



l'imprevisto

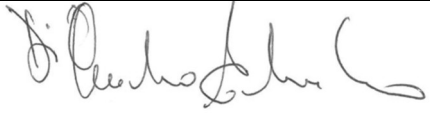

SERVICE CHARTER

Updated December 2025


Rev. 06

Prepared and Verified (RGQ)	Approved (Chair of the Board of Directors)
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l'imprevisto

	
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THE UNEXPECTED

Before the trip

"Before travelling, check timetables, connections, stops, overnight stays and reservations (for rooms with bathroom or shower, with one or two beds, or even a flat)

you consult

the Hachette guides and museum guides, you exchange currencies, you separate francs from escudos, roubles from kopecks;

before the the trip you ask some friends or relatives,

check suitcases and passports, complete your kit, buy some extra razor blades, maybe

take a look at the will, purely for good luck, because the percentage of plane crashes is negligible;

before

the trip, you are calm, but you suspect that the wise man

will not move and that the pleasure of returning will cost a fortune.

And then you leave and everything is OK. And everything is for the best and useless.

And now, what will become

of my journey?

*I have studied it too carefully, without knowing anything about it. **An unexpected event** is the only hope. But they tell me it is foolish to say so'.*

Eugenio Montale

FURTHER ON

Mistral

Calm has returned

In the air: among the rocks, the swell chatters. On the quiet coast, in the orchards, a few palm trees

Barely stand out.

A caress brushes

The line of the sea and ruffles

For a moment, a gentle breeze breaks there and again

The journey resumes.

It laments in the light

The vast expanse,ripples, then it flattens out blissfully

And reflects in its vast heart my poor troubled life.

O my trunk that points,

in this late intoxication,

every reborn aspect with blossoming buds on your hands, look:

under the dense blue

of the sky, some seabird flies away;

never stopping; because all images bear the inscription:

"further on!"

Eugenio Montale
From *Ossi di seppia*

INDEX

1. PRESENTATION. HISTORICAL ROOTS AND CULTURE OF BELONGING.	4
2. GENERAL CONSIDERATIONS AND VALUES.	6
3. METHODOLOGICAL ASPECTS OF THE THERAPEUTIC AND EDUCATIONAL APPROACH	6
4. TYPES OF USERS, AGE GROUPS AND VOLUMES OF SERVICES	7
5. OBJECTIVES, METHODS AND STANDARDS APPLIED.	7
6. PROFESSIONAL FIGURES. SELECTION CRITERIA, CONTINUING EDUCATION. FUNCTION CHART. ORGANISATION CHART. SHIFT WORK.	8
7. ADMISSION PROCEDURES AND RULES – TAKING CHARGE.	17
8. THERAPEUTIC AND EDUCATIONAL PROGRAMME	19
9. THE “POINT”	21
10. PROGRAMME VERIFICATION: MONITORING, SUPERVISION AND EVALUATION OF THE INTERVENTION.	22
11. EDUCATIONAL ACTIVITIES CARRIED OUT	22
12. RELATIONSHIPS WITH THE FAMILY OF ORIGIN. VISITS.	23
13. RELATIONS WITH THE OUTSIDE WORLD – NETWORKING, METHODS OF LIAISON AND COORDINATION WITH INSTITUTIONS, SERVICES AND OTHER RESOURCES IN THE AREA.	24
14. RULES	24
15. ORGANISATION OF COMMUNITY LIFE: A TYPICAL DAY	25
16. THE FACILITIES	26
16.1. HOTEL SERVICES	26
16.2. THE MALE THERAPEUTIC EDUCATIONAL COMMUNITY	26
16.3. THE FEMALE THERAPEUTIC COMMUNITY "TINGOLO PER TUTTI"	27
17. SERVICE QUALITY ASSESSMENT SYSTEM. SERVICE QUALITY FACTORS AND STANDARDS	27
18. RIGHT TO INFORMATION. PROTECTION OF RIGHTS AND PRIVACY. INFORMED CONSENT. METHODS AND TIMES FOR ACCESSING PERSONAL DOCUMENTATION.	29
19. HOW TO SUBMIT A COMPLAINT	31
20. EXISTING INSURANCE POLICIES	31
21. METHOD OF DISTRIBUTION OF THE SERVICE CHARTER	32
ANNEX 1: REGULATIONS ON THE RIGHTS/DUTIES OF GUESTS OF THE FACILITY	33

"This is the true mystery of man, because either one stands before things and chooses not to look at them [...], or one remains with that natural openness that launches man into universal comparison. Either one opens up or one frowns, and this is the crucial choice from a religious point of view common to men of all times."

Luigi Giussani

1. PRESENTATION. HISTORICAL ROOTS AND CULTURE OF BELONGING.

The **social cooperative "L'imprevisto"** was founded on the initiative of educators who already supported the Therapeutic Educational Community for juvenile delinquents and drug addicts, established on 1 October 1990 through collaboration with the Pesaro priest Don Gianfranco Gaudiano and managed by the Italian Centre for Solidarity. L'imprevisto was also established thanks to the contribution of significant figures from Pesaro's social, economic and cultural spheres, and provides a therapeutic and educational reception service for male and female users, minors and young adults, from the world of pathological addiction and deviant behavioural problems. The community is residential and aims to offer opportunities for education, training and job placement.

The primary objective is to welcome young people with behavioural problems and drug addictions who are in difficulty and in need of specific, qualified intervention, to accompany them on a path to recovery, combining educational and training aspects with individual and group psychology tools, and to offer them an environment for discussion that gives them the opportunity to identify with significant adult figures. The therapeutic and cohabitation project is proposed and supported by professional educators with employment contracts, volunteers and professionals with specific therapeutic skills (psychologists, sociologists and professional educators), staff with proven educational experience and specific psycho-pedagogical and sociological skills.

Our facilities (the male Therapeutic Educational Community and the female therapeutic educational community 'Tingolo per tutti') have obtained institutional accreditation from the Marche Region as healthcare facilities for the provision of rehabilitation and educational-welfare services for minors and adults with drug addictions in residential care.

The Cooperative is registered in the Register of Social Cooperatives and operates in agreement with the local health services: the Social Services of the Municipalities and Local Health Authorities.

The social cooperative has entered into an agreement with ASUR MARCHE, in particular with the Pesaro Local Health Authority, for the admission of users referred by the National Drug Addiction Services.

A significant part of the Cooperative's activity is also carried out in collaboration with the Juvenile Courts, with the authorisation of the Drug Addiction Services and in close collaboration with the Social Services of the Municipalities, and involves the reception of young people subject to various judicial measures, including criminal ones.

On 2 February 2023, the social cooperative entered into an agreement with the Court of Pesaro for the performance of community service pursuant to Articles 54 of Legislative Decree No. 274 of 28 August 2000, and no. 2 of the Ministerial Decree of 26 March 2001, and can accommodate, at the same time, in each facility, a maximum of two people subject to community service so that they can carry out their unpaid work at the Organisation for the benefit of the community .

To contact our offices, please find the details below:

Educational Therapeutic Community – C.T.E. for minors and young adult males

Address: Strada delle Marche 69 – 61122 Pesaro Telephone numbers: tel. 0721 31802 – fax 0721 30868

Facility Manager: Alessandro Di Carlo

Programme manager and admissions manager: Dr Maria Grazia De Cecco

Opening hours, information and case presentations: from 9 a.m. to 1 p.m., Monday to Friday.

Email: imprevisto@imprevisto.net – dececco@imprevisto.net

Certified email: imprevisto@legalmail.it

'Tingolo per Tutti' Therapeutic Educational Community for minors and young adult females

Address: Strada Panoramica Ardizio 119 - 121 – 61122 Pesaro Telephone numbers: tel. 0721 404116 – fax 0721 24451

Facility manager: Giancarlo Giustini

Programme manager and admissions manager: Dr Sara Gresta

Opening hours, information and case presentations: from 9 a.m. to 1 p.m., Monday to Friday.

Email: imprevisto@imprevisto.net – gresta@imprevisto.net

Certified mail: imprevisto@legalmail.it

Services offered

Residential educational and therapeutic service for minors and young adults with addiction disorders.

