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SOLACE-CEE

Solutions for Overcoming Homelessness through Integrated Care in the CEE region

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Abbreviations, acronyms and descriptions

Abbreviation - acronym used in document	Description
SOLACE-CEE /Project	Solutions for Overcoming Homelessness through Integrated Care in the CEE region
DEDO	Nadácia DEDO – DEDO Foundation
VPR	Všetci pre rodinu, n.o. – All for the Family, NGO
MRI	Városkutatás - Metropolitan Research Institut
HSCOM	Magyar Máltai Szeretetszolgálat Egyesület (HCSOM) Charity Service Of The Order Of Malta
CI	Asociatia Casa Ioana
HESED	Health And Social Development Foundation
NMP/HFPF	Fundacja Najpierw Mieszkanie Polska Housing First Poland Foundation
IHaSC	Integrated Health and Social Care
HF	Housing First
IPS	Individual Placement and Support
TIC	Trauma Informed Care
PEH	People experiencing homelessness
CEE region	the Central and Eastern Europe region
GA	Grant Agreement

Timing and Scheduling Abbreviations

Abbreviations in document		Description
M18	Month 18 = 3/2026	March 2026

Table of content

1. Executive summary....6
1.1. SOLACE-CEE communication framework....6
1.2. Who is this manual for?....6
2. Integrated care from a communication perspective....7
2.1. Why does integrated care require a specific communication approach?....8
2.2. The most common challenges when communicating integrated care....8
3. Context: Homelessness and Integrated Care in Central and Eastern Europe (CEE)....11
3.1. Homelessness as structural exclusion....11
3.2. Specific characteristics of the CEE region....11
3.2.1. Integrated care as a response to fragmented systems....12
4. The SOLACE-CEE project as a case study....14
4.1. Main goals and project's pillars....14
4.2. Partnership and Geographic Scope....16
4.3. HUBs of integrated care....17
4.3.1. Strategic importance of the SOLACE-CEE project in the CEE regional context. 21
5. The SOLACE-CEE Quadruple Alignment Model....27
5.1. Pillar I. – Data-driven Legitimacy (Data First Approach)....27
5.2. Pillar II. – Impact-oriented Narrative....29
5.3. Pillar III. – Connected Care & Employment Framing....30
5.4. Pillar IV. – Multi-level Policy Alignment....31
6. Two-level communication strategy used in SOLACE-CEE....33
6.1. Setting Communication Objectives....34
6.2. Defining Target Groups and Stakeholder Mapping....35
7. Identity as the Key to Unified Communication....38
7.1. Tone of Voice – how the project "speaks"....38
7.2. Claim - project slogan....40
7.3. Logo - the main element of visual identity....40
7.4. EU Emblem: Mandatory Visibility Requirement....43
7.4.1. Partner Logos and Their Combination with the Project Logo....44
7.5. Colours, font and visual style....44
7.6. Practical Templates and Usage Examples....46
7.6.1. Guidelines for using templates and visual identity....51
8. From Strategy to Practice: Communication Tools Tested in SOLACE-CEE....53
8.1. Internal communication tools (as a foundation)....53
8.2. External communication tools....54
8.2.1. Project website....54
8.2.2. Publications and Documents....56
8.2.3. Social media....57
8.2.4. Media relations....59

8.2.5. Events & Networking....60
8.2.6. Newsletter....62
8.2.7. Offline Communication Materials....64
9. Risks and Ethics in Communication....65
9.1. Communication Ethics as a Key Element in Integrated Care....65
9.2. Protecting Fidelity to Key Approaches (HF, TIC, IPS)....66
9.3. ESF+ Cross-Cutting Obligations in Communication....66
10. Measuring and Evaluating Communication....68
11. Adaptation, Partner Contributions, and Transferability....70
11.1. Model of Transferability and Adaptation....71
12. Methodological Note....72
Communication as part of System Change....73

1. Executive summary

This communication manual builds on the experience of the SOLACE-CEE project and serves as a practical guide for organizations that want to implement integrated care across different countries and contexts. Its aim is to help better explain why integrated care matters, how to talk about it in a clear and understandable way, and how to maintain a consistent message while allowing for local adaptations.

The following chapters offer core principles and recommendations that help translate complex systemic solutions into clear and credible communication aimed at the public, partners, and institutions.

1.1. SOLACE-CEE communication framework

Communication within the SOLACE-CEE project is not merely a supporting activity, but a **key tool for systemic change in the field of integrated care and the IPS** (Individual Placement and Support) **approach to employment support for people with lived experience of homelessness in the CEE region.**

The project responds to complex challenges that go beyond individual services, sectors, or organizations. Health issues, social exclusion, housing instability, and barriers in the labor market are closely interconnected—and the communication that explains, advocates for, and legitimizes these solutions must be equally interconnected.

The manual is built on four core pillars of the SOLACE-CEE communication framework:

- data and evidence-based communication,
- a focus on impact rather than activities alone,
- consistent framing of integrated care and employment,
- alignment of communication across levels—from local to European.

The goal of the manual is to facilitate the transfer of know-how to other cities, countries, consortia, or initiatives.

1.2. Who is this manual for?

This manual combines a strategic framework with practical recommendations and communication examples from the SOLACE-CEE project. It is intended for public institutions, cities, transnational consortia, and other organizations that want to communicate integrated care in a clear, consistent way, with an emphasis on systemic impact.

2. Integrated care from a communication perspective

"The multiple complex problems faced by people experiencing homelessness and many obstacles to overcoming the problems, call for an approach that ensures complex response - not only to provision of medical care, but also affordable housing, social support system, nutrition and other social determinants of health." Alena Vachnová (2020)

Integrated care represents an approach that connects housing, healthcare, social services, and employment support into a single, coordinated framework that responds to the complex needs of people in vulnerable situations, with shared responsibility for outcomes. It is more than just cooperation between multiple services — it represents a fundamental change in how the system operates. In this context, communication plays a crucial role.

Integrated care is characterised by the following principles:

- a person-centred approach rather than a service-centred one,
- a focus on long-term impact rather than short-term solutions,
- shared responsibility for outcomes,
- collaboration across different sectors and actors,
- a holistic approach to individual needs.



In such a system, communication plays a key role. It is not merely a tool for informing, but an integral part of how integrated care functions.

2.1. Why does integrated care require a specific communication approach?

In the SOLACE-CEE project, communication is an inseparable part of change management, not just a marketing tool. Integrated care requires a specific communication approach for the following reasons:

Communication must reflect the values of integrated care
The way we communicate about integrated care should reflect its core principles — dignity, collaboration, continuity, and shared responsibility for outcomes.

Communicating complexity without unnecessary simplification
Integrated care is a systemic approach. Communication should therefore explain the interconnections between services and actors without distorting or oversimplifying reality.

Different target audiences require clear but consistent language
Communication should be accessible to the general public, professionals, and policymakers alike, while maintaining a consistent core message across all audiences.

Shifting the focus from activities to impact
Describing services or project outputs alone is not sufficient. The key is to show what changes integrated care brings — within service systems and in the effectiveness of public policies.

Communication plays a role in reducing stigma and changing narratives
Well-designed communication helps shift the narrative from charity to public interest and supports the perception of people with lived experience of homelessness as active participants in society.

2.2. The most common challenges when communicating integrated care

FRAGMENTATION OF MESSAGES
Individual consortium organisations communicate integrated care separately, using different language and terminology. This can result in the project appearing as a collection of disconnected activities rather than a coherent and interconnected care system.

Solution:
Develop a shared overarching message at the international level that clearly explains the principles of integrated care and the relationships between services, while allowing for appropriate local adaptation to organisational and contextual differences.

OVERLY TECHNICAL LANGUAGE

Complex or technical terminology is typically understandable mainly to experts or partners within the healthcare, social, or non-profit sectors.

Solution:
When communicating with the public, it is important to use simple and accessible language that explains the essence of services, their interconnections, and their impact within integrated care.



DIFFERENT LOCAL CONTEXTS

When integrated care is implemented across multiple countries with differing contexts, there is a risk that core principles will be communicated inconsistently, weakening the project's shared narrative.

Solution:
The diversity of national and organisational contexts requires a consistent communication framework that ensures a unified explanation of integrated care principles across countries.

FOCUS ON ACTIVITIES RATHER THAN IMPACT

Describing individual services is not enough — people need to see what changes as a result of them.

Solution:
Link services to impact — communicate data, findings, and evidence that demonstrate

what changes have occurred thanks to integrated services since their implementation.

HSCOM - COMMUNICATING DATA INSTEAD OF ACTIVITIES

EXAMPLE FROM SOLACE-CEE

On our social media profile, we published post summarising the first year of project implementation by HSCOM in Hungary. Instead of focusing only on activities, the posts communicate concrete data and results, helping illustrate the impact of the services and the changes achieved through integrated support.



3. Context: Homelessness and Integrated Care in Central and Eastern Europe (CEE)

3.1. Homelessness as structural exclusion

Homelessness is increasingly understood as a complex structural issue rather than merely a lack of housing. The ETHOS typology defines homelessness and housing exclusion as *"a continuum that includes people without a roof, without housing, living in insecure housing or in inadequate housing"* (FEANTSA, 2017).

From this perspective, homelessness emerges as a result of multiple interconnected structural factors, including:

- labour market insecurity,
- rising housing costs,
- deinstitutionalisation without adequate community-based support,
- health inequalities,
- fragmented social and healthcare services.

Homelessness in Central and Eastern Europe (CEE) is therefore not an isolated social phenomenon, but the outcome of intersecting systemic factors. These structural drivers reinforce one another and create situations that cannot be effectively addressed through one-off or sector-specific interventions.

Despite this, homelessness in many CEE countries is still predominantly perceived as an individual failure or personal crisis. This perspective shapes public discourse, political decision-making, and service design, which often prioritise short-term emergency responses over long-term stability and social inclusion.

3.2. Specific characteristics of the CEE region

The CEE region is characterised by several specific features that directly affect both the implementation and communication of integrated care. **These include:**

LOWER LEVELS OF TRUST IN INSTITUTIONS

Low-trust environments require a stronger emphasis on transparency and measurable outcomes. Data-driven communication therefore plays a stabilising role.

DEBATES ON SOCIAL PROTECTION ARE OFTEN POLITICISED

Social spending is not perceived solely as an economic issue but is also framed through moral values — for example, who "deserves" support and who does not. Such narratives can influence public support for homelessness-related policies. Communication must therefore clearly demonstrate the societal value of services, the efficiency of resource use, and long-term cost savings.

HEALTH, HOUSING, EMPLOYMENT AND SOCIAL SECTORS OFTEN OPERATE SEPARATELY, WITHIN DISTINCT ADMINISTRATIVE STRUCTURES

This fragmentation can result in services appearing isolated and disconnected. When communication merely mirrors this reality, it reinforces siloed structures. In contrast, integrated framing can highlight how sectors complement one another and work together.

CIVIL SOCIETY CAPACITY VARIES ACROSS CITIES AND REGIONS

This means that achieving the same level of impact or promoting a unified narrative is not equally feasible everywhere. **The SOLACE framework therefore combines a shared strategic core with tools that can be adapted to local contexts and capacities.**

These factors increase the risk of oversimplification, stigmatisation, or rejection of innovative approaches. In the CEE context, it is therefore particularly important that communication around integrated solutions is grounded in credible data, clear messaging, and accessible explanations of their benefits for society as a whole.

3.2.1. Integrated care as a response to fragmented systems



Integrated care represents a response to long-standing service fragmentation. It brings together housing, healthcare, social support, and employment support into a single coordinated system with shared responsibility for outcomes. It emphasises continuity of care, human dignity, and long-term impact.

In the CEE context, integrated care is often an innovative and relatively unfamiliar model that requires not only organisational and professional change, but also a shift in mindsets and communication practices. Without a clear explanation of its principles, integrated care risks being misunderstood as merely an expansion of existing services or as a costly social measure without clear added value.

THE IMPORTANCE OF COMMUNICATION IN THE REGIONAL CONTEXT

In the CEE context, communication plays a key role in advancing integrated care. It helps shift the debate from individual responsibility to systemic solutions, from charity to public interest, and from short-term interventions to long-term stability.

