a) How would you describe the overall welfare model of your country? (conservative, liberal, social-democratic, post-socialist etc)

SLOVENIA

For historical reasons, the Slovenian welfare model cannot be defined uniformly. The particular type of welfare state was developed when Slovenia was part of Yugoslavia. Some similarities can be found with the social-democratic model (dominant role of the state), others with the conservative corporative model (a considerable part of welfare was based on employment status). The system of social protection was well developed and granted more social rights than other communist states. In 1991 (after independence), a new social programme was adopted to direct the welfare state toward the corporative model. The responsibility for providing social security was transferred from the state to the individual, but the state took over the task of providing adequate conditions. Even though the legislation allowed for this, there were fewer changes than expected. After 2010, there were changes in the legislation that showed the principles more towards the neoliberal model. As a prevailing principle of redistributive justice, the principle of means-testing (characteristic of the neoliberal model) is evident for some social rights, while for some social services the principle of universality (characteristic of the social-democratic model) continues to apply. The prevailing measures for securing social assistance can be defined as means-tested assistance programmes that leave more room for private organisation. The scope of the state′s role in providing social assistance appears to be limited. Even for some basic services (first social assistance, counselling with assistance) that are provided by public agencies under current law, other providers are expected to enter the field. As for the type of resources the state uses to provide social security, two types are used - financial social assistance (principle of the neoliberal model) and some services available to all those in need (social-democratic model).

SPAIN

Spanish welfare model, developed in later '70s represented a mixed model of the liberal and the conservative ones (Mediterranean model). As it combines universalism with selectivity, this model involves a greater segmentation of the rights and status of people who receive subsidies, which is reflected in conditional access to benefits. Therefore, families always have been an essential element for the provision of social welfare. The state guarantees a basic level of social security and assumes the existence of informal help provided by family networks.

Since the dictatorship and transition period finished, Spanish model has

made important changes, but conservative elements remain mixed, with characteristics of the social democratic model, such as universal access to health and education benefits.

The Spanish constitution (1978) defined three levels of government: central, 17 Autonomous Communities (CCAAs), and municipalities. As a result, 17 regional different ministries were settled, with primary jurisdiction over the organization and delivery of healthcare, social services and other areas (education, justice, etc.), with their own government and administration within their territory. This decentralization is the key factor for organization, governance, funding, planning and policy implementation for the welfare model, that impacts health and social care provision in each region.

Spanish integration into the EU (1986) has followed: 1) the universalization of social entitlements (education, health and pensions) and the 2) diversification in the provision of social services by private and 'third sector' organizations.

Nowadays, the model combines universal and targeted access to services and benefits, in a whole system of social security and public services. It has undergone significant reforms in lasts years, aimed at modernizing and improving sustainability, while preserving its core principles of universality and solidarity.

NORWAY

The child welfare and family policies are a vital contribution to Norway's welfare state. The main priority in these policies is to ensure that children are brought up in safe and secure environments – part of an enabling society. Policies of a social investment state are also aiming to equalize families' wellbeing and security, both economically and socially, through empowerment and social provision, as well as having a work-life balance, and that everyone in the family should receive equal opportunities (related to gender and generational equality). Children and their families are entitled to appropriate and quality services which are supposed to be available at the right time. The Norwegian welfare system is typically a social democratic regime with a strong state and provision of universal welfare services. This is changing with increased outsourcing of welfare services and a shift from universal-based to more target-specific services, and a shift from equal outcomes to equal opportunities. Child welfare services have a broad mandate and have been considered as both family orientated and child-centred, with an emphasis on early intervention and a need focus. It has been argued that the child welfare system has become increasingly child-centric with a strong child rights perspective.

SERBIA

It is a hybrid model, that produces paradoxes, tensions, and incompatibilities for its prospective users. The prior socialist characteristics of the have been effectively dismantled towards the liberal principles as of the beginning of the 1990s when the paradigms of individual responsibility and elements of privatization have been introduced into the welfare policy. Its main characteristics fall within the domain of the conservative model, with the prominent existence of contributory-based schemes and rather limited social assistance programs, especially to vulnerable groups. The sustainability of public insurance schemes has been achieved at the cost of the adequacy of the number of benefits and the quality of services. The expenditures for the welfare state are at the level of the Mediterranean model, and its performance too. The gross domestic product (GDP) in 2021 was, at current prices, 6,270,097 million RSD. In comparison to the previous year, GDP is nominally higher by 13.9%, and in real terms by 7.5%. The poverty percentage was 29,8% in 2021 and 28,5% in 2022. Total public expenditure for 2021 was 47,4%; social transfers were 13,6% out of which pensions were 9,7%. In 2022, total public expenditure was 46,8%; social transfers were 13% out of which 9% were for pensions.

b) Make a short description of how your country has organized the provision of social service (distribution of national, regional and local responsibilities, main actors and organization of social welfare, private or public sector, NGO/third sector organizations, family).

SLOVENIA

In Slovenia, the social assistance sector includes social assistance services or programs and financial social assistance for the most vulnerable persons who are unable to provide for their social well-being. Most social protection services (first social assistance, personal assistance, assistance to victims of crime, assistance to the family, institutional protection, assistance to workers) are regulated at the national level and are provided by the public sector. According to the Resolution of the National Program for Social Protection (2021), the state and local communities are responsible for creating conditions that allow all people to live a quality life and ensure human dignity when people cannot provide for their well-being. Both the state and local communities must ensure preventive, curative, and caring services and programs. The following are involved in the implementation of the social welfare system: the state, local governments, and social insurance agencies as regulators and financiers; public, private, non-profit, and nongovernmental organizations as contractors; individuals, families, relatives, charities, self-help organizations, voluntary organizations, and others who form the social networks of users of the social welfare system, including disability organizations in the case of programs for the disabled.

SPAIN

According to the decentralization of government mentioned in a), 17 regional governments determine their respective way of planning and service provision. Although there are great differences in law in each CCAA, some common characteristics exist: the public social services system includes both economics, provision of services, and technological or instrumental benefits. In addition, services are divided into primary and specialized. Furthermore, not all services are guaranteed or maintain the same access requirements.

Its effective performance depends not only on the applicant′s compliance with the relevant regulatory requirements, but also on the budget availability at the time the service is requested.

Services are guaranteed in most of the autonomous communities that have their own portfolio of benefits. Although some citizens could be limited in their capacity to exert their rights and claim specific services. Local social services can detect needs and provide services directly though population depending on their number of inhabitants (>20.000). The role of the third sector in the provision of services is very important. However, there is a lack of integrated information systems and reliable and comprehensive data, due to the fragmentation and multiple providers. There is also a discontinuity between primary and specialized care. The decentralized model of competences generates complexity in management and financing of services, and gaps regarding portability of benefits throughout the country.

Barcelona City Council has their own model of providing social services, managed by an autonomous entity. Their units are distributed through 10 territorial districts, where proximity, accessibility and equity are some of the pillars of its social services organization. A social consensus approach between government and social partners is a relevant factor to its consolidation and sustainability.

NORWAY

Ministry of Children and Families (BLD) has the overall responsibility in the Norwegian political system for the area of family support/policy. This ministry has responsibility on matters within child welfare services, family affairs, childhood development, religious and life stance affairs and consumer affairs. The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) and the Office for Children, Youth and Family Affairs (Bufetat) are responsible for matters relating to

state-funded child welfare services and family support/counselling services (Familievernkontor) and adoption. Their main task is to provide children, young people, and families in need of help and support with appropriate

assistance nationwide. For geopolitical purposes, Bufetat is divided into five regions. servicesare in many regions provided at a (inter)municipality level by Child Welfare Service's (Barnevernet). Their mandate is to ensure that children and adolescents who are living under conditions that might represent a risk to their health and/or development receive the help they need when they need it, and to contribute to children and adolescents growing up in safe and caring conditions.

The NAV offices take care of adult services for work and welfare (state), including the old social service systems in municipalities. NAV is focused on the ideology of workfare, and responsible for handling pensions, unemployment benefits and poor relief. The family provision and support are generally defined as forms of social and economic support provided to the members of family, mainly children and their parents. In this section, the focus is on the formal support and provision services, such as emotional, financial, professional, and childcare support provided to families. These services may be provided by both state and private actors.

