Erasmus+

Higher Education
Learning Agreement Form
Rotterdam University of Applied Sciences

Detailed programme of traineeship period (tasks, work activities, delivarables and associated timing to be carried out)

Tasks of the trainee:

- analyze the stakeholders of the healthcare system of the Veneto Region.
- actively participate in the daily management of facilities in order to learn about the treatment methods used in residential care system.
- analyze the critical issues of the residential care and the challenges that the public health care system is facing as a result of the covid-19 pandemic.
- study and propose solutions in order to resolve any critical issues encountered.

Deliverables:

- At the end of the internship the trainee will have to produce a report or a presentation in which will be described, not only the outputs of the observations and analyzes carried out in relation to the care and assistance systems, but also the solutions proposed to improve the systems

Work Activities:

- support the staff
- observation of assistance methodologies

Knowledge, skills and competencies to be acquired by the trainee at the end of the traineeship period

Skills and competencies to be acquired:

- The trainee will acquire a broad view of the functioning of the healthcare system in the Veneto region.

- The trainee will develop a Design Thinking; an approach to innovation that is based on the ability to solve complex problems using a creative vision and management.

The trinee will develop this competence and use it in order to address the critical issues of the Residential Care and study new methodology of assistance, for example telemedicine and digital health (in particular with regard to assistance to the elderly).

27/09/2021 **- Meeting Dr. Stocco and Dr.ssa Ferraro**
Administrative Office of Comunità di Venezia

Short Introduction of the National Health Care System in Italy

The Italian Constitution establishes the "right to health" of all individuals. It therefore arises as a **"universalistic" public system**, typical of a welfare state**, which guarantees health care to all citizens**, financed by the state itself through general taxation and direct revenues, received by local health companies through tickets health care and paid services.

It is substantially made up of the various regional health services (ASL ore ULSS), and the State, aimed at guaranteeing health care for all the citizens.

The Regions have exclusive competence in the regulation and organization of services and activities intended for the protection of health and the financing criteria of the Local Health Authorities and hospitals, also in relation to management control and assessment of the quality of health services in compliance of the general principles established by the laws of the State.

The planning of the health system is articulated on two levels:
- The National Health Service

-The regional health plan : the strategic plan of objectives for health interventions of the regional population also with reference to the objectives of the national health plan.

Healthcare – per region

In Italy there are two different types of regions:

- the normal regions (called “ordinary statute regions”)
  like Veneto Region
- and autonomous regions (called “special statute regions”)
  Bolzano, Sicily and Sardinia are autonomic which means there are more resources for the health system.

Each region gets a different amount of money for the healthcare. The funding for health that each region receives is is based on the LEA = Level Essential of Assistance. The government looks at different evaluation criteria such as how many people live in a specific region and what kind of illnesses they have.

LEA are the performances and services that the National Health Service (SSN) is required to provide to all citizens, free of charge or upon payment of a participation fee (ticket), with public resources collected through general taxation (taxes).

The state gives more money to these regions because they need it more. Because of this system, there is a competition between the regions about the health care and how it is organized, because they want more people using their healthcare so they get more money.

Even if there was an equal distribution of the money, there still would be inequality because of corruption, discrimination and cultural differences.

- *Beveridge system:* universal care, you don't have to work to get the care you need. The insurance is covered by the state.

- *Regional system:* people who live in the south travel to the north for better healthcare.

- *Bismark system:* an amount of the taxes goes to the insurance.

Small hospitals are changed, over the years, to elderly homes or medical rehabilitation centers.

There is 9 billion euros available for the healthcare in Italy. There are a lot of factors that make it challenging to have enough money for the healthcare, such as the group of elderly only getting bigger and climate change.

Veneto region
In the Veneto region there is a more balanced healthcare system. They give more care to the people living at home etc. and the money doesn't only go to the hospitals.In the Veneto region people are satisfied with the care they are provided.

➔ Addictions-care system

If you are addicted you can go to the SERD, here they talk with you and make a diagnosis. They get in contact with a rehabilitation centre and with them they set up a treatment plan.

