



**ERSiSi**  
Servicios para la Inclusión  
Inklusiorako zerbitzuak

**CLAVES Y RESULTADOS  
DEL MODELO   
 DE ATENCIÓN  
INTEGRADA DE ERSISI **

Proyecto Refuerzo del Derecho a la Inclusión a través de la Integración de Servicios  
Gizarteratzeko eskubidea indartzea, zerbitzuak bateratzearen bidez

**ACADEMIC PAPERS**



Note: this paper will be presented at the VIII Congress of REPS-ESPANET Red Española de Política Social / European Network for the Analysis of Social Policy, which will take place on 1, 2 and 3 July 2020 in the city of Bilbao, Basque Country. It is appreciated that it is not disseminated until it has been published in the conference proceedings, in August 2020. Authors: Begoña Pérez Eransus, Laureano Martínez and Víctor Sánchez Salmerón.

This publication has received financial support from the Employment and Social Innovation Program "EaSI" of the European Union (2014-2020). For more information, you can consult: <http://ec.europa.eu/social/easi> The information included in this publication does not necessarily reflect the official position of the European Commission.

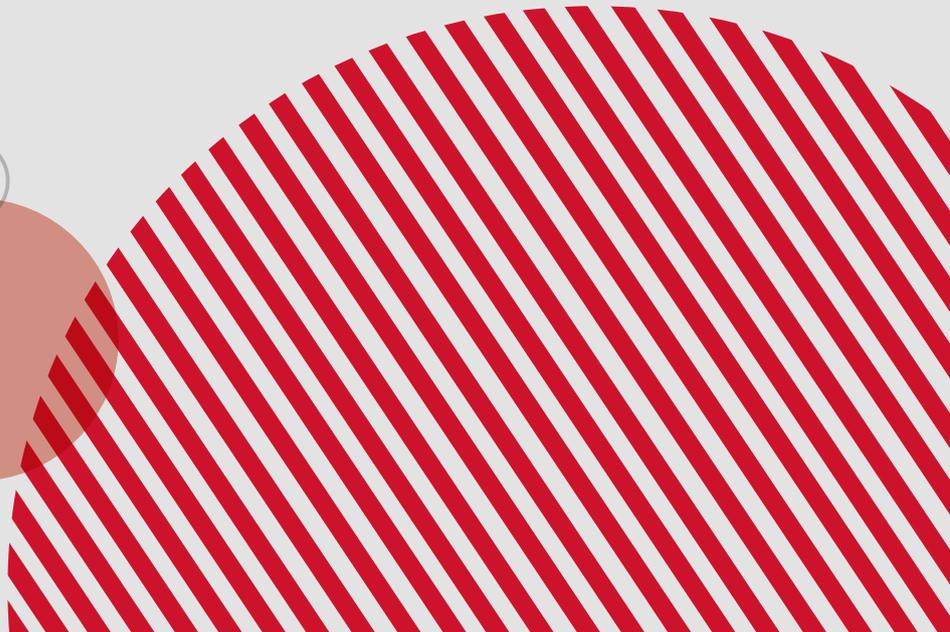
## **Abstract**

The development of an integrated and integral service provision model has been one of the main lines of experimentation developed in the ERSISI project. The hypothesis is that an improved coordination between social and employment services is an unavoidable aim to achieve both objectives. At the same time, the development of a person-centred intervention model has been promoted, understood as one that aims to put the needs and interests of the beneficiaries at the centre of the intervention.

This paper examines the extent to which experimentation has advanced in both lines. The text tries to answer whether this makes the itineraries of social inclusion more effective. For this purpose, a qualitative and quantitative analysis perspective is used. The information analysed comes, on the one hand, from the surveys carried out with the stakeholders involved and the beneficiaries and, on the other hand, from the focus groups carried out with people participating in the experimentation.



**THE DEVELOPMENT OF AN  
INTEGRATED ATTENTION  
MODEL FOCUSED ON THE  
INDIVIDUAL**



# THE DEVELOPMENT OF AN INTEGRATED ATTENTION MODEL FOCUSED ON THE INDIVIDUAL

In the framework of the ERSISI<sup>1</sup> project, an integrated attention model was designed and put into practice between social and employment services that was directed towards improving the social inclusion of the most vulnerable social sectors. The development of integrated attention is the core of the intervention model that was put to the test in two towns located in the Autonomous Community of Navarre: Tudela and Alsasua<sup>2</sup>. Additionally, this experience was based on the premise that in order for this integrated intervention to be successful, it needed, on the other hand, that the beneficiaries of the project have their basic material necessities covered. A second pillar of the project, that preceded the intervention, was the expansion of the program of a guaranteed income in the Autonomous Community of Navarre (currently known as Guaranteed Income) whose reform was undertaken in 2016<sup>3</sup>.

The second stipulation of the integration model has addressed the horizontal coordination between local social and employment services in order to make it easier to attend to beneficiaries by means of a single point of contact. This is understood as a procedure in which a coordinated and mixed response from both services can be given from the first contact with the beneficiaries. The integrated attention model has also been supported by a base of *case management*, and geared toward *person-centered approach*. In essence, the Case Management Teams (CMT from this point on) are in charge of designing and testing a high-intensity, individualized attention/activation model that puts the needs and preferences of benefit recipients at the center of the intervention.

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1 This paper reflects the results of the ERSISI project, Enhancing the Right to Social Inclusion through Service Integration (VS / 2016/0209), funded by the Employment and Social Innovation (EaSi) program of the European Commission, and managed by the Department of Rights Social of the Government of Navarre.

2 The selection of these territories was a response to the representative criteria of two contrasting realities that are present in the Community of Navarre. For more details about the volume and profile of the unemployed population, employment opportunities, and inclusion resources see: Informes de Prospectivas de Empleo y Formación (2016), Mapa de recursos de inserción sociolaboral en Sakana Occidental y Tudela (2017), y II Estudio de oportunidades de Empleo (2018).

3 Regional Law 15/2016, in which the rights to Social Inclusion and Guaranteed Income are regulated, establishes that receiving these benefits is maintained as long as the situation of need of those family unit remains.

At the intervention level, the integration of services has been done in a joint effort by a pair of professionals (one originating from the social field and the other from the labor field), that not only share a physical space for providing attention, but also work together on each one of the cases by exchanging their professional knowledge and experience in order to adopt a more comprehensive perspective.