2. GENERAL CONSIDERATIONS AND VALUES.

As already mentioned, the phenomenon of deviance and drug addiction is on the rise among young people, accompanied by a progressive lowering of the age at which they first experiment with drugs and commit their first crimes. L'imprevisto aims to provide a concrete response to these alarming phenomena, committing itself to combating these new forms of poverty and existential and social suffering.

The experience of deviance and drugs has the power to interrupt the path that a person must follow to find a satisfying real identity, replacing it with the self-production of an illusory, artificial identity, even if it is apparently gratifying and fulfilling.

In the contemporary cultural context, the idea that man is a self-sufficient being, fully capable of responding to all his own needs, is widespread, if not prevalent. In reality, man is not at all a solitary and unrelated being and does not have this capacity; thus, when he conceives of himself as if he did, he ends up losing his sense of proportion and the limits of reality, and becomes 'ill' in the senseless and desperate search for an 'ego' that does not exist. In contrast to this illusory claim of self-sufficiency, in reality there is an 'ego' that is increasingly fragile and less and less capable of reacting to failures and painful experiences; an 'ego' unaccustomed to being responsible for its own actions and to accepting the effort and struggle necessary to achieve goals.

Instead, a 'community' is formed and develops where someone accepts to be completed by another, making room for them in their life to the point of intimacy in their very definition and sense of self. For this to happen, there must be an awareness that the other person is always a presence and an initiative that 'I can and must welcome but which, in no way, depends on me'. However, this openness to others does not mean a loss because, paradoxical as it may seem, its mature fruit is the emergence of a consolidated 'self' that is fully responsible for itself. Thus, the life of a 'community' is born every day, and from it a realistic and well-structured 'I': from the recognition that man needs the other, his presence, in order not to lose himself and to resume the work of every moment on the truth of his own life.

3. METHODOLOGICAL ASPECTS OF THE THERAPEUTIC AND EDUCATIONAL APPROACH

The community, through the constant presence of professional educators, guarantees the utmost dignity of the individual, firmly believing that its purpose is to educate without the use of any coercive measures.

Educational and management decisions are the responsibility of the educators: the programme manager and the reference educators prepare and implement the educational intervention as a whole, in line with the educational project defined with the individual and the referring service and in line with the community's educational model.

Within the therapeutic educational programme, considerable attention is given to reflecting on the possibility of resuming substance use and relapse, with a view to highlighting the difficulties associated with substance dependence, without denying or hiding them, but rather making them the focus of the therapeutic work.

Equally important is the analysis of any crimes committed in terms of dysfunctional responses, so as to enable the person to develop new and more appropriate strategies for

the future.

The therapeutic community programme lasts 24 months, but it is possible to agree on different timescales with the referring organisation.

Residential treatment in the community is a healthcare service provided and fully covered by the National Health Service and does not involve any payment of fees by the user.

4. TYPE OF USERS, AGE GROUPS AND VOLUME OF SERVICES.

The educational and therapeutic communities managed by the L'IMPREVISTO Social Cooperative welcome minors and young adults up to the age of 25, with admission up to the age of 21, both male and female, with pathological, behavioural and educational addiction problems: these are young people who are experiencing difficult situations in terms of their personal and family circumstances and are at high risk of dropping out of school, with around 30% of them subject to judicial measures.

Both facilities can accommodate up to 20 users. All places are accredited by the Marche Region within the National Health System.

5. AL OBJECTIVES, METHODS AND STANDARDS APPLIED.

The objectives of the community life programme are to educate and accompany individuals:

- to recover a sense of purpose in their lives, rediscovering their own resources through the rules and experience of sharing that constitute the community path
- to become aware of the damage caused to their own identity by drug addiction or deviant behaviour and of how responsible they are for it;
- to rebuild their real identity, that is, to rebuild an appropriate and non-illusory awareness of their 'self', with all the resulting capacities for knowledge, affection, work and sacrifice, which are important for the individual to achieve mature autonomy.
- to rebuild the relationship and dialogue with their family unit.

The importance of this goal is clearly demonstrated by the fact that throughout Italy, situations of abandonment, drug addiction and deviance among adolescents are increasingly widespread and require multifaceted and specialised interventions, lest a condition that has already reached worrying levels become entrenched.

6. PROFESSIONAL FIGURES. SELECTION CRITERIA. CONTINUING EDUCATION. FUNCTION CHART. ORGANISATION CHART. SHIFT WORK.

The communities managed by the L'imprevisto Social Cooperative qualify as Therapeutic Educational Communities with standards established by current legislation.

The multidisciplinary team working in the various facilities is composed of various professionals with the educational or academic qualifications and documented experience required by current legislation.

The number and professional qualifications of staff, as well as their hours of attendance at the facility, are defined in the Framework Agreement between the Marche Region and the Regional Coordination of Accredited Auxiliary Bodies (CREA), the Italian Association for the Treatment of Pathological Addiction (ACUDIPA) relating to ASUR residential, semi-residential and outpatient services provided to people with pathological addictions in relation to the volume and characteristics of the service provided, and in the authorisation of social and health facilities L.R. 21/2016 and D.G.R. 937/2020.

The following professional figures are present in the facilities:

- Programme Manager
- Facility Manager
- Psychologist
- Educators and psychologists
- Psychiatrist
- General Practitioner
- Therapeutic Team Supervisor
- Trainees and volunteers

Staff working in the community, including trainees, wear visible identification badges.

In the Community's experience, the unified and authoritative reference point for the educational and therapeutic programme is guaranteed by the presence of full-time professional social and health educators, as referred to in Ministerial Decree 520/1998, who are registered in the relevant professional register established by Ministerial Decree of 13 March 2018, as established by Law 3/2018 (Lorenzin Law).

In the event of the recruitment of a new professional social and health educator, the latter must undergo a three-month probationary period; the new recruit is trained by working alongside the educator on duty. At the end of this period, the Head of the Facility assesses the new recruit in the light of the following criteria (see M32 and M41): Knowing how to manage a meeting; knowing how to discuss issues (when unsure about what decision to take); being motivated and interested in the children's situations; respecting the educational and therapeutic guidelines of the management; knowing how to read situations and relate to the group; knowing and respecting the rules of the community; knowing the operating instructions in the operator's manual; knowing how to use the Giss programme; having the ability to work in a team; Know the ISO 9001-2015 quality standard and procedures; know the canteen self-monitoring plan and the operating procedures in the HACCP manual; know the operating procedures on safety at work (Legislative Decree 81/08); know the procedures on privacy protection; have a type B driving licence; know the authorisation and accreditation regulations.

Professional profile of the Professional Educator:

- Knowledge of the main theories of human development (biological, psychological and

social).

- Knowledge of specific issues relating to distress and addiction and notions relating to psychological disorders.
- Knowledge of the dynamics of small and large groups.
- Knowledge of the methods and tools that can be used in research to correctly compile and draft specific analysis reports.
- Knowledge of the organisation of social and health services and the service network.
- Possession of a set of skills that enable the planning and implementation of educational and therapeutic activities, understanding and managing relational dynamics and group discussions.
- Highly motivated and strong personality. Community educators must deal with situations of severe physical and psychological distress among users.
- Ability to establish a proper helping relationship and ability to take on the pain and distress of users without becoming emotionally involved.

The team of educators is engaged on a daily basis in the assessment, assistance and guidance of individual and group dynamics. The team also has the specific task of dealing critically and uniformly on a daily basis with all the problematic aspects, both individual and group, that arise from community life, including the constant monitoring of the therapeutic progress of each young person in care. Specifically, the team meets once a week to discuss the progress of the users, to set guidelines, weekly objectives to be achieved, and a course of action for the group of users. It discusses individualised plans and works on critical issues in the presence of the external supervisor, a figure with a detached and less empathetic view.

The Facility Manager identifies the training needs of professional educators, taking into account and evaluating any specific requests. He or she carries out periodic performance evaluations of staff based on the 'Skills Assessment Table'. By analysing the gap between the expected level and the level achieved, they identify training needs and, in light of this, prepare a draft annual training and education plan, identifying training objectives and planning the most appropriate training interventions in order to achieve the expected training results.

