



A participative approach to curriculum development for adults in addiction recovery across the European Union

www.recoveu.org

Deliverable 7.2: Qualitative Feedback Review

WP7: Pilot Phase

December 2016



Co-funded by the European Union



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This project has been funded with support from the European Commission. This publication (communication) reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

1 INTRODUCTION

The RECOVEU project is aimed at developing a coherent EU approach to adult learning in addiction recovery. Social reintegration is a key factor in addiction recovery. Alongside housing and employment, adult education is a critical measure in supporting social reintegration. However, while there are many programmes focusing on the target group across Europe, many national social inclusion plans do not specifically address the educational needs of drug users (EMCDDA¹, 2012).

In the first two years of the RECOVEU project, partners from the United Kingdom, Cyprus, Romania, Italy and Ireland reached several milestones:

- Data was collected data regarding policy and practice in the field of addiction treatment, education and social reintegration of adults in drug recovery in all five partner countries (*Del. 3.4: Final Policy and Practice Review*). Despite the critical figure concerning the lack of specific data on the access of adults in recovery to learning resources, a conclusion of the Review is that access to higher education can provide opportunities for people to both re-evaluate and re-establish their lives after addiction.
- A Focus Group Phase of the project was developed and implemented (WP4). This was undertaken in each country with both adults in recovery and service providers and was aimed at understanding the part played by adult education in an individual's recovery process and the way in which people in recovery could be supported to engage in adult education opportunities (*Del. 4.4: Focus Group Overview*).
- Based on the Focus Group findings, partners produced a set of 'Access to Learning' resources for people in recovery from addiction, together with a Draft Facilitation Pack to be used to support piloting of the materials:
 - *Facilitation Pack Section 1 (Pilot): Delivery Guidelines.*
 - *Facilitation Pack Section 2 (Pilot): Course Pack* – this contained a set of core and culture-specific learning activities that address barriers to learning for recovering drug users.
 - *Facilitation Pack Section 3 (Pilot): Evaluation Toolkit* – this contained a set of Evaluation Tools and module feedback/delivery templates designed to assess the effectiveness and psychological impact of the project, and collect pilot delivery data and feedback data on the pilot process from service users and trainers.
- The Draft Facilitation Pack was piloted with service users and providers in each partner country (WP7: Pilot Phase) during the period of February to April 2016.

This Review presents qualitative feedback from service users on the Pilot Phase process. It forms a part of a series of three reviews (the two others being *Del. 7.1: Pilot Delivery Review* and *Del 7.3: Evaluation Toolkit Feedback Review*) which together give an overview of the effectiveness and

¹ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA; 2012). EMCDDA INSIGHTS. Social reintegration and employment: Evidence and interventions for drug users and treatment. Lisbon: EMCDDA.

impact of the pilot. The findings from these reviews will be used to revise the course materials, Evaluation Tools and Facilitation Pack.

The pilot sections of the Facilitation Pack on which these reports are based can be found on the project website (www.recoveru.org), together with the revised course materials, Evaluation Tools and Final Facilitation Pack.



2 METHODOLOGY

2.1 Pilot Phase Delivery

Each partner country took part in piloting the course materials. Materials were delivered as outlined in the *Facilitation Pack Section 1 (Pilot): Delivery Guidelines*; an overview of materials delivered is presented in the *Facilitation Pack Section 2 (Pilot): Course Pack*.

Participants were selected for participation in the Pilot Phase according to pre-agreed criteria: (1) the target sample was adults in recovery who would like to move towards higher education (although service users were eligible for selection regardless of their education level), (2) participants must be adults over 18 years of age in self-defined recovery from drug use (total abstinence or controlled use), (3) partners would attempt to have a balance in terms of gender, and (4) each partner would aim to recruit 12-18 participants. No inducement was offered for participation.

2.2 Data Collection and Sample

Qualitative feedback data was collected from participants at the Follow-Up Session – this was a separate session run after the course had finished that was aimed at (1) administering the post-course Evaluation Tools (see *Del. 7.3: Evaluation Toolkit Feedback Review* for findings related to this), and (2) acquiring input from participants on the effectiveness and usefulness of the course content and delivery. A group discussion was held with participants based around a series of questions given in the Qualitative Feedback Template (see *Facilitation Pack Section 3 (Pilot): Evaluation Toolkit*). The trainer/facilitator for each partner subsequently completed the Qualitative Feedback Template based on participants’ responses; the completed templates formed the basis for this Review.

