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CARING COMPASS



**Empowering Support
Persons in Social Sphere**

Part II

**Handbook for organisations
providing support services**

**Material for organisations that organise,
develop, or provide support person services.**



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PART TWO

This part of the handbook is a practical tool **for organisations that provide support services**. Here you will find a clear framework for setting up and managing the service: roles and responsibilities, work organisation and quality standards, the functioning of the cooperation network, and guidelines on how to ensure the necessary support for support persons (induction, training, **supervision/co-vision**, safe working practices and self-care). The aim is to help create a service that is **people-centred, boundary-respecting** and **sustainable** from an organisational perspective.

The second part of the handbook is based on the project's target groups and supports the development of services primarily **for people with coping difficulties, new immigrants, and children with special needs and their families**. At the same time, the principles and structure described are also transferable to other areas where consistent personal support and a clear management framework are needed – for example, in youth transitions (from school to work), community-based support services, mental health and addiction support, vocational rehabilitation, or case management services.

Although the book has been compiled with service organisers (managers, coordinators, team leaders), it is also well suited for **local government** or national-level clients and partners who want to understand what actually constitutes the quality of support services and what conditions are necessary for the service to be reliable. It can also be used by organisations that develop mentoring or volunteer programmes that combine practical support, motivation and personal support: many of the solutions described here (clear role framework, boundaries, risk management, support structures and quality assurance) are also applicable to the organisation of mentoring and counselling.

This section does not replace legislation, procurement documents, funding agreements or internal organisational procedures, nor does it replace professional management, supervision and quality management. The handbook supports these by helping to create **a common language and working framework**, prevent role and quality risks, and make service management clearer, safer and more effective on a daily basis – from the perspective of support persons, clients and partners alike.



INTRODUCTION

Brief introduction to the Caring Compass project

CARING COMPASS, or Empowering Support Persons in the Social Sector, is an Erasmus+ cooperation project that brings together organisations from Estonia, Latvia, Sweden, France and Italy. The aim of the project is to strengthen the capacity of support persons and organisations providing support services so that they can offer better targeted and higher quality support to their target groups.

The Caring Compass project consists of several interrelated **work packages**, the results of which support each other and create a unified framework for the development of support services.

Cross-national study. This work package involved conducting a cross-national study to collect data on the needs, expectations and good practices of support persons and organisations providing support services in five countries (Estonia, Latvia, Sweden, Italy and France). The results of the study formed the basis for the following outputs.

Training programme and methodological materials for trainers. This work package developed a training programme for support persons and comprehensive methodological materials for support person trainers to help support persons acquire the knowledge and skills necessary for their work. The training is based on the results of an international study and can be adapted to the needs of different target groups and countries. The training modules can be used separately.

Support person service handbook. This handbook consists of two parts: **one for organisations providing support services** and one for **support persons**. Both parts are based on research and training materials and provide a clear framework for planning, organising and conducting daily client work in support services. This text is part of the handbook for organisations.

Toolbox for support persons. It contains interactive tools for the daily work of support persons: worksheets, exercises, plans and other tools that can be used in conjunction with the training programme and handbook. The aim is to make the work of support persons with clients more systematic, purposeful and practical.

The handbook aims to bring together the results of these work packages to create a clear and practical framework for designing and developing support person services: it provides tools, examples, guidelines and control questions to make it easier to plan, manage and evaluate support person services for different target groups.



The handbook consists of two complementary parts.

Part I is intended for the support person's daily work. Here you will find explanations of the role and limits of a support person, principles of communication and self-regulation, work methods for meetings, the basics of digital ethics, and practical guidelines on how to support people in setting goals and taking small steps.

Part II is intended for organisations – service providers and organisations that organise support services (including coordinators and managers). Here you will find frameworks for the purpose and added value of the service, roles and responsibilities, principles of quality management, solutions for training and supporting support persons (including supervision/co-vision), and agreements on cooperation and documentation.

These two parts work best together: the professionalism and boundaries of support persons require organisational support (clear role description, guidance, supervision, secure working channels), and the organisation's service management requires the practical perspective of support persons (what actually works in meetings and networking). Therefore, it is advisable to use Part I and Part II in parallel – for example, in training sessions where support persons and coordinators discuss the same principles from different perspectives.

This handbook is primarily intended for organisations and teams that **organise or plan to organise support services**, mentoring, or training for volunteers or counsellors who work with different people. For example:

- non-governmental organisations and community organisations,
- local government social services departments,
- welfare and rehabilitation institutions,
- educational institutions and adult education providers,
- project-based initiatives (e.g. programmes to support the unemployed, addicts, refugees or children with special needs).

The handbook is suitable for organisations that already have a support service in place, as well as those that are **just starting out** and looking for an initial framework: where to start, what roles are needed, how to create a sustainable and ethical service.

In addition to service managers and coordinators, this handbook is also useful for:

- support person trainers,
- project managers and developers,
- decision-makers who are planning new services or procurements.

The handbook is structured so that each chapter can be used separately – you do not have to read it from cover to cover, but can start with the chapter that best suits your or your organisation's current needs:

- if you are in the initial phase, we recommend starting with the introduction, service objectives and distribution of roles;
- if support persons are already working, you can start with the chapters on supervision, well-being and quality management;
- If you are working on a project or procurement, the chapters on service planning, documentation and evaluation may be most useful.

When using the handbook, we also recommend reviewing the results of other work packages, browsing the cross-country study, reading the training plan and methodological materials for trainers, and familiarising yourself with the practical tools for support persons. This will ensure that the organisation's goals for training support persons and organising the service, as well as the practical daily work of support persons, form a coherent whole.



Key terms

We use the following terms in this handbook. We also use the same terms in the handbook for support persons so that support persons and organisations have a common understanding of the terms.

SUPPORT PERSON

A support person is a trained supporter who establishes a trusting and clearly defined relationship with the client, helps to map out the situation, formulate realistic goals and plan small, achievable steps to achieve them. A support person:

- encourages, reflects and helps the person navigate the systems;
- refers them to appropriate services and specialists when necessary;
- does not do things for the client or take on the role of a therapist, social worker, doctor or lawyer;
- does not lend money, offer housekeeping or childcare services, or use their car to regularly drive the client around.

The aim of the support person's work is to increase the person's independence and reduce their dependence on services, not to create a new long-term dependent relationship.

SUPPORT PERSON SERVICE

The support person service is a targeted and time-limited service in which the support person assists the client in coping with everyday life, whether the focus is on getting to work, starting a business, maintaining mental health, recovering from addiction, adapting to a new country, or other daily tasks such as caring for relatives or children.

A SUPPORT PERSON SERVICE PROVIDER (OR ORGANISER) IS AN ORGANISATION that is responsible for the design, organisation and quality of the service. This could be, for example:

- a non-governmental organisation or social enterprise,
- a local government unit,
- a welfare or rehabilitation institution,
- an educational or adult education institution.

The tasks of a support service provider include:

- defining the objectives, target groups and conditions of the service;
- recruiting, training and supporting support persons;
- ensuring work organisation and documentation (including data protection and security);
- creating and maintaining a partnership network with other institutions;
- monitoring and evaluating the impact and quality of the service and making changes where necessary.

CLIENT / SUPPORTED PERSON

The terms 'client' and 'supported person' are used synonymously in this handbook. We use them to refer to people who:

- belong to the target group of the support person service (e.g. people with mental health problems, people coping with addiction, new immigrants, children with special needs, etc.);
- have agreed to support services (e.g. as a mandatory, recommended or voluntary measure, through a written or verbal agreement);
- is working with the support person to improve their coping skills and quality of life.

It is important that the client is not merely a recipient of assistance, but a partner – their experience, goals and decisions are the starting point for the work.

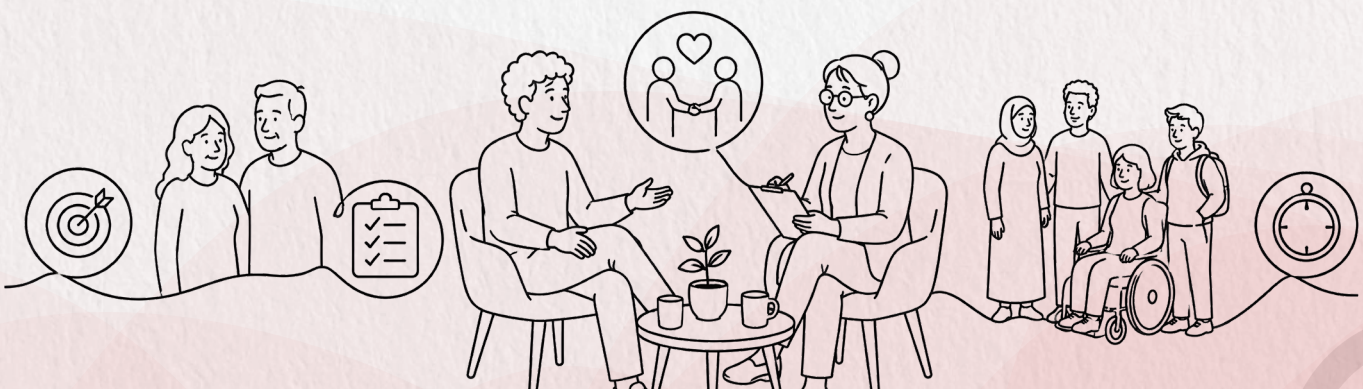
TARGET GROUP

The target group is a group of people who share broader commonalities and for whom the support person service is designed.

The Caring Compass project focuses primarily on:

- adults who have difficulty coping with everyday life;
- people who are unemployed or experiencing difficulties in finding work;
- people with mental health issues;
people with addiction problems;
- immigrants and refugees;
- children and young people, including children with special needs.

It is the responsibility of each local authority or organisation to specify the target group they are working with (e.g. 'long-term unemployed people aged 55+', 'NEET young people', 'parents with addiction problems', elderly people, etc.).



SUPERVISION

Supervision is a work-related counselling process that focuses on the mutual influence and interaction between the support person, their work tasks and the employer. Supervision focuses on:

- work-related feelings and dilemmas,
- role boundaries and responsibilities,
- preventing burnout,
- maintaining the quality of work.

Supervision is not about “complaining about problems”, but rather a safe place to make sense of experiences and seek professional solutions. Supervision is led by a professional supervisor. Supervision can be either individual or group supervision.

COVISION, or peer support

Co-vision is a regular, structured meeting of people doing similar work, where participants analyse and discuss work-related situations, using their experience, knowledge and skills. Covision systematically seeks solutions to complex cases, works through the personal experiences of participants, analyses the factors that influenced the situation, and develops possible solution strategies.

A good support service system is usually based on both supervision and co-vision.

NETWORK AND PARTNERS

A network is a group of organisations and professionals with whom support services are provided and developed. This may include, for example:

- local government and social workers;
- the unemployment insurance fund, educational institutions, youth centres;
- health and mental health services;
- other NGOs and community groups.

Partners are those network members with whom clear agreements have been made (e.g. information sharing, roles, contact persons, crisis procedures). A well-functioning network helps the support person:

- not to “do everything alone”;
- find a suitable service or solution for the client more quickly;
- share responsibility and information in a secure manner.

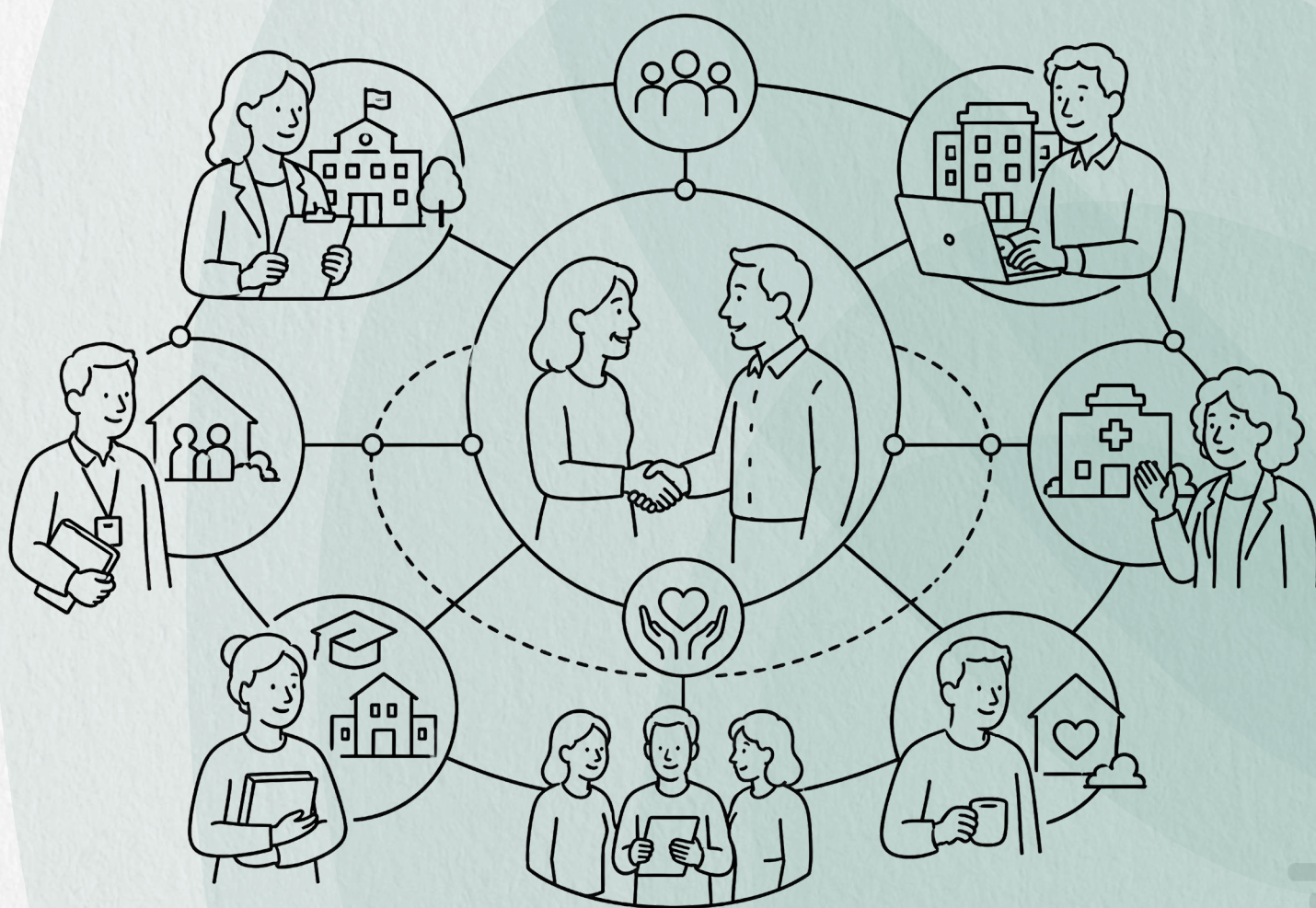


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1. THE PURPOSE AND ADDED VALUE OF THE SUPPORT PERSON SERVICE

Why is the support person service needed?

International studies and policy documents describe in fairly similar terms why it is not enough for people to receive only “services” (social support, labour market measures, treatment) – they also need someone by their side.

The WHO guidelines on community-based rehabilitation (CBR) emphasise that people’s coping and participation are not determined solely by their health or diagnosis, but also by their environment, relationships and access to services. The five core components of the CBR model – health, education, livelihood/employment, social life and empowerment – only work if there is support close to the person that helps them move forward in these areas in small steps.

European-level overviews of social and support services describe the same thing: many vulnerable target groups face multiple barriers – poverty, unstable housing, health and mental health concerns, weak networks, language barriers, and a lack of trust in the system. Good social services do not just mean ‘access to a single service provider’, but rather people-centred, coordinated support, where someone helps the person understand the system, make choices and stick to agreements.

The support person service fills this intermediary role between the system and people’s everyday lives:

- the support person helps **to translate the language of the system into the person’s language** – what services are available, what are the application deadlines, what is expected of me;
- supports people **in setting goals** and planning small, achievable steps;
- is **truly present** at critical moments – accompanies them, helps them make phone calls, sits beside them;
- keeps the focus **on the person’s own wishes and choices**, not just on what the system “prescribes”.