There are currently 11 educators working within the Community, 6 in the male facility (registered in the National Register of Professional Educators or graduates in Psychology) and 5 in the female facility (registered in the National Register of Professional Educators or graduates in Psychology).

Their continuous training is guaranteed by the Psychotherapist present at the 'Operational Group' meeting, which is held once a week, for a total of 6 hours per month.

In addition, as healthcare professionals, educators are required to keep up to date and accumulate ECM (Continuing Medical Education) credits, which are compulsory training credits for all healthcare professionals.

FUNCTION CHART

ROLE	RESPONSIBILITIES AND TASKS
<p>Chair of the Board of Directors</p>	<ul style="list-style-type: none"> ➤ Defines the company's quality policy ➤ Periodically reviews the Quality System ➤ Selects, motivates and decides on the inclusion of educators in the Structure ➤ Manages purchases relating to goods essential to the functioning of the Facility (equipment, furniture, etc.) ➤ Manages staff training and development activities
<p>HEAD OF QUALITY MANAGEMENT AND ACCREDITATION (RGQ)</p>	<ul style="list-style-type: none"> ➤ Is a member of the Board of Directors and represents the Management for the quality management system and regional accreditation ➤ Reports to the General Management: promotes and disseminates the Quality Policy established by the Chairman of the Board of Directors within the cooperative ➤ Defines and implements the company's Quality System. ➤ Approves and supervises the correct implementation of the company's Quality System procedures, ensuring the achievement of objectives consistent with the Quality Policy issued by the Management. ➤ Assists the various departments in carrying out the activities covered by the Quality System, providing support where necessary. ➤ Manages non-conformities and customer complaints with the relevant bodies, proposing corrective and preventive actions in agreement with those bodies. ➤ Manages the Quality Management Office archive and the correct storage of registration documents. ➤ Monitors the fulfilment of ECMs by staff required to do so. ➤ Periodically assess staff skills ➤ Plan training programmes ➤ Promotes staff training and development activities in collaboration with the Chairman of the Board of Directors ➤ Manages staff training and education activities ➤ Analyses training needs and monitors the level of skills achieved by staff in relation to expected skills. ➤ Draws up training plans and monitors their implementation and effectiveness.
<p>QUALITY AND ACCREDITATION REFERENT TO</p>	<ul style="list-style-type: none"> ➤ Reports to the RGQ ➤ Manages the design, implementation and coordination of the Coop Quality System. ➤ Prepares all the necessary documentation for the development of activities (Quality Manual, procedures, etc.), ensuring that it is continuously updated in line with the company's evolution and its distribution. ➤ Verifies the correct development of the Quality System and compliance with standards, procedures and instructions within the structures, identifying the appropriate evaluation indices and reporting any shortcomings found to the Management of L'imprevisto

	<ul style="list-style-type: none"> ➤ Carries out, together with the other bodies involved, activities relating to internal company inspections. ➤ Manages corrective and preventive actions, ensuring their implementation and effectiveness are verified. ➤ Prepares the periodic quality report to be discussed during the Quality System Review ➤ Collaborates with management in defining specific quality objectives ➤ Monitors the progress of programmes defined to achieve objectives ➤ Coordinates the drafting of documents and forms used within the organisation ➤ Manages internal and external documentation (standards, laws, regulations, guidelines) ➤ Coordinates the correct filing and storage of quality registration documents and data ➤ manages documentation lists ➤ coordinates supplier qualification activities and updates the list of qualified suppliers ➤ collects and analyses the causes of non-compliance ➤ coordinates complaint management: manages non-conformities and customer complaints with the relevant bodies, proposing corrective and preventive actions in agreement with those bodies. ➤ Manages the Quality Office archive and the correct storage of registration documents.
<p>HACCP MANAGER</p>	<ul style="list-style-type: none"> ➤ Manages and oversees the implementation of the HACCP System within the relevant structure ➤ Compiles and/or supervises the correct compilation of the registration documentation required by the HACCP Manual ➤ Updates the HACCP system documentation where necessary. ➤ Verifies the implementation of the HACCP Control Plan ➤ Verifies that swabs and analyses on product samples are carried out within the specified time frame
<p>SAFETY MANAGER</p>	<ul style="list-style-type: none"> ➤ Responsible for the safety of the facility (evacuation plan, fire prevention, etc.) ➤ Provides technical support to management in defining the specifications for the purchase of goods essential to the operation of the facility ➤ Responsible for compliance with legal regulations and the maintenance of the facility's systems (heating, electrical, etc.)
<p>EDUCATIONAL AND THERAPEUTIC PROGRAMME MANAGER AND THERAPY PROGRAMME</p>	<ul style="list-style-type: none"> ➤ Receives applications for admission; ➤ Conducts and carries out preliminary interviews for admission; ➤ Supervises the health of incoming users, establishing their compatibility with the facility; ➤ Decides, together with the educational therapeutic team, on the admission of users referred by various agencies;

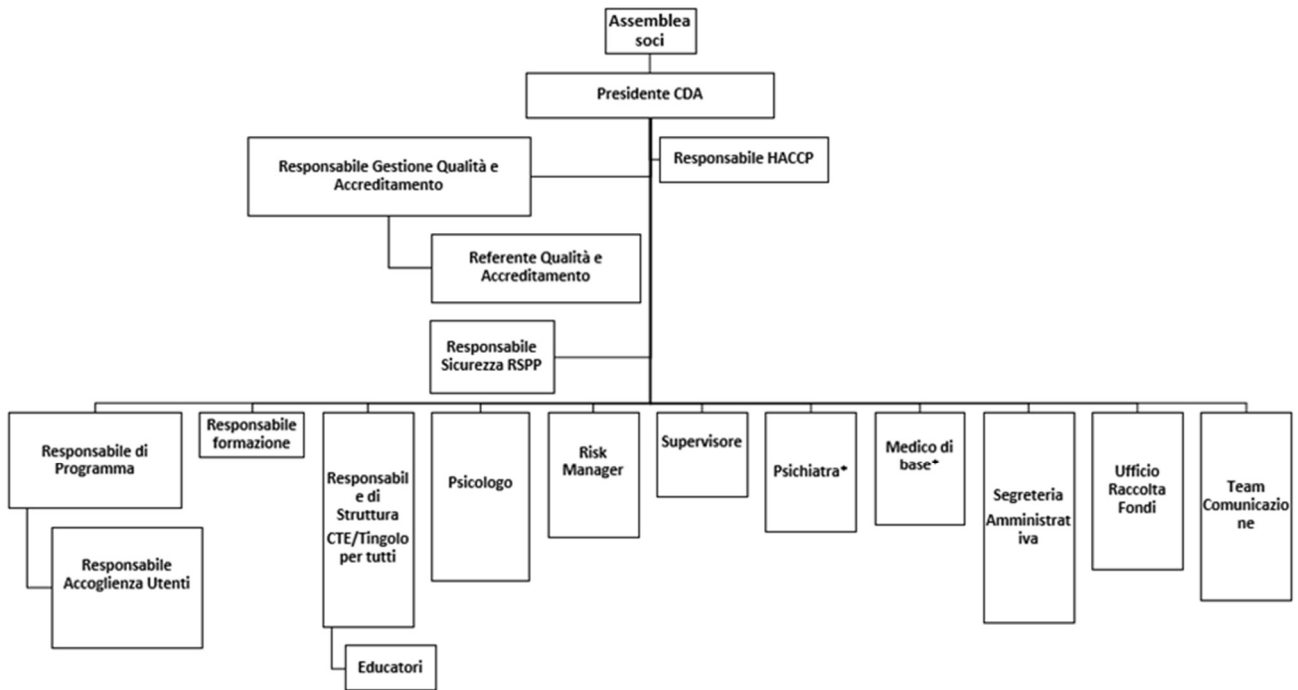
	<ul style="list-style-type: none"> ➤ Files applications relating to users who are not admitted; ➤ Is responsible for the therapeutic educational programme; ➤ Validates the therapeutic educational programme; ➤ Coordinates and establishes the team's weekly meetings; ➤ Decides on the 'point' to be assigned to the user, i.e. the question on an issue that the user is asked to address and discuss; ➤ Decides, together with the team, on the therapeutic educational interventions to be directed towards the user in terms of objectives, results to be achieved and assessments; ➤ Coordinates and manages the activities for verifying the results obtained and the problems encountered for each individual user; ➤ Periodically monitors the user's community pathway; ➤ Maintains relations with the representatives of the institutions referring the user (psychologists, social workers, etc.); ➤ Handles the discharge of each individual user; ➤ Replaces the Facility Manager in his/her absence.
<p>FACILITY MANAGER</p>	<ul style="list-style-type: none"> ➤ Prepares and organises the weekly schedule and planning of activities; ➤ Assigns responsibilities and tasks to each individual user; ➤ Coordinates the educators' shifts and their work schedule; ➤ Together with the team, assesses and decides on disciplinary measures to be taken against users; ➤ Handles phone calls with users' families; ➤ Periodically checks the hygiene and safety of the premises ➤ Periodically check on the situation of users after discharge;
<p>EDUCATORS</p>	<ul style="list-style-type: none"> ➤ They operate in accordance with the instructions of the Facility Manager; ➤ They monitor the scheduling of work, cleaning, sports and recreational activities and assist users during the day in carrying out these activities; ➤ They coordinate daily meetings with users; ➤ Ensure that users comply with the internal rules of the Community.
<p>PSYCHIATRIST</p>	<ul style="list-style-type: none"> ➤ Checks the mental health of users through interviews ➤ Works with the Programme Manager to improve and optimise the diagnosis, treatment and rehabilitation process for users; ➤ After establishing a therapeutic relationship with the user, addresses the issues that destabilise them.
<p>PSYCHOLOGIST</p>	<ul style="list-style-type: none"> ➤ Assesses users' psychological health through interviews ➤ Consults with the Programme Manager to improve the educational and therapeutic support provided to users ➤ After establishing a therapeutic relationship with the user, addresses the issues that destabilise them.
<p>SUPERVISOR</p>	<ul style="list-style-type: none"> ➤ Provides an assessment of the psychological issues of

