



# BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE



## MODEL TESTED UNDER THE ERSISI PROJECT



Grupo ALTER. Universidad Pública de Navarra  
*Spanish and English version*



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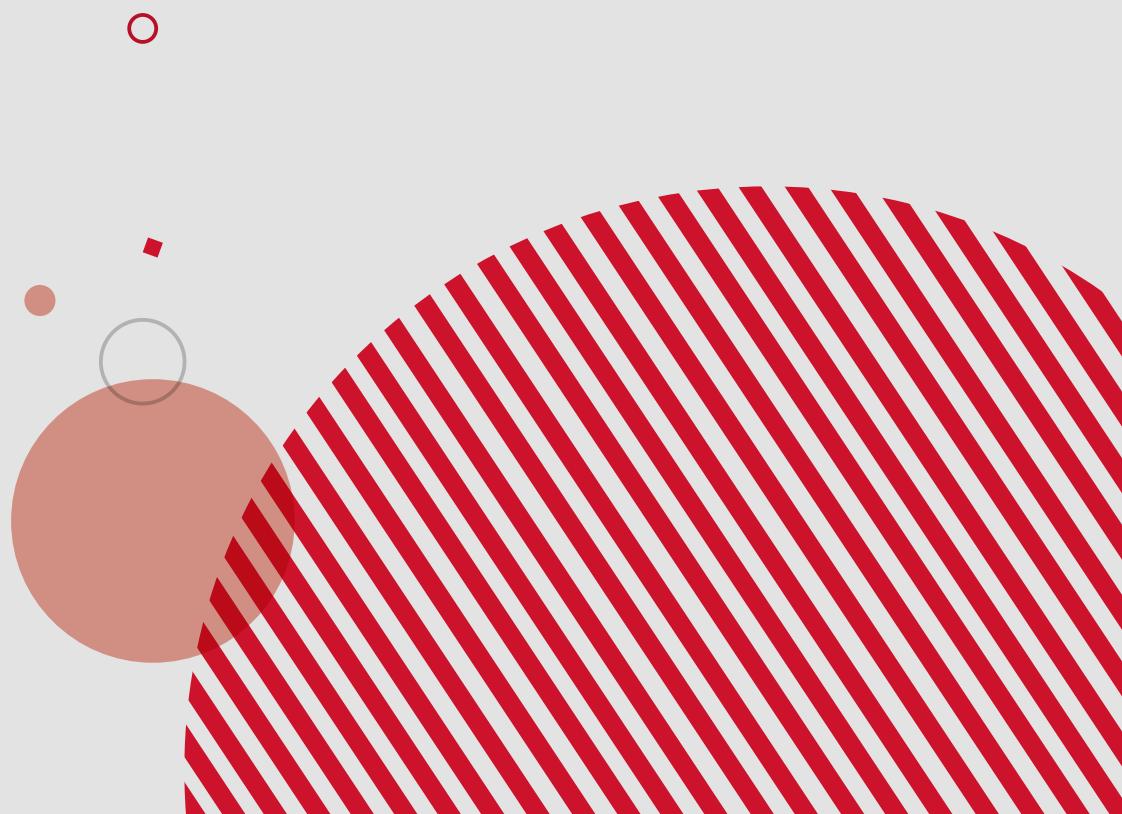
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## THE ERSISI PROJECT



# THE ERSISI PROJECT

The Project Enhancing the Right to Social Inclusion through Service Integration (ERSISI) is being developed since 2016. The partnership it is led by the Department of Social Rights of the Government of Navarre, with the following partners: Employment Service of Navarre (SNE-NL); City Council of Tudela; Association of Community Social Services of Altsasu/Alzasua, Olazti/Olazagutía and Ziordia; Public University of Navarre. It is co-funded by the European Commission within the framework of the EU Program for Employment and Social Innovation (EaSI). Third-part funders include Fundación Caja Navarra and Fundación Bancaria La Caixa.

ERSISI is a social policy experiment being implemented in two areas of Navarre (Tudela; municipalities in the region of Western Sakana: Altsasu/Alzasua, Olazti/Olazagutía and Ziordia). It is oriented to the integrated provision of social services and employment services, with the purpose of providing high-quality tailored support to citizens in or at risk of social exclusion, with special attention to Guaranteed Income recipients.

It therefore aims to:

