UTOPIA COOPERATIVA SOCIALE

Service Charter

COMUNITA' ACQUAVIVA

Therapeutic Community for Minors
Red Wolf House
Blue Horizons House

(English Version)

Rev. 00 12/01/2024

1. PURPOSE AND SCOPE OF THE SERVICE CHARTER

The drafting and revision of the Charter was achieved through the involvement of local associations for the representation and defense of users' rights, and is an important moment of reflection on the reasons and opportunities of our activity. The drafting of the Charter is also an opportunity for the Community to reflect on its organization, operating methods and the overall quality of the services provided. The drafting of the Services Charter can also be seen as a stage in the therapeutic and educational process aimed at the residents of the facility and their families, so that they perceive this instrument both as a legitimization of their rights and as an opportunity for active participation in the life of the Community. The main purpose of the document is to inform, giving actual and potential users the possibility of developing a sense of belonging to the facility.

2. HOW THE DOCUMENT IS USED AND DISSEMINATED

The stages of dissemination of the Charter are as follows:

a. Distribution to the relatives of the hosts through a presentation meeting;
b. Availability of the document in the office of the Community Director;
c. Handing in the document when applying to enter the Community.
d. Delivery of the document to associations representing users ;
e. Delivery of the document to public bodies: municipalities, provinces and regions;
f. Delivery of the document to mental health departments and child neuropsychiatry centres at regional and national level;
g. Delivery of the document to the Order of Doctors and their college;
h. Delivery of the document to institutions representing the third sector: social cooperatives and non-profit associations;
i. Availability of the document on the cooperative's website www.cooputopia.it
j. Should useful annexes emerge in the course of the process at a later stage and not immediately included in the Charter, they will be available upon request to the Community Director or highlighted on the website.

The Charter is reviewed every four years and if changes are needed, the necessary changes to the document will be made, the dissemination process will be reactivated and
updated website.

3. AIMS OF THE UTOPIA SOCIAL COOPERATIVE

The Coop. Sociale Utopia, in harmony with its statutory principles:

a. promotes and protects the rights of minors with psychiatric problems by involving their families in the therapeutic and educational relationship;
b. works to make the principles of equal opportunities and non-discrimination of minors with psychiatric problems and those protecting their rights a reality;
c. opposes any ethical, religious, legal or regulatory principles that may reduce or eliminate the freedom and rights of minors of age with psychiatric problems and their families.
To this end, it undertakes:
d. at the political and legislative level, to urge and support adequate responses to the expectations and needs of children with psychiatric problems and their families;
e. educational and therapeutic level, to foster concrete processes of real integration and to oppose all forms of exclusion and marginalization;
f. at the institutional level to promote and implement health, social, educational and care services aimed at minors of age with psychiatric problems and their families.

4. FUNDAMENTAL PRINCIPLES

The Cooperativa Sociale Utopia embraces and adopts the fundamental principles of:

- equality

- impartiality
- right to choose
- continuity
- participation
- efficiency and effectiveness

5. GENERAL PRINCIPLES

The services run by the Cooperativa Sociale Utopia are organized and managed in such a way that users are always guaranteed:

- careful assessment of requests and needs;
- comprehensive information on the service and the expected results;
- sharing and participation;
- customization of interventions;
- Enhancing and supporting the role of the family;
- respect for dignity and privacy;
- written release of the initial contract and its freely given informed consent;
- reliance on qualified, licensed, up-to-date and motivated personnel;
- safe, validated and effective approaches, methods and strategies;
- conditions of safety and compliance with current regulations;
- initiatives aimed at characterizing themselves as visible, qualifying and driving forces in the community;
- collaborations and synergies with institutional, cultural and professional resources;
- improving the quality of life.

6. QUALITY STANDARDS, COMMITMENTS AND PROGRAMMES

The Cooperativa Sociale Utopia is committed to achieving quality standards which, by definition, are a dynamic qualitative and quantitative process of continuous and gradual quality improvement. Indicators and standards must be observed, applied and documented in a timely and rigorous manner. The Co- operative has prioritized the following quality factors on which to set its standards:

- specific training and continuing education aimed at all staff with regard to the rehabilitation model used, the evolution of the phenomenon and the processes of change taking place in the Italian social system;
- ongoing team supervision of the different levels of intervention;
- promotion and support of evaluation and improvement activities in service delivery and performance processes;
- implementation of individualized projects, with t h e preparation of activity reports and comprehensive medical records of the user's socio-educational and therapeutic situation;
- distribution of information sheets to users on how to access and provide services;
- simplification of entry procedures;
- internal and external communication system, in paper and/or electronic form, to guarantee the quality and confidentiality of information, including for the purposes of personal data protection;
- definition of policies and strategies aimed at guaranteeing respect for users' rights, in relation to the humanization of services (hotel comfort, removal of architectural barriers in areas of free access for users with entrances for the disabled, special lifts, disabled toilets, etc.), personalization of care, protection of privacy and the production of the information needed t o access and use the service;
- implementation of the verification of the efficiency and effectiveness of interventions;
- monitoring and measuring processes and results against objectives;
- monitoring and review of operations;
- formalization of information procedures on the educational and therapeutic pathway aimed both at the sending organization (hand-delivered reports and/or email) and at family members
- training in quality assessment, resource utilization, health and safety risk management and organizational structure (organizational chart, functions and structure of the cooperative);
- inter-institutional networking, with the activation of protocols and procedures for the transfer of information between NHS healthcare facilities: the cooperative's management guarantees the transfer of clinical information, in the event of hospitalization, by means of diagnostic and therapeutic reports (clinical situation, current therapy, any allergies and contraindications) by the facility's medical staff, who maintain constant relations with the team of the hospitalization facility.