The WHO guidelines on community-based rehabilitation (CBR) emphasise that community-based programmes should reduce people’s dependence on a sometimes rigid social protection system and increase their opportunities to choose the direction of their own lives. European analyses of social support services show that more personalised support (including support persons, personal assistants, social counsellors, mentors) helps to reduce vulnerability and dependence on support, increase well-being and improve access to regular services.

A cross-national study by Caring Compass confirmed the same picture from the perspective of support persons: typical obstacles include loneliness in the face of the system, lack of information, complicated paperwork, low motivation and fear of making mistakes. Support persons described the core of their work as ‘moving together’ – step by step, at the person’s pace.

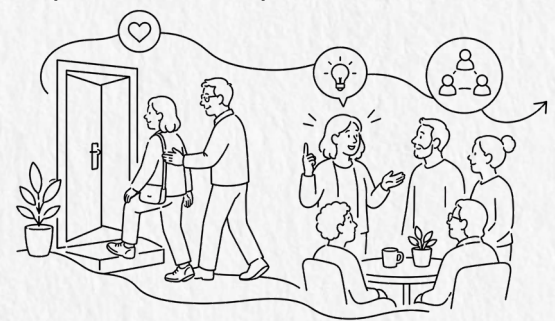
In short, support services are necessary because no system works without people who help clients actually navigate that system.

1.1 How does the support person service strengthen the community and cohesion in working life?

According to the “social” component of the WHO’s community-based rehabilitation (CBR) “social” component, the goal of community-based work is for people to be active members of the community rather than “service clients” – to participate in social activities, hobby groups, local life, and to support others themselves.

The support person helps to implement this movement in a very concrete way:

- they lead people **out of loneliness and into relationships** – group activities, day centres, voluntary work, community clubs;
- helps people overcome their “threshold” and take the first step: walk through the door, stay for the first time;
- encourages people to put forward their own ideas and take on a role in the community.



European mentoring and volunteer support programmes show that such **one-to-one relationships** affect not only the person being supported, but also the volunteers/mentors and the community. The Mentoring Europe review emphasises that mentees describe the experience as “I am no longer alone” – they gain self-confidence, hope and belief in their own abilities; mentors, in turn, develop a closer connection with the community, use their experience in a meaningful way and feel a greater responsibility for changes taking place in society.

In some cases, supporting a person in starting a business or developing an entrepreneurial idea is not only an economic intervention, but also social and personal support. For some people, entrepreneurship can be a realistic path to participation, autonomy and dignity, especially when traditional labour market services are inaccessible or unsuitable. In this sense, supporting entrepreneurship complements **support services and other social services** by strengthening a person’s **capacity to act**, self-confidence and long-term independence, and by broadening the ways in which a person can participate in working life and the community.

Several European social innovation programmes (e.g. Ready 4 Work, DUO for a JOB) have shown that voluntary mentoring can **significantly improve the employability of young people and new immigrants**, while strengthening intergenerational and intercultural cohesion. When it comes to supporting people in finding and staying in work, the role of a support person is most evident in situations where:

- the person **is not yet ready** for conventional employment services,
- they have had repeated interruptions in their employment history,
- there are additional risks involved (mental health, addiction, care responsibilities, lack of stable housing).

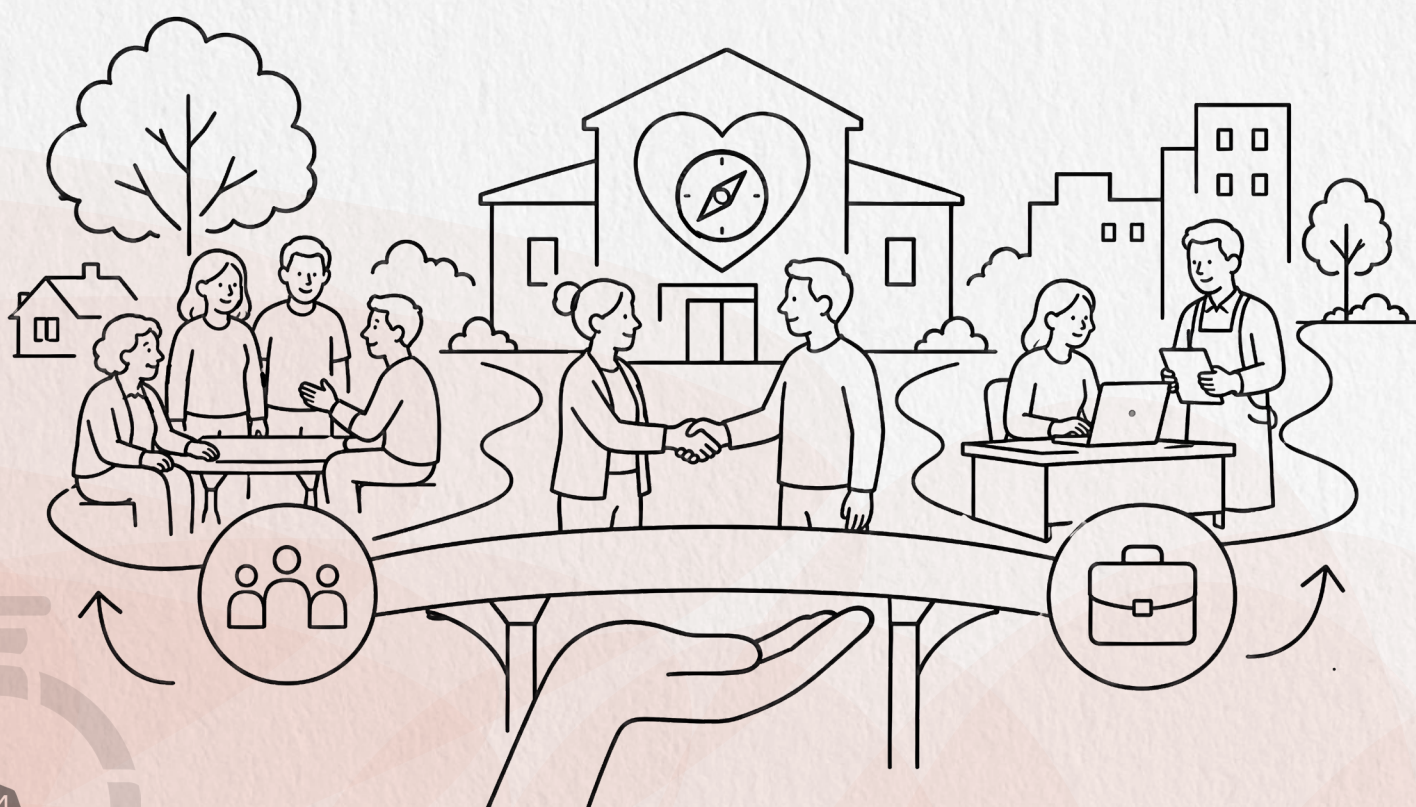
Supported employment models, such as *Individual Placement and Support* (IPS), have clearly shown that **intensive, person-centred support** for job seekers can double the likelihood of finding and keeping a job compared to conventional programmes.

Although the support person service may not be identical to the IPS model, the logic is similar: a person cannot “get their life in order first and then find work”; rather, **work, learning and organising one’s life develop in parallel**. Additional assistance is provided by a support person who helps maintain the necessary rhythm and direction.

Thus, the support person service is one of the key tools for the organisation to:

- strengthen **community cohesion** (people move from being passive recipients of assistance to active participants);

increase **cohesion in working life** (risk groups are not left on the margins of the labour market, but can enter and remain in it in small steps).



1.2 Link to existing social and labour market services

European reviews of social and support services emphasise that high-quality services are integrated, people-centred and community-based – not parallel ‘islands’. Social and support services should simultaneously:

- improve people’s well-being and reduce vulnerability
- provide opportunities to participate in education, work and community life,
- reduce long-term dependence on the social protection system.

The support person service fits into this framework in such a way that it **does not duplicate** existing services, but rather **links them together**.

a) Support person and social services

The task of a social worker or case manager is often to assess needs, make plans, organise services and take responsibility for the big picture. Support person:

- helps **to implement** this plan **in everyday life** – accompanying the person to government agencies, home visits, practising everyday skills;
- keeps in touch with clients between meetings so that the relationship does not break down;
- notices early on when the situation changes (e.g. risk of violence, worsening depression, increased burden of care for a loved one) and informs the responsible specialist.

This is also how the WHO guidelines for community-based rehabilitation (CBR) describe rehabilitation programmes: official services and local support (including support persons, volunteers, community groups) must work together, not at cross-purposes.

b) Support person and employment services

IPS studies on supported employment have shown that when **labour market and mental health services are integrated** and individuals receive personalised support in finding and maintaining employment, employment outcomes are significantly better than in traditional programmes.

In relation to labour market services, a support person can:

- help the client **understand what services are available** (Unemployment Insurance Fund, training, internships, job clubs);
- practise specific skills: CV writing, job interview role-play, calling employers;
- accompany the client to initial meetings, help translate the employer’s expectations into ‘everyday language’;
- help resolve minor obstacles before they become major ones (e.g. tardiness, communication conflicts, unrealistic expectations).

c) Support person and health care/mental health services

A support person does not provide treatment or therapy, but has a significant impact on whether a person **actually uses** the treatment and support offered to them:

- helps clients plan and remember appointments;
- supports visits to the doctor or therapist (e.g. an anxious person may not be able to function adequately);
- helps clients understand what the specialist has said and encourages them to ask questions;
- notices when the condition worsens and helps to get help faster.

The European Commission's guidelines on independent living and community-based services emphasise that independent living requires **personal support**, including personal assistants/support persons and other support relationships that help navigate the health, social and education systems.

d) Support person and community resources

In addition to formal services, one of the greatest strengths of a support person is **their knowledge of the community**:

- interest groups, day centres, clubs, community centres, libraries, self-help groups;
- volunteering opportunities;
- local events where it is possible to 'just be a participant' rather than a 'client'.

The European Social and Support Services Analysis emphasises that it is precisely these community-based activities that help reduce dependence on official services and strengthen people's **ability to support themselves**.

In order for the support person service not to remain "just another project" but to create real added value, it is important at the organisational level to:

- **clearly define the role of the support person**, as well as what the support person does not do and what remains the responsibility of other specialists (e.g. social worker, counsellor, therapist, Unemployment Insurance Fund consultant);
- **map the main partners and services** that the support person comes into contact with in their daily work (social and support services, labour market services, healthcare, education, community centres, etc.);
- **Agree on the procedure for information flow** – who are the contact persons, when and how is information shared, how to act in crisis situations.
- **clearly link the support person service to the existing system** so that the support person does not act as a 'lone warrior' but is part of a wider network.

In this way, the support person service can act as a bridge – not as a separate system, but as a link between the individual, the community and social and labour market services.

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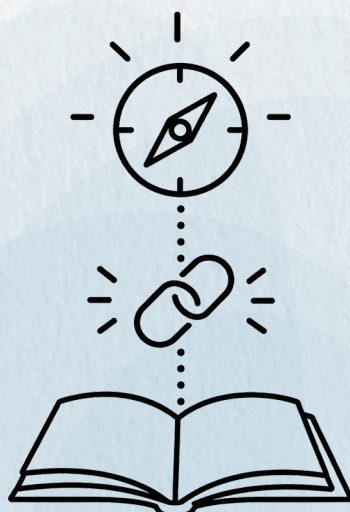
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2. ORGANISATION PROVIDING SUPPORT SERVICES: ROLE AND RESPONSIBILITY

International literature quite unanimously emphasises that peer counsellors do not stand alone – **the quality of the service depends greatly on the framework created by the organisation**: roles, boundaries, supervision and co-vision, values and risk management.

Scandinavian and international guidelines on the organisation of peer counselling emphasise that the main responsibility of the organisation is to create **a safe, clear and supportive framework**, not just a 'salary or project'.

The same logic applies to support services – if the framework, i.e. the organisation providing the service, is weak, even a highly motivated support person will not be able to do their job well.

An organisation that provides good support services:

- **defines the purpose of the service and the target groups**
 - to whom the service is offered, what kind of change it aims to support, what the limits of the service are (e.g. whether the focus is on getting to work, independent coping, mental health, staying in the community);
- **formulates the principles and values** on which the service is based,
 - e.g. respect, client rights and autonomy, valuing experiential knowledge, trauma awareness, community-based approach;
- **develops a clear work organisation**,
 - how clients access the service, who assesses suitability, how support persons and clients are matched, how the service ends and how the transition to other services takes place;
- **ensures the necessary support and development for support persons**
 - organises induction, training and regular supervision and co-vision so that support persons are not left alone or overburdened;

- **systematically keeps documents in order and monitors data protection rules.**
 - agrees on and follows clear rules for reports, contracts, consents, work notes, risk assessments, and data storage and deletion.
- **Consciously cooperates** with the network
 - social and support services, labour market services, healthcare, education, community centres – so that the support person service does not duplicate but connects them.
- **monitors and analyses the impact of the service,**
 - collects feedback from clients and support persons, monitors simple indicators (e.g. service interruptions, achievement of goals, transition to work or study) and uses this to develop the service.

A simple control question for the organisation:

Can the support person do their job in a way that makes it clear what their role is, who they should turn to if necessary, and how their work is evaluated?

If the answer is 'no' or 'it depends on the person', something needs to be changed at the organisational level – this is also shown by international experience, where confusion about roles and structure is one of the main reasons why people who work with others feel isolated and undervalued.



2.1 Roles within the organisation

Studies and guidance materials on the integration of peer support workers into services emphasise the importance of role clarity: the expectations of the support person, the supervisor and the organisation must be discussed and written down.

Possible roles in organising peer support services:

SERVICE OWNER/MANAGEMENT: decides that the organisation will offer a peer support service; approves the service's objectives, principles and budget; is responsible for ensuring that the service complies with laws, quality requirements and the organisation's values.

SERVICE MANAGER/COORDINATOR: responsible for the day-to-day operation of the service; accepts new referrals and enquiries, assesses with the team whether the client is suitable for the support person service; matches support persons and clients, plans the workload of support persons; is the contact person for partners (local government, Unemployment Insurance Fund, schools, healthcare institutions, etc.); ensures that supervision, co-vision and training opportunities actually work and do not remain only on paper.

SUPPORT PERSON: works directly with clients according to the agreed framework; keeps simple but consistent records of their work (notes, reports); participates in supervision and co-vision; provides feedback to the organisation – what works in real life, what needs to be changed.

MENTOR: helps new support persons settle in; shares their experiences and working methods (e.g. how to start the first meeting, how to maintain contact, how to take notes); is the 'first person to ask' for new support persons when everyday questions or doubts arise.

In entrepreneurship and innovation networks, mentors can play a role that is essentially very similar to that of a support person. In addition to technical input, mentors often provide encouragement, 'reality checks', emotional support and role models – especially during periods of doubt, failure or transition. When an organisation treats mentors as people who support people (not just ideas or projects), it helps to make mentoring programmes more ethical, sustainable and people-centred.

SUPERVISOR: provides regular supervision to support persons – helps to discuss difficult situations, feelings and boundaries; maintains focus on both the quality of work and the well-being of the support person and the prevention of burnout.

ASSISTANT, ACCOUNTANT OR OTHER SUPPORT STAFF: helps with contracts, invoices, calendars and reporting; supports the service manager in the daily flow of information.

It is not important how many positions there are in the organisation or what they are called , but that **the tasks are clear**.

For example, it is worth noting:

- Who does the support person turn to when they have a difficult situation or ethical question with a client?
- Who decides whether a new client is suitable for support services?
- Who decides when the service for a specific client ends?
- Who is responsible for ensuring that support persons receive regular supervision and co-vision?

If there is no clear answer to these questions, the service tends to rely on “goodwill” and the efforts of individuals. Clear roles help both the support person and the client feel that the service does not depend solely on one person’s mood or energy levels, but is truly maintained by the organisation.