It is understood that in this way, support that is more individualized and adapted to the personal circumstances of the recipients can be offered, and can increase the possibility of emancipation and autonomous management of the needs of those households. Then, in second place, reduce the needs of support on behalf of public services. In relation, as a third pillar of the project, the increase of available measures and resources for employment activation was set up. This was done in a local environment in order to make suitable the insertion resources for the different profiles and situations of need that were present in those territories<sup>4</sup>.

The following pages talk about the analysis of the development of the integrated attention model, and the development of a model focused on the individual. In the third part we analyze the assessment of the project that was done by the recipients of the project. Finally, in the conclusion of the text, the main lessons learned and the areas of improvement of the experience that was put into practice are presented in a concise way.

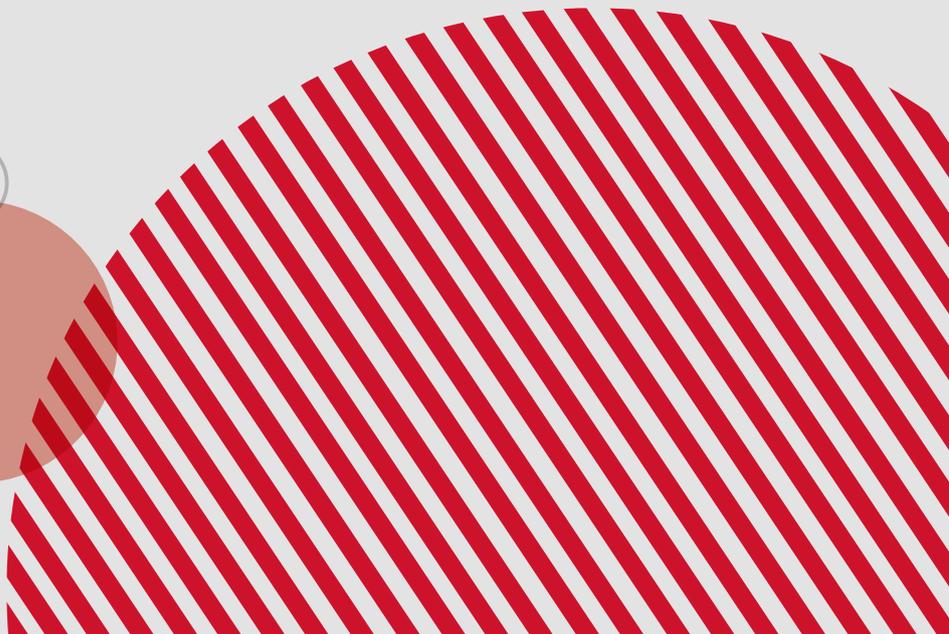
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4 About results related to the impulse of Active Employment Policies (AEP) from a local standpoint see Finn (2000).

# 2



## **MAIN RESULTS AND AREAS OF IMPROVEMENT OF THE INTEGRATED ATTENTION MODEL**



## MAIN RESULTS AND AREAS OF IMPROVEMENT OF THE INTEGRATED ATTENTION MODEL

As stated before, the integrated attention model has been based on two lines of reform with respect to the traditional attention models: on one hand, an improvement in the interrelation and coordination between social and employment services, and on the other hand, the creation of agreed upon responses and itineraries participated in by both services, mobilized for them using the resources and intervention techniques unique to each of them. In general terms, notable advances were carried out in these action lines by the end of the intervention. It should be stressed that during the design phase of the project, it was started off with a hypothesis that the territorial inclusion models in the country already didn't have enough coordination between these systems. The distance between both of them has made it difficult to offer comprehensive responses while being faced with the growing volume of the population in a situation of vulnerability and/or at risk of social exclusion, and being faced with the increase in the number of profiles of exclusion with different levels of proximity to and opportunities to access the normal job market.

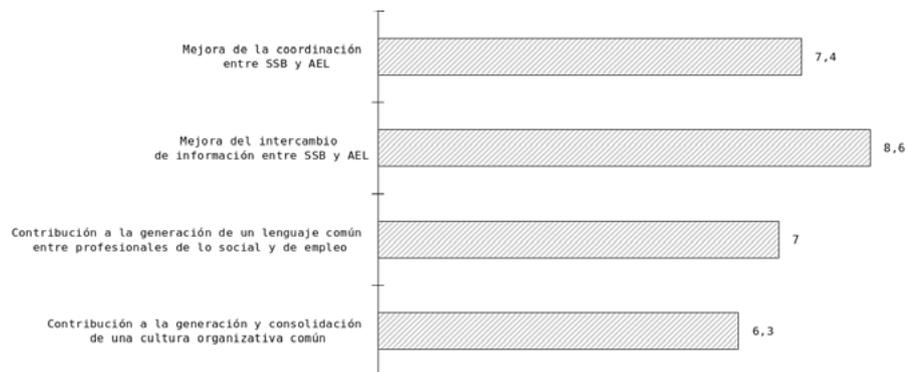
The structural fragmentation between both types of services has meant that occasionally they have worked in a parallel manner, which has led to both a duplication (and also gaps) in the attention to needs, and an exclusion of some sectors of the population whose socio-labor needs aren't being attended to by these services. These tendencies have been proven at both a national level and in the specific case of Navarre (Pérez Eransus & Martínez Virto, 2018; Sánchez Salmerón, Martínez Virto, & Pérez Eransus, 2018). The ERSISI project has tried to have an influence on these tendencies, so that the result of the intervention (in any case, partial) will put its capacity to respond these questions in dialogue.

**The experience has allowed the advancement in the coordination between social and employment services, favoring the development of social and labor inclusion itineraries.**

Undoubtedly, one of the main achievements of experimentation has been that ERSISI has contributed to breaking some of the barriers still existing between social and employment services. In the first place, experimentation has been the driving force of the first contacts between the two in the locations where it has been implemented, which must be read without doubt in

terms of progress with respect to the previous trend. According to the main key informants of the project, the average assessment in the improvement of the coordination and exchange of information between social and employment services is 7.4 points and 8.6 out of ten respectively (see GRAPH 1)

GRAPH I. Assessment of aspects related to the coordination between Basic Social Services (BSS) and Local Employment Agencies (LEA)<sup>5</sup>.



Source: evaluation survey

At a practical level, the improvement of cooperation between both services has materialized in two specific aspects. On the one hand, the CMTs composed of two pairs of professionals (each of them from the social and employment field), shared during the experimentation a common physical workspace, located in the Local Employment Agency (LEA from here on). In this space, individualized interventions have been carried out with the beneficiaries. On the other hand, the professional pairs have jointly designed individualized intervention plans agreed upon by the beneficiaries, with the integration of the perspectives and resources of both profiles and systems being a defining characteristic.