	<p>individual users identified by the educational-therapeutic team;</p> <ul style="list-style-type: none"> ➤ Provides an assessment of the dynamics of the user group, including the user-operator relationship; ➤ Assesses the type of intervention and provides guidance on the most effective methods of intervention; ➤ Provides ongoing training for operators on various aspects relating to the specific issues of educational-therapeutic intervention.
<p>GP</p>	<ul style="list-style-type: none"> ➤ Checks the health of users through weekly visits; ➤ Prescribes the appropriate treatment; ➤ Monitors and explains the results of any tests carried out to users; ➤ Performs all the duties normally performed by a general practitioner.
<p>SECRETARY</p>	<ul style="list-style-type: none"> ➤ Manages schedules for legal obligations (insurance policies, car tax, etc.) ➤ Manages external telephone services and handles the management of incoming and outgoing correspondence. ➤ Manages the maintenance of the facilities with suppliers, also based on schedules. ➤ Provides technical support to management in defining the specifications for the purchase of goods essential to the functioning of the facility. ➤ Responsible for compliance with legal regulations and maintenance of the facility's systems (heating, electrical, etc.) ➤ Reports to the Chairman of the Board of Directors: manages invoicing (issuing, checking and payment) and accounting activities. ➤ Reviews agreements with local health authorities, municipalities and courts. ➤ Reviews contract letters with local health authorities and municipalities. ➤ Handles administrative and accounting relations with referring entities.
<p>GISSS INFORMATION AND BILLING MANAGER</p>	<ul style="list-style-type: none"> ➤ Reports to the Chairman of the Board of Directors: manages invoicing (issuing, checking and payment) and accounting activities. ➤ Review agreements with local health authorities, municipalities and courts ➤ Reviews contract letters with local health authorities and municipalities. ➤ Handles administrative and accounting relations with referring entities.
<p>FUNDRAISING OFFICE</p>	<ul style="list-style-type: none"> ➤ Identifies and draws up a work programme. ➤ Involves management in these activities; ➤ organises fundraising campaigns; ➤ manages the collection of data on potential and current

	<p>donors;</p> <ul style="list-style-type: none"> ➤ manages a dedicated database for fundraising; ➤ carries out activities to implement and solicit donors (e.g. relations with companies, monitoring calls for proposals and participation in them, fundraising events, etc.); ➤ maintains contacts and sends periodic invitations to donate; ➤ handles thank-you communications, updates and reporting to donors.
<p>COMMUNICATIONS TEAM</p>	<ul style="list-style-type: none"> ➤ Manages the Cooperative's social media profiles.
<p>TRAINING MANAGER</p>	<ul style="list-style-type: none"> ➤ Participates in the preparation of the Annual Training Plan ➤ Monitors the professional skills of employees ➤ Identifies training needs ➤ Assesses the effectiveness of continuing training
<p>RISK MANAGER</p>	<ul style="list-style-type: none"> ➤ Coordinates the Interdisciplinary Company Committee for Clinical Risk Management ➤ Promotes and develops a culture of safety at all levels of the company ➤ Identifies, assesses, analyses and reduces risks, with particular attention to the dissemination of proactive and reactive risk management methods at company level; ➤ Provides advice and decision-making support for risk management initiatives at the level of the company's operating units; ➤ Defines annual and multi-year projects for clinical risk management; ➤ Plans and collaborates in the implementation of staff training and refresher courses; ➤ Drafts and stores all company documents relating to clinical risk management; ➤ Implements ministerial recommendations at company level; ➤ Participates in professional refresher events on risk management; ➤ collaborates with local institutional actors on initiatives aimed at developing a culture of safety and reducing clinical risk.

ORGANISATIONAL CHART

Service Charter



* The psychiatrist and general practitioner are external. The general practitioner has an agreement with the National Health Service. For the psychiatrist, a technical/scientific agreement and provision of health services has been signed with the San Marino Social Security Institute.

The educators work in shifts, as shown in the table below, in order to ensure that staff are

present at certain times of the day and that an educator is present during the night. Each letter corresponds to an educator. From midnight to 7 a.m., night-time on-call duty is required, with the obligation to reside within the facilities.

SHIFT WORK THERAPEUTIC EDUCATIONAL COMMUNITY						
	MORNING 07:45 – 15		AFTERNOON/NIGHT 14:45 – 24 and 7:00 – 8:00 NIGHT-TIME AVAILABILITY WITH RESIDENCY REQUIREMENT 12:00 a.m. – 7:00 a.m.		AFTERNOON PRESENCE 2:00 p.m. – 8:00 p.m.	COMPRESENZA 3:00 p.m. – 8:00 p.m.
Monday	A		D		E	
Tuesday	B		A		E	
Wednesday	C		B		E	
Thursday	D		C		E	
Friday	A		D		E	
Saturday	B		A		E	
Sunday	C		B			C
Monday	D		C		E	
Tuesday	A		D		E	
Wednesday	B		A		And	
Thursday	C		B		E	
Friday	D		C		E	
Saturday	A		D		E	
Sunday	B		A			B
Monday	C		B		E	
Tuesday	D		C		E	
Wednesday	A		D		E	
Thursday	B		A		E	
Friday	C		B		E	
Saturday	D		C		E	
Sunday	A		D			A
Monday	B		A		E	
Tuesday	C		B		E	
Wednesday	D		C		E	
Thursday	A		D		E	
Friday	B		A		E	
Saturday	C		B		E	
Sunday	D		C			D

During the afternoon hours, specifically from 2 p.m. to 8 p.m., two educators are present at the same time.

7. ADMISSION PROCEDURES AND RULES – TAKING CHARGE.

Admission to the facilities is based on a request from the Drug Addiction Service of the subject's place of residence. All users must be certified by the addiction service.

A register is kept with admission requests submitted in chronological order, within the EVALUATION AREA on the Giss; the Programme Manager will be responsible for contacting the service if the conditions for starting an admission process are met, in accordance with the admission procedures described in this Service Charter.