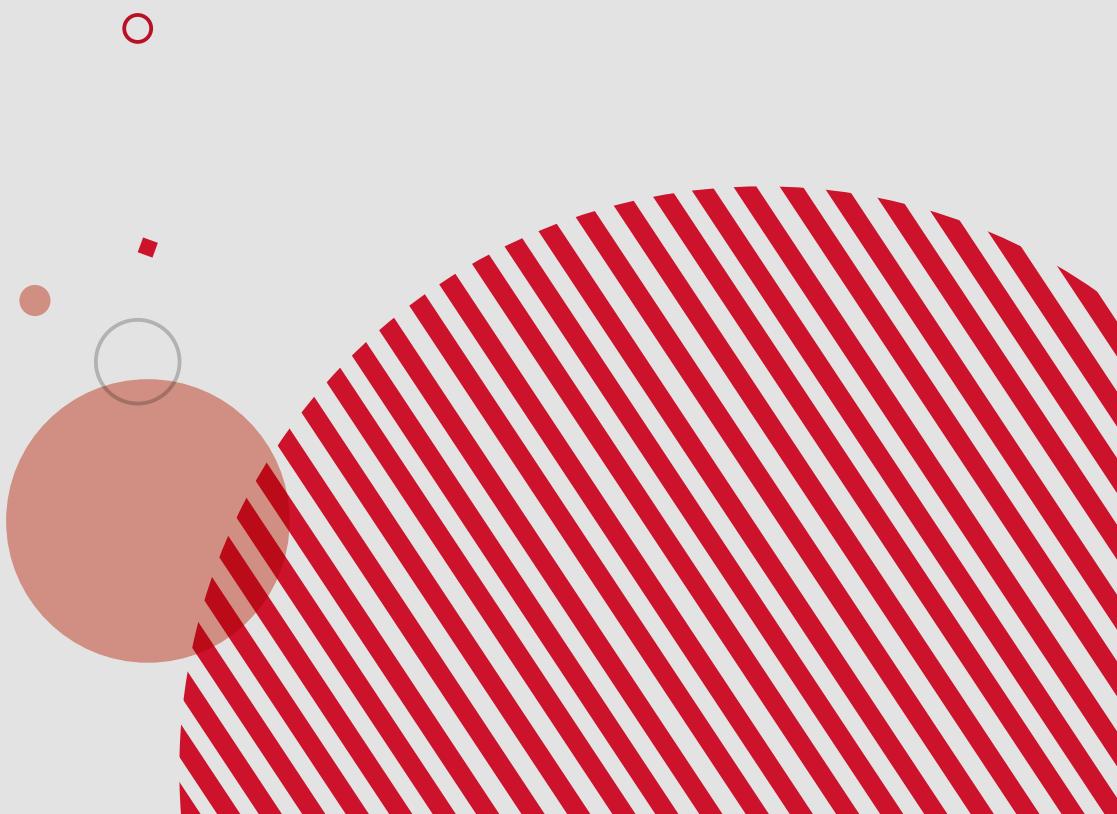


The target population of the pilot consists of 500 people (400 in Tudela and 100 in Altsasu/Alzasua), 90% of which are Guaranteed Income recipients and 10% of which are unemployment benefit recipients. They were selected in a stratified random way taking into account segmentation variables (gender; age; country of birth) and they have entered the programme in periodical waves after receiving a communication from the Government of Navarre.

# 2



## APPROACH



# APPROACH

The project, with its social policy experimentation component, integrates a series of innovations at three different levels: regulations, organisation and services provision.

The project's hypothesis is that a more generous streamlined system of guaranteed income, accompanied by better care and support, can encourage and not discourage reintegration into the labour market.

The main conceptual factors governing the project are closely linked to: strengthening the right to inclusion; a reciprocal inclusion agreement; person-centred activation and strengthening of local associations

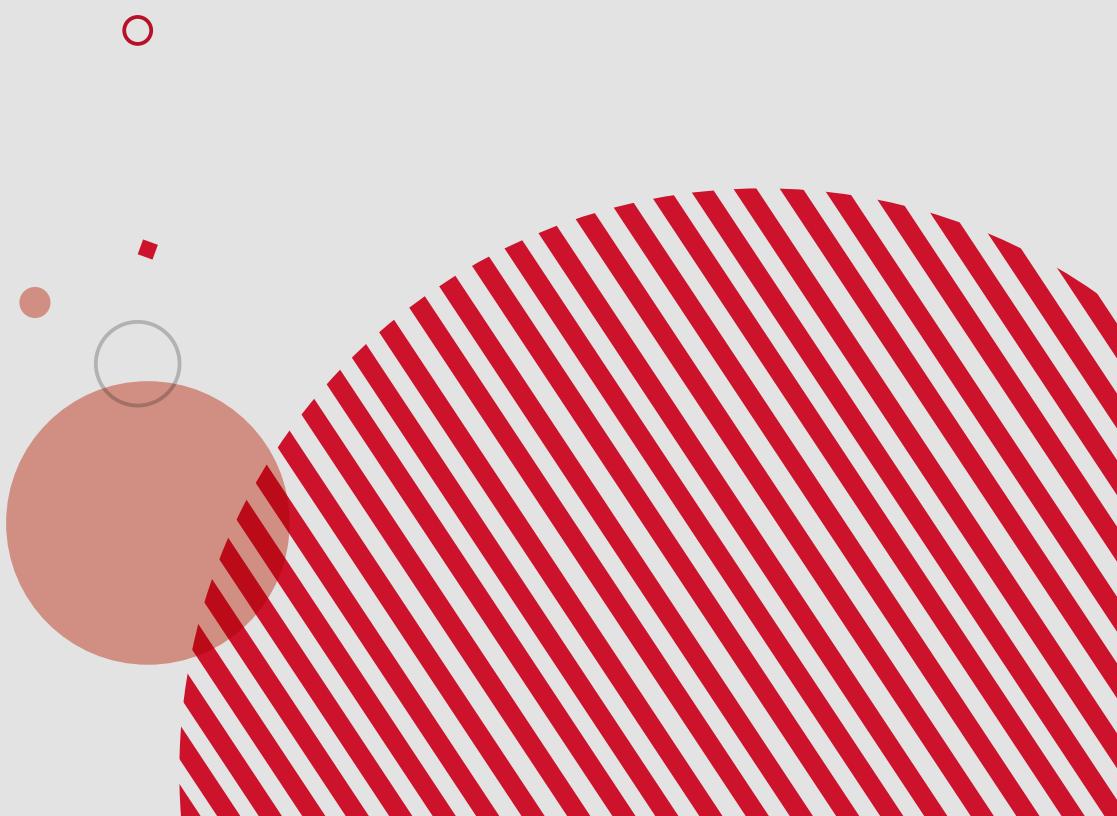


On this basis, the pilot has developed the integrated benefit formula through four teams located in the employment agencies, each composed of two case managers with a multidisciplinary profile (one from the field of social services, the other one from the field of employment) and has been implemented within the framework established by Regional Law 15/2016 of November 11 2016, which regulates the rights to Social Inclusion and Guaranteed Income.

In synergy with the work of case management teams, two local work groups for employment were formed (one for each pilot area), with the purpose of identifying training needs, needs of the economic fabric in each of the areas, publicizing incentives for the hiring of unemployed people and defining possible new answers for this group. These groups rely on the participation of different public and private agents.

