

ESF-2023-HOMELESS

Deliverable  
D3.2 - Questionnaires

EN version

SOLACE-CEE

Solutions for Overcoming Homelessness through  
Integrated Care in the CEE region

project Nr. ESF-2023-HOMELESS 101172625

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## WP3 - Capacity Building

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Document status		
Revision	Date	Description

## Abbreviations, acronyms, general info and descriptions

Abbreviation - acronym used in document	Description
SOLACE-CEE /Project	Solutions for Overcoming Homelessness through Integrated Care in the CEE region
Coordinator (CO, COO) = Lead Partner (LP) of this project	DEDO Foundation – Slovakia
Partner/-s Beneficiary/-ies (BEN)	VPR – Slovakia HCSOM – Hungary HESED – Bulgaria NMP – Poland Casa Ioana – Romania MRI – Hungary
Granting Authority (GA/EC)	European Commission
WP / WG	Work Package(s) / Work Group(s)
DEDO	Nadácia DEDO – DEDO Foundation
VPR	Všetci pre rodinu, n.o. – All for the Family NGO
MRI	Városkutatás - Metropolitan Research Institut
MÁLTAI	Magyar Máltai Szeretetszolgálat Egyesület (HCSOM)  Charity Service Of The Order Of Malta
CI	Asociatia Casa Ioana
HESED	Health And Social Development Foundation
NMP	Fundacja Najpierw Mieszkanie Polska Housing First Poland Foundation

IHaSC	Integrated Health and Social Care
TM & RM	Tele-medicine and Remote monitoring
TIC	Trauma Informed Care
ACE	Adverse Childhood Experiences
HFV	Housing First Values
HFPP	Housing First Poland Foundation
PEH	People experiencing homelessness
PTSD	Post-Traumatic Stress Disorder
DD/MM/YYYY	Date / Month / Year format
DD-DD/MM/YYYY	Dates / Month / Year format
MM/YYYY	Month / Year format
PUB	Platform for Ending Homelessness

## Timing and Scheduling Abbreviations

Abbreviations in document		Description
M9	Month 9 = 6/2025	June 2025
M10	Month 10 = 7/2025	July 2025
M21	Month 21 = 6/2026	June 2026

# Introduction

This deliverable provides a clear overview of the key findings and insights gathered during the first nine months of the SOLACE-CEE project by its participants. It serves as a high-density summary, based primarily on the work of the Innovation Team members, Steering Committee members, and Project Managers.

It was essential to approach the topic from various perspectives—across different countries, working environments, and target age groups—to ensure a comprehensive understanding.

The Innovation Team collected the source materials in a dedicated internal library on the Common Drive of the SOLACE-CEE project. While much of the project's content is sensitive, this particular deliverable—based solely on our internal knowledge and questionnaire results—contains no confidential information. Therefore, we consider it a public document within the target group. It will be shared with partner organizations and future participants of our courses, including both eLearning and Train-the-Trainer programs.

This is the first deliverable under Work Package 3: Capacity Building (T3.2), and it marks the beginning of a new phase of expert involvement in SOLACE-CEE. Its goal is to broaden the number of professionals capable of working in the field of homelessness. Importantly, this work has brought together the perspectives and contributions of all major teams—Innovation, Communication, and Management—bridging theory, experience, and practice in a meaningful way.

We consider it a success that this deliverable represents a joint effort by DEDO and MALTAI, laying the foundation for upcoming outputs such as MALTAI's Deliverable D3.1 "Series of Trainings" (M21, 06/2025) and the milestone MS4 "Launch of the Train-the-Trainer Course" (M21, 06/2025), as well as DEDO/VPR's replication activities.

Special thanks to HESED for organizing the site visit in Sofia, the 6th Innovation Team Meeting, and the 8th Steering Committee Meeting and 8<sup>th</sup> Communication Team Meeting in M9 (06/2025), which provided the opportunity to discuss the necessary steps for this deliverable in person. We also express our gratitude to MRI for strengthening our capacity through the needs assessment conducted in recent months, and to all other partners who contributed valuable insights.

