

Service Charter

Therapeutic Rehabilitation Community

for individuals suffering from pathological addictions





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1. PREAMBLE

This document constitutes the Service Charter of the Therapeutic Community for individuals suffering from pathological addictions of the Agorà Kroton Social Cooperative and represents an informational tool regarding the services offered to individuals affected by substance addiction. Services intended for other users provided by our organization are excluded.

The Service Charter has the following objectives:

- Provide information about the services offered and the access procedures;
- Highlight the standards guaranteed in the delivery of the service;
- Activate systems to assess the effectiveness of the proposed service and the satisfaction level of its users.

The Charter expresses our organization's commitment to respecting users' rights with a view to continuous improvement of our services. It represents an assumption of responsibility regarding the functions and role we occupy in the social services sector.

This document was prepared in accordance with the requirements established by current legislation (Law 08.11.2000 No. 328 and Calabria Region Law 26.11.2003 No. 23).

2. WHO WE ARE

Agorà Kroton is a social cooperative with deep roots in the Crotonese area, where it has been operating since 1988 in multiple areas of intervention, all linked by a common denominator: the fight against all forms of social exclusion, through the implementation of projects and activities aimed at the recovery, support, reintegration, and accompaniment of disadvantaged individuals in their process of self-determination.

The Cooperative shares within its structure the principles of solidarity, participation, active citizenship, legality, and social justice for the promotion of individual and collective well-being. Governance is based on the concepts of centrality of the person and family, networking, subsidiarity, empowerment, and service quality, with the aim of responding in an integrated and personalized way to the expressed and unexpressed needs of individuals, families, and the territory.

The Cooperative pursues the general interest of the community by promoting human development and the social integration of citizens through the management of residential socio-health services, such as the Therapeutic Recovery Community for individuals suffering from pathological addictions, located in Crotona at Via Russia, 29, and the management, since 2001, of second reception centers for refugees and asylum seekers (including family and single-parent units).

For the local area, Agorà Kroton represents a dynamic entity capable of identifying the needs of individuals, experimenting with new sectors or services, working to improve social life, and implementing innovative intervention models in the spirit of legality and social inclusion. As a social enterprise, with a vocation for welfare issues, it contributes to improving our society with respect to important issues such as ethics and human rights, labor rights, and environmental sustainability, to ensure and deliver a better world to future generations.

3. ACCREDITATION

Agorà Kroton social cooperative was established by notarial deed on 24.02.1988, ratified by the Decree of the Court of Crotona on 07.03.1988; registered under no. 2870 in the Register of Companies at the Court of Crotona.

The therapeutic community holds authorization for operation and institutional accreditation with the Health Service of the Calabria Region under decision no. 01/2011.

The cooperative is also registered in:

- The National Register of the Third Sector under Legislative Decree No. 117/2017, registration no. 27594, registration date 06/04/2022;
- The Regional Register of Auxiliary Entities under Article 116 of Presidential Decree 309/90, at no. 006, as per D.G.R. 3382 of 13 June 1994, confirmed with a request for maintenance in execution of D.G.R. 7 August 2000 no. 490;

- The Prefectural Register of the Province of Crotona in the social cooperation section, by decree of the Prefect dated 17.12.98;
- The ONLUS Registry with the Regional Tax Office for Calabria;
- The Business Register at the Crotona Chamber of Commerce;
- The National Register of Associations and Entities that carry out activities for immigrants, according to Article 54 of DPR 394/99, with registration number A/193/2002/KR;
- The Regional Register of Social and Welfare Structures for Minors, D.G.R. 5184 of 16 October 1998;
- The Regional Register of National Civil Service Entities with the identification code NZ00892/1201;
- The National Register of Social Cooperatives;
- Accredited as a Therapeutic Community for Drug Addictions with the Regional Health System.

4. WHERE WE ARE

Agorà Kroton Soc. Coop. Sociale Onlus has its legal headquarters at Via Pirandello, No. 4, Crotona (KR) 88900

Phone: 0962.903099

Email: info@agorakroton.it

PEC Email: info@pec.agorakroton.it

Information about our organization can be found on our website: www.agorakroton.it

The structure of the addiction sector is as follows:

- **Agorà Community**

Crotona – Via Russia, 29 CAP 88900

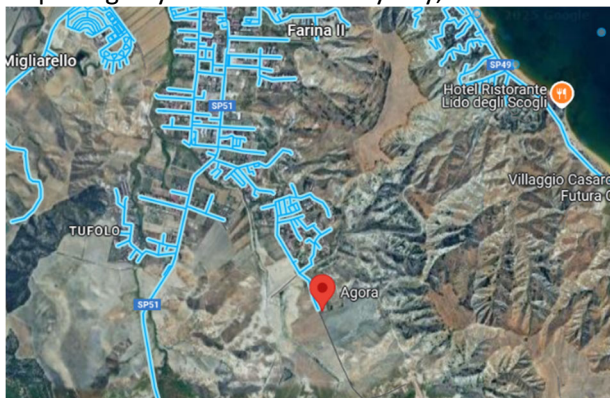
Responsible: Luigi BARLETTA, cell. +39 3299032824

Phone: 0962.795368

Mobile: +39 370 1173608

Email: dipendenze@agorakroton.it

Opening days and hours: every day, 24 hours.



Coordinate: 39.035422, 17.124220

The community was established in 1987, and the building falls under the General Regulatory Plan (P.R.G.) of the Municipality of Crotona (KR) in the sports green area, P.R.G. table P4 no. 17. It is regularly authorized with Building Permit no. 368/Nc issued by the Municipality of Crotona on December 21, 2006, and has a Certificate of Habitability no. 55 issued on December 30, 2010.

Access to the structure is provided by a fenced courtyard area with a metal gate, accessible from Via Russia. The building has two floors: the ground floor and the first floor.

The ground floor consists of an entrance used as a spacious common room, furnished to provide an area for waiting during visiting hours.

The total area of the ground floor is 385.14 sqm of net floor area (s.l.p.), excluding external areas covered by a porch, as shown in the attached graphic documents. Specifically, the spaces are divided into:

- Common room entrance: 86.70 sqm (s.u.);
- Men's locker room: 16.80 sqm (s.u.);
- Women's locker room: 15.33 sqm (s.u.);
- Infirmary: 15.32 sqm (s.u.);

- - Total bedrooms excluding bathrooms: 70.32 sqm (s.u.) (3 rooms, 1 of which is adapted for people with disabilities);
- - Director's office: 10.89 sqm (s.u.);
- - Management office: 32.56 sqm (s.u.);
- - Kitchen service area: 17.45 sqm;
- - Kitchen: 20.64 sqm (s.u.);
- - Total bathrooms: 48.91 sqm (s.u.).

On the first floor, there are 7 bedrooms, all with en-suite bathrooms, a laundry room, a room for the night operator, which also has an en-suite bathroom, and a common room.