# 3

## BASIS OF THE MODEL



# BASIS OF THE MODEL

## 3.1. Enhancing the Right to Social Inclusion

Regional Law no. 15 of 11 November 2016, regulating the rights to Social Inclusion and to Guaranteed Income, and Regional Decree no. 26 of 25 April 2018, implementing the above Law, provide the basis for the new methodological model.



The ERSISI project has tested an intervention model based on elements that were already present in the existing legislation but that required further operationalisation. Thus, the pilot activity has focused on the procedural aspects of the systems and on the TOOLS required to implement the “double right” (right to guaranteed income and right to social inclusion).

## 3.2. Tools

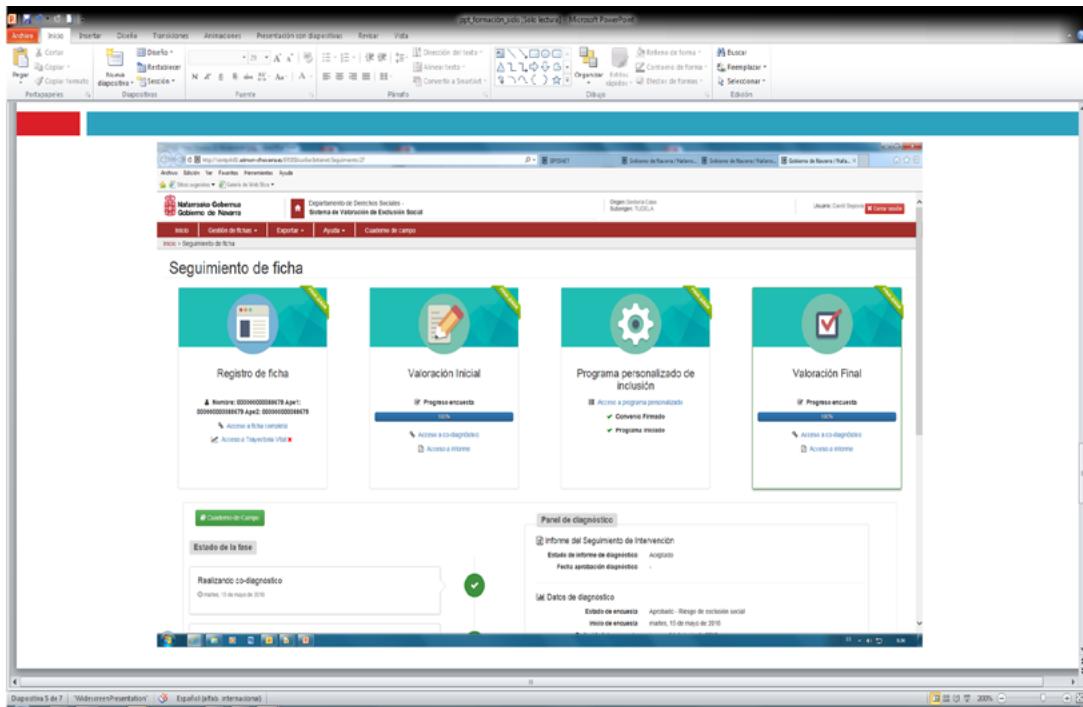
### ○ SIDIS

This tool (SIDIS – acronym in Spanish for Information System of the Right to Social Inclusion) was developed to unify professional practice and facilitate the exercise of the right to inclusion.

SIDIS is an app for practitioners at the Basic Social Services, who are responsible for social intervention relating to the Right to Inclusion. It is hosted on SIPSSNET, the Department's database, where it is accessed by Basic Social Services practitioners.

The application allows to collect, in a systematic way, information about the beneficiaries of the right to inclusion, as well as the intervention sequence of their exercise thereof. It integrates, among others, the following functionalities: Co-diagnosis; Tailored social inclusion programme; Intervention assessment system. Reports are generated automatically: Case Diagnostic Report; Social Inclusion Agreement; Final Assessment Report).

## ● BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL



SIDIS's design and development carried on until June 2018, when it began to be used by case management teams and then by the social services practitioners of the pilot areas. The staff from the Social Services Department of the Chartered Community of Navarre is now gradually beginning to use it. 105 professionals have already been trained in using the app, and 5 more workshops are scheduled for March and April.

## ● EMPLOYABILITY ASSESSMENT TOOL

As regards the Employment Service, a replica of SIDIS is being developed. Hosted on ORIENTASARE (database of the occupational guidance service) it integrates an employability assessment tool which replaces the co-diagnosis tool – the latter being more connected to social aspects. The first version should be available by late March.

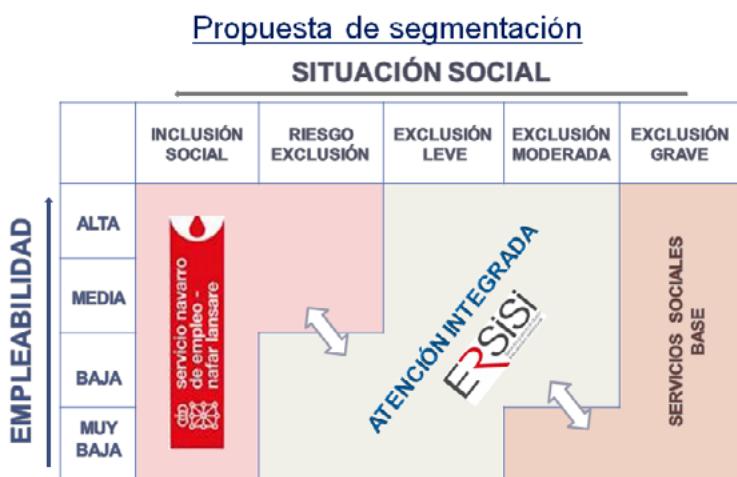
## ● COMBINED USE OF SIDIS & EMPLOYABILITY ASSESSMENT TOOLS FOR AN INTEGRATED CASE MANAGEMENT