## SOLACE Training - Pre-assessment Questionnaire

For professionals working with or preparing to work with People  
Experiencing Homelessness (PEH)

## Section 1: Demography and Background

1. What is your gender?
  - Female
  - Male
  - Nonbinary
  - Other
2. When were you born? ..... (YEAR)
3. What is your highest level of completed education?
  - Primary education
  - Secondary education
  - Vocational/technical education
  - Higher education (college/university)
  - Postgraduate/specialized training
  - Other (please specify): \_\_\_\_\_
4. What is your current role?
  - Case manager/case worker/social worker
  - Outreach worker/streetworker
  - Healthcare personnel/worker - nurse
  - Healthcare personnel/worker - doctor, specialist doctor
  - Psychologist
  - Therapist/psychotherapist
  - Addiction specialist/therapist
  - Peer worker/expert by experience
  - Job coach
  - Care provider/manager/coordinator of the organization/service/program/project
  - Administrative/financial worker/officer in the organization/service/program /project
  - Communication worker/officer in the organization/service/program/project
  - Volunteer
  - Other (please specify): \_\_\_\_\_
5. How often are you in direct contact with PEH as a person providing support?
  - Regularly/Once a week or more
  - Occasionally/Once a month
  - A few times a year
  - Preparing to work
6. Have you previously participated in training related to the following topic areas?  
(Check all that apply)
  - A. Telemedicine and Remote Monitoring (TM&RM)
  - B. Integrated Health and Social Care Services (IHaSC)
  - C. Trauma-Informed Care (TIC)
  - D. Values/principles in supporting people in crises
7. How long have you been working with people experiencing homelessness?
  - Less than 1 year

1–3 years

4–6 years

7+ years

8. What type of organization do you currently work for?

Government agency (e.g. ministry, national body)

Municipality or municipal service (e.g. local housing/social office)

Non-governmental or charitable organization

Healthcare provider (e.g. hospital, clinic, outreach medical team)

Other (please specify): \_\_\_\_\_

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## Section 2.A: General Training Needs

9. How confident do you feel in addressing the health-related needs of your clients?
- Not at all confident
  - Slightly confident
  - Somewhat confident
  - Very confident
  - Extremely confident
10. Have you received any training in the past year on topics related to physical health, mental health or homelessness?
- Yes
  - No
- If yes, please list the topics: \_\_\_\_\_
11. Which areas do you feel you need more training in? (*Check all that apply.*)
- Navigating the healthcare system
  - Mental health/psychological needs
  - Substance use treatment, harm reduction
  - Use of digital tools (e.g., telemedicine)
  - Trauma-informed approaches
  - Coordinating with healthcare providers
  - Chronic disease management
  - Health documentation and referrals
  - Working with people with chronic homelessness
  - Other (please specify): \_\_\_\_\_
-

## Section 2.B: General Conceptual Understanding

12. Instruction: *Please select your level of familiarity with each of the following concepts.*

Scale:

1 = Never heard of it

2 = Heard of it, but don't understand it

3 = Know the basics

4 = Understand it well

5 = Could explain or teach it

Concept	1	2	3	4	5
Person Experiencing Homelessness (PEH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic/Long-term homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Typology of Homelessness and Housing Exclusion (ETHOS/ETHOS Light)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Health and Social Care (IHSC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing First (HF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing First Values (HFV) in support/psychological work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-Informed Care (TIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Childhood Experiences (ACEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Education/Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Monitoring (RM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Specific Training Topics