General quality standards adopted for the evaluation of the treatment project:

- Service Charter
- Constant dialogue with commissioning bodies, quarterly integrated teams with health and social services
- Reports with half-yearly services
- Monthly supervision of the team by an external expert
- Supervising Community Coordination Roles

***Specific evidence-based* standards adopted for the evaluation of the treatment project:**

- daily observations (educational, psychological, psychiatric) drawn up in the project sheets
- weekly team with minutes
- Individualized Therapeutic Project set up according to qualitative and quantitative criteria, specific actions to be achieved for each objective, quarterly qualitative and quantitative verification, six-monthly team review with the involvement of the user, in order to calibrate the interventions in place according to the progress of the program and the user's needs.

Commitments and programs

The management of the people hosted in the Therapeutic Community, takes place through a model of taking charge built up over the years on the basis of the experience produced and the relevant verifications. The model used aims above all to guarantee the humanization of needs, both in terms of the practical personalization of activities (care of the person, their environment and objects) and of the relational and psychological type that may characterize the people hosted. Periodically the Multidisciplinary Team:

- carries out a review on the progress of its work, the way it is taken care of and the relational dynamics put in place;
- proposes the maintenance or modification of educational and rehabilitation activities;
- carries out the verification of individual intake projects.

All the operators of the Multidisciplinary Team are called upon to implement the educational projects for taking charge of each individual guest . The style of the service is oriented towards promoting the creation of an environment characterized by:

- stability and continuity of care and relationships;
- listening to needs and flexibility in responding to needs;
- deep respect for each person's time and mode of existence;
- reception of people and clarity of information with respect to the whole proposed activity;
- levels of comfort and well-being with a view to protecting the minor of age;
- variety and richness of relational, cognitive and emotional experiences;
- Constant and articulated liaison with the sending Services, in the awareness of the sharing of the taking charge of the person.

7. THE AQUAVIVA COMMUNITY

The Acquaviva Therapeutic Community for minors, managed by the Utopia Cooperative, has been operating in the territory of Cagli in the Marche region since 25/11/2006 and is authorised under the
L.R. 20/00, accredited at a Regional level DGR 118/16 and in agreement with AST Marche Area Vasta 1. The facility is therefore in possession of all the managerial and structural standards required by the National and Regional regulations in force regarding sociomedical facilities.
The Community can accommodate up to 20 guests, both male and female.
The recipients of the service are patients with psychiatric pathologies of developmental age (between 9 and 18 years of age), also in comorbidity with mild mental retardation, with subacute or post-acute symptoms requiring a high intensity of care. The Community accommodates persons in possession of the minimum prerequisite of personal autonomy such as to allow the intervention to be characterised from a training, educational, therapeutic-rehabilitation and not just care point of view.
During its first five years of activity, the Acquaviva community was based in a small village near Cagli, Acquaviva, from which it took its name. It had 10 beds available, in a splendid period villa, which over time, however, proved to be not very functional for the type of users and work. Moreover, the isolated location limited the opportunities and opportunities for territorial integration. We thus began to build a new structure, conceived and based on our years of experience, with the primary objectives of being able to offer a greater possibility of integration in a social fabric, (in this specific case the town of Cagli), and at the same time to increase the possibility o f reception by doubling the number of places.
The Acquaviva Community has therefore been based, since July 2012, in a newly built facility with a surrounding green area and is located close to the centre of Cagli. Depending on personal characteristics, single and double rooms are available for guests. The community is equipped with a professional kitchen, laundry, computer, arts and crafts laboratories, gymnasium and spacious halls for activities.

8. TWO HOUSES IN ONE COMMUNITY': 'CASA LUPO ROSSO' AND 'CASA ORIZZONTI BLU'

In 2015, a further process of evolution and change was initiated, as a Community and Therapeutic Team, which led the Acquaviva Community to be structured as of 15/06/2015 into two separate age groups: Casa Lupo Rosso from 9 to 14 years and Casa Orizzonti Blu from 14 to 18 years.
Two Houses in a Community, a Community that is transformed 'into a condominium with two flats' in which there are shared places and places 'of belonging': a constantly evolving adventure. Underlying these changes has been the growing demand over time for users of increasingly younger ages and the 'clinical thinking' that it is essential to differentiate therapeutic interventions by age and to opt for not mixing ages that are too far apart.

9. ORGANIGRAM

The Multidisciplinary Team of the Acquaviva Community operates on the basis of an integrated psychodynamic theoretical-clinical model with an organigram reviewed annually; the reference figures are:

President and Legal Representative of the Social Cooperative Utopia: Christian Gretter
Medical Director: Dr. Stefano Masetti
Clinical Psychiatrist: Dr. Luana Pretelli Community
Director: Dr. Lucia Micheli
Contact person for territorial projects and family process in CT Acquaviva: Dr. Ortolani
Giorgia Mastra of Casa Lupo Rosso: Dr. Rosa Pasciuti

Blue Horizons House Mistress: Dr Myriam D'Alessandro
Contact person for territorial projects (Pre-entry, Protected Discharge): Dr Giorgia Ortolani
Family Group: Dr Giorgia Ortolani
Coordination Group Supervision: Massimo Conte Codici Social Cooperative of Milan Team
Supervisor: Dr. Wanda Grosso
Guest therapist at Casa Horizon Blu: Dr. Lorena Echino
Guest therapist at Red Wolf House: Dr Michele Vendola
Workers with different backgrounds: psychologists, nurses, professional educators, OSSs, social workers and art teachers for workshops, and sports coaches regularly licensed by their respective federations.
The Community staff also includes:

- Administrative staff
- Service workers (kitchen, maintenance and cleaning)
- Trainees and Volunteers

The Acquaviva Community is coordinated by the Coordination Group composed of: Red Wolf House Manger, Blue Horizons House Manger, Territorial Project Referents, Community Psychiatrist, Community Director and Administrative Referent.