In a small organisation, roles may be concentrated in the hands of one or two people, but the tasks should still be written down: who decides on the suitability of support persons, who is responsible for risk management, who is responsible for supervision, etc.

2.2 Boundaries, safety and risk management

International practice emphasises that professional boundaries do not mean that the support person must be distant or inaccessible, but rather that they create a safe framework that protects both the client and the support person and helps to ensure that the support is sustainable.

Several guidelines for support and care workers point out that the organisation must help employees to:

- distinguish between **personal and professional relationships** – a support person is not the client’s ‘best friend’, but a professional supporter;
- avoid situations where **the work relationship becomes entangled with financial, family or romantic relationships**;
- maintain **specific boundaries** – a support worker does not lend money to a client or offer them permanent childcare or cleaning services, does not take on the role of a regular ‘driver’ for the client, and does not share too much of their personal life with the client or try to befriend them on social media.

Ensure **data protection and confidentiality** – only collect information that is necessary for the job; keep information secure and respect the client’s privacy.

At the same time, it is important that the organisation **does not leave boundaries solely to the support person's 'conscience'**. Good practice recommends:

- written guidelines on professional boundaries, gifts, dual relationships and communication channels;
- regular supervision, where complex situations can be discussed before they become a crisis;
- training and discussions on boundaries (e.g. case-based seminars, role-playing);
- a clear system for employees to **safely report** boundary violations – both their own and those of their colleagues.

Boundaries and risk management do not mean that the support person must be distant or emotionless. Boundaries can be imagined as the banks of a river – they provide a clear, safe bed for communication, where caring contact can be maintained and developed.

International literature on support persons and peer counsellors reaches a similar conclusion: if an organisation does not offer a clear role, support and boundaries, support persons quickly experience confusion, overwork and burnout – and the impact of the service on clients diminishes.

This chapter can be summarised with one question:

Is our support person service organised in such a way that new support persons clearly understand their role, what protective mechanisms are in place, and who they can turn to for advice in difficult situations?

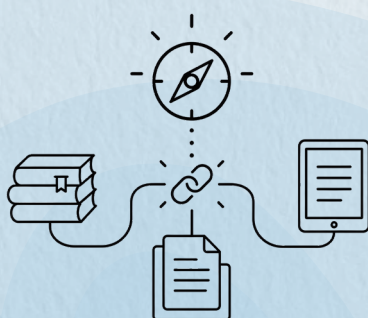
If the answer is 'yes', the organisation has a strong foundation.

If the answer is 'no' or 'it depends on the person', this is where the tools in the following chapters (role descriptions, process maps, examples of agreements and boundaries, supervision and co-vision models) can help to strengthen the framework.



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3. FINDING, SELECTING AND EMPLOYING SUPPORT WORKERS

The quality of a good support person service starts with who we choose for our team and how we support new employees from their very first days. International practice increasingly emphasises **value-based recruitment** – first, a person’s attitudes, motivation and perseverance are assessed, and only then their skills and qualifications.

A study conducted as part of the Caring Compass project showed the same thing: skills (e.g. communication, crisis work, networking) can be taught and learned, but **internal attitudes, empathy, boundary setting and willingness to learn** are what service providers need to pay particular attention to when recruiting. A good support person is, above all, **someone whose own life is more or less in balance**: they can cope with agreements, are able to maintain boundaries and take responsibility, are reliable and willing to reflect on their practice.

Research and guidance materials in the field of social and support services show that the best employees are not always the “most experienced”, but those who have:

- **A sparkle in their eyes and intrinsic motivation** – a genuine interest in working with people, a desire to support them, not ‘just a job’.
- **Emotional maturity and resilience** – able to recognise their own feelings, remain calm in stressful situations, seek help before burning out.
- **A respectful and non-judgmental attitude** – able to see the person, not just the problem (e.g. addiction, prison background, poverty, migration).
- **Ability to set boundaries** – understands where the role of a support person ends and friendship, therapy, financial assistance, childcare, etc. begins.
- **Reliability and stability** – keeps agreements, arrives on time, gives advance notice if something changes.
- **Willingness to learn and reflect** – is willing to participate in training, accept feedback and analyse their work (e.g. in supervision and co-vision).
- **Willingness to cooperate** – is ready to communicate with other specialists and service providers, does not act as a “lone wolf”.
- **Basic life stability** – you do not currently have any unresolved crises that would make it very difficult to support another person (e.g. uncontrollable addiction, acute crisis that takes up all your attention).

International job descriptions for support and assistance specialists emphasise similar qualities: empathy, patience, honesty, listening skills, a sense of humour and **cultural sensitivity**.

Much can and should be taught – for this purpose, **the training programme** developed in the Caring Compass project can be used, among other things. It also includes **methodological guidance material for trainers**.

In addition to personal qualities, it is also worth clearly considering **educational and background requirements**. An education in social work or another social field (e.g. youth work, community work, rehabilitation, occupational therapy, etc.) is definitely a big plus for a support person, but **it is not always mandatory** if the law or the requirements for working with a specific target group do not directly require it. It is important that the person is willing to learn – to participate in training, familiarise themselves with the system and develop their skills, for which the WP3 training programme provides a very good framework.

Typical **areas of learning** include knowledge of the social and support services system; communication skills (active listening, conducting difficult conversations); goal setting and the use of CARE or other models; networking (service providers, local government, unemployment insurance fund, schools, healthcare); dealing with crisis and conflict situations; self-care and stress management. When selecting candidates, it is important to remember that **they do not need to have all the skills already – what matters is that they are willing to learn and develop**.

Mentoring and volunteer work handbooks emphasise that **the best support persons are often found within the community** – these are people who are already being called upon when someone is having a hard time. Support persons should be sought among the organisation's own employees and alumni (ask "who would you recommend?") as well as from partner organisations such as community centres, schools, the Unemployment Insurance Fund or networks of experience advisors. In addition, local government information and social networks, universities and vocational schools (graduates in social work, youth work, community work, healthcare), volunteer work platforms, local media and social media can also be helpful.

When recruiting a support person, their background and experience should also be taken into account. The general principle should be that the support person is **law-abiding and has no criminal record**, especially if the work involves children, young people or other vulnerable groups – a support person is often the only stable and functioning adult in the client's network and a role model with their lifestyle and attitudes.

At the same time, international literature emphasises that for certain target groups – such as addicts, ex-prisoners or people who have lived on the streets – **past experience and successful recovery** can be a great strength if the person has recovered sufficiently and is offered appropriate support. International training and certification programmes for peer counsellors and addiction support specialists generally recommend that the support person should have been in stable recovery for at least 1–2 years, **with two years being considered a fairly common and cautious minimum**. It is not only the length of time that is important, but also whether the person has a stable life situation, a functioning support network, the ability to maintain boundaries, and a willingness to participate in regular supervision. If an organisation decides to involve a person with recent experience of addiction or imprisonment as a support person, this should be done on the basis of an informed risk and resource assessment and with closer support, clear boundaries and good cooperation with the coordinator.

Of course, **a support person from the same country of origin** who has already lived in the new country for some time and learned to navigate ‘between two worlds’ can be a particularly great support to a new immigrant. Several refugee mentoring programmes (e.g. the Go-Betweener programme and various European mentoring projects) describe how a mentor with a similar ethnic and linguistic background helps to build trust more quickly, reduce loneliness and explain ‘in their own words’ how local systems actually work – from public authorities to everyday life. The aim is not to remain within one’s own community, but to build bridges: a person who shares the same language and cultural background can explain to newcomers both the customs of their home country and the unwritten rules of their new country, and encourage them to make contact with the wider community.

When it comes to language skills, studies are fairly unanimous: **having a common language between the support person and the client is critical in terms of trust and mental health**, but equally important is the support person’s ability to communicate in the language of the host country. A language ic “mismatch” between the specialist and the client is associated with more complex relationships, misunderstandings and reduced access to services, while a linguistic and cultural mediator significantly mitigates this. The Council of Europe and the OECD emphasise that proficiency in the local language is a “key issue” for the integration of adult migrants – it opens the door to the labour market, education and health services. In practice, this means that a support person from the same background can initially rely mainly on their shared mother tongue, but should have at least a working knowledge of the local language or access to translation services to help the client move on to the ‘wider’ society – in other words, to be both **a safe contact in their own language and culture** and **a bridge to the new language and community**.

A good recruitment message explains in simple language what the role of a support person is and what it is not, honestly states how much time and energy the job requires, and describes what kind of support the organisation offers (e.g. training, supervision, team support). **The dimension of meaning** is also important – how the support person contributes to connecting the community and working life. Value-based recruitment guidelines recommend using stories and examples that help interested parties understand whether this job “speaks” to them: short videos, articles, and stories from current support persons.

Many social and support service guidelines recommend using **structured or semi-structured interviews**, where the common thread is the candidate's values, attitudes and resilience, not just their CV.

Recommended selection criteria

- shares the organisation's core values (respect, fairness, safety, client participation);
- can provide examples of how they have dealt with complex situations;
- understands the importance of professional boundaries;
- is willing to participate in supervision and co-vision;
- demonstrates a willingness to learn and the ability to reflect;
- has sufficient stability in their life so that supporting another person does not become overwhelming.

International guidelines for recruiting experience counsellors emphasise that the selection process should not only ask "what can you do?", but also "what motivates you in this job?" and "how do you take care of yourself?".



3.1 Sample questions for a job interview (values and attitudes)

Motivation and “sparkle in the eyes”

- *What attracts you to support work? Why this job and not another?*
- *Tell us about a situation where supporting or helping someone was really meaningful to you. What appealed to you about it?*

Attitudes and prejudices

- *Which target groups would be easiest for you to work with? Which would be more difficult – and why?*
- *How do you behave when you catch yourself thinking about a client in terms of a stereotype (e.g. ‘it’s all their fault’)?*

Boundaries, responsibility and self-preservation

- *Describe a situation where someone asked you for more than you felt comfortable giving (time, money, personal contact). How did you set boundaries?*
- *What are the first signs that you recognise when you are too tired or stressed? What do you do then?*

Experience with cooperation and conflicts

- *Give an example of a situation where you had a disagreement with a colleague about customer service. How did you resolve it?*
- *What helps you to continue working with a client who initially does not want help or is very sceptical?*

Learning and reflection

- *Tell us about the last time you received critical feedback. What did you do about it?*
- *What training or learning experience has been most useful to you in recent years? Why?*

If the support service also includes experience advisors, it is worth asking about **their own experiences** and **distance** (e.g. “How much time has passed since your own crisis?” and “How do you currently distinguish your own life from the client’s story?”). Separate guidance materials have been created for this, including experience-based work handbooks from Sweden and Ireland.

3.2 Training of support persons

A study conducted by the Caring Compass project showed that many support persons feel that their initial training has been inadequate – it has been too theoretical, with little practical experience, or has not covered important topics (e.g. boundaries, crisis situations, self-care).

The training programme and methodological materials for trainers developed during the project were created to fill this gap. They systematically cover basic skills: values and ethical principles, communication, goal setting, everyday support, networking and the social welfare system, self-care and resilience.

The minimum programme for new support persons could include:

- 1. Introduction to the organisation and service:** the purpose of the support person service, target groups, expectations for the role; work organisation, documentation, crisis guidelines, data protection.
- 2. Role, boundaries and ethics:** what a support person does and does not do; confidentiality, consent, cooperation with other specialists.
- 3. Basic communication skills:** active listening, open questions, conducting difficult conversations, and dealing with resistance and loss of motivation.
- 4. Job shadowing and guided practice:** new support persons have the opportunity to **observe experienced support persons** during 1–3 meetings; the first meetings take place in tandem, if possible.
- 5. Introduction to supervision and co-vision:** when, how and who to turn to for help; what are the expectations for participating in supervision.

In order for the support person service to be more than just a good idea on paper, but a truly functioning service, it is worthwhile for the organisation to:

- **clearly describe who they are looking for** – what attitudes and personal qualities are essential and what can be developed through training;
- **formulate a transparent selection process** – what interview questions and other methods (e.g. role-playing, case studies) will be used to assess values and resilience;
- **Consider how to ensure, in addition to training, a minimum structured induction programme** based on the WP3 training plan and including both theoretical and practical components.
- **plan supervision and co-vision from the outset**, rather than ‘if there is time’.

This increases the likelihood that the support team will include people who have both **the sparkle in their eyes** and **the resources to stay** in this role for a longer period of time – with effective support, training and a framework that supports retention.

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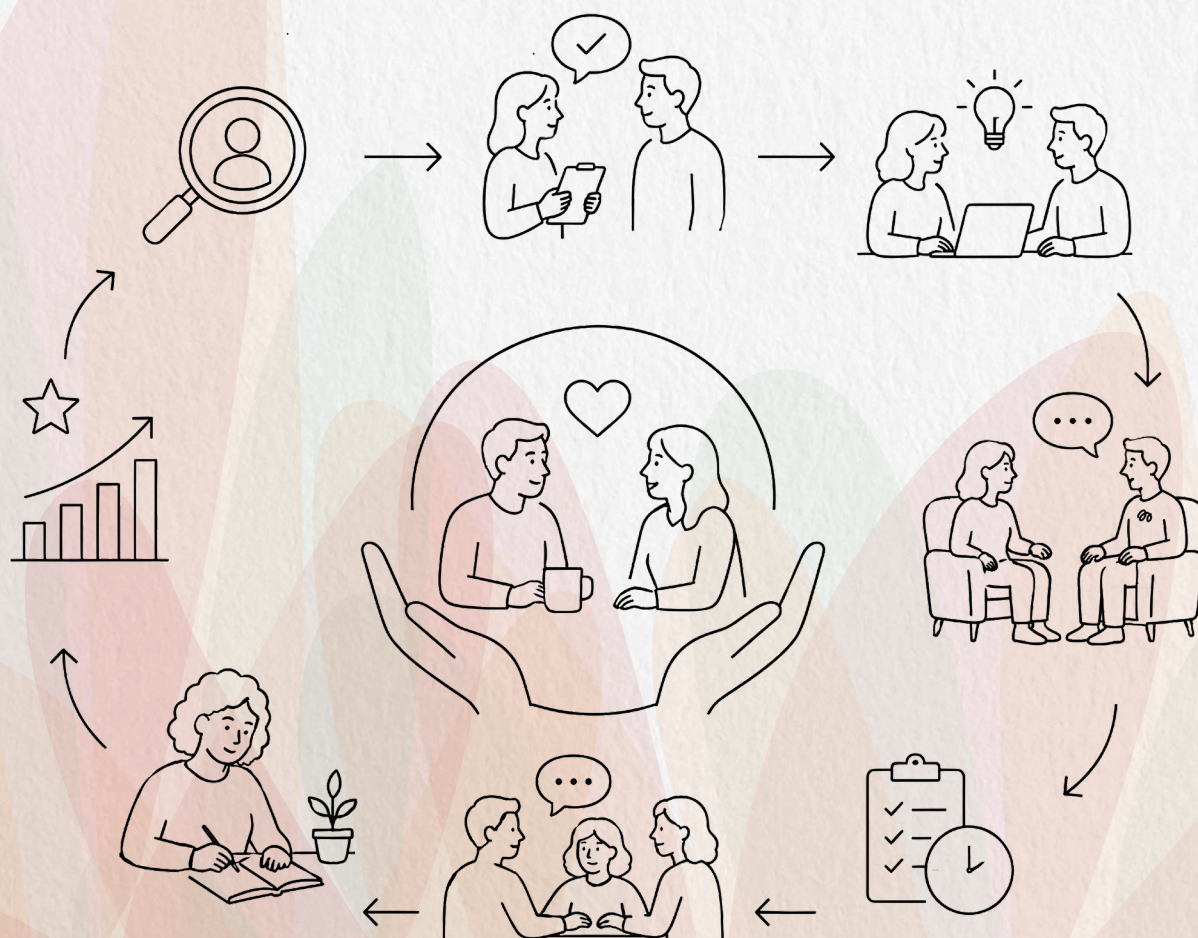
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4. ORGANISATION OF SUPPORT SERVICES AND WORK PROCESSES

Good support services are not only about dedicated support persons – **clear and transparent work organisation** is equally important. The organisation's task is to keep track of the 'client's journey' to the service, while they are using the service and after they leave it. It also involves guiding the client to a suitable support person, setting and monitoring work objectives, and ensuring secure documentation and data protection for the service.