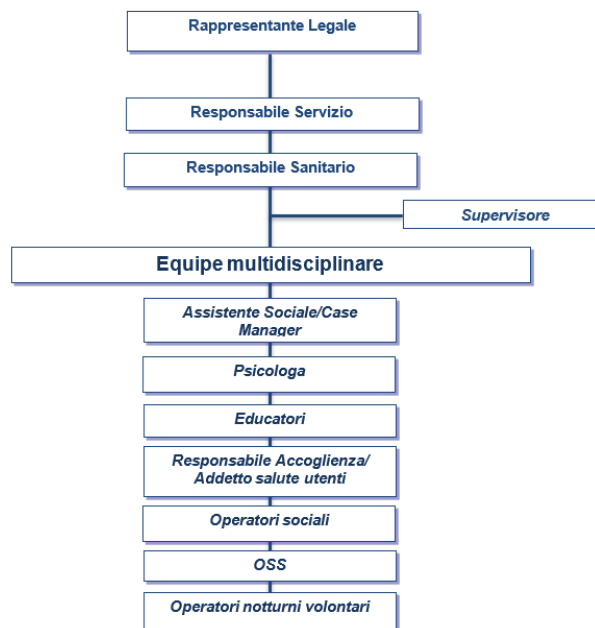
The total area of the first floor is 370.38 sqm of net floor area (s.l.p.), excluding external verandas.

Specifically, the spaces are divided into:

- - Common room: 37.26 sqm (s.u.);
- - Laundry room: 14.88 sqm (s.u.);
- - Night operator's room: 11.97 sqm (s.u.);
- - Total bedrooms excluding bathrooms: 129.24 sqm (s.u.);
- - Total bathrooms: 35.98 sqm (s.u.).

5. THE ORGANIZATION

The drug addiction recovery service is managed by the Cooperative through the following professional figures:



The Legal Representative is:

Gregorio Mungari Cotruzzolà – at the legal headquarters

The Technical Director oversees the services of the Agorà Kroton Cooperative

Cell. +39 349 2554936 – EMAIL: presidente@agorakroton.it – PEC email: info@pec.agorakroton.it

The Health Manager is:

Dr. Nicola Serrao

The Health Director handles the technical-health organization of the facility.

Tel. 0962.795368 PEC: info@pec.agorakroton.it

The Coordinator of the Therapeutic Community is:

Luigi BARLETTA

The Coordinator has direct contact with the residents of the community and is the person to whom family members can turn for information about the guests.

Tel. 0962.795368 Cell. +39 3299032824 email: luigi.barletta@agorakroton.it PEC email: info@pec.agorakroton.it

The Quality Assurance Manager is:

Noemi Di Lullo – at the legal headquarters

The manager can be contacted for any complaints or issues.

EMAIL: noemi.dilullo@agorakroton.it PEC email: info@pec.agorakroton.it

6. SYNTHETIC JOB DESCRIPTION

HEALTHCARE MANAGER	
SPECIFIC TASKS	<ul style="list-style-type: none"> <input type="checkbox"/> In collaboration with the Service Manager, responsible for evaluating and monitoring performance <input type="checkbox"/> Organizes, directs, and evaluates the staff and all activities carried out within their unit, with support from the relevant Sector Functions <input type="checkbox"/> Promotes and approves programs for improving safety and the quality of activities in the Operational Units, ensuring alignment with the fundamental objectives, ethical motivations, spirit, and culture of the Cooperative <input type="checkbox"/> Validates protocols, procedures, and internal guidelines for the structure and verifies their correct implementation <input type="checkbox"/> Serves as the unit's point of contact for public health protection <input type="checkbox"/> Oversees the technical and health organization of the structure, focusing on hygiene and organization <input type="checkbox"/> Manages the application of the organizational document regarding the structure's functioning and suggests any necessary changes <input type="checkbox"/> Responsible for the procedures related to the management of medications and medical devices <input type="checkbox"/> Ensures the proper conduct of activities <input type="checkbox"/> Monitors the behavior of healthcare service personnel <input type="checkbox"/> Issues copies of medical records and any other health-related certifications to entitled individuals <input type="checkbox"/> Monitors hygienic and sanitary conditions
QUALIFICATIONS AND REQUIREMENTS	<p>Degree in Medicine and Surgery Experience in the addiction sector</p>
UNIT COORDINATOR	
SPECIFIC TASKS	<ul style="list-style-type: none"> <input type="checkbox"/> Has delegation from the Board of Directors to sign documents related to the operational unit, contracts, and reporting required by contracting entities. <input type="checkbox"/> Monitors information flows, sends data regarding personnel, admissions, discharges, and services provided by the structure. <input type="checkbox"/> Collaborates in drafting and updating the safety plan, particularly concerning the risks derived from users. <input type="checkbox"/> Conducts individual interviews with users. <input type="checkbox"/> Prepares the annual report of data collection for performance and service evaluation, in collaboration with the Medical Director. <input type="checkbox"/> Gathers legislation and compiles documentation for accreditation and serves as the liaison with public offices responsible for the process. <input type="checkbox"/> Checks monthly schedules and organizes weekly shifts for various operators. <input type="checkbox"/> Organizes, directs, and evaluates the staff and all activities carried out within the operational unit, supported by appropriate sector functions. <input type="checkbox"/> Promotes and approves safety and quality improvement programs in the operational units, ensuring coherence with the fundamental goals, ethical motivations, and the cooperative's spirit and culture. <input type="checkbox"/> Acts as a liaison between the Drug Addiction Service and the operational unit. <input type="checkbox"/> Validates protocols, procedures, and internal guidelines, ensuring correct implementation. <input type="checkbox"/> Is the operational unit's point of contact for public protection. <input type="checkbox"/> Oversees the collection and archiving of data. <input type="checkbox"/> Responsible for coordinating the operational unit, ensuring it meets the needs of users and operators, facilitates rehabilitation projects, and adheres to regulations. <input type="checkbox"/> Coordinates and monitors the operators' actions related to activities, the use and condition of spaces and equipment, logistics, organization, and unit needs. <input type="checkbox"/> Organizes weekly meetings for the operational unit's staff, monitors attendance, and records decisions and interventions in meeting minutes. <input type="checkbox"/> Ensures that operators follow procedures outlined in the most up-to-date Procedures Manual and continuously encourages, collects, and organizes suggestions for revisions. <input type="checkbox"/> Verifies that safety devices are functioning properly.