10. ACCESS TO THE STRUCTURE

The Cooperativa Sociale Utopia - Acquaviva Community - is located in Via Fontetta 61, 61043 Cagli (PU)
Tel. and Fax: 0721 787020 - E-mail: info@cooputopia.it
web site: www.cooputopia.it

The Public Relations Office and the Administrative Service, open to the public Monday to Friday from 9.30 a.m. to 12.30 p.m., is available for all information on how to access the Service and on any activity of the Utopia Social Cooperative.
By appointment, services, potential users and family members can conduct guided tours of the facility with the Coordination Group.

11. COMMUNITY ADMISSION

The placement of guests in the Community is subject to the stipulation of an agreement between the Cooperativa Sociale Utopia and the Sending Body (ASL of residence). No conventions are stipulated with individuals. Any applications for placement by families or tutors are diverted to the relevant Public Services.
The Clinical Team assesses the request and schedules an initial meeting with the sending services. During this meeting, the clinical and psycho-social picture of the minor of age is examined in depth and a possible intervention project framework is initially outlined. After assessing the possibility of eventual entry into the Community, approach and acquaintance meetings are planned with the minor of age in order to build a working alliance: at least an initial clinical interview, followed b y an invitation to lunch in the Community, with a special menu containing the guest 's favourite dish. During these meetings the minor of age will thus be able to experience and get to know community life directly, and the team will be able to assess the actual possibility of starting the therapeutic pathway, also taking into account the compatibility with the group of users at that precise moment in time. The aim of these preliminary meetings is to try to understand together with the young person whether there is even a minimal motivation to embark on a community pathway, understood at least as a partial acknowledgement of their distress, a need for help and a desire for care. In this phase of the insertion, meetings with the parents are also planned in order to involve them in the start of the pathway and to deepen their child's clinical history. At the end of these meetings the team will decide on the possibility and timing of the placement.
On the day of the child's admission, the parents or guardians and the sending services are asked to sign the regulations as a form of sharing the community project. Before entry, the necessary medical examinations and tests are requested according to the "Entry Health Protocol". The execution of this protocol serves, in fact, to ensure that there are no urgent organic problems, so that the initial period of the hospit 's placement in the community can focus on getting to know each other and establishing a relationship of trust, which is the basis for all subsequent interventions.
Following placement, there is a period of clinical observation of the minor , lasting between 30 and 60 days: an in-depth anamnestic examination, a psychiatric assessment, and a psychodynamic psychological assessment are carried out. Starting from the assumption that the user is the protagonist of his or her own therapeutic process, it is only through getting to know him or her and with his or her alliance that it is possible to build a project; therefore, after this first phase of getting to know each other, a joint meeting is held with all the parties involved (user, community, social and health service sending and family), to agree on the objectives and timing of the Individualized Therapeutic Project.
The length of stay in the community is established in relation to the type of pathway, with an indicative time of a minimum of 1 year and a maximum of 3 years. It is

essential to obtain cooperation in the project also from the parents and the context that cared for the person, so that they accept to be partially and temporarily "replaced" with regard to what they consider to be their own developmental tasks and facilitate, through constant sharing, the development of the project itself in a good network by which the guest feels supported and contained. It is also essential that, as the guest undertakes a therapeutic process, the family is also involved in it, can maintain the motivation for the established process, reflecting on past dysfunctional dynamics, in a relational perspective, so that, when the minor returns to his/her territory, the socio-familiar context has also changed and is ready to welcome him/her back. Placement in the community is done in the presence of the family or the tutor* and the Service Coordinator in which the first check-up date is agreed upon one month after entry; subsequently, check-up and pathway planning meetings are scheduled every 3 months. If the entire care team (community and Sending Services) agrees on a critical issue, the assessment meetings can be postponed or made more frequent.