### Section 3.A Telemedicine and Remote Monitoring

13. How familiar are you with telemedicine tools (e.g., telephone or video consultations, mobile health apps, ePrescription systems, Remote monitoring devices, video calls, health apps)?
- Not familiar
  - Somewhat familiar
  - Familiar
  - Very familiar
  - I use them regularly
14. How useful do you think telemedicine could be in your work with people experiencing homelessness?
- Not at all useful
  - Slightly useful
  - Moderately useful
  - Very useful
  - Essential
15. What barriers do you face when trying to use telemedicine with clients? (*Check all that apply*)
- Lack of client access to devices/internet
  - Lack of training for staff
  - Client distrust or discomfort
  - Technical issues
  - No major barriers
  - Other (please specify): \_\_\_\_\_
16. Which telehealth-related tasks do you feel comfortable performing? (*Check all that apply*)
- Scheduling video consultations
  - Coaching clients on using devices
  - Supporting remote monitoring (e.g., wearables, digital medical devices)
  - Liaising with healthcare providers via digital tools
  - None of the above
17. Have you ever supported a client in a telehealth appointment?
- Yes
  - No
- If yes, what was your role? \_\_\_\_\_
18. What would you most like to learn about telemedicine in this context? (*Open-ended*)
- \_\_\_\_\_

19. Have you ever supported a PEH client during a telehealth appointment?
- Yes
  - No
- If yes, what was your role?
- Scheduling and setup only
  - Supported client during the call
  - Interpreted or explained the information afterward
  - Other: \_\_\_\_\_
20. Which of the following telehealth tasks have you performed? (*Select all that apply*)
- Scheduled a teleconsultation (phone or video)
  - Helped a client prepare for a remote visit
  - Provided coaching on using devices or apps
  - Supported remote monitoring (e.g., digital devices, wearables)
  - Used electronic communication to liaise with healthcare providers
  - None of the above
21. As a patient or professional, have you ever...  
(*Select all that apply*)
- Booked a medical appointment by email
  - Booked a medical appointment through an app
  - Consulted with a doctor by phone
  - Consulted with a doctor by email
  - Taken part in a psychological consultation or therapeutic session online
  - Received an ePrescription (as a patient)
  - Used ePrescription in your professional practice
22. How useful do you think telemedicine is in care for PEH?
- Not at all useful
  - Slightly useful
  - Moderately useful
  - Very useful
  - Essential
23. What barriers do you face in using telemedicine with PEH clients? (*Select all that apply*)
- Lack of client access to devices or internet
  - Lack of digital skills (client or staff)
  - Client discomfort or distrust
  - Language or communication barriers
  - Technical infrastructure issues
  - No major barriers
  - Other (please specify): \_\_\_\_\_
24. Would ePrescription functionality be helpful in your practice?
- Not at all
  - Somewhat
  - Yes, definitely
  - I already use it effectively

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## Section 3.B

### Integrated Health and Social Care for PEH

25. Do you collaborate regularly with healthcare providers?
- Yes
  - Sometimes
  - No
26. How would you rate your understanding of integrated care models (e.g., multidisciplinary teams, shared care plans)?
- Very low
  - Low
  - Moderate
  - High
  - Very high
27. How familiar are you with the health and social challenges commonly faced by PEH?
- Not familiar
  - Aware of some issues
  - Familiar with most challenges
  - Deeply familiar and experienced
28. Which of these statements best describes integrated care for PEH?
- Providing all services in one building
  - Coordinating services across sectors
  - Giving clients access to emergency care
  - Assigning one case worker to all clients
  - Making sure that your client/customer has access to all services they need/want to use
29. How clearly do you understand the roles of other professionals (e.g., nurses, social workers, mental health workers, peer workers) in integrated care?
- Not clear at all
  - Somewhat clear
  - Mostly clear
  - Very clear
30. In your work, do you collaborate with other sectors (e.g. physical health, mental health, housing, social care, law enforcement)?
- Never
  - Rarely
  - Sometimes
  - Often or regularly