	<input type="checkbox"/> Updates the daily log. <input type="checkbox"/> Stays updated on therapeutic, safety, and quality topics related to psychiatry and addiction, attending seminars, conferences, courses, exchanges, publications, experiments, etc.
QUALIFICATIONS AND REQUIREMENTS	Degree in Educational Sciences or an equivalent qualification Experience in the addiction sector
RESPONSIBLE FOR WELCOME	
SPECIFIC TASKS	<input type="checkbox"/> Manages the intake process at the Community. <input type="checkbox"/> Interfaces with services to manage case referrals: receives referrals, assesses the suitability of our structure in collaboration with the Medical Director and Coordinator, conducts introductory interviews, and formalizes positive or negative opinions regarding referrals. <input type="checkbox"/> Updates the daily log. <input type="checkbox"/> Meets with patients referred by services to: deepen understanding of the individual (physically, psychologically, and socially); explore motivation and prepare the individual for the community program through one or more interviews. <input type="checkbox"/> Manages the waiting list in collaboration with management and the coordinator. <input type="checkbox"/> Is responsible for the tasks outlined in the designation of the designated person authorized to handle second-level personal data processing.
QUALIFICATIONS AND REQUIREMENTS	Experience in the addiction sector
Social Worker	
SPECIFIC TASKS	<input type="checkbox"/> Accompanies users in the rehabilitative, educational, recreational, and social activities outlined in the Individual Rehabilitation Plan (PTI). <input type="checkbox"/> Contributes to implementing individual rehabilitation programs and recreational activities within the Unit, according to the established programs, in agreement and collaboration with the case manager. <input type="checkbox"/> Updates the daily log and prepares periodic reports on the users' progress in relation to their individual projects. <input type="checkbox"/> Updates the documentation related to rehabilitative interventions: rehabilitation plans, handovers, meeting minutes, verification and monitoring tables, and others. <input type="checkbox"/> Maintains contact with the referring services. <input type="checkbox"/> Keeps in touch with the users' families. <input type="checkbox"/> Establishes and manages relationships with recreational, cultural, and community organizations in the area where the Unit is located, promoting the users' integration. <input type="checkbox"/> Supports and assists users in preparatory and/or training activities aimed at potential work, social, or educational integration. <input type="checkbox"/> Provides support to general operators in daily activities.
QUALIFICATIONS AND REQUIREMENTS	Degree in Social Work Experience in the addiction sector
Psychologist	
SPECIFIC TASKS	<input type="checkbox"/> Individual counseling and assessment sessions with users <input type="checkbox"/> Psychotherapeutic pathways <input type="checkbox"/> Organizing structured moments and group activities <input type="checkbox"/> Sessions with family members <input type="checkbox"/> Administration and evaluation of diagnostic tests <input type="checkbox"/> Compilation of the psychological profile of users <input type="checkbox"/> Updating personal files <input type="checkbox"/> Managing relationships with referring psychiatrists <input type="checkbox"/> Daily diary updates <input type="checkbox"/> Managing the relationship with the referring CSM (Mental Health Center)
QUALIFICATIONS AND REQUIREMENTS	Degree in Psychology and four-year specialization school Experience in the addiction sector
Educator	
SPECIFIC TASKS	<input type="checkbox"/> Operational management of the pharmacy based on the indications of the general practitioner or psychiatrist: <input type="checkbox"/> Ordering medications <input type="checkbox"/> Filling out medication intake/dispensing logs <input type="checkbox"/> Liaising with the general practitioner <input type="checkbox"/> Scheduling specialist visits <input type="checkbox"/> Updating the daily journal <input type="checkbox"/> Collaborating in specific projects related to physical movement and diet <input type="checkbox"/> Preparing pharmacological therapies <input type="checkbox"/> Organizing structured moments and group activities

QUALIFICATIONS AND REQUIREMENTS	Degree in Education Sciences or equivalent qualification. Experience in the addiction sector
CASE MANAGER	
SPECIFIC TASKS	<p>The case manager, as an expert in rehabilitation, has specific duties and responsibilities:</p> <ul style="list-style-type: none"> - Guides users in the rehabilitative, educational, recreational, and social activities outlined in the individual rehabilitation plan (PTI) - Contributes to the implementation of individual rehabilitation programs and animation activities in the unit, as per the established programs, in agreement with and in cooperation with the unit's references - Is responsible for the therapeutic-rehabilitation program overseeing the assistance - Updates the daily journal and prepares periodic reviews on the status of users in relation to their individual projects - Manages the legal aspects of users, maintaining contact with lawyers and relevant services (ULEPE, Court, etc.) - Keeps in touch with the users' families - Knows the clinical files and therapeutic project of each user in the unit <p>Supports and assists the user in preparatory and/or training activities for potential employment, social, and educational reintegration</p>
QUALIFICATIONS AND REQUIREMENTS	Degree in Social Work Experience in the addiction sector
Social Operator	
SPECIFIC TASKS	<ul style="list-style-type: none"> <input type="checkbox"/> Ensures the care, supervision during the required hours, and the safety of the Users. <input type="checkbox"/> Accompanies users in carrying out ordinary administrative tasks. <input type="checkbox"/> Provides basic assistance aiming for the autonomy and self-sufficiency of the User. <input type="checkbox"/> Ensures knowledge and correct application of the quality system procedures within their competence. <input type="checkbox"/> Participates in the weekly planning meeting organized by the Coordinator. <input type="checkbox"/> Participates in the quality improvement programs for the activities carried out by the Unit. <input type="checkbox"/> Participates in training programs and exchanges organized by the Coordinator. <input type="checkbox"/> Promptly carries out instructions during the shift, especially when emergency procedures are required. <input type="checkbox"/> Updates the Daily Journal.
QUALIFICATIONS AND REQUIREMENTS	Experience in the addiction sector
Social Health Operator	
SPECIFIC TASKS	<ul style="list-style-type: none"> <input type="checkbox"/> Ensures the care, supervision, and safety of users during the required hours. <input type="checkbox"/> Provides basic assistance to promote the autonomy and self-sufficiency of users. <input type="checkbox"/> Ensures the understanding and correct application of the quality system procedures relevant to their role. <input type="checkbox"/> Participates in the weekly programming meeting organized by the Coordinator. <input type="checkbox"/> Contributes to the quality improvement programs of the activities performed within the Unit. <input type="checkbox"/> Participates in training programs and exchange opportunities organized by the Coordinator. <input type="checkbox"/> Swiftly implements the instructions during shifts, especially in emergency procedures. <input type="checkbox"/> Updates the daily log to document activities and any significant events. <input type="checkbox"/> If you need additional adjustments or further details, feel free to ask!
QUALIFICATIONS AND REQUIREMENTS	Social and Health Care Worker Qualification
Night Shift Volunteers	
SPECIFIC TASKS	<ul style="list-style-type: none"> <input type="checkbox"/> Ensures the care, supervision during the required hours, and the safety of the Users. <input type="checkbox"/> Swiftly implements instructions to be carried out during the shift if emergency procedures are initiated. <input type="checkbox"/> Updates the daily log.