Waiting times are determined by the therapeutic education programmes in place.

The admission of minors, unless it is the result of a court order, is subject to the consent of those exercising parental responsibility.

The residential therapeutic educational programme can be tailored to individual situations, agreed upon with the SerD or other referring service and the user.

Every three years, the Regional Council of the Marche Region approves the Framework Agreement for the provision of residential, semi-residential and outpatient services and for prevention, treatment and rehabilitation projects aimed at people with pathological addictions, in synergy with the Regional Coordination of Accredited Bodies (CREA), the Italian Association for the Treatment of Pathological Addictions (ACUDIPA) and the Marche Region Organisation of Accredited Bodies (ORME). It also mandates ASUR to implement the objectives defined in the Framework Agreement, entering into a three-year contractual agreement with the Accredited Bodies, which also applies to all Local Health Authorities of the National Health Service (as provided for by Legislative Decree 502/92 and subsequent amendments), whereby the following are agreed and stipulated: admission to the facility; case assessment and stay in the facility; informed consent; periodic checks; completion of the programme; training; services; budget and beds covered by the agreement; tariff system and care standards; transmission of information; privacy protection; non-compliance; duration of the contractual agreement; withdrawal; disputes; effects of the contractual agreement.

The fee for admission and residential stay, which is not payable by the user but by the user's local health service, is set by the Marche Region and cannot start before the date of admission of the user for whom the Pathological Addiction Service has drawn up the Therapeutic Programme.

There is no co-payment required from users.

Admission to the facilities takes place after the following procedures have been completed:

- submission of a request by the referring body, accompanied by a written report indicating the patient's medical history and diagnosis, the aims of the treatment plan and the expected duration of the treatment programme;
- direct contact between the young person and the community through one or more meetings, during which both the young person concerned and the community educators can assess the usefulness and methods of integration;
- formulation, by the community, of its willingness to accept the young person, with a description of the general conditions of the programme;
- taking charge.

The voluntary nature of the user's access to and stay in the community is guaranteed.

As mentioned above, the rehabilitation process is based on an individual programme, agreed upon, at least to a certain extent, with the young person and the referring parties, with whom intervention is ensured as needed. It is divided into the following stages: observation/integration, project, evaluation, discharge.

Observation/Integration

The early stages of the programme coincide with the reception and observation phase. Entering the community is a difficult time when fears, nostalgia, hesitation and uncertainty can arise; even the young person's trust in the reality that welcomes them can only be initial and unstable. For this reason, upon entry, the young person is introduced to some of their peers who will become their 'tutors', acting as intermediaries to help the young person and the operator get to know each other and build trust between them. The young person is placed in a bedroom with the same young people, so as to maintain a 'familiar' environment. Therefore, the activities offered are designed to encourage the new guest to get to know the community; individual interviews with the educators are fundamental.

Getting to know each other better makes it possible to identify the guest's resources, their level of interest in the various activities available in the community, and realistic goals for growth and independence.

During this period, it is also necessary to verify the actual suitability of the facility to accommodate and meet the needs of the individual.

During the first week, the young person gradually participates in community activities: they do not participate in the two daily meetings but remain with the operator for the purposes of gradual integration. The operator explains the rules and ways of life in the community.

Throughout the period of stay in the facility, the relationship between the young person and the referring services is maintained so as not to interrupt the work begun by the reference team.

Project

The observation period ends with the definition of an educational-therapeutic project, agreed upon to achieve intermediate and autonomy objectives through the relationship. The project respects the fundamental rights of the person and excludes, in the various phases of the intervention, any form of physical, psychological and moral coercion, promoting the achievement of a state of maturity and autonomy.

Throughout the process, the person is constantly helped to face their difficulties, including by sharing them.

Assessment

Assessment is the responsibility of the community's educators, but requires the active participation and involvement of the referring party and, above all, where possible, of the guest as co-responsible for their own rehabilitation project.

Assessment moments are a crucial step in each guest's journey, as they are a privileged

opportunity to evaluate the results achieved and the difficulties encountered, thus reformulating the objectives of the project.

The assessment is carried out periodically, on a quarterly basis, using objective tools such as specific questionnaires and professionally validated assessment scales.

8. THERAPEUTIC AND EDUCATIONAL PROGRAMME

The definition of the individual therapeutic and educational programme and the assessment of the progress made during the stay and at the end of it are entrusted to a multi-professional team of psychologists and professional educators, who will prepare the programme in agreement with the referring services.

The programme that is activated is essentially an individualised programme, i.e. based on the needs and resources of each user, starting from personalised objectives shared and established with the user. The duration of each programme is defined in relation to what has been established for each user by the referring body or the court, for those users subject to probation or house arrest at the Community.

The services provided during the User's Therapeutic Educational Programme are rigorously tracked and recorded in the paper file and electronic file on the GISSS software. All the contents of the file are subject to professional secrecy.

Based on the guidelines contained in the Programme, it is the responsibility of the Manager to coordinate and manage, together with the team, the various activities planned and, above all, the defined assessment, monitoring and control moments.

Control, monitoring and verification activities are fundamental moments for assessing the actual pursuit of the individual objectives set out in the Programme and for highlighting any shortcomings and gaps in it.

The Individual Therapeutic Educational Programme is:

- an inter-institutional plan between health and social service educators
- plan aimed at the specialist treatment of drug addiction/deviance issues

It is formulated on the basis of:

- the characteristics of the user, their pathology, their resources and expressed needs (psychodiagnostic and social assessment)
- the support capabilities offered by local therapeutic and rehabilitation facilities, the family, the social context and network services
- motivation for treatment and compatibility with long-term care
- family resources, if any
- the involvement of the GP

The Individualised Treatment Programme includes:

- the specific objectives to be achieved
- the activities carried out and the indicative timeframes for their completion
- network interventions and any necessary health and non-health resources not provided for by the Community
- the methods of verification and the results achieved

Timing and Stages of Activation

In general, without prejudice to the uniqueness of each person, the therapeutic-educational pathway can be summarised in six main phases (plus a trial phase), which are described here in a necessarily summary and illustrative manner. It should be noted, however, that each phase does not supersede the previous ones but rather deepens and consolidates them in terms of fundamental acquisitions.

Overall, the programme has an approximate duration of 24 months.

Trial phase: Motivation (1 month)

It is precisely in the first few days that the young person must demonstrate their decision and reinforce their desire to remain in the community in order to do the 'work' on themselves. At this initial stage, they begin to experience the novelty of the community compared to their previous experience and to familiarise themselves with it, even though it represents a totally unfamiliar and original context and environment.

Phase 1: Settling in – Integration (4 months)

The first few months of staying in the community find the person in an inevitably ambivalent and conflicting state of mind: a desire to change and nostalgia for their past life; uncertainty about the real possibility of change and unstable trust in the reality that welcomes them. Essentially, behavioural intervention is carried out.

Phase 2: Adaptation – Acceptance (6 months)***Education in the perception and acceptance of reality.***

Once the relationship of trust has been consolidated, the person enters the phase of education in their relationship with reality, which must be emphasised in its entirety as something 'other' than the set of prejudices and habits that the subject had built up.

In this phase, care is taken to guide the person towards a progressive maturation of a sympathetic openness towards reality, which only in this way can be perceived as corresponding to the fundamental needs of the human heart. In fact, in the preconceived closure to reality, it is not possible for the ego to escape from the imaginary and obsessive world of deviance and drug addiction.

During this period, the young person must develop their ability to know, love and work, which can be achieved when the person looks, feels and acts with a purpose.

Phase 3: Therapeutic phase***Recognition and acceptance of others (6 months)***

Once the phase of perception and acceptance of reality in all its factors has been consolidated, we enter the phase of recognition and acceptance of others as something that is peculiarly distinct within the totality of reality.

Recognising and accepting others as distinct means 'making friends', i.e. comparing oneself, confronting oneself, clashing, verifying oneself, sharing, struggling, collaborating, etc.

This friendship, perceived as positive for oneself, builds a community of people who

recognise the need for help and who see educators as an authoritative point of reference.