Overall, 72 participants took part in the Pilot Phase over the five partner countries². This Review is based on feedback given by the 55 participants that took part in the Follow-Up Sessions. Sample sizes varied across partner country with differences across partners in the percentages of participants providing feedback for this stage of the research (see Table 2.1).

Partner country	Number of participants in Follow-Up Session	Number of participants in research overall	Inclusion rate in Follow-Up Session
Overall group	55	72	76.4%
P1 – UK	6	6	100%
P2 – Cyprus	4	14	28.6%
P3 – Romania	16	18	88.9%
P4 – Italy	14	19	73.7%
P5 – Ireland	15	15	100%

² Background data on these participants is given in the *Del. 7.1: Pilot Delivery Review* and *Del. 7.3: Evaluation Toolkit Feedback Review*.

2.3 Analysis Strategy

The following chapter (three) provides an overview of participants' feedback for each question provided on the Qualitative Feedback Templates³; this concerns the module topics, structure of the modules and the critical aspects of the course. Differences in the assessments are linked to the cultural and contextual differences (for example, different concepts of the social enterprise for partner countries). Chapter 4 then provides some conclusions and Action Points for revising the course materials and Facilitation Pack.

(Note: see also *Del. 7.1: Pilot Delivery Review* and *Del. 7.3: Evaluation Toolkit Feedback Review* for additional Action Points and recommendations for revising the course materials and Facilitation Pack.)

³ Note that Question 7 is related to the use of the Evaluation Toolkit and responses to this report are not presented here but are instead recorded in *Del. 7.3: Evaluation Toolkit Feedback Review*.

3 PARTICIPANTS' FEEDBACK ON CONTENT AND DELIVERY

3.1 What topics did participants find the most interesting? Why did they find these interesting?

UK

Module 2: Participants stated that this was the most relevant module; they were highly engaged with it due to the knowledge they wanted to share with others regarding their own experiences. Participants felt they could build on their learning and reflect on their own journeys. They felt the SMART objectives were helpful as several had encountered these in treatment.

Module 4: Participants felt that this built on their understanding of recovery capital and aided them in embedding their learning. They were keen to spend more time on recovery coaching work and particularly benefited from the Boundaries Worksheet. Participants also benefited from considering ethics in supporting others.

CYPRUS

Module 1: A few participants reported that this module was very informational as they became aware of many programmes that they did not know about.

Module 2: Participants explained that this module was attractive to them as they felt it was a familiar topic. They were highly engaged with it due to the knowledge that they wanted to share with others regarding their own experiences. It was a module that had an easy-to-follow structure and made it easy for participants to follow.

Module 5: Participants also found this module interesting, mainly related to it being useful and applicable in real-life contexts. Most participants were at the stage of looking for jobs so this module corresponded to their current needs. The additional material that was provided to them, such as how to write a CV and what is entailed in an interview, was highly appreciated by them. They also found that the business plan exercise gave them insight as to what is required to set up your own business.

ROMANIA

Participants found all modules interesting, with preference for the modules offering practical abilities:

Module 1: 'I was keeping the PC more as a room decoration. I have started to use it more often. I have even searched online for a website from UK looking for information on a heater' (male, 67 years old). 'I am not afraid of using the PC anymore'.

Module 2: 'It has reminded me of the key issues of recovery, the relevance of flexibility combined with perseverance in problem solving in day-to-day life'. Topics that reviewed my recovery journey created the bonding among participants.

Module 3: The module helped to organise participants learning. They reviewed abilities from the past and how they match with the current requirements: 'return to school like'.

Module 4: 'It talked about me, about how can I help others', 'I better understood how recovery can help me integrate in the community better'.

Module 5: This was the most appreciated module since it brought new information on how to start a business. Also of interest was new information was about the social enterprise, a totally new concept for most of them. The exercise of making different business plans was practical and provocative and of good use.