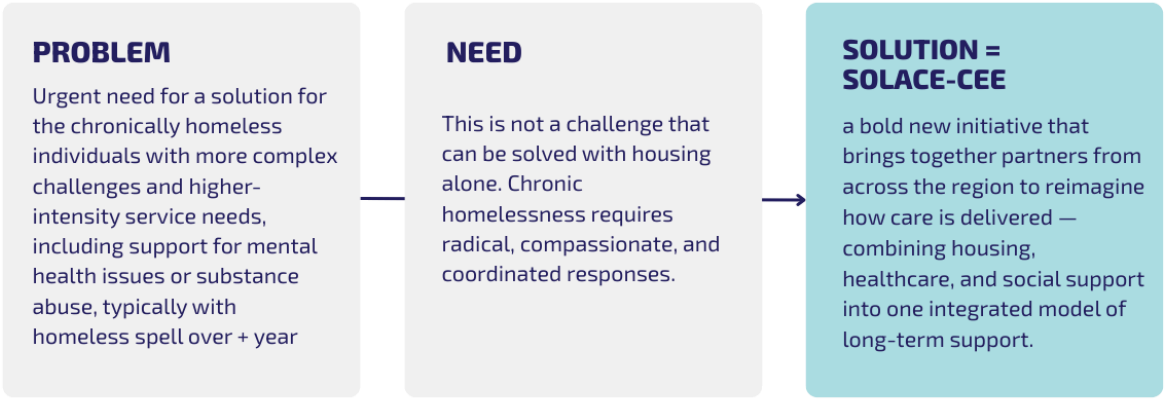
The SOLACE-CEE project was developed in response to these challenges. In addition to piloting integrated services, it also creates a shared communication framework that

supports better understanding of integrated care across countries, sectors, and target groups. This context provides the foundation for the following chapters of the manual, which focus on specific communication principles, challenges, and tools.

4. The SOLACE-CEE project as a case study

In this chapter, we present **SOLACE-CEE** as a model for the implementation of integrated care. The aim is to briefly describe the project and outline the key context, partnerships, and regional specificities that are essential for understanding the framework of communication strategies and tools discussed in the following chapters.

SOLACE-CEE is an international initiative that pilots an innovative model of integrated health and social services for people with lived experience of homelessness. The project addresses the complex and interconnected challenges faced by this target group and applies a holistic approach – from outreach and service provision to continuous housing support.



SOLACE-CEE works with integrated care as a systemic approach that goes beyond the provision of individual services. The project's mission is to strengthen cross-sectoral cooperation, support data-informed decision-making, and contribute to the development of sustainable solutions at both national and regional levels.

SOLACE-CEE provides a practical example of how integrated care can be coordinated and communicated in a transnational context.

4.1. Main goals and project's pillars

SOLACE-CEE focuses on supporting systemic change in care for people with lived experience of homelessness, housing insecurity, and other vulnerable groups. Through integrated approaches, the project connects health and social care with housing support based on *Housing First* principles, as well as services aimed at employment support.

SOLACE-CEE responds to the fact that in Central and Eastern Europe, these areas are often fragmented and operate in parallel, with insufficient coordination.

The project's objectives therefore go beyond the delivery of individual interventions and are oriented towards improving the coordination, continuity, and sustainability of care.

Main Objective: the full implementation of an innovative **Integrated care model** in five countries across Central and Eastern Europe and the Balkans.

SOLACE-CEE Vision: To contribute to a shift in how homelessness and vulnerability are perceived – from addressing isolated problems to delivering systemic, coordinated, and dignified solutions based on individual needs.

Main Pillars of the Project

Pillar 1 – HOLISTIC CONTINUITY OF CARE

An integrated approach covering the full spectrum of needs – from outreach services to housing solutions and employment support.

Pillar 2 – TARGETED HEALTH CARE

The provision of health care addressing the physical and mental health needs of vulnerable groups within a continuum of care.

Pillar 3 – EFFECTIVE OUTREACH WORK

Extending services beyond traditional institutional settings by building trust with clients directly within communities.

Pillar 4 – TRAUMA-INFORMED CARE

An approach based on understanding clients' traumatic experiences and actively integrating this understanding into service delivery.

4.2. Partnership and Geographic Scope

5 countries | 7 organisations



SOLACE-CEE is built on cooperation among organisations from different sectors – social services, health care, housing support, employment services, research, and advocacy.

This diversity is intentional. Integrated care requires the connection of professional perspectives that have traditionally operated separately, and it is precisely this partnership that forms the foundation for a shared understanding of the complex needs of people with lived experience of homelessness.

The project is implemented across the Central and Eastern Europe (CEE) region – in **Slovakia, Hungary, Bulgaria, Poland, and Romania.**

Although each of these countries operates within a different social, legislative, and cultural context, they share a common challenge: fragmented service systems and limited continuity of care for people in complex life situations.

4.3. HUBs of integrated care

One of the goals of the project is to **establish HUBs of Integrated care — in each partner country.** Each HUB functions as a local centre providing coordinated services to people with lived experience of homelessness and adapts the Integrated care model to its local context and needs.

Slovakia – All for family, n.o. (VPR), DEDO Foundation
Košice:
The HUB of Integrated health and social care is open to service from November 2025. The HUB connects several services that together respond to the complex needs of vulnerable groups of people, mainly people experiencing homelessness.

The integrated model combines healthcare, social service, housing support, employment support and other additional forms of support, creating a coordinated system of services under one roof.

Outreach and social support services help identify people in need and connect them to appropriate assistance, while Housing First programme focus on securing and maintaining stable housing as the foundation for further recovery and integration.

Clients can also access employment support based on the Individual Placement and Support (IPS) approach, which focuses on rapid integration into the open labour market and long-term job retention. Cooperation with healthcare providers and other local stakeholders helps ensure that health, social, and employment needs are addressed simultaneously.

By connecting these services within a single coordinated framework, the Košice HUB demonstrates how integrated care can improve service accessibility, strengthen cooperation between organisations, and support long-term social inclusion.



Prešov:
The HUB in Prešov operates as part of the expansion of the SOLACE-CEE integrated care model to another urban context – the third-largest city in Slovakia. Its aim is to provide

integrated health and social support for people with lived experience of homelessness and housing exclusion.

An important component of the HUB is a general practitioner's outpatient clinic, which provides accessible primary healthcare for people who often face administrative, financial, or institutional barriers when accessing the standard healthcare system.

The HUB provides social support services, housing support, outreach work, and employment support, creating a coordinated pathway of support for people experiencing or at risk of homelessness. The approach emphasises client-centred support, where services are organised around the needs and goals of the individual rather than institutional structures.

Another important aspect of the Prešov HUB is strengthening cooperation between local municipalities, social service providers, and employment support programmes, helping to build a more coordinated local response to homelessness. Through this integrated approach, the HUB improves access to services, supports housing stability, and facilitates sustainable labour market participation.



Hungary, Budapest – HSCOM

The Health Center's medical practice is supported by telemedicine care with weekly online appointments. The work of doctors is supported by telemed assistants and social workers, which makes the care complex and holistic, covering both healthcare and social care. We provide telemedicine care within an institutional framework and also in the context of street care with the help of street social workers.

We provide family medicine services and psychiatric care to homeless people on a weekly basis within the framework of the program. We also provide oral cancer screening in our screening programs.

In digital device rental , people in need living in the institution were able to borrow blood pressure monitors, blood glucose meters, and pulse oximeters, supporting health awareness.

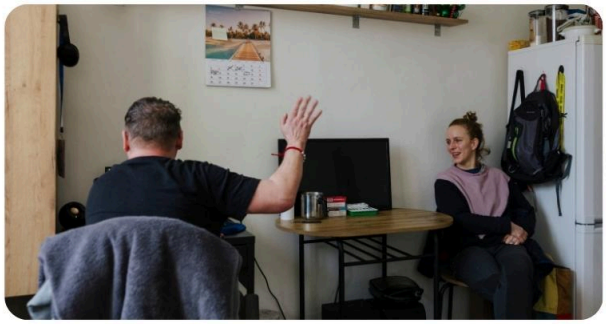
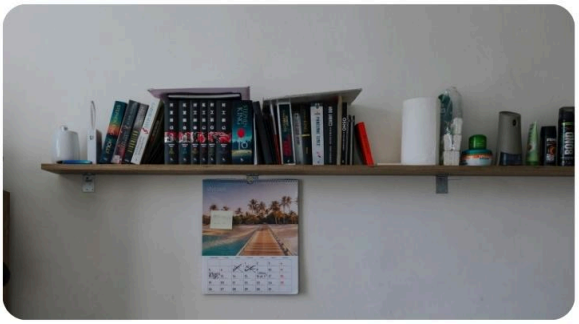


Poland, Warsaw – NMP

This HUB was established in Warsaw and is based on the Ambivalence programme, which Housing First Poland Foundation has been implementing continuously since its creation. The programme was developed to provide long-term, relationship-based support to people with lived experience of homelessness. Today, the HUB supports around 14 people experiencing homelessness in Warsaw, in line with the values of the Housing First approach implemented by the NMP - as long as needed. We provide participants with integrated support, psychological and therapeutic services and teach them how to use other services available in the community.

In line with the Partnership's goal of testing the Integrated Health and Social Care Model, as we expanded our team, we ensured that new mental health professionals were qualified, particularly those with psychological training and therapeutic training. Currently, the team members' qualifications encompass crisis intervention, street work, psychology, clinical psychology, solution-focused therapy, motivational interviewing, art therapy (periodically), social work, psychotherapy. During the project the most experienced NMP employees - an HF expert and trainer and a psychologist, the head of the Team of Specialists, provided regular in-depth consultations for external teams wishing to develop their activities in this direction.

We strive to base all our activities on scientific principles, trauma-informed care and guided by humanistic values. HUB members continually deepen their knowledge in this area to support participants in a way that meets their needs.

Romania, Bucharest – Casa Ioana

Located in the heart of Bucharest, Casa Ioana operates as a critical resource for homeless individuals and families seeking to break the cycle of poverty and displacement. Our methodology is built on a multidisciplinary framework that addresses both the immediate and long-term needs of our beneficiaries.

Our social worker provides intensive case management, assisting beneficiaries in navigating the complexities of social services, obtaining legal documentation, and securing employment or housing.

We prioritize emotional stabilization through our on-site psychologist, who conducts regular counseling sessions. These interventions are specifically designed to help homeless individuals process trauma, rebuild self-esteem, and develop the mental resilience required for a successful transition to society.

Recognizing that physical health is a prerequisite for stability, future medical services will be integrated via our network of specialized external partners. This ensures that beneficiaries receive professional medical attention alongside their psychosocial support.

By combining the expertise of a social worker and a psychologist with accessible external healthcare, Casa Ioana provides a holistic recovery environment. This integrated approach ensures that every person we serve in Bucharest is equipped with the physical, emotional, and social tools necessary to achieve and maintain independent living.




Bulgaria, Sofia – HESED

The HUB in Bulgaria is located in the Fakulteta neighbourhood, Sofia - one of the largest

Roma neighborhoods in the country, with approximately 35,000 – 45,000 inhabitants. Many families live in informal or inadequate housing – makeshift shacks that do not meet the minimum safety and health standards, corresponding to the categories of Insecure Housing and Inadequate Housing according to the European typology of homelessness and housing exclusion ETHOS.

The HUB's team provides integrated health and social services to people who do not have access to medical and social assistance or face difficulties due to lack of documents and skills to work with institutions.

The HUB has a doctor's office with a general practitioner, an obstetrician-gynecologist and a pediatrician, as well as a full-time nurse. If necessary, assistance and accompaniment to other specialists are provided.

The HUB's social worker and psychologist provide support for social services, including budget management, preparation for the labor market, and psychological counseling to deal with trauma and depression. The HUB also organizes a nutrition program for 30 children, all of whom have been tested for anaemia.

In this way, the HUB provides comprehensive support – health, social and psychological, aimed at improving the quality of life and the sustainability of the community.



4.3.1. Strategic importance of the SOLACE-CEE project in the CEE regional context

The SOLACE-CEE project was developed in the context of the specific challenges faced by the Central and Eastern Europe (CEE) region in the field of social care and homelessness (see Chapter 3).

The strategic importance of the project lies on several levels:

- **Regional relevance** — The Integrated Care model responds to the specific needs and conditions of the CEE region and is not merely a transfer of Western European approaches.
- **Capacity building** — The project strengthens the professional capacities of partner organisations and contributes to the development of local social service

ecosystems.

Policy influence — The project's results and recommendations have the potential to inform social policy at both national and European levels.

- **Transferability of the model** — The validated Integrated Care model can serve as inspiration for other countries and consortia in the region.

Slovakia

In Slovakia, homelessness and housing exclusion remain significant but partially under-documented social challenges. According to the national Population and Housing Census 2021, a total of **71,076 people** were retrospectively identified as so-called "secondary homeless", meaning that they were living in shelters or other forms of temporary accommodation for people without stable housing. The identification was based on housing conditions, including the lack of access to basic facilities such as a bathroom, flushing toilet, running water, or heating. Importantly, people living rough or without shelter were not systematically counted during the census, which suggests that the actual scale of homelessness may be higher.