Pre-entry

Referring to a literature that defines entry into a community for minors as a '*deportation*' (G.P.Charmet), the removal from one's own system of reference is therefore the cause of intense emotions of suffering and separation anxiety, amplified by the prejudices and fantasies of adolescents, parents and society that may experience the placement not as an opportunity for change but, on the contrary, as a failure. With these assumptions, an insertion in the communitycan be a further failure if not adequately thought out and constructed with the minor himself, his family and with the fundamental mediation of the Public Service. For this reason, more and more frequently (within the experience of the Utopia Cooperative), insertion is preceded by preventive actions aimed at building that therapeutic alliance and trust necessary for the desire for change that can arise from the acceptance of taking and being part of a shared therapeutic project, to counteract the traumatic experience that can be inherent in experiences that are not comprehensible (Winnicot). The Interventions that can be implemented to bringfamilies closer to the community, thus reducing conflict, can also be understood as strategies to strengthen the skills possessed by the individual subject, the family subject and the society subject, in order to develop in the individuals involved an awareness of social circumstances and individual resources , which may make it possible to deal w i t h critical events, and possibly with the phase of disorganization that follows, averting the possibility of precipitating into situations of extreme psychosocial risk that prevent the search for and solicitation of alternative solutions to insertion in a structure and temporary removal or the reactivation of the crisis management process. Thinking of a transitional time that seeks to accompany a minor for a "piece of life", a time that acts as a bridge between old and new, between inside and outside the community, also allows, in addition to laying the foundations for the relationship, a knowledge of the minor in question and of his reality that facilitates the construction of the Individualized Therapeutic Project starting from the structuring of a good basic network, working from the outset on themotivation and awareness of the minor (and his family) to want to undertake a therapeutic pathway. The main objective of a Territorial Community Pre-Integration pathway thus becomes that of setting the pivotal function of a therapeutic community within one's own life and family context, creating the relational and experiential space necessary for the recognition of needs, discomfort and the identification of resources and evolutionary potential. Thanks to the containment offered by being an open system delimited by boundaries (in this case no longer physical but emotional), it allows one to experience, in a protected environment, a new way of relating, of coming into contact with o n e s e l f , with one's own experience of suffering, with the social world, with one's family and the world in a broader sense.

12. INDIVIDUALIZED THERAPEUTIC PATHWAY AND EVERYDAY LIFE METHODOLOGY: THOUGHTS AND TOOLS

The residential community pathway is for each operator a "privileged" way of clinical knowledge of the minor of age, allowing a better understanding of the manifestations, nuances and "concomitant causes" of his/her distress, observing him/her at 360 degrees: in every moment of everyday life, in solitude or in a group, with peers and w i t h adults, in moments of crisis and of well-being, inside and outside the facility, in his/her relationships with family members, with institutions, with the various contexts and the response or not to the various therapeutic interventions. This particular clinical observation, through the eyes of the Multidisciplinary Team, if used in a good network with the services and families, can be a great opportunity for growth and development, because it allows us to understand together with the guest his or her distress and seek strategies and resources, thus finding forms of intervention that are particularly attentive to the unique and unrepeatable characteristics of the person, welcoming and protecting his or her dignity, uniqueness and complexity. The aim of the AcquavivaTherapeutic Community is to build a "frame", a protected space where the multidisciplinary care team is engaged in various ways to help the youngsters resume theirdevelopmental tasks, acting as a link and mediator with the outside world.

Treatment as treating well: taking care. To treat is a verb that can be applied to interpersonal relationships: 'I have been treated well' is the possible outcome of a relationship in which the desire of one meets the offer of another and produces as an outcome a fruit, a profit for both. The underlying psychoanalytic approach has t h e therapeutic objective of fostering the development of the individual's ego functions and superegoic instances, promoting greater awareness and mastery of one's inner world. This analytical attitude aims to go beyond the symptom and understand together the deep dynamics underlying it a n d acting in the symptom itself, integrated in a constant psycho-educational intervention. The aim of this approach is the psychodynamic reconstruction of the minor s experiences and on the basis of this the attempt to modify dysfunctional behaviour, through the acquisition of the ability to reflect, to look and to look at oneself. Too rigid ideological and technical models are avoided, with a preference for sometimes unusual and informal settings, in which the minor feels free, from t i m e t o t i m e , t o choose his/her object of identification, to modulate his/her simultaneous needs for dependence and autonomy, to show, depending on the situation, the parts of him/herself in which he/she feels reflected at that moment, while having the security of being accepted and contained even in its destructive aspects.

The therapeutic pathway makes use of all the necessary interventions (pharmacological, psychotherapeutic, rehabilitative-expressive, educational, relational) according to an integrated modality consistent with the complex psychopathological dynamics and the needs of the children and the realities involved in the project. The intervention strategy of an interdisciplinary nature is articulated in the management of daily life, in both individual and group activities, in individual psychotherapy, in psychological support interviews, in psychodynamically oriented psychiatric interviews and psychopharmacological controls, in periodic meetings with family members. In order for the different types of intervention to be in tune and well coordinated, and aimed at the same objective, constant teamwork is needed, and a continuous 'adjustment' of each operator's actions is also required, with respect to the violent counter-transferential emotions aroused by the frequent acts of the young patients, which often have transgressive and destructive characteristics. Team meetings and supervision are therefore a significant "transitional area" in which to contain the agitations, restructure and preserve the coherence of the Community's organizational structure, since, just as the psychic apparatus can fall apart, the therapeutic

apparatus risks disintegrating under the pressure of the destructive anxieties and contradictions projected by the guests, which risk creating divisions and feelings of competition within the care team. The centrality of the parent, as a reference figure for the minor and therefore the needto keep this figure present in the Community's educational and therapeutic activities, are prerogatives of the minor himself, of his need to maintain, at a time fraught with insecurities and fears such as that of separation, a bond with the family unit, from which he expects answers and the security linked to a sense of belonging to that affective context. Working with the parent is therefore also a matter of taking care of the child, both being unthinkable if not from a relational perspective in which the Community takes part as a third agent that must take care of the minor but also of his or her family context. These assumptions give rise to the need to offer parents spaces, time and resources to work together with them; the time of separation, so that it becomes a time of learning and change in which to think of oneself or rethink oneself as the parent of a child placed outside the family, activating, through confrontation, the ability to identify and mobilise one's own resources to cope with difficulties. Enable families to develop a space for reflection that helps them to understand the needs that their child expresses by acquiring new tools to enable them to respond more effectively. Their commitment t o recognizing their problems and addressing them, making themselves more responsible for their role also depends on the quality of the relationship created with the institutions. The project is therefore designed to favour the improvement ofthe quality of this relationship and the creation of a degree of trust good enough to allow opportunities for participation and cooperation between families, services and the Community, in the direction of a more sustainable and effective work with the minor guest and his family.