SERBIA

The organization, delivery, and provision of social services in the Republic of Serbia are decentralized as a result of social reforms that started in the early 2000s. Legal regulation defines that services can be provided by associations, entrepreneurs, legal entities, and other forms of organizations determined by law in public, private, and civil sectors provided that they are licensed, which is aimed at providing a plurality of services. On a national level, service of social protection in addition to material provision (mainly cash benefits), are services of assessment, planning, and accommodation services (residential and foster care). Social services are financed from the budget of the Republic of Serbia, the Autonomous Province of Vojvodina, and local communities, as well as through other service providers. The state budget covers social benefits, accommodation for victims of trafficking, placement in social welfare institutions, as well as adoption and foster care. The national budget also provides salary compensation during maternity leave, parental allowance, child allowance, and allowance for assistance and care of another person. Local governments are responsible for funding community-based services. This includes, for example, shelters, day-care, and support for independent living and housing for persons with disabilities and children and young people leaving care and counseling services. Local funds also cover the work of social protection institutions and training facilities that are set up and run at the municipal level, which is unaffordable for many underdeveloped municipal administrations. On a national level, supervising authorities for the organization and provision of services of social protection are the Ministry of Labour, Employment, Veteran and Social Affairs, and the Ministry of Family and Demography. On a local

level, there are social work centers and non-governmental organizations that provide social protection.

c) Please describe the national organization for social work education.*1 (university, college or high school level, degree levels for qualified social workers - bachelor, master, doctorate or other) (*1 This question has a limited focus on social work education, as most of the participating researchers in the project work within this discipline. A broader educational perspective is included in section 2.)

SLOVENIA

Social work education has existed in Slovenia for over half a century. The School of Social Workers was founded in 1955 as a two-year diploma programme. In the 1970s, it was integrated into the University of Ljubljana. It developed a four-year university-level programme and launched postgraduate specialisation programmes in 1992. In 2003, it became a faculty and introduced graduate study programmes. The Faculty of Social Work is the only faculty of social work in Slovenia.
Since its establishment, it has been a mainstay in the development of Slovenian social work and the field of social care in general.
Teaching is based on scientific research. The Faculty has developed basic forms and methods of contemporary social work such as counselling, group work, community work and work with families. Its achievements in voluntary work, action research and qualitative research in general have played an important role in Slovenian social sciences.
The Faculty constitutes a community of lecturers, students, former students, and practitioners. Its integration of practice and teaching allows for the immediate linking of work experience to theoretical reflection, which has been instrumental in the development of an elaborate concept of continuous education.
A significant part of the study at the Faculty involves practical work and training in social work methods and skills. Students are involved in practical, research and development projects throughout their studies.
Study programmes at the Faculty of Social Work are:
- Undergraduate: 4-year programme (240ECTS)
- Graduate: 1-year social work programme (60ECTS) for full-time students and another 4 programmes for part-time students
- Doctoral studies: 4-year programme (240ECTS)
- Lifelong education and training: short courses for practitioners; accredited programme on Supervision and Interdisciplinary child protection programme.

SPAIN

Positions covered by Konsulta'm program (psychologist and social educators mostly, and social workers and nurses, in some cases) involve a community-based approach. Social work and Social education are disciplines that have the same purpose in common: to avoid the vulnerability and exclusion of the most disadvantaged groups, as well as to work on their integration into society. In addition, they share principles such as solidarity, empathy and social justice. The two disciplines are taught at the university level over a period of four years, receiving the qualification required for the provision of services. Social educators can carry out actions aimed at people suffering from social, cultural or personal issues that hinder their integration into the community. These professionals perform a pedagogical task devoted to the generation of educational contexts. It means educative actions to facilitate cultural and social promotion, understood as an opening to new possibilities for the acquisition of cultural assets which broaden the person′s educational, work, leisure and social participation perspectives. For this reason, these professionals may cater to a wide diversity of groups and intervene in different areas: education in leisure, day-care or residential services, home care, social health, civic and community action, culture, justice, social services, social and labour integration... Moreover, they can provide awareness and support for entities, during the development of their tasks.

In summary, while the social educator is an educational agent for improving target-groups circumstances through educational techniques, the social worker aims at improving both economic and social conditions, working with those who require special attention, mainly articulating social resources, benefits, referrals and advising to users.

Both positions can complement each other and enrich the community and interdisciplinary intervention for any target-groups.

NORWAY

There are currently 16 social work education sites at universities and colleges in Norway. Many of them offer bachelor and master degrees for up to three kinds of professionals in the Norwegian context; social work, child pedagogy and protective care work. These may all work in sectors as child protection/child welfare. Both at universities and colleges the staff works with both education and research, but universities tend to have higher qualified staff and more research activities. Only universities offer phd studies. Bachelor and master studies are under state inspection and regulated through learning programs/aims common for all studies on the same level (RETHOS). PHD programs are run by the universities.

Organizations like NAV and CP in addition run their own teaching and update programs developed by the central state aiming at qualifying workers

to perform according to set performance indicators and political intentions.

SERBIA

From 1957, when the first Senior College for Social Workers was established, and 4 year Bachelor Social work program at the University of Belgrade in 1973, until 2008 the Faculty of Political Science – University of Belgrade (UB FPS) was the only institution for the education of social workers in Serbia. After that, other universities in Serbia started with social work education. Now, in Serbia, aside from UB FPS as a state institution for social work education there are two more state faculties (one at the University of Novi Sad, the other at the University in Niš), so as two private Universities in Belgrade (the University of Singidunum and Higher School of Social Work). At each one of the mentioned institutions, basic and master studies of social work have been realized, but only the Faculty of Political Science – University of Belgrade has accredited Ph.D. studies of social policy and social work.

d) Describe the three main welfare challenges associated with the development of integrated care in your country.

SLOVENIA

If we want to provide integrated care in the area of working with families facing multiple challenges, we need to link several areas (social welfare, health, education, justice, etc.). The challenge is that each area has its own legislation, which does not necessarily presuppose the possibility of integrated care.
Therefore (second challenge), collaboration is highly dependent on the existing practises of the organisations (some have already established strong networks in the local environment, others see collaboration as an additional workload).
The third challenge is the lack of staff in all areas and thus the high workload of the professionals. One of the challenges is also that Slovenia, like other parts of the world (Ferguson, 2004; Mongkol, 2011; Spolander et al., 2014; Hyslop, 2018; Zilberstein, 2021), uncritically adopted the neoliberal mentality that resulted in the introduction of New Public Management (NPM) into the functioning of social care services. NPM was introduced in Slovenia in 2018 when social work centres (SWC), the major public social services providers, were reorganised. The main objectives of the reform were rationalisation, financial efficiency, and control over the performance of social workers. In 2018, there were 62 SWCs in the country. The restructuring created a pyramid structure, resulting in 16 regional

centres with additional units, thus totalling 63. In terms of numbers, there is not much difference, but in terms of independence and hierarchy, there is a significant difference, as only 16 SWCs are now considered legal entities, whereas there were 62 previously. This also implies less professional autonomy, more control over staff and service users, and complicated, costly computerisation and recording of the performance of employees.

SPAIN

There are different ways of understanding integrated care, but according to one agreed definition in Catalunya2, one of the main challenges in developing integrated care is approaching the multi-level structured of competences, and care provision, focusing on pros of proximity, and needs detection for a better person-centered care opportunity. However, on the other hand, this complex structure implies big challenges such as the multiple division among departments, responsibilities and associated funding that impacts agents and service provision. Challenges involve functional and organizational integration at meso and macro levels, and the integration of professionals' work and service delivery, at the micro level.

Integration of data is also a big issue to tackle. As information systems are developed separately, it is difficult for them to communicate with each other, and for all care providers in one unique user data record. Even in the same region, multiple social providers don't share data records. Legal requirements for confidential issues are involved. The professionals have barriers to communicate among sectors.

Another challenge is the way professionals work under the integrated care paradigm, as a new way of applying interdisciplinary work and configuring teams of a network of services.

Integrated care for Konsulta'm services is a major challenge as it's an anonymous service and tracking and other user's follow-up is not possible nowadays by service's definition. Moreover, from a community-based perspective, not only does integration include social and health fields, but also it may involve education, leisure, sportive and, labor fields, as it is a youth-targeted program.

NORWAY

1)Growing inequality – uneven distribution of who needs care and services. Overrepresentation of poor in child and family services.

2)'Hidden austerity', reduction in welfare provision, under the cover of an idea of a social investment state, those farthest away from the labour market experience most cuts in services.

3)New public management, managerialism and fragmentation of responsibility – separate systems of welfare provision and expert systems do not cooperate efficient.

SERBIA

The first challenge for the development of integrated care is a mismatch between duties, division of responsibilities, and coordination of service providing between systems of social, health, educational, and legal protection. Among professionals in these systems, some ambiguities regarding job descriptions, responsibilities in the protection of users' welfare, and service providing are visible, so as different interpretations of legal regulation that define this field.

A second challenge is an insufficient number of services on the local level, that could provide comprehensive protection and support, and unequal distribution of service in different local communities. In bigger and more developed local administrations, mostly there are an available higher number of services concerning smaller local administrations.

The third challenge is present in service standardization and licensing. While minimum standards for other groups of services are defined, there are no standards for social welfare services in the area of therapy counseling and socio-educative services.

There is limited coverage of services that could be licensed since to license procedure succumbs to organizations of social protection that provides daily services in the community, services of foster care, and services of residential/institutional accommodation and should fulfill certain criteria to have the right to be licensed. That is why many organizations provide support without a license and mostly on projects, so many services are ceasing to be provided with projects ending which has been a huge challenge.

e) Describe how the welfare system has an impact on the problem you have chosen for your lab?

