Introduction: Population aging and high prevalence of chronic diseases cause high prevalence of patients at home with functional and cognitive disabilities. The support to disability requires care teams addressed to recovery the essential activities of daily-life, improve autonomy and fully exercise citizenship rights. The support needs related to disability at home are partially covered by the public resources at present available in Spain, and also by frequent limitation of socio-family support network. On the other hand, in our society there is a high prevalence of people in situations of social vulnerability related mainly to the lack of training and job opportunities. The Foundation of Disability Attention - Sant Joan de Déu (FAD-SJD) linked to the Hospital Order of San Juan de Dios, was created with two main objectives: to provide cares to disabled patients, and give support to people in situation of social vulnerability.

Brief description of the practice change implemented: Since 2012, FAD-SJD proposes a pattern of care, based on nursing supervision of home care to disability, coordinated with public health care and social resources.

Objectives: To provide the necessary support to disabled people based on the values of hospitality, respect, quality, responsibility and spirituality. To reinsert people in situation of social vulnerability, by means formation and job opportunities as caregivers of disabled people.

Targeted population and stakeholders: Patients: Disabled people with criteria of support needs. Target population of reintegration: People in situation of social vulnerability, reversible by means of specific training and labor reintegration. Stakeholders: Sanitary and social institutions, both public and private, foundations dedicated to social vulnerability.

Highlights (innovation, Impact and outcomes): Innovation: a) Care pattern providing support professionals to disability, coordinated and supervised by a nurse, according to the model of case management; b) Training program for disability care addressed to people in situation of social vulnerability, selected by a social entity (Caritas); c) Program of labor reintegration program through the FAD-SJD job offers. Impact: a) Improvement of the quality of life of disabled people; b) Reduction of social exclusion of vulnerable people. Results: Between January and October 2016, a total of 465 disabled patients received care: 121 at-home patients; 138 people living in religious communities; and 200 in mental health. The mean age
of people was 77.4 years, 67.2% were women, the most common pathologies were dementia, organic failure, metabolic disorders and neurodegenerative diseases. The main interventions were support to daily and instrumental activities, and care in mental health. The most common causes of cancellation of care program were patient's death and economic difficulties. During this period of time, 161 persons were formed and 79 achieved their labor reintegration.

Comments on sustainability: The funding comes from collaboration agreements with social entities and University (Caritas, SJD Teaching Campus, SJD Social Work, grants, ...), and the contribution of disabled patients.

Comments on the transferability: We consider that the project is reproducible in other environments.

Conclusions and lessons learned: This model of care provides a quality support to the disability and allows the labor reintegration of vulnerable people.

Keywords: disability; social vulnerability; socio-health care