31. How familiar are you with referral procedures between services (e.g., social to medical care, social to housing, housing support to medical care)?
- Not familiar
  - Somewhat familiar
  - Familiar
  - Very familiar and experienced
32. Do you participate in or contribute to multidisciplinary care plans?
- No
  - Occasionally
  - Often
  - Yes, regularly and confidently
33. Are you involved in continuity of care after hospital discharge or treatment?
- No
  - Rarely
  - Yes, sometimes
  - Yes, regularly
34. How confident are you in navigating the health and social care systems for your clients?
- Not confident
  - Somewhat confident
  - Confident
  - Very confident
35. Do you feel equipped to advocate for integrated support for PEH clients?
- Not at all
  - To some extent
  - Yes, in most cases
  - Yes, fully
36. How often do fragmented services negatively affect the outcomes of PEH clients?
- Never
  - Occasionally
  - Often
  - Very often
37. Does your organization provide any training or guidance on integrated care?
- No
  - Not sure
  - Yes, limited
  - Yes, regularly
38. Which of the following components of integrated care are part of your current practice? (Check all that apply)
- Joint care planning
  - Shared electronic records
  - Case conferencing
  - Co-located services (e.g., housing + health)
  - Referrals to health services

39. What are the main obstacles to integrated care in your work? (*Check all that apply*)

- Poor communication between services
- Lack of clarity around roles
- Time and resource limitations
- Lack of access to health professionals
- Organizational or policy constraints
- Customers feeling stigmatised and not being aware of their rights to use services
- Other: \_\_\_\_\_

40. How well does your organization support integrated care practices?

- Not at all
- Slightly
- Moderately
- Very well
- Exceptionally well

41. What skills or knowledge would help you improve integration with the health system? (*Open-ended*) .....

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## Section 3.C Trauma-Informed Care

42. How much do you know about trauma?
- Nothing
  - A little
  - Enough to recognize basic effects
  - A lot, including long-term effects
43. Have you heard of the ACE (Adverse Childhood Experiences) framework?
- No
  - Yes, but I don't know the details
  - Yes, I know what it measures
  - Yes, I use it in my work
44. In your opinion, is homelessness itself an experience that can cause trauma?
- No
  - I'm not sure
  - Possibly
  - Yes, definitely
45. How much do you know about the impact of difficult experiences people might experience on their physical and mental health?
- Nothing
  - A little
  - Enough to recognize basic effects
  - A lot, including long-term effects
46. Are you confident knowing the differences between difficult experiences, trauma, treatment of trauma, and trauma-informed care?
- Nothing
  - A little
  - Enough to recognize basic effects
  - A lot, including long-term effects
47. Who should apply trauma-informed care in their work?
- Only psychologists/therapists
  - Only staff working directly with trauma
  - All professionals working with vulnerable groups
  - Everyone in the organization, including support staff
48. How often do you adjust your communication style to avoid triggering distress in clients?
- Never
  - Sometimes
  - Often
  - Always

49. Do you consider emotional and physical safety when designing or delivering services?
- Never
  - Occasionally
  - Usually
  - Always
50. How aware are you that policies or routines (e.g., strict rules, punishments) can re-traumatize clients?
- Not aware
  - Somewhat aware
  - Aware
  - Very aware and mindful of this in my work
51. Are you willing to adjust routines or policies to better support trauma-affected individuals?
- No
  - Only in special cases
  - If necessary
  - Yes, always when appropriate
52. How confident are you in recognizing signs of trauma in a client (e.g., shutdown, anxiety, avoidance)?
- Not confident
  - Slightly confident
  - Confident
  - Very confident
53. If a client shares a traumatic experience with you, do you feel prepared to respond appropriately?
- Not at all
  - A little
  - Yes, with some hesitation
  - Yes, fully confident
54. Do you have practical tools or strategies to reduce the risk of re-traumatization?
- No
  - I know some basic approaches
  - I use strategies regularly
  - I train others in these strategies
55. How comfortable are you working with clients who exhibit trauma-related behaviors?
- Uncomfortable
  - Somewhat comfortable
  - Comfortable
  - Very comfortable

