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EMPLOYMENT AND SOCIAL INNOVATION PROGRAMME

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DELIVERABLE 3

Synthesis of Multi-Professional Diagnostic and Therapeutic Care Pathways in the Four Contexts of Analysis

(WP 1 - Task 1.1 and 1.2)

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*Within the action-research process conducted by IRS for the Reticulate WP1 project – aimed at reconstructing integration practices among different services and actors involved in fighting poverty in the four contexts of the pilot – both diagnostic and therapeutic care pathways for RdC (*Reddito di Cittadinanza - *guaranteed minimum income) recipients have been analysed, with a* ***specific attention on integrated and multi-professional practice****. The choice of focusing on RdC recipients for this purpose is for two main reasons. On the one hand, RdC is the national minimum income policy and the main anti-poverty benefit provided by the Central Government. On the other hand, there are some specific features of the benefit, which – as prescribed by national guidelines – make it particularly suitable for such kind of analysis.*

*RdC national guidelines (*Linee guida per la definizione dei Patti per l'Inclusione Sociale*) identify indeed* ***specific tools for the multi-dimensional assessment of needs of RdC recipients*** *in charge of social services for personalised care planning. Such national guidelines – first approved in June 2018 for REI (*Reddito di Inclusione*, the income support measure that opened the field to RdC in Italy) and then readjusted and renewed in 2019 – are the outcome of an inter-institutional working group. Regions, ANCI, ANPAL and CNOAS participated in the working group, with the support of the University of Padua and in line with the PIPPI project and its outcomes. At the core of the guidelines is the idea that any personalised plan must be co-produced with its beneficiaries, according to the principles of* ***proportionality, suitability and non-excess*** *and while taking into account both people's needs and their interests and "activation" potential. The final objective is that of supporting people through a process of change and development and, if possible, overcoming the situation of vulnerability. For such objective to take place, both integrated and multidisciplinary approaches are required.*

When recipients – whether people or families – have complex needs, RdC guidelines require professionals to first gather into multidisciplinary assessment teams (équipe) and then to activate integrated care pathways. Such requirement, in turn, demands social services to either activate from scratch or strengthen ***joint relationship and joint care practice among all the services and actors*** *who, at local level, have a role to play in combating poverty and supporting social inclusion. Integration, as such, is a key challenge and the RdC Inclusion Plans (*Patti per l'Inclusione Sociale*) are the opportunity to promote participated and integrated welfare practices among care services, employment support services, health, education and housing service as well as third sector and community actors.*

From the analysis conducted in the four contexts of the Reticulate project, RdC emerges – despite its many challenges – as a training ground for social services and for the development of relationships, exchanges and joint working practices – either formal or informal – among all the different services aimed at combating poverty.

Below we present the territorial case studies.

1. Società della Salute Pistoiese

In *Società della Salute Pistoiese*, the PaIS coordinator regularly checks GePI and, when new cases appear on the platform, assigns them to the social workers of the RdC team who work, distributed according to the number of beneficiaries, throughout the territory. It is then up to the social workers to contact the households assigned to them: first by telephone, then possibly by SMS and, as a last resort, by registered mail, as provided for by the Ministerial Guidelines. With the exclusion of cases of non-compliance reported to INPS, the caretaking process is carried out as follows: once the contact with the RdC recipient has taken place, a date is set for the first interview and usually the Preliminary Analysis is filled in during the interview, which is then uploaded on GePI. The social worker case manager then decides which of the different possible pathways to activate. In operational reality, of the four possibilities envisaged by the Ministerial Guidelines, only the first three can be actually activated in the territory of *Zona-distretto Pistoiese*, while outcome D is possible only for those citizens already in charge of specialised services:

a) the **Employment Pact**: the social worker transfers the case from GePI to MyAnpal. It may happen that there are delays when transferring cases on the platform. However, the connection usually works and, in any case, the transfer rarely takes place only telematically (in fact, usually the social worker anticipates transfer of the case by e-mail, expressing his or her professional judgement, and the Employment Centre contact person approves the assignment to his or her service before the case is closed by the social service);
b) the **simplified PaIS**: the project is agreed with the beneficiary and drafted directly by the social worker case manager. This occurs in all those situations that are not too complex and in which the social worker alone is able to identify the need and agree with the beneficiary on the interventions and objectives to be achieved. At the level of *Società della Salute*, there is a "Catalogue of Opportunities", which includes all the interventions accessible to all the municipalities (home education, group activities, occupational workshops, etc.). Each municipality may then have additional interventions that can be activated in its own reference territory;
c) the **complex PaIS**: generally social workers report cases for discussion to the PaIS coordinator, who shares them with the team members before his or her meeting, which takes place on a weekly basis. The team work thus covers all stages of caretaking: referral, assessment, personalised planning, verification and monitoring.