Stage 4: Education in self-discovery (5 months)

Once the phase of discovery and acceptance of others as distinct within the totality of reality has been consolidated, we enter the moment of discovering ourselves as a distinct reality, but not separate from others and the world.

This distinction is revealed in the discovery, recognition and acceptance of oneself as something that is given, as otherness even with respect to oneself, that is, as something not produced exclusively by one's own thoughts and will. This fact is evidenced, in non-pathological human experience, by the realistic impact with one's own body, one's own history, one's own psyche, one's own spirit. These are, in fact, constitutive dimensions of one's own being as a human being, which, however, can only truly become 'one's own' to the extent that one accepts their non-total dependence on one's own productive power and control.

At this stage, the ego becomes progressively more aware of itself and of reality. Of itself, that is, of its own elementary and radical human experience, such as the experience of being a bundle of needs for truth, justice, happiness and love. Of reality, that is, of the possible continuous correspondence that reality offers to these needs, provided that one remains in a place that challenges that closure to being which, as a constant inclination of one's self, arises from the illusory and youthful claim to represent in oneself the measure of all things.

By undergoing these fundamental experiences, the young person's ego becomes charged with reason and reasons, or in other words, the ego that has become conscious of itself and of reality is a condition for life to have meaning and reveal itself as something worth living.

Stage 5: Discharge

The guest is discharged when the levels of autonomy and well-being established in the rehabilitation project are achieved. This cannot be predetermined in the abstract and a priori.

The goal is a gradual reintegration into the original environment or another environment. The achievements and reality that the person has gained must be tested and experienced in different, broader and more varied contexts.

9. THE 'POINT'

A central element common to each of the phases of the entire process is the weekly group meeting called 'The Point'. This is the preferred tool chosen by the therapeutic team to carry out educational and therapeutic interventions on the young person, a tool that best allows for the individualisation of the intervention for each guest and guarantees their active participation in the therapeutic programme and h .

Its organisational structure is quite simple: every fortnight, each young person is invited to take part in a discussion, attended by all the other young people and all the educators, on an issue that arises from their experience in the community and is indicated to them by the

team. A sort of diary is kept of all the discussions the young person has during their stay in the community, which ultimately describes and records their entire journey.

Through the 'Punto', the educators communicate to the young person the observations that most guide their life in the community. These are observations about behaviour, content, reminders and suggestions, but they nevertheless express a judgement on which to reflect and work. The aim is to help the young person understand the gradual nature and time needed to complete a rehabilitation process, showing the progress or regression they are experiencing, the goals achieved and the work still to be done.

The 'Punto' also indicates the small responsibilities assigned to the young person and the possibilities for communication, correspondence and contact with the outside world. There is also a space in which the young person is asked to respond in writing to the educators' observations, thus encouraging them to take a position and actively engage with the judgement expressed by the therapeutic team.

Experience shows that this work is of considerable significance and motivation for the young person, so much so that it can be said to provide the most effective means of bringing about change.

10. PROGRAMME VERIFICATION: MONITORING, SUPERVISION AND EVALUATION OF THE INTERVENTION.

Interventions are periodically monitored both internally within the community, through the use of assessment scales and visits/interviews, and externally, with the referring organisation and specialist professionals.

The monitoring work is structured as follows:

- weekly team of all educators to assess the therapeutic progress of each young person;
- **observation questionnaire (ITEM form)**. The questionnaire aims to facilitate and make more objective the assessment, by the community educators, of the guests' relational skills, autonomy and anxiety control. The first questionnaire is completed one month after admission to the community, then every three months and at the end of the community programme;
- review meetings with the referring team at previously agreed intervals;
- personalised visits and interviews with community educators;
- Therapeutic interviews with the psychologist and psychiatrist if necessary.

11. EDUCATIONAL ACTIVITIES

In addition to the daily activities carried out by the residents of our communities, the young people and girls benefit from the following activities carried out both inside and outside the Cooperative:

- Academic recovery for all those users who, after submitting a request to the operational group, wish to resume their interrupted studies.
- Vocational training courses run and organised by the Cooperative itself. The

Cooperativa Sociale a r.l. L'imprevisto is an accredited training institution in the Marche Region. In recent years, the following courses have been organised and run: pizza chef course, cooking course, sewing course, publishing course, 'Archeo' project and 'Progetto Rio' project, funded by the Region or private foundations. Some of these courses are repeated periodically.

- Sports activities: twice a week, the boys and girls attend a gym outside the community to practise volleyball.
- Recreational and cultural activities: Theatre course held by Lucia Ferrati, coordinator of the theatre network of the province of Pesaro and Urbino for the Marche Theatre Activities Association (Amat) and by Gilberto Santini, Director of A.M.A.T. Marche Theatre Activities Association.

12. RELATIONSHIPS WITH THE FAMILY OF ORIGIN. VISITS.

The community includes in its therapeutic educational programme the interrelationships that users must have with the external social system, first and foremost the relationship with the family.

In order to involve the individual's family of origin in the therapeutic-educational process and to restore relationships considered significant, contact with the family of origin is encouraged. This is implemented in a gradual and regulated manner, through periodic communications and meetings.

Once a month, a meeting is also organised with all the guests' family members to support and train families in the correct approach to the community's educational programme and to assess the young person's progress.

The family, in fact, a privileged place of often pathological relationships, becomes a place of sharing, as well as a source of information, memories, emotions and thoughts that highlight problematic issues which, if accepted and addressed, can lead to significant changes for the entire family system.

The involvement of the family is dictated by the awareness that a good educational-therapeutic result must be measured by the degree of responsibility and change that the family also experiences thanks to the work undertaken with the community.

Meetings with family members or significant others are of fundamental importance in order to give shape and specificity to the therapeutic work and allow for a gradual restructuring of the family.

Relatives and/or service representatives are guaranteed the opportunity to have meals within the facility on 'parents' day' or after review meetings.

13. RELATIONS WITH THE OUTSIDE WORLD - NETWORKING, METHODS OF LIAISON AND COORDINATION WITH INSTITUTIONS, SERVICES AND OTHER RESOURCES IN THE AREA.

After the initial admission phase, the services referring each user are periodically updated on the progress of the programme through agreed assessments at the facility and subsequent visits to the user.

A copy of the individual therapeutic education programme is periodically sent, updated with the results achieved and future planning.

It is also important to highlight the important relationship that the community has with secondary schools, both first and second level, a relationship based on mutual collaboration and trust. Equally important is the relationship that the community establishes with associations, youth and non-youth, sports and work, with which it carries out joint activities with the aim of facilitating the reintegration of young people.

In addition, the presence of volunteer members within the communities is provided for and guaranteed in accordance with Article 18 of the Cooperative's Articles of Association, as is the presence of voluntary associations, subject to the approval of the therapeutic team, which determines on a case-by-case basis the manner and duration of the association's volunteers' stay within the facility to carry out activities, courses or meetings.

National legislation establishes the obligation to comply with the information requirement in the health sector, i.e. a set of data relating to services provided to users that are requested and used at national level to define the needs of the sector and to quantify the funds to be allocated. The regional information requirement towards the Ministry of Health is met through the collection of regional information flows.

The information flow follows a path: from the service provider to the AST, from there to the Region and finally to the Ministry of Health.

Regional Council Resolution No. 498 of 10 April 2012 established a periodic monitoring system to verify compliance with the timing, completeness and quality of the information flows sent by the Regional Health Service Bodies to the Ministry.

Every year, by 28 February, the agency uses GISSS software to extract the R file containing the user data requested by AST, which then transmits it to the Regional Information Flow Management System (GAF).