All participants recognised that in all the topics they have found something new to relate to.

ITALY

Module 2: The discussion facilitated awareness of participants own recovery capital and improved their level of empowerment, allowing them to focus on their own personal positive resources that were available at this stage, instead of focusing on current deficiencies. Particularly, they showed great commitment in the compilation of the self-descriptive sheets. The 'timeline' used to work on the storyboard actively and emotionally involved all participants, who even asked the facilitator to share their personal history, punctuated by discussion of important events (losses, sickness, separations, mourning) within the group. The amount of time available did not enable the trainers to complete the last activity of the module. Therefore, the activity on SMART Goals was presented and assigned as homework to be discussed during the following session. Unfortunately, only a few participants completed this homework. This was problematic for professional development as the activity was an important growth experience for understanding which short-term goals can or cannot be realistically achieved, and which ones require a longer programming or breakdown into a number of micro-steps.

Module 5: The entire group showed a high level of satisfaction for the topics delivered during this module. Participants liked most the 'Me and My Network' activity, through which each of them could note, displayed graphically, the multitude of formal and informal resources available, which they were not always aware of. Afterwards, participants worked in small groups, sorted into similar professional attitude categories. The assignment was to share their own network and acquire new contacts, useful for their career, in return. This awareness had a positive impact on the group such that, at the end of the activity, they felt more prepared to face the world outside the centre. In this module, two additional activities were delivered that improved the sense of self-efficacy perceived by the group. The participants were also engaged in role plays where they had to have a job interview; some played the role of a candidate for employment whilst the trainer played the role of the interviewer; the others had to watch and write down strengths and weaknesses of the candidate. At the end of the role-play the group provided feedback and advice for more efficient strategies that can be useful for a successful job interview. The activity also raised awareness about how participants looked to others which allowed them to work on their non-verbal aspects and on a better presentation, thus helping them to overcome the embarrassment of their story of addiction.

IRELAND

Module 2: Participants explained that this module was very interesting as it was the one they could relate to. They could identify with the Russell Brand video and said it got them thinking about how the medical profession deal with addiction. All other elements of the module were positively endorsed. They also could relate emotionally to barriers/stigma/discrimination.

Module 3: Participants enjoyed the videos such as 'Fight or Flight' and said the module applies to all learning in life.

Module 5: Participants found this module interesting. It was an active module as they did a role-play of a job interview and worked as a group in designing their business plan. They engaged well for this module as a group. The group said before the exercise of CV writing that they found they had gaps on their CV and that this exercise would be helpful for preparing a CV should they need one. They also found that the business plan exercise gave them insight as to what is required to set a new concept around recovery and what being in business entailed. The exercise mimicked the TV show 'The Apprentice'.

3.2 ...and which were less interesting (please indicate the reason)?

UK

Participants reported that Module 5: Social Enterprise was challenging due to timing in terms of stage of recovery. Participants stated that stage of recovery should be taken into account as people may feel overwhelmed with the idea of establishing their own business in the early stages of recovery.

Materials were rated as good but participants questioned the relevance of social enterprise. They felt that the activity around running a public house was inappropriate especially due to concerns with alcohol. Overall, participants resisted engagement with this module.

CYPRUS

Participants reported that Module 1: Digital Literacy, and Module 3: Learning to Learn were the least interesting.

Module 1: Participants expressed that the module content was overwhelming, and that there was too much to be covered in too little time. They also said that they would have preferred this module to be more practical. For example, to take place in 'lab-based workshops' where they could try working on the online material themselves.

Module 3: This module was not received with great enthusiasm from the participants. They expressed that it was a module that would interest only those that want to return to university or that wanted to continue education. They went on to say that not all of them wanted to go back to education, but that they would rather find a job, or learn about what it takes to find a job. Also, they said that the module was centred on 'one type of education' (e.g. academic) and that they would have liked to know more about vocational education too. Other participants reported that the material was not interesting and some found it boring.

ROMANIA

Module 1: Found useful by participants who were already using the PC at a good level.