“Being a hundred meters away, the two services were unknown to each other. ERSISI has achieved that the distance is overcome, that the services get closer, that the professionals know each other [...] therefore there is now the possibility of working together, which at the beginning was unthinkable.” (Case Management Teams).

Despite this approach and the breakdown of some inertia such as the one described in the previous quotation, it is clearly perceived that overcoming the distance between both services needs a long-term process. It has been evidenced throughout the intervention that professional cultures, struc-

5 Includes the assessment of the direction, technical direction, case managers, and employment technicians.

tures and differentiated work dynamics persist, which continues to hinder the achievement of a complete service integration dynamic. However, also on each one of these obstacles a series of steps has begun to be taken that allow us to maintain the idea that we are facing a window of opportunity to favor profound changes in these conditions.

Thus, for example, it has been gathered that during the development of experimentation there has been a certain impermeability among the different professional cultures. This has been particularly visible in the case of professionals from employment services, who report that they have had the opportunity to problematize some of the preconceived ideas about the most vulnerable population sectors, sometimes immediately perceived as unable to work. This has also been found in the assessment of the main key informants, who on average value the achievement of a common organizational culture on average with 7 points on a scale of 10 (see FIGURE 1).

“I think we didn’t consider it before. There were aspects of the individual that we neither asked nor knew nor cared about. We focused more on labor type aspects. [...] Now I have realized that it is essential: if someone does not have decent housing, they do not have a house in good condition, then they will have a hard time handing out CVs.” (Employment Technicians).

In terms of intervention, the improvement of coordination has enabled the formation of more complete, effective and comprehensive socio-labor incorporation itineraries. Even in some particular cases, joint diagnoses have made it possible to work by adopting new perspectives in the intervention. The reinforcement of the incorporation itineraries has opened more opportunities to achieve more progress in these. It has been stated by some key informants that the physical space in which the interventions have been developed (local offices of the NES) has also facilitated the achievement of these results, while being a normalizing context from which to generate new dynamics of work, re-boost interventions, and increase the motivation of the beneficiaries:

“It is essential since the person comes with another attitude, since the space is perceived as more normalized, the feeling of shame is avoided. The meetings [are] at round tables where the position of power of the professional is blurred.” (Case Management Team).

### **The role of case management figures is central to the articulation of an integrated and cohesive response**

Working in pairs has allowed us to handle cases from experience and differentiated professional knowledge, but establishing common objectives. As anticipated, during the design of the intervention model it was ruled out to

bet on a work model based on a single multidisciplinary figure (one professional per case). The starting premise was that it is the services that have to be multidisciplinary and not the professionals. The implementation of this model has been effective because it has allowed a response from both services quickly and effectively.

Experience has shown that the role of CMTs has been essential to provide integrated care and based on the needs and situations of inclusion-exclusion. They have become an important articulator of the demand of employment, also contributing coherence and meaning to the interventions. The teams have connected the beneficiaries with the territorial resources and have used the available instruments to generate new ones. They have also tried to direct the demands of the beneficiaries towards achievable objectives (as developed in the following section). In essence, each of the professionals participating in the teams knows their system and shares their experience and knowledge, favoring the development of synergies between them.

“The need to work together and cooperatively to improve the results of the intervention has been demonstrated for both services. As the information flows between the two services, the results improve.” (Case Management Team).

Of course, as one might expect, this is not immediate. The implementation of coordinated work dynamics among professional figures has been an important challenge. The new intervention model has generated an area of uncertainty for professionals, who, in general, have demanded the development of more intervention protocols in order to know in greater detail how they should act in certain cases. At the same time, it has been requested to create common intervention procedures for certain case types (although not all of them can be predictable, nor can the interventions always be the most appropriate).

These issues, however, have been taken into account from the early stages of experience implementation. The training of CMTs has played a relevant role among the actions undertaken, being mainly referred to on some of the points that hinder integrated management and joint work between professionals such as the sharing of common terms and concepts. The establishment of joint work objectives and guidelines, as seen in GRAPH II, has received an average rating of 6.1 points on a scale of 10, being one of the aspects that has received less assessment from the CMTs. In practice, despite these efforts to improve internal communication between both services, there have still been some situations that clearly show that it is necessary to continue working in this area:

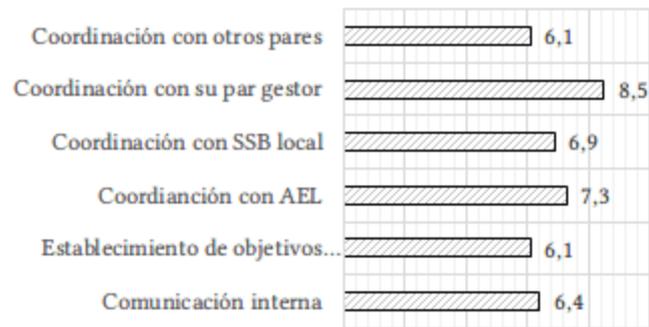
“There have been situations of discomfort, of confusion for the participant because of the existence of different approaches (in many cases even opposite), which in many cases has undermined the intervention” (Case Management Team).

“There are no protocols for working in pairs [social service and employment professionals]. It is still the willingness [that directs the interventions] and there is still a way to go.” (BSS Technicians).

Another element of uncertainty throughout the intervention has been the absence of a standardized and consolidated model of joint work between pairs. In practice, the absence of these clear guidelines has been replaced by the pairs' criteria, which may have caused some discretion and heterogeneity in interventions. The forms of cooperation between professionals have responded to internal dynamics of the pairs and the ability to make use of these skills. It has been revealed during the intervention that there has been some tension between the need to establish homogeneous criteria for the intervention and the existence of some flexibility in the interventions so that they can continue to adapt to the individual needs and circumstances of people and their households. In quantitative terms, the contribution to the creation and consolidation of a common organizational culture has been in the opinion of key informants another of less achieved impacts during the intervention. On average this assessment has obtained 6.3 points out of ten possible (see FIGURE I).

With regard to the assessment of aspects related to coordination within the teams, coordination with the managing pair is undoubtedly the most valued aspect by the people who act as this figure (see FIGURE II). Specifically, on average with 8.5 points out of 10 possible. Despite the difficulties mentioned above, this coordination has been intense but positive. On the other hand, in the opinion of the case managers themselves, coordination with other pairs has been less intense (6.1 / 10), as well as internal communication (6.4 / 10). All of this has surely hindered the transmission of learning and the sharing of criteria that would have been positive for experimentation.

GRAPH II. Assessment of aspects related to coordination between the Case Management Teams.