As pointed out by interviewees, in the process of caretaking, the only deviation from the Ministerial Guidelines concerns **timeframes**: in fact, it is difficult to comply with the 30-day deadline from the recognition of the benefit for the completion of the Preliminary Analysis, and even more difficult to comply with the 20 working days for the stipulation of the PaIS following the Preliminary Analysis. With respect to the possible pathways, a clear prevalence of simple PaIS over complex ones is highlighted, also due to the need to accelerate and streamline the processes of caretaking.

Below we report the main strengths and weaknesses encountered in the territory of Pistoia with regard to caretaking of RdC recipients.

Strengths:

- **Good functioning of the teams**, which enjoy a certain stability (even if they do not cover the majority of RdC situations);
- Possibility to activate all the interventions envisaged in the "**Catalogue of Opportunities**" of *Società della Salute*, even in the absence of a team and on all RdC situations, regardless of the municipalities of residence of the beneficiaries.

Weaknesses:

- **Excessive rigidity of the GePI platform** in terms of information displayed: different types of access are assigned to each role. For instance, only case managers can monitor the evolution of situations. The PaIS coordinator can instead assign cases, but not check what happens to them over time nor extrapolate descriptive aggregate data concerning the households in charge from the platform, thus having to give up monitoring caretaking cases and workloads through GePI. Excel worksheets, which are extra-platform, are in fact used for this purpose, although more laborious;
- **Failure to take on specialised care**, with the exception of those situations already in charge of the specialised services for which it may happen that the team is convened. This outcome, however, never takes place in terms of “referral” of new cases because, although the law says that such a referral is possible, the organisational practices of the specialised services make such an outcome unfeasible in practice.

2. Zona-distretto Piana di Lucca

In the *Zona-distretto Piana di Lucca*, caretaking of RdC recipients takes place substantially according to the Ministerial Guidelines. The process starts on GePI and the cases, as they appear on the platform, are assigned for Preliminary Analysis. Usually, if the situation is already in charge of the social service, the Preliminary Analysis first and the Analysis Framework after, if necessary, are assigned to the social worker who is already in charge of the household. If the situation is not already in charge of the social service, first the professional who will carry out the Preliminary Analysis is identified and then, according to the pathway envisaged for the household, the case manager (who may or may not coincide with the professional who has carried out the Preliminary Analysis). The **network maintainer** helps the territories define the various allocations starting from the cases arriving on GePI, while it is the case manager who is in charge, where necessary, of activating the teams. The latter are always of variable geometry, hence stable in terms of households but not in terms of professionals involved and frequency of meetings. Integrated caretaking of RdC recipients at team level takes place on the following operational phases: needs assessment, personalised design of interventions, verification and monitoring of designs.

Given the **difficulty of contact with specialised services**, the D) outcomes following the Preliminary Analysis are very few and, in order to avoid the risk of "losing people during the process", the social service keeps the households in charge by means of a simplified or complex Pact for Social Inclusion, even in cases in which, in its opinion, specialised caretaking would be required. In general, simplified PaIS cases prevail (60%) over complex ones (40%).

Below, we report the main strengths and weaknesses encountered in the territory of Piana di Lucca with regard to caretaking of RdC recipients.

Strengths:

- **Successful operation of variable geometry teams**, an established way of working that always involves families;
- **Regular participation of the third sector in the teams**, the result of constant involvement in the teams of volunteers and associations, including through training and co-design;
- **Presence of a Steering Committee** for the management and coordination of the various interventions.

Weaknesses:

- **Poor interoperability between GePI and MyAnpal**: cases can be sent from GePI to MyAnpal, but not the other way around. This limitation also means that the teams activated on complex cases from the Employment Centre are not formalised;
- **Rigidity of the GePI platform** which fails to effectively recognise the multi-professionality present within the team. With the exception of a few roles (social worker, psychologist), the other professional profiles, even when they play the role of case manager, must necessarily be uploaded under the heading "Other", thus diminishing their recognition.

3. Zona-distretto Livornese

The arrival of RdC in the *Zona-distretto Livornese* has helped, in general, the **formalisation of already existing joint working practices between different operators** (in terms of institution or professional role) while, in the specific case of integrated working practices between social services and Employment Centre, it has introduced profound changes. Therefore, if, on the one hand, RdC has favoured the spread of integrated working modes, such as those of multi-professional teams, on the other hand, it has also imposed **rethinking of the collaboration model between professional social service and Employment Centre**, which is no longer centred on social service supervision. In fact, the feeling reported by our interviewees is that, since RdC is also an employment measure, there is no social supervision of all caretaking situations, as it was the case for REI.

Today, caretaking of RdC recipients by the social service takes place either by automatism, when the cases appear on GePI, or by an agreed referral from the Employment Centre to the social service. In this second situation, the Employment Centre refers to an operator called the "**disadvantage operator**" who detects high vulnerability situations and interfaces with the social service upon referral. This is a collaboration that is not formalised but nevertheless designed to facilitate caretaking of the social service, allowing, for example, the verification of situations already in charge of or already known to the social service.