ITALY

Module 1: Participants found that the limit of this module was the little amount of time '...to treat

this very extensive topic'. The group consisted of people with different levels in computer skills: some of them had never had the chance to turn on a computer while other possessed high abilities. In order to overcome this limit, the participants worked in small groups in which a formal leader had been designed to help the other participants during the activities. Additional activities were delivered and received positive feedback, like the creation for each participant of a personal email address and the creation of a mailing list of the group through which all shared the materials of the course.

Module 3: This module received negative feedback from almost the entire group. Only one participant said he wanted to access a university course (to be journalist); the other participants instead declared that they had already wasted too much time and although they would like to go back to school they would rather concentrate on their goal that was to find a job after the rehabilitation period.

IRELAND

Module 1: Participants said that the module content was overwhelming, that they switched off during the sessions, and that there was too much 'techno stuff' to be covered in too little time.

Module 4: However the trainers believed this module identified areas in e-learning worth exploring that have more practical use than the generally focused modules on this subject.

3.3 Were any units/modules particularly problematic? How were they problematic?

UK

Participants did not find the units problematic. Comments throughout related to wanting more time to embed learning and focus on their stories.

CYPRUS

Participants did not find the units problematic. One participant said that the Module 3 unit that included a website tour was neither useful nor interesting. Others reported that the Module 1 units were not easy to understand due to them not having computers available to try it themselves.

ROMANIA

The majority of participants reported no major concerns about the module.

Still, the technical support could have been more appropriate; they did not have a PC for each participant (two participants had to share one laptop).

Module 1 was partially translated into Romanian and offered as a hard copy to serve as a helping guide to the online English course. However, for the non-English participants it was more difficult to do the course independently. Some of the participants did not know how to make an account on the website, so they had to do that on the spot, in the training.

Also, Module 1 brought the challenge of following an online course, which most participants had

never done before (including, making an account on the platform).

Module 1: the difference between people who were familiar with the topic was more obvious than in the other modules.

ITALY

Module 4: The course was delivered in a rehabilitation centre, specifically with users who had already successfully completed the first phase of the addiction recovery programme – including people who are drug free users for a period of one year. The programme did not provide the presence of recovery coaches, so it was not easy for the trainers to introduce the topics of the module. In order to facilitate the engagement of participants, they were asked to detect what makes a good recovery coach and to describe all the tools within their community which they were able to access to make their recovery path effective. On the other hand, the compilation of the 'Daily Inventory worksheet' in Unit 4.4 resulted in fruitful discussion and provided personal reflection.

Module 3: Delivering the units of this module to a group who did not want to be engaged in future education was problematic. Participants showed little interest, considering the units tedious and not interesting. Although at the end, participants appeared to have benefited from some driver for change: '...if they could turn back time they think they could have made different school choices'.

IRELAND

Module 1: Most participants did not have email accounts which restricted them from access the website on day one. A lot were not digitally literate and this was frustrating for them as well as others in the group. This was an area that needed to be addressed; this was done by having three facilitators in the room.

Participants said that, although it was not problematic, there was some 'information overload'. Some participants said more time could have been spent on some aspects of the module.

As one group member said employability had a lot of information in it and they found it hard to retain the information given. This was related to time restraints in delivering the module.

3.4 What worked well?

UK

Participants enjoyed group discussions and sharing their stories. They appreciated the flexibility of the trainer and felt that they gained new skills.

CYPRUS

Participants expressed great liking to the trainer and felt that the way she delivered the material was done in a way that they facilitated participants' understanding of what was being taught to them. They particularly appreciated that she made the sessions highly interactive and with a lot of discussion. They felt comfortable to learn and ask questions.

Overall, participants felt that the course provided them with new skills and new knowledge that they

will take forward. Some said that the use of breaks worked well because the material was sometimes overwhelming and so breaks helped them to stay focused.