Source: evaluation survey

### Diagnostic tools are most effective when linked to resources and job opportunities available in the territories

The development of a series of diagnostic and planning instruments that would favor the development of the integrated services model had been planned for the development of the intervention and joint decision making. Specifically, the Information System of the Right to Social Inclusion (ISRSI), which incorporates a social co-diagnosis and a Personalized Social Inclusion Plan (PSIP), has been launched throughout the project. In parallel, an employability diagnosis developed and applied by employment service professionals was developed. Unlike the tools used in traditional social services, these were built with the purpose of not only functioning as registration instruments, but also to support and guide interventions. It was anticipated that this would allow for the homogenization of interventions and professional criteria.

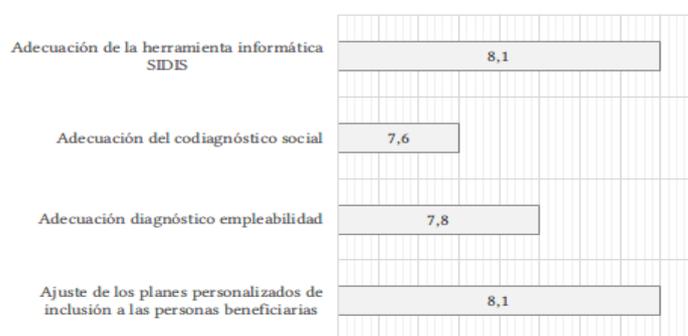
In general terms, all participants value the tools positively. The elaboration and application of employability diagnoses, complementary to the social diagnosis, has allowed us to broaden our knowledge about the situation of the beneficiaries of the project and, ultimately, enrich the final diagnosis, which has had a positive impact because the PSIP adapt better to the individual's situations and their needs.

This being true, there is also some consensus among professionals about the need to improve diagnostic tools. Social diagnoses, in their opinion, are sometimes contradictory to professional perceptions. Access to minimum income is undoubtedly essential for households, and is an indicator of economic security that drastically transforms the economic situation of individu-

als and their households. However, assuming this, within the framework of an intervention aimed at achieving the autonomy of households (and the emancipation of economic support) there are probably other issues that have to acquire more relevance. Specifically, there are other problematic aspects in households that, despite access to programs such as GI, end up undermining the economic situation of households, such as the residential situation (lease / mortgage expenses, cost of provisions etc...). On the other hand, other issues such as the existence of care needs in households (older and younger people, with disabilities or in a situation of dependency) that can hinder socio-labor incorporation processes are not contemplated.

Regarding the diagnostic tools of employment, the demand by the participants involved is directed towards overcoming individualizing logics that focus on the capabilities and skills of the people in intervention without taking into account the more immediate work possibilities of the environment. It is evident that advancing in the area of job prospecting would allow us to weigh more rigorously the possibilities of the people included to access the labor market immediately, as well as directing labor insertion actions towards work spaces and niches that offer more opportunities.

FIGURE III. Assessment of aspects related to the adequacy of the tools implemented during the intervention



Source: evaluation survey

### Some situations are more appropriate than others for the development of integrated and intensive work

The people who finally participated in the experimentation were selected by a random procedure<sup>6</sup>. This formula allowed us to obtain an overview of the situations of vulnerability and their diversity present in the participating

6 During the selection process of the participants, representation of the main demographic factors (sex, age, nationality ...) was sought.

territories. The knowledge acquired about the social and labor context has also been valued as a result of ERSISI in the opinion of the technical and professional staff. Thanks to the heterogeneity of the profiles with which it has intervened since the project, it has also been possible to verify one of the premises on which the experimentation was based. It has been shown that it is possible to establish employment objectives in the itineraries of inclusion of a large majority of people in situations of social exclusion and/or vulnerability, which disputes the discourses that advocate the inefficiency of this sector of the population.

With this in mind, during the experimentation it was also possible to verify that it is not appropriate in all cases to establish short-term work goals, nor to carry out intensive intervention work such as that proposed by ERSISI. In the case of individuals and households in a situation of severe social exclusion, at least not until they manage to restore the most serious situations of difficulty. But it is also the case of those other households or individuals that, being in situations of more moderate social exclusion, have difficulties in carrying out socio-labor insertion itineraries for facing contingencies such as taking care of third parties alone without possibility of accessing conciliation resources, dealing with serious health problems (and particularly those related to psychological health), which follow treatments of a certain intensity (health, detoxification etc...), are going through crisis situations in life (domestic violence, evictions, family breakups etc...) Everything points to the fact that, in cases like the previous ones in which the situations are especially complex, not even the capacity of the project to adapt to the particular circumstances of the people in intervention (on which it will deepen later) results enough.

The different diagnostic tools used during the experiment have sought precisely to identify, in the first place, in which situations it is more appropriate to receive support from social services to solve problems and difficulties of a relational nature (or of another nature but that make it difficult for individuals and households achieve their autonomy in the short-medium term through access to employment). Second, in what situations the central problems of individuals are limited to access to employment, and therefore can be addressed with employment services. And, finally, to identify those others in which both types are combined but in which, with adequate and sufficient support (integration of services), the emancipation of individuals and households in the short-medium term can be favored. This last profile has been that on which the intervention has been mainly focused.

In any case, this sector of the population remains very broad and diverse, and at its core some circumstances have been identified that, without distancing people from the labor market too far, reduce the effectiveness of

an integrated intervention to launch people towards employment. Without exhausting them, these circumstances, for example, are people who suffer from long-term unemployment situations (more than two years), in the last stages of the work cycle (over 55 years), who still do not speak the language, or whose economic situation or residential, without being serious, is very precarious or unstable.

From all this, it is concluded that when the ideal life circumstances are combined and job opportunities are available for the most vulnerable population sectors, the integration model becomes more effective. It is therefore transcendental to have diagnostic and profiling tools capable of identifying these intervention opportunities well.



**KEYS TO THE DEVELOPMENT  
OF A MODEL OF ATTENTION  
CENTERED ON THE INDIVIDUAL**



## KEYS TO THE DEVELOPMENT OF A MODEL OF ATTENTION CENTERED ON THE INDIVIDUAL

As noted at the beginning, among the main objectives of the intervention was to carry out interventions focused on people's needs and expectations. The development of the diagnostic tools just examined has been a crucial element in order to adapt the interventions to the circumstances of individuals and their homes. In parallel, the intense process of professional accompaniment carried out during the six months of intervention has allowed professionals to know in depth the explicit and implicit demands of each case. The frequency of meetings between the CMTs and the beneficiaries has experienced a quantum leap compared to traditional services, which for many of the beneficiaries has been an important project value. Specifically, when it is questioned whether they consider that during the intervention they have been given enough time, 65.6% say they agree with that statement<sup>7</sup>. As it is examined below, this qualitative leap has also been accompanied by a significant improvement in qualitative terms of the intervention that allows us to maintain that progress has been made towards an individual-centered model of care.