SLOVENIA

Since the service of helping the family at home is otherwise provided as a universal (free) service in the system and is carried out by social work centres, this is definitely an advantage. Since it is provided at the national level, it is available to everyone and does not dependent on the local level.

However, the challenges already mentioned (incoherence of fields, diverse legislation, lack of staff, high workload and norms in social work centres) are an obstacle to providing a comprehensive service to all who need it. For example, the norm for providing services of helping the family at home is 50 families per professional, who is usually also engaged in another area. As a result, the service is not provided proactively and continuously, but rather through so-called firefighting.

SPAIN

The diversity of denominations and functional dependence of mental health care services are high among CCAAs. In some cases, there are differences in the extent to which health and social services are integrated.

Coverage and eligibility for mental health care services follow the framework of equitable and universal healthcare system. Usual primary care attention doesn't attend to youth mental health challenges. And special services for youth and children mental health are focused on pathology (diagnosis, symptomatic treatment and follow up of mental disorders) and treatment, with high burden of care for services and long waiting list. Moreover, these services are not used for young people as they are seen as stigmatizing.

Other youth community agents can also need counseling in managing specific circumstances with young people, and this approach is not included in any other educational or social services.

The fragmented welfare system impacts in youth population specially because they have little adherence to specific services (health, social…), and integrated services including education are very limited for complementing some public health programs. Furthermore, mental health is not usually approached from a health and preventive perspective, specialized services don't address social and cultural determinants of mental health, with special attention to the most vulnerable groups.

As a community-based service Konsulta'm aims at integrating collaboration among other services for young population such as, social and educational services, community youth programs, sports and leisure services, etc. It requires a high effort of coordination with all levels of the system, and other departments.

NORWAY

The Norwegian child welfare system is family service-oriented and child-centric and is a vast social welfare system that aims to provide for redistribution through measures aiming at children's caring environment, including their living conditions (Falch-Eriksen & Skivenes, 2019). However, Falch-Eriksen and Skivenes (2019) argue that the Norwegian child protection system has the following blind spots or five areas of

improvements:

(1) including increased value pluralism in societies which is accentuated in relation to migration.;

(2) the wide scope for discretionary decision-making, which threatens the principle of equality.;

(3) the issue of the demands of professional competency can be substantially strengthened;

(4) the pattern of deficient involvement of children,; and

(5) the lack of attention and awareness around the conditions for choosing one's life course as an adult.

Kojan and Clifford (2018) caution that a stronger emphasis on rights will not necessarily lead to better child protection for children and families who suffer the most complex problems. The argument is that rights discourse can also reinforce and reproduce an already individualized, privatized responsibility for children's development, transferring obligations from the state to marginalized parents.

Although Norway is among the most generous welfare states in the world, inequality in earnings and wealth has steadily increased in recent decades The growth in income inequality causes disparities in access to work that the wage coordination system has failed to moderate inequalities, and that tax systems are not impacting on the richest centiles share of income and capital accumulation

SERBIA

The welfare sytem doesn't recognize enough significance of support to parenting skills during children's early development as a complex and challenging period in the life of each family. In the period of early development, it is of great importance to have coordinated action and support to parents by several systems, especially from social protection, education, and health protection, which mostly lacks in Serbia. In practice, we meet with a problem that adequate and on-time support mostly lacks for Roma families as well as parenting skills for tracking and simulation the early development of children, which is especially important in promoting and encouraging the early development of children. Along with system overload, an insufficient number of professionals, unsuitable service coordination, and absence of appropriate services in the community, these all reflect on not recognizing the problem in Roma families on time or

noticing problems after the situation that require emergency reaction of the system, has happened.

Roma families are insufficiently involved in the service system because representatives of different systems (pediatricians, patronage nurses, and other medical staff) that are establishing first contacts with families after the child is born, most aren't well informed on existing services from the social protection system and also with other services to which they can direct parents during the period of early child development, or if they even direct them to that services, often the problem is lack of support in approach to that services due to several challenges (language barrier, completion of documentation, etc.).

a) What is the main problem you want to work with in your lab?

SLOVENIA

The main problem we want to address in the lab is how to organise services for families facing multiple challenges in the local community so that they can effectively address the needs of families. Currently, the problem is the heavy workload of professionals and the lack of staff to support families according to contemporary social work concepts. If staffing were improved, professionals would need mentoring support to consistently apply the theoretical knowledge they have developed to practise and develop new skills.

Responses received from focus group participants also indicate the following needs: time to work and opportunities for preventive work; accessibility to various forms of support. Another challenge is overcoming isolated work within sectors and professional groups. The analogy used by focus group participants is illustrative: professionals remain in their own ″bubbles,″ and we need to find ways to connect those ″bubbles.″

SPAIN

The main goals Konsulta'm program addresses are to provide an equity community-based service to approach youth and adolescents mental health needs, by directly attending their request. It also provides listening and guidance for professionals in the community that work with this target group. The services are provided in natural environments for adolescents and young people to avoid the stigma of mental health settings.

A new model of community-based intervention is being implemented and the lab will help in its design and consolidation. It means to approach youth emotional needs in natural contexts, with different agents and to early detect complex needs and respond with appropriate solutions. Some of the challenges the program must tackle, and the lab may help do it are:

To integrate the program in the community services network, with close collaboration with other services. To clear up and provide a good comprehension regarding its own mission, function, and actions, avoiding misunderstanding expectations for both users and other services.

To reinforce mental health prevention from a holistic perspective, without pathologizing, while offering psycho-social intervention and guidance, considering context complexity, and working with other youth agents in the field.

To improve professional networking and prioritizing detection and needs for referral to specialized services, when is required.

To support professionals at schools, campus and / or other facilities or services working with youth people (social educators, teachers, leisure instructors, municipal team staff, etc.) on a day-to-day basis.

NORWAY

In the Famwel lab we want to work with families who experience multiple problems and who are in contact with the Child Welfare Services. The character of their problems can often be defined as wicked, and can be problems that are intervowen at structural, group and individual level. This can be poverty, school drop out, unemployment, poor housing conditions, discrimination, exclusion, health issues (physical/chronic, stress, mental, addiction) or relational problems such as domestic violence or high conflicts in the family.

We know from previous studies that the welfare services struggle to meet the needs of families with multiple challenges (Clifford et al., 2015; Kojan & Storhaug, 2021). Their situation is often not contextually nor properly understood or recognised by the CWS, leaving marginalised families even more behind (Thrana & Kojan, 2020). For example, a recent Norwegian study found that low-income families in contact with CWS have four times as high likelihood to receive CW measures as the overall population, but the socioeconomic hardship that frames their everyday lives are not recognised by CWS (Kojan & Storhaug, 2021).

The lab may deal with various aspects of the CW system, such as through direct involvement and collaboration with children and families in contact with the services, professional competencies, and practices, organisation, interprofessional collaboration and/or policy development. Topics may include the participation of children and parents, reframing understanding and how to provide better services for families experiencing multiple

problems, or children suffering of environmental challenges at school and in their upbringing environment.

SERBIA

It is agreed that baseline study and future project activities should focus on Parenting skills in the early development of children in Roma families. The main idea is to deal with an integrated approach to encouraging nurturing and positive parenting in Roma families and to direct focus on strengthening partnerships among key factors that work on support to family skills and nurturing non-violent parenting.

There are significant differences between the Roma and the general population in Serbia in terms of access to education, health care, and social services. Many studies show that the Roma are the poorest and most vulnerable population in Serbia due to the generational reproduction of poverty and social exclusion, extremely poor living conditions and living standards, and omnipresent discrimination. That is why the improvement of the position of the Roma population is recognized as one of the national priorities in numerous strategic documents in the Republic of Serbia. The latest data from MICS 6 from Roma Settlements (2019) also testify about multiple deprivations of the Roma community in Serbia in areas such as living conditions, housing, access to services and rights such as health care, education, and employment, as well as social protection system.

b) How does the problem address challenges related to integrated care?

SLOVENIA

In integrated care, it is important that support for families facing multiple challenges is continuous and based on mutual cooperation and understanding among all parties, with the family playing a central role in the joint project of help.

Previous research shows that one of the problems of inadequate support and assistance for families facing multiple challenges is that families are overwhelmed by the number of times professionals enter and leave the family and that assistance is not integrated (Matos and Sousa, 2004; Walsh, 2006; Madsen, 2007; Melo and Alarcão, 2011, 2013, etc.). This is what we are trying to overcome in the Lab. We want to help professionals work coherently (both within SWC and with other services/sectors). Given the needs expressed, there is a need to explore opportunities for preventive work with families facing multiple challenges.

SPAIN

Integrated care is a big challenge for Konsulta'm program due to its characteristics and the recent implementation: community-based, with professionals being part of the youth mental health specialized care, and the need of close networking coordination with other agents. It involves high efforts to define the model, without missing identity or covering other services' needs that are not included in the own model.