As emphasised in the WHO guidelines on community-based rehabilitation and person-centred planning approaches, a structured but flexible process helps to improve both the quality of the service and the client's participation and autonomy.



4.1 How does the client access the service?

Support services can be accessed through a variety of channels:

- local government (social or child protection work);
- unemployment insurance fund, health care or educational institution;
- prison or probation service;
- partner organisation (e.g. community centre, NGO, helpline);
- initiative of the person themselves or their loved ones.

From the service provider's point of view, it is important that each referral to a service includes agreed information that must be provided with the referral – at least the client's contact details, brief background information, main risk factors, language of communication and areas where the person needs support.

It is also important to consider **how** to provide the client with understandable information about the service (e.g. a referral letter with a verbal explanation, a simple information sheet or a link to the website). In addition, it is necessary to agree on where and in what form the first contact will take place – whether it will start with a phone call or an online meeting, or whether a face-to-face meeting will be arranged immediately. The face-to-face meeting should take place in a safe place for both parties, but the support person service is flexible: the meeting can also take place outdoors or in another suitable environment, such as a community centre, library or at the service provider's premises (social worker's office, unemployment office, etc.). To build trust, the meeting can also take place during a joint activity – for example, playing pool with the young person or going for a walk together – if this suits both the client and the support person and has been thought through safely.

Good practice: The referral letter should *only* contain *information* that helps to start the work safely and meaningfully – not the client's entire life story. For example: name, contact details, main risks/threats, a brief description of why a support person is needed, and the referrer's contact details.

The first contact should always include an explanation that participation in the support person service is a *two-way collaboration*; an initial discussion of the client's expectations and concerns; and a brief introduction to what the support person does and does not do.

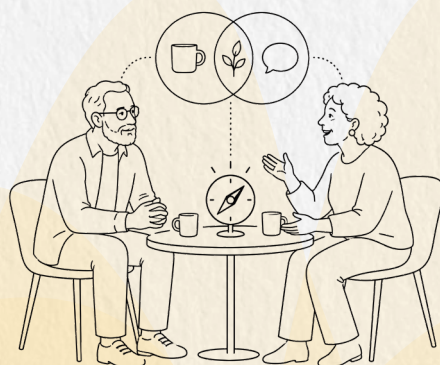
4.2 Finding the right support person for the client

Research and various guidance materials indicate that a better match between the support person and the client promotes trust, consistency and results. A recent study by research universities (Tuma et al. 2024) looked at 565 doctoral students from 70 universities and investigated what predicts **a good supervisor-doctoral student relationship**. The study distinguished between surface-level and deep-level similarities between mentors and mentees. **Surface-level similarities** include gender, age, ethnicity, language skills, and sometimes the same field of study. **Deep-level similarities**, on the other hand, refer to how a person thinks and sees the world, their values, attitudes, communication style, goals, understanding of a good relationship, etc. The study measured **how similar students felt they were to their mentors at a deeper level** in terms of mindset, values, communication style, etc. This was then compared **with demographic similarities** (same gender, ethnicity, etc.) and examined how this relates **to the quality of mentoring**, i.e. how much the student perceives psychosocial support (listening, encouragement, emotional support), career support (opportunities, recommendations, opening doors) and their overall satisfaction with the relationship.

The results were quite clear. Demographic similarity **did not predict** the relationship very well – being of the same gender/ethnicity did not automatically make a good mentor-mentee pair; but **deep-level similarity** (similar values, communication style, attitude towards work and learning) was **the strongest factor** associated with the student feeling: more support, better relationship quality, greater satisfaction with mentoring.

Similar results have been found in other mentoring studies – for example, Ensher & Murphy, Allen & Eby et al. have shown that **the greater the perceived similarity**, the more people talk about trust, a sense of openness, the courage to ask for help and greater satisfaction with the relationship.

When applying this idea to the context of support persons, it is not only important **whether the support person is of the same gender/ethnicity** – this may help in some cases, but is not a guarantee – but **whether the client perceives the support person as ‘one of their own’ in a deeper sense**: whether the support person speaks to them respectfully, not condescendingly; whether their attitudes are similar (e.g. “a person is more than their diagnosis”); whether the communication style is suitable (calm vs direct, humorous vs very serious); whether the support person is willing to listen, not just “give advice”.



In order to better understand what kind of support person would suit the client and ensure smooth cooperation, when considering a suitable support person, the client may be asked, for example

- *“What kind of support person would suit you best: someone who is calm and a good listener, or someone who is specific and direct?”*
- *“When you are having a hard time, what helps you the most: someone who just listens, someone who helps you think, or someone who offers specific solutions right away?”*
- *“Is it important to you that your support person also shares some of their own experiences, or would you prefer them to focus solely on your story?”*
- *“Do you have any specific preferences regarding your support person – for example, gender, age, language, religion, life experience?”*

The support person may in turn ask:

- *“How would you describe yourself as a support person: more of a calm listener or more of a concrete and direct type?”*
- *“When a client talks about their difficult situation, what is your first intuitive reaction: do you just listen, help them think by asking questions, or quickly offer specific solutions?”*
- *How much are you willing to share your experiences (work, studies, health, life difficulties) with the client – rather little, a little, or quite openly? How do you decide how much is appropriate?*
- *“Do you have any clear preferences or boundaries regarding who you want to work with – for example, in terms of the client’s age, gender, language, religion or life experience?”*

This makes it easier to see who is a “rather calm listener” and who is a “rather concrete doer” and to put together pairs where styles and expectations do not clash from the very first meeting. The service provider can match people who are more likely to build a trusting and effective relationship.

What happens if they are not compatible?

An important message for both clients and support persons: **the fact that a particular pair does not get along does not mean failure**, but is a natural part of the work.

If a client wants to change their support person:

- normalise the situation: “Sometimes people don’t find the right common ground on the first try. Let’s try to find someone else you feel more comfortable working with.”
- Ask briefly what did not work – not to blame, but to learn (e.g. communication style, pace, practical limitations).
- Explain honestly what the organisation’s real possibilities are: whether and how many changes are realistic, whether there is a queue, whether any preferences (e.g. same native language) are feasible.

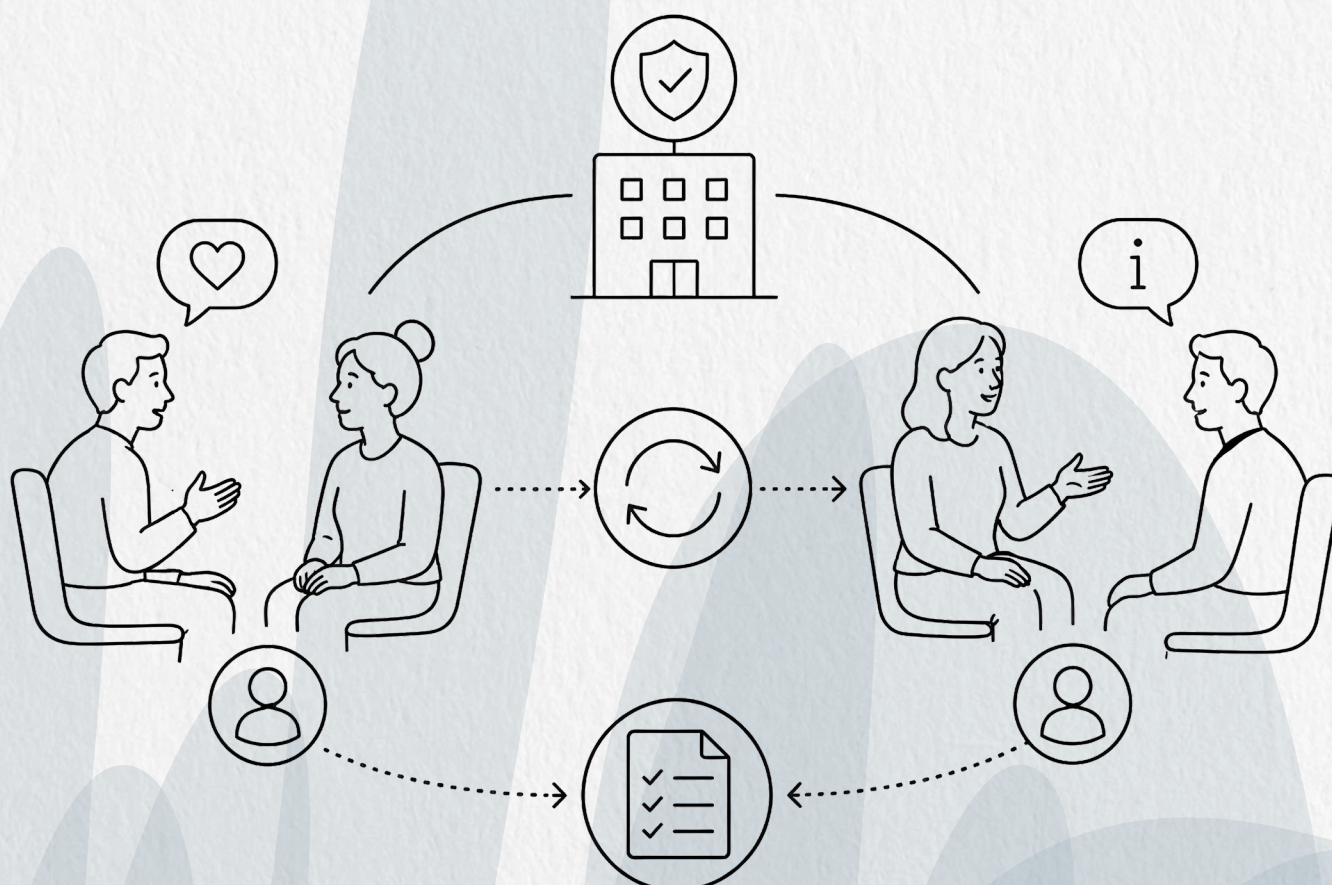
If an exchange is not possible:

- acknowledge the client's feelings: "I understand that this is not quite what you were hoping for."
- Explain the limitations honestly (team, funding, region).
- Offer alternatives: e.g. the possibility to change the frequency or focus of meetings, involve another specialist, refer to another service in the long term.

If the organisation decides to change the support person (e.g. role confusion, conflict, risk of burnout):

- talk to the support person separately, clearly and respectfully, emphasising safety and role suitability, not personal "failure";
- offer supervision or discussion to learn from the experience;
- give the client a neutral explanation: "We are changing support persons to ensure you receive the best possible support."

It is advisable to put *the procedure for changing support persons* in writing so that decisions are not based solely on emotions or chance.



4.3 Meeting arrangements: scope, form, location

The structure of meetings has a significant impact on how the client feels and how well the work is done. The location of the service directly affects trust and openness – some clients open up better in a neutral space (e.g. a library or community centre), while others feel safer in a familiar environment. In general, it is good if the first meetings take place **in a safe and quiet place** where it is possible to talk without interruption: the organisation's counselling room, community centre, library, sometimes also at the service provider's premises (social worker's office, Unemployment Insurance Fund premises, etc.). Home visits are possible if they are purposeful, safe and the organisation has a specific procedure for this – for example, how risks are assessed, whether the support person goes alone or with someone else, at what times home visits are made.

The support person service is **flexible** in nature, so meetings can also take place outdoors or during an activity: a walk in the park, having coffee together at the community centre café, meeting with young people at the youth centre, etc. When working with young people in particular, it can help to build trust if the first or second meeting takes place during a neutral activity rather than just sitting opposite each other at a table – it is important that this is well thought out, safe and in line with the organisation's guidelines.

The scope of the service can vary greatly depending on the client – for some, a few months are enough, while others need longer-term support. That is why it is important to discuss and agree in writing at the outset how often and for how long the meetings will take place (e.g. once a week for 1-2 hours) and how long the service is initially planned to last (e.g. up to 6 months, with the possibility of extension by agreement). All parties – the client, the support person and the coordinator – should be aware of the scope of the service, when it is expected to end and under what conditions it can be extended. It is important that the service is not 'dragged out' indefinitely, but is linked to clear objectives and regular reviews: whether progress is being made in the agreed direction and whether support is still needed to the same extent.

In addition to the formal client agreement and work plan, it is also useful to draw up a so-called goodwill agreement – a few simple agreements on how we will behave towards each other. For example: the support person promises to arrive on time and prepare for meetings; the client promises to let them know if they cannot come; both agree to speak honestly, give feedback (even if something is not suitable) and keep within the agreed boundaries. Such a goodwill agreement can be written as a separate point in the work plan or contract, but it can also be simply discussed together – the important thing is that expectations are visible and shared, not "silently assumed". **See the example of a goodwill agreement in the appendices to this handbook.**

The purpose of the agreement is not bureaucracy, but clarity. Estonian and international case management guidelines emphasise that written agreements help prevent misunderstandings about roles, responsibilities and termination conditions.

4.4 Setting goals, work plan and termination

The quality of support services does not depend solely on “getting along well”, but also on clearly defined goals and regular evaluation. We will discuss the fulfilment of service goals and the evaluation of service quality in more detail in the relevant chapter.

When setting goals and drawing up a work plan, it is worth focusing not only on what the person does and what results are expected, but also on what **helps them maintain their mental well-being and stability**. Write down agreements about workload, pace, routines that support stability, and support – who to turn to, what kind of support is realistic, and how to recognise signs of overload early on. This is particularly important in situations that require long-term effort and coping with uncertainty (e.g. major life changes, learning and working journeys, project-based initiatives or entrepreneurship).

The CARE model and international person-centred planning guidelines emphasise that **individuals must be the primary authors of their own goals**.

Recommended order of work:

1. **Mapping the situation** – the client’s strengths, areas of concern, existing network (family, services, community).
2. **Formulating wishes and goals** – what does the person themselves want to change in the next 3–6 months? (work, study, everyday life, relationships, health, etc.).
3. **Small steps and sharing responsibility** – what will the client do, what will the support person do, what will other network members do; realistic timetable.
4. **Regular review** – e.g. once a month, review together what has changed, what has stalled, whether the goals need to be adjusted.
5. **Termination or extension** – the service ends: when the main goals have been achieved or the client needs a different type of service; at the end of the agreed period; in exceptional cases, even earlier (e.g. safety, serious violation, moving).

Termination of the support service should also be a conscious step: a short summary meeting to review what has been achieved and what the next steps are (e.g. where the person will be referred to, what support can be continued through other services).

4.5 Documentation, data protection and information security

Documentation is a tool, not an end in itself. CARE materials emphasise that documentation should support cooperation and transparency, not just ‘paperwork’.

Minimum support service documentation should consist of the following documents: referral form/initial information; client and support worker agreement; individual work or activity plan or a copy thereof, brief meeting notes (date, duration, main focus, agreements); risk assessment and crisis case descriptions, if necessary; final summary or summary report.

Data protection principles for the organisation:

- only information that is essential for work is collected (“as little as possible, as much as necessary”);
- access to data is restricted – only to employees who are directly involved in the service;
- data is stored securely (locked cabinet/secure information system, passwords, access logs);
- data has a reasonable retention period and clear rules for deletion in accordance with the requirements of the funder and the state;
- The client is aware of what information is collected about them, to whom it is disclosed, and what their rights are (access, correction, objection).



In order for the support service to be a meaningful addition, rather than just ‘the next project’, it is worthwhile for the organisation to:

- describe and think through the customer journey from start to finish – from referral to completion;
- create a transparent but flexible system for matching and exchanging support persons and clients;
- enter into understandable and customer-focused agreements that describe roles, scope, objectives and termination conditions;
- link daily work to clear objectives and regular reviews;
- maintain documentation and data protection at a level that supports rather than hinders the work.

4.6 Rights of support service clients and their recognition

Modern social and support services are increasingly based on a rights-based approach: **the client is not a 'recipient of assistance' but a rights holder**. International frameworks, such as the UN Convention on the Rights of Persons with Disabilities (CRPD), emphasise **the right to live in the community, make choices and receive support in a way that promotes autonomy, participation and privacy**. European quality frameworks for social services add that service quality also means the systematic protection of clients' **rights, dignity and opportunities for participation**.

