

# Good practice collection- activities & timeline

| WHAT   | WHO   | WHEN   |
|--|---|--|
| <b>Development of questionnaire (7-8/2017)</b><br>→ Presentation and discussion at 3 <sup>rd</sup> meeting   | FEANTSA (w/ input from partners)                | Before / at 3 <sup>rd</sup> meeting (8/2017) |
| <b>Stakeholder analysis</b> listing all relevant organizations, institutions, contact persons<br>→ identify potential good practices and who can support our call for good practices | Rainbow Group (close collaboration w/ partners) | 8-9/2017                                     |
| → FEANTSA and other partners disseminate the good practice call (FEANTSA provides short project description and questionnaire)   | FEANTSA / all partners                          | 10/2017-1/2018                               |
| <b>Development of indicators and ranking list</b><br>(→ all partners will review the identified good practices)  | FEANTSA (partners contribute)                   | 10-12/2017                                   |
| <b>Good practice review</b>  | <b>all partners</b>                             | 2-4/2018                                     |
| <b>Documentation of selected good practices</b> (“Final portraits”) and presentation at 4 <sup>th</sup> meeting (4/2018)<br>→ All partners review selection                          | FEANTSA   | 4-8/2018                                     |
|  | all partners                                    | 8-10/2018                                    |
| <b>Development of the online version</b> (“toolbox”)   | Rainbow Group (FEANTSA contrib)                 | 11-12/2018                                   |
| <b>Dissemination</b> of online and printed versions  | all partners                                    | 1/2019- end                                  |

# Topics for the questionnaire (1/2)

Questionnaire to be disseminated among social service providers & adult trainers who have developed and implemented good practices in the field of adult learning and work integration

→ **Do we mainly or exclusively look at training / work integration interventions or also beyond (such as housing first interventions, personal budget schemes)?**

## **Possible questions - *for discussion***

- **Target group(s):** Who? Groups you would like to reach but could not reach so far (why?)?
- **Objectives:** In what way does the intervention target the problem of public nuisance (“thinking beyond”- social inclusion of people with drug/alcohol misuse problem)?
- **Set-up** of the intervention:
  - Program’s “point of entrance”? How do you get in touch with participants?
  - How does intervention work (phases ...)?



# Topics for the questionnaire (2/2)

- **Outcomes, results, impact** of the intervention:
  - Does intervention contribute to the
    - well-being (particularly self-esteem) and
    - social inclusion of the target group?
    - How are these criteria measured (e.g. self-evaluation, interview with trainer and/or social worker, ...)?
    - Can intervention be considered sustainable? How measured (follow-up measurement)?
    - Did the intervention reduce public nuisance? How measured?
    - What about "the others"? Does the intervention address "mainstream" society in any way (if yes, how and what is the impact)?
- Which elements of your program do you esteem **decisive to its success**?

Suggestion to also keep in mind "promising practices": new, innovative approaches, though possibly not that much evidenced yet

---



# How to select good practices

**What do we consider a good (or promising) practice / intervention?**

Some suggestions for discussion: *Interventions / training*

- with a focus on targeting public nuisance
- with a proven positive impact on nuisance (ideally available evidence)
- are cost-effective
- ...



---

*Thank you*



FEANTSA

# How to select good practices

## What do we consider a good (or promising) practice / intervention?

Some suggestions for discussion: *Interventions / training that*

- Accessible to wide range of persons (different situations of substance misuse)
- Low threshold, few constraints for participation in training (e.g. non-abstinence-based training)
- Provides professional orientation (and time) to select matching training
- Aims at enhancing participants' self-esteem
- Accompanied by different support services: medical, psychological, socio-pedagogical support ... *what else?*
- Flexible and adaptable to situation of participant (e.g. allows interruptions and taking-up again)
- Offers follow-up / support for work place integration (after training completion)
- Aims at creating stable housing situation - permanent or at least long-term
- Goes beyond working with drug / alcohol users → engages with the general public / public discourses on drug use, nuisance, use of public space etc.