Ser.D. are the public services for pathological addictions of the National Health System. Their core business is the activities of primary prevention, treatment, prevention of related diseases, rehabilitation and social and work reintegration are delegated. All this in collaboration and synergy with therapeutic communities, municipal administrations and volunteers. Ser.D. should all now be included in the Addiction Departments and should enjoy technical-managerial autonomy, be distinct and not incorporated into the Mental Health Departments and have an autonomous and structural organizational set-up (therefore having their own budget and their own spending responsibility).
Ser.D. have their own staff comprising various qualified and specialized professionals: doctors, psychologists, social workers, educators, nurses, administrators, and other support staff.
Ser.D. provide diagnostic, counseling and psychological support (of various types and degrees) and therapeutic services relating to the state of dependence and the possible presence of infectious diseases or related psychiatric diseases.

This facility hosts women with substance addiction and mental health issues, or with a double diagnosis, together with their children, or pregnant women. In addition to therapeutical rehabilitation treatment of women's drug addictions, we also provide assessment and support for parenthood and child development.

Mestre House for mothers and children

It provides services to mothers with children who struggle with addiction. The services contain different kinds of group therapy, psychotherapy and support in finding jobs.

At the clinic they work with the mothers to improve the relationships between mother and child. During the therapeutic phase one, they focus on the health of the mothers. During phase two they focus on the rehabilitation of the woman back into society, like finding out what their passions are and learning life skills like cleaning and cooking. The main goal of the facility is to get the mothers as independent and self-reliant as possible.

Covid19 made the facility realise that the care is not as organised and equal as they would like it to be.

During the covid period the facility used telemedicine, like zoom and skype calls between colleagues and for screenings of the clients. The personal contact during this time was missed, not only by the clients but also by the staff members.

The healthcare system is old and not prepared for the challenges that for example covid brought in the clinics. The budget that is given by the region doesn't always cover the expensive therapy, even though it is very needed for this group. The facility finds challenges in the strict procedures and protocols together with the tight budget, to get all the help this vulnerable group needs.

COVID

COVID made everything more difficult than it already was. A lot of the staff at the facility suffered from psychological problems. There were also a lot of problems with the managing of the clinics and the isolation of the children and their mothers.

All the addicted mothers live together in one community, during the covid outbreak they were forced to stay inside, the children as well. This was very difficult and hard for both the mothers and the children.

Interview with Dr.ssa Capra Nicoletta, director of the facility:

- *What challenges is the public healthcare system facing due to covid 19, or already before covid?*

The national health system was not ready to face the pandemic, both as regards private and public structures. Hospitals had to close entire wards to accommodate Covid cases, the number of health personnel was not sufficient to assist all patients.

Obviously the closure of entire departments has led to multiple consequences:

- postponed appointments

- postponed therapies

- delay in diagnosis

In public health, the lack of health personnel has been a major problem to address.

Public tenders have been opened for the recruitment of nursing staff and many newly graduated doctors have found themselves catapulted into a dramatic reality like that of the pandemic... many times with little refinement.

- *What did the staff/caregivers miss during the covid period? and in general?*

In the private sector, paying attention to our therapeutic communities, the thing that therapists and educators missed most was the opportunity to work as a team; In a job like this team work, discussion and constant and mutual help are a focal point and being forced to distance themselves has generated a great deal of stress for all collaborators. Many educators said they felt a little lost, without points of reference. And to this was added the difficulty of managing patients in a situation of social isolation.

- *What did or do the residences miss?*

the patients lacked a lot the contact with the reality outside the community.

Being closed within the therapeutic community, away from their families and having to share spaces with all the other patients and other children was very difficult.

Accepting to be within a community is already difficult, but it becomes even more so if you do not have activities that allow you to get away, at least with the mind, from what you are experiencing.

The therapeutic program does not consist only in the patient's health rehabilitation, or his abstinence, but takes into account multiple factors, such as the patient's mental health and his reintegration within society. During the pandemic period, patients who had jobs could not continue to go to work; the schools were closed and they could not accompany their children .. essentially the pandemic took away from them those little daily habits that made them still feel “normal”.

Another thing that patients lacked is contact with operators and public services. public offices were closed and when mothers needed they didn't know where to turn. they felt abandoned and without points of reference.

- What does a normal day look like in the clinic?

The day is marked by fixed points throughout the day, so that we do not have "dead times" and that they always know what their task is for the day in order to contribute to the life of the community.