In addition to urban homelessness, Slovakia also faces challenges related to informal settlements and intergenerational poverty, where families live in inadequate housing conditions across multiple generations. In terms of demographic structure, men represent the majority of people experiencing homelessness, although families with children are also significantly affected in certain regions.

Local data further illustrate the scale and complexity of the issue. In Košice, the Registration Week of Families in Housing Need (2021) identified **309 families living in informal dwellings, corresponding to category ETHOS Light 5** (people living in non-conventional or temporary structures). More recently, during the European Homelessness Count in 2024, approximately **2,300 people experiencing homelessness were identified in the city, including 996 children**, highlighting the presence of family homelessness and housing exclusion.

In this context, the SOLACE-CEE project plays a strategically important role in Slovakia by piloting integrated care approaches that connect health services, social support, housing assistance, and employment integration. By establishing local HUBs of Integrated Care in Košice and Prešov, the project tests practical models for improving service accessibility for people with lived experience of homelessness. These integrated approaches aim not only to address immediate needs but also to support long-term housing stability, health outcomes, and labour market participation, contributing to more coordinated and evidence-based responses to homelessness in the Slovak context.

Hungary

Homelessness remains a serious social challenge in Hungary. The exact number of homeless people is difficult to determine because there is no single nationwide data

collection system. Approximately 30,000 people in Hungary are affected by homelessness annually, requiring them to use emergency shelters or live in public spaces.[1]

In **Budapest**, the situation is particularly visible. Estimates indicate that **about 1,000–1,500 people sleep on the streets on an average night**, while **around 5,000 people stay in homeless shelters** (The european homelessness count 2024). Many people experiencing homelessness live on extremely low incomes. The majority survive on **less than 120,000 Hungarian forints per month (about 300 euros)**, and those living on the streets often have even less, sometimes **below 30,000 forints (around 75 euros)** per month.

Another important trend is the **aging of the homeless population**. Studies suggest that **around 40% of homeless people in Hungary are over the age of 60**. It creates additional challenges for the healthcare and social support systems, because in addition to ageing, many of them also suffer from several serious health conditions[2].

The situation is also affected by the **rising cost of housing and limited availability of affordable homes**. As housing prices and rents increase, more low-income households face housing insecurity and the risk of homelessness.[3]

In this context, the **SOLACE-CEE programme** is particularly important for Hungary. The programme can help improve understanding of homelessness and integrated care in Central and Eastern Europe. It supports cooperation between countries, the sharing of knowledge and good practices, and the development of innovative, evidence-based solutions. Through these activities, SOLACE-CEE can help policymakers, researchers, and civil organisations design more effective support systems and policies to address homelessness and housing insecurity in Hungary.

Poland

According to the nationwide homelessness count conducted in 2024, **31,042 people** were identified as experiencing homelessness in Poland, with **men representing approximately 80% of the population.** The most frequently reported causes of homelessness include alcohol addiction (19%), family conflict (17%), and eviction or loss of housing (11%). Other significant factors include relationship breakdown (8%), unemployment (7%), and poor health or disability (7%). **The largest group of people experiencing homelessness are between 41 and 60 years old (13,232 individuals),** followed by people aged 60 and above (10,084 individuals). Recent data also indicate that homelessness episodes are becoming shorter for some individuals: 31% have been homeless for less than two years and 25% for

[1] *https://www.facebook.com/utcarollakasba/posts/pfbid036T3S3FMai25TWsPbG2kYN7dkcAMZBbE44wkF55yWcw62YTwTyvVw91iUXuE64rdYl*
[2] https://nepszava.hu/3235821_hajlektalansag-magyarorszag-munkaerohiany-idos-beteg-ember-menhely-alapitvany-sajtotajekoztato;https://journals.lib.pte.hu/index.php/szocialisszemle/article/download/8493/7925/16894:
https://epa.oszk.hu/05300/05334/00180/pdf/EPA05334_demografia_2018_1_029-052.pdf
[3] https://www.ghrd.org/out-of-sight-out-of-rights-what-hungary-and-france-reveal-about-europes-homelessness-crisis/

between two and five years. However, a significant group still experiences long-term homelessness, with around 6% of respondents remaining in homelessness for over 20 years.

Broader social and economic challenges further shape the context of homelessness in Poland. According to the 2025 "Poverty Report" prepared by the WIOSNA Association, approximately 1.9 million people in Poland live in extreme poverty, representing about 5.2% of the population. Around 41.3% of society lives below the social minimum. Barriers in access to healthcare also remain significant: out of 523 million prescriptions issued, 78 million are not filled, and the average waiting time for medical services has reached a record 4.2 months. Cardiovascular diseases (36.9%) and cancers (24.4%) remain the leading causes of death in Poland, highlighting the importance of early diagnosis and timely treatment - factors that are often particularly difficult to access for people experiencing homelessness.

In recent years, the approach to addressing homelessness in Poland has gradually begun to evolve. Increasing attention is being given to innovative solutions and the testing of new support models. The country is currently implementing reforms aimed at the development of community-based services as part of a broader process of deinstitutionalisation. Within this context, the Housing First model is still relatively new but is gaining recognition as an effective approach. Projects such as Solace-CEE play a crucial role in strengthening integrated service models that combine housing stability with coordinated health, psychological, and social support. This is particularly important for people who have experienced long-term homelessness, many of whom require highly individualised and flexible forms of assistance to successfully reintegrate into society.

Romania

In Romania, homelessness remains a critical but often overlooked social challenge, characterized by a lack of comprehensive national data and a housing system under significant pressure. Recent reports highlight that Romania has some of the highest rates of **severe housing deprivation** in the European Union, with roughly **9.6% of the population** living in conditions marked by overcrowding and a lack of basic facilities like indoor plumbing or electricity. (Eurostat, 2024-2025 Reports)

While official statistics are often fragmented, estimates suggest that there are over **14,000 people experiencing homelessness** across the country, with approximately **5,000 residing in Bucharest alone**. (National Strategy for Social Inclusion of Homeless People (2022–2027)

The October 2025 report by *Monitorul Social* synthesized Eurostat data to highlight that 1 in 10 Romanians live in "extremely poor" housing conditions.

Also the FEANTSA's *Tenth Overview of Housing Exclusion in Europe (2025)* provides the qualitative context for the "bureaucratic trap" and legal barriers faced by homeless individuals in Central and Eastern Europe.

The **SOLACE-CEE project** is a vital intervention because it moves beyond traditional "emergency-only" aid, which has historically failed to reduce long-term homelessness in the CEE region. The project is important for Romania for several key reasons:

1. **Integrated Care Model:** it bridges the gap between social services and healthcare. In Romania, homeless individuals often cycle through emergency rooms without receiving the long-term mental health or addiction support they need. SOLACE-CEE pilots a "continuum of care" that treats housing as a right, not a reward.
2. **Addressing Data Gaps:** by standardizing data collection across five CEE countries (including Romania, Bulgaria, and Poland), the project provides the evidence base needed to advocate for stronger national housing strategies.
3. **Trauma-Informed Care:** it introduces specialized training for staff to handle the deep-seated trauma common among the chronically homeless.

Bulgaria

SOLACE CEE in Bulgaria: Towards an integrated health and social approach to support people in housing insecurity

Until 2018, there was no legal definition of homelessness in the Bulgarian regulatory framework, which made it difficult to recognize the problem and form targeted policies. Only at the end of 2018, the first and only official definition of "homeless person" was introduced in the Social and Solidarity Economy Enterprises Act.

According to this definition, homeless people are considered to be people living on the street, in emergency/crisis accommodation and in homeless accommodation, but not persons in temporary or specialised services such as women's crisis centres or transitional youth services.

However, the normative definition is not integrated into the Social Services Act and is not used in the planning, financing and provision of social services. In practice, the system works with categories such as "persons at risk" or "persons in difficulty", which means that homelessness is not segregated as an independent target group, nor is it linked to specific rights to access services. Access to shelter or support is mainly determined by local practices, the capacity of municipalities and the availability of services.

This gap between the legal definition and its actual application leads to a systematic lack of recognition of hidden forms of homelessness – living in illegal buildings, shacks, overcrowded homes or temporary shelters. A significant part of people in housing insecurity remain outside the scope of the social system, as these forms are not considered homelessness and are not treated as such. even though they fall into the ETHOS categories of hidden homelessness.[4]

Due to the lack of a uniform definition and reliable measurement methodology, Bulgaria does not have reliable statistics on the scale of homelessness. Even the available

[4] https://ec.europa.eu/social/BlobServlet?docId=22821&langId=en

administrative numbers – for example, about 1260 registered cases in 2024[5] or 4664 in 2022[6] – reflect only people who are already in contact with the system, and do not include the many "invisible" forms of housing insecurity.

Existing Support Mechanisms

Support for homeless people in Bulgaria is mainly provided through social services organized by municipalities, including shelters and temporary accommodation centers. These services provide short-term shelter, basic living conditions and limited social work. Access to them is usually done by referral from the Social Assistance Directorates.

Despite its crisis function, services are predominantly reactive and short-term. Stays are limited to a few months, and integrated forms of support – health care, mental health support, long-term planning – are usually lacking. The system often functions fragmentedly, without coordination between social services, the health system, psychiatric care and institutions, which creates serious barriers for people with complex needs.

The Solution Offered By SOLACE-CEE/HESED

In response to these deficits within the framework of the SOLACE CEE initiative, Hesed Sofia is piloting a hub for integrated health and social services, aimed at people living in homelessness or housing insecurity. The approach is based on the understanding that homelessness is a multidimensional social and health problem that is characterised by an accumulation of vulnerabilities – poverty, isolation, mental health difficulties, chronic diseases, lack of documents and limited access to support systems.

The hub applies an integrated health-social model that combines:

1. social work and accompaniment,
2. access to health services and health mediation,
3. psychological support,
4. support for early childhood development and nutritional support for children,
5. assistance in administrative and institutional procedures,
6. connection to shelter, treatment or social services systems.

The aim is not only to respond to urgent needs, but also to support sustainable social inclusion, the restoration of links with institutions and the development of coping skills. The multidisciplinary team of the hub creates a space in which support is not fragmented, but coordinated, thus addressing the real complex needs of people living in conditions of housing instability and homelessness.

[5] Homeless people are again most visible in sub-zero temperatures | Diary
[6] 4664 homeless people were registered in Bulgaria in 2022.

5. The SOLACE-CEE Quadruple Alignment Model

The SOLACE-CEE communication framework is built on four complementary pillars that support legitimacy, coherence, and diffusion in practice.

This model is designed as a practical framework that can also be used by other consortia and organisations when setting up communication for integrated care in different contexts.



5.1. Pillar I. – Data-driven Legitimacy (Data First Approach)

"Trust is built on evidence, not just good intentions."

The Data-driven Legitimacy pillar is based on the principle that integrated care must be communicated as a verifiable, effective, and sustainable solution — not merely as a good intention or innovative idea.

When claiming that integrated care works, it is essential to show *why* and *based on what evidence*. Data, research results, and long-term indicators serve as tools of legitimacy — means through which the project gains the trust of the public, professionals, and policymakers.

Why this pillar is key for integrated care

Integrated care represents a systemic change that often faces skepticism, distrust, or questions of effectiveness. In the CEE region, these challenges are amplified by low trust

in public policies, fragmented data collection systems, and strong pressure to demonstrate the efficient use of public resources.

Data-driven communication helps to:

- Legitimize integrated care as a serious approach,
- Support its scaling,
- Create a common language between practice, policy, and research.

Characteristics of data-based communication in integrated care:

- Prioritizes outcomes over one-off numbers,
- Links quantitative data with qualitative context,
- Emphasizes long-term impact (e.g., housing stability, employment retention),
- Works with transparency and consistency in data.

GOAL:
The aim is not to overwhelm audiences with numbers but to provide evidence that fosters understanding and trust.