### **The participation of the beneficiaries in the decision-making processes has a favorable impact on the development of the interventions**

Thus, in the first place, the ERSISI project has had available the mechanisms to actively incorporate the beneficiaries in the intervention. The PSIP elaboration procedure established that they should participate in the design and planning of interventions, in order to incorporate their preferences in the decision-making process. The process of defining the intervention plan has allowed the professional criteria on the socio-labor inclusion itineraries to be put in dialogue with people's expectations, orienting the latter, when it has been necessary, towards concrete objectives and attainable goals.

"PSIP have adjusted in all cases to the needs, interests and profiles of the beneficiaries. The times of each participant have been respected, being decisive to the sessions prior to the PSIP, since they had a preparatory function for the person to integrate their process of change. Observing significant

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7 Data from the User Satisfaction Survey.

differences from the initial interview to the signing of the PSIP, in some cases surprising.” (Case Management Team)

In the same way, in conjunction with the information from the diagnostic tools, this moment of the intervention has allowed adapting the pace and purpose of the intervention to the possibilities of the people included, increasing the possibilities of achieving achievements and successes in the intervention. In general terms, the conjunction of a good definition of objectives and goals with a greater commitment on the part of the beneficiaries has been transcendental for many itineraries to progress in the judgment of the technical professionals.

### **The need for flexible instruments to generate resources for social inclusion appears to be crucial in order to give more effective answers**

In another order, the underdevelopment of Active Labour Market Policies (ALMPs) in the local environment has made it difficult to expand the map of resources for inclusion and insertion in the territories. There is considerable consensus among the different participants involved in considering that the resources generated under the ERSISI project have been characterized by their temporality and punctuality (as is the case, for example, of the Spanish courses for people who do not master the language). Thus, it has not been possible to produce the reordering of the resources that were expected at the beginning of the project. This has had a notable impact on the possibilities of intervention. Some socio-labor inclusion needs have continued to be unmet during the experimentation, ultimately reducing its inclusive impact.

Among the main areas of improvement detected by the professional teams are still, to name some of the most referred, the need to create more employment resources with support and/or socio-labor support, to develop more intensive work prospecting actions and after, to create services and supports that facilitate family mobility and work/life balance, or to develop more qualifying training devices that incorporate professional practices and adapted to profiles with a lower level of training and/or work experience.

Finally, the Flexible Activation Contingency Fund (FACF) has been the fundamental mechanism through which a training offer adapted to the needs of vulnerable profiles has been designed and financed. It has allowed, for example, to develop individualized support actions such as private lessons to prepare tests of key<sup>8</sup> competencies, to pay for classes to obtain a driving

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8 To access the courses of public employment services that the Certificate of Professionalism grants, it is necessary to have an academic degree. Those who do not have this qualification can qualify for access by passing the so-called Key Competency tests.

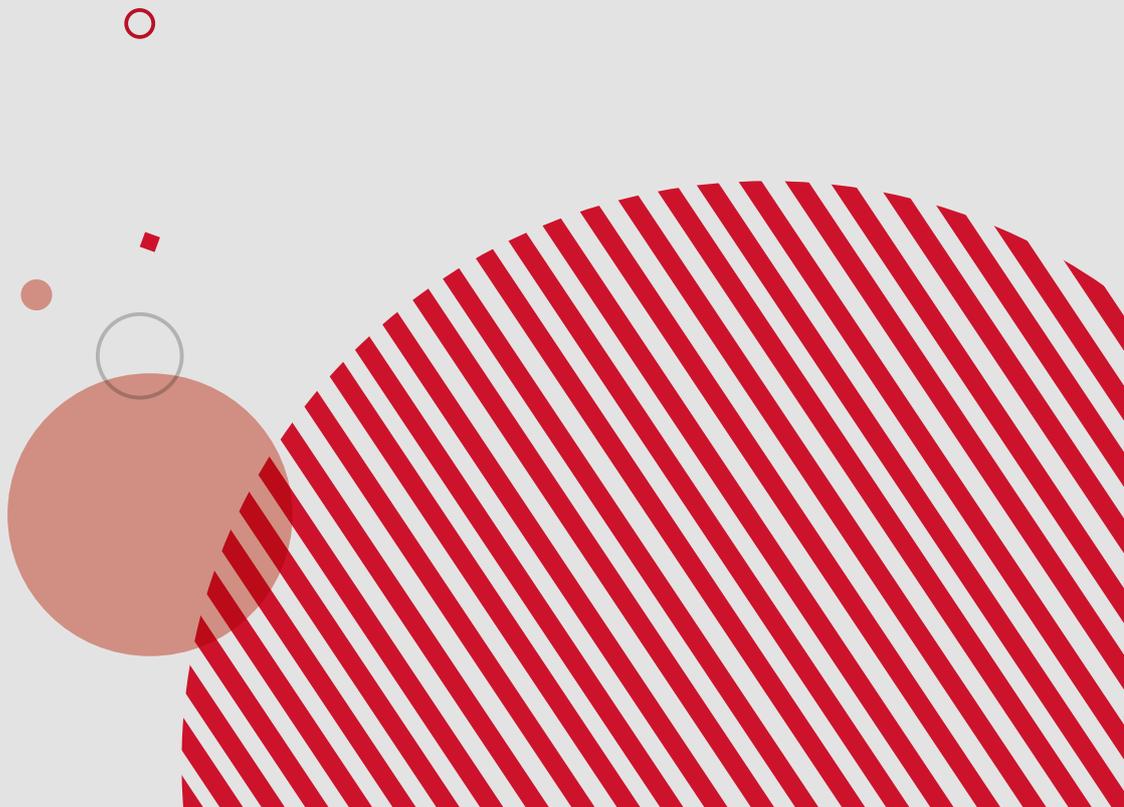
license, etc... Difficulties in generating adequate resources at the local level have been overcome by this source of funding that was initially planned to provide timely economic support in terms of conciliation and mobility. Thus, the FACH has allowed to cover the existing gaps in socio-labor inclusion in the territories (as previously indicated), and has been a kind of indicator of the devices that should be incorporated into the map of territorial resources.