A good support organisation articulates and makes visible at least the following fundamental rights:

- **the right to dignified and respectful treatment**, regardless of age, gender, health status, nationality, language, religion or previous life history;
- **the right to information and informed consent** – a clear explanation of what the service is, what the role of the support person is, what is not done, what data is collected and why;
- **the right to participate in decisions** – the client is involved in setting goals, drawing up a work plan and discussing the termination of the service;
- **the right to privacy and data protection** – personal, health and social data is kept confidential and only those who have a clear need for it have access to it;
- **the right to safety and freedom from abuse** – clear rules for preventing and responding to harassment, violence and exploitation.

Ensuring client rights is not limited to paper – the organisation must also **monitor** them. This means: regular satisfaction surveys, the opportunity to provide anonymous feedback, regular monitoring and supervision of case managers or coordinators, and staff training on rights issues. According to European social service quality frameworks, user participation and feedback are one of the core quality principles.

An important part of protecting client rights is **a simple and effective complaints procedure**. Clients must have clear information about *where* and *how* to turn if they are dissatisfied with the service, the work of a support person or decisions, and it must be possible to submit complaints through various channels (in writing, by telephone, in conversation). It is important to confirm in writing that filing a complaint **will not adversely affect** the customer's access to services or their relationship with employees, and that complaints will be used as an opportunity to learn and improve services. In addition to the internal complaints procedure, the customer must be informed of the external institutions they can turn to if necessary (e.g. local government, Chancellor of Justice, supervisory authorities).

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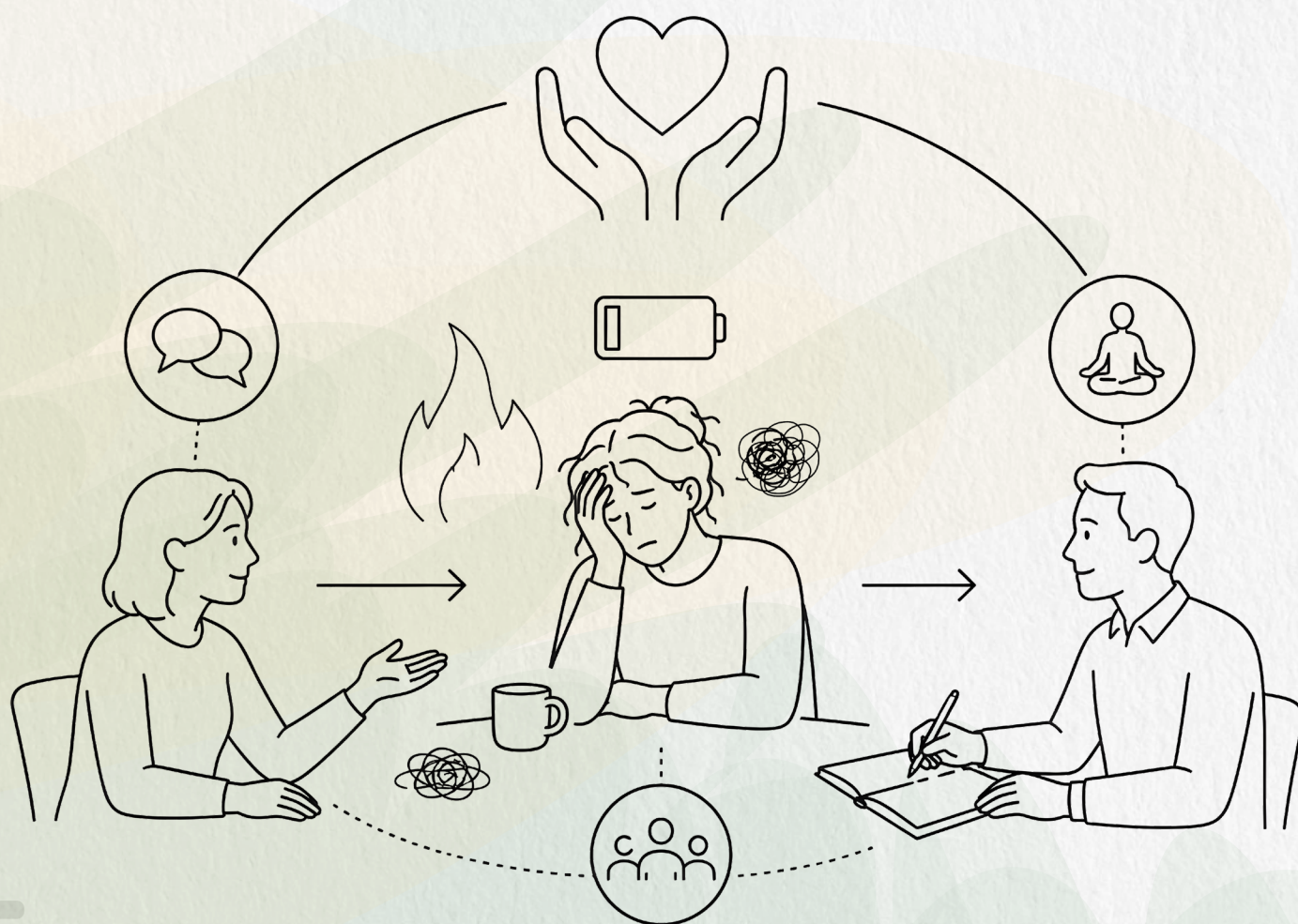
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5. TRAINING, SUPERVISION AND WELL-BEING OF SUPPORT PERSONS

Although the support person and the client are at the heart of the support person service, **the quality of the service depends** just as much on how **the organisation supports its people**: whether there is effective training, a clear supervision system and a well-thought-out burnout prevention strategy. Maslach and Leiter (2016), the Society of Occupational Medicine report (2023) and Te Pou (2022) on health and social care workers show that **burnout is common** in these professions **and is closely linked to work organisation**, role conflicts and lack of support, not just individual ‘difficult cases’. Below, we look at how an organisation can systematically maintain the resilience of both support persons and other team members.



5.1 Why and how to train support persons on an ongoing basis?

An international study conducted as part of the Caring Compass project showed that support persons and service providers primarily expect clear basic training, regular refresher training and the opportunity to learn from each other's experiences. International literature on mentoring, peer support and social work (Skills for Care, 2020; Te Pou, 2022; European Social Network, 2023) confirms the same: consistent, work-related training is one of the most important factors in improving service quality, reducing errors and supporting staff retention.

From an organisational perspective, it is worth considering at least three levels of training:

1. Basic training for support persons

- provides a common understanding of roles, boundaries and expectations;
- introduces basic concepts (e.g. boundaries, confidentiality, risk, goal setting) and basic skills (listening, goal setting, networking);
- it is good if it is linked to a specific training plan and methodology (e.g. the Caring Compass project training plan).

2. Regular continuing education

- with recurring or alternating focuses (e.g. mental health, trauma-informed approach, addiction, working with young people, cultural sensitivity, conflict management);
- based on feedback from support persons themselves as well as new knowledge and the needs of target groups;
- may take the form of shorter workshops, online training, seminars or study trips.

3. Learning on the job

- supervision, co-vision, tandems with more experienced support persons, guided practice;
- meetings between support persons to share practical techniques, working methods and 'little tricks';
- reflection meetings after major changes or complex cases.

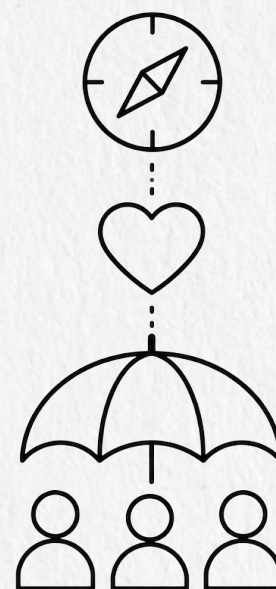
This three-level approach **helps to maintain basic skills and respond to changing needs** – support persons do not rely solely on their good will and personal experience, but feel that the organisation is contributing to their professional development. Support persons, as well as mentors and other advisors, are confronted with emotional work, responsibility and boundary dilemmas. Organisations that work with support persons and advisors – especially volunteers – should therefore plan for organisational induction, role clarity and time for self-analysis (e.g. supervision, co-vision, support person meetings). Supporting peer supporters is not an additional cost, but a measure of quality and sustainability that ultimately benefits the people they support.

5.2 The role of the organisation in retaining support persons

Maslach and Leiter (2016) and a report by the Society of Occupational Medicine (2023) emphasise that burnout is primarily a **phenomenon of the working environment and work organisation**, not the ‘weakness’ of individual employees. Skills for Care (2020), Social Care Wales (2017) and the European Social Network (2023) point out in their studies and guidance materials that when workload, roles and support are in place, the risk of burnout is lower and employees stay with the organisation longer. In the case of support work, this means that, in addition to training, it is necessary to look at **how the work is organised** and what message the organisation sends to its people.

An organisation helps to retain support persons when it:

- **ensures role clarity** – written role description, clear boundaries (what the support worker does and does not do), knowing who to turn to with which questions;
- **keeps the workload realistic** – a reasonable number of clients/hours, clear expectations and the possibility to limit the workload (e.g. limits on the number of cases, breaks when taking on new clients);
- **offers regular supervision and co-vision** – not as an ‘extra’, but as an integral part of the job;
- **recognises work** – both formally (development discussions, letters of appreciation) and on a daily basis (feedback, small words of thanks), which, according to research, strengthens commitment and reduces burnout;
- **creates a safe culture** where it is okay to talk about fatigue, mistakes and limitations without fear of punishment or shame;
- **sees coordinators and managers as people who need support themselves**, not just as supporters of others.



Maslach and Leiter’s “domains of work” model (2016) highlights six key areas that an organisation can consciously shape: workload, control, recognition, team and cohesion, fairness, and value alignment. When these are more or less in balance for support persons and the entire team, it is much easier to stay at work – and customers also benefit directly from this.

5.3 Burnout prevention, well-being and safety

The well-being of support persons. Support persons are exposed to the difficult aspects of people's lives on a daily basis: poverty, addiction, domestic violence, mental health issues, loneliness. Without adequate support, support persons may become exhausted, lose themselves in the support relationship, or become numb to the concerns of their clients. Maslach and Leiter (2016) describe **burnout as a state in which a person experiences emotional exhaustion, cynicism and a feeling of "I can't achieve anything anymore"**.

At the support person level, prevention means two things at once:

- **individual skills** – setting boundaries, self-care, asking for help, awareness of one's past experiences and "weak spots";
- **organisational support** – realistic workloads, regular supervision and co-vision, the opportunity to talk about difficulties, not just 'results', and management that takes signs of fatigue seriously.

Research and practical guides (e.g. Skills for Care, 2020; Te Pou, 2022) emphasise that **the slogan 'take care of yourself' alone does not work** if it is not supported by working conditions: breaks, holidays, supervision, team support. It is good practice for an organisation to:

- regularly monitors the workload and well-being of support staff (e.g. short self-assessment questionnaires, development interviews);
- responds to signs of burnout (adjusting workload, providing additional support, increasing supervision) rather than expecting the employee to "adapt on their own".

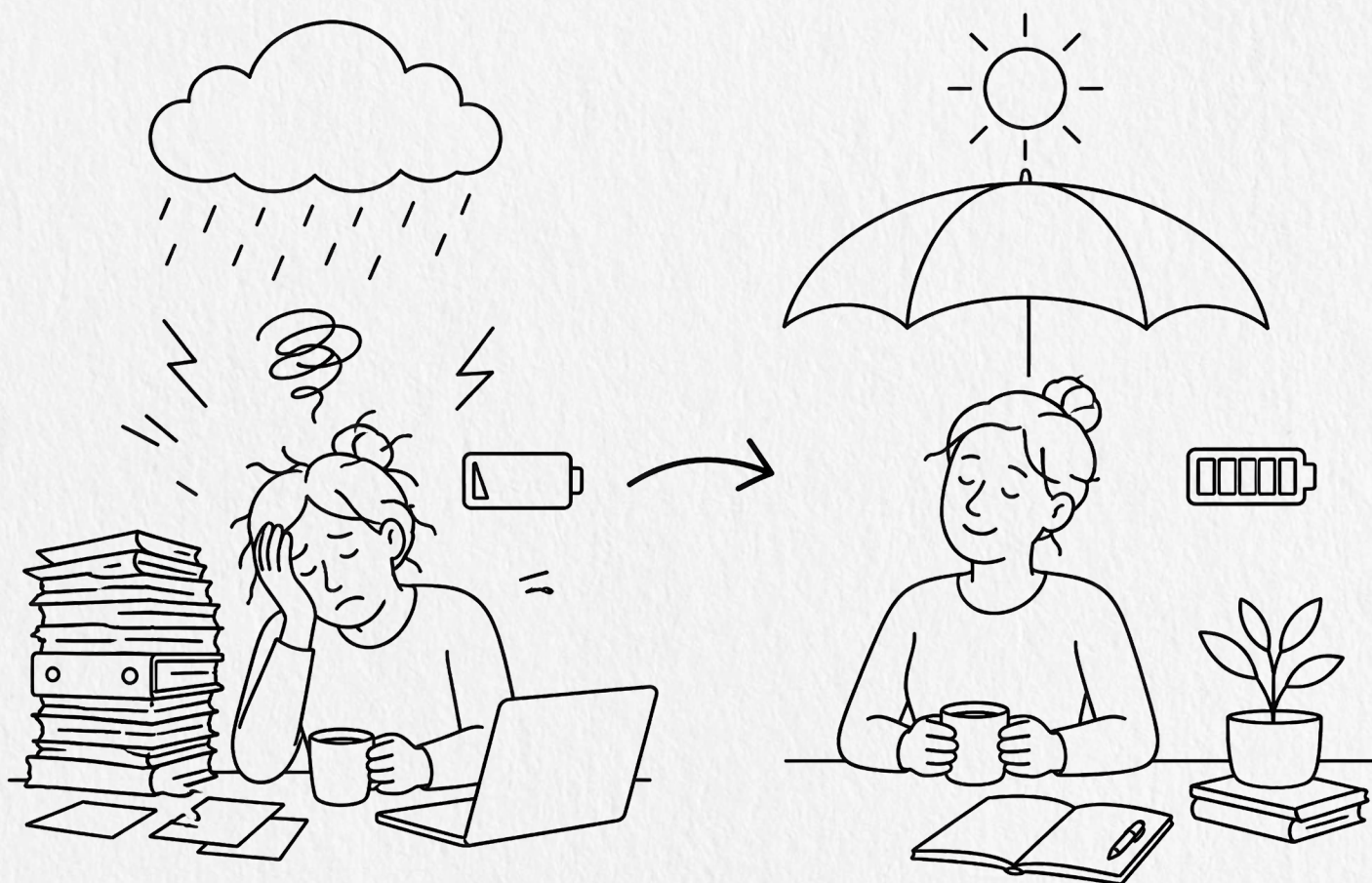
Prevention of burnout among coordinators and teams. A report by the *Society of Occupational Medicine* (2023) highlights that **managers and coordinators** responsible for the functioning of the service are also at high risk of burnout. Studies among health and social care workers show that burnout is common in these professions and is closely linked to **work organisation, role conflicts and lack of support**. Christina Maslach and Michael Leiter emphasise in their review that the main drivers of burnout are **chronic workload, lack of control, lack of recognition, unfair treatment and value conflicts**, not just isolated emotionally difficult encounters. A report by the *Society of Occupational Medicine* (2023) summarises studies showing that it is precisely **constant ' firefighting', unrealistic expectations and inadequate support** that increase the risk of burnout among doctors, nurses and care workers.

This logic also applies very well to support service coordinators.

Service coordinators are often **caught between two worlds**: on the one hand, the stories, needs and emotions of support persons and clients, and on the other, the expectations of management, funders and partners in terms of numbers, deadlines and reporting. According to Maslach and Leiter, this kind of “being caught between two fires” is **classic burnout territory** (2016).

