fidinam
International Charity Foundation

Reporting and Evaluation Form

Dear grantee,

We are happy to partner with you in the meaningful work you are doing! As we strive to get to know you better and to evaluate our grant making, your input is valuable to us.

- Use the questions that are relevant to your organization and to the project that was funded.
- If any of the information is already available in your own reporting format there is no need to duplicate.
- Let us know if there is any area that you would like to discuss.

Name of Organization: Welcomed (Medici In Famiglia srl Impresa Sociale)

Date/period : 30th September 2026 / January – June 2026

Project: Visita Sospesa

1. Was the grant for general operations, a specific project, or expansion of an existing project?

The grant was related to a specific project called "Visita Sospesa", that provide treatments free of charge to vulnerable people including medical visits, psychological consultations, speech therapy or psychomotor therapy sessions, specific learning disorder assessments, or other diagnostic investigations.
The project's beneficiaries are individuals or families belonging to the most vulnerable segments of the population. 90% of those involved are children and adolescents.
In recent years, numerous alarms and appeals have been raised regarding the potential consequences on the mental health of the population—and minors in particular—in terms of the onset and worsening of distress, the risk of chronicity, and large-scale spread.
There is a growing wave of emotional and psychological malaise expressed by children and teenagers in widely diverse forms and intensities: anxiety, depression, aggressiveness, behavioral and emotional regulation disorders, digital addiction, eating and sleeping disorders, school phobia, social withdrawal, and even physical attacks (suicidal ideation and acts of self-harm).
At the same time, families, schools, and specialized services are struggling with waiting lists, resource shortages, and coordination difficulties. The consequence is that many children arrive at care services too late, when the distress has already become more complex and difficult to address.
This is why it is essential to build community-based models capable of intercepting needs early and activating rapid, coordinated, and accessible responses.

2. Were the funds utilized as described in your proposal? If not, what are the changes and why?

Yes, specifically in the mental health sector, where an initial neuropsychiatric consultation requires a wait of one to two years, and the situation is even worse in rehabilitation, with an 18-24 month wait to begin treatment after evaluation.

This is despite the fact that children can receive free treatment through the National Health Service (SSN); however, low-income families ultimately fail to receive diagnoses or have to postpone them for unacceptable periods of time.

3. Briefly describe the implementation, what worked well, any unexpected outcomes, challenges, modifications.

in the first half of the year, we provided free of charge 4.510 consultations, treatments and therapies in the mental area. We reached 831 beneficiaries, and 80% of them are minors.
A child whose suffering remains unnamed, compounded by their socioeconomic condition, will suffer negative repercussions not only on their future development, but also on their academic path and on the cultural, recreational, and sporting opportunities they will be unable to access.
Requests from our partners (see point 5) often involve complex situations that require a multidisciplinary approach and a preliminary psychosocial assessment, as well as cultural mediation in many cases.
Even once treatment has begun, a significant amount of indirect work time is 'spent' by clinicians: consultations with teachers, social workers, UONPIA** representatives, educational teams, and other point people are essential on an ongoing basis to ensure that the intervention is successful."
*(** The acronym "UONPIA" refers to "Unità Operativa di Neuropsichiatria dell'Età Evolutiva", in english "Child and Adolescent Neuropsychiatry Unit".)*
Taking care of the whole person is the core principle behind the integrated care approach through which Welcomed aims to make a difference: anyone who enters our centers is not assigned to just a single professional but can count on a team of specialists who pool their skills and perspectives, consult with one another, and jointly build the most suitable treatment plan. Not just a collection of specialists, but a team that collectively cares for the individual and their family, supporting them over time and helping them navigate diverse needs.

4. What are the learnings from this project? Will it be repeated, is it ongoing, does it need to be modified?

- The critical role of the referring partner network
No single organization can tackle complex socio-health vulnerabilities alone. The ecosystem of referring partners (social services, local associations, schools, community centers, public health system, etc.) acts as our primary radar.
Strengthening this network means transforming sporadic referrals into a structured, continuous pipeline. It requires regular alignment meetings, shared protocols, and reciprocal training to ensure that cases are identified and channeled efficiently before situations escalate into severe crises.

- Overcoming the weak engagement of families
Many vulnerable or low-income families display a weak initial engagement. This is rarely due to a lack of need, but rather stems from stigma, bureaucracy, past negative institutional experiences, or a lack of mental health literacy.
Families often drop out between the initial referral and the first appointment. Recognizing this barrier means shifting from a passive "wait-for-them-to-arrive" model to an active, doorstep-level approach that builds trust from the very first contact.

- Intensive support from volunteers and educators
To combat dropouts, we need dedicated human infrastructure—specifically volunteers and field educators who act as "bridge builders."

This means physically or logistically accompanying families through the labyrinth of healthcare steps: helping them attend appointments, keeping track of therapy schedules, assisting with paperwork, and lowering the anxiety associated with entering a clinical environment.

- Cultural mediation for foreign families and minors
For foreign families and unaccompanied minors, language is the first obstacle; cultural paradigms surrounding mental health, disability, and parenting styles can differ drastically.
Integrating cultural mediators directly into the intake and therapeutic pathways ensures that diagnoses are accurate, stigmas are safely navigated, therapeutic compliance is genuinely achievable, both from minors and parents.