All this clearly shows that the existence of agile and flexible instruments is essential to design measures from the needs detected. The strategic and palliative use of these types of tools should, in some cases, lead to their consolidation and definitive incorporation into the territorial resource map.

"I, for example, wanted to study, because I dropped out of the ESO studies. So, me, they gave me a private tutor and I passed the access to vocational training, and so my dream is to study administration, and I have passed, so now I can go do what I like." (Group dynamics of beneficiaries, Alsasua).



**THE VALUATION AND  
PERSPECTIVE OF THE  
BENEFICIARIES**



## THE VALUATION AND PERSPECTIVE OF THE BENEFICIARIES<sup>9</sup>

In general, the valuation of the beneficiaries of the ERSISI project is very positive, and that despite the fact that initially, the general expectation among the beneficiaries was to be able to effectively insert themselves into the labor market once the experimentation was finished. These high previous expectations imply that the results of the project are valued on this scale and, consequently, there are certain unfulfilled expectations. In any case, to the extent that the development of the intervention has generated other unexpected results, the assessment becomes more positive. Throughout the experience evaluation process, some keys that explain this fact have been collected. Without exhausting them, hereinafter some of these issues are outlined, so that they can be taken into account when replicating the model. At the same time, there are some other issues that should be reinforced to achieve even better levels of satisfaction among the beneficiaries.

*Table I. Assessment of specific aspects of the provision of services and case management in the framework of the ERSISI project*

		(STRONGLY) DISAGREE	AGREE	(STRONGLY) DISAGREE	DK/NA
<b>It has adapted to your needs</b>	<b>ERSISI</b>	<b>18,4</b>	<b>32,4</b>	<b>47,9</b>	<b>1,3</b>
	G. Control	54,6	26,6	14,0	4,8
<b>Their work/life balance difficulties have been taken into account</b>	<b>ERSISI</b>	<b>2,2</b>	<b>15,7</b>	<b>35,4</b>	<b>46,7</b>
	G. Control	14,8	23,5	7,8	53,9

<sup>9</sup> The results presented here come from the questionnaires and discussion groups carried out with the beneficiaries at the end of the experimentation. Also at this time, a survey similar to the control group was made up of people benefiting from traditional social and employment services in order to obtain a comparative perspective.

<b>Flexibility has been shown in the face of changes in your personal situation</b>	<b>ERSISI</b>	<b>4,0</b>	<b>20,3</b>	<b>71,8</b>	<b>3,9</b>
	G. Control	29,6	34,3	14,3	21,7
<b>Your mobility difficulties have been taken into account</b>	<b>ERSISI</b>	<b>1,9</b>	<b>18,7</b>	<b>18,2</b>	<b>61,2</b>
	G. Control	20,5	21,4	7,4	50,7
<b>You have felt part of the decisions made</b>	<b>ERSISI</b>	<b>8,2</b>	<b>24,0</b>	<b>65,7</b>	<b>2,1</b>
	G. Control	45,0	35,8	9,6	9,6

Source: Survey of assessment of beneficiaries.

### **The intervention model has proved effective in adapting to those circumstances that make it difficult to follow the itineraries, thus reducing the activating pressure**

However, in the first place, as indicated at the beginning, one of the main objectives pursued during the intervention has been to adapt the support provided to the particular needs and situations of the population. There is no doubt that it is precisely the beneficiaries who can provide first-hand information on this particular aspect. From the opinions expressed by them, but also by the professionals, it follows that the intervention model has been especially successful in their ability to adapt to the obstacles and difficulties that the people often encounter to participate with normalcy in the processes of social inclusion.

The data collected in the satisfaction surveys corroborates this statement. As can be seen in TABLE I, 79.1% of the participants are in agreement or strongly agree that the model has adapted to their needs, while a large majority (92.1%) indicate that The services received have been flexible. On the other hand, the vast majority of people who have had difficulties in conciliation and/or mobility declare that they have been taken into account (see TABLE I again).

There is no doubt that the experimentation has succeeded, at least in these essential points, in moving towards an individual-centered model of attention, and this, as we have just seen, at all levels on which centered attention has been valued in the individual (flexibility, mobility, conciliation etc...). This roundness is also perceived in the discourse of the people participating in the discussion dynamics, corroborating that the interventions have been oriented towards the search for adequate insertion resources, the establishment of intervention rhythms based on personal situations, etc...

“[They helped me] to look for courses that are adapted to my situation. I have two children [...] and it was difficult to go to courses or work because of that.”(Group dynamics with beneficiaries, Tudela).

“The truth is that I had just gone through a bad time [...] and that course came out and I told them: ‘Forgive me, but I’m not ready for this.’ And there they respected me.” (Group dynamics with beneficiaries, Tudela).

For this purpose, the advances with respect to the traditional model are also very notable. 54.6% of the people in the control group disagree or very disagree that the (traditional) services received adapt to their situations. On the other hand, 29.6% have the same opinion about the flexibility of services in the face of possible changes in their personal situations. Also among the beneficiaries, the percentage of those who consider that their difficulties in conciliation and mobility have not been taken into account is much higher. In the first case the data is multiplied by seven, and in the second it multiplies by ten times (see TABLE I).

“Because social services is simply to renew the Guaranteed Income, [...] However, here, [ERSISI] they made you a plan and you said what you like, and each one, of course, likes a different thing. I liked such a thing, they made you a plan [...] And here they get more of the things that you like [...] So this is different, because it helps more.” (Group dynamics with beneficiaries, Alsasua).

The proposal of an individual-centered model of care has also been established in the participation and in the consideration of the preferences and opinions of the beneficiaries in the planning of the intervention. It was already shown previously that this has been a central element in the intervention, this perception being also shared by the beneficiaries (see previous quote). Although it is true, in some cases there has been some inability to influence the design of the interventions since the possibilities offered by them were not known, so that in many cases the opinions have been formed by the professional criteria. Also in this case, among the beneficiaries of ERSISI, 89.7 agree or strongly agree when asked if their participation in decision

making has been taken into account. On the other hand, (with traditional social services) this opinion barely reaches 45.4%, reducing the resulting percentage points by half.

“The good thing they have is that, [...] first health, my health. And to me that... here [social services] the first thing they do is look at you and say: “when are you going to take the discharge to start now...?” [...] You come here [to social services] with more tension, you know, since they’re paying you an income ... [sighs], you come more tense [sic], you go to each meeting ... [sighs]” (Group dynamics with beneficiaries, Tudela).