Recommendations for applying the Data First Approach:

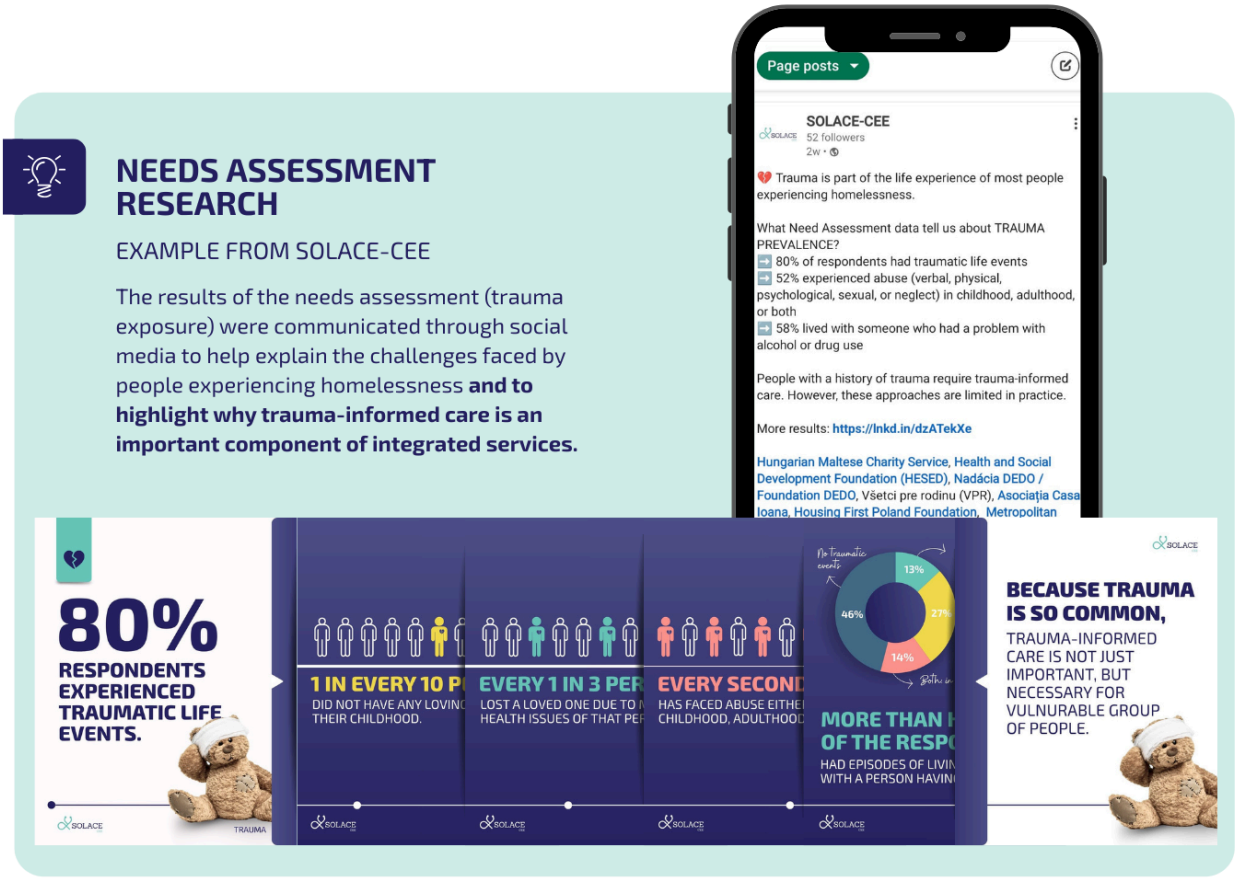
- Define key indicators related to integrated care goals (e.g., stable housing, continuity of healthcare, employment integration).
- Communicate progress over time, not only final results.
- Translate data into accessible language using infographics, short explanations, and examples.
- Connect data to impact, not just activities (what changed, not what was implemented).
- Ensure a unified interpretive framework so that the same data is not communicated inconsistently by different partners.

SOLACE-CEE and the Data First Approach

In SOLACE-CEE, data forms the foundation of the communication framework, not just an add-on. **Examples include:**

- Using the Needs Assessment research as a basis for communicating the need for integrated care,
- Continuously sharing data from pilot HUBs showing the link between housing, health, and employment,
- Presenting data in accessible formats (articles, infographics, presentations) to support understanding across diverse target groups.

This approach helps communicate integrated care as an evidence-based model with the potential to create long-term systemic change for people with lived experience of homelessness.



5.2. Pillar II. – Impact-oriented Narrative

"Policy narrative research shows that stories structure political discussions by defining actors, problems, and solutions." – Jones & McBeth (2010)

The way integrated care is communicated strongly influences public perception. Narratives shape the understanding of the problem, solutions, and the role of different actors. The SOLACE-CEE model therefore shifts the emphasis from describing services to communicating the systemic impact of integrated care. Clients are presented as active participants, not passive recipients. This narrative transformation contributes to destigmatization and strengthens representation grounded in respect for individual dignity.

Why this pillar matters:
Communication focused solely on activities can reinforce a charitable view and obscure the real contribution of integrated solutions. **An impact-oriented narrative allows for:**

- Explaining integrated care as a long-term, sustainable solution,
- Shifting attention from costs to public value,
- Supporting the adoption of systemic changes.

How this pillar manifests in communication:

- emphasizing outcomes rather than activities,
- presenting long-term changes in people's lives and service systems,
- depicting people with lived experience of homelessness as dignified, active participants in society.

Recommendations for applying an impact-oriented narrative:

- communicate *what changes*, not just what is implemented,
- connect services to their real impact,
- use respectful, non-charitable language,
- prioritize long-term indicators over short-term outputs.

SOLACE-CEE and the Impact-oriented Narrative

The project communicates integrated care through housing stabilization, employment retention, and systemic changes in service collaboration, reinforcing the perception of the model as functional and socially valuable.

5.3. Pillar III. – Connected Care & Employment Framing

"From a systems theory perspective, coherence between subsystems increases resilience and adaptive capacity." – Meadows (2008)

Communication coherence supports institutional coherence. **In SOLACE-CEE**, the integrated framework explicitly links housing support with the Housing First approach, healthcare provision, employment integration via the IPS model, and social or psychological support. Fragmented communication of individual services or approaches can inadvertently reproduce siloed thinking — the very issue integrated care aims to overcome. Connected framing models systemic logic and reinforces the perception of shared responsibility for outcomes.

Integrated care only works when its components are perceived as interdependent. If housing, health, and employment are communicated separately, the understanding of the full model is weakened. Systemically, coherence between subsystems increases resilience and responsiveness, and the same applies to communication — consistent, connected messages support functional coordination across institutions and services.

Connected framing in communication:

- Individual services are not presented in isolation,
- Each communicated activity is placed in the broader context of integrated care,
- Employment is framed as an integral part of stabilization, not an add-on,
- Language, visuals, and message structure emphasize relationships, continuity, and interconnection.

Recommendations for applying Pillar III:

- Use consistent framing sentences linking housing, health, and employment,

- Avoid communicating individual services without showing their interconnections,
- Use visual schemes to represent the system as a whole,
- Ensure all partners use the same core terminology.

SOLACE-CEE and Connected Care & Employment

In SOLACE-CEE, this pillar is applied through HUB communication that presents housing, healthcare, employment support, and psychosocial services as a single functional system. The "connected care" framing helps the public and institutions understand that interventions make sense only when they work together.



5.4. Pillar IV. – Multi-level Policy Alignment

"Multi-level governance theory emphasizes the interaction of supranational, national, and local actors in shaping policy outcomes." – Hooghe & Marks (2001)

Multi-level policy alignment builds on approaches from multi-level governance, highlighting the interplay of supranational, national, and local actors in shaping public policies. The success of systemic changes, such as integrated care, depends not only on the interventions themselves but also on how they are embedded within existing political frameworks at different levels.

Communication aligned with European, national, and local policies strengthens the legitimacy of integrated approaches and facilitates their adoption in decision-making processes.

Integrated care often spans different sectors, competencies, and governance levels. If communication does not reflect this context, it can be perceived as an isolated project experiment rather than a systemic solution.

Aligned communication:

- connects local experiences with national strategies,
- anchors pilot models in European priorities,
- builds a bridge between practice and policy-making.

How this pillar manifests in communication:

Multi-level policy alignment ensures that the same core message is communicated to different audiences in an appropriate language, framed in line with relevant policy documents, and linked to existing strategies in housing, health, social services, and employment. Communication thus supports continuity between the project level and systemic change.

Recommendations for applying Pillar IV:

- clearly link project outputs to existing EU policy frameworks,
- communicate local pilots as contributions to national reforms,
- use consistent key terminology across levels, with adapted language where needed,
- actively involve public authorities in communication activities as partners, not just audiences.

SOLACE-CEE and Multi-level Policy Alignment

SOLACE-CEE frames integrated care as a tool to achieve European objectives in social inclusion, public health, and employment, while also responding to the local needs and experiences of partner cities. This framing allows local solutions to be perceived as relevant at national and European levels.

6. Two-level communication strategy used in SOLACE-CEE

In the SOLACE-CEE project, we have designed the communication strategy as a two-level approach, operating simultaneously at the international and national/local levels.

Objectives of the two-level approach:

- Maintain a unified project narrative across countries and organisations.
- Allow for local adaptation of messages according to the context of partners and target groups.
- Prevent fragmentation of communication, which could weaken the impact of integrated services.

International Level

Communication at this level focuses on creating a shared framework, language, and legitimacy for integrated care. **The main functions of communication at this level are:**

- Defining the position of integrated services in European policy discussions.
- Increasing the credibility of the approach using data and research.
- Disseminating project knowledge and results across European networks and organisations.

National / Local Level

Communication at this level focuses on the practical implementation of integrated care in specific contexts. **The main functions of communication at this level are:**

- Building trust between local authorities and institutions.
- Engaging employers in employment and social integration.
- Supporting public trust and acceptance of the project.
- Improving target groups' access to services.

HESED - OPEN DOORS DAY AT THE MIR-SUHODOLSKA CENTER

EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

An Open Doors Day was organised at the MIR–Suhodolska Centre to introduce the integrated health and social services available within the SOLACE-CEE project to residents of the Fakulteta neighbourhood in Sofia. The event allowed community members to learn about the support available for people living in insecure or inadequate housing, including access to healthcare, social support, and employment guidance.



Why the two-level approach works:

- It connects strategic communication with practical implementation.
- It allows sharing of unified values and principles without losing local relevance.
- It promotes understanding of integrated care as a systemic solution rather than a set of isolated services.

RISKS OF APPLYING A TWO-LEVEL STRATEGY

- weakening of the shared narrative due to excessive local adaptation,
- inconsistent use of terminology,
- different interpretations of integrated care principles among partners.

How to mitigate these risks:

- Define clear core principles and key messages that remain consistent.
- Provide partners with communication guidelines and examples of good practice.
- Regularly coordinate communication between levels.
- Encourage experience sharing and feedback within the consortium.

TIP:
To minimize the risk of fragmented communication and inconsistent interpretation of integrated care, SOLACE-CEE has implemented two-level communication planning.

6.1. Setting Communication Objectives

Clearly defined communication objectives are essential to ensure that integrated care communication supports real systemic change, rather than remaining at the level of

visibility or project promotion. Communication objectives should be closely linked to project goals and consider differences between international and national/local levels.

Objectives should:

- be based on the principles of integrated care,
- be measurable and linked to impact,
- support sustainability and institutional embedding of solutions.

TWO-LEVEL STRATEGY: OBJECTIVES BY LEVEL

International Level:

Communication focuses on legitimizing and disseminating the integrated approach — aiming to influence the framing of problems and solutions, not just inform about project activities.

Examples of SOLACE-CEE communication objectives at the international level:

- strengthen perception of integrated care as a systemic innovation in homelessness,
- contribute to European professional and policy discussions through data, research, and case studies,
- promote the use of integrated care terminology in political and strategic documents,
- increase project visibility in European networks, platforms, and professional forums.

National / Local Level:

Communication is more focused on practical implementation and building trust. At this level, it directly influences service use, partnerships, and long-term sustainability of integrated solutions.

Examples of SOLACE-CEE communication objectives at the national/local level:

- Support collaboration between local authorities, public institutions, and service providers.
- Increase willingness of employers to engage in employment integration.
- Strengthen public trust in integrated services and their benefits.
- Improve target groups' awareness of available services and support opportunities.

6.2. Defining Target Groups and Stakeholder Mapping

Defining target groups and their key messages is a fundamental prerequisite for effective communication. Without a clear understanding of who we want to reach and what we want to communicate, communication remains ineffective, regardless of the tools used.

In a two-level strategy, target groups should be defined at both levels:

International / Supranational Level:

Communication is primarily aimed at actors who influence policy-making, strategic

direction, and the transfer of innovative models between countries. The goal is not just to inform about the project but to strengthen the legitimacy of integrated care as a systemic solution.