Once caretaking by the social service is established, the situations are then assigned to social workers for interviews and preliminary analyses. In the *Zona-distretto Livorno*, however, there is no RdC area of the social service. On the contrary, the measure transversally concerns different areas of social service intervention: from work with families and minors to work with fragile adults. Cases are therefore assigned to social workers on the basis of availability and, tendentially, where already in charge of a service, to the social worker already assigned to a specific case.

Once the assignment is made, an attempt is then made to follow – as much as possible – the Ministerial Guidelines on caretaking. However, the situations in charge of the social service are numerous and complex in most cases. This is why the social service struggles to respect the timeframes established by law on the various phases of caretaking. Moreover, with regard to organising multidisciplinary teams, this is often laborious because of the difficult involvement of specialised services, especially health services.

Multidisciplinary teams on RdC situations are always convened by the social service, when needed. There are no permanent teams in the strict sense but **only *ad hoc* teams**. Generally, the participation of the Employment Centre is guaranteed, and also that of the third sector, where necessary. This is also thanks to GAM (*Gruppo Adulti Multiproblematici*) which over the years has fostered collaboration between the various professionals and operators on complex and particularly vulnerable situations. However, the involvement of specialised health services in RdC teams is still very difficult.

Below are the main strengths and weaknesses encountered in the territory of Livorno with regard to caretaking on RdC recipients.

Strengths:

- **Aptitude for integrated work**, especially in complex situations, thanks to the presence of GAM, which has been working in the territory for years;
- Existence of **formal and informal practices of collaboration between Employment Centres and social services**, as a result of a collaboration that was already active before SIA.

Weaknesses:

- **The involvement of specialised social and health services remains difficult** and is not always successful;
- The joint work between social services and Employment Centres is not facilitated by the **use of platforms** (GePI and MyAnpal), **which are poorly interoperable**. GePI is also complex to use and difficult for operators to access.

4. Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana (COeSO)

Within the poverty area of the social service of *Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana (COeSO)*, there are 9 social workers case managers who deal exclusively with RdC. The team of social workers is supported by the poverty area manager, two educators and the administrative manager. In addition to the coordination function of the area, the manager also performs a liaison function between areas, such as in the case of situations that are new to the poverty area but may already be known in other areas of the territorial social service.

Caretaking of RdC recipients follows the Ministerial Guidelines. In the early days following the introduction of this measure, this was not the case, especially with regard to the timeframe set by the regulations, which under-staffing did not allow to comply with. Today, however, under-staffing has been overcome and it is possible to comply with the regulations, including the timeframe.

Each social worker dedicated to RdC works in the territory (in the municipality of Grosseto, which is the most inhabited, there is more than one) and cases are divided according to the district where beneficiaries live. Thus, after a household is assigned to the social services, the social worker case manager organises an interview to assess the overall situation. During this interview, the needs of the household are gradually identified so that a decision can be made on the four possible outcomes of the Preliminary Analysis.

The cases of **simple Inclusion Pacts definitely prevail** (70% of cases), i.e. those situations in which no complex psychological or physical problems or problems related to addictions, living and work situations emerge. In 20% of cases, instead, these are situations that are referred to the Employment Centre to sign the Employment Pact. Complex situations, those requiring the activation of a team, are rarer (8%), while referral to the Specialised Service occurs in only 2% of cases.

When necessary, the team is set up by the reference social worker who contacts the operators of the services to be involved present in that territory. **The teams are therefore always set up on an as-needed basis**, through the social worker who contacts the various members to be involved (including those who are already in charge of the situation, if needed). The team thus carries out the multidimensional assessment of the household, works on defining the objectives to be pursued, draws up the customised project with an indication of any interventions to be activated and, lastly, carries out the planned monitoring meetings to assess the progress of the project and the achievement of the objectives established at the planning stage. Some teams are easier to activate - as in the case of those involving social workers of the territory who are already in charge of a given situation - others a little less. This is the case of new situations requiring, for example, the involvement of specialised social and health services. However, the work carried out by the **Technical Table between social service and adult mental health** and the **Technical Table for the protection of minors** has helped and continues to help team work, making it more automatic and less cumbersome, even in the most complex situations.

However, in the context of a general compliance with the Ministerial Guidelines on caretaking of RdC recipients, some strengths and weaknesses emerge, as reported below.

Strengths:

- **Possibility of combining Social Inclusion Pacts with concrete support** (apprenticeships, educators for home education or home social and assistance care, cultural mediators, parenting support), subject to assessment of needs and sharing of objectives with beneficiaries.

Weaknesses:

- **Failure to update and excessive rigidity of the GePI platform**: slow updates, information which is often obsolete and only accessible to certain professionals, difficulty in reconstructing an overall picture;
- **Conditionality and "punitive" role** that the social service is obliged to play with regard to those who – by not showing up for interviews – must be reported to INPS and, consequently, sanctioned.