14. RULES

Those who enter the community must comply with certain general rules of conduct, which are listed here:

- Everyone is required to behave in a civil and respectful manner towards people and the environment. Aggressive, secretive and offensive behaviour, both verbal and physical, is prohibited.
- In the initial phase, contact with the environment of origin is suspended, in different ways () depending on whether the person is a minor or an adult, after which it will be gradually resumed.
- It is not permitted to possess money or valuables, mobile phones, jewellery, or precious objects.
- The community arranges for self-administration of medication monitored by the educator. Upon admission, the parent of the minor user is asked for permission to assist with self-administration.
- while recognising and seeking to prevent the damage to health caused by tobacco use,

smoking is permitted outdoors or in a designated area and is regulated: 10 cigarettes per day;

- Meal preparation, table setting and tidying up, as well as tidying and cleaning the house and common areas, and washing clothes are carried out by the entire group of users, according to an internal organisation.
- It is not possible to keep pets belonging to users in the community.
- The furnishings, equipment and tools in the community are available to all members of the group, who are required to use them with care and responsibility, without causing intentional damage. Any damage must be compensated for.
- Personal hygiene must be maintained; clothing and behaviour must be appropriate to a standard of fundamental mutual respect.

15. ORGANISATION OF COMMUNITY LIFE: A TYPICAL DAY

Time

7.00 Wake-up call for the children, who prepare breakfast.

7.30 a.m. General wake-up call, personal hygiene and tidying of rooms.

8.00 Breakfast. Young people who study or work leave for their respective destinations.

8.15 Planning for the day, a brief group meeting to establish the needs and commitments for the morning. It is also an opportunity to motivate everyone for the day ahead.

8.30 General cleaning.

9.30 Work according to the schedule communicated at the end of breakfast.

11:00 Group meeting of an educational and cultural nature; sometimes for educational purposes.

12.00 Break and time for individual activities and recreation.

12.30 Lunch, rest and free time.

3:00 p.m. Brief meeting to evaluate the morning and plan the afternoon.

3.15 p.m. Afternoon work

17.00 Snack. Time for individual activities, games, sports, showering.

18.30 Therapy session. This is the most important session of the day, during which the past and present situation of an individual young person is discussed, and then, mutually and progressively, that of each guest.

19:30 Break and time for individual activities.

8:00 p.m. Dinner.

9:00 p.m. Free time, creative and cultural activities, games, television, meeting with external guest

10.30 p.m. Return to rooms

16. FACILITIES**16.1 HOTEL SERVICES****Accommodation**

- The men's community has a dining room with sea view, a meeting room, a TV room, offices, a laundry room and an ironing room. The rooms available to guests have two beds. Each room has a bathroom either inside or outside the room itself. The facility is accessible to disabled people and has a bathroom and room dedicated to them.
- The women's community facility, 'Il Tingolo', has a dining room with a panoramic sea view, two meeting rooms, offices, an infirmary, a laundry room and rooms with en-suite bathrooms sleeping up to three people. The facility is accessible to people with disabilities and has a bathroom and room dedicated to them.

Meals and Diets

- A standard menu is established weekly by users and educators, ensuring that it is balanced and varied from a nutritional point of view.
- A daily menu is provided, with the possibility of variations to accommodate religious beliefs or dietary preferences.
- Special diets are provided on specialist medical prescription, in relation to any specific nutritional and dietary requirements of guests or different dietary regimes.
- Quality is constantly monitored.

Laundry

- A service is provided with an identification number for each user's laundry.

Recreational and sporting activities

- There is a multi-purpose sports field.
- During the summer, residents have access to the beach and can participate in trips and excursions, always accompanied by educators.
- The communities have a large outdoor garden, a panoramic terrace and are located near the sea.

16.2 THE MALE THERAPEUTIC EDUCATIONAL COMMUNITY

Since 1st October 1990, the Therapeutic Educational Community (CTE) has been operating in Pesaro, at Strada delle Marche, 69, 1 km outside Pesaro, along the national road between Pesaro and Fano.

It is housed in a large villa equipped with all the necessary amenities and surrounded by a large wooded park. It can accommodate up to 20 young people.

The entire property is owned by the L'imprevisto Social Cooperative. A multi-purpose basketball, volleyball and five-a-side football court has been built.

The community is exclusively male and mainly welcomes minors and young adults aged between 14 and 25, with admission up to the age of 21.

The staff supporting the experience consists of a Facility Manager, a Programme

Manager, a Psychologist, a Psychiatrist, five educators, a supervising psychologist, volunteers and interns.

The main daily activities carried out by the young people in the community, in addition to the inevitable cleaning, cooking, laundry and ironing, are gardening and maintenance. They also take part in various sports activities and resume their schooling.

16.3 THE 'TINGOLO PER TUTTI' THERAPEUTIC COMMUNITY FOR WOMEN

The female therapeutic community began operating in January 1997 and can accommodate up to 20 girls.

The staff supporting the experience consists of a Facility Manager, a Programme Manager, a Psychologist, a Psychiatrist, five educators, a supervising psychologist, volunteers and trainees.

It takes its name from 'Tingolo per tutti', an expression borrowed from the Pesaro version of the game of hide and seek, which is shouted by the last child when they manage to free all their companions.

The facility is currently located at 119-121 Strada Panoramica Ardizio in Pesaro.

The method used by the female therapeutic community largely follows that of the male therapeutic educational community at L'imprevisto; however, the gender specificity of the users has suggested a special characterisation of the therapeutic and educational action, which has made it possible to adapt to the personality of female adolescents and their specific problems.

The tangle of emotions and affectivity, the self-harming behaviour such as bulimia, anorexia and hypochondria, the capacity for depth and the attempts at self-analysis that often accompany it require, in fact, very special attention and preparation.

The girls write and print a monthly newsletter recounting the highlights of community life, and they also do crafts, cooking classes, and sewing classes. They regularly participate in sports (volleyball) and continue or resume their schooling.

17. SERVICE QUALITY ASSESSMENT SYSTEM. SERVICE QUALITY FACTORS AND STANDARDS.

The male facility, C.T.E., managed by the L'IMPREVISTO Social Cooperative, has obtained Quality Certification in accordance with the UNI EN ISO 9001 - 2015 standard.

The activities provided for by the Quality System essentially aim to achieve the constant satisfaction of users, the referring body and educators, the optimisation and improvement of the service offered, and the continuous pursuit of efficiency and effectiveness within the organisational structure.

Every year, the organisation conducts a survey on the satisfaction of its users () in order to obtain the necessary information to analyse and evaluate for the implementation of continuous improvement actions.

The evaluation of the quality of the service offered is divided into:

- **Quality factors** (consisting of aspects identified for the perception of service quality)
- **Quality indicators** (quantitative variables or qualitative parameters)

- **Quality standards** (representing the expected values for each individual indicator) as shown in the following table:

Quality factors	Quality indicators	Quality standards
Professionalism of educators	No. of educators with professional educator qualifications	100
Personalisation of intervention	Existence of educational educational and therapeutic programmes	100%
Achievement of educational and therapeutic objectives	No. of goals achieved / Goals set	≥ 90%
Quality factors	Quality indicators	Quality standards
Protection of rights	Delivery of the "Rights and Duties" form	Upon entry
Privacy protection	Existence of procedures and protocols to protect privacy	Adoption of a model compliant with the new GDPR 2016/679
Psycho-diagnostic intervention	Supervision of cases by a medical therapist	Every week (2 hours)
Medical/pharmacological interventions	Presence of a doctor	Every week
Family involvement of	Number of meetings with families	One meeting per month
Involvement of service Senders	No. visits to month and reports of quarterly	≥1
Delivery of medical records and documents	Issuance of medical records (tests, medical reports), health card, vaccination card and school and/or training course documents	Upon request at the end of the programme
User satisfaction	Satisfaction index calculated on a scale ranging from '0, very poor' to '4, excellent'.	At least 80% ≥2
Satisfaction of families and sending organisation	Satisfaction index calculated on the basis of a rating scale ranging from 'poor' to 'excellent'.	At least 80% rating sufficient

18. RIGHT TO INFORMATION. PROTECTION OF RIGHTS AND PRIVACY. INFORMED CONSENT. METHODS AND TIMES FOR ACCESSING PERSONAL DOCUMENTATION.

Upon admission, each user is informed of the methods used to process personal and

sensitive data in accordance with the Privacy Law, and their consent is requested by signing the appropriate form and providing information on the collection and processing of personal data in accordance with the "Personal Data Protection Code" (EU Regulation 2016/679 and Legislative Decree 101/2018 and subsequent amendments).