In the morning they get up and have to clean their rooms and common areas. The patients also take care of preparing all the meals of the day and in the afternoon they are engaged in various activities (yoga, language courses, etc.)
In addition to different individual and group psychotherapy sessions both for women and children, we carry out different therapeutic activities such as:

- motion group (mountain therapy);
- running group;
- mat group, which offers various activities for infants to improve their motor and relational development;
- parenting group;
- shiatsu;

- Spanish language course;
- psychomotricity.

Re-integration is the final phase of our patients' therapeutic path and is reached when they already have a certain degree of individual autonomy.

An educator checks in on almost a daily basis in in Venice but is not there 24 hours a day as is the case at the Mestre premises.

The patients, on a rotor system, cook for themselves and their children and clean the rooms. In this phase, which on average lasts about another year depending on the individual project, the patients often already have a job or are looking for one. They have the freedom to manage their daily routines, although this is always agreed on with their personal educator.

During the week, patients attend both the psychotherapy and individual interviews with their therapist, and in some cases, there is the possibility of the child being cared for by the developmental psychologist.

Some of them work, others study, and all of them take their children to school and do various errands during their day. Depending on their individual development, some of them start to return to their homes during the weekends. Those who remain in the community perform activities with the educator in turn, such as walking around Venice, going for pizza in the evening, or trips/leisure activities dedicated to the adults and children alike. Focus is always given to the mother-child relationship/interaction

- *What kind of addiction do you see here?*

Mainly:

cocaine, heroin, cannabis, new psychoactive drugs, opiates.

- *What does the staff look like? Nurses, educators?*

14 educators, 3 therapists, 2 developmental psychologists and a nurse

TELEMEDICINE

telemedicine could really be a useful system, but how can accessibility be guaranteed for all?

- who is unable to use a pc?

- who does not have the resources to buy a PC or connect to the network?

how can we ensure that the elderly, people in severe social distress are able to use health services through this tool?

There are services for which the direct relationship with the patient, the establishment of a relationship of mutual knowledge and trust is really important. In this case, is telemedicine likely to be an obstacle?

how can continuity of assistance be guaranteed? At the moment you have a relationship of trust and continuity with your doctor. Is it possible to guarantee the same quality of assistance also through telemedicine?

Problemparadox – Design thinking

Main problem: the organization of the health care system turned out to have some flaws, especially after and during the Covid-19- pandemic. There was a difference in regions that were impacted, and now more vulnerable groups in society that need care can't get the care they need

- The budget of the healthcare is not the same in every region, each region can decide how they spend their given budget. During the Covid-19 period, most funds went to the hospitals, so there were fewer funds' for the other departments in the healthcare system.

Because of the above, bigger hospitals will develop while smaller organizations are left behind.

- While the smaller organizations are left behind, it is more difficult to give proper care to vulnerable groups in society and preventive care will not be available. There is also a shortage of resources like staff which as result leads to the closing of smaller hospitals and therefore fewer jobs, this will result in staff moving out of town for work. Also, more travel time to different hospitals further away. And because of the shortage of staff and sheltering/homing, not all people who need care/ assistance will be able to get the help they need, mostly elderly people.

All of this makes the accessibility to healthcare a lot more difficult.

07/10/2021 – **Meeting VILLA RENATA**

Forty years ago the clinic was opened in assistance to the healthcare system, it is open to young adults both male and female from 18 to 24 years. The process of applying for help is the same as we heard at Casa Aurora. There were no rehab facilities before 40 years ago.

The team has 7 educators, and each follows about 5 patients from the beginning to the end of their therapy programmes. Each patient also has a tutor psychotherapist for weekly meetings. Our team includes 4 individual therapists and a group psychotherapist.

Our treatment programme, in its residential phase, has a variable duration depending on the patient. On average patients stay in the community for about a year and a half of treatment.

After their stay, patients move to the semi-residential phase, where they continue for about another 18 months.

The residential phase involves guests living in three facilities located on Lido di Venezia, a slim 13 km-long coastal island linked to Venice with waterbus and ferry services.

The daily schedule is structured around a few activities, the main one being tending the vegetable garden. We have a 4-hectare garden between sea and lagoon, a jewel that provide us with vegetables throughout the year. Our guests learn how to work and see the benefits of their labours.