An organisation can support coordinators and other key roles if it consciously addresses:

- **the balance of workload and responsibility** – how many projects, how many support persons, how many clients per person, whether there is the authority to say “enough is enough”;
- **role clarity** – what is expected of the coordinator and what is expected of those in other roles;
- **a culture** where it is okay to talk about fatigue and overload, followed by real action, not just “be stronger”.



5.4 Organising supervision and co-vision

The Health and Care Professions Council (HCPC), Skills for Care, Social Care Wales and Te Pou view supervision as **an integral part of professional work**, not a random ‘bonus’ from when there is time left over. Studies show that regular, well-organised supervision:

- reduces the risk of burnout;
- improves the quality of decisions and the safety of services;
- supports staff retention and job satisfaction (HCPC, 2021; Skills for Care, 2020; Te Pou, 2022; ESN, 2023).

In practice, an organisation can combine several forms.

- 4. Individual supervision.** Suitable for both support persons and coordinators. The focus is on: role, responsibility and workload; complex situations and ethical dilemmas; self-management and maintaining boundaries.
- 5. Group supervision.** Several support persons and/or coordinators meet regularly under the guidance of a supervisor. This form: reduces the feeling of being alone (“only I have it so hard”); allows for sharing experiences and learning from each other’s cases; is well suited when there are several people with similar roles in the organisation.
- 6. Co-vision.** Regular, structured discussion between specialists in similar positions. In the case of coordinators, this can be a small permanent group that looks at one specific topic at a time (e.g. ‘boundaries with support persons’ or ‘complex expectations from funders’). It is important that co-vision has a clear structure and agreed roles – otherwise it quickly becomes mere “venting”.
- 7. Support similar to coaching or development discussions.** This is particularly useful when the role is new or the organisation is undergoing major changes. The focus is on the personal strengths, future plans and specific skills (delegation, setting boundaries, difficult conversations) of the coordinator or managers.

It is up to the organisation to decide **which combination** of forms is realistic and to ensure that: supervision is **regular** (e.g. once a month or once every 6–8 weeks); it takes place **during working hours**, not ‘in good time’ during free time; the focus is agreed upon (cases, role, emotions, systemic issues or a combination of these).

Control questions for the organisation

When planning the support of support persons, service coordinators and teams, a few simple questions may be helpful:

- Does the entire service team have **regular supervision during working hours**, not just occasional “let’s talk when things are really bad”?
- Is it **safe to talk about fatigue and overload** in our organisation?
What actually happens when someone does so?
- Are workload, roles and responsibilities **really discussed in supervision and development discussions**, rather than focusing solely on clients and numbers?
- Does the organisation **change anything** when signs of burnout appear (workload, roles, additional support), or does everything remain the same?

If answering these questions honestly causes hesitation, it is a sign that a systematic approach is needed to support the support service coordinator and team – not just a call to “take care of yourself”.



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6. COLLABORATION AND NETWORKS

Every client is connected to several areas of life: family relationships, school or education, the labour market, healthcare, social and support services, and the local community. Therefore, the support person does not work alone. **The aim of networking** is to help different parties communicate with each other, avoid duplication and ‘gaps in the system’, and keep the focus on the person’s own goals. Studies on case management and the wraparound approach emphasise that the best results are achieved when a small team is formed around the person, sharing information, roles and responsibilities, and supporting the person in line with their own goals and choices.

Broadly speaking, the wraparound approach means that support is planned and organised *around the person and/or their family*, rather than the person having to adapt to separate services. Usually, a regular team (the person themselves, family members, formal service providers, community representatives) meets and works according to a joint plan – studies have shown that this approach can improve outcomes, especially for people with complex and multi-faceted needs.

In many countries, a **case management** framework is used to manage this kind of teamwork. While networking focuses on getting the right people around the table and moving in the same direction, case management answers the question: *“Who is responsible for making sure that everything actually works together?”* This brings us to the general principles of case management and roles.



6.1 Case management and roles – general principles

International literature describes *case management* as a methodology in which one designated person, the *case manager*, is responsible for keeping the big picture together: conducting assessments with the client, supporting goal setting, helping to access services, and monitoring whether agreements are working.

In most European social welfare systems, the role of case manager is **officially on the public sector or service provider side** – for example, a local government social worker, a national social or health service case manager, a labour market consultant or a probation officer. Non-governmental organisations and other service providers (including organisations providing support services) contribute to this team, but may not be the client's official case managers.

In terms of support services, it is important to emphasise that

- a support person or organisation providing support services **does not have to take on the role of case manager** if this is not required by law or local regulations;
- the support person is more of **a provider of daily support and a bridge** between the client and various services;

the organisation (coordinator, manager) supports the support person in participating in the network and maintains contact with the official case manager.



6.2 The role of the client, support person and organisation in the network

The role of the client. Contemporary theories (e.g. person-centred approach, recovery-oriented practice, *wraparound* approach) emphasise that a person is not an 'object of the case' but a member of the team.

In practice, this means that the client participates **in network meetings**, where their situation and plans are discussed; before the meeting, they are helped to think: "*What is most important to me right now? What do I want others to know? What do I need?*" The client can choose who they want at the table (and who they don't) – especially in sensitive situations.

At the same time, it should be borne in mind that not every situation or person is suited to a large meeting. For example, if the client has **very low mental capacity, severe anxiety or has experienced trauma**, a large group around the table may be intimidating or overwhelming. In this case, it may be more appropriate for the client to participate in a shorter part of the meeting (e.g. the beginning and summary); or to have a separate conversation with them before and after, and bring their views to the meeting with their consent; or to organise a meeting in a smaller circle, with the other parties communicating with each other at another time.

It is important to adhere to the principle that **the person should not be removed from 'their story'**, but should have the opportunity to make their voice heard in a way that is appropriate and safe for them.

The role of the support person. The support person is often the one who:

- helps the client **understand** what is planned, what others are doing and how it affects them;
- supports the client **in preparing for the meeting** (writes down questions that are important to the client);
- attends the meeting with the client and, if necessary, helps to translate bureaucratic language into "normal language"
- helps break down agreements into smaller steps after the meeting.



Sometimes it may be reasonable for the support person to attend network meetings **with the coordinator or manager at first** and then later on their own – this depends on the support person's experience and the complexity of the cases. The support person is definitely the one who has the best overview of the client and their wishes.

The role of the organisation (coordinator/manager).

Although the support person is the one who does the day-to-day work with the client, they should not be left alone with the network work. The organisation can provide support by:

- the coordinator or manager participates **in at least the most important network meetings** (e.g. initial planning, moments of complex change);
- roles are clearly agreed upon: when to go with the support person, when the support person's participation is sufficient;
- the support person can discuss networking dilemmas (boundaries, information sharing, balancing the expectations of different parties) **in supervision and co-vision**.

This helps to keep the support person's role clear and reduces the risk of them becoming the default 'problem solver' or unofficial case manager.

6.3 How to build a network around the client – some principles

Studies on person-centred and integrated services offer several common features that can be used in support services:

- 1. Always start with the client.** Work with them to map out the people and services that are important in their life right now. Ask who they want to involve and who they definitely do not want to involve.
- 2. Keep the team small and focused.** Often, 3–5 people are enough: a case manager, a support person, one close friend or relative, and one or two key service providers (e.g. school, employment agency, healthcare representative).
- 3. Make roles and agreements visible.** Who is responsible for what?
How is information shared (channels, frequency, consent)? When will we review the plan next?
- 4. Adapt the form, not just the content.** For some clients, a formal “around the table” meeting is appropriate; for others, the network meeting can take place partly via telephone, video or small separate meetings to avoid excessive burden.



6.3.1 Community involvement

The Asset-Based Community Development (ABCD) approach recommends not looking at the community only in terms of what people lack or what is not working, but also noticing existing strengths – people, skills, groups, places and initiatives that can be built on.

In the context of support services, this means that the network is not only made up of official services:

- **people** – neighbours, volunteers, peer counsellors, ‘community pillars’;
- **places** – community centres, libraries, sports clubs, youth centres, hobby groups;
- **groups and initiatives** – support groups (e.g. for people recovering from addiction, bereavement or mental health support groups), NGOs, religious associations, hobby groups, community days.

Practical tips for “networking”:

- Ask the client: *“Where do you encounter familiar faces? Where do you feel most at home or have felt that way in the past?”*
- Seek cooperation with **community workers, village elders, youth centres, congregations** and other local key figures/gurus – they often know where the “hidden resources” are.
- Do not underestimate small steps: joint participation in a community event can sometimes be as important as another formal service meeting.



6.3.2 Meetings and cooperation agreements: good practice

Wraparound and case management manuals recommend viewing network meetings not as boring reporting sessions, but **as a space for joint team thinking**.

Characteristics of a good network meeting:

- **A clear goal** – are we making an initial plan, evaluating progress or looking for a solution to an obstacle?
- **The client's voice is present** – the person participates themselves or has a representative; no one makes decisions 'for them' without consulting them.
- **Roles are agreed upon** – who leads the discussion, who summarises, who keeps track of time.
- **Decisions are recorded** – whether in the case manager's minutes, a summary for the client or support person, or something to come back to next time.
- **Time and language are respectful** – the meeting does not drag on unnecessarily and is conducted in understandable language, with terms explained.

It is good practice for the NGO providing support services not to take on the role of 'secretary' for the meeting by default, but to share responsibility with the case manager and other partners. A network always works better when its members share a common value system and take pleasure in the results achieved.

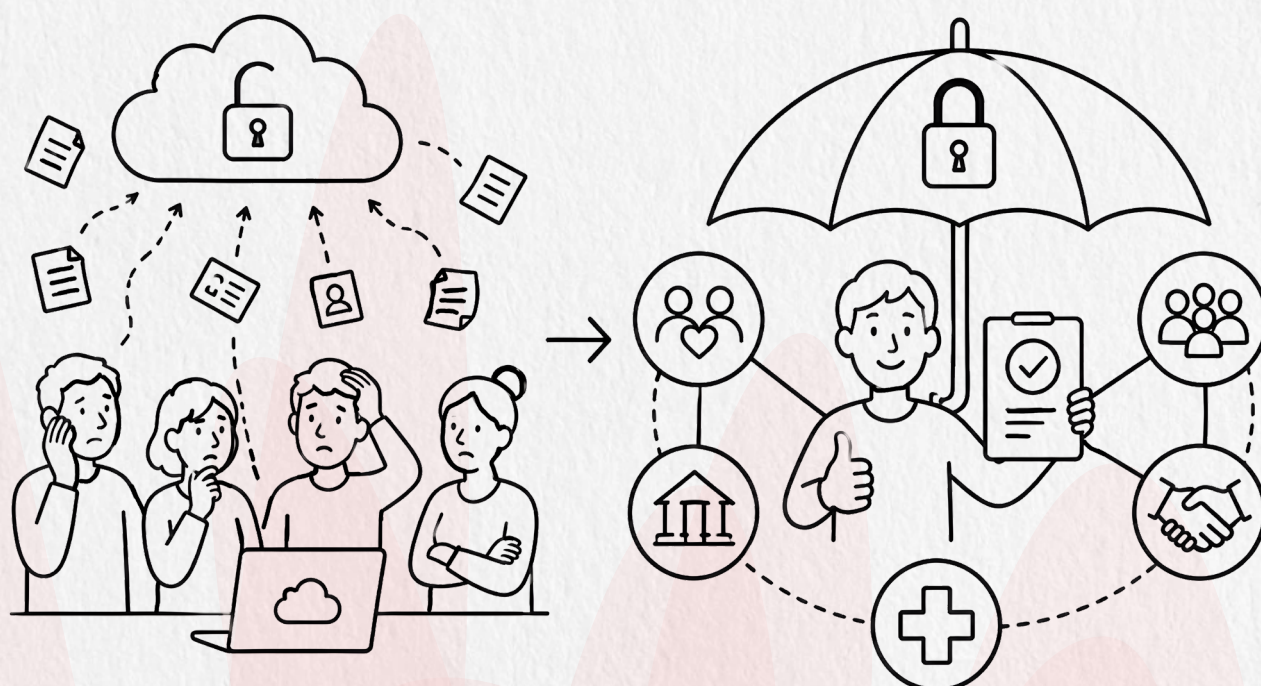


6.3.3 Sharing resources and information

Networking only works if information is shared **sufficiently, but not excessively**. European quality frameworks for social services emphasise that personal data protection and client autonomy are an essential part of networking: only as much information as is necessary to achieve the objective should be shared, and always with the client's informed consent and understanding.

An organisation can support secure information exchange by:

- it uses **written consent forms** that specify what information is shared, with which partners and for what purpose;
- explains to the client what this means in practice (e.g. “we can talk to the social worker so that they know what we have agreed and can support us”);
- agrees on **secure channels** with partners (encrypted e-mail, information systems, password-protected files);
- helps the client tell their own story, rather than always speaking for them – this strengthens their autonomy and ability to express their needs.



6.4 The role of the media: consciously and cautiously

The media **is not** a member of the client's network in the traditional sense, but it can play a role in raising awareness, reducing stigma and bringing about systemic change (e.g. articles on the importance of support services, anonymous testimonials). At the same time, public attention can be very risky for vulnerable people.

A good rule of thumb is to involve the media **very cautiously** in individual client stories, and only with a clearly defined purpose and the client's informed consent – and it is often wise to prefer anonymous or modified examples. At the same time, an organisation providing support services, such as , can confidently use the media **to promote its services, highlight general issues and engage the community**, but always keeps the focus on client privacy and safety.



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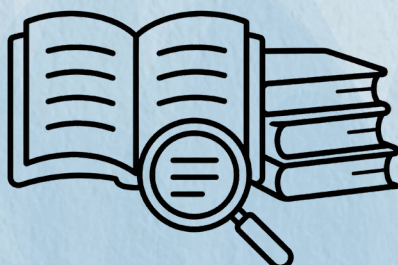
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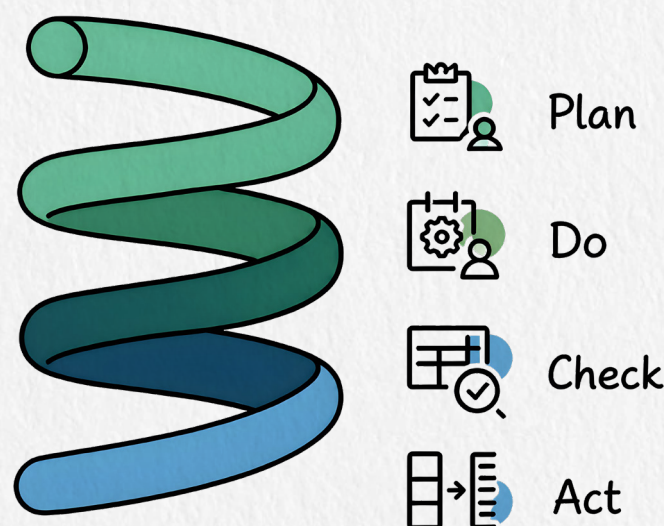


7. MONITORING, EVALUATION AND QUALITY MANAGEMENT

Good support services are not just about good intentions and warm contact – it is also important **to see if and how the service actually works**. European social service quality frameworks emphasise that quality cannot be guaranteed by guidelines and procedures alone; **regular monitoring, user feedback and systematic improvement** are also necessary.

Quality management often refers to the “Plan–Do–Check–Act” cycle, also known as **the Deming cycle**. The logic is simple: first, we plan the change, then we try it out on a small scale, then we evaluate what actually happened, and finally we make the necessary improvements and consolidate the solutions that work well. The Deming cycle helps us see support services as **a continuously evolving system** rather than a one-off project.

- We plan what we want to achieve with the support service,
- we implement the activities,
- **We measure and ask for feedback.**
- and make improvements when we see that the current arrangement is not working.



Deming Cycle (PDCA)

Monitoring and evaluation of support services should focus on at least three levels: the client's life, the support person's experience, and the functioning of the service and organisation.