Target groups at the international level:

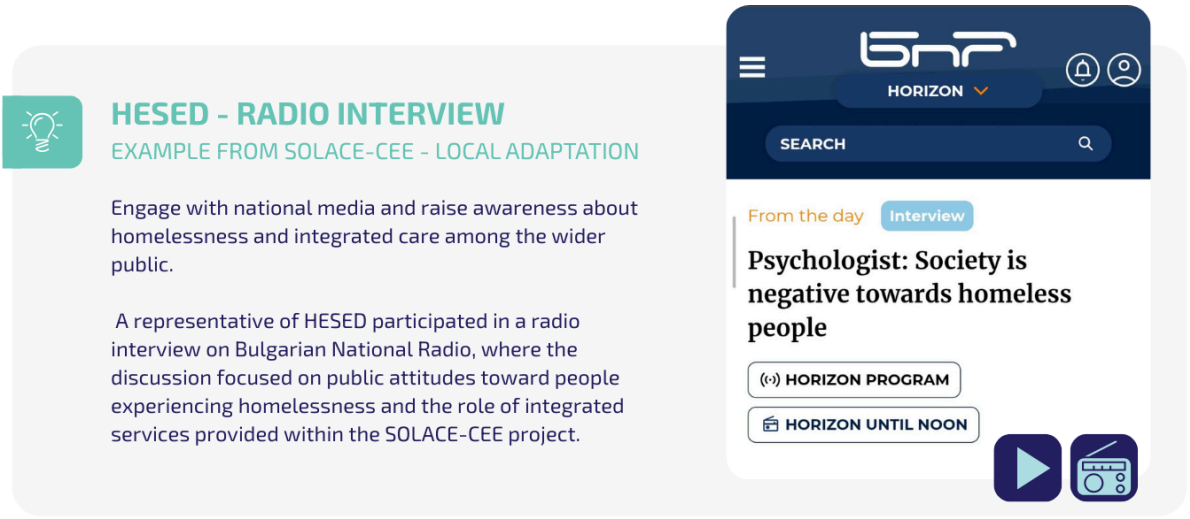
- **European institutions and policymakers** — to support understanding of integrated care as an effective and sustainable approach to homelessness
- **European networks and NGOs** — to share know-how, support model transferability, and inspire further initiatives
- **Research and professional institutions** — to strengthen the project's professional credibility and link practice with research
- **International media and professional platforms** — as channels shaping the broader European discourse on homelessness and social inclusion

National / Local Level:

At the local level, the primary target group is people with lived experience of homelessness, as they are the main beneficiaries of integrated care services.

In addition to the primary target group, communication should also target other actors who influence the functioning of integrated care locally, such as:

- **Local NGOs** — to support collaboration, alignment of communication, and shared understanding of integrated care principles.
- **Local authorities, municipal offices, national political representatives** — to build legitimacy, support systemic change, and ensure long-term sustainability of services.
- **Regional and national media** — as intermediaries shaping the public narrative, influencing perception of integrated solutions and the target group.
- **General public** — to provide simple, clear explanations of what integrated care is, its impact, and why it matters.
- **Employers** — to support social integration and employability of people with lived experience of homelessness.



Key Recommendations:

- Messages should be consistent across countries and organisations.
- Messages must allow local adaptation based on target group context.
- Communication should shift from describing activities to demonstrating impact, supporting understanding and legitimacy of the project and integrated care.

Stakeholder Mapping and Strategic Messaging:

Stakeholder mapping helps identify key project actors and structure communication with them effectively. Stakeholders are mapped according to their influence and level of support for the project, allowing prioritization of communication efforts and reducing reputational risks.

For each stakeholder group, it is recommended to define:

- **Key message** — what exactly we want to communicate to the group
- **Risk profile** — level of support or potential resistance to the project
- **Frequency of communication** — how often to communicate with the group
- **Preferred channels** — tools and platforms to reach them most effectively

This structured approach ensures consistent communication across all consortium levels and minimizes the risk of misaligned messages.

7. Identity as the Key to Unified Communication

"The goal is not uniformity, but visual cohesion — a shared foundation that can be adapted to the local context."

The **SOLACE-CEE project identity** is not just a visual framework. It represents a combination of values, communication style, and visual elements that together create a unified and recognizable image of the project across countries, partners, and communication channels.

For transnational projects with multiple partners, a clear identity ensures:

- **Project credibility** toward external target groups
- **Recognition** across countries and platforms
- **Efficiency in material creation** — shared templates and guidelines save time and reduce costs for individual partners
- **Consistency in communication** — minimizes the risk of each organisation presenting the project differently

7.1. Tone of Voice – how the project "speaks"

Tone of voice defines *how* the project communicates, not just *what* it communicates. It is a consistent style of language and expression that reflects the project's values and shapes how it is perceived by the public, partners, and policymakers.

For integrated care, tone of voice is particularly important because it:

- Addresses sensitive topics (homelessness, health, poverty)
- Influences the level of stigma or, conversely, dignity
- Directly shapes public and political discourse

Communication in the SOLACE-CEE project is:

- **Dignified and respectful**
- **Fact-based and evidence-driven**
- **Clear, not oversimplified**
- **Solution- and impact-oriented**
- **Collaborative and inclusive** — communicates cooperation across sectors, organisations, and actors as shared responsibility, not a hierarchical relationship.

What to avoid:

- sensationalism and emotionalisation of stories,
- portraying people exclusively as victims or recipients of aid,
- charitable or moralizing language,
- simplified "success" narratives without context or data.

SOLACE-CEE - Do´s and Don´ts:

	What to use	What to avoid
General	**PEH** (people experiencing homelessness) Other: people without housing/people without homes/Vulnerable groups of people Data and impact-oriented communication	avoid word "hobo, bum, homeless or drifter" Communication based on stories solely for attention Showing clients' faces
HF (Housing First)	Housing as a basic right, not a reward Communicate stability and continuity of support	Narratives about "deserving housing" Evaluative or moralizing language Language suggesting control or conditionality of support
TIC (Trauma-informed care)	Be sensitive, predictable, and respectful Preserve participants' control over if/how their stories are shared Use language that fosters safety and trust	Detailed descriptions of trauma without clear purpose
IPS (Individual placement and support)	Present participants as active economic and work actors Emphasize abilities, not barriers	Language implying "work therapy" or sheltered activities Portraying work as social aid instead of standard employment
Equality, accessibility and non-discrimination	Gender-inclusive and neutral language Representation of diverse groups without stereotypes	Gender stereotypes or assumptions about roles Content that is not accessible (no captions,

	Respectful and inclusive visuals and messaging	poor contrast, complex language) Any form of discrimination based on gender, ethnicity, religion, disability, age, or sexual orientation

7.2. Claim - project slogan

The claim is a short, memorable message that communicates the values and impact of the project. It serves to unify communication across all partners and target groups.

Recommendations:

- the claim should be used in all key project outputs – presentations, website, social media, press releases,
- it can be locally adapted with a brief explanation to make the context clear for specific audiences.

SOLACE-CEE and its claim

Original slogan: *"Homeless is not hopeless"* – proved not to be suitable as it implicitly emphasized the problem and could be perceived as paternalistic or stigmatizing.

New slogan: "*Transforming lives, ending homelessness*"

- Communicates **project impact** – focuses on concrete changes in people's lives and in the service system.
- Reinforces **participant dignity** – people with lived experience of homelessness are presented as active participants in change, not just recipients of aid.
- Supports **consistent communication** – unifies the message across countries and organizations.



7.3. Logo - the main element of visual identity

Visual identity is not just about aesthetics — it is a tool for trust and recognizability. In the case of an international consortium like SOLACE-CEE, where multiple organizations from different countries communicate, a unified visual identity plays a key role. It ensures that

all outputs — whether a presentation, a social media post, or a press release — appear as part of a cohesive whole, rather than as disjointed materials from separate entities.

The logo is a fundamental element of a visual identity, especially in projects involving collaboration among multiple organisations. It serves as a visual symbol that externally connects project partners and enables the project to be perceived as a single, cohesive whole — regardless of country, language, or type of organisation.

For this reason, it is recommended that the logo meets the following criteria:

- clearly legible at all sizes and on different backgrounds,
- simple and easy to apply across various formats,
- timeless in character — particularly important for long-term projects.

TIP:
The logo should also be culturally neutral and inclusive. In transnational cooperation, it is important to ensure that the symbols, colours, or typography used do not carry meanings in specific countries that could be ambiguous, inappropriate, or contrary to the project's values.

SOLACE-CEE logo

Logo Usage – Logo Manual - a logo manual is a document that defines the rules for using the logo. These rules are essential to ensure that the logo appears consistent and professional across all outputs and in all situations — regardless of which partner uses it or in what context.

TO PREVENT INCORRECT USE OF THE LOGO, THE LOGO MANUAL SHOULD INCLUDE:

Clear Space (Protection Zone): The clear space defines the minimum amount of free space around the logo, ensuring that it is not visually disrupted by surrounding elements. It is equally important to define the minimum logo size for both print and digital use to ensure readability at all times.



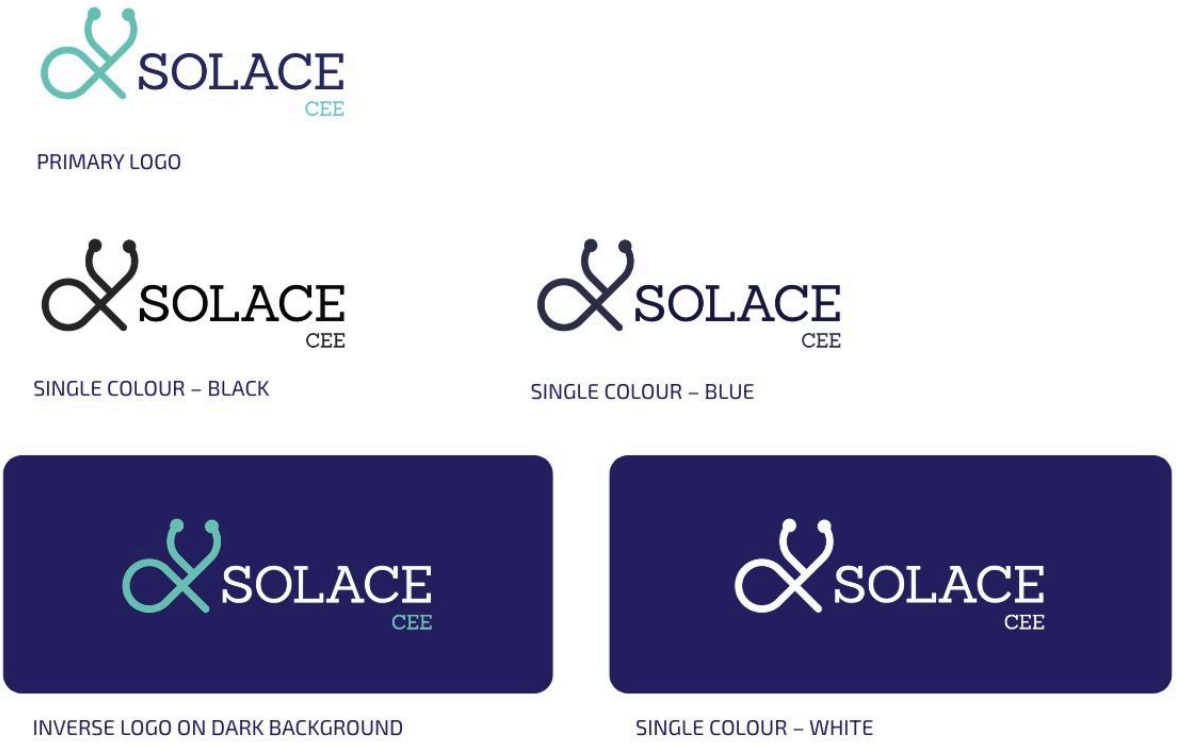
The height of the letter E of the logotype determines the logo's protection zone.

No objects can be place within the clearspace.

SOLACE-CEE logo with clearspace

Logo Variants - It is recommended to prepare the logo in several versions to allow its use in different contexts. At a minimum, the following versions should be available:

- a **full-colour version** as the primary option for most uses,
- a **black-and-white version** for materials where colour printing is not possible,
- a **negative (reversed) version** for use on dark backgrounds.



SOLACE-CEE logo variants

Minimum Size - minimum logo sizes should be defined for both print and digital use to ensure the logo remains legible at all times.

Prohibited Logo Modifications - to protect the integrity of the logo, the logo manual should specify prohibited variations or modifications — such as unauthorised colour

combinations, distortion of proportions, the addition of graphic effects, placement on visually cluttered backgrounds, or combining the logo with other text or graphics within the clear space.