Coordination among services that take part of the same network, even at different levels of the system, is very important to guarantee the quality-of-service provision.

Especially for this target-group, the need of complementing approaches (social, health, educational…), and integrating care is highlighted with new open-minded interventions.

There is a need for common spaces to share experiences and reflection regarding coordination and integration strategies. This may improve interventions and boost exploring all possibilities to better approach other demands, such as working with groups and with family members.

Community-based interventions involve referring protocols and agreements for different kinds of circumstances and complex cases which need to be clarified.

NORWAY

The problem is connected to the uncertainty about responsibility for the families′ living conditions between different parts of the welfare and service system. The families have complex issues that require interdisciplinary cooperation and clarification about the responsibility and progress of the measures. It also requires close collaboration with the families and children.

In some circumstances, the complexity of the welfare system can lead to the most marginalized users are not getting the help they need. Many families are in in contact with several parts of the welfare service system at the same time, which often requires a lot of resources and motivation. For some families being in contact with CWS, is experienced as an additional burden to the other challenges and problems in the families′ everyday life. Some of the families′ challenges can be language barriers and health problems or that the welfare services are fragmented and complex. Another side is that the CWS, which often has the responsibility to coordinate the help for the families, is in a pressed work situation. Interdisciplinary collaboration with many professional services involved l require capacity in the services and time enough for each family.

SERBIA

Government institutions play a significant role in providing services to Roma, such as health services, education, and social benefits (cash benefits and children's allowance being the most significant ones). However, in the field, most of the so-called "soft services" are being provided by local NGOs. An important role in increasing the inclusion level of the Roma population should be played by caseworkers at centres for social work. It is pivotal that they should be linked to a professional network in the community and fulfill their role as coordinators when working to achieve social integration of the isolated Roma families.

The local policy of inclusion of Roma implies a multi-sectoral approach and the participation of several institutions at the local level with the active participation and coordination of local mechanisms for the inclusion of the Roma community. The position of vulnerable groups cannot be improved without comprehensive consideration and cooperation of institutions belonging to different sectors. Certain problems also require the establishment of integrated services or at least precisely defined cooperation protocols, information exchange, and the formation of joint bodies/commissions.

c) According to domestic research and other written material, how can the target group's living conditions be described and understood? (Please use quantitative and qualitative measures and data).

SLOVENIA

Families facing multiple challenges are families living in poverty and facing internal and external stressors on a daily basis. They face circumstances that contribute to multiple crises. These families struggle to adapt to a harsh environment that provides them with unfavourable resources. This causes families to become overburdened and destabilised. They often lack opportunities and the necessary time and support to learn, develop, and strengthen their skills and knowledge (Mešl, 2018; Mešl and Kodele, 2016; Sharlin and Shamai, 2000; Melo and Alarcao, 2011, 2013; Madsen, 2014). The narratives of these families are too often dominant family narratives of failure that are inherited from generation to generation (Madsen, 2007).

No quantitative data are collected at the country level on the living conditions of the target group. Our research to date has been qualitative. The families we have worked with have cited poverty, unemployment, housing problems, financial support, help with learning, relationship problems, domestic violence, substance abuse, etc. as the most important issues to work on. Another problem also in Slovenia is the transmission of the experience of family facing multiple challenges, from one generation to the next. Ways must be found to provide adequate support and stop transmission.

SPAIN

In Barcelona lives a total of 144.072 adolescents and young people between 12 to 22 years old, 48,6% girls and 51,4% boys (Statistics and Data Dissemination of Barcelona City Hall).

The FRESC survey in the city (Risk factors at secondary schools), elaborated by Barcelona Public Health Agency, provides a global vision of adolescents and young people in the city. Compared to FRESC survey 2016, some indicators worsen, and gender and socioeconomic inequalities are evidenced. Furthermore, it shows a tendency of psychological distress and a worsening mental health among adolescent population, especially in girls: 4 out of 10 girls show emotional distress (38,6% girls and 20,4% boys 13-19 age). Moreover, 19,9% of girls and 11,1% in boys are at risk of suffering a mental health problem, and 24,8% of girls and 18,1% of all boys are on the verge of suffering from poor mental health. Regular or bad perceived health is higher in disadvantaged socioeconomic neighborhoods, it increases with age, and it is higher in girls.

There is an increasing discomfort with body image in adolescents. Body dissatisfaction exceeds 50% in both sexes and is higher in girls (63,6% girls and 56,7% boys).

On the other hand, 12% gambled last year and 6% may have problematic behavior regarding gaming. In general, there is a tendency for insufficient sleep and excessive use of screens.

Globally the consumption of tobacco, alcohol and cannabis continues its downward trend, especially in boys.

Moreover, 16% of girls declare the feeling of loneliness, and it doubles that of boys, and is greater in neighborhoods socioeconomically disadvantaged. Physical appearance is the main cause of discrimination in both sexes. In girls, gender is the second cause of discrimination, while in boys it is the origin or ethnicity.

Finally, there were three deaths of adolescents (during 2020-2021) by suicide (2 girls and one boy).

NORWAY

Families experiencing complex living conditions difficulties. Parents often unemployed / in insecure employment. Parents often suffered abuse / neglect as children and / or abuse and dysfunctional relationships in early adulthood. Many one parent families. Low incomes and poor living conditions. Family members with poor mental or physical health including physical and learning disabilities. Families socially isolated from relatives and communities. Many children have ADHD diagnoses. Many children have also developed poor health, and are often ill.

Often the families are not sure where to get help and whom they should relate to in the "helping services." Many of those families experience little help in the responsibility groups- that nobody takes responsibility and that the "helping services" is to a small extent concerned with their lives.

Furthermore, often the helping services is perceived to be corrective.

SERBIA

In the 2011 census, there were 147,604 ethnic Roma registered in Serbia, composing 2.1% of the total population on the territory of Serbia excluding Kosovo . Individuals and families living in substandard settlements are in a particularly unfavorable position. A total of 583 substandard Roma settlements in 169 cities and municipalities were mapped on the territory of the Republic of Serbia. It is estimated that the number of Roma living in absolute poverty is increasing, that around 40% of them face discrimination, and that the Roma population still often faces hate speech and threats that have not been investigated and sanctioned. Within the Roma population, there is a widespread perception of institutional discrimination, primarily in terms of more difficult access to the right to social protection and discriminatory speech by professionals.
Children from Roma communities face numerous difficulties in exercising their right to quality education. Members of the Roma community are often confronted with negative stereotypes and discrimination on behalf of schools.
Roma children under the age of 5.5 are far less involved in preschool education. While the coverage of children aged 3 to 5.5 in preschool education amounts to about 50% in the general population, the rate in the Roma population is only 6%.
Major disparities have been observed between the mortality rates, nutritional status, and education among Roma children and other children. 60% of children from Roma settlements receive child benefits. Child benefits are received by 53 percent of children whose mothers have no education as opposed to 68 percent of children whose mothers have completed secondary school or have higher education. In 2014, in Roma settlements almost every second household received cash social assistance, and among the poorest, according to the quintile index of well-being, as much as 63.8%

d) Please describe the relevant and possible stakeholders, key staff groups and organizations concerning social work and social support for your target group.

SLOVENIA

National level: Ministry of Labour, Family, Social Affairs and Equal Opportunities, The Association of Social Work Centres, Director of SWC Gorenjska, Social Inspector, Dean of the Faculty of Social Work, Social Protection Institute of the Republic of Slovenia, Ministry of Health, Ministry of Education, Association of Friends of Youth.
Local community level: director of SWC Spodnje Podravje, head of SWC Ptuj, school counsellors, counsellors from kindergarten, police officer, representative of Ars Vitae Association, municipal representative, community nursing.

SPAIN

In 2016, in Barcelona, a consortium of mental health was created (Taula de Salut Mental) where around 50 entities actively participate to improve social support and mental health. Some of them are: Mental health specialized care for children and youth (CSMIJ); specialized social services that are working with youth and their families, and other socio-educational settings, leisure and cultural settings, schools, sports clubs, etc. Moreover, there are entities carrying out public programs at local level. Programs such as: Heath and School ("Salut i escola"), Here, you are listened ("Aquí t'escoltem"), Risk adolescence, program, Aprop Jove (Social and labour integration) etc.

Barcelona's programs are according to the strategic lines of Barcelona Mental health Plan (2016-2022) and to the Mental Health Master Plan in Catalonia, aimed at implement preventive interventions in mental health for the child and youth population in vulnerable situations. On the other hand, other programs for youth involve youth information and participation points, and educational centres.

In summary, there are many agents working with youth at different levels and different departments that need to be linked and coordinated. One of Konsulta'm program goals is to respond to agents working with youth needs in the community, so coordination between resources and programs is a must to guarantee a good development for the program.