The Community makes a series of meetings available to families on a monthly basis (free of charge and with free participation), w i t h t h e aim of creating a space for dialogue, sharing, and participation, which will better promote understanding of the different worlds that meet here, shorten the distances between them, and contribute to the construction of a shared history and language through the confrontation of the problematic experiences that each person experiences. The meetings will be held on the Zoom platform.

13. RESIGNATION FROM THE COMMUNITY

They normally take place following the conclusion of the therapeutic project shared in advance with the Sending Services, the family and the minor of age, not strictly linked to the person's coming of age. Discharge from the Community is agreed upon by assessing the evolution of the patient's clinical picture in conjunction with the availability of territorial resources suited to his or her needs. In the event that the patient returns to his/her own nucleus, restitution and nursing interventions are adopted for the parents, in order to guarantee the continuation of the work carried out in the community.

The main objective of the pre-discharge period is to allow the patient a gradual and progressive disinvestment from a care environment characterised by strong protection values, experiencing spaces of progressive autonomy calibrated on the identity and skills that the hospice has managed to consolidate d u r i n g its community pathway, agreeing with the sending services and the family on the best possible continuation.

For the Acquaviva Community, discharge is a strong moment of sharing and interchange between the young person and the community, of every "good" and "bad" moment of the pathway lived; we do this through a farewell party attended by all the guests and the team. It is a special moment for which we all prepare in good time, because for all of us it is a mixture of joy and sadness, euphoria and melancholy, a sea of emotions, a difficult step but, right up to the last day, a source of work opportunities for the guests and for the team itself. The youngsters prepare a big book made by them to hand over to the birthday boy, each one with a page that he can fill in as he wishes; the Team gives a suitcase, built by the operators as a metaphor for the journey made and the new journey that is beginning, accompanied bya good reading and a video with all the most significant photos of the journey. It is a day of celebration and sharing the last goodbye as a guest... until the next one, which is even better... when they return to visit us in the Community!

Protected discharges

The reintegration of a user into his or her living environment is a delicate moment that, if not adequately supported and thought out through a customised territorial reintegration project, risks compromising and thwarting the objectives achieved during the community pathway. In virtue of this, it is considered fundamental to accompany the minor during his transition from the community to his living environment in order to sustain, support and consolidate the changes achieved, in the search for a balance and stability between "inside" and "outside". The founding objective of this accompaniment becomes the construction of a network of services, structures, territorial activities capable of endorsing and supporting a wide-ranging project, the end of which will become a pathway for life, shared and participated in by all those involved.

This happens through the activation of an *Educating Community, the* building of bonds with all the subjects that are part of the human and social context that may be able to support a family in difficulty, creating new places to inhabit and live within one's own context of life, so that the 'care' and awareness of one's fragility passes and remains also within less institutional networks and actions.

Interruptions of the therapeutic pathway

If a guest's experience in the community can be a source of serious difficulties for him/her or for the lives of the other guests, the team - having also heard the opinions of t h e guest, the family and the Sending Institution - first assesses the existence of the conditions and resources to draw up a new individual c a r e project, aimed at removing the difficulties. If these conditions are not found, the team proposes the subject's discharge, agreeing with the Sending Institution on timeand modalities. If it is possible to elaborate a new individual project for taking charge, the new intervention proposals are submitted t o the Sending Institution for examination: the approval of the new project is an essential condition for continuing the experience of insertion in the Community. If the Sending Institution does notapprove the new individualized therapeutic project, the discharge procedure is activated. The Sending Institution may directly order the resignation of the guest subject to the conditions set out in the agreement.

14. TIMETABLES

A typical day for Community guests includes:

08:00 / 10:00 wake up, breakfast and personal hygiene, tidying up rooms 10:00 / 13:00 structured activities outside and/or inside the Community 13:30 lunch
14:00 /16:00 recreational activities relaxation
16:00 / 19:00 structured activities outside and/or inside the Community 19:00 / 20:00 showers and recreational relaxation activities
20:00 dinner
20:30 / 22:00 Recreational activities inside or outside the Community
10 p.m. (11 p.m. on Saturdays) in bed.