- Decentralizing some activities at partner organizations
Shifting part of our operations—such as preliminary counseling, psychological first aid, or informational workshops—directly into the spaces managed by our partner organizations (community centers, local hubs, parish halls) builds immediate familiarity and lowers psychological and physical thresholds to access and reinforce the community-based presence.
Also, this will help families to decrease travels, especially for those working long hours or juggling multiple jobs.

5. How is the community where the work is done involved in the ideation, implementation, and evaluation of the work?

As we explained above, our actions are based on partnerships with Third Sector Organizations, as well as Schools, Social Services, and National Health Service entities (Child Neuropsychiatrist Units, Hospitals, Clinics, Paediatricians, Family Doctors).
The referring entities, approximately 150 throughout Milan, send beneficiaries for free treatments in our centers and monitoring over time.
Evaluating the family's ISEE (income indicator) alone would not be a true guarantee and would not allow us to have any follow-up on patients' life stories.
Being our partner means identifying a family's health needs, exploring community resources, and directing requests that the National Health Service cannot absorb to Welcomed.

6. What evaluation method are you using to measure outcome and impact?

The organization constantly monitors project progress through a bimonthly database that collects output data: the number of services provided broken down by area, the number of beneficiaries reached, and the number of indirect beneficiaries (parents, caregivers, teachers, educators, etc.). In terms of outcomes, annual measurements are conducted on psycho-physical well-being, awareness of health issues, sense of support, accessibility of specialized psycho-physical services, academic performance, and territorial educational, social, and healthcare alliances. This is achieved through questionnaires and semi-structured interviews.

7. Have you noticed any change over time in the communities or regions you are working in?

Data show that distress often emerges in the early years of primary school and can become chronic without timely interventions. In many cases, distress manifests years before being reported to services, highlighting difficulties in early recognition and access to adequate support.

The minors taken into care present clinical and psycho-social complexity, with emotional and relational difficulties, anxiety, school problems, and social withdrawal, often in comorbidity with neurodevelopmental disorders.
Minor distress is frequently linked to fragile family contexts, characterized by socio-economic difficulties, heavy caregiving burdens, and language or cultural barriers.
Structured collaboration between schools, health services, and the third sector improves the effectiveness of interventions and reduces the fragmentation of responses.
Thanks to our model that involve a network of different actors and stakeholders in the areas where we operate, have realized that working synergistically, with coordinated tools and workflows, is a necessary condition for effectively addressing youth distress.

8. Going forward how can we best support your work?

The project will continue over the next years: a prolonged support from Fidinam International Charity Foundation in the next future will be very important to allow us to ensure that the possibility of receiving treatment does not depend on an individual's or a family's financial resources, nor on the ability to access care within the necessary timeframes.

9. Please let us know of any major change in your organization, your philosophy, your strategy that might impact how grants are used.

In recent months, we have expanded the Group's expertise with the addition of 2 different entities: Clinica Età Evolutiva and Mama Mind. The first one further strengthens our ability to meet the needs of children and adolescents, Mama Mind, on the other hand, is the online clinic dedicated to women's and maternal/parenting mental health, which is allowing us to extend our care model to women and parents and, above all, to reach individuals and families nationwide through its digital access format.

Making care accessible also means helping people figure out who to turn to when they need help. With this goal in mind, Mindy Map (www.mindymap.it) was created—a free app developed by Welcomed with the support of the Cariplo Foundation and the company Lundbeck, which gathers free psychological, clinical, and social support services in Milan into an interactive map, helping parents and families easily identify the service closest and best suited to their needs. We have made it available in five languages: Italian, English, French, Spanish, and Arabic, to make this first step toward care simpler and more accessible even for those who may face a language barrier.

In the last year our commitment in the field of Eating Disorders has grown: through individual and family psychotherapy, neuropsychiatry, pediatrics, and nutritional expertise, more than a third of patients were able to access care for free. Alongside treatment, we have integrated prevention by bringing it directly into the places where young people live: our project dedicated to eating disorders has involved 5 schools, 16 classrooms, and 285 students, along with teachers and parents, to raise awareness and promote the early recognition of signs of distress.

The work done over recent months has also paved the way for new beginnings.
Since September 1st, our new center dedicated to children and adolescents on the autism spectrum and their families is open to the public. It is a space designed to support them

from diagnosis to therapy and into everyday life, with programs focused on relationship-building and the development of independence. The opening of this center further solidifies our commitment in this direction and responds to a growing need from families, as we have recorded a 25% increase in requests compared to the previous year. As of June 30, 2026, a total of 86 patients has been taken in by the clinic. The predominant user profile consists of male children in the 0–6 age group, and most beneficiaries present a diagnosis of level 2/3 (moderate/severe), indicating a high prevalence of users with significant support needs.

And soon we will be even closer to other vulnerable families: a new outpatient clinic in Cinisello Balsamo (province of Milan) will open by the end of the year, which will allow us to expand our presence and make Welcomed's services increasingly widespread throughout the territory.