SOLACE-CEE prohibited logo modification

7.4. EU Emblem: Mandatory Visibility Requirement

In the SOLACE-CEE the use of logos for and visual identity elements must follow both project guidelines and mandatory requirements defined in the GA.

EU Emblem – Mandatory Requirements for SOLACE-CEE

- The EU emblem must be displayed on all project communication materials.
- The emblem must remain distinct and separate and cannot be modified by adding other visual elements, text, or logos.
- The EU emblem must be at least as prominent as any other logo displayed.
- No other visual identity or logo may be used to replace or overshadow the EU support.

These rules are binding and apply to all communication outputs (digital and print). Additional guidelines can also be found on the EC Portal: **Funding & Tenders (europa.eu)**

7.4.1. Partner Logos and Their Combination with the Project Logo

In an international consortium, communication materials usually feature not only the project logo but also the logos of partner organisations. When combining logos, it is recommended to follow a few basic principles:

- Maintain sufficient space between logos to avoid visual overlap.
- Define in advance the situations in which the project logo is used alone versus when it is displayed alongside partner logos.

7.5. Colours, font and visual style

In addition to the logo, the foundation of a visual identity also includes colours, typography, and the overall visual style. Their consistent use across all materials and partners is just as important as proper logo usage.

Colours

The colour palette should be clearly defined and made available to all partners in standardized colour codes — for print (CMYK) and digital use (RGB, HEX).

TIP:
It is recommended to distinguish **primary colours**, which form the core of the visual identity, from **secondary colours**, which serve as complementary accents.



SOLACE-CEE colours

Fonts and Typography

The font used by the project should be consistent across all materials.

Logo typography

Sanchez

available via an open source license as a part of Google Fonts library

Regular:

ABCČĆDĐEFGHIJKLM
NOPQRSŠTUVWXYZŽ
abcčćdđefghijklmnopqr
sštuvwxyzž1234567890
!?(%)[#]{@}/&\'"”*
<-+÷×=>®©$€£:;,.

Communication typography

Exo 2

available via an open source license as a part of Google Fonts library

Usage: all print and online communication

Regular:

AÁBCČDĎEFGHIÍJKLĹĽMN
ŇOÓÔPRSŠTŤUÚVWXYZŽ
aábcčdďefghiíjklĺľmnňoó
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Bold:

AÁBCČDĎEFGHIÍJKLĹĽMN
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SOLACE-CEE typography and fonts

TIP:
It is also important to ensure that the selected fonts are freely available or properly licensed for use by all partners.

Visual Style

The overall visual style encompasses the use of photography, icons, graphics, and the layout of elements on a page. It is recommended to create basic guidelines for these elements as well, so that materials from different partners are visually coherent and appear as part of a single project.

7.6. Practical Templates and Usage Examples

One of the most effective tools for ensuring a consistent visual identity is the creation of templates. Templates make work easier for partner organisations, save time, and minimize the risk of inconsistent visual outputs.

Templates are designed to be easy to use and adaptable to local contexts while maintaining a shared project identity.

Depending on communication needs, it is recommended to prepare templates for the most commonly used formats, **such as:**

- presentations
- word documents / letterhead
- social media posts
- posters or banners for events
- press release templates

Templates are living tools and may be updated during the project based on partner feedback and evolving communication needs.

Sharing and Updating Templates

Templates should be stored centrally and be accessible to all partners — for example, on a shared drive. It is also recommended to assign a single person or organisation responsible for managing and updating the templates, ensuring they are always current and aligned with the project's visual identity.

Templates in SOLACE-CEE

To support consistent and efficient communication across the consortium, a set of communication templates has been developed within the SOLACE-CEE project. All templates are available to partners in a shared folder.

Templates help partners:

- maintain a unified visual identity,
- ensure alignment with key messages,
- meet EU visibility and communication requirements,
- simplify the preparation of communication outputs.

EXAMPLE OF THE TEMPLATES USED IN SOLACE-CEE:

Presentation:







MEMO and attendance list:





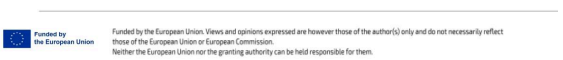
XXXXX MEETING
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MEMO

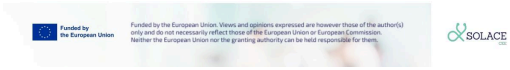
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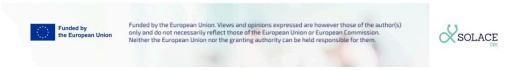
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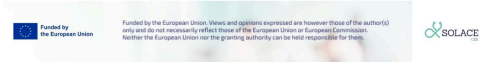




Letterheads for all partners:









Magyar Máltai Szeretetszolgálat

hesed









Press release:

SOLACE CEE

Headline

Košice / Budapest / Warsaw / Sofia / Bucharest – Day Month Year:

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About the project:
SOLACE-CEE, funded by the European Social Fund Plus (ESF+), is the first joint pilot in the CEE region to integrate healthcare and social services for homeless people. The project brings together seven organizations from five countries: Nadácia DEDO and Všetci pre rodinu, n. o. (Slovakia), Health and Social Development Foundation (Bulgaria), Housing First Poland Foundation (Poland), Casa Ioana (Romania), Metropolitan Research Institute Budapest, and Hungarian Charity Service of the Order of Malta (Hungary).

More information about the project can be found at: www.solace-cee.eu

Funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

7.6.1. Guidelines for using templates and visual identity

While not all communication tools are provided as fixed templates (e.g. social media content), it is essential to ensure consistency across all communication outputs by following shared visual and communication principles.

For SOLACE-CEE materials (project-level outputs):

- Use the unified visual identity of the SOLACE-CEE project (colours, typography, layout where applicable).
- Always include the SOLACE-CEE logo and EU funding visibility elements.
- Ensure consistency in tone of voice and key messaging across materials.

For partner-level communication:

- Partners may use their own organisational visual identity.
- However, all materials must include: SOLACE-CEE logo, EU funding visibility elements
- When relevant, partners should also use:
    - project hashtags (e.g. #solacecee #EU #integratedcare)
    - references to the project (tagging, mentions, links)

Social media specific:

There is no fixed template for posts; however, consistency should be ensured through:

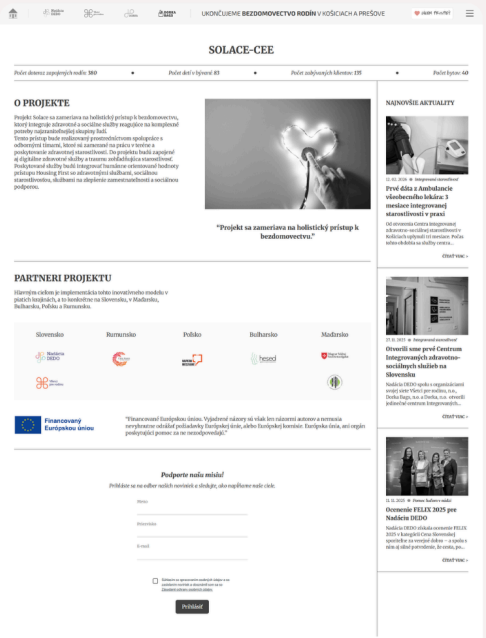
- use of logos and visual elements where appropriate
- consistent hashtags and project naming
- alignment with key messages and tone of voice

This approach allows flexibility for partners while maintaining a coherent and recognisable project identity across countries and communication channels.

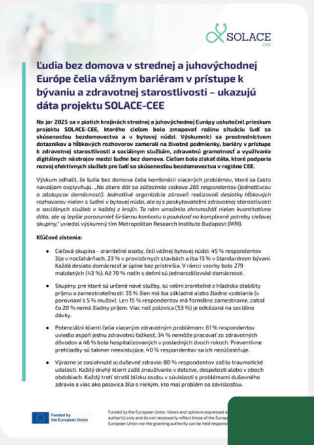
TIP:
Beyond the templates themselves, it is important for you and partners also develop and share clear rules for the use of templates and the project's visual identity. These rules ensure that all communication outputs — regardless of who creates them or in what format — appear consistent and professional. Not all communication tools have a fixed template (for example, social media posts), but even in these cases it is essential to follow shared visual and communication principles.

DEDO FOUNDATION - LOCAL APPLICATION OF SOLACE-CEE TEMPLATES AND VISUAL IDENTITY

EXAMPLE FROM SOLACE-CEE



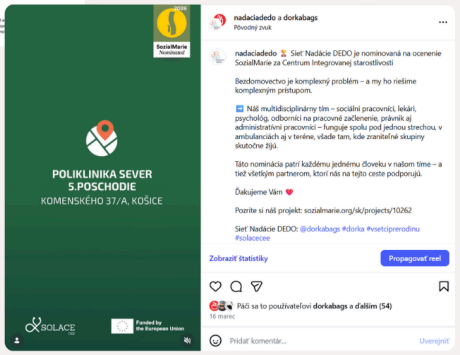
DEDO WEBSITE – A SUBPAGE ABOUT SOLACE-CEE WITH A NEWSLETTER SUBSCRIPTION FORM



PRESS RELEASE IN THE SOLACE-CEE TEMPLATE



LEAFLETS ABOUT THE HUB FEATURING SOLACE-CEE LOGO AND LOGO EU FUNDING



VIDEO ABOUT THE HUB USING LOGOS

8. From Strategy to Practice: Communication Tools Tested in SOLACE-CEE

Effective communication in an international consortium requires a systematic approach at two levels — internal and external.

This chapter presents communication tools used within the SOLACE-CEE project. Some of these tools are **project-specific and stem directly from project requirements**, while others are **recommended practices based on partners' experience and tested approaches**.

TIP:
Use the tools section when implementing specific actions (e.g., creating a website, working with media). Refer to the examples for inspiration and adaptation to your local context.

8.1. Internal communication tools (as a foundation)

Internal communication forms the foundation without which external communication cannot function consistently.

Since multiple partners from different countries with diverse work cultures and often unclear responsibilities are involved in a transnational project, it is important to agree on certain **rules at the beginning of the collaboration:**

- **Define clear roles and responsibilities** — e.g., who creates or approves content, who publishes it, etc.
- **Establish regular communication meetings** — e.g., monthly online meetings focused on sharing current outputs and coordinating communication activities.
- **Choose a main communication channel.**
- **Create a shared repository** for all communication materials, templates, and documents accessible to all partners in real time.
- **Set internal rules for external communication** — e.g., a short guide specifying what, where, and how partners may publish independently.

TIP:
Also set up a channel for operational communication — e.g., a group chat on a suitable platform. This allows for quick decision-making on day-to-day matters and reduces reliance on email communication.

8.2. External communication tools

External communication tools serve to make the project, its activities, and impact accessible to the public. They raise awareness, share results, and help build connections and relationships with relevant target groups.

A two-level communication strategy requires a set of selected tools for both the transnational level and all local partner levels.

In SOLACE-CEE, we jointly developed a set of tools at the transnational communication level, while each partner simultaneously prepared a local action plan with tools adapted to their own context and target audiences.

8.2.1. Project website

The project website = the primary information tool for the public.

The website serves as a central hub, referenced by all other communication channels, where different target groups can find comprehensive information about the project.

It is recommended that the website includes:

- Basic project information — WHAT? WHO? WHERE? WHY? — describing the project, participating partners, locations, objectives, the rationale for the project, and its intended audience.
- News and updates from the project.
- Outputs and publications available for sharing.
- Contact information and project-relevant details.

The website is designed for multiple target audiences.

Tips for website creation:

- **DEFINE THE PURPOSE** — what is the goal of the website as a communication tool? For SOLACE-CEE, the goal is to inform the public.
- **WEBSITE STRUCTURE** — keep it clear and intuitive so visitors can quickly find what they are looking for.
- **CLEAR AND CONCISE INFORMATION** — use subheadings, short paragraphs, icons, etc.
- **KEEP CONTENT UP TO DATE** — a website that is not regularly updated appears untrustworthy. Assign responsibility for maintenance and set a regular update schedule.

- **ADAPT LANGUAGE TO THE TARGET AUDIENCE** — content should be understandable for people outside the professional community.

SOLACE CEE website

The official website provides comprehensive information about the project, its partners, publications, documents, and news from both the project and its partners. In addition to serving as an information hub, the website also functions as a learning tool, as it will host e-learning resources related to integrated care.

SOLACE-CEE website and all the sections on partners website must ensure that certain mandatory elements are includedň. **Mandatory elements for web pages:**

- **Project summary** – a concise description of the project, its objectives, and scope.
- **List of all consortium participants** – full transparency on project partners.
- **European flag and funding statement** – acknowledging EU support for the project.
- **Coordinator contact details** – so visitors know whom to contact for official inquiries.
- **Project results (when available)** – to ensure dissemination of key outputs.