7.1 What do we measure in support services and why?

European quality frameworks recommend clearly distinguishing **between** outcomes and outputs. *Outputs* are more **about numbers related to activities** – how many clients, how many meetings, how long the service lasted. The *outcome* is **what has changed in a person's life** – whether they have more control over their life, whether going to work or study has become realistic, whether they feel safer and less alone. When planning monitoring and evaluation of support services, it is worth focusing on at least four aspects.

1. **Volumes and access to the service** – how many people access the service (including different target groups, such as young people, the long-term unemployed, people with disabilities, etc.), how quickly a person reaches a support person after referral, and how many clients discontinue the service before the agreed end date. Other numerical indicators that are important to the organisation (e.g. number of meetings, average duration of service, regions where clients come from) can also be included here.
2. **Process and quality** – whether meetings take place at the agreed frequency, whether goals have been agreed with the client in writing and are being worked on consistently, and how safe and respectful the client considers the service to be (attitude, confidentiality, respect for rights).
3. **Client outcomes and quality of life** – what are the specific changes (e.g. starting work or study, accessing debt counselling, starting treatment, stabilising housing), but also the person's own experience: do they feel more control over their life, better coping and less loneliness. Quality of life can be viewed more broadly – social participation, sense of security, organisation of daily life. The WHOQOL and ASCOT approaches show that when assessing the impact of social services, it is worth asking about **quality of life** in particular, not just about individual service elements.
4. **Well-being of support persons and teams** – what kind of support, supervision and workload management do support persons experience, what are the signs of burnout and stress, how satisfied are they with their work, and how much staff turnover is there? Recent studies link supervision and the quality of working conditions directly to the risk of burnout, so this is also part of service quality.

The most important thing to remember is that the purpose of measurement is not to “grade anyone”, but **to learn** what works well and where the service needs to be adapted or additional support created.



7.2 Collecting feedback from clients

European quality frameworks and user involvement studies emphasise that feedback from service users is one of the most important levers for truly improving service quality – it helps to develop both the content of the service and strengthen people’s autonomy and participation in society. Feedback can be collected in various ways, and it is worth combining these approaches.

Short satisfaction and experience questionnaires

A good start is a simple, short questionnaire that focuses on **how the client experiences the service**. This could include, for example:

- a few questions about attitude and safety (whether the support person is perceived as respectful, trustworthy and confidential);
- questions about relationships and participation (does the client feel that they are listened to and involved in setting goals);
- a general satisfaction question such as: *“How satisfied are you with the support service on a scale of 1 to 10?”*

ASCOT and various quality of life scales (e.g. QCE-ACC for older people) show that such experience questions can be linked to important areas of quality of life: control over daily life, security, relationships and meaningful activities.

Measuring quality of life and coping

WHOQOL instruments (World Health Organization Quality of Life Surveys) and ASCOT have created tools used in several countries to assess a person’s quality of life in different areas – physical and mental health, social life, autonomy, security, etc.

In the context of Caring Compass, there is no need to adopt long standard questionnaires, but they can serve as inspiration. For example, you can use:

- 1–2 simple questions about control (e.g. *‘Do you feel that you have more say in your life now than before you used the service?’*);
- questions about social participation (e.g. *‘Do you have more people you can turn to?’*);
- questions about everyday coping (e.g. financial matters, time management, accessing services).

This allows the impact assessment of the support service to be linked more broadly to a person’s quality of life, rather than just to a single service element.

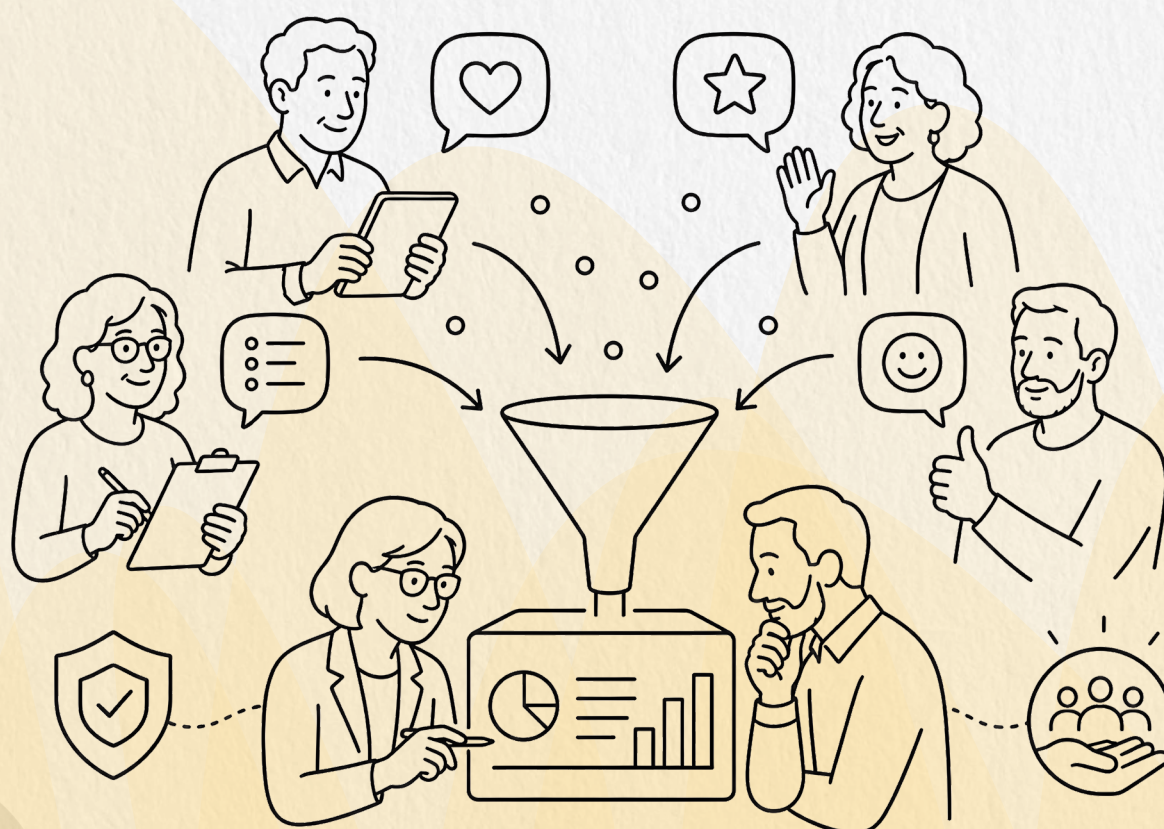
The CARE model as a framework for quality of life. The CARE methodology (*Comprehensive Approach to Rehabilitation*) is a recovery- and strengths-oriented approach whose central goal is to improve a person's quality of life. The CARE model does not treat quality of life as a single number, but looks at a person across **eight areas of life**:

- four personal areas – self-care, health, meaning in life, relationships;
- four life domains – living, working, learning, leisure/hobbies.

In the context of support services, the CARE logic can be used **as a framework for assessing quality of life**, not necessarily as a separate questionnaire. In practice, this may mean that:

During the first few meetings, the support person and the client map out how things are going in each area (what is going well, what needs support, what the client's wishes are). A few months later, the same areas are reviewed again – what has changed, what has remained the same, which goals have been achieved or need to be adjusted. At the end of the service, a brief summary is made: in which areas of life does the client feel the greatest change and what are the "next steps" after the end of the support service .

This makes the CARE methodology **a simple and visual tool** that helps to see the impact of the support service more broadly than a single achievement (e.g. "got a job" or "started treatment"). Quality of life is viewed as a whole – whether the person experiences more meaningful activities, stronger relationships, better everyday coping and greater control over their life.



If an organisation wishes to monitor changes in quality of life more systematically, CARE's eight areas of life can be linked to a simple scale – for example, by asking the client to rate their satisfaction or coping in each area (on a scale of 1–5 or 1–7) at the beginning and end of the service. This provides a clear picture of where the most positive changes have taken place and where support is still needed. It does not replace standard quality of life measures (e.g. WHOQOL or ASCOT), but it is **understandable to the support person and the client** and fits well into everyday work and service development.



Qualitative feedback: stories and conversations. The literature on mentoring and social services recommends using **stories** in addition to numerical data – these help to understand *how* the change came about, not just whether the 'result' was achieved. The following can be used for this purpose:

- short individual interviews;
- focus groups;
- *Most Significant Change* stories – ask the client to describe one change that they consider most significant.

It is good practice to plan a small sample of in-depth interviews once a year or at the end of a project, asking for specific examples, such as: *"What has been the most significant change for you in working with a support person?"* The anonymous feedback received can be used both for service development and, for example, in training.

It is important that collecting feedback **does not become an additional burden for the client**. Questionnaires should be short and understandable and, if necessary, can be completed together with the support person or a neutral employee who can help clarify the wording but does not suggest answers.

7.3 Collecting feedback from support persons

The experience of support persons is just as important for monitoring as that of clients – they can clearly see what works and what does not, and their well-being directly affects the quality of the service. Several studies have shown that **effective supervision and organisational support reduce the risk of burnout and improve job satisfaction**.

Practical options:

- short, recurring surveys (e.g. once a year) on topics such as: whether supervision is regular and useful; whether the workload is realistic; whether the organisation supports self-care (holidays, breaks, the opportunity to ‘take time off’ when there has been too much work over a longer period).
- More specific scales (e.g. short burnout or work well-being indicators) – it is important that the results are **actually** used **to change the workload and support**, not just in reports.
- Co-vision and supervision summaries: what topics recur, what additional training or methodological tools support persons need.

Recent studies in the social sector show that when an organisation actively uses supervision and well-being monitoring, **both staff turnover and risks to service quality decrease**.

7.4 Indicators, checklists and improvement plans

European social service quality frameworks (including reports by the European Commission and various networks) recommend creating **a small but well-thought-out set of indicators** rather than collecting “everything” that can be measured. In the case of support services, it makes sense to divide the indicators into a few larger blocks covering volume, process, results and employee well-being.

Volume and access to services (quantitative indicators). This includes all key figures that describe the “reach” and use of the service: how many clients access the service (in total and by target group), what is the average waiting time for the service, how many meetings are there per client (average, median), and what is the proportion of clients who discontinue the service before the agreed end date.

Process indicators. Process indicators help to assess whether the day-to-day organisation of the support service meets the agreed standards. For example: what proportion of clients have written goals and a work plan, how often are the goals reviewed with the client (e.g. every 2–3 months), and how many support persons receive regular supervision (e.g. at least once every 6–8 weeks).

Client outcomes and quality of life. This section looks at what the service has actually changed in the client's life. For example: what proportion of the agreed goals are achieved (e.g. starting work or study, starting treatment, contacting a debt counsellor), what are the client's brief self-assessments of control, security and social participation before and after the service (or after certain intervals), and how satisfied is the client with the service – does the client feel treated with respect, included and secure? ASCOT and WHOQOL practices show that even small blocks related to quality of life (e.g. control over one's life, relationships, daily coping) are sufficient to notice significant trends.

Well-being of support persons and the team. High-quality support services also include monitoring the well-being of employees. Indicators here may include support worker turnover (how many people leave each year and for what reasons), the quality of supervision and organisational support experienced, and simple, anonymous indicators of burnout and job satisfaction. These help to see whether the organisation of the service supports the retention of support persons or, on the contrary, exhausts them.

Checklists and improvement plans. From a quality management perspective, it is helpful for the organisation to use **checklists** to regularly review whether all the essential elements are present in cases: contract and consent forms, work plan, risk assessment, termination summary, network meetings if necessary, and whether the client has been informed of their rights and the complaint procedure.

If the monitoring results reveal a problem – for example, a high dropout rate, low satisfaction among a certain target group, or a high workload for support persons – it is worth drawing up **a specific improvement plan**. This plan should specify:

- what exactly the problem is;
- what data indicates this;
- what changes will be tried (e.g. training, changes to work processes, additional support for support persons);
- and when and how it will be checked whether the changes made have had the desired effect.

This turns the collection of indicators into a living tool that helps to improve the service step by step, rather than just a mandatory reporting exercise.



7.5. Examples of how monitoring results change services

International reports on the quality of social services emphasise that data is only useful if it **leads to real changes** in the organisation of services.

Some examples that can be developed in the context of Caring Compass:

Example 1: dropouts at the beginning. Monitoring shows that a large proportion of young people drop out of the support person service within the first two months. Interviews reveal that they do not fully understand the difference between a support person, a social worker and a psychologist. The organisation changes the introductory explanation (visuals, short video, joint meeting with the referrer and support person) and a year later, the dropout rate has fallen significantly.

Example 2: signs of burnout among support persons. A work well-being survey shows that several support persons feel overworked and uncertain when dealing with complex cases. The improvement plan decides to reduce the maximum number of cases per person, increase the frequency of supervision, and add special training on trauma-informed work. The following year, both burnout indicators and staff turnover have decreased.

Example 3: change in quality of life. Short questions about quality of life before and after the service show that some target groups experience improved social participation (more contacts, activities), but their sense of control over their finances and time planning remains unchanged. The organisation adds more money and time management techniques to the training and work plans of support persons and seeks cooperation with debt counsellors and financial literacy trainers.

Such examples help the team see that monitoring is not just a “box to tick” in a report, but **a tool that helps to develop the service wisely**.



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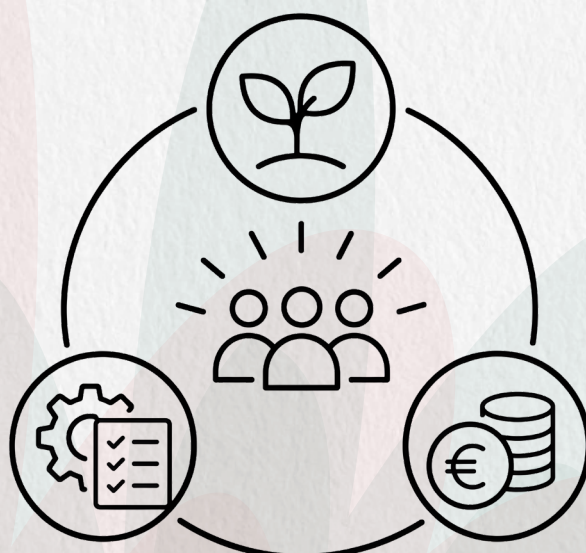
8. SUSTAINABILITY, FUNDING AND VISIBILITY

In many organisations, support services tend to be project-based – a pilot, a trial, a ‘let’s do it and see what happens’ approach. However, once the service is up and running, the next question arises: **how can we ensure that it does not disappear when the project funding runs out or the key person leaves?**

Sustainability is not just about money. It also means:

- **stable work organisation** (roles, processes, risk management);
- **consistent retention of people** (training, supervision/co-vision recognition);
- **making the impact visible** (simple indicators, stories, feedback);
- **partnerships** that help the service become embedded in the system (local government, unemployment insurance fund, healthcare, education, community).

Below is a practical framework for financing the service, developing it strategically and explaining its value to the public, partners and policymakers.



8.1 Possible funding models and their pros and cons

The funding of support services is usually a combination of practical needs and political choices: whether support services are seen as a temporary project or as a permanent part of the social and educational support network. In terms of sustainability, it is risky to rely on only one source, as the loss of one funding channel often means a sudden reduction or cessation of the service. Therefore, it is worth viewing funding as a 'portfolio' with at least one stable core component and one or two more flexible additional components.

The most classic and, for many organisations, the safest option is **a public sector contract or service agreement**, for example through a local government, state agency or other public partner. **The strength of this model is its predictability:** if the contract is well drafted, it provides **continuity for the service, allows for team planning and maintains quality**. At the same time, **public procurement can also lead to rigidity** – the service may start to operate according to the logic of units, hours or formal reports. The biggest risk is that the organisation will start to focus on 'what the contract requires' rather than 'what the person really needs'. Therefore, it is always worth protecting minimum quality in service contracts (e.g. supervision/co-vision, work support, clear boundaries, safety and data protection) and leaving reasonable flexibility in the implementation of the service: how meetings take place, what the intensity is and how the focus of support changes over time.