The results of these two diagnoses allow to establish 5 profiles in terms of social inclusion/exclusion and 4 profiles in terms of employability:

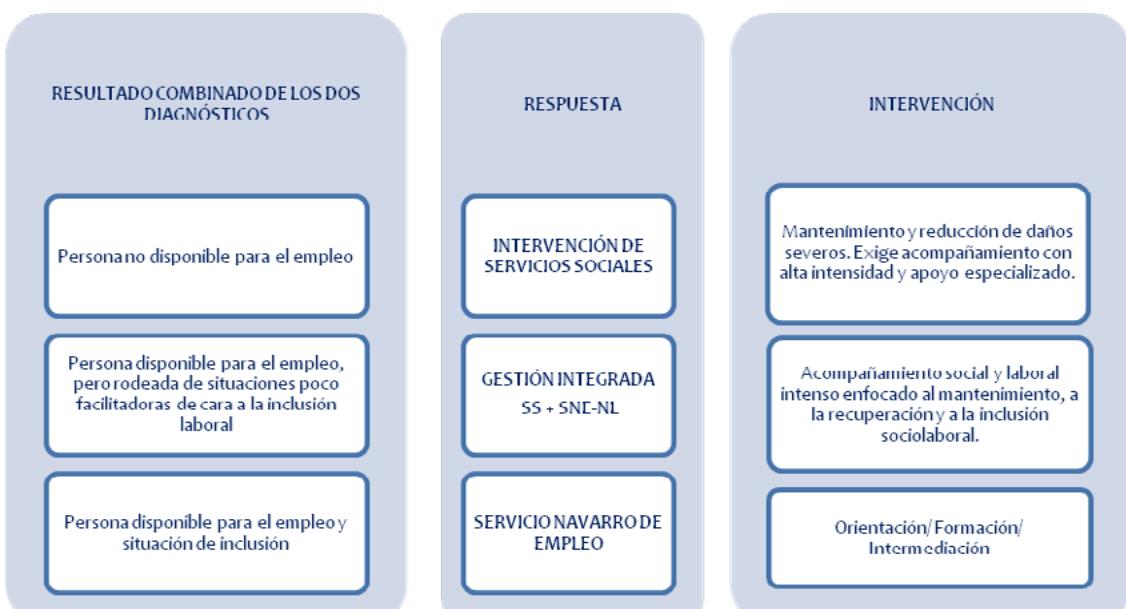
— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

SOCIAL EXCLUSION ASSESSMENT	EMPLOYABILITY ASSESSMENT
Social inclusion	High
Risk of social exclusion	Medium
Mild social exclusion	Low
Moderate social exclusion	Very low
Severe social exclusion	

The combination of social profiles and occupational profiles (further supplemented by technical assessments) can deliver up to 20 socio-occupational profiles.



These 20 profiles allow to segment the cases. Some are then referred to Basic Social Services, some to the Employment Service, and identifies those that require a joint intervention by both services.



## ○ TRIAGE TOOL

A TRIAGE TOOL is currently being developed to be used indistinctly by both services. The main functionality of the tool is generating a report that will allow to determine whether the person should be referred to social services, to the employment service, or go through the integrated care model (both services acting together).

### 3.3. Integrated Case Management

The ERSISI project has worked on an integrated benefit formula through four teams located in the employment agencies, each composed of two case managers with a multidisciplinary profile (one person with a social services profile and the other profile of the employment field).

The functions of each professional profile have been defined during the pilot::

COMUNES	GESTOR/A EMPLEO	GESTOR/A SOCIAL
FUNCIONES	Assessment (joint)	Employability
	Design of the Tailored Programme	Training actions, job search, etc.
	Accompaniment	During guidance / training / placement.
	Promoting personal development	Training sessions (occupational skills, digital literacy, etc.).
	Mediation	Forward-planning and intermediation
	Generation of occupational resources	Tailored projects, training in enterprises, work placements, etc.

The intervention model is supported by:

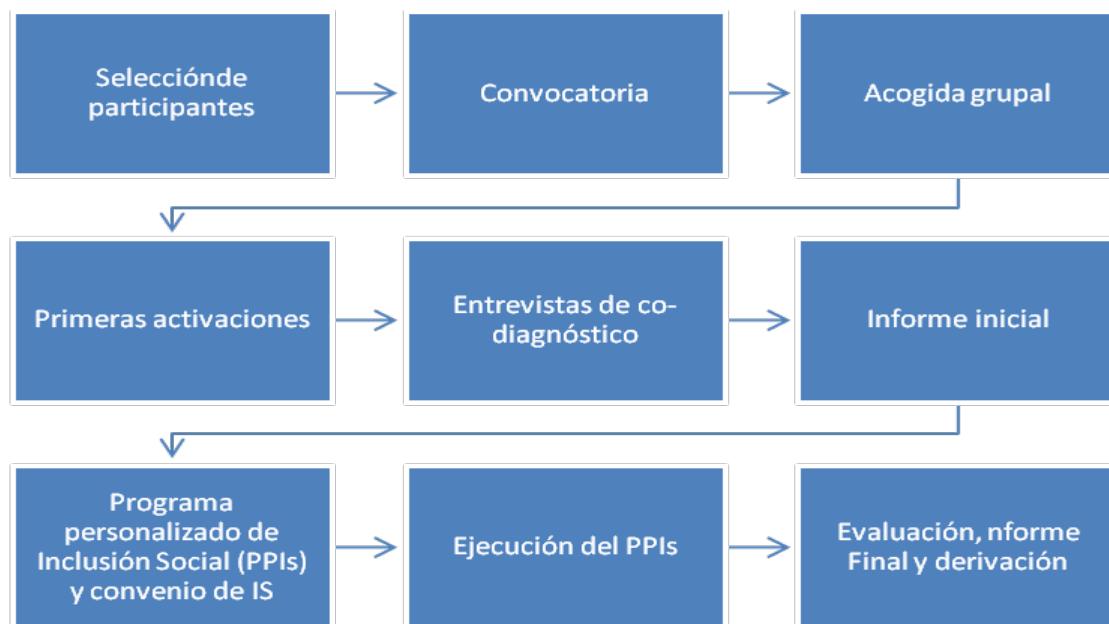
- Common working tools and method.