56. Do you feel your organization supports trauma-informed practices (e.g., through training, supervision, procedures)?
- Not at all
  - To some extent
  - Yes, moderately
  - Yes, fully supported
57. How often do you use trauma-informed approaches in your work?
- Never/Rarely
  - Sometimes
  - Often
  - Always
  - Not sure what this means
58. Which trauma-informed principles are you most familiar with? (*Check all that apply*)
- Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment and choice
  - Cultural, historical, and gender considerations
  - None
59. What are the biggest challenges to practicing trauma-informed care in your setting? (*Check all that apply*)
- Lack of formal training
  - Time pressure
  - Organizational culture
  - Disregarding/diminishing attitude to trauma as a disease
  - Vicarious trauma or burnout
  - Lack of clinical support/supervision
  - Client distrust or disengagement
  - Other: \_\_\_\_\_
60. Have you ever received formal training in trauma-informed care?
- Yes
  - No
- If yes, what did it cover? \_\_\_\_\_
61. In what areas of trauma-informed care would you most like additional training? (*Check all that apply*)
- Recognizing trauma responses
  - De-escalation techniques
  - Creating trauma-sensitive environments
  - Trauma and substance use
  - Self-care and managing vicarious trauma
  - Working with complex PTSD or developmental trauma
62. Please share an example (if comfortable) of a time you applied or could have applied trauma-informed principles in your work: (*Open-ended*)
-

## Section 3.D . Values / principles in supporting people in crises (Ethical guidelines for supporting people in vulnerable situations / Housing First Values)

63. What are the three most important values/guiding posts that shape your everyday work? Please describe:

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64. How important are the values for the effectiveness of your one-to-one work with the clients?

- Not at all important
- Important
- Very important
- Crucial

65. Which of the following values do you consider IMPORTANT in supporting people with the experience of homelessness? Please take some time to read the description of the value.

- Relationship - creating safe space for both sides to express the needs and goals
- Housing - treating housing as a right not a prize or ending result of support process
- Decisions - respecting client's decisions concerning his/her life and goals
- Recovery - appreciating each step towards physical, mental and social wellbeing
- Adequate support - providing the client with access to individualised, multidisciplinary and continuous support relevant to health diagnosis and goals
- Community - treating the client as a member of the local community with full right to all services.
- other: \_\_\_\_\_

66. Which values do you consider THE MOST IMPORTANT in supporting people with the experience of homelessness? Choose 3:

- Relationship - creating safe space for both sides to express the needs and goals
- Housing - treating housing as a right not a prize or ending result of support process
- Decisions - respecting client's decisions concerning his/her life and goals
- Recovery - appreciating each step towards physical, mental and social wellbeing
- Adequate support - providing the client with access to individualised, multidisciplinary and continuous support relevant to health diagnosis and goals
- Community - treating the client as a member of the local community with full right to all services.
- other: \_\_\_\_\_

67. How prepared/trained do you feel in applying the values in your everyday work with the clients?

- 1 = Not at all, never heard of such value
- 2 = I've heard of such value but do not know how to apply it
- 3 = I feel prepared to apply it to some extent
- 4 = I feel fully prepared to apply it

THE VALUES	1	2	3	4
Creating safe relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating housing as a right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting client's decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appreciating each step towards recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing access to integrated services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating the client as a full member of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. In applying which values in your work with the clients do you need more training?

- Relationship - creating safe space for both sides to express the needs and goals
- Housing - treating housing as a right not a price or ending result of support process
- Decisions - respecting client's decisions concerning his/her life and goals
- Recovery - appreciating each step towards physical, mental and social wellbeing
- Adequate support - providing the client with access to individualized, multidisciplinary and continuous support relevant to health diagnosis and goals
- Community - treating the client as a member of the local community with full right to all services.
- other: \_\_\_\_\_

69. How often do you motivate your clients to engage in support by improving their housing situation e.g., by providing better legal title, housing standard, or privacy?