15. EVERYDAY: INTERNAL AND EXTERNAL ACTIVITIES. TERRITORY AND NETWORKING

If we had to describe the everyday life of the Acquaviva Therapeutic Community in one word, we would use the word passion. The etymology of the word passion can be traced back to both the perfect participle of the Latin verb *pati*, *passus,* which literally means suffered, and to the Greek πάθος (pathos), which also encompasses the sense o f suffering, but also indicates a strong emotion. The word passion fits very well with the past and present stories of the community's guests it describes very well the mixture of difficulties and emotions, the suffering with which young people often and their lives enter the community, and the very difficulty of embarking on a community path. (One could add the meaning of undergo found in philosophy in Aristotle in the action-passion pair whose reciprocity is emphasised. In your case, the operator suffers a passion, i.e. an affection of disturbance by seeing the condition of the user who, in turn, suffers the action of the operator).
Passion also fits the work of all the operators, who every day share with the children the daily routine, the joys and the difficulties, they manage and breathe the intensity of the emotions and thoughts of each child, from the cook in the kitchen, to the caretaker, to the headmistress and the psychiatrist, not to mention how much passion the operators put into this work: passion both as a sharing of the deepest suffering of each boy\a, and as an emotion that characterises every gesture or activity of the day, a passion that pushes you to constantly question yourself with that sense of turbulence that is typical of questioning but is also a sign of authenticity.
Community operators acquire the function of an auxiliary ego for the host , to help constitute that mental space of waiting between impulse and action and of containers for destructive anxieties. Attitudes of protest and rebellion against authority figures are inevitable in the complex path of separation-individuation linked to growth; in this context, however, the operator is not only the target of aggression, but at the same time maintains the indispensable function of an identifying model: the young person needs figures against whom to struggle, to test himself, to identify his own potential and establish his limits. The operator must therefore have a pliable, but not surrendering, attitude, so as not to run the risk of confusingly turning into a misplaced friend. A psychiatric operator should put forward an image of a determined but flexible adult, who accepts and promotes confrontation with other adults and colleagues involved in the guest's problem; a therapist in the flesh, who helps him or her to progressively renounce, as far as possible, the illusions o f childish omnipotence and to accept their limits, while at the same time recognizing the young person's narcissistic vulnerability, avoiding communications that humiliate him or her too much and actively enhancing his or her real abilities. One of our users used to say "the Community is like a football team, the educators are the coaches and we are the players...".
The operator in the Community must move along a line consisting of being and doing - "with" - rather than - "for" - the patient. Sharing is to be understood in a literal sense: dividing-with, i.e. tending towards a possible distribution of tasks between operators and patients, along a continuum ranging from more or less consistent side-by-side (substitution/integration of the ego) to the progressive delegation of responsibilities. The aim is always to allow a cognitive experience. Even doing something wrong, such as buying food that does not go or skipping a meeting, is a useful learning experience if it is followed by feedback, discussion, an understanding of the emotional repercussions of what one did wrong and the possibility of trying again. The operators accompany the children to take care of themselves... how many hair colors they have done, how much homework they have done wrong and how many cakes they have burnt... but also how many silences, how much shouting and how many words... trying to make them discover their own fears, their own difficulties, their own resources, their own dreams, their own desires. Valuing and supporting them.
The Acquaviva Community proposes itself as an intermediate area between protected space and external reality, a place that gives meaning to inner experiences. The team, welcoming t h e patient's inner needs, prudently weighs up the confrontation with the needs of reality; to do this, it supports the patient in internal and external activities and exercises continuous mediation. Social reintegration starts from the inside: helping the young people to scan the time of the day in stable rhythms facilitates the internalization of a harmonious flow of time, which contrasts with the chaotic and confusing nature of pathological thinking, and continues outside through the modulation and choice of experiences linked to the age and clinical condition of the subject, in order to achieve the greatest possible individual autonomy, using all the resources available in the area.
A variety of activities are offered within the facility: group discussion and individual moments of confrontation, writing workshops, cooking, drawing, music, reading, film forums, manual skills workshops (*decoupage*, clay, carpentry), representation games, "care and beauty workshop", dance and gymnastics. Each activity is tailored to the interests and abilities of the individual and/or the small group, as a chance to express their individual needs and build their identity.
The pathways provide for inclusion in activities outside the community, both of a more structured type (school, vocational courses, apprenticeships, voluntary work and work grants ...), and external recreational activities (multimedia library, sports, gyms, swimming pools, oratories outings ...), as well as, where possible, periodic returns to the family.
The operator , in both indoor and outdoor activities, is present with facilitator and support functions. The challenge is precisely this: to enable the guests , b y working from the inside, to experience themselves from the outside, combating on a daily basis any push towards marginalization and institutionalization. This requires both work with the guest(s) and constant comparison and networking with all the institutions and associations in the area (educational institutions, sports institutions, general practitioners, medical specialists, the police, the local authority, the municipality, associations, etc.). For example, our users on admission are taken in by the local general practitioner and use public health services. This requires Network Work, through constant contact and discussion with general practitioners and specialists who visit the patients to ensure that their "care" is integrated, i.e. it considers all aspects of the guest: from the difficulties of taking care of one's own body, to the difficulties of presenting/recognizing one's own physical symptoms, to the ability to understand and carry out the proposed treatment; in all these steps there is the operator and the psychiatrist who help the boy/young person and the public service doctor to 'meet' and 'understand' each other. Networking also involves many figures in the village, whom our boys and girls meet daily at more or less structured moments (baker, pharmacist, newsagent, florist...). All this, again in a dynamic between inside and outside, trying to accompany the area to get to know our community: how many hours in the gym, how many hours in the swimming pool, how

much time chatting, laughing and joking with the shopkeepers. Together again, community and community to do together, t o share and try to create a world capable of welcoming the other, as a boy and a girl and as a citizen and a citizen. Too often, in daily practice, we are absorbed by the emergency, the need or the necessity, to keep an open gaze, to look beyond the gate, to look away from the difficulties'; it opens us up and projects us, all of us, operators, boys and girls, into the world of possibilities'.

16. ANCILLARY SERVICES

Guests who, due to their characteristics, do not make use of other external services or are not engaged in targeted school or work placement activities or voluntary work, will attend the Autonomy Training Service, managed internally by the community.