NORWAY

The Municipal Child Welfare Services is the centre for the Famwel lab. This means that the lab will include different actors and stakeholder groups such as families in contact with CWS, professionals/front line workers in CWS, managers and decision makers in the municipality, private and NGO (non-governmental) organisations providing various CW measures and services in collaboration with the municipalities. Although the municipality will be the centre of the lab, the and governmental level (e.g Bufetat) will indirectly be a part of the lab.

SERBIA

The most important stakeholders for our target group are the Ministry of labour, employment, veteran and social affairs, Ministry of demographic and family, Ministry of Health and Ministry of Education as umbrella organizations in charge of monitoring and supervising the local institutions. At the local level, there are institutions responsible for each sector: for social protection, it is Centres for Social Welfare, health sectors local health institutions, and education schools and local school administrations.
A significant part of services and protection is provided by the NGOs; there are more than 60 NGOs in Serbia working with Roma families and children, most of them with more than 10-year experience in this work

e) How would you describe the educational background of frontline staff working with the target group in your community today?

SLOVENIA

professionals who work with families facing multiple challenges come from a variety of professional backgrounds (social work, psychology, education, police, health, justice, and prosecution, etc.) SWC professionals indicated in the focus group that they are competent to work with families facing multiple challenges, but that they are often prevented from doing their jobs really well by overwork (e.g., SWC professionals work with up to 60 families on top of all their other responsibilities - writing reports, team meetings, attending court hearings, etc.).
Education professionals also agree that bureaucracy prevents them from working competently with families facing multiple challenges. The police representative pointed out that police officers receive very little, if any, training in working with families facing multiple challenges.
Paraprofessionals often work with families facing multiple challenges. According to SWC professionals, they need additional skills in communication, recognising violence, and working with children with emotional and behavioural needs. However, all agreed that professionals collaborating with families with multiple challenges need a broad knowledge base (because there are so many problems in these families - self-injurious behaviour, addictions, mental health problems, etc.).
Professionals from SWC felt that those working with families in SWCs, in particular, need ongoing and continuous training and regular supervision. Professionals indicated that there is never enough knowledge, and the mean agreement with the statement ″ Frontline staff have sufficient knowledge and skills to be able to work evidence-based for the transition towards integrated care and social support.″ is 2.6.
Experiences from research projects (NFM, LIFE, SWC Gorenjska) show the importance of continuous support in applying modern concepts of social

work with families in practise through reflective dialogue and knowledge development.

SPAIN

Young people attend to an enormous variety of services and programs in the community. That means a big variability in educational backgrounds in staff from all kinds of resources for this target group. Mental health or social services includes professionals with universitary degrees (psychologist, social workers, social educators, nurses, etc.). On the other hand, leisure and cultural programs professionals′ background is related to other kinds of certifications, according to professional training (middle or high degrees) or even a course certification (sports and leisure, etc.).

Konsulta'm program professional front-line workers providing services are: 46,79% psychologist, 28,57 % nurses, 21,74% social educators and 2,9 others (mainly social workers).

NORWAY

Mainly staff with bachelor in child welfare pedagogy and social work, some with master. A smaller percentage have a background from other disciplines such as psychology, pedagogues.

SERBIA

In government institutions, i.e., local Centres for social work, the majority of the staff has at least a bachelor′s degree in social work or other related disciplines which is a prerequisite to obtaining a license for working in the formal social protection system. Staff working in the NGOs are mostly professionals with a bachelor′s degree, not necessarily in the humanitarian discipline, but many people working in NGOs are paraprofessionals i.e., workers who are not qualified or licensed to serve in particular professions but who handle tasks in support of qualified professionals in those fields. Paraprofessionals often work alongside fully qualified professionals, but they also sometimes work more independently, as is the case with some of the services being provided to Roma families.
A continuous campaign to increase the enrolment of children in the preparatory preschool program and the first grade of elementary school.

f) What services are available for your target group in the community today? (Please make a full description of each service)

SLOVENIA

At the national level, there is a social work centre, schools and kindergartens, the police, and a health centre (with a mental health centre and a community nursing).

In the area of non-governmental organisations, the association ARS Vitae is the strongest organisation at the local level (with a day centre for children, a counselling centre for victims of violence, a shelter for the homeless, work with drug addicts, etc.).

There is also free psychological help through Insta-help, and the Association of Friends of Youth organisation offers therapeutic help.

For the elderly, there is the project SOS (Seniors for Seniors), which aims to support older people in the community. There are also some youth programmes in the local community, but coverage depends on the community. In the questionnaire, focus group participants repeatedly indicated that there are not enough programmes and services in their area to respond to the needs of families facing multiple challenges.

SPAIN

Here, you are listened! is a program of the Department of Youth Barcelona, which has been progressively extended to all districts of the city. It provides tools and resources to strengthen personal and social skills and foster personal growth for adolescents and young adults ages 12 to 20.

The Health and School Program aims to improve the health of adolescents through actions that promote healthy habits, prevent risky situations, and help detect health-related problems early.

Support program for educational centers to move towards the Enriched Schools model. This program incorporates professionals in some highly complex schools in special neighborhoods with social inequities. It aims to address the psycho-social problems of children and adolescents, to have an impact on their emotional well-being.

Konsulta'm program which prioritizes attention to adolescents and young people and aims to detect and attend to early psychological suffering and/or mental health problems that adolescents and young people between the ages of 12 and 22 may have in the school, family and/or community context.

Other programs and services are also opened for this target population:

Health and mental health network services: Mental health specialized care, Rehabilitation Service, Day Hospital, Youth space, Addiction centers, etc...

Municipality agents: Network of Youth Information Points, Youth Centers and Homes (including the facilities where the program equipment is located), Libraries, Women points of information, labour integration

programs, etc.

Social services: primary care and specialized services including residential settings for child and youth protection.

Other social services specialized in mental health care or vulnerable groups: Social clubs, residential services, counseling services, guidance and support services for immigrants, volunteer programs, etc.

Leisure and cultural programs from civic centers, and extracurricular activities.

NORWAY

Municipal level:

CWS – Child Welfare service in Trondheim municipality, is the main collaboration partner.

Connected partners in inter-disciplinary collaboration:

NAV - Norwegian Labour and Welfare Administration. NAV social, service for social benefits, programs and measures for work inclusion and social inclusion.

Social Housing Services

ROP-services – Services for mental health care and drug problems

Non-profit level: NGO

The Church City mission (Kirkens Bymisjon)

The salvation Army (Frelsesarmeen)

Caritas – The Catholic church help service

Governmental level:

Family welfare office (familievern kontor)

Bufetat- Child, youth, and family ministry

BUP: Psychiatric treatment for children and young people

SERBIA

Pedagogical assistants as a measure of support for educational institutions are recognized as an example of good practice. The pedagogical assistant cooperates with all actors at the local level, works with parents, and monitors students and their educational achievements.

Health mediators: Keeping records of the health status of members of the Roma nationality, to raise awareness of the necessity of vaccination of children, and importance of proper nutrition and hygiene habits. They provide health institutions with better insight into the health condition of residents of Roma settlements and point out to citizens of Roma nationality the importance of timely reporting to a doctor.

Local social protection community services: assessment and planning, daily services in the community, counselling-therapeutic, social-educational, and accommodation services. Services are partly funded by the government (assessment and planning services, residential and family accommodation, shelters for human trafficking, and sheltered housing for people with disabilities, except in the most developed cities and municipalities), and partly by the local governments.

The activities provided by the NGOs are as follows:
• Psychosocial and counseling support for children and parents;
• Education of parents about rights, the importance of education for children, and protection from violence;
• Workshops with children and parents for the promotion and stimulation of early development, and motivation of children and parents to complete and continue education;
• Improving cooperation and coordination;
• Support in the employment process and improvement of information and knowledge in the field of labour legislation;
• Collection of wardrobes, hygiene packages, and school supplies;
• Support for involvement in sports and cultural activities at the school and local community level;
• Assistance in collecting and obtaining documents;
• Toy library as a gathering place for children and parents;
•

g) What are the three main challenges in terms of social work and social support for this target group today? (For example, where are the gaps in services or frontline education and skills, the impact or lack of impact for these services and/or education and skills etc.)

SLOVENIA

The biggest challenge is certainly the workload of professionals in SWCs (see also answer to question 3.e). Due to the workload, professionals are focusing more and more on firefighting, leaving no time for prevention work.

The lack of certain services in the local area to which users could be referred (e.g., if they need assistance with drug treatment or shelter for youth) is also a challenge.

The passage of the Family Code has also lengthened proceedings, resulting in children staying at the crisis centre longer (before a court decision is issued).

Teamwork is also a challenge. Cooperation between the different actors and institutions is well established, but when the team meeting is over, the SWC professional is left alone as case manager. The health system does its part within its means, the education system within its means, etc., and the SWC has to take care of everything else (e.g., when the hospital is busy, the doctor and the SWC professional do not sit down and discuss options, but only get a call from the hospital: ″Pick up the child, the parents are not here.″).