ROMANIA

- 'The course has been well organised'. People came on time and invested the necessary time in full participation to the course.
- 'The Course Pack has covered all the needed stuff'.
- Communication between the trainers and participants was encouraged.
- The teamwork and the group exercises worked well and the participants were very engaged.
- The teaching methods were accessible and easy to understand.
- The course has brought new and useful information.
- It has been interactive: 'We liked the PowerPoint presentations'.
- 'I have managed to evaluate myself and to decide if I am able to apply for a college degree. I have more trust in myself. I know now what can I improve, where can I and where do I want to get'. (Female, 39 years old)
- 'Participants' previous experience from attending a treatment group and a support group mattered. It helped me be more calm and open. I already knew the participants to the course.'
- 'We don't have to ask for help anymore and we are more independent.'
- 'If now you propose something to yourself, you know what steps to follow.'
- 'Something moved inside me. I know there's room for improvement.'

ITALY

Among the various elements that contributed to the success of the course are:

- The identification of a single community centre where the course can be delivered: participants almost know each other.
- The promotion of a circular communication (participants were seated in circle without desks).
- The language used: very simple and full of practical examples.
- The adoption of an experiential approach, thanks to practical tools (e.g. worksheets, small group activities).
- The space reserved for group discussion.
- A favourable climate for participation.
- The maintenance of the same trainers for all modules.
- Provision for breaks between units.
- Provision of short presentation activities for participants at the beginning of each module.
- The exploration of desired employment positions for each participants and the handing over of specific profiles including duties and competences requested and a list of available courses.

IRELAND

Some of the comments from participants were as follows:

- Listening to other group members' experiences taught me a lot.
- Bringing in a recovery coach as a speaker about this topic [was good].
- Recovery and resilience worked well for me.

- Recovery journey I enjoyed.
- Trainers were very helpful and good.
- [The] group discussions were great.
- Recovery capital was very interesting.
- It all worked well for me.
- [The] Russell Brand video was great.
- Role plays.
- Group worked well together.
- Collaborative learning.
- Facilitates and equipment.
- [The] timing with a break was fine.
- Formation and group cohesion.
- Meeting twice per week.
- The formation of the group/induction session.

3.5 What did not work or worked less well?

UK

The factors that did not work well were mainly in relation to the structure of the course. For example, participants reported the following as potential barriers to their learning:

- Stage of recovery from addictive behaviours.
- Levels of personal confidence in completing the tasks – activities to measure existing skills.

CYPRUS

The factors that did not work well were mainly in relation to the structure of the course. For example, participants reported the following as potential barriers to their learning:

- The room was too small and did not have desks for participants to write their notes on.
- Computers were not provided.
- Two hours may have been too much.

Some exercises were not of interest to them (e.g. going back to education/study kills).

ROMANIA

- Not having enough technical resources for everyone.
- A lot of content in some modules and maybe needing more time to process completely the materials.
- The 'Fight or Flight' movie was too fast.

ITALY

The overall feedback of participants was satisfying. However, among the elements that might not

have facilitated the learning process are:

- The duration of sessions. Each module was delivered in the same day. This was an organisational choice due to the distance between the community centre and the venue.
- The absence of a fast internet connection and the scarcity of computers available.
- The presence, at first, of reference professionals (the Responsible Coordinator of the partner organisation and an educator) who might have inhibited the group. The Coordinator asked the trainers for permission to be present, given the sensitivity of this particular recovery phase. Nevertheless, their attendance allowed them to understand the tools and to use them at participants' request during individual interviews.
- The lack of learning verification tests recommended, especially for Module 1 which is more technical than the other modules.

IRELAND

- Too many questionnaires and too much information at times.
- 'Thought it was a bit rushed and we didn't get enough time to sink in the information.'
- Digital literacy.
- The slides and projector were too much. The interactive stuff was the best.
- Lack of interest in some subjects was a challenge to shift people's perception.
- Should be accredited.
- The RECOVEU folders (Course Pack) were not used in a significant way.