7. HOW TO ACCESS THE SERVICES

Access to our services is free and is subject to the authorization of the local Drug Addiction Service (SER.D.) of residence. The fee, the amount of which is set by the region of origin, is provided by the relevant Provincial Health Authority. Users are responsible for the costs of medications not provided free of charge by the National Health Service.

Admission occurs after preliminary interviews during which the voluntariness of the request for admission to the Community must be evident. If the preliminary contacts are made through family members, public or private services, legal representatives, or others, the admission must always be agreed upon with the individual.

During the preliminary interviews, the characteristics of the therapeutic program and the essential levels of care provided are explained.

Final acceptance cannot take place before completing the preliminary interviews with the person in charge of the admission process and the entry being agreed upon and authorized by the relevant SER.D.

During the admission process, the user will be asked to formally accept the therapeutic program and the internal regulations. They are also required to sign a release form for the processing of personal data.

8. PROCEDURE FOR MANAGING THE WAITING LIST

The procedure aims to address the management of waiting lists for entry into the therapeutic-rehabilitation community and, therefore, to identify criteria that also take into account appropriateness and clinical priority, rather than simply chronological order. This procedure contributes to the transparency of the process by identifying clear and well-known criteria, including to the patient/user. National and regional regulations, in fact, recognize the right of citizens not only to receive services included in the levels of care according to correct assistance methods, but also to benefit from them within a maximum time frame set in advance, in compliance with current regulations.

To manage the waiting lists, the following organizational measures are foreseen:

- a) Establishment of a "Booking Register";
- b) Adoption of regulations for the correct compilation and maintenance of the Register;
- c) Issuance of procedures to ensure the patient's/user's Right of Access.

Requests for treatment are added to the Waiting List in order of arrival. The request for admission is considered not only based on the order of arrival but also on the severity of the condition, the urgency of the treatment, and the criteria defined in Attachment 2 - Scoring Table. The entry assessment for a new user is ideally done in advance: when there are available spots, when another user is scheduled to be discharged, or when a user interrupts the rehabilitation program without prior notice, thus freeing up a spot.

The criteria for processing the list are:

1. Acknowledgment of the request;
2. Age of the user;
3. Previous experiences in our facility;
4. Socio-economic condition;
5. Territoriality;
6. Comorbidity;
7. Minor children in charge;
8. Failure to respond to the call;
9. Refusal of admission for reasons arising after the user is added to the list.

The objectives we aim to achieve are:

- a) Standardize the methods of maintaining and filling out the Booking Register;
- b) Monitor waiting times for homogeneous needs categories;
- c) Understand the waiting lists in both qualitative and quantitative terms.

9. ESSENTIAL LEVELS OF GUARANTEED CARE

The essential levels of care provided in the Therapeutic Community define the minimum services and performances that must be delivered to all users.

The areas of intervention are:

1. Material Assistance:

- Meals (breakfast, snack, lunch, dinner) with particular attention to any dietary needs (allergies, intolerances, religious norms);
- Residential accommodation.

2. Medical Assistance:

- Periodic medical visits;
- Monitoring vital parameters through self-measurement tools;
- Supervision of self-administered medications;
- Health education;
- Health promotion;
- Personal care assistance.

3. Psychological Assistance:

- Individual and group counseling;
- Group therapy;
- Psychodiagnostic tests;
- Psychological support interventions.

4. Social Assistance:

- Social needs assessment;
- Activation of social support interventions;
- Employment guidance;
- Assistance for social reintegration.

5. Educational and Rehabilitation Activities:

- Group workshops;
- Sports and recreational activities;
- Interventions for teaching autonomy.

6. Verification, Monitoring, and Continuity of Care:

- Periodic evaluation of the user's progress and Individual Therapeutic Plans (PTIs);
- Follow-up activities.

10. THE THERAPEUTIC PROGRAM

The therapeutic program is divided into various phases in order to offer multiple alternatives to individuals affected by pathological dependencies. This allows the person to choose the path based on their request for help, the issue identified, their expectations, and the duration they have set for their stay. The idea of dividing the program into several phases is driven by the need to consider the expectations and needs of the users. The various phases, however, are closely linked. In fact, each time a person nearing the end of the selected therapeutic path, they will have the opportunity to decide whether to conclude the program or continue with another phase. This decision will be made in collaboration with the team, who will assess the situation and plan future interventions.

The core element of the therapeutic program is the person-centered approach. In the community, an environment is created that is stimulating, positive, and non-judgmental. The person seeking help is regarded authentically, taking into account their unique personal aspects.

In the community structure, the operators ensure the following:

- **Congruence:** The ability to establish a "genuine" relationship rather than adopting impersonal or "professional" attitudes towards the user.

- **Unconditional Positive Regard:** Acceptance of the person as trustworthy in all aspects, encouraging them to be themselves.
- **Empathy:** Interest in the person's world of meanings and feelings, in the way they express and manifest them. The operator strives to "put themselves in the other person's shoes."

During their stay in the community, the person seeking help aims to:

- **Develop self-respect;**
- **Build their self-esteem;**
- **"Experience themselves," i.e., approach themselves and others in ways different from what they have previously known.**

This approach, combined with the operators' non-directive attitude, helps the person see themselves as capable of making their own decisions and taking responsibility, without fear of judgment or failure. They become aware of being the protagonist of their own story, which is marked by successes and setbacks, with the desire to participate and actively engage with the stories of those around them.

Among the techniques used in treatment, we mention the "Autobiographical" approach, developed in Italy by Duccio Demetrio. This approach allows the person to find spaces to recount their life story, rediscovering their past and linking it to their present, thus preventing it from becoming an experience of failure and rejection. Rediscovering one's past helps the user build a unique, unbroken biographical identity, moving beyond the division of "before" and "after." Additionally, developing the exploratory capacity will help reconnect the person with emotions they may have forgotten or suppressed. This emotional resurgence helps connect the person's past to their present, building a future, while also overcoming potential emotional blocks.

We have also incorporated group self-help and socio-affective animation meetings, drawing inspiration from the "Biosystemic" school and Ecological Communication. The goal is to help individuals become aware of their emotions not only cognitively but also physically, understanding that the body is part of a single root and that communication is not solely verbal, but also involves the whole structure (body – expression – words). Later, the person learns to develop their body language and will be able to not only recognize their emotions but also communicate and express them clearly and coherently. When the user can achieve this, it will facilitate reintegration into their family, social, and work environment. The Ecological Communication technique helps develop a positive and proactive language, identifying various "traps" in communication (dogmatism, moralism, monopolization, etc.), deactivating them, and promoting a language that is clear, respectful, positive, and non-judgmental. Lastly, we are working to intensify, from a systemic perspective, work with families, when possible, through informational meetings, support sessions, therapeutic interventions, and integrating family psychotherapy when needed.