## ○ BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

- Location at local employment agencies.
- High-intensity accompaniment processes (contacts every fortnight on average).
- Conditionality (although access is somewhat flexible) of the participation of users by the obligations entailed for Guaranteed Income recipients.
- Close cooperation between employment services and social services.
- Generation of own activation resources.
- Initiatives originating in or facilitated by local employment groups.

The chart below summarises the stages of intervention, from the selection of participants to the final assessment.

## ○ STEPS OF THE ERSISI'S INTERVENTION METHOD



### 3.4. Local Employment Groups

The establishment of local partnerships is justified by the fact that, based on their direct knowledge of the background and circumstances of local employment, they can identify more appropriate solutions and with bigger chances to succeed.

Thus, in synergy with the work of case management teams, two local work groups for employment were formed (one for each pilot area), with the purpose of identifying training needs, needs of the economic fabric in each of the

## BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

areas, publicizing incentives for the hiring of unemployed people and defining possible new answers for this group. These groups rely on the participation of different public and private agents.

The initial objectives of local employment groups included, among others:

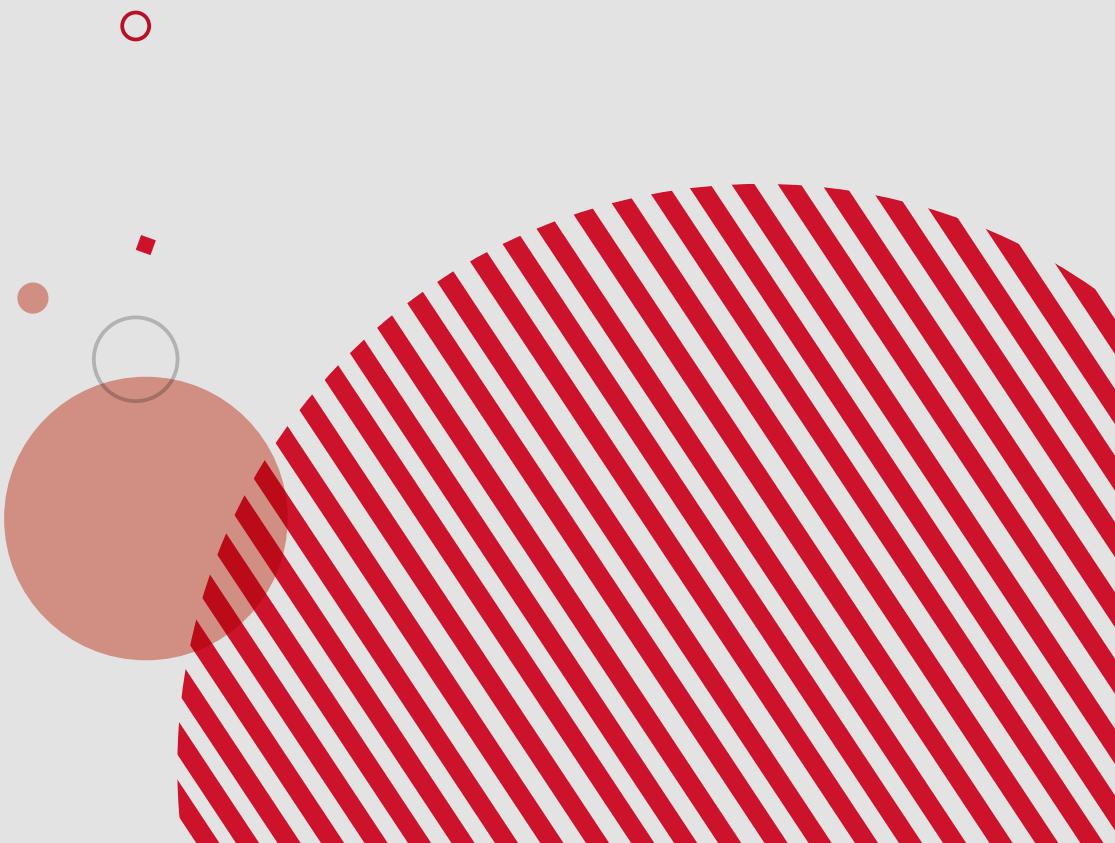
- Collecting, analysing and updating information on the situation and prospects of employment in the areas and on the unemployed population.
- Adapting the public training offer to the needs of the local fabric, as well as to the skilling needs of unemployed persons.
- Outlining the needs in relation to other instruments within Active Employment Policies, such as aids promoting recruitment, subsidies to protected social employment, integration enterprises and subsidies to social organisations for the activation of people who are distant from the labour market.
- Making the ERSISI project known to employers, involving them in the project's objectives and exploring possibilities for carrying out joint training actions.

Local Employment Groups were launched in December 2017, and monthly meetings have been held since then. Here are some positive initiatives resulting from their work:

- ERSISI increased its visibility in these local environments, the network of contacts has expanded and job offers are being received directly from companies.
- Training offers in companies with hiring commitments on both parties.
- Collaboration with a European Project (ETESS) for the creation of an integration enterprise in Tudela (in progress).
- Collaboration with Batuta Sakana Association with the purpose of analysing the project in order to create an integration enterprise in Alsasua in cooperation with Traperos de Emaús charitable association (recently launched activity).
- The groups participated in the Second Report on Potential Training and Employment made by the Public University of Navarre.
- Cooperation was established with the Union of Farmers and Ranchers of Navarre for the bidirectional transmission of information in the agricultural sector regarding employment and for the joint organization of the workshop "Analysis of the current situation of the agricultural sector in the area of 'La Ribera'".