17. COMMUNITY VISITS

As a Community, we believe it is essential to work in synergy with the family, which becomes a fundamental node in the child's journey. At the entrance, we emphasize that the parents themselves must undertake a path of help to support their son or daughter and, above all, to deal with the complex family dynamics that have made the parental relationship difficult and complicated. The services are the ones who must take charge of this aspect since we are in charge of the child; the Community is that third actor who tries to work in synergy with the services and the family. In the Community one can receive phone calls from the family from the first day o f admission and if agreed with all parties one meeting a week. In general, the process involves the first meetings with our presence in observation inside the facility, then in the facility without our presence and then out with us and gradually alone. This is a standard procedure that is modified according to the family specificity in which the minor and the family find themselves according to lines decided with all the parties in itinere in the Individualized Therapeutic Path.
The facility's director is always on call by mobile phone to ensure timely intervention and to inform family members in case of emergencies.
It should also be noted that the Cooperative guarantees relatives and accompanying persons, should they need it, hot meals inside the facility. Voluntary associations, teachers are allowed to carry out sports, recreational and study support activities, etc. according to a schedule agreed upon with the Community's therapeutic team.
Every user has the right to have religious assistance in respect of his or her faith, equally the religious assistance activities will be carried out according to a time schedule agreed with the Community Therapeutic Team.

18. RETURN OF GUESTS TO THEIR FAMILIES

By agreement with the Community Therapeutic Team and with the consent of the Sending Service by the family members, provided there are no conditions or prescriptions limiting the return to the family, the guest may leave the Community for one or more days.

19. RETAIN

The fees are those indicated in DGR Marche 118/2016.

20. SERVICES RENDERED AND INCLUDED IN THE COMMUNITYISATION FEE

The Utopia Social Cooperative undertakes to run the facility in accordance with the guidelines and in pursuit of the objectives of the offer unit, as defined by the relevant regulations.
The Cooperativa Sociale Utopia provides the service every day of the year.

Healthcare is provided through the National Health Service, in-house psychological staff (individual psychotherapy once a week, group psychotherapy once a week) and in-house medical staff (MG and psychiatric consultations once a week or as needed). Support for the patient s clinical condition is also ensured by accompanying him/her to public or contracted medical facilities by means of the transport arrangements required for the case.
Delivery of the medical records is made by the community health director, by appointment, to the sending services and to the persons holding parental or guardian responsibility for the child.

The **social assistance service is** ensured by the social service to which the user belongs: the user has the right to be assisted at all times with the involvement of the sending Service (e.g. for social or training placements, subsidies, assistance in filling in administrative paperwork with the involvement of parents or guardian also with the support of the educational team and the relevant territorial services). It is also possible to avail of the advice of the Social Services of the Municipality of Cagli (by appointment or free access on social secretariat days).

Other services.

Also included in the tuition fees are:

- Food: the user is guaranteed the right to choose different menus and/or special diets for physical, dietary, health (e.g. food intolerances or allergies), ethical (e.g. vegetarian/vegan users) or religious reasons in agreement with the sending service and/or the user himself/herself. A double menu is served every day (seasoned first course or plain pasta, plus 2 choices of side dishes).
  Accompanying persons (service contacts and family members) are guaranteed a hot meal.
  Guests in need can be assisted during the meal, which is always served in the correct manner (temperature, seasoning, portions).
- The user has the possibility of using external services accompanied by the operator if necessary:
  - barber, hairdresser, by appointment
  - bank, post office, administrative offices
  - bookshops, newsstands
- Users have the right to be assisted and cared for with care and attention, with respect for human dignity and their moral, political and religious convictions. Within the Community, the user has the right to profess his or her religious conviction and to have religious assistance in accordance with his or her faith. Likewise, religious assistance activities take place according to a timetable agreed with the Community management and the team. If necessary and/or at the request of the user, subject to compatibility with the organization, it is permitted to attend religious services. The service can also be followed via television.
- Accommodation, cloakroom and laundry service with individualized washing shifts. An external laundry service is provided for larger personal effects.
- Safekeeping of valuables and personal property in a safe.
- The assistance of the host within the Community.
- Comprehensive care of the guest through the procedures laid down in the Individual Care Plan, which is periodically updated.
- The activities envisaged within the Individual Intake Project (except those listed in the next chapter.
- The Utopia Social Cooperative also takes out civil liability insurance for Community guests in the facility t o cover any damage caused to themselves, other people, operators and third parties
- Cooperativa Sociale Utopia takes out the appropriate insurance for staff and volunteers working in the facility
- Holiday stays organized by the Utopia Cooperative;
- Individual and group sports activities (hippotherapy, swimming pool, gymnastics courses, etc.).

20. VOLUNTEERING

Volunteering puts the person in a position to relate to the outside world in a constructive way. By comparing one's own experience with that of other disadvantaged people (but with different problems), one's own fragility is reduced and less depressing thoughts are activated. Voluntary associations maintain a constantconnection with the facility team, share activities and promote charitable initiatives. There are many associations and non-associative organizations that approach the Community, many relational exchanges are organized or welcomed during the year and always with the aim of making the guest's rehabilitation pathway as smooth and natural as possible. The Social Cooperative has always guaranteed the access of voluntary organizations to its services. The S o c i a l Cooperative collaborates with the ASUR Area Vasta 1 (with which the Community has an agreement), with the Municipality of Cagli and the Ambito Territoriale, in order to link its activities to the territory and guarantee its qualified presence within the socio-sanitary system.