SWC professionals also indicated in the focus groups that they do not have enough knowledge to work with a family where sexual abuse or severe forms of violence are present, how to talk to a child, not to put words in the child′s mouth, etc.

SPAIN

From 2018 up to 2022, 13 teams of Konsulta'm served 5.243 user' appointments (55,6 % during 2022) and 966 professional's queries from community agents. Less than 7% of people have been referred to specialized healthcare (CSMIJ or CSMA). Likewise, the young's emotional support service chat had around 700 conversations and caused six emergencies to be triggered. Konsulta'm provided services for 62,89 women, 31,5% men, 0,9% no binary and 4,8% without response. Main reasons for services were emotional distress (51,8%) difficulties with relationships (16,2%) and getting information about mental health (16,42%) and risk behaviors (7,19%).

Program assessment and other data gathered expose the following gaps in educational needs:

Community, holistic and preventive approach to mental health well-being, to improve coordination among the networks and integrated services (it involves knowledge about legal aspects in anonymous attention, referring, follow-up and maintaining confidentiality aspects).

Education and skills regarding punctual counseling and orientation: how to accompany the request, and early detect complex needs. New or updated expressions of distress. Usage of new technology for service provision: social networks, WhatsApp and others.

Applied gender approach in the service provision. Gender identity and diversity. Sexual harassment detection. Dysfunctional virtual relationships.

Other demands showed the need for common spaces to share practices and solutions to problems and case-based supervision for teams.

In 2022, 483 community-based agents contacted Konsulta'm Program asking for information (26,3%), professional support and counselling (19,8%) and other resources' coordination among activities provided in the community (30,1 %). Gaps in professionals from these organizations are about mental health from a holistic perspective, psycho-education, managing complex situations, and community network resources knowledge.

NORWAY

gaps in services;

lack of understanding and support regarding standard of living (SES-conditions) – framing of the problem

lack of trust between certain groups and the CW system

lack of real participation for those most marginalized and for the youngest children.

SERBIA

1. Access to Roma families due to their housing situation and since the social protection system in Serbia doesn't have outreach workers, which makes it harder to identify families in need of help unless they report the problem themselves. Also, there is a significant amount of distrust among Roma families towards official systems of support which can lead them to choose not to report challenges they are facing, thus not receiving the support they need.

2. There is a gap in the knowledge and skills of staff working in government institutions and CSO's. The knowledge that should be improved refers to the culturally competent practice, how to support parenting skills in Roma families, on establishing new or improving existing social protection services, with innovative approaches, the establishment of inter-municipal services.

3. The services that are provided to Roma families are desegregated, meaning there are communities and places where there are a lot of services (besides the basic ones provided by the government) and in some smaller cities there are none. Additionally, the services and service providers are not

coordinated. Certain problems also require the establishment of integrated services or at least precisely defined cooperation protocols, information exchange, and the formation of joint bodies/commissions.

4. According to the MICS survey in Serbia which included Roma settlements , over a quarter (27 percent) of children aged 1–14 years living in Roma settlements were only subjected to non-violent methods of discipline. Also, 62% were subjected to some form of psychological aggression from an adult household member, 40% were subjected to physical punishment, and 2 percent were subjected to severe physical punishment. A total of 67% of Roma children were exposed to psychological or physical aggression. Children from the materially deprived household population were more likely t be subjected to physical discipline (42%).

a) How would you describe the readiness for digitization in your local community (infrastructure, digital competence, access to digital workspaces - MS Teams, Google, Zoom etc.)?

SLOVENIA

The Covid 19 pandemic demonstrated that some populations (particularly families facing multiple challenges) and services in the local community are not adequately equipped with ICTs. Professionals from SWC as well as education and NGOs reported that the Covid 19 pandemic contributed to providing ICTs to families who did not have computers, phones, or access to the Internet before the pandemic, primarily because of the need for distance learning for their children (donations from schools, NGOs). SWC was also poorly equipped with ICTs; only through the Covid-19 pandemic, for example, did they get their own cameras on computers, set up Zoom online tools and MS teams, etc. During the Covid 19 pandemic, ICT helped professionals maintain contact with users in the first place, but they acknowledge that working with users remotely is not a substitute for face-to-face interaction. Participants in both focus groups agreed that digitization brings both advantages and disadvantages. They saw the advantages as facilitating the organisation of team meetings, supporting collaboration with foreign-language users (the ability to translate the content of the conversation), and encouraging contact with younger users, while the disadvantages were primarily the pitfalls of digitization (addiction to excessive use of ICT; unsafe use of the Internet; requiring staff to be more efficient - to get more done in less time). In particular, school and kindergarten staff indicated that some parents (albeit a minority) are not yet sufficiently equipped to use ICT and always need to be informed through other channels (messages through children, etc.). The community representative pointed out the uneven internet coverage in the community

(e.g., in some parts of the community there is still very poor or no internet connection and residents have to look for other ways to access the internet, e.g. via the telephone).

SPAIN

Most services have the right infrastructure and workers have digital competencies regarding access to digital workspaces. Even more, after pandemic outbreaks that accelerated these possibilities and skill acquisition.

The "Barcelona, digital city plan" establishes the lines for the city to become a technological benchmark with clear public and citizen leadership. It means linking innovation to such values as social and economic justice, solidarity, ethics, and gender equality.

At this point, no barriers regarding communication are detected. The main barrier related to digitalization detected is for sharing information about users for an integrated care approach. Main reason for this barrier is related to legal issues and confidential data, fragmented for each organization or institution.

NORWAY

Welfare services introduced main frame computers during the early 1980es and later invested in personal computer technology followed up by pads and smartphone technology. All services depend heavily on digital systems, although some platforms are suffering from lack of update and getting old and new may be hampered by software problems. The computer systems have become an integrated part of and enabling NPM and managerialism. With a widespread access to modern technology the competence to operate systems are high, but it is acknowledged that work at the computer has replaced much of the user contact, and digitalization of user contacts have challenged at least the initial relationship building with clients, but may improve contact during follow up if used in sensible ways. Access to and use of research available on the web does not seem to be common among practitioners. Neither is the ability to read and reflect on work and challenges met during work hours.

SERBIA

Since the occurrence of Covid 19 pandemic, the greater readiness and openness is for digitalization and the use of informational technologies among employees in different systems. During that pandemic, the majority of institutions and organizations started to function through online work. Employees are adapting to this kind of work and use of digital tools, which enabled learning and development of digital competencies. However, the challenge is that social services users, including Roma families, live in such conditions that they mostly don't have access to digital infrastructure (do not have internet, computers, or telephones), or if they have it, they are not adequately trained to use it.

b) Please describe three domestic examples of social innovation work connected to your target group.

SLOVENIA

A social worker was working as part of an individual working project of help with a woman who needed a lot of support and help caring for her baby of a few months. The question arose as to how she could care for her baby after leaving the maternity home. The innovation in this case was to place the mother and her baby in a foster home.

Conducting team meetings at the school even though the SWC is the case manager. Before this innovation was introduced, there was an insistence that team meetings be held exclusively at the SWC, which was often a barrier for those invited to attend because teachers often could not attend because they did not have a substitute in the classroom. However, when team meetings were held at the school, the teachers were able to attend the meeting, at least briefly, and provide their perspective on the problem. This often facilitated and expedited the joint development of solutions.

Contacting users in an informal setting (e.g., a park, a bar). Often users (especially children and youth) feel uncomfortable and reluctant to have a conversation at the SWC. The informal setting allows SWC professionals to make initial contact with users before the actual working relationship begins. The SWC professionals reported in the focus group that their experience shows that it is much easier for the users to come to the SWC afterwards and that the cooperation with the users is easier.

The head of SWC Ptuj organized a social gathering for the SWC professionals, who supervised the interns while working on their interpersonal relationships. Through workshops and social gatherings, they were able to promote both the professional and personal parts.

SPAIN

Konsulta'm program is innovative because of the type of intervention proposed: Consultations are free, anonymous, without prior appointment, in youth environments.

Other examples of social innovation are IPS (individual employment and support for youth), an evidence-based practice to approach young people with mental health conditions though inclusion in the workforce and/or formal education. Some organizations work from this approach in Barcelona for the youth target group.

On the other hand, there is a program for teachers with the need of emotional management in students. This program helps teachers to better

approach complex needs at schools and improve emotional well-being in classes. Other innovative programs are:

Home care clinic teams (ECID): Adolescents aged 12 to 18 at high risk of psychopathology and high risk of social exclusion, who have serious difficulties connecting with ordinary care services. This pilot project aims at making relationships with adolescents and their families in their own environments (street, schools, homes, etc.).

Situa't information points: for general population regarding mental health information: Associations, legal issues, health network, social benefits, job support or housing information. And for young people (16-25) with socialization problems, a program (Xarxajove) aimed at supporting vital decisions and (re)-connecting with resources and networks (health, social, etc.)

Barcelona suicide prevention hot-line and points care for relatives and those around people at risk of suicide and survivors.