TIP

For sharing information and maintaining a chronological record of activities, we created an online database — a website with articles where each partner posts about project activities in their local context. This database serves as a living archive and a regular update on partners' activities.

Local Adaptation within SOLACE-CEE

Each partner created sections on their local websites containing project information and mentioned mandatory elements in the local language. This ensures that information is accessible and understandable to the intended audience. On the local websites there are also informations about HUBs and its activities and impact through Article section.



HSCOM - partner website about SOLACE-CEE in local language

8.2.2. Publications and Documents

Throughout the project, various documents and publications are produced — not only to maintain transparency and credibility but also to raise awareness of the topic. When well-prepared and disseminated via communication channels, publications can also serve as effective promotional materials.

Before creating a publication, it is recommended to ask:

- Who do we want to reach?
- What message do we want to convey?

This determines the format, length, and distribution. A short leaflet or fact sheet is suitable for quickly presenting the project or its results, while a more extensive brochure or report is better for an in-depth summary of activities and project impact.

SOLACE-CEE & publications and documents

The SOLACE-CEE project includes specific commitments related to academic and professional dissemination such as peer-reviewed publication. These activities contribute to strengthening the project's credibility, supporting knowledge transfer, and positioning integrated care within European professional and policy discussions.

ESF+ Project Results Platform

In addition to communication through publications and other channels, the SOLACE-CEE project includes a specific obligation related to the dissemination of project results at the European level.

In SOLACE-CEE all public project results must be uploaded to the ESF+ Project Results Platform via the EU Funding and Tenders Portal.

This platform serves as a central European database of project outputs and is separate from project websites and social media channels.

Structure and visual standards

Publications and documents produced within the SOLACE-CEE project should follow a consistent visual and structural approach that ensures they are clearly recognisable as part of the project. Where full visual consistency is not possible, all materials should at least include the SOLACE-CEE logo and key visual elements that link them to the overall project identity.

Recommendation: use mentioned shared templates and visual guidelines to maintain consistency in layout, typography, and branding across all materials.

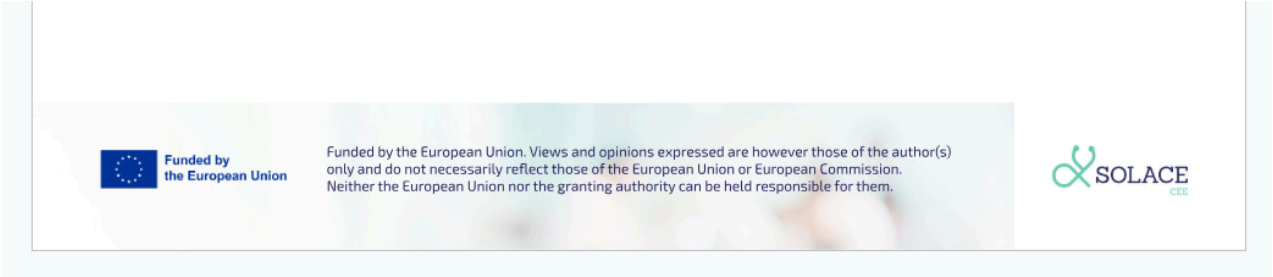
VISIBILITY OF EU FUNDING IN PUBLICATIONS:

All publications produced within the SOLACE-CEE project must clearly acknowledge EU funding.

Requirement: the European flag and the full EU funding statement must be visibly included:

- on the cover page
- or on the first pages following the editor's note.

This applies to all types of outputs, including printed publications, digital documents (PDFs, reports, guidelines), and publicly shared materials.



Footer of SOLACE-CEE Letterhead template

8.2.3. Social media

Social media are relatively inexpensive and accessible tools to reach a wide online audience. They allow regular contact with target groups, sharing project updates and results in real time, and building a community around Integrated Care.

When managing social media communication, consider:

- **Goal** — Define what you want to achieve. A clear goal helps select the right platforms and stay focused on content creation.
- **Platforms** — Focus on quality content on selected channels, not being active everywhere.
- **Audience** — Identify your target group and the platforms where they can be found.
- **Content** — Adapt content type and format to each platform — photos, videos, infographics, articles.
- **Posting Frequency** — Consistency is more important than quantity. Assign a responsible person for managing social media at both transnational and local levels.

SOLACE-CEE

International level:

- **Target groups:** experts, institutional partners, European organizations, and networks in social care
- **Platforms:** LinkedIn
- **Goal:** Raise awareness about the project and Integrated Care in a European context; position the consortium as a relevant actor.

LINKEDIN POST
EXAMPLE FROM SOLACE-CEE



Local level:

- **Target groups:** local public, people experiencing homelessness, local institutions, and media
- **Platforms:** Facebook, Instagram, others
- **Goal:** Inform about HUB activities, partner initiatives, and project impact in the local context

HESED - FACEBOOK GROUP FOR THE FAKULTETA COMMUNITY
EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

To improve communication with the local target group and provide accessible information about available services within the community.

As part of its local communication strategy, HESED created a Facebook group for residents of the Fakulteta neighbourhood in Sofia. The group serves as a direct communication channel where information about available health, social, and employment support services provided within the SOLACE-CEE project can be shared with community members.

MANDATORY ELEMENTS AND COMPLIANCE

To ensure legal compliance and visibility of EU funding, all social media must follow these requirements (in line with GA Annex 5). **Mandatory elements for social media:**

- **Project summary** – a concise description of the project, its objectives, and scope.
- **List of all consortium participants** – full transparency on project partners.
- **European flag and funding statement** – acknowledging EU support for the project.
- **Contact details**
- **Project results (when available)** – to ensure dissemination of key outputs.

8.2.4. Media relations

Media relations are not a single tool — they are a set of activities aimed at increasing media interest in the project and its topic. Building relationships with journalists and editors brings multiple benefits: raising project visibility, bringing Integrated Care into public debate, and enhancing project credibility.

Tips for media relations:

- **Media Analysis:** Map which media cover topics relevant to your project locally and nationally.
- **Media List:** Keep an updated list of relevant journalists and editors at local and national levels.
- **Press Kit:** Create a folder with project and partner logos, press releases, HUB information, and other materials to provide to the media when needed.

Recommended tools by level

EUROPEAN/TRANSNATIONAL LEVEL

- **Target groups:** European media, policy-focused platforms in social care, healthcare, or innovation
- **Goal:** Raise awareness about the project and Integrated Care in a broader European context; position the consortium as a relevant actor
- **Recommended tools:** press releases, interviews, press conferences

LOCAL/NATIONAL LEVEL

- **Target groups:** Regional and national media, healthcare and social policy media
- **Goal:** Inform the local public about Integrated Care, HUB activities, and impact on homelessness
- **Recommended tools:** press conferences, informal/creative meetings, press releases, interviews

EXAMPLE

At the opening of the HUB in Košice, DEDO Foundation and VPR invited selected media representatives to a guided tour combined with a presentation. Journalists had the opportunity to see the facilities, meet with professionals, and conduct interviews with representatives of the participating organizations.

17
ARTICLES

344 184
PEOPLE REACHED

ONE OF THE INTERVIEWS:

8.2.5. Events & Networking

Events are a personal tool targeting selected groups. It includes organizing your own events or participating in events to communicate and promote the project. This tool provides excellent networking opportunities, enabling contacts that can contribute to long-term project development and visibility.

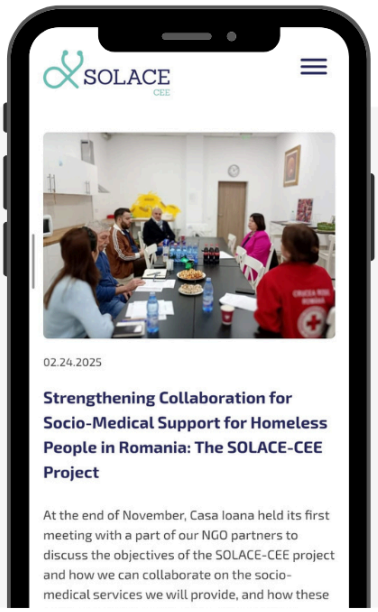
Organizing events: Conferences, seminars, webinars, open HUB days. Networking events allow control over message, format, and target audience.

CASA IOANA - NETWORKING MEETINGS

EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

To strengthen cooperation with local organisations and build partnerships that support the implementation of integrated care services.

Casa Ioana organised a series of networking meetings with local non-governmental organisations. The events created a space for organisations working in social services, housing support, and community development to exchange information, discuss common challenges, and explore opportunities for cooperation within the SOLACE-CEE project.



HESED - ROUNDTABLE DISSCUSSION

EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

HESED organized a roundtable discussion, where were presented the results of the Needs Assessment of people living in a situation of homelessness - conducted in 2025 both locally in Sofia and internationally among the partners of the SOLACE-CEE project - to representatives of state institutions and social service providers.



Participating in external events: Presentations, panel discussions, conferences, and professional forums reach audiences otherwise difficult to access.

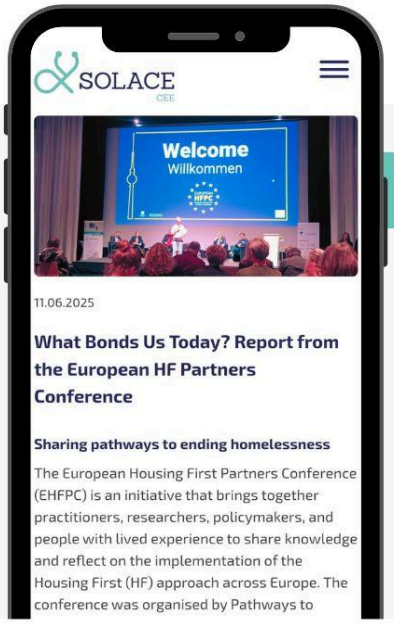
HESED - PARTICIPATION IN THE FESTIVAL DEMOCRATIC MOSAIC: CIVIL SOCIETY SCENE

EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

To present the SOLACE-CEE project to the wider public and increase awareness of integrated care services.

HESED participated in the public festival Democratic Mosaic: Civil Society Scene, where the organisation presented the SOLACE-CEE project and its work supporting vulnerable groups experiencing housing insecurity.





NMP - EUROPEAN HOUSING FIRST PARTNERS CONFERENCE

EXAMPLE FROM SOLACE-CEE - LOCAL ADAPTATION

To contribute to international knowledge exchange and position the SOLACE-CEE project within the broader European discussion on effective responses to homelessness.

Representatives of NMP participated in the European Housing First Partners Conference, an event that brings together practitioners, researchers, policymakers, and people with lived experience to share knowledge and discuss the implementation of the Housing First approach across Europe.

Recommendations:

- **Map relevant events** — make a list of conferences at European and local levels relevant to Integrated Care
- **Prepare for networking** — decide in advance whom to target and for what purpose
- **Prepare materials** — leaflets, presentations, or other materials to hand out
- **Communicate participation** — announce attendance via social media and newsletters

TIP:
Create short social media content from each event — photos, insights, quotes. Extend the life of the event even after it ends.

8.2.6. Newsletter

A newsletter is an effective tool for regularly informing target groups about project activities, results, and news. Unlike social media, which reach a broad audience, newsletters target specific individuals — experts, institutional partners, and active followers of the project.

Recommendations for newsletters:

- **Build a subscriber database** — actively grow the list via website, events, and social media
- **Set frequency** — regularity is key (e.g., quarterly or biannual)
- **Define content** — mix of project news, outputs, publications, event invitations, and partner updates
- **Track results** — monitor open and click rates to improve content over time

TIP:
Choose a platform to create and distribute newsletters and place the subscription form in a visible spot on the website — e.g., in the footer.