At *Villa Renata*, I am mainly involved in two projects.

The project I am particularly interested in is running. Every week, the patients and I train, and we have at last started entering races again! In August, we enter a 16-km race in Venice, and we are planning to run in the Venice Marathon at the end of October. There were 21 of us in the last edition we entered!

Another project that I follow closely is career orientation. Before working at the *Comunità di Venezia*, I worked in Human Resources for a year, so I decided I could use my skills in this area to help young people to find a job.

So, I draft their CVs and help them with their job-hunting. I train them up for their job interviews and, obviously, give them my support.

Interview with Dr. Fregna Riccarto (psychologist and psychotherapist) and Dr. Bovo Carlo (coordinator of educators)

- *What challenges is the public healthcare system facing due to COVID-19, or already before COVID-19?*

One of the problems is the budget, it is not enough to cover the entire procedure. There is also a cultural problem with the outlook from society against drugs and addiction in general. Addiction is seen as something that brings shame and is looked down upon. Society will always see an ex-addict as an addict, no matter how long they are clean. It is for the ex-clients difficult to fully rehabilitate in to society again because the clinic has a few options where they know it is safe for the ex-clients to work and will help them to get working there. Some choices made in politics affect the ability and accessibility to get the help needed. For example some psychotherapist will be replaced with “regular” doctors, this results in the

therapy being different from which is needed. There should be more cooperation with occupational therapists, which can help with setting goals and planning a future during the procedure.

Since society is not inclined to accept people with an addictive past, social reintegration becomes very difficult.

The patients find themselves having to be placed in protected and specific environments, in institutions where other former drug addicts work.

Obviously this system does not help patients to feel relatively "healed" but on the contrary it pushes them to think that despite the course of treatment, their drug addiction will always remain an obstacle in their life.

the situation becomes even more complicated when we talk about young adults (18-24), because they have a low level of education and placing them in the world of work is even more complicated.

In Italy there are special offices called "employment centers" which should take care of helping those people who are looking for a job. Unfortunately, however, these centers are not functioning as they should.

Young people should bring their own curriculum, a professional figure should evaluate which are the best job prospects based on their abilities and aspirations and should offer them training / job placement activities. All this however does not happen.

OCCUPATIONAL PROBLEM. creation of a functioning system for the reintegration into work and the improvement of the education level of young people with substance abuse problems.

- *How did you experience the change in the clinics as a result of COVID-19, what happened?*

It was difficult to keep the connection during the therapy sessions, there was no personal contact since the sessions had to be online.

In the first phase of the pandemic it was really difficult to allow new clients, before they can start the therapy they first need to have multiple interviews which were not possible in person. As a result of the online interviews, there was less information available about the client, which made it more challenging to give the right therapy and get that needed connection and trust.

All the clients had to stay inside the house during the lockdown. Usually as part of the therapy there are a lot of activities outside like: sports, going to a museum etc. during the lockdown there was put a lot of effort in organizing activities inside like yoga and the Olympic board games tournament. During this tournament, clients, and educators are competing in teams against each other.

There was little time to adapt during the fist lockdown, but the clients were understanding and cooperative, but as the lockdown went on their enthusiasm understandably declined.

The psychotherapist we met has been working at the facility since 2013, and he sees a lot of different kinds of addiction, but mostly drugs like cocaine and heroin. He noticed that there usually are multiple addictions co-existing such as drugs, alcohol, sex, and gambling addictions.

Many of the women residing in both facilities have also been victims of gender-based violence.

- *What did the staff/caregivers miss during the COVID-19 period? And in general?*

During the lockdown, the educators were separated in smaller subgroups

Which made it difficult for the educators because they used to work together and would reflect on their day and interactions with clients while sharing ideas, and they were not able to do that. Educators are often employed based on what activities they like and are passionate about, therefor during the activities they bring their joy and passion to the group. Because most activities were not possible during the lockdown and that they were not able to be around their colleagues, it was mentally challenging and missed the social aspect of their job.