The user has the right to obtain information from the Facility regarding the services it provides, how to access them and the related fees.

The user has the right to consent or refuse to consent to the processing of sensitive data concerning him/her.

The Community is responsible for the correct application of the provisions contained in the Privacy Law; in this regard, it guarantees and ensures that the personal documentation of individual users will be processed and used exclusively for purposes related to the activities provided and that the information contained in the above-mentioned documents will not be disclosed to third parties, unless previously authorised by the user.

The Cooperative ensures that its employees, in the performance of their duties, use data and information relating to the health of Users with both computerised and paper-based tools that are suitable for guaranteeing the security of the personal data processed.

Information concerning the patient's state of health and any other personal information is subject to confidentiality requirements - based on the principles of fairness, lawfulness, transparency and protection of the individual and their data - to which healthcare and administrative staff are bound. The use of the patient's personal data by the facility is governed by data protection legislation.

The L'IMPREVISTO Cooperative, the data controller, in compliance with the provisions of the EU Regulation 2016/679 () and Legislative Decree 196/2003 as amended (), has appointed a data protection officer.

The IMPREVISTO Cooperative, as data controller, guarantees compliance with EU Regulation 2016/679, in particular transparency (Art. 12 et seq.) and respect for the rights of assisted persons and their family members (Art. 15 et seq.), who may object (even verbally) to the processing of their data for legitimate reasons.

The user also has the right to receive information that allows them to give their informed consent.

Informed consent is defined and governed by Law 219 of 2017 'Regulations on informed consent and advance treatment provisions' and is the process by which the user decides freely and independently, after being presented with a specific set of information made understandable to them by the healthcare professional, whether to start or continue the planned medical treatment (Law 219/17, Art. 1 paragraphs 2, 3).

The information that the patient must understand concerns the treatments that will be carried out, the benefits and risks or discomforts of the indicated healthcare treatments, the benefits and risks of possible alternatives to the indicated healthcare treatments, and the consequences of any refusal/waiver.

The therapeutic team must make the information understandable so that it is useful to the user in expressing their decision independently (Law 219/17, Art. 1, paragraph 2) in order to establish a climate of trust between the healthcare team and the user and to begin effectively involving the person in their own therapeutic journey.

Upon discharge from the facility, the secretariat hands over the items deposited and the health documentation to the user's family members and fills in form M76, which is signed by

the family member as proof of receipt.

In accordance with the provisions contained in Law No. 241 of 7 August 1990, as amended and supplemented, in Article 5 of Legislative Decree No. 33/2013 and in Legislative Decree No. 97 of 25 May 2016, the Cooperativa Sociale a r.l. L'imprevisto has adopted regulations governing access to administrative documentation, making it possible to access social and health documents in accordance with the established procedure.

The first level of access is known as 'informal access' and concerns requests for documents that do not involve other interested parties.

The request, which may be verbal, must be addressed to the Cooperative's secretarial office.

In their request, the applicant must indicate the details of the document requested, the elements that allow it to be identified, specify and, where necessary, prove their interest in the subject of the request, prove their identity and, where necessary, their powers to represent the interested party.

The request, examined immediately and without formalities, is accepted by indicating the publication containing the information, exhibiting the document, extracting copies or other suitable means.

If, based on the content of the requested document, the Cooperative finds that there are other interested parties, it shall invite the interested party to submit a formal request for access.

The formal request for access to social and health documentation must be formalised by completing form M80 'Request for access to administrative documents' and delivered/sent by post/fax/ordinary mail to the administrative office of the L'imprevisto Cooperative.

For information and/or to submit a written request, please contact the relevant office at the Cooperative's headquarters in Pesaro, Strada delle Marche n. 69, by telephone on 072131802; by fax on 072130868; or by email at imprevisto@imprevisto.net.

The estimated response time (approval or rejection) is a maximum of 30 days.

The applicant must indicate the details of the document requested or the elements that allow it to be identified, specify and, where necessary, prove the interest related to the subject of the request, prove their identity and, where necessary, their powers to represent the data subject.

The request form contains: the personal details of the applicant and their representative, including address and telephone number; the details of the document that is the subject of the request, or any information useful for its identification or retrieval; a clear and I explanation, accompanied by adequate documentation where appropriate, proving the direct, concrete and current interest of the entitled party and the corresponding legally relevant situation that is intended to be protected in connection with the document to which access is requested; the date and original signature; the method of collection of the documentation which, if not specified, shall be at the administrative headquarters at Strada delle Marche no. 69, Pesaro, during normal office hours.

When the request for access to the documentation is valid and is therefore accepted, the Cooperative will deliver the requested documentation to the applicant at no cost to the latter.

19. HOW TO MAKE A COMPLAINT

In our opinion, direct dialogue is one of the best channels for handling complaints. The Cooperativa Sociale L'Imprevisto guarantees the possibility of lodging a complaint following a disservice.

To this end, you can contact the Quality Office by telephone on 072131802 or by fax on 072130868, or send your complaint to the following address: Strada delle Marche n. 69, 61122 Pesaro.

An email address is available: imprevisto@imprevisto.net

PEC: imprevisto@legalmail.it

Once the complaint has been submitted, the Cooperative reserves the right to analyse it in order to identify the causes, undertaking to provide an initial response within thirty days to the address provided in the complaint.

Following the analysis of the complaint, measures will be taken, if deemed necessary, to remedy the issues identified.

20. INSURANCE POLICIES IN FORCE

Several insurance policies are in place to cover the risks of accidents, damage or fire suffered or caused by users and/or staff.

For the Therapeutic Educational Community Facility, offices and guest quarters and for the 'Tingolo per Tutti' facility:

General Civil Liability Policy No. 360927691 taken out with Assicurazioni Generali

For the Therapeutic Educational Community Facility, offices:

Fire insurance policy no. 360927619 taken out with Assicurazioni Generali

For the 'Tingolo per Tutti' facility:

Fire insurance policy no. 330864024 taken out with Assicurazioni Generali

Fiat Doblò truck, registration number EP035HG, insurance policy no. 285169717 taken out with Assicurazioni Generali

Fiat Ducato car, registration number BP117VV, insurance policy no. 265834910 taken out with Assicurazioni Generali

Fiat Punto 3 Series car, registration number DS840AE, insurance policy no. 275758508 taken out with Assicurazioni Generali

Kia Sorento car, registration number FM702EV, insurance policy no. 295980352 taken out with Assicurazioni Generali

Fiat Scudo vehicle, registration number ER155LR, insurance policy no. 236158715 taken out with Assicurazioni Generali

Toyota Proace vehicle, registration number GS502CB, insurance policy no. 317309773 taken out with Assicurazioni Generali

21. METHOD OF DISTRIBUTION OF THE SERVICE CHARTER

A copy of the Service Charter, which is published on the website: www.imprevisto.net, may be requested.

ANNEX 1

REGULATIONS FOR GUESTS OF THE FACILITY

RIGHTS	DUTIES
- Guests have the right to consult their solicitor, subject to a written request to the Facility Manager and the issue of authorisation.	- All guests are required to remain within the confines of the Community at all times
- Religious rights	- Guests who have been in the Community for less than fifteen days are not permitted to go out in groups, unless otherwise decided by the Team
- Right to medical care	- Each young person is required to participate in group meetings as directed by the Community
- Right to study, subject to written request to the facility manager and authorisation	- During the day, all guests are required to use correct and polite language
- Right to choose a menu in accordance with one's religious beliefs or dietary preferences	- Physical and verbal violence is strictly prohibited
- Right to telephone and write to family members in accordance with the facility's internal procedures	- Each young person is required to participate in work, cleaning and/or recreational activities, as an integral part of the therapeutic educational programme
- Right to view the Service Charter upon request	- Each young person is required to perform kitchen duties for food preparation, in accordance with the Community's instructions
- Right to be informed about the rules in force in the Community	- Every guest must shower every day
- Right to access barber and hairdressing services	- Every young person is required to respect and value the spirit and meaning of the Community