TARGET

Agorà Kroton provides accommodation and residential treatment within its therapeutic community for individuals with substance abuse and/or behavioral issues. Up to fifteen adult male users can be welcomed. The facility is also open to adults who have entered the criminal justice system and are subject to alternative measures to incarceration. User accessibility ensures the exclusion of any form of physical, psychological, or moral coercion, guaranteeing voluntary access and stay within the facility.

TIMELINE

The period the user spends in the Reception Community is divided into various **STAGES**, which encourage the achievement of specific objectives in personal growth, group life, and taking on gradual responsibilities for the smooth running of community life. A recurring element in the various phases of the therapeutic program is the relationship between operators, users, and their families. Considering the uniqueness of each

individual, the program will be individualized based on shared personal objectives and needs, and it has an estimated duration of 18 months.

1st Stage: OBSERVATION

The objectives to be pursued in this stage are:

- Verification of the choice of the Community;
- Correct and positive acceptance of the community's rhythm of life;
- Expression of the ability to relate and socialize.

After this period, which lasts about two months, the user will be helped to identify objectives based on their situation.

2nd Stage: AUTONOMY

The objectives proposed in this stage are:

- Verification of previously identified and assumed objectives;
- Regularly living according to the spirit required by the Community's regulations;
- Managing activities and services proposed with balance;
- Ability to relate deeply with the operators and the group;
- Correct management of relationships with family members.

In this stage, lasting about four months, the user will also experiment with various work activities where they can express their abilities and skills. Furthermore, the user is encouraged, at the end of this stage, to identify new objectives to reach.

3rd Stage: RESPONSIBILITY

In this stage, the user must pursue the following objectives:

- Continuously evaluate the previously assumed objectives;
- Be capable of responsibly leading a sector of community life;
- Ability to support and assist those entrusted to them in activities or services;
- Ability to share and make available their skills and talents;
- Precision, order, and punctuality;
- Having established a relationship of trust with the operators;
- Being able to collaborate with other responsible individuals.

During this period, which lasts about three months, there will be collaboration with technicians and collaborators for work activities (carpentry, gardening, maintenance, etc.) and leisure activities (music school, sports, etc.). Meetings between operators and users responsible for different sectors will be held to plan and verify each activity. At the end of this stage, the user will also be invited to set personal objectives.

4th Stage: ANIMATION

In this final stage, the user is asked to achieve the following objectives:

- Verify the objectives personally assumed;
- Express the proposed values in their own, original way;
- Conduct a general review of what has been experienced;
- Provide a meaningful testimony within the group;
- Be capable of responsibly accompanying and guiding newcomers;
- Establish positive relationships with the outside world and family;
- Possess the ability to discern and make choices regarding their future;
- Have a relationship of full trust and collaboration with the operators.

This stage, lasting about three months, involves meetings for planning and reviewing with the operators to assess the life of the Community.

5th Stage: REINTEGRATION



The objectives to be achieved in this phase are:

- Verification of values;
- Ability to self-manage (in personal and work life);
- Ability to plan;
- Ability to relate to the various structures of the Cooperative;
- Ability to integrate into groups and social realities;
- Ability to live communally.

During this period, lasting about six months, an operator will help users synthesize their lives and the experiences they are living, focusing on the new values that have been proposed throughout the therapeutic journey.

THERAPEUTIC TOOL

The program is followed by a multidisciplinary team and includes the following services:

- Residential care;
- Socio-cultural animation;
- Emotional animation;
- Theater of the oppressed;
- Musical animation;
- Holistic language approaches;
- Training (external and internal);
- Leisure time animation.

Among other tools, action methods (psychodrama, sociodrama, sociometry, role playing, role training) are used, which were pioneered by Jacob Levy Moreno (1889-1974).

The tools primarily used during the treatment can be summarized as follows.

OCCUPATIONAL THERAPY

In order to act efficiently, it is necessary for the bodily, mental, and psychological functions to be sufficiently intact, and for the person to be able to interact sensibly with the surrounding environment. Being able to act in daily life means being able to perform satisfactorily both the tasks one sets for oneself and those that are imposed by life and society.

Occupational therapy is, in fact, one of the most important therapeutic tools, both for its placement in the therapeutic context and its level of importance, and because it is useful in promoting health and well-being through occupation, thus modifying habits established over years of often idle and unregulated life. It also improves individuals' participation in daily life activities through the use of targeted activities. Socialization is one of these key activities, as it allows individuals to:

- Interact with others;
- Develop relationships;
- Share experiences;
- Belong to a group.

The occupational therapy activity is structured daily by the reference operator.

The main goal is not to mechanically restore bodily, mental, and psychological functions, but to ensure that the person can perform the various roles in their life in the best possible way and cope with the related tasks. Therefore, the primary goal is to achieve the highest possible degree of autonomy and independence in daily and/or professional life.

Experiences and literature on this topic highlight that work is a constant in therapeutic interventions for substance addiction.

Work is integrated into a community life context aimed at reproducing the cycle of a normal life, made of relationships and meaningful management of leisure time. At the therapeutic level, the goal is to mix and

finalize various aspects of the community, bring out crucial issues related to addiction, and propose hypotheses for interpreting and overcoming them.

INDIVIDUALIZED THERAPEUTIC PROJECT (ITP)

Approximately three months after entry, the team proceeds to define an Individualized Therapeutic Project (ITP), which outlines the objectives to be proposed to the user within the socio-rehabilitation program.

The drafting phase of the project begins with an initial observation and understanding of the user, which will lead the team, in collaboration with the relevant Ser.D. (Drug Addiction Service), to the creation of the ITP. The main tool, which serves as the cornerstone of the entire program, is the DAILY RELATIONSHIP established between the operators who listen, interpret needs, and support users in times of greater difficulty, and the community users, with the aim of enhancing personal resources and providing trust and emotional containment.

The individualized therapeutic projects, aimed at achieving personal growth, address the following areas of intervention:

- Psychological well-being;
- Socio-affective and relational well-being;
- Personal autonomy.

Educational interventions are carried out throughout the daily activities, and the entire team works to translate the rehabilitative actions outlined in the individualized therapeutic project into the practical reality of the here and now. The goals defined in the ITP are shared with the user, who signs the document defining the timeline and tools to be used.

The ITP, updated every three months, is a tool for gathering data essential for evaluating the quality of services and performance.

MULTIDISCIPLINARY TEAM

The various professional figures that make up the team meet weekly to review the overall context, its progress, and to plan any necessary adjustments. During these meetings, individual cases are discussed, admissions and potential departures are planned. It is always the responsibility of the entire multi-professional team to manage crises, deviant behaviors, and dysfunctional actions of users in the program.

The presence of operators ensures service coverage throughout the day, as well as 24-hour service availability.

The contractual type applied is the CCNL Social Cooperatives.