- *What does a normal day look like in the clinic?*

In the clinic, they follow a specific structure. Which is: waking up early every day, then the clients clean. At 8:30 it is time for a coffee break. After that the activities start such as: gardening, cooking, working in and around the house like painting walls etc., yoga, making music and theater. The clients are allowed to pick the activity they like, but they have to stick with that and participate.

The biggest difference with COVID-19 is that it is not possible to give performances with the theater and music group. Usually around Christmas these groups would preform for their families.

- *How long does the procedure usually take*?

Usually the therapy last around two years, but this is different for every client. Some take longer because they need more time to rehabilitate in to society again. Most of the clients have a lower education level, therefor it is more challenging to find a job, so they can be independent again. Some clients go back to school to get a better education.

The therapy is voluntary, this means that each client is free to leave whenever they want and can make their time in therapy shorter than the regular two years.

The staff notices a decrease in age in the last couple of years from around thirty years old to eighteen.

- *Where does the decrease in age come from*?

A few years ago it came to light that more youngsters were struggling with addiction, they were applying for help at the social system/ universal health care. However, there is a shortage of clinics where they can get treatment because they are under the age of eighteen there is a specific law to be followed. The social system wants to lower the ages to 14-16 so more clinics will be available, and the addiction does not get the time to develop any further till they reach the age of eighteen. This would lead to less severe addictions

for those youngsters at an older age and less time in therapy, which would make the rehabilitation in to society easier.

In a survey conducted within the community of therapists, it emerged that the drastic reduction in the age of patients is mainly due to the social and family context.

Young adults feel wrong, unsuitable and grow up under a social pressure that pushes them to seek "more and more" to have to prove "something" to the world .. and this often leads them to a psychological and emotional breakdown that leads them to search an escape into drugs.

The fact that minors cannot be followed like other users leads to the problem that minors often do not ask for help and so are placed in rehabilitation programs too late.

Drug use among adolescents is steadily increasing, but public services and therapeutic communities are unable to intercept this unexpressed, and increasingly hidden, need for youth addiction. The drug market has changed becoming more and more widespread on the territory, with increasingly lower costs of drugs and since the beginning of the Covid epidemic there is a new form of supply, that of websites. Many new illegal substances have joined the traditional ones, but the local services have remained the same with few funds for prevention, a law that dates back to 90 and then modified in 95 and without adequate tools to help these children since the system is based and remained "plastered" on the figure of the heroin addict.

According to the official data for 2018, we are talking about 880 thousand children who declared that they had used illegal substances, equal to 1 in 3 among those who go to school between 15 and 19 years. But the operators in the field explain that the phenomenon is constantly increasing and the age has lowered more and more, involving those who are actually little more than children and are between 11 and 14 years old. The public services currently existing have "major shortcomings" and "enormous difficulty" because very few young people go to the centers spontaneously.

Out of 300,000 people who turn to public services for addictions related to drug use, less than 10% are under the age of 25. Therefore the range of adolescents has remained squeezed between children and adults and also subjugated by legal substances: alcohol, opiate analgesics, benzodiazepines and other psychotropic drugs that are taken in a mix. And precisely the so-called polyconsumption is the behavior most at risk for adolescents.

The only way, the experts suggest, is to "act on the territory and build relationships", above all "classic services must be rethought on the basis of these new youth trends", "specific structured prevention paths for minors must also be activated" with dependencies "since there are few in Italy and they are almost absent in some regions such as Abruzzo, Basilicata, Sicily, Calabria and Puglia" despite the fact that the numbers have doubled ". Experts also complain about an almost zeroing of economic resources for prevention since the national anti-drug fund merged into the fund of national social policies.

Covid has also created further problems in residential services for minors because, as in the RSA for the elderly, meetings with their families of origin have been reduced and because the youngest find it difficult to understand that they have to respect the rules imposed by the epidemic; this has increased voluntary abandonments and re-accepting them has become more complicated due to compliance with the quarantine.

- *What does the staff look like? Nurses, educators?*

At the facility there are sixteen educators, five psychotherapists, one group counselor and one nurse for the twenty-four clients.

In addition to the staff, there are interns/trainees from the University and some volunteers for the sport activities. It is possible for ex- clients to become a volunteer, but this does questi incontri sono molto importanti penot happen very often.