Another common source of **funding is project funding** – European Union programmes, national measures, support from foundations or funds. **Projects are very good for development:** they can be used **to test** new target groups, **create** tools, **design** training courses and **test** service models. Project funding is well suited to situations where a service is just being launched or a qualitative leap is needed (e.g. opening a new region, testing a new support format, creating a digital solution). At the same time, projects always have **a time limit, which makes the service vulnerable:** when the project ends and there is no new one to take its place, a 'gap' is created that affects both clients and support persons. Therefore, it is important that the project does not remain the "permanent engine" of the service, but rather serves as a bridge to permanent funding. A good project is one where it is clear from the outset what will remain after the project ends and which partner (e.g. local government) or budget line will continue to carry the main part of the service.

The third layer of funding is **community and private initiative support** – donations, targeted grants, charitable campaigns or local community contributions. This model is not usually sufficient to cover the entire core of the service, but it **can be very valuable in maintaining and developing the quality of the service**. For example, donations can be used to cover the training of support persons, supervision, work tools, self-care activities or pilot activities that would otherwise not be covered by any contract. **The weakness of this model is its predictability:**

grants can fluctuate, and communication and trust-building require constant time and effort. It should also be borne in mind that, in the case of vulnerable target groups, it is not fair to build a service on the hope that 'the community will support it', because the need for assistance does not depend on how well the campaign is going at any given moment.

In some contexts, **co-payment or paid services** are also used. This may be reasonable **if the target group is not highly vulnerable** or if the service is more focused on development and mentoring support, where the individual or employer can bear part of the cost. At the same time, we must be honest: for many target groups of support services, co-payment can be an obstacle that leaves those who need support the most behind. If co-payment is used, the organisation must have **a transparent and fair policy**: who gets the service for free, who pays part of the cost, what are the differences, and how to avoid a situation where only those who can pay get help.

In recent years, there has been increasing talk **of results-based financing and social impact logic** (including impact approaches), **where money is partially linked to agreed results**. The idea behind this model is reasonable in itself: if a service really helps a person move towards independence, work, study or better coping, then the system could also value it. At the same time, there are **two typical risks** associated with results-based funding. Firstly, measurement can become too complex and start to drive the service – not the person, but the indicator. Secondly, there is a risk that 'easier' cases, where results are achieved more quickly, will be preferred, while more complex cases will be left behind. Therefore, results-based logic must be ethically protected: indicators must also take into account the value of 'small steps', and contracts must clearly state how the service will remain open to complex cases.

In practice, when choosing funding models, it is worth focusing on two questions. Firstly, **which model allows the minimum standard of service quality** (support from support persons, supervision/co-vision, defined roles, security and data protection) **to be maintained** even when pressure increases? Secondly, **which combination reduces the vulnerability of the organisation** so that the service does not depend on a single project, contract or person? Once these two questions have been answered honestly, the choice of funding model is usually much clearer.



8.2 Strategic development of the service: sustainability and risks

A support service becomes a 'real service' for an organisation when it no longer depends **on the enthusiasm** of individuals or **a temporary project**, but is **consciously managed** and **maintained in terms of quality**. Strategic development does not mean large strategy documents, but clear and consistent management decisions: **who the service is intended for, what kind of change** it helps to create, and what **the** organisation's **minimum standards** are, which will not be abandoned even if funding is reduced or demand increases.

The core of sustainability is **clarity about the purpose and target group** of the service. If an organisation has clearly defined **the role and limits** of the support person service, it is easier to make agreements with partners and protect support persons from **role drift**. The more vague the description of the service, the more expectations will come from outside: the client may start to see the support person as **a friend or family member**, the partner as **a 'problem solver'** and the funder as **a 'cheap universal resource'**. Strategic development of the service therefore also means setting boundaries: the organisation must be able to clearly state **what the support person does and does not do**, and when **other specialists** or **services** are needed.

Quality is not maintained by a single guideline or training course, but **by repeated work organisation**. A good system has **a clear customer journey**: how a person accesses the service, how goals are formulated, what the cooperation **with the network** is like, how the service is terminated and how **the transition** is ensured if the need changes. It is equally important that the support person is not left 'alone with the case'. Regular **supervision or co-vision, the availability of a coordinator** and **an agreed documentation logic** are practical 'quality anchors' that keep the service stable even in difficult periods. If these anchors disappear, the service will sooner or later begin to deteriorate through **burnout, conflicts** or **blurred boundaries**.

Risk management is particularly important in support services, as the service often deals **with vulnerable people** and situations can change quickly. One of the most common risks is **funding risk**: if the service depends on a single source of funding, its loss can mean an immediate reduction in services, the departure of support persons and sudden interruptions for clients. Preventing this is not just a matter of 'finding new funding', but also of simple preparedness: the service has **a minimum quality** budget, the organisation has at least one **backup plan**, and service management is not built **around one person**. Another major risk is **the key person risk**: if the coordinator leaves and the service 'disappears' with them, it is a sign that processes and knowledge have not been sufficiently **shared**. Therefore, it is worth keeping critical agreements, contacts and workflows **documented** and creating a practice where **more than one person** can continue the service.

Quality risk often arises when demand increases: more meetings are held, cases become more complex, and the organisation starts to cut corners in the very areas that actually support the service (**supervision, induction, coordinator’s working hours**). Paradoxically, this means that the service becomes “cheaper” in the short term, but **more expensive** in the long term – the number **of dropouts** increases, support persons leave, and the system has to deal **with crises** that could have been prevented. Therefore, it is a strategic decision that **minimum quality** is not a “nice bonus” but part of the service. The organisation can also defend this when communicating with the funder: if **supervision** and **work support** are a service quality requirement, this must be **visible** in the budget lines and contracts.

Reputation and trust risks are also real in the case of support services. One poorly handled case or unclear communication can affect public trust and the willingness of partners to cooperate. This can be prevented by having **a clear complaints procedure,**

crisis procedures, ethical guidelines and practical **documentation**. If the service has thought through ‘**what if**’ situations – for example, what to do in case of danger, how to escalate, how to support the support person and the client – then there is confidence that the organisation can maintain the service even in tense moments.

A good rhythm for strategic development is a short “**service health check**” once a year: is the funding realistic, are the staff and workload **sustainable**, are the quality measures working, what risks have arisen and what will we improve over **the next 12 months**? This keeps the service **a living and learning system**, rather than a habitual “it’s always been this way” activity.



8.3 Communication and visibility: how to explain the value of the support person service

Support services can be very effective, but “invisible” from the outside: meetings are one-on-one, the work is delicate, and results come in steps.

When organising support services, a large part of the work is invisible to outsiders: **preparation, information gathering, analysis, plan preparation**, coordination with partners and documentation. If an organisation does not mention or take into account this ‘invisible work’ (in its schedule, workload, budget and reporting), pressure quickly builds to do everything ‘on the side’ or after working hours – and this reduces both quality and sustainability. Therefore, it is worthwhile for the organisation to consciously explain to partners and funders that the quality of the service depends not only on meetings but also on professional thinking that helps to select appropriate interventions, maintain boundaries and adapt support when the situation changes.

Therefore, the service needs **a simple and consistent value story** that is understandable to different target groups and that the organisation can repeat to partners, funders and the public. **The core of the value story** could be one clear sentence:

The support service reduces systemic ‘loss’: people receive help, stick to agreements and move step by step towards independence, which helps prevent repeated crises and interruptions.

The same message can be presented in different ‘languages’, depending on who we are talking to. **The public and the community** will benefit from an explanation that emphasises that people are not left alone with their problems and receive consistent support that helps them regain confidence and cope with everyday life. **For partners** (local government, unemployment insurance fund, school, healthcare), it is important to emphasise that the support person helps to actually implement agreements: people access services, stick to agreements and there are fewer interruptions. **For policymakers and funders**, it is central to the value proposition that small, personalised and consistent support reduces systemic ‘loss’ and helps prevent costly repeated interventions, crises and service interruptions.

For the value story to be credible, the impact must be made visible **without exaggeration**. In practice, it is sufficient for the organisation to monitor 5–8 simple indicators (e.g. service access, discontinuations, progress towards goals, customer satisfaction, support staff well-being and network cooperation), collect 2–3 anonymous ‘significant change stories’ per year and use a short visual aid (e.g. a ‘before and after’ journey of change without personal data). This allows the impact of the service to be clearly demonstrated without taking away from the time intended for supporting the individual.

The role of the media here is rather small and cautious: public coverage should be used primarily to raise awareness of the service and reduce stigma. Individual client stories are only appropriate if there is a clear purpose, strong privacy protection and informed consent.

8.4 Ways to recognise and motivate support persons

The retention and quality of work of support persons depends largely on how the organisation treats its people. The work of support persons is often **emotionally demanding**: they encounter people's insecurity, setbacks and sometimes even hopelessness. If there is no clear **support and recognition** within the organisation, support workers may be left alone with their burden – and then it is not a question of whether motivation will decline, but **when**. Therefore, recognition and motivation are part **of service quality management**, not a 'soft extra'.

Recognition works when it is **specific** and **regular**. A general "thank you, you're doing a great job" may be pleasant, but it has a much stronger impact when the manager or coordinator points out exactly what they noticed: how the support person **maintained boundaries**, how they reached **an agreement** with a person in a difficult moment, how they were able to calmly **explain** and **maintain cooperation** within the network. Such feedback strengthens **professional identity** and helps the support person understand what really works well in their work. In addition, it supports **a common language of quality**: the organisation does not simply recognise effort, but values the skills that the service needs.

Motivation does not depend solely on recognition, but also requires clear **working conditions** and **a path for development**. If the work organisation is **unclear**, the workload too heavy or the boundaries blurred, no team event can compensate for this. On the contrary: the most motivating thing is when the support person knows what is **expected** of them, what **the realistic limits** of their workload are and that they can quickly get **work-related support** if necessary. Regular **supervision or co-vision** is central here: it gives the support person a place to make sense of cases, learn and 'ground' the emotional workload. If an organisation wants to retain support persons, this support must be **systematic**, not 'when we get around to it'.

In addition to helping to make sense of cases, co-vision also requires **a conscious culture of participation** in order to function.

Co-vision works best when the organisation understands its **logic** through so-called **experience-based support**: it is **a collaboration between equal experts**, where each participant has their own perspective and experience, and the goal is not to 'control' but **to solve work-related situations systematically and jointly**. The principles of consultation emphasise that cooperation is **voluntary** and works when participants are **active** – because it is the worker who is the important source of information and who will later find it easiest to implement the agreed solutions. This framework helps to keep co-vision safe and constructive: the focus is **on learning, finding alternatives** and supporting the quality of work, not on sharing the "right answers".

In order for people to truly participate in co-vision, the organisation must help to clarify **expectations and benefits**. An experienced support person may feel that “I can’t get anything out of this” if co-vision is structured in such a way that ready-made solutions are expected. Shifting the message can help here: the value of co-vision is not only in “new tips”, but **in noticing blind spots, organising one’s thinking and preventing risks** – often, one clarifying question or reflection is enough to make a case clearer and safer. In co-vision, an experienced support person can also be given **the role of mentor or moderator** (e.g. asking questions, maintaining structure, supporting the recognition of boundaries and ethical issues), which gives them a meaningful contribution even when they do not have a “big case” on their table at the moment.

For less experienced support persons, it is important to explain that co-vision is also suitable for “small stories” – for example, a moment when it was difficult **to maintain boundaries**, when there was **confusion about roles**, when a client did not show up, or when the support person does not know what to say next. The organisation can support this with a simple agreement that each meeting can bring up **a case, question, dilemma**, or simply **a learning point** (“what bothered me this week”) for discussion. If co-vision has a clear and secure structure (e.g. a brief description of the situation, the goal that has been tried, the question; then questions and mapping of options), then no one needs to have a “big story” – value comes from regularity and shared understanding.

Motivation is also maintained when the organisation makes it clear that co-vision is **part of the job**, not an additional obligation: it is planned, recognised and linked to quality (e.g. in more complex cases, co-vision is the recommended minimum, more frequent for new support persons at the beginning). If participants feel that co-vision helps them do their work more easily and safely, rather than adding to their workload, participation will increase naturally over time.

Opportunities for development are also an important motivator, especially when support persons work for longer periods. The role of a support person does not have to remain exactly the same for years. The organisation can offer the opportunity to **mentor** new support persons, contribute **to the development of tools**, help design **an induction programme** or lead small internal **learning sessions**. This creates a sense that experience counts and that it is possible **to grow** within the organisation. At the same time, it gives the organisation itself a stronger backbone, as knowledge does not remain in the head of an individual but moves **within the team**.

Recognition can also be entirely **practical**: covering expenses, providing work tools, flexible but clear **working time accounting**, good communication with the coordinator, and the opportunity to take **breaks** or temporarily reduce workload if necessary. The sustainability of support workers’ work is supported when the organisation normalises **recovery** and **self-care**, rather than rewarding silent “suffering”. When support persons feel that they are allowed to set their own boundaries and ask for help, they are more likely to remain in their role and provide quality support.

Organisations should be aware of two early **warning signs**. The first is when support persons gradually start to reduce their workload, miss meetings or become quiet – this may indicate **overload, uncertainty** or a lack of support. The second is when support persons start to ‘do too much’: taking on responsibilities that are not part of their role, responding at night, becoming **indispensable** to the client and **overworking**. In both cases, prompt, supportive intervention helps: adjusting the workload, restoring boundaries, supervision and a clear agreement on how to proceed.

In summary, motivating support persons is not a separate programme, but rather part of **the** organisation’s everyday **management culture**. If a support person feels that their work is **meaningful**, that they are not alone, that boundaries are **respected** and that development is **possible**, they will remain in their role longer and the service will be more stable. This is a direct investment in both **the quality** and **sustainability** of the service.

Control questions for the organisation

1. Does our service have at least **one stable source of funding** and one ‘reserve pillar’?
2. What is our **minimum quality standard** that we will not compromise even under financial pressure (supervision, boundaries, safety)?
3. Can we explain the value of the support service in two minutes: to the public, partners and decision-makers?
4. Do support persons feel that their work is **noticed, supported and developed**, not just “used”?



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CONCLUSION

The quality of support services is born in everyday organisation: in **how you frame the service, how you maintain boundaries, how you support support persons** and **how you make the impact of small steps visible**. In this section of the handbook, we focused on what helps an organisation design a service that is **people-centred, safe** and **sustainable**: clear roles and responsibilities, a well-thought-out customer journey, ethical and digital security, a cooperation network, documentation and quality management, and support structures such as **supervision/co-vision**.

If there is one key message to take away for your organisation, it is this: **quality does not happen by itself**. The support worker's "goodwill" and professionalism are important, but they cannot carry the service alone. The continuity of the service depends on whether the organisation creates conditions for the support worker to do their job **with a clear framework, a realistic workload** and **support**. When pressure arises – growing demand, complex cases, funding uncertainty – it is necessary to return to the basics: maintain minimum standards, restore boundaries, strengthen support for support persons and choose safety. It is at critical moments that we test whether a service is built as a system or rests solely on the shoulders of individuals.

Let this handbook be your compass in developing and managing your service – to stay on course when situations change, partners' expectations grow or resources become strained. If an organisation can maintain its focus **on dignity, capacity, security** and **cooperation**, it will create a service that truly helps people move forward while also supporting its staff in their work and relationships.

Before moving on, pause for a moment and consider:

- Are **the role and limits of our service** clear to everyone – support persons, clients and partners?
- **Do support persons really have** regular supervision/co-vision and coordinator support?
- **Where is our greatest risk** in the next 12 months – funding, key personnel, workload, quality, reputation – and what are we doing to prevent it?
- **What is one specific step** we can take this month to make the service clearer, safer or more consistent?

Finally, it is worth remembering that the aim of the support person service is not to 'save' people, but to create conditions in which they can make **achievable choices** and take **small steps** towards greater independence and coping. The role of the organisation is to keep this work possible: to set and protect **boundaries**, to ensure **professional support** for support persons, to develop the service systematically and to keep **values** visible in everyday decisions. When Parts I and II of the handbook are used together, **a common language and direction** emerge – this allows support persons to do their work within a clear framework, and people receiving support experience a safe, consistent and meaningful journey.



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