Operators, whether employees or volunteers, carry out all their activities in direct contact with the users. These activities are intended as rehabilitative and educational tools for the development of manual and cognitive skills. All activities and tasks performed by the operators must therefore be carried out with the participation and active involvement of the users, in line with the welcoming and sharing approach of social cooperation and in accordance with the therapeutic program designed for each user, except for activities deemed dangerous or unsuitable for the users.

DAILY LIFE

It is important to consider the role of time within the community context in order to structure daily rhythms and routines appropriately.

Users are given the opportunity to live time in a structured and predictable way through specific rules, which stabilize and “normalize” the lifestyle of each user.

The community is organized as a true home where daily activities are carried out in rotation with pre-established shifts, including tasks in the kitchen, laundry service, and cleaning of common areas. Additionally, within the community life, responsibility assignments are foreseen for each sector.

Measuring tools for concreteness and the daily routines that the user has failed to experience responsibly and actively outside the community include: respecting schedules, efficiency in actions, taking responsibility towards colleagues and equipment, and awareness of the consequences of one's choices.



RELATIONS WITH THE FAMILY

The user's care also involves the family system, which may represent or become a resource for changing the entire system (family, user).

Often, in family relational dynamics, there are stimuli to start a process of reflection and potentially identify targeted therapeutic goals calibrated to the family sphere.

The tools used include couple and/or family counseling.

The main objectives are:

- Strengthening and encouraging family members to adopt an attitude suitable for overcoming current difficulties.
- Restoring dialogue among family members and starting an open discussion on dynamics, with the aim of highlighting any conflicts.
- Providing concrete support for reinterpreting abnormal behaviors of each family member.
- Improving communication within the family group, that is, the ways in which subjects exchange verbal and non-verbal messages, influencing each other, in order to stabilize the changes achieved.

Furthermore, the community organizes and promotes moments of sharing with families, which represent exchange and sharing between users, operators, and family members.

Operators also promote a policy aimed at families for health promotion related to the treated pathologies and clinical risk management.

It is specified that the relationship with the family is subject to explicit authorization provided by the user through the Mod. S-06 Acceptance Program.

11. OPERATIONAL METHODOLOGY

The operational methodology describes a broad and integrated approach to therapeutic and rehabilitative treatment, focusing on the personalization of interventions to promote autonomy and independence for users. Here are the key points:

1. Individual Interviews and Check-ins: Weekly sessions designed to monitor individual well-being and daily developments. The interviews provide a space for listening without evaluations, encouraging the user to propose ideas and participate in their therapeutic journey.

2. Educational, Cultural, and Therapeutic Groups: Collective growth opportunities where psychological and behavioral topics are addressed. The goal is to stimulate critical thinking, improve psychological and physical well-being, and develop social skills. Group dynamics also explore deeper aspects such as unconscious motivations and defensive behaviors.

3. Manual Workshops, Expressive Activities, and Sports: Practical activities to develop manual, cognitive, and physical skills. These experiences encourage creativity and responsibility, aiming to enrich the user's experience.

4. Recreational Outings and Family Visits: Organized outings to improve users' relational and social abilities, fostering contact with the outside world. Family visits, monitored by operators, offer an opportunity to maintain family bonds during treatment.

5. Psychotherapeutic Sessions: Weekly and based on an integrated approach (experiential, cognitive, psychodynamic, etc.), these sessions aim to reflect on the user's past and present life patterns, promoting a progressive transformation of behavior towards greater awareness and functionality.

The entire program focuses on developing responsible behavior, analyzing psychological and relational mechanisms, and the continuous support of the team, with the ultimate goal of making the user a conscious protagonist of their therapeutic path.

12. RIGHTS AND DUTIES

Users' Rights and Duties

The basic principle is that the user remains in the community by their free choice, meaning no coercive measures that could harm their freedom are allowed, whether through physical or psychological violence.

The Agorà Kroton Cooperative ensures the following rights to the user:

- To receive care and assistance with attention and respect for their human dignity, as well as their moral, political, and religious beliefs.
- To participate in the choice of individualized paths.
- To receive detailed information about services and performances.
- To obtain complete and understandable information from the staff providing care.
- To propose complaints and be informed of their outcome.
- Protection of personal data in accordance with privacy regulations.
- To communicate with local services and/or legal representatives through the community operators.

In exchange for these rights, the user has the duty to:

- Respect the agreed Educational or Therapeutic-Rehabilitative Programs.
- Follow the Internal Regulations.
- Participate in the care and maintenance of the educational environment, following the principle of mutual and reciprocal help among peers.
- Respect the rules of coexistence.
- Inform and agree with educators on any departures or social interactions outside the community setting.

Family Members' Rights and Duties

- Family members have the right to be informed about the rehabilitative program of their relative, with the user's consent.
- They have the right to receive support and be heard in parallel with the re-educational process, as long as it aligns with the user's agreement (S-06 Form - Program Acceptance).
- They are invited to collaborate with operators in ensuring compliance with the rules, following the operators' guidelines.
- They have the duty to actively participate in the re-educational process and the change of their relative, ensuring vigilant and responsible observation of their behavior, both within the hosting facility during visits and meetings, and at home during verification and gradual social reintegration.
- They contribute to the process of evaluating the services and performances provided.
- They receive information on health promotion activities and clinical risks.
- They are provided with timely and transparent information, particularly regarding access to healthcare/social welfare documentation.
- They are informed about the responsibilities identified in the therapeutic program.

13. INTERNAL REGULATIONS

- 1) Access and residence are voluntary.
- 2) No form of physical, psychological, or moral coercion is allowed.
- 3) The consumption of alcohol and drugs, as well as the arbitrary intake of medications, is strictly prohibited.
- 4) Smoking is not allowed within the community.
- 5) Upon entering the community, valuables and money must be handed over to the operators, who will be responsible for their safekeeping. These items will be returned upon discharge.
- 6) Upon entering the community, each guest will be assigned a bed. The guest is required to keep their room clean and tidy throughout their stay and may not alter the furnishings without authorization. The room must also remain unlocked.
- 7) The user is allowed to bring only clothing and personal belongings.
- 8) It is mandatory to remain within the community's perimeter or in the assigned work environment.
- 9) The use of any medication can only occur with a prescription from the competent doctor.