The choice not to allow former users to work within the therapeutic communities was made not for discriminatory reasons, but simply for the protection of both former patients and users under treatment. Working in the community means staying in touch with a part of their past from which many former users have to detach themselves.

The intent is to achieve social reintegration that can help patients feel “Normal” again. drug addiction is a label that users struggle to remove .. and when they leave the therapeutic program they often feel discriminated against because of their past.

However, this does not mean that they are staved off completely, but on the contrary every month there is an ex- client who will speak about their own journey and share some insights and show that it is possible to overcome addiction.

These meetings are very important for patients.

One of the biggest sources of stress for them is the thought of being discriminated against, marginalized and that they will never get back to having a normal life … they are afraid that their substance addiction past will follow them forever.

Seeing users who have managed to reconstruct a life, a system of social relations and who are now well and feel satisfied with themselves is a source of great stimulation for patients.

- *What do you think about telemedicine, do you use it already, if not what are your thoughts on that?*

It is difficult to get and keep a connection, it feels more distant. It is also more difficult to see facial expressions through a screen. They hope to find a balance between the demand and sensibility, also it is important to understand each other when changes occur, and you can’t be physically there for someone during therapy. Telemedicine can come in handy to speed up the process of getting medication. And to get in contact with youngsters who are seeking help, but cant get that in a facility in that way they can still get some sort of help. Also, the first interviews could be with a video call, this way clients who live further away can have easier access to the help they need and can be shown the clinic without having to travel far.

In the first months of the lockdown all therapy was with video calls, but after a few months clients asked for physical therapy. They also said that they felt the distance and were more comfortable with face to face interactions.

- *Did you see an increase of addiction and mental health problems after/ during COVID-19?*

More young people are starting to drink more, during the lockdown they had more free time, so they would be getting drunk to cope with the boredom. Also, the restrictions took a toll on young people, they had to stay inside for a year and could not escape home when needed in case of abuse at home etc. There was an increase in suicide attempts and more young people would get online and would spent most of their day online and gaming. Now that the restrictions are getting lifted, they want to get the lost time back and are partying more.

Also, not all young people have a family to fall back on, when outside activities are also gone they can get lost.

28/10/2021 – **BRAINSTORM SESSION with Dr. Stocco Paolo**

About:

- **Subject Group:**
  We want to make it more specific. We want to do a little more field study in the elderly group.

We will talk to the director and chief of the nursery in Cortina, which will give us more information about this subject group. We will do some literature research about home care and the interventions that already exist in this field. For example: The Italian recovery plan, PNR.IT, and also Treviso Faber.

- **New contacts:**
  We want to make contact with: elderly home in Venice, Buddy programme in the Netherlands, Marseille project group who have contacts with services for vulnerable women.

- **Creating idea's:**
  Last couple of weeks we have been in the empathise and define phase of design thinking where we did research about the general health system and the subject groups. The next phase from design thinking is the ideate phase, where we want to lean a little bit more into possible solutions.

  First <u>global</u> idea's: To maybe create a setup for a service that can support the young drug addicts (where they for instance don't have to be admitted yet, because there is no room and resources). Or/and a service that can support the elderly in their everyday lives without the need of a doctor. Or an advice, service or platform that can lighten the pressure on the healthcare system. (telemedicine). (advisory report)

Problem that keeps coming back:

There are not enough healthcare professionals to cope with the increase in healthcare demands. Due to the aging population, i.e. the increasingly older elderly and the reduced influx of healthcare students, there is more demand than supply.

In the past, little thought was given to the future increase in healthcare demands, as a result of which little or no investment was made in healthcare training/schools.

Now especially after corona, but also before that, the consequences are being experienced. Staff shortages in care homes, hospitals and other institutions lead to long waiting times, which leads to delays in care, which leads to poor access to care for vulnerable people.

This problem is being seen all over europe.

Something we thought of was a platform or agency where health care professionals all over the world could get in contact with institutions that are in need of personnel. This platform would make it easier for healthcare professionals to work abroad and it will help Italy, who doesn't always have good relations with other countries, to get staff to provide all of the necessary healthcare. We will do more research about this subject.

- We want to make a start on an **official project proposal a**fter this meeting, where we describe the problem and what we will/might focus on.

12/11/2021 – **Meeting Cortina D’ Ampezzo; NURSING HOME**