On the other hand, as can be seen from the previous quotation, this generated intervention space is perceived as much more forgiving, which reduces the perception of services as remuneration for the economic support received. And this is despite the fact that the double right to a minimum income benefit (GI) on the one hand, and inclusion on the other, (FORAL LAW 15/2016) has been recognized in the Community of Navarre. The clear dissociation of the intervention with respect to the perception of the benefit has been able to contribute to generating a context more prone to change. It is also feasible that, as more contacts are made with the services in the new model, the participants may feel that their activation efforts may be more visible - and therefore valued -, which would diminish the subjective fear of losing their benefit for not making enough merits or for breach of obligations.

### **The case management figure is valued positively, especially for its high availability and the warmth of the support provided**

“What I have seen well is that you do not have to be depending on social service. Yes. Because I had a problem, they were like, ‘eh, here we are, we’ll solve it for you, we’ll talk with your social assistance, and that’s that, you don’t have to do anything’. That is what I liked the most.” (Group dynamics with beneficiaries, Alsasua).

In any case, although the processing, renewal and follow-up of the GI has continued to be carried out through traditional social services, this has not prevented the CMTs from carrying out actions linked to the benefits. In this regard, teams have played an important role in mediation, becoming a close source of information and support. These have become especially valuable at times when, for example, problems arise with the management of minimum income benefits. This aspect, together with the ability to respond immediately to possible unforeseen events, has been another of the positive and crucial elements of the intervention in the opinion of the beneficiaries. At this point, it should be noted that a central instrument in the communication between managers and case managers has been the use of mobile

instant messaging applications. This communication channel, although arising spontaneously and not on all teams, has allowed almost continuous contact between both parties to, for example, communicate possible difficulties to attend appointments or program activities, or to inform about offers of training and employment.

“You are with them and it seems that they are only for you, it seems that they only take your case. They aren’t the typical ones that carry two hundred cases [...] it seems that they are only with you.” (Group dynamics with beneficiaries, Tudela).

In addition to this predisposition, and availability, to solve problems, the psychosocial support exercised by managers is highly valued. In many cases this has materialized in helping with emotional restraint in crisis situations and sometimes in the accompaniment carried out to reinterpret and redirect these personal situations, whether crisis or not, towards the search for solutions. Already in terms of insertion, this accompaniment, as advanced in previous sections, has contributed to supporting individuals in planning their work objectives and goals.

“What do you want to work as? For me it is the million dollar question [sighs]. That has always been the cross of crosses. [...] They ask you that and, well, you would work in anything, but you have to define yourself, knowing how to define yourself and finding your strengths, your... well, that in the end is hard.”(Group dynamics with beneficiary people, Alsasua).

The people participating in the group dynamics have stated these issues strongly, which have also been included in the questionnaires to use. As can be seen in TABLE I, more than 60% of the people consulted say they are very satisfied with the availability, dedication and interest of the CMTs to their particular case. In general, the ERSISI project, under its proposal of more comprehensive intervention with the particular circumstances of the individuals, has allowed to generate spaces of greater warmth. Undoubtedly, this is not only due to a question of professional styles, but also to the fact that more intense and sustained work has been foreseen in the time that has allowed the creation of spaces for accompaniment. While it is true that in many cases the managers and case managers have not become the only reference persons (see TABLE II), it has generated links of trust and reciprocity strong enough so that interventions can generate opportunities for change. Maintaining a low ratio of professionals to beneficiaries is a complex issue in terms of economic costs, but everything indicates that it ends up reversing favorably in the quality and warmth of the services provided.

“Me, because of the close proximity as well, because as I have known my social worker for many years, but in the short time, of the six months that I have spent with them I have also developed trust.” (Group dynamics with beneficiaries, Tudela).

TABLE II Assessment of the managers and case managers in the framework of the ERSISI project

	(STRONGLY) DISAGREE	AGREE	(STRONGLY) DISAGREE	DK/NA
<b>He/She has become your only reference person</b>	<b>26,3</b>	<b>21,4</b>	<b>49,7</b>	<b>2,6</b>
	He/She has always been available	2,6	29,5	65,5
<b>You feel that they have dedicated themselves exclusively to your case</b>	<b>7,1</b>	<b>25,3</b>	<b>63,7</b>	<b>3,9</b>
	They have dedicated enough time to you	4,3	30,1	65,6
<b>They have cared for and properly been interested in you</b>	6,6	23,5	66,5	3,4
<b>You have felt accompanied and/or heard</b>	4,8	25,7	65,8	3,7

Source: Survey of assessment of beneficiaries.

**Group actions carried out within the framework of the project are valued above all as spaces for exchange and recognition**

“In a [group session] we were able to tell people, those who were feeling down, how to value ourselves and love ourselves. That was the one that I liked the most because at that time I was also the same ... And that helped us, I liked it a lot and I told it to [case manager].” (Group dynamics with beneficiary people, Alsasua).

On the other hand, although linked to the above, the intervention model has to be valued in terms of success, especially with regard to the improvement of reciprocity links, either between the beneficiaries and the professionals, or between them. A good part of the activities carried out within the framework of the ERSISI project have had a group character, which has **created** a space for mutual exchange and recognition from which the improvement of self-esteem, self-knowledge and the improvement of Relational health of people.

The opposite happens when it comes to assessing the content of some of these actions. The consensus in this regard is lower, and this mainly because some of the issues addressed in them (management of the domestic economy, emotions, self-knowledge workshops, empowerment, etc.) have been considered by some participants tangential to their objectives of improvement of their employability. Everything indicates that a balance between these interventions, of accompaniment and care in a broad sense, and those of essentially labor content is fundamental. On the one hand, so that the beneficiaries do not lose interest in the intervention. And, on the other, to the extent that this type of action can counterbalance the negative consequences of the absence of employment, they are an important incentive so that the job search is not hindered or slowed down. Of course, the improvement of psychosocial and relational health brings benefits that go beyond job activation, and should be sought not only for this purpose, but also as a more inclusive objective.

### **The priority of the beneficiaries continues to be access to employment, so they value the benefits that bring them closer to it**

Among the people participating in the group, the set of training options that the ERSISI project has offered them is highly valued. This includes both the thematic variety of workshops and courses and time flexibility. However, there is a widespread demand for longer duration and intensity of the courses to be able to deepen the contents, enjoy shared spaces and, ultimately, increase the possibilities of access to the labor market.

However, among the resources that are accessed there is a clear predominance of pre-employment training and employment guidance and employment seeking. This concludes that, at least from the point of view of the beneficiaries, a clear assessment of resources is not perceived as tools with a clear short-term benefit, partly due to the limited newness of the contents and the proximity of many actions with those previously developed in employment services.