- Never
- Sometimes
- Often
- Always
- Not sure what this means

70. How often do you advise the client what to do because you feel that you know what an adequate support is for them?

- Never/Rarely
- Sometimes
- Often
- Always
- Not sure what this means

71. In what situation do you decide on the client's treatment without asking their permission? Please describe:

\_\_\_\_\_

72. What do you do when your client appears for the treatment/appointment under influence of alcohol or/and other psychoactive substance. You can pick as many answers as you want:
- Assess the level of intoxication and possible behaviors based on experience and interview
  - Require to undertake the breathalyzer test/drug test
  - Advise to go somewhere and come again when less intoxicated
  - Provide the treatment/appointment anyway
  - Provide the treatment/appointment as long as client is non-violent and communicative
  - Deny the treatment/appointment this time
  - Remove from the service/program for some time
  - Remove from the service/program forever
  - Condition the future treatment/appointments on participation in detox or/and therapy
  - Other: \_\_\_\_\_
73. When are you available for phone calls or messaging from your clients?
- All day and night 24/7
  - In your working hours
  - All day and night 24/7 in crisis situations
  - At times agreed with the client
74. When are you available for face-to-face meetings with your clients?
- All day and night 24/7
  - In your working hours
  - All day and night 24/7 in crisis situations
  - At times agreed with the client
75. You are supporting the client because (you can mark as many answers as you want):
- you want the client to feel better
  - you want the client to better fulfill the social norms
  - You feel you can change client's life
  - you are a good person
  - the client is important to you as a human being
  - you want the client to have somebody he can count
  - you want the client to have space to freely share his/her feelings
  - you want the client to be more aware of his/her needs and problems
  - It is your job
  - you are a great person
  - Other: \_\_\_\_\_
-

## Section 4: Training Preferences

76. Preferred format for training: *(Check all that apply)*

- In-person workshops
- Online live sessions
- Self-paced online modules
- Printed materials/manuals
- Case-based learning
- Longer-term apprenticeship/intern at the specialised team
- Peer discussion groups

77. Preferred duration of a training session:

- 1 hour
- 2–3 hours
- Half day
- Full day
- Multi-session course
- Longer term learning participation/intern, eg. from one month to more

78. What motivates you to participate in a training program? *(Check all that apply)*

- Improving skills
- Gaining certification
- Personal interest
- Required by employer
- Career advancement
- Need to provide better services to customers
- Other (please specify): \_\_\_\_\_

79. What type of training approach do you prefer?

- A. Training focused on strengthening theoretical and scientific background
- B. Practical, hands-on training
- A+B combination of theory and practice

Please explain why (optional): \_\_\_\_\_

80. Please share how important you find the following challenges. Please think of the current conditions.

Instruction:

*Please indicate how important you consider each of the following challenges based on the current conditions in your service.*

Scale:

1 = Not important at all

2 = Of little importance

3 = Of average importance

4 = Very important

5 = Absolutely essential

NR = Not relevant for our service

Challenge	1	2	3	4	5	N R
Staff openness to adapt to clients' needs (e.g. flexibility beyond routine tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage of trained staff for health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage of trained staff for social care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff struggle with new tasks or technical solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage of staff for mental health and emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plans remain formal and are not tailored to clients' integrated needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical space limitations (e.g. privacy, safety, trauma-sensitive environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of collaboration with other agencies/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough trained professionals exist, but they avoid working with PEH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. Any other comments or suggestions for future trainings? (*Open-ended*)

If any part of this document is unclear, or if further assistance or advice is required,  
please contact the Project Management Team: [SOLACE@nadaciadedo.sk](mailto:SOLACE@nadaciadedo.sk)

Additional guidelines can also be found on the EC Portal:

[Funding & Tenders \(europa.eu\)](https://ec.europa.eu/europa/eu-portal/)

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**The Deliverable's quality review was carried out by the official QAA.**