- 10) Participation in periodic clinical tests is required.
- 11) The user is asked to respect the menu, meal times, and hygiene standards.
- 12) Punctuality and participation in therapeutic, educational, and recreational initiatives, both within the community and in the local area, are required.
- 13) Everyone is required to participate in ergo-therapeutic activities for the care and maintenance of the facility and external environments within the Cooperative's jurisdiction. It is emphasized that the work activities have no productive purpose, and no economic claims can be made.
- 14) Everyone is required to participate in the cleaning of common spaces within the structure, laundry duties, and kitchen management, particularly with regard to meal preparation and cleanliness, according to a rotation established by the operators and hygiene guidelines.
- 15) Access to various areas (night zone, game room, TV room, etc.) is permitted only during designated hours.
- 16) The Agorà Cooperative is not responsible for theft or damage to personal belongings during the program or after, so those who interrupt the program are advised to take their personal items with them.
- 17) The Cooperative is not responsible for purchasing cigarettes, tobacco, or medications for specialized treatments; the delivery of cigarettes or tobacco will be managed by the on-duty operator.
- 18) The user's family is asked to contribute financially, when possible, for personal expenses.
- 19) Authorized family members can visit weekly, on the day and time specified by the operators.
- 20) The Cooperative is authorized to provide information to the individuals specified at entry (S-06 Program Acceptance Form).
- 21) Personal phones may only be used if previously agreed upon with the operators.
- 22) Regular toxicology tests will be conducted, and the results will be communicated to the relevant services (Ser.D., ULEPE).

Violation of these rules may result in disciplinary measures at the discretion of the operators, and in some cases, expulsion from the facility.

14. SCHEDULE

These are the hours to be followed within the community.

Monday to Friday

Wake-up *	06:15
Breakfast *	06:30
Start of room and facility cleaning *	07:00
Start of work activities	08:00
Mid-morning break (15 minutes)	
End of work activities	12:00
Personal hygiene	12:00
Lunch	13:00
Rest	13:30
Wake-up *	15:30
Everyone in the TV room *	15:45
Start of afternoon activities	16:00
Dinner	19:30
Rest *	23:00

On Saturdays, the times marked with an asterisk will be shifted by 30 minutes.

On Sundays, wake-up is set for 08:00, breakfast at 08:15, and then room and facility cleaning will follow.

15. EXIT FROM THE COMMUNITY

The user may exit the community for the following reasons:

- **End of Program:** Once the objectives outlined in the individual program have been met, the team will define the user's discharge.

- **Interruption:** When the program is suspended due to reasons beyond the user's control (illness, restrictive measures, etc.).
- **Abandonment:** When the user decides to prematurely interrupt the program. In particular situations, the team may decide to allow the user to return directly to the community, if requested within a few days of exit.
- **Agreed Discharge:** If conditions are met (family network, work support, extensive social network, etc.), the user may request an agreed discharge between the user, community, and Ser.t.
- **Transfer:** If the stay in the facility is not suitable for the implementation of an effective therapeutic path, a transfer to another facility can be considered. The request can be made:
 - Directly by the user in agreement with the relevant Ser.D.
 - By the multidisciplinary team in agreement with the relevant Ser.D.

The communication flow will follow the procedures outlined in the Communication protocol.

- **Exclusion:** This can occur as a result of serious violations of community rules that significantly affect the safety of other residents. Such violations include:

- - Introduction of drugs, alcohol, and psychotropic substances.
- - Physical violence towards other users or operators.
- - Systematic refusal to comply with other community rules.

At the time of the user's exit from the structure, the operator, in coordination with the Coordinator, will assess whether to accompany the user to the destination and hand over any personal belongings stored by staff, medications, and any health documentation to the user.

Upon written request by the user, a final clinical report and any health/social-assistance documentation can be provided. For requests made by family members, a delegation signed by the user is required. The documentation will be provided within one month of the request submission. If requested, a report will also be given to the treating physician.

Access to social-health documentation is guaranteed for the duration stipulated by current regulations.

16. CONTINUITY OF CARE

Upon exiting the community, the user will be offered external treatment activities in an effort to ensure continuity of care.

For each user, a multidisciplinary assessment will be conducted to define outpatient or semi-residential paths in collaboration with Ser.D. or day centers located in the user's area of residence.

Additionally, continuity of care will be guaranteed, upon the user's consent and on a completely voluntary basis, with an annual follow-up activity occurring every three months.

The main objectives of continuity of care are centered on the continuation of the user's treatment within an integrated network of local services, through a multidisciplinary approach.

The timely assessment of the individual's needs and guidance toward the most functional response enables the activation of treatment paths that not only promote individual well-being but also the well-being of the local community.

17. OUR QUALITY STANDARDS

The ability to understand and meet the needs and expectations, both present and future, of our users is the key to the success of our organization. This is why the management places the user at the center of its business system, continuously focusing its attention on them.

Here are the standards guaranteed in our operations:

- Maintaining a quality management system compliant with the UNI EN ISO 9001:2015 standard.
- Compliance with privacy protection regulations through a constantly updated system that ensures the safeguarding of users' personal data.

- Attention to hygiene and sanitary aspects through a self-control system (HACCP) that guarantees hygiene and cleanliness levels required by food distribution regulations.
- Specific training and ongoing updates for all staff members.
- Supervision of the team with the support of external professionals.
- Internal audits to monitor the service and performance delivery processes.
- Continuous monitoring of user satisfaction through appropriate tools.
- Monitoring the health status of users without additional charges.
- Support for families through individual counseling sessions.
- Distribution of an annual report with an evaluation of services and performance.

18. PROTECTION AND VERIFICATION MECHANISMS

In order to protect the user, Cooperativa Agorà Kroton has established a series of mechanisms to ensure the respect of their rights:

- **Complaints:** Users and family members have the opportunity to file complaints directly with the management through the Quality Assurance Manager, to whom they can report any service disruptions, behaviors, or situations that have denied or limited access to services.
- **Management of complaints and reports:** Observations, reports, and complaints received from anyone are handled by the management, which evaluates them and provides a quick response within 15 days from the date of receipt of the report.
- **Verification and improvement of standards:** Through the analysis of a set of indicators, the management periodically checks the trends in the services provided and assesses the achievement of improvement objectives set for each year.

19. EXPERIENCES

Over the course of its thirty years of activity, the cooperative has also organized, implemented, and managed the following projects in this area of intervention:

- 1990- 1992 "Laboratorio di Fotocopie" Formazione e Reinserimento Lavorativo Tossicodipendenti - Presidenza del Consiglio dei Ministri ex DPR 309/90;
- 1994-1995 "Dal Recupero al Lavoro" Falegnameria Formazione e Reinserimento Lavorativo Tossicodipendenti- Presidenza del Consiglio dei Ministri ex DPR 309/90;
- 1994-1196 "Vivere Insieme" Animazione Musicale- Presidenza del Consiglio dei Ministri ex DPR 309/90 Recupero Tossicodipendenza;
- 1994 Informazione Infezione HIV L. 135/90 Informazione;
- 1995 Reinserimento Lavorativo Tossicodipendenti e Sieropositivi CNCA /F.S.E.;
- 1996 Centro Diurno "Laboratorio di Ceramica" Formazione e Reinserimento Lavorativo Tossicodipendenti- Comune di Crotona;
- 1998- "Casa Alloggio HIV" Regione Calabria- Ministero Sanità Casa Alloggio HIV;
- "ADAPT" II^ fase CNCA/Equal Ricerca;
- "SYMBIOS" Borse Lavoro Associazione Progetto Sud Riduzione del Danno;
- "Windows" Triennale Regione Calabria- Legge 45/99 Tossicodipendenza;
- "Cerchio Magico" Triennale Comune di Crotona- Legge 45/99 Prevenzione;
- "Il filo e L'aquilone" Regione Calabria- L.45/99 Prevenzione Dipendenze;
- PON SICUREZZA – OBIETTIVO SUD – prevenzione sulla legalità;
- "Job Creation- Formazione" Triennale Ser.t./ASL 5 Crotona- L. 45/99;
- "Un calcio all'Aids" Provincia di Crotona Prevenzione e Sensibilizzazione;
- "Work Experience" Regione Calabria POR mis. 3,4 Tirocini Formativi;
- "Lavoro, Ambiente e Società" Regione Calabria Legge 45/99 Formazione e Reinserimento Lavorativo;
- "Coloriamo la...Luce" Regione Calabria- L. 45/99- Prevenzione all'uso di sostanze stupefacenti- Formazione Lavorazione su Vetro;
- "Il filo di Arianna" Casa Circondariale Crotona;
- "Strade Aperte" L. 45/99 - Regione Calabria - Riduzione del Danno Triennale;
- "Il mago delle Parole" Legge 45/99– Reg. Calabria– Comune di Crotona– Prevenzione Dipendenze;
- "Macramè" Intrecci Inter-Culturali– Informazione e Prevenzione sulle dipendenze nel mondo dei Migranti- Finanziato dal Ministero della Solidarietà Sociale- Dip. Sanità Reg. Calabria con l'Asp 5 di Crotona/Ser.T.;
- "Prog. Re.La.R."– Itallavoro–Inserimento lavorativo per n. 67 soggetti svantaggiati;
- Progetto "No Drug.We Work." Legacoop borse-lavoro per n.3 ex tossicodipendenti con il coinvolgimento di n.42 beneficiari, ente committente Regione Calabria- Dipartimento 13 Tutela della Salute e Politiche Sanitarie;
- Progetto "Prevenzione in Comunità" finanziato alla Regione Calabria– Dipartimento 13 Tutela della Salute e Politiche Sanitarie, ente committente Regione Calabria, ente gestore ASP di Crotona, ente esecutore CALABRIA C.R.E.A., avente l'obiettivo di un intervento diramato sul territorio regionale di prevenzione universale attraverso il coinvolgimento di n.15 Comunità Terapeutiche;

- Progetto DJ- "Programma sperimentale di intervento per la promozione dell'inserimento lavorativo di soggetti discriminati e svantaggiati" Finanziato con "Fondo Sociale Europeo 2007/13 Asse B– Occupabilità Ob. 2.1; Asse D Pari opportunità e non discriminazione- Ob. 4.2"- Avviso Pubblico Italia Lavoro SpA del 3/7/2014;
- Prog. "Inserimento-Formazione-Lavoro" Reinserimento lavorativo (tirocinio formativo) per n. 3 beneficiari in programma terapeutico e n. 3 beneficiari (borse lavoro) per beneficiari che hanno concluso il programma terapeutico- finanziato dalla Regione Calabria–Dipartimento Tutela della Salute/ASP Crotona-Calabria C.R.E.A.;
- Affidamento da parte del Comune di Crotona di lavori di manutenzione verde pubblico;
- Lavori di ristrutturazione edile per soggetti privati;
- Prog. Regionale "Sperimentazione di un percorso verso l'autonomia e l'inclusione sociale" finalizzato a rispondere alla necessità di accompagnamento e reinserimento sociale di soggetti che, dopo il percorso in comunità terapeutica, si trovano particolarmente svantaggiati per motivi familiari, sociali e/o relazionali tali da impedire l'immediato rientro nel precedente contesto abitativo- Reg. Calabria– Dip. Tutela della Salute, Politiche Sanitarie e Sociali– Area LEA -Asp Crotona– Calabria C.R.E.A.;
- Progetto PON inclusione – lotta alla povertà – ambito sociale Crotona;
- Progetto "Hermes" contrasto al gioco d'azzardo patologico – Regione Calabria/ASP Crotona;
- Progetto "A Carte Scoperte" - Prevenzione e contrasto al gioco d'azzardo patologico, Centro Calabrese di Solidarietà.

Various Activities and Volunteering

- Dal 1994 ad oggi distribuzione di generi alimentari a famiglie indigenti di Crotona;
- 1995 e 1996- Quadrangolare di calcio per Comunità terapeutiche con momenti di confronto con l'Oasi 2 di Trani (BA), Il Pioppo di Napoli e L'Aquilone di Potenza;
- 1996- Attività di volontariato durante l'alluvione verificatosi a Crotona;
- 1999- Partecipazione come volontari alla "Missione Arcobaleno" nel Campo Profughi di Valona (Albania) per kosovari allestito dalla Regione Calabria;
- Dal 2011- cura del verde del Giardino Falcone-Borsellino- Crotona in collaborazione con l'amministrazione comunale;
- Dal 2013 al 2020 Gestione e cura Villa comunale con gli annessi giardini ubicati in Via Regina Margherita e Via Miscello da Ripe, nonché del parco giochi "Baden Powell" e lo spazio dell'ex Largo Lavatoio;
- Dal 2014- Emporio sociale "I cinque pani" azione congiunta di Comune di Crotona, Provincia di Crotona, Croce Rossa Comitato di Crotona, Caritas Diocesana Crotona e Santa Severina, delle Cooperative Sociali Agorà, Baobab, Kroton Community e Noemi, dell'associazione di promozione sociale Arci, del Coordinamento Provinciale di Libera, dell'associazione Mensa di Padre Pio del "Cireneo" e della fondazione "Gustavo Caloiro";
- Dal 2016 "On the road- Il camper della speranza", unità di strada per distribuzione beni di prima necessità;
- 2020 Assistenza alimentare fasce svantaggiate durante la quarantena per Emergenza Covid-19.

Membership in Other Organizations

The Agorà Kroton Cooperative is a member of the following organizations:

1. Calabria – C.R.E.A. (Coordinamento Regionale Enti Accreditati)
2. Legacoop Calabria;
3. Libera Contro Tutte Le Mafie;
4. Nova Onlus – Consorzio Nazionale per L'Innovazione Sociale;
5. Consorzio Meraki;
6. Forum del Terzo Settore della Provincia di Crotona;
7. CSV – Aurora – Provincia di Crotona;
8. Arci – Nuova Associazione – Provincia di Crotona;
9. Consulta Comunale del Terzo Settore;
10. Consiglio Territoriale dell'immigrazione Prefettura di Crotona.



The Agorà Kroton Cooperative has a quality management system certified according to the standard. UNI EN ISO 9001:2015

Certificato n. 1858 – (EA 38)