Guide Teams: Mental health and addictions teams for young people with very complex needs. A multidisciplinary community-based intervention.

Catalonia Social Services use the Self-Sufficiency Matrix tool to assess multiple dimensions of person's life to detect social complex needs. One of its objectives is to better approach people served by creating person-centered intervention plans from an integrated care perspective

NORWAY

I) LIFE Erasmus. European cooperation on Learning to innovate with families.
Challenging three serious problems in providing services for families with multiple challenges. A lack of professional focus on multi-challenged families and shortcomings in respect of knowledge and competence. Second, that policy has increasingly been based on the expectation that struggling families should manage their situation themselves, even if their circumstances make this very difficult to achieve. Thirdly that coordination and cooperation in the social and health services is not good enough; agencies are too much concerned with restricting their areas of responsibility. Working with practices we ran a learning/education program enabling reflection and focus on people's experienced challenges in everyday life. Research enabled new and more focused contacts and follow up by the participating social workers. The social workers also attended international gatherings focusing on common challenges and learning as well as competence to innovate and cope with uncertainty related to possible outcomes of work.
II) Life-Frogner was a project over three years experimenting with a multiple professional team across services (NAV and CWS). The everyday lives of families with multiple challenges were the target group. Further

expanding the learning abilities of the team members and the management. Action research enabled the feedback loops from focus group interviews and family interviews to triangulate the performance of the team and the outcomes. Much of the same tools were used as in the EU LIFE project. Researchers and team members met several times to assess and reflect upon the performance of the team, the cooperation with other services and the families and their children.

III) Developing tools for knowledge production in NAV services. Workers from six offices cooperated with researchers from NTNU and partners from the Netherlands over a three-year period.

SERBIA

Service Teddy bears reading program (Center for support of early development and family relations "Harmony") – pilot support program for early development and caring quality of children, based on joint reading with child" encompasses both parents and children from Roma families. Project "Initiative for support to development and learning of Roma children of early age in Serbia" (CIP – Center for interactive pedagogy and Educational cultural community of Roma people "Romanipen"), aimed to strengthen parents to improve the safety and encouragement of the family environment, to improve care and raising, to develop skills of positive parenting, to support the health, development, and education of their children, to represent their and own rights.

The project "Educational program for mother and child" (Roma NGO) has aimed to improve the approach to the education of Roma children during early childhood by strengthening and developing capacities of mothers in learning practical parenting skills and a better understanding of children′s development so as lobbying at local authorities for a higher percentage of inclusivity and support to parents during enrollment of children in the preparatory preschool program.

Program of education (Center for youth integration), to include children in the educational system at an early age, as a measure of support and prevention of children getting involved in life and/or work on the streets. Children included are living in informal settlements (slums). Activities are regarding daily support services for preschoolers so they to be regular in the preschool program.

"Early marriages: violation of the rights of Roma women", (NGO „BIBIJA-Roma female center") to change the position of women in Roma families and to strengthen the role and power of Roma women in decision-making processes in Roma family. Activities in raisin awareness of the negative consequences of early marriages on reproductive and mental health.

c) Why is it important to work with social innovations related to your target group?

SLOVENIA

Given that current research shows that families facing multiple challenges are not receiving adequate support from existing services and programmes (see also Family Pilot Project - the more needs families have, the less adequate the support), there is a need to develop appropriate innovative responses at the systemic level. At the same time, micro-social innovations in the field of target group work are very important because the target group is heterogeneous and the context in which users find themselves is constantly changing, as is the context in which we achieve good social work outcomes together with them. Micro-innovations must be developed together with the family and be oriented to the needs of the family members.

SPAIN

Social innovations search for new solutions to problems detected. It means that other solutions could not be enough to tackle a multiple-caused problem, or the approach doesn't show enough effectiveness to solve the complexity of the problem. This is the scenery with complex situations: social issues have multiple causes and new and multiples approaches are needed.

In adolescence, as in childhood, the family is one of the most important determinants of mental health and emotional well-being. Likewise, social determinants of well-being also involve relationships with peers, and other aspects such as financial issues, housing, etc. All with a high impact on mental health. Hence, earlier detection and intervention are cost-effective from a preventive approach in future generations. The impact of these interventions at early stages can change the adult′s pathway to poor or bad mental health and mental health disorders.

Especially in the transition to adulthood, social innovations may have impact in social determinants of well-being for this target-group, and may empower their autonomy, resiliency, and other skills for the future.

In case of mental challenges in young people, innovative solutions need to be applied, to give new responses to these ever-changing problems or the way they are expressed nowadays in our society.

NORWAY

Computer systems and new public management seem to focus on performance targets made by top level system operators and management. The social work with clients/people suffers from lack of focus, lack of continued contact and lack of time to assess and evaluate. The workers also lack time and intentions for learning and how to cope with the uncertainty related to social work processes, outcomes and results. Innovation comes often with the time and attention to learning and evaluation, and may be supported by research support to enable data collection and limited and

focused learning horizons. The impact of knowledge production seems to be competence to cope with new and other challenges as well and may improve performance and wellbeing due to reduction of stress related to loss and incapacity to cope.
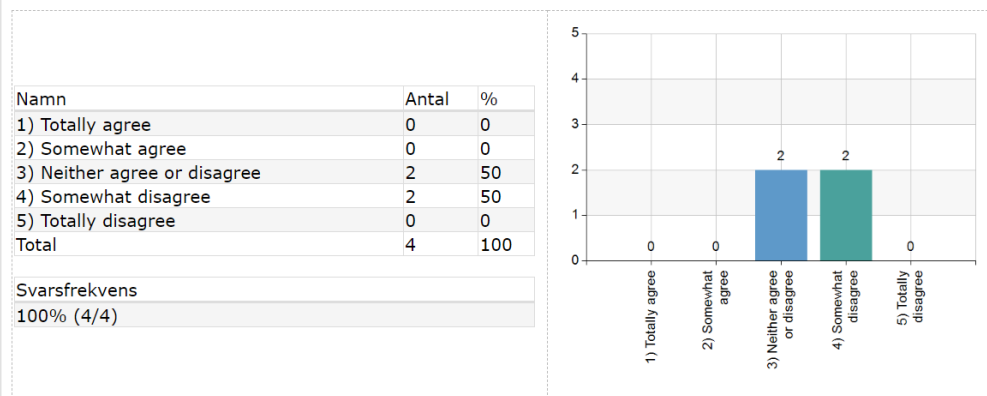
SERBIA

Social innovations are extremely important since existent organization, securing and providing services to Roma families, doesn't effectively respond to their needs for some cultural, language, and legal barriers. Having that in mind, it is necessary to encourage and develop new social innovations to get better responses for the needs of Roma children's parents in general, especially during periods of early development

a) The conditions for using digital tools as support for social innovations are satisfactory in our local community (overall and/or differences between stakeholders).

Namn	Antal	%
1) Totally agree	1	25
2) Somewhat agree	1	25
3) Neither agree or disagree	1	25
4) Somewhat disagree	1	25
5) Totally disagree	0	0
Total	4	100

Svarsfrekvens
100% (4/4)
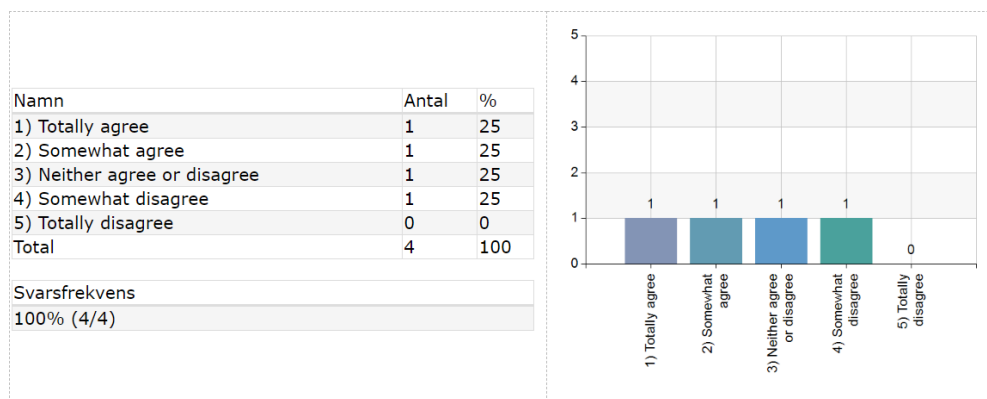
Comments:	Average (n=20) is 2,7 and standard deviation is 0,9. Comments: Respondents pointed out that accessibility varies (users are less accessible than professionals) and that it depends on the environment where people live - in some remote places there is no Internet, etc.

b) Social work and social support regarding our target group in the local community is more health promoting and preventive than problem-based and reactive.