“They can maybe correct you in something that you were doing wrong, you explain how you have presented yourself, man ... And they, well, man, from

experience they can tell you. ‘Well, look, you can’t say that, you have to do it like this.’ And that, whether you like it or not, it motivates and helps you. It gives you that little push you lack. But so far, nothing more.” (Group dynamics with beneficiaries, Alsasua).

All this does not prevent the participants from identifying themselves as being in a better position than before participating in the experimentation. The project has been an important wake-up-call to consider that, once the itinerary is finished, one is “closer to employment”. An assessment that derives from having improved the motivation for job seeking, some improvement of the pre-work qualification with respect to the situation prior to the entry into the project and, in some cases, the improvement of the qualification by obtaining qualifications.

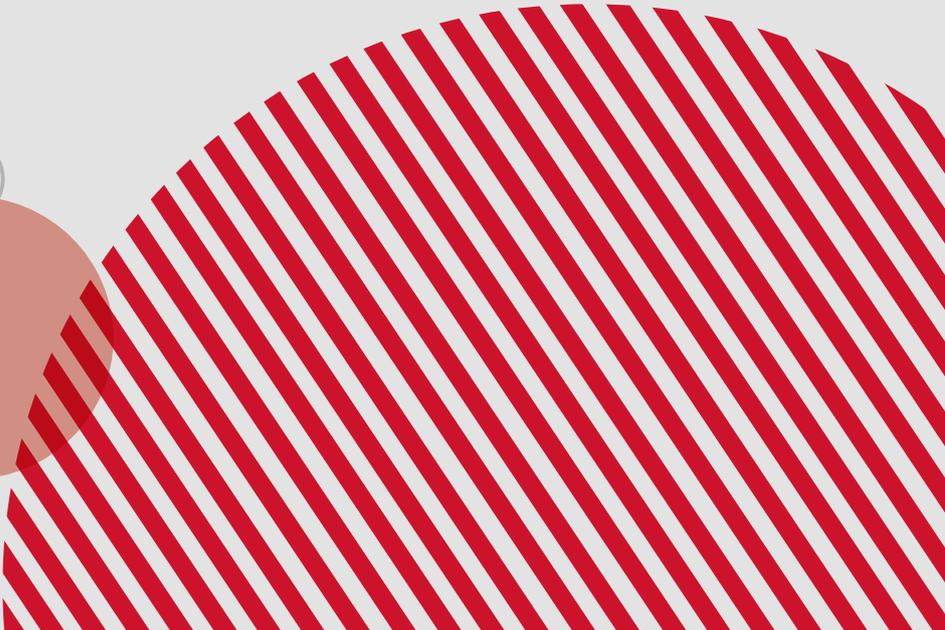
“It encourages you more because it give you a push. [...] You get the **title**, you become prouder, you say to yourself, ‘Well, I can do it.’ In fact, it motivates you more to find work [...] We have that confidence, that motivation and that desire of course. [...] At least this project was worth it [because] I have achieved something to get much closer to what I want.” (Group dynamics with beneficiaries, Alsasua).

That said, even though these contributions are recognized as a result of the participation in the project, among the participants it is necessary that the intervention be more linked to the labor market, and that this can culminate, at least, with the participation in some selective processes, or with some real employment opportunities.

“Why do all this, but then not quickly have a job interview afterwards, or a selection process, because if everything does not stay ... It’s very good ... but everything is lost, everything stays in the air. It stays like ... Yes, you are very prepared but if they do not call you for a job interview, within ten minutes you have forgotten everything.” (Group dynamics with beneficiaries, Tudela).



**CONCLUSIONS**



## CONCLUSIONS

As a synthesis, at the end of the experimentation, it can be argued that it has clearly achieved progress in the two main lines of action on which it has tried to influence. There have been important advances in improving coordination between social and employment services, allowing this, in turn, to develop more complete and inclusive socio-labor inclusion and insertion itineraries. The proposal for the integration of services through the joint work of professionals from the area of employment and social, that is, promoting that the services be multidisciplinary and not those of the professionals, has also been key in this.

In this process the experimentation has managed to overcome some of the existing barriers between both services. The development of interventions in a shared space shows signs of encouraging not only communication between the case-management pairs, but also the motivation of the beneficiaries, who are involved in a normalizing and more comprehensive space with their particular needs and situations. The assessment of the participants is particularly sensitive at this point. The availability and dedication of time exclusively to particular cases are two of the aspects best considered by them, especially in comparison with the attention received in traditional services. In this regard, one of the main achievements of the experimentation has been its high level of adaptation to the particular circumstances of the individuals and their households, which has also been highly valued by the participants.

On the other hand, some conceptual barriers have also begun to be overcome, as a consequence of the existence of different professional cultures existing between professionals from the social and employment spheres. Especially among this last figure it has been shown that knowledge of the social situations of the most vulnerable unemployed households has served to acquire a more comprehensive perspective of the difficulties in accessing employment. Although still overcoming the conceptual and symbolic distance between the two services, is presumed to be a long-running process in which the ERSISI project has been the driving force.

On the other hand, the development of shared and consensual diagnoses between the professionals of both services has allowed the enriching of the intervention plans. The cases have been raised by combining the knowledge of both professionals, but also the resources from both systems. It should be noted that the participation of the beneficiaries in the design of the interventions has been very positive, since it has allowed, from the beginning, to focus the actions towards attainable goals, and adapt the expectations

of the people included to reality. In this sense, the experimentation has also shown that the case management figure is effective not only in the articulation of the answers, but also in the orientation of the answers. Although, it has been **shown** during the assessments that it is necessary to find balances between the establishments of homogeneous criteria for the intervention, and generate spaces of flexibility in the interventions, so that they can continue to adapt to the individual needs and circumstances of the people and their households.

Finally, the diagnostic tools developed within the framework of the ERSISI project are positively valued, as they are useful for guiding interventions, although improvements are also required in this regard. It is important that social diagnoses and intervention plans are backed by resources. Employment diagnoses also need to contextualize and connect with the job opportunities available in the territories. For this, it is essential to implement agile and dynamic employment prospecting resources.

## ABBREVIATIONS

**CMT** Case Management Teams

**ERSISI** Enhancing the Right to Social Inclusion through Service Integration.

**ESO** *Educación Secundaria Obligatoria*-Compulsory Secondary Education

**FACF** Flexible Activation Contingency Fund

**ALMP** Active Labour Market Policies

**PPSI** Personalized Social Inclusion Plan

**GI** Guaranteed Income

**RSIIS** Right to Social Inclusion Information System<sup>9</sup>



# ERSISI

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