



### ABSTRACT FORM

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| <b>Title of the contribution/Titolo del contributo</b>                                       | <b>Family Foster Home (IESA): The way home</b>   |                       |             |
| <b>Objectives/Obiettivi</b>  | <ul style="list-style-type: none"> <li>- Promote Empowerment;</li> <li>- Improving quality of life;</li> <li>- Less Stigmatization and more inclusion</li> </ul>             |                       |             |
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**Contents-text/Contenuto-testo:**

**Max. 400 parole/words**

Families Foster Home is a way of providing accommodation, care and support for adults in care at the Mental Health Centers. In Shared Lives, accommodation, care and support are provided in ordinary family homes that are carefully selected, trained and supported by mental health worker. Family Foster Home is all about one household sharing their lives, families, home, interests, experience and skills with other people who need some help and support to live their life richly. The family receives fees which cover the rent, household costs and care and support that they offer to the vulnerable people. The hospitality is defined by an agreement signed by all the parties involved: the host, the foster family, and the Department of Mental Health and Pathological Addictions (DSM-DP).

The project is not for a specific type of mental disorder. The origins of this practice are ancient and date back to the 13th century. D.C., it was born in the town of Geel in Belgium, but also in Italy in the early 1900s there is evidence of the use of this practice. The hospitality is a personalized intervention based on the patient's needs and the chance of the family; it can be for half days, whole days or weekends (Part-Time) or on the 24 hours / day (Full-Time). The support's team is composed by health workers of different disciplines, that are formed and come from the local services. Ten years of activity, there have been: n. 178 patient send from the Mental Health Centers (enabled No. 98); n. 2.576 families volunteer contacted (enabled No. 161); n. 73 activated cohabitations. The outcomes of the experience highlight, a decrease of 47% in hospitalizations' number of the patients involved. This good practice is alternative and complementary to other therapeutic-rehabilitative responses offered by the DSM-DP. The main feature is the ability to promote psychic empowerment, improving quality of life and allow a real reintegration and participation in community life, less stigmatizing and more inclusion. This therapeutic model enhances the community's resources,

it helps and supports the social context to take charge of its most vulnerable parts, and it allows that together community, patient and Service of Mental Health turns out to be beneficial for everyone.