# 40

## **CONCLUSIONS AND LESSONS LEARNED FROM ERSISI**



# CONCLUSIONS AND LESSONS LEARNED FROM ERSISI

As far as approaches and working methods are concerned, ERSISI is yielding a series of preliminary conclusions and lessons learned:

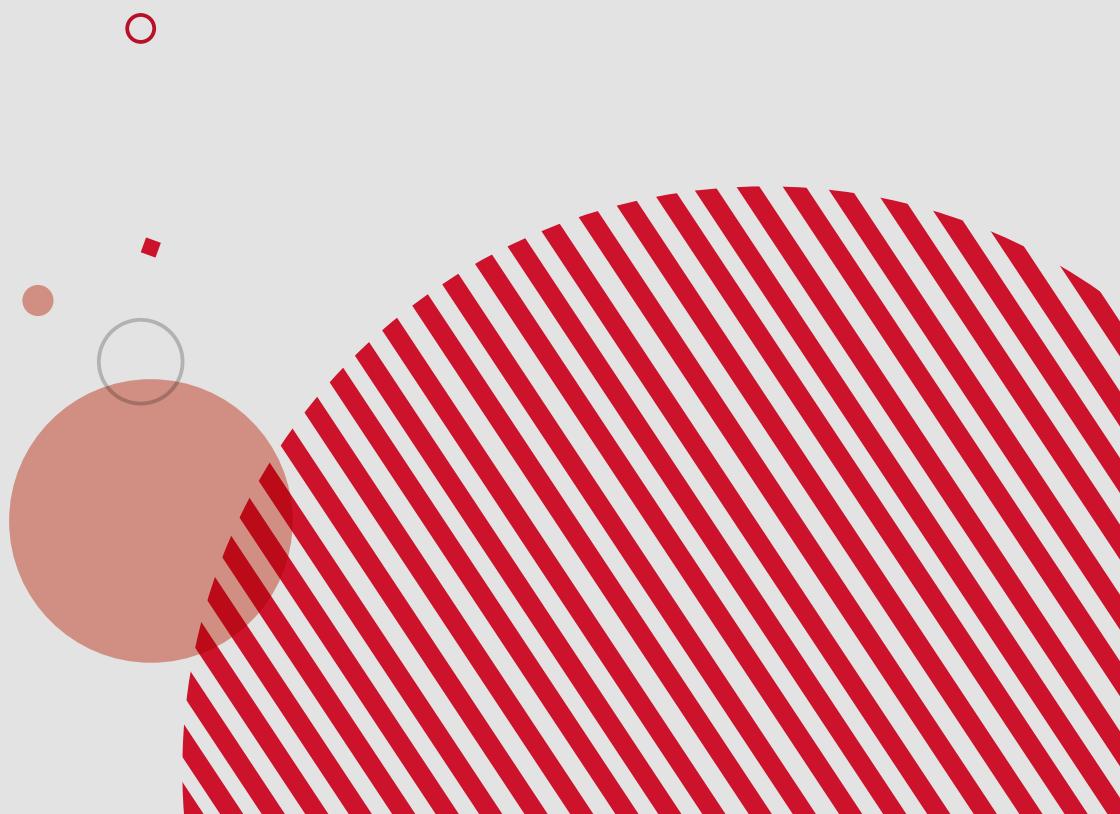
- The ERSISI model promotes an effective use of Guaranteed Income (GI) by facilitating an effective balance between protection and activation, within a framework of mutual commitment between the person receiving the GI and the public service.
- ERSISI's care method based on pairs of case managers allows a more dynamic execution of the phases foreseen in the right to social inclusion, completing in a few weeks a process that could take much longer if the process was executed under the regular operation of the services.
- The project makes it possible to work jointly from a social-services and an employment perspective and implement a system for the labour market activation of unemployed persons whose circumstances are far from facilitating their integration. This multidisciplinary approach with a labour integration goal has led to an expanded conception of occupational guidance by integrating social factors. It provides therefore a viable response to the exercise of the right to social inclusion laid down in the Law.
- The diagnostic tools (social co-diagnosis and employability diagnosis) have been consolidated as the basis of the intervention, integrated (or in the process of integration) in the SIDIS app (used by Social Services) and ORIENTASARE (used by the Employment Service). The crossing of these two tools makes it possible to segment the target profiles of this integrated care model from a joint social and an employment perspective.
- The method tested by ERSISI is based the participation of the person in the process. The person stands at the core, and both his/her shortcomings and his/her abilities are taken into consideration. The ERSISI methodology has sought to shift the focus from the "needs of the services" to the needs of the person. ERSISI has thus developed a novel way of doing things. The pairs of case managers weave a bond of proximity and trust with the user using different methods. This has led to a greater trust and closeness between the user and the public service that has proven most functional for the objectives of the intervention (high participation rates in the proposed activities, very positive assessment of the service).

#### **— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL**

- ERSISI has identified needs and has proposed answers in terms of:
  - a high intensity accompaniment focused on activating and maintaining motivation, the development of skills and abilities, and the acquisition of knowledge enabling access to employment.
  - the design and delivery of new activations and training adapted to the individuals (group activation actions, empowerment, personal development, as well as adapted training actions leading to the award of Professional Certificates).
- The work of the pairs of case managers is part of a broader cooperative framework between practitioners from both basic social services and employment services. Regular meetings and training sessions allow to share information, approach mindsets, as well as improve or develop protocols for a better coordination between services.
- The physical location of the pairs of ERSISI case managers in employment agencies has been a key factor facilitating the change and the implementation of the proposed approach.