Namn	Antal	%
1) Totally agree	0	0
2) Somewhat agree	0	0
3) Neither agree or disagree	2	50
4) Somewhat disagree	2	50
5) Totally disagree	0	0
Total	4	100

Svarsfrekvens
100% (4/4)

Comments:	Average (n=20) is 3,9 and standard deviation is 0,9. Comments: Participants also commented on this point to the effect that they missed more prevention activities, as well as the time and staff to do so, both in their organisation and in the local environment (in recent decades). Due to work overload, they are unable to reach out to families until very late in the process, when the need is great, the conflicts are high, and the options are limited. They point out that interagency information sharing is associated with curative activities, and some school practitioners note that while there is an increasing emphasis on prevention, the proportion of curative activities is still high.
Comments:	The program is reactive to young people's needs, and highly resolutive. At the same time, it is based on a preventive approach to mental health issues in the community.

c) In social work and social support with our target group, the conditions for working from a holistic/multi-professional perspective are satisfactory.

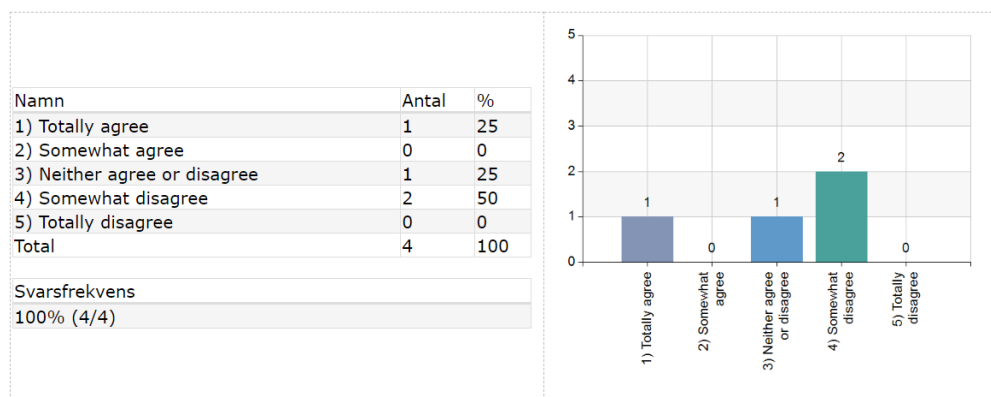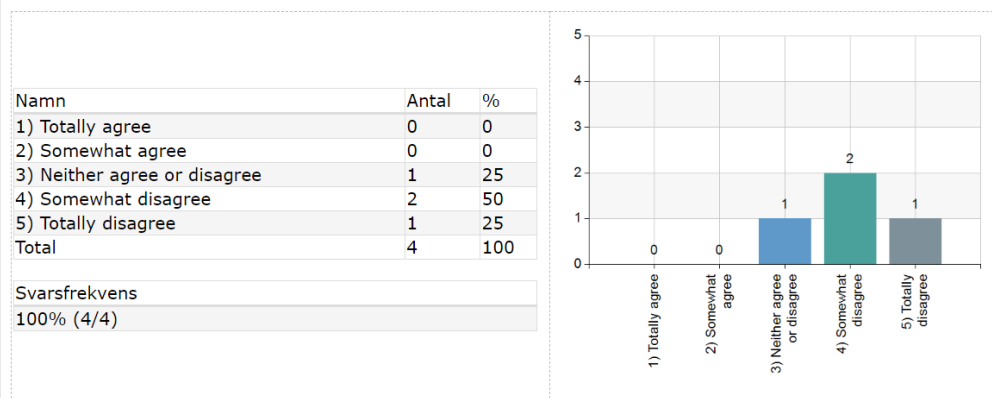| Namn	Antal	%
1) Totally agree	0	0
2) Somewhat agree	1	25
3) Neither agree or disagree	1	25
4) Somewhat disagree	2	50
5) Totally disagree	0	0
Total	4	100

Svarsfrekvens
100% (4/4)
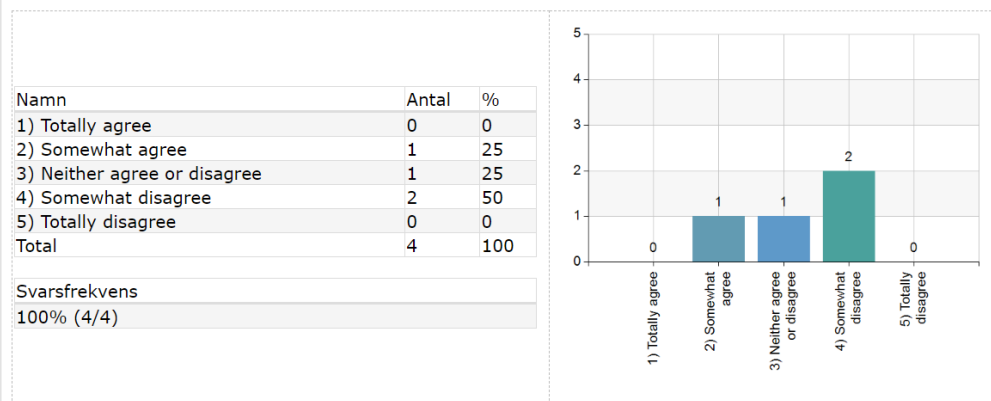
Comments:	Average (n=20) is 2,8 and standard deviation is 0,9. Comments: Some professionals mentioned the good cooperation between services, while others pointed out that they often work in bubbles and responsibilities are shifted. They added the lack of staff, lack of teamwork.
Comments:	The lack of integration and fragmentation among service providers and organizations, makes conditions more complex. It could be harder, but it still is the goal.

d) The conditions for working with a person-centered approach are satisfactory in our local community.

Namn	Antal	%
1) Totally agree	1	25
2) Somewhat agree	0	0
3) Neither agree or disagree	1	25
4) Somewhat disagree	2	50
5) Totally disagree	0	0
Total	4	100

Svarsfrekvens
100% (4/4)

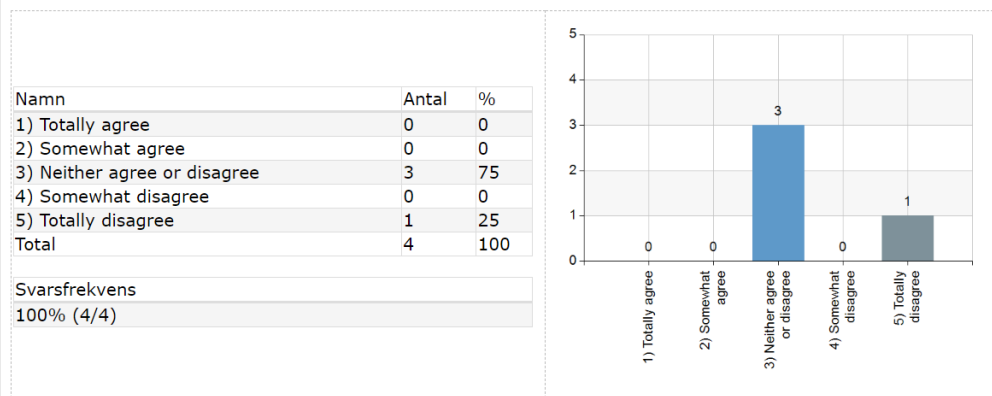| Comments:	Average (n=20) is 2,6 and standard deviation is 0,8. Comments: Professionals noted that there are no NGOs (except Ars Vitae Association) and other programmes in the local area to refer families to, that there are too few options and providers, and that those that do exist are overcrowded and disconnected from one another, with waiting lists for users.

e) We have methods for systematic work concerning user involvement in our local community.

Namn	Antal	%
1) Totally agree	0	0
2) Somewhat agree	0	0
3) Neither agree or disagree	1	25
4) Somewhat disagree	2	50
5) Totally disagree	1	25
Total	4	100

Svarsfrekvens
100% (4/4)

Comments:	Average (n=20) is 2,9 and standard deviation is 1. Comments: Professionals state that current services are too small (more NGOs would be needed) and also lack professional support and training. The network of support services needs to be expanded, and at affordable prices.
Comments:	Methods to involve users are not systematized.

f) Frontline staff have sufficient knowledge and skills to be able to work evidence-based for the transition towards integrated care and social support.

Namn	Antal	%
1) Totally agree	0	0
2) Somewhat agree	0	0
3) Neither agree or disagree	3	75
4) Somewhat disagree	0	0
5) Totally disagree	1	25
Total	4	100

Svarsfrekvens
100% (4/4)

Comments:	Average (n=20) is 2,6 and standard deviation is 0,8. Comments: The majority of respondents (60%) who responded to the questionnaire agreed with the point, but added in their comments that there is never enough knowledge, that knowledge in this area needs to be constantly improved, also in line with the changing challenges in society, they also see a need for systemic knowledge and skills, and some added that time (not enough of it) is a bigger challenge than knowledge.
Comments:	Although frontline staff are well prepared to perform their task, knowledge and skills regarding evidence-based interventions towards an integrated care approach could be improved. It is worth to highlight the importance of evaluation of effectiveness of interventions in this approach.