming of PA service standards for Serbia
- Advocated for modernization of the law on Social Protection that now includes PA as a service option
- Designed, tested and accredited training curriculum for PA service providers
- Trained service providers and service users in order to implement the standard
- Raised awareness of local self-governments on the new social service and standards of implementation

Once the PA service was mainstreamed, i.e. included in the law as a possibility but not a mandatory option, it became eligible for public funding, mostly at the local level. However, there were no monitoring mechanisms in place to ensure integrity of the service. As a result, some contractors sold modified day care as PA services to local self governments. In order to protect service users as well as service providers, CIL went through a procedurally demanding and complex process of curriculum design and accreditation with the National Social Welfare Institute. As the accredited training provider on PA service, CIL can now support the implementation of the standard of service. Ultimately, this leads to a better quality of service. Training can be commissioned by any organization/individual. PAs and service users have easy access to quality training at all times.

This accredited service is innovative because it is designed and provided by persons with disabilities who are service users themselves, trainers, managers of the service and soft monitors of implementation of the national standard. Service users are empowered and they actively participate in maintaining the integrity of the service. The accreditation has contributed to spreading the philosophy of independent living and supporting sustainability of CIL. Through this process, CIL became a policy player. The independent living movement in the region gained a strong ally and people with disabilities in Serbia have access to a new social service that would not have been available without the initiative and persuasive commitment of CIL that was ready to embrace new roles and engage other stakeholders in new relationships.