## **TRANSFERABILITY OF THE COMPONENTS OF THE PILOT**



# TRANSFERABILITY OF THE COMPONENTS OF THE PILOT

## 5.1. Overall transfer strategy

The ultimate objective of the ERSISI project is to collect evaluation evidence for the subsequent transfer of the most valuable elements of the test to a wider context in the Chartered Community of Navarre.

The first step in the definition of a transfer strategy involved identifying the components of the project that could be replicated in other localities (although subject to adaptation, too):

FILOSOFÍA ERSISI	MECANISMOS OPERATIVOS	HERRAMIENTAS
<ul style="list-style-type: none"><li>• Manera de entender la relación con las personas usuarias (atención “centrada en la persona”)</li><li>• Estrecha coordinación para dar mejor servicio a personas desempleadas perceptoras de RG</li><li>• Partenariados locales</li></ul>	<ul style="list-style-type: none"><li>• Mecanismos y prácticas de trabajo (p.ej. procedimientos de atención cooperada, de activación intensiva, etc.) generados durante la experimentación que demuestren su eficacia.</li></ul>	<ul style="list-style-type: none"><li>• Aplicaciones y herramientas diagnósticas que facilitan el trabajo de los profesionales y permiten la segmentación de personas usuarias.</li><li>• Fondos adicionales para generar/facilitar actividades (Fondo Continencia).</li></ul>

**Two elements so far are going to be a part of the first stage of the transfer, the so-called AUNA MODEL:**

Atención conjunta y gestión coordinada de casos por parte de SNE-NL y SSB

Acompañamiento individualizado de alta intensidad

## 5.2. The “AUNA” MODEL: first phase of the transfer of ERSISI

- The AUNA MODEL is a model of integrated case management, where pairs of practitioners from the fields of employment and social services cooperate, each with different functions, but sharing common criteria and joint action spaces.
- Within the AUNA MODEL, in addition to practitioners from the Employment Service and Social Services, EI-SOL (Socio-Occupational Integration Teams) contribute to the integrated management process by working in coordination with the above services and by securing the high-intensity tailored accompaniment component.
- The AUNA MODEL has been part of the last phase of the ERSISI project in the two pilot areas, namely by transferring the operational lessons learned by the pairs of case managers within ERSISI to the practitioners of Social Services and the Employment Service and by having them to directly test the integrated case management system.
- The AUNA MODEL implies an adaptation of the methodology tested under ERSISI, since the pair of case managers was located in the same physical space (employment agencies) and shared the same organic dependence (Department of Social Rights). Within the AUNA MODEL, practitioners have their own organic dependence and belong to different services.

The functions of the different practitioners, defined throughout the ERSISI project based on the experience of the pairs of case managers, are summarised in the following chart:



— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

○ SEPARATE FUNCTIONS OF EMPLOYMENT AND SOCIAL SERVICES PRACTITIONERS (INCLUDING EISOL) IN INTEGRATED CASE MANAGEMENT

	COMMON	EMPLOYMENT MANAGER	SOCIAL MANAGER
FUNCTIONS	Integrated assessment	Employability diagnosis	Social co-diagnosis
	Planning and designing the tailored programme.	Designing and proposing training actions, job search, etc.	Designing and proposing personal improvement activations and further activations tackling social difficulties.
	Accompanying and enhancing personal development	During guidance, training and placements.	Overcoming difficulties and improving different aspects of vital areas.
	Mediation, generation and activation of resources in the area	Forward-planning and intermediation actions with enterprises, collaborating organisations and/or public administrations to secure collaboration agreements, job offers and training offers.	Coordinating and contacting services and organisations to generate and cooperate in social care activities, participative activities and activities extending relational networks.
	Integrated assessment of the intervention	Employability diagnosis	Social co-diagnosis

(SEE DESCRIPTION OF STAGES OF INTERVENTION WITHIN AUNA MODEL IN ANNEX I)

The test period of the AUNA MODEL offers value both in itself and as facilitating agent for the eventual subsequent integration of further elements from ERSISI into the new model.

### 5.3. Proposal for a gradual transfer in different areas

○ 5.3.1 SEQUENCE

Two main phases are proposed for transferring AUNA MODEL's integrated management to new localities:

## ○ BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

### PREPARATORY PHASE

- Preparing the institutional environment: identifying the suitable personnel, introduction to the model and adaptations
- Identifying the cases
- Testing the tools (segmentation, diagnosis)
- Clarifying coordination procedures and joint work between the Employment Agency, the Social Services and EISOL (Socio-Occupational Integration Teams)

### DEVELOPMENT PHASE

- Testing the planning and joint follow-up of the cases.

### CONSOLIDATION PHASE

- Assessing the pilot
- Adjusting and consolidating the mechanisms making possible the development and continuity of the model

This process shall be supported by ERSISI's coordination team through:

- Briefing sessions on methodology and tools addressed to the personnel of the services concerned (Social Services, Employment Agency and EISOL).
- ERSISI staff provide support and follow-up to the personnel working in the localities where the model is transferred.
- Exchange visits.

## ○ ACTORS

- The actors involved in the transfer process are the following:
  - Employment Service of Navarre. Centro Iturrondo
  - Basic Social Services of the areas involved in the transfer
  - EISOL
  - Directorate-General for Social Inclusion and Protection

## **— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL**

Under the AUNA MODEL, each pair of practitioners (one from the Employment Service, one from Basic Social Services) shall be accompanied by a representative from EISOL.