SCTRUCTURE OF THE NEWSLETTER

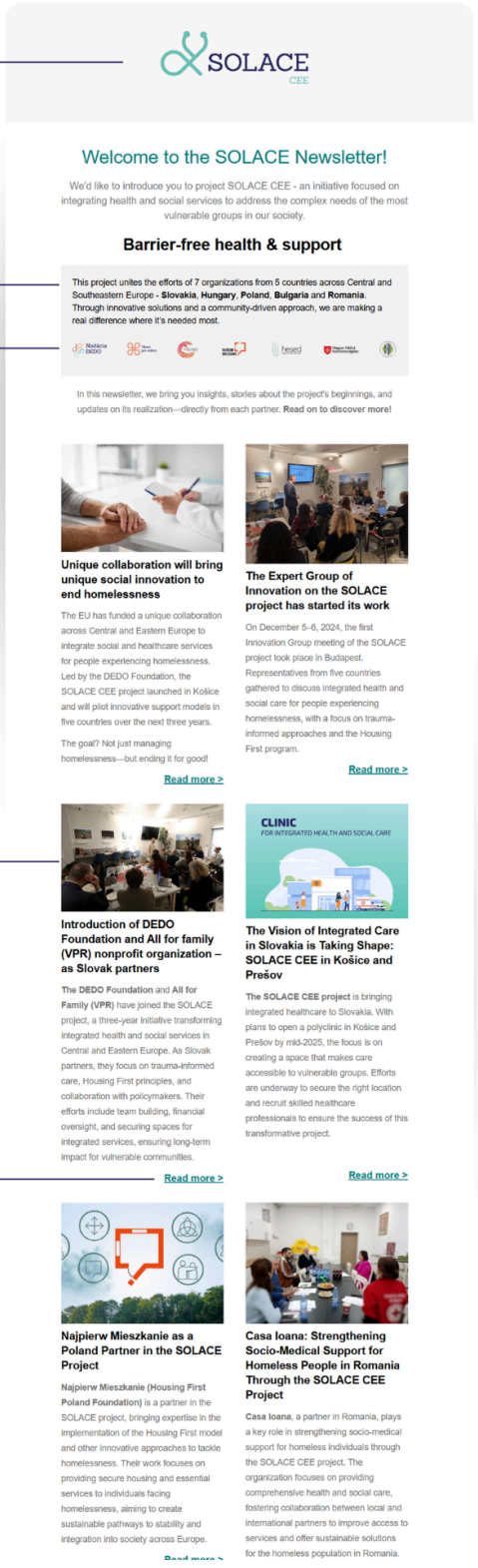
Project logo

Brief description of the project

Partner´s logo

News from the local adaptation of the project by individual partners

CTA: link to the articles



SOLACE-CEE 1. newsletter

8.2.7. Offline Communication Materials

Printed communication materials such as leaflets, brochures, posters, and informational cards remain an important communication tool, particularly when working with vulnerable groups who may have limited access to digital platforms.

Within the SOLACE-CEE project, the following offline communication tools are recommended for communication at the national and local level:

- **Leaflets and information cards** - Short, easy-to-read materials explaining available services, contact information, and how to access support. These can be distributed during outreach activities, at community centres, healthcare facilities, and partner organisations.
- **Brochures** - more detailed materials presenting the integrated care model, the services provided by HUBs, and the objectives of the project. These are particularly useful when communicating with institutions, partners, or local authorities.
- **Posters** - visual materials placed in locations frequently visited by the target group, such as community centres, shelters, healthcare facilities, or municipal offices. Posters help increase awareness of services and upcoming events.
- **Printed invitations and event materials** - offline invitations can be used to promote events such as open days, community meetings, or workshops. They help reach people who may not follow project communication online.
- **Information materials for partner organisations** - printed materials shared with NGOs, municipalities, and service providers to support cooperation and ensure that stakeholders have clear information about the services and objectives of the project.

TIP:
When developing offline materials, partners should ensure that the content is clear, accessible, and adapted to the local context, using simple language and practical information about available services and contact points.

9. Risks and Ethics in Communication

9.1. Communication Ethics as a Key Element in Integrated Care

Integrated care deals with complex life situations, systemic changes, and public policies. **Communication in this context** does not just shape the image of the project, but also influences public trust, political support, and the practical implementation of solutions.

Communication must also ensure equality, accessibility, and non-discrimination in line with ESF+ requirements. These principles are further specified through ESF+ cross-cutting obligations, which translate ethical communication into practical requirements for all communication outputs.

Unethical or oversimplified communication can:

- reinforce stigma,
- misrepresent the essence of integrated care,
- compromise fidelity to key approaches (Housing First, Individual Placement and Support, Trauma-Informed Care),
- ultimately weaken the systemic impact of the project.

KEY ETHICAL PRINCIPLES IN SOLACE-CEE COMMUNICATION

Risks	Ethical approach	Recommendations
Dignity and agency of people experiencing homelessness	People are active participants in the system, not objects of communication	Avoid portraying extreme suffering; use language emphasizing abilities, not just needs
“Non-charitable” language and public interest narrative	Homelessness is a systemic issue, not individual failure	Use policy and systems-oriented language; communicate integrated care as effective and sustainable
Risk of oversimplifying complex systems	Complexity should be communicated clearly, not distorted	Use visual and narrative tools to show connections; openly discuss time requirements, learning processes, risks, and implementation limits
Working with data	Data serves understanding and legitimacy, not manipulation	Always cite sources and context; combine quantitative and qualitative information; explain data limitations

Trauma-informed communication	Stories prioritize dignity, informed consent, and non-sensational framing	Participants are presented as rights-holders and contributors, not passive recipients
Equality, accessibility and non-discrimination	Communication must be inclusive, accessible, and non-discriminatory, reflecting diversity and equal access to information and services	Use gender-neutral or inclusive language; ensure accessible formats (alt-text, captions, readable formats, plain language); avoid stereotypes; adapt communication to different needs (e.g. disability, language, age)

9.2. Protecting Fidelity to Key Approaches (HF, TIC, IPS)

HOUSING FIRST (HF)

- **Risk:** HF could be presented as temporary or conditional housing
- **Principle:** Core HF principles must remain clearly visible
- **Recommendation:** Communicate HF as stable, permanent housing support that respects participant dignity

INDIVIDUAL PLACEMENT AND SUPPORT (IPS)

- **Risk:** IPS could be reduced to training or charity programs
- **Principle:** communication must emphasize rapid placement and employment retention
  Recommendation: clearly explain that IPS aims for employment integration with support tailored to individual needs

TRAUMA-INFORMED CARE (TIC)

- **Risk:** misuse of participant stories, sensationalism
- **Principle:** stories and visuals must prioritize dignity, informed consent, and non-sensational framing
- **Recommendation:** participants are presented as rights-holders and contributors, not passive recipients

9.3. ESF+ Cross-Cutting Obligations in Communication

In addition to the ethical principles outlined above, SOLACE-CEE communication is guided by ESF+ cross-cutting obligations. These translate the principles of dignity, inclusivity, and responsibility into **practical standards for communication design and implementation**.

Gender mainstreaming in communication

Communication should avoid gender stereotypes and assumptions about people experiencing homelessness. Language and imagery should reflect diversity and ensure balanced and respectful representation of women and men, as well as different gender identities.

Accessibility of communication materials

All communication outputs should be accessible to people with disabilities. This includes:

- using accessible digital formats (e.g. alt-text for images, captions, structured documents in line with WCAG standards),
- ensuring readable fonts and sufficient colour contrast in both digital and printed materials,
- providing plain-language versions where appropriate.

Non-discrimination in communication

Communication must not exclude, stereotype, or disadvantage individuals or groups based on gender, racial or ethnic origin, religion or belief, disability, age, or sexual orientation. Messages, visuals, and communication channels should ensure equal access to information and services.

These requirements apply to all communication outputs — from strategic messaging and campaigns to everyday materials such as social media posts, presentations, and printed materials.

Ethical communication in SOLACE-CEE is an integral part of managing systemic change.
A responsible approach to language, data, and people's stories — combined with a commitment to equality, accessibility, and non-discrimination — protects individual dignity, strengthens public trust, and supports the long-term sustainability of integrated care in the CEE region.

10. Measuring and Evaluating Communication

In the SOLACE-CEE project, communication is not an end in itself but a tool to support systemic change. Therefore, it is not enough to measure visibility or the number of outputs. The key question is whether — and how — communication contributes to understanding, acceptance, and sustainability of integrated care.

This chapter presents a basic framework for measuring and evaluating communication:

- **WHAT WE MEASURE,**
- **WHY WE MEASURE IT,**
- **AND HOW IT RELATES TO THE PROJECT'S IMPACT.**

Why measuring communication is important:

- To verify whether key messages are correctly understood.
- To identify weaknesses in content or chosen channels.
- To strengthen the project's legitimacy with partners and institutions.
- To link communication with real impact on systems and policy.

RECOMMENDED AREAS FOR MEASURING COMMUNICATION

The SOLACE-CEE experience shows that effective communication measurement should go beyond tracking reach. It is recommended to combine quantitative and qualitative indicators that also capture changes in understanding, narrative, and perception of integrated care.

Reach and Visibility

- website and subpage traffic,
- social media reach and interactions,
- number of media outputs and citations.

Quality and Consistency of narrative

- whether communication reflects integrated care principles,
- usage rate of unified key messages,
- alignment between international and local communication.

Understanding and trust

- target group reactions (comments, feedback, discussions),
- qualitative input from partners, municipalities, and experts,
- ability of target groups to describe integrated care in their own words.

Connection to systemic Impact

- institutional interest in collaboration,
- use of project outputs in policy or practice,
- changes in discourse (shifting from charity to systemic solutions).

How we MEASURE:

Communication measurement is ongoing and conducted at a reasonable scale to avoid overburdening partners. Tools include:

- Analytical tools (web, social media)
- Simple internal overviews and reporting
- Qualitative feedback from working meetings
  Media monitoring

It is important to track trends and developments over time, not just one-off figures.

Linking Communication and Impact

A central principle is moving from activity-based communication to impact-oriented communication, which is also reflected in evaluation. **Communication is considered successful if it:**

- supports understanding of integrated care as a systemic solution,
- increases trust in new approaches (Housing First, Individual Placement and support, Trauma-Informed Care),
- contributes to their acceptance in institutional and political contexts.

Not every change can be immediately quantified — therefore, qualitative evaluation plays a crucial role in measuring communication around integrated care.

11. Adaptation, Partner Contributions, and Transferability

This chapter provides space to share partners' experiences, their local adaptations of the communication framework, and recommendations for transferring integrated solutions to other cities or countries. The goal is to support transparency, shared ownership, and a unified narrative across the consortium.

SOLACE-CEE as a Proven Case Study

The SOLACE-CEE project is implemented in Slovakia, Hungary, Bulgaria, Poland, and Romania through a multi-sector partnership. **The aim is to pilot a model of integrated services that connects:**

- Outreach activities and streetwork,
- Healthcare,
- Housing support,
- Employment integration.

The project also demonstrates how coherent communication strengthens systemic reforms and fosters institutional acceptance across diverse political and administrative contexts.

PARTNER CONTRIBUTIONS AND CO-AUTHORSHIP

Each partner has space to:

- reflect on local implementation and adaptations,
- add context-specific data,
- co-author outputs with transparent attribution.

Benefits of sharing partner contributions:

- strengthens shared ownership of outputs and consensus within the consortium,
- enables local adaptation of communication without compromising a unified narrative,
- supports clarity and consistency of messaging across countries and organizations.

TIP:
Within SOLACE-CEE, a central communication plan was created for the international level, alongside individual action plans for each partner. Local plans are based on the main plan, while allowing appropriate adaptation to the local context.

11.1. Model of Transferability and Adaptation

The SOLACE-CEE communication framework is adaptable to other cities, institutions, and consortia, while maintaining its core pillars and principles. **Local adaptation includes:**

- adjusting tools and messages according to legislative, cultural, and institutional conditions,
- identifying key target groups and stakeholders,
- maintaining a unified narrative to prevent fragmentation of communication.

Recommendation for other consortia: maintain a strong core message, while flexibly adapting forms and communication channels to the local context.

12. Methodological Note

The communication framework was developed through an iterative process combining:

- implementation data and practical insights,
- consultations with stakeholders,
- fidelity standards (HF, IPS, TIC),
- political analysis and surveys.

Although the framework is specific to the CEE region, its principles and methods are designed with the potential for transfer to other countries and contexts.

Communication as part of System Change

Communication in integrated care is not only about visibility or promotion. It is a key component of system change — shaping how services are understood, accessed, and supported by the public, institutions, and policymakers.

The SOLACE-CEE experience shows that effective communication can:

- Improve access to services for people with lived experience of homelessness.
- Strengthen trust between stakeholders.
- Support cooperation across sectors.
- Increase acceptance of integrated solutions at the local and European level.

At the same time, communication must remain responsible, ethical, and grounded in real impact. This means moving beyond describing activities and focusing on what changes in people's lives and in the system as a whole.

This manual provides a framework that combines clear requirements, tested tools, and practical examples. While some elements are project-specific, the principles and approaches can be adapted to different contexts and organisations.

Ultimately, communication should contribute to one shared goal:
making integrated care understandable, accessible, and sustainable.

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