3.6 Do participants have any suggestions on how to improve the aspects which worked less well?

- ✓ **To expand Module 4 which was relevant** but needed much more time for participants to embed and practice the material – recognition of timing of delivery in relation to participants' recovery and self-directed study recommended.
- ✓ **To revise activities around Module 5: Recovery and Employability** to make them more flexible in terms of future goals – remove reference to running a public house.
- ✓ Due to the fact that the inventory activity in **Module 2** was inflammatory terminology for some, in particular around feeling part of humanity: replace this with Recovery Inventory – more simplistic.
- ✓ To run the course at a bigger venue with all the necessary facilities (e.g. desk, computer).
- ✓ **To re-create Module 1**, which was relevant but needed much more time for participants to embed and practice the material.
- ✓ **To remove Module 3: Learning to Learn** and instead have **another one which looks into the biological, social and psychological factors and consequences of addiction**. Participants went on to propose topics such as 'What do certain drugs do?', 'How do drugs impact on peoples' brains, bodies and psychology?', 'What are the causes and consequences of drug use?', and 'History of drugs'.
- ✓ Break down some of the language – digital literacy – is hard to grasp.
- ✓ More active sessions.
- ✓ Less questionnaires.
- ✓ Spread out course more.

13

- ✓ More time.
- ✓ Know computers before you start – a foundation.
- ✓ To simplify some of the stuff, glossary/plain English/functional context literacy.
- ✓ More practical stuff: ‘...as addicts we find it hard to retain information’.
- ✓ To keep the modules but to **include something specific on women.**
- ✓ Improve the technical resources.
- ✓ [There is] a lot of information to cover and deliver in a short time and in a language adequate for everyone.
- ✓ It is important for similar courses to be delivered, enhancing even more the social enterprise model and learning abilities.
- ✓ Courses to be developed over a longer period and with different themes.
- ✓ It is important to find scholarships for easier university access for those who really want to do it.
- ✓ Higher number of sessions with shorter duration and on a more frequent basis.
- ✓ **Regarding Module 1: increase the number of practical assignments**, or dedicate one hour of each training session to prior learning verification tests and briefly introducing new skills.
- ✓ **More sessions to build the CV and a correct reply to an advertisement.**

4 CONCLUSIONS

Feedback on the RECOVEU course was generally very positive and the Facilitation Pack could be a very useful tool for the integration of people in recovery from drug addiction. Some Action Points for revising the course materials and Facilitation Pack emerge clearly from the feedback (see also *Del. 7.1: Pilot Delivery Review* and *Del. 7.2: Evaluation Toolkit Feedback Review* for additional Action Points and recommendations):

- Trainers should have experience and competences in training for marginalised individuals/drug addicts/people in recovery. Much of the course content is very sensitive: the approach should be targeted carefully.
- Trainers should have a clear ‘picture’ of participants: the recovery stage in which they are at, their qualifications, their level of competence, etc. in order to adapt the contents to the reality of the group. For this reason, the Induction Session should be formally adopted as part of the final course and specific activities and tools should be planned for it.
- The language should be simplified (or supported with a glossary).
- All modules need more time to deepen the different contents and allow for personal reflection.
- All modules must be adapted both to the level of participants and to the local context. For example, Module 3: Learning to Learn: participants from Cyprus suggested that it should be removed and other countries rated it as difficult and less interesting. On the other hand, it has very important objectives and can be very useful as a learning tool. Nevertheless, the module cannot be centred on university participation if participants are low-skilled and/or not intending to go to university; rather it could be reworked to stimulate access to various other opportunities of learning and/or employment (for example, vocational learning).
- Some materials must be ‘local’ (i.e. videos), not only for the language but because they must reflect the reality of the country in which the course is delivered (the social enterprise or the recovery coach, etc.).

Table 4.1 Action Points

Technical resources	Organisation of the course	Course content
<ul style="list-style-type: none"> • Make sure the room where the course is delivered is equipped with computers and if possible access to the internet. 	<ul style="list-style-type: none"> • Allow more time for each module (more sessions/shorter duration of each). • Provide more sessions for specific contents/activities (e.g. CV building, preparation of a job interview). 	<ul style="list-style-type: none"> • Make all modules more flexible (adapt them to the local context and to the reality of participants). • Rework Module 1. • Remove/rework Module 3. • Add other content/modules (on drug addiction). • Amend the contents to highlight the specificity of gender (something on women). Rework/expand Module 4. • Rework the materials of Module 5.

This document has been produced by the RECOVEU consortium. The lead partner for this phase of the project and the main author of this report was Social Cooperative 'San Saturnino Onlus' (SANSAT).



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