### **○ 5.3.3 PREPARATORY PHASE: FIRST ACTIONS**

- Identification and establishment of a steering team with coordination and follow-up duties, consisting of the people holding the following offices:
  - Director of the Labour Activation and Territorial Coordination Service
  - Director of the Primary Care and Social Inclusion Service
  - Head of the Guidance Section
  - Coordinator of the Basic Social Service
  - Coordinator of EISOL
- Induction session designed to present the transfer proposal to the steering team. Attendants will include: Director-General of the Social Reality Monitoring Unit, Director-General for Planning and Evaluation of Social Policies, Manager of the Employment Service of Navarre, Director for Social Inclusion and Protection.
- Identification of practitioners from the services who are going to participate directly in the joint management of cases. Proposed professional profiles:
  - Employment Service: Employment counsellors
  - Basic Social Services: Social Worker and Social Educator under the Social Integration Programme
  - EISOL: Social Worker and Social Educator
- Workshop on the methodology for integrated management and on the triage tool. Delivered by ERSISI staff to the practitioners in charge of integrated case management.
- Training and supervision of integrated case management. Training oriented to build a space for dialogue aiming to generate a favourable context for the transmission and adjustment of the new care model, with experts from social services, employment and EISOL.
- Contents shall cover the following topics:
  - Methodology for integrated case management and Case supervision
  - Person-centred activation model. Inclusive activation.
  - Diagnostic tools.
  - IT support: ORIENTASARE and SIDIS

— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL

**ANNEX I: METHODOLOGICAL STEPS OF THE “AUNA” MODEL**



○ CASE MANAGEMENT: APPLICATION OF THE TRIAGE TOOL

Access to integrated management occurs through an initial segmentation made by applying the triage tool to the person.

During the pilot stage of the AUNA MODEL in the localities of the Region of Pamplona, the triage tools shall be applied preferably by the Basic Social Services personnel to the persons previously screened by their profile: Guaranteed Income recipients, 40-50 years).

○ WELCOME INTERVIEW BETWEEN USER AND PRACTITIONERS

During the interview the user gets explanations on:

- The motives why he/she has been selected (rights and obligations of the benefit he/she are receiving).
- The practitioners who will manage his/her case.
- The intervention process: what (activation) and how (accompaniment and competence development).
- Estimated duration of the process.
- Commitments.

Additionally, the person is given space to introduce him/herself.

## ○ ASSESSMENT INTERVIEW

Before the interview, the pair of practitioners meet and agree on the battery of questions to avoid repetitions. The interview can be carried out in different ways, preferably using a computer to collect the information.

## ○ POOLING MEETING

The practitioners meet to share their professional assessments and prepare an initial report. Draft version of the Tailored programme (PPIS and/or APE).

## ○ INTERVIEW WITH THE USER TO DISCUSS THE INITIAL REPORT AND PREPARE THE SOCIAL INCLUSION TAILORED PROGRAMME (PPIS)

The initial report and the intervention proposal are shared with the user, who then signs the agreement, further described using a chronogram (GANTT).

## ○ FOLLOW-UP AND ACTIVATIONS

The programme is implemented and the user is offered different activation options, training or other activities (participation, personal improvement) adapted to the needs, expectations and capacities of each individual.

## ○ MEETING AND INTERVIEW: POOLING AND FINAL REPORT

Once the intervention period is over and the activities carried out have been verified, the co-diagnosis and assessment tool are applied again.

The vital areas and the areas for improvement established in both the initial assessment and the final assessment are compared to prepare the final report. The objectives set in the PPIS are reviewed, underlining any eventual social and labour-related achievements made. The report is then handed over to and discussed with the user before the intervention is finished.

## ANNEX II: TRIAGE TOOL FOR INTEGRATED CARE

# ERSISI TRIAGE TOOL

## Test Model 2.0

**N.B.:** Please answer by placing an “x” in the appropriate box. Answer options include notes with definitions. The information collected here is that provided by the person at the current time, unless further documentary evidence is available, in which case the latter shall prevail.

### 1 Holds National Identity Card, Alien Identification Card or visa.

Not concerned: valid residence and work document.

Partially concerned: valid residence permit, work permit being processed

Seriously concerned: illegally staying; no residence or work permit.


### 2 Command of any official language of Navarre.

Good command. Speaks, understands, reads and writes.

Insufficient or inadequate command. Certain difficulties.

No command at all.


### 3 Duration of unemployment.

Less than 3 months/not applicable ( user has a job).

From 3 to 12 months.

More than 12 months.


### 4 Availability for training.

Immediate.

Within one week.

No availability.


### 4.a Availability for taking up a job.

Immediate.

Within one week.

No availability.


### 5 Disabilities and work capacity.

No disability or disability rate of up to 32 %.

Significant disability (33% to 64%).

Has serious problems resulting from disability.


**— BASIS FOR TRANSFERENCE OF THE INTEGRATED CARE MODEL**

**6**

- Current physical and mental health.  
No difficulties for access to employment or training.  
Difficulties for access to employment or training.  
Serious difficulties for access to employment or training.


**7**

- Job-related goals in the short- and medium-term.  
Clear goals.  
Hardly clear goals, or excludes certain jobs that could fit his/her profile.  
Not clear at all, undefined or unreal goals.


**8**

- Availability of income of the FAMILY UNIT or of the USER  
Regular income.  
Income subject to conditions: user is recipient of benefits from SEPE (State Public Employment Service).  
Income subject to conditions: user or family unit is recipient of Guaranteed Income.  
Irregular or occasional income (person or family unit).  
No income.


**9**

- Right to decent and appropriate housing.  
Enjoys the right to decent and appropriate housing.  
Has difficulties to enjoy the right.  
Does not enjoy the right. Lacks housing or accommodation.


**10**

- Caring for minors.  
No difficulty or not applicable.  
Some difficulties.  
Many difficulties.


**11**

- Job search.  
Active job search.  
Passive job search.  
Refuses to engage in job search.


**Finalizar test**



# ERSiSi

Servicios para la Inclusión  
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