21. SERVICES NOT INCLUDED IN COMMUNITY CARE FEES

The following expenses shall be borne by the host or family members or the Sending Institution:

- clothing-related expenses;
- purchases of other personal goods;
- any health-related costs not covered by the National Health Service, such as: any tickets for diagnostic examinations, private specialist visits, specialist health services, non-generic drugs not provided free of charge by the National Health Service and phyto-therapeutic preparations prescribed by the attending physicians or health facilities;
- health services not provided free of charge by the National Health Service;
- a monthly allowance;
- co-participation in the summer holiday with a fee of 100 euros;
- school repetitions;
- enrolment in individual sports or amateur courses;
- continuous assistance in the event of hospitalization.

22. SATISFACTION SURVEY

Semi-annually, an anonymous satisfaction questionnaire is distributed to the users and the families or guardians of the guests , which also contains an attached form for expressing complaints or appreciations regarding the service provided. The complaints or appreciation form can be found o n t h e Cooperative's website under reports and directly in the community center.
The questionnaire and the complaints and appreciation form can be submitted anonymously by depositing them in the mailbox outside the office or, in
or, alternatively, by handing them directly to the Director of the Community.
Within three days of receipt of any complaints, the Community Director or in the event of her prolonged absence a delegated person - will provide the due answers.
The data from the evaluation system, once aggregated and processed, are socialized in a report distributed to all guests, family members and community workers.

Data from the evaluation system are processed and become an integral part of the report that is prepared annually. The results of the questionnaires are discussed annually by the management with the operators, defining critical issues and operational procedures for solving the problems highlighted. The team checks commitments, adjusts and organizes, periodically monitoring improvement, the quality of services and the implementation of standards.

23. RIGHTS AND DUTIES

The fundamental rights that are intended to be guaranteed are: person-centered care; equality of opportunity; equal right of access; ethics of service in the sense of as impartiality, guaranteeing non-discrimination on grounds of gender, nationality, language, religion, political opinion, social or personal conditions. The services run by the Social Cooperative are organized and managed in such a way as to always guarantee users :

- careful assessment of requests and needs;
- comprehensive information on the service and the expected results;
- sharing, participation and customization of interventions;
- respect for dignity and privacy;
- written release of the initial contract and its freely given informed consent;
- reliance on qualified, licensed, up-to-date and motivated personnel;
- safe, validated and effective approaches, methods and strategies;
- conditions of safety and compliance with current regulations;
- initiatives aimed at characterizing themselves as visible, qualifying and driving forces in the community;
- collaborations and synergies with institutional, cultural and professional resources;
- global improvement.

Rights

- In the community the user will remain by his or her own free will, no coercive attitudes that infringe on the individual's freedom are permitted, neither through forms of physical nor psychological violence, no forms of isolation are permitted.
- The user has the right to be assisted and cared for with care and attention, with respect for human dignity and moral, political and religious convictions.
- You have the right to obtain detailed information about the benefits and the service.
- He/she has the right to obtain complete and comprehensible information from the personnel treating him/her regarding the diagnosis of the illness, the proposed treatment and the prognosis.
- He/she has the right to be informed about the possibility of alternative investigations and treatments, also to be performed in other facilities.
- He has the right to lodge complaints and to be informed of their outcome.
- He has the right to respect the ban on smoking.
- He is entitled to be treated as a user of a service he is entitled to, without being forced to ask for favouritism for better performance.
- It is entitled to objective equality with regard to differences in culture, economic status, age, language, nationality.
- He is entitled to adequate assistance.
- The frequency of visits and phone calls is regulated by the operators .
- It has the right to safeguard sensitive data (the facility applies the procedure for the collection of informed consent)

Duties

- The user is required to comply with the Individualized Therapeutic Project agreed upon at admission.
  The user is obliged to behave in a disciplined manner, to be sincere, loyal and honest.
- To behave responsibly, respecting and understanding other guests.
- The introduction and use of narcotics and alcohol is prohibited.

- Possession and possession of dangerous objects (blunt, flammable, etc.) is prohibited.
- To collaborate with the staff for the success of the therapies performed.
- It is forbidden to have preferential relationships and partisan alignments.
- Acts of verbal or physical aggression by or towards anyone, whether operators or users, are in any case forbidden, under penalty of interruption of the employment relationship with the operator and the suspension of the user's use of the service.
- In any case, it is forbidden for the user to leave the facilities without prior authorization from the head of the office. For relatives:
- They are required to cooperate on what is set out in the Therapeutic Project
- They must cooperate with the operators in respecting and enforcing the rules given, following the instructions.
- Transgression of these rules may lead to restrictive measures against them, up to and including a visit ban.

24. WAITING LISTS

Admissions to the community are regulated according to the following priorities:

- having carried out the cognitive evaluation process
- type of problem of the user able to be adequately taken care of by the community, this compatibility is assessed by the Community Clinical Management;
- users residing in the Marche Region have priority admission on equal terms with the therapeutic and educational activities of the community;
- variable waiting times depending on bed availability;

25. PROTECTION AND VERIFICATION MECHANISMS

The Management guarantees the protection of users through the possibility of lodging complaints following inefficiencies, acts or behaviour that have denied or limited the use of services or other inconveniences. Receives observations, objections and complaints in any form from individual users , families, associations or recognized organizations representing them, and from each individual member of the Multidisciplinary Team. Provides an immediate response to reports and complaints that require immediate resolution; prepares the preliminary activity. Checks commitments, adjusts and organizes, periodically monitoring the improvement of service quality and the implementation of standards. The complaints or appreciation form can be found on the Cooperative's website under reports and directly in the community center.