

## DELIVERABLE 4

# ***Summary Report of Capacity Building Schemes***

**(WP 1 - Task 1.3)**

*This Report describes the activities carried out by IRS for Task 1.3 of WP1 of RETICULATE, as redefined during the project. In particular, Istituto per la Ricerca Sociale (IRS) carried out a support activity for the experimentation of the One Stop Shops in the four Tuscan territories, as a **training-workshop support** aimed at deepening the issue of the integration between services and professional profiles.*

*This support took place through two modes of assistance:*

- *the creation of a Community of Practice between the territories involved in the experimentation, which, through two specific workshops, enabled mutual exchange and learning;*
- *the implementation of customised advisory support, tailored to the specific needs of certain territories.*

*During the activity kick-off meeting, which took place online on 2nd October 2023, a wide space was devoted to **listening to needs, priorities and criticalities**, as well as to the **collection of needs** from the territories, which is essential and preparatory to the specification and organisation of the training-workshop support. With respect to the focus "Integration between services and operators, internal organisation, professional elements", the following needs emerged as recurrent:*

- *Dialogue and integration with specialised services, especially in terms of involvement with multi-professional teams;*
- *Enhancement of networking with all territorial actors, with particular attention to the Third Sector.*

*Therefore, the "enlarged" support through the methodology of the Community of Practice, carried out through two face-to-face training workshops in Florence, scheduled respectively on 1st December 2023 and 5th March 2024, focused on the analysis and reflection on **team work methods and strengthening of territorial networking**.*

*On the other hand, with regard to customised support, in the period between February and April 2024, a series of remote advisory activities were also carried out at the Società della Salute Pistoiese to set up a territorial group to combat marginality.*

*The following is a summary of the materials produced and collected in the "extended" technical assistance activities aimed at the 4 experimenting territories.*

## Workshop on 1st December 2023 - Juggling teamwork and networking

*According to the Social Service Dictionary, a team is "a special group, which takes shape from the expectations and ideas of the individual members with respect to the construction of a help project in response to the complex needs of the person-user in his or her life context". An added value is generated by multi-professional teams, whose members, with different professional skills, work in the same organisational context or in the same local community belonging to the same or different organisations.*

*Held in Florence, the workshop of 1st December 2023 conducted by IRS was intended as a moment of sharing on team work, stimulating an individual reflection on expectations and a group evaluation on the possible strategies to put in place in order to implement it. In particular, the workshop focused on the theme of **involvement of specialised services in team work**, starting from a theoretical framework report on the definitions, characteristics and functioning of teams and related work, as well as through specific exercises and "guiding questions" aimed at stimulating reflection in territorial work groups.*

*As a first step, the participants were invited to reflect individually on their **expectations with respect to the meaning of team work in accompanying vulnerable people and families at risk of social exclusion**, focusing on the specialised services present in the territory (Counselling, Addiction Service, Mental Health, Neuropsychiatry). Subsequently, starting from individual expectations, the territories were guided in an assessment of **how to involve the individual specialised services in team work, useful tools to put in place, expectations and concerns**.*

*The following is a summary of the outcomes of individual and territorial group reflections.*

### Expectations on Counselling

#### **Piana di Lucca (Social Service):**

- Continuity and greater stability of the technical group on child protection in which the counselling centre contact person also participates to discuss the various measures;
- Presence of a contact person and specialised operators in charge of drafting reports on the interventions carried out, especially if requested by the judicial authorities.

### Expectations on the Addiction Service

#### **Società della Salute Pistoiese (Social Service):**

- Definition of a specific procedure to refer citizens for assessment by Serd;
- Co-responsibility in taking charge of the person and sharing a project, so as to avoid sectorialisation and ensure integrated care
- Presence of a stable contact person, who "keeps track" of what is done and is easily accessible (e.g. clarity in contacts, service hours, etc.)
- Possibility of sharing useful information about the person and overcoming the privacy problem, particularly present with Serd.

#### **Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana (Employment Centre):**

- Possibility of carrying out a joint evaluation of the therapeutic pathway in order to elaborate a re-integration strategy that takes into account possible fragilities.

### **Municipality of Livorno (Coop. Il Simbolo):**

- Increased relationship and collaboration in order to identify the people who come to OSS and support them in what they need.

### **Expectations on Mental Health-UFSMA**

#### **Società della Salute Pistoiese (Social Service):**

- Identification of a reference psychiatrist, especially for severely marginalised and *borderline* situations, which are often not taken care of because they do not have psychiatric pathologies;
- Co-responsibility in case management and in drafting the customised project, in order to overcome the purely advisory logic;
- Continuity in care and not just the implementation of *spot* interventions;
- Greater acceptance, support and a multi-level view of the illness (e.g. analysis of the fallout on the individual's relationships), also in order to avoid the risk of "prevarication" of the health service over the social service (e.g. pyramid structure: psychiatrist-psychologist-social workers and educators);
- Creation of a collaborative protocol that goes beyond personal contacts and acquaintances, facilitating the care of the vulnerable person by integrating professionalism.

#### **Società della Salute Pistoiese (Employment Centre):**

- Sharing the person's story (e.g. how the diagnosis was made, how the treatment pathway is evolving), also in the light of his or her professional skills, in order to design a more effective pathway to work so as to better protect both the person and the company;
- Liaison with the specialist in order to better understand how the pharmacological therapy may impact on and/or support the person in the proposed pathways, also with a view to re-calibrating the pharmacological treatment to favour better integration, with a view to constant monitoring.

### **Municipality of Livorno (Coop. Il Simbolo):**

- More direct and fluid communication between operators, with whom contact is often not possible.

### **Piana di Lucca (Social Service):**

- Greater integration, proximity and participation.

### **Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana (Social Service):**

- Willingness to have more frequent and constant monitoring meetings with social service workers on users treated by both services, and not only in situations of initial referrals or care or when something serious happens;
- Scheduling of follow-up meetings;
- Identification of stable and continuous reference operators;
- Greater involvement in health services of profiles other than doctors could reduce people's relational difficulties.

### **Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana (Employment Centre):**

- Presence of a reference interlocutor to understand the person's problems and to have an effective and efficient feedback to understand how to treat users, who often interrupt pathways.

## **Expectations on Neuropsychiatry-FSMIA**

### **Piana di Lucca (Social Service):**

- Greater presence and participation within the territorial teams, so that psychologists and psychiatrists also go to the social services, and not just vice versa.

### **Società della Salute Pistoiese (Social Service):**

- Creation of dialogue and partnership;
- Co-responsibility in taking care and updating and/or comparing cases.

To sum up, the main expectations concern the identification and presence of a stable and easily contactable reference operator in order to guarantee more fluid communication; greater co-responsibility in taking care of the person, in sharing a project and in general in case management, also through the participation of specialists in territorial teams; greater stability and continuity in existing relations; greater sensitivity by the specialists with respect to needs and possible paths; the creation of specific procedures for reciprocal reports and/or formal collaboration protocols, in order to overcome the logic of personal knowledge.

### The involvement of specialised services in Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana

| SERVICES                     | WHAT DO I ASK?  | MODES OF INVOLVEMENT USED OR THAT COULD BE USED  | TOOLS IN PLACE OR TO BE PUT IN PLACE   | CONCERNS/EXPECTATIONS   |
|------------------------------|---|--|--|---|
| <b>Addiction service</b>     | <ul style="list-style-type: none"> <li>- Increased collaboration</li> <li>- Increased frequency of monitoring meetings for case evaluation</li> </ul> | <ul style="list-style-type: none"> <li>- Where appropriate, contacts between operators and service for case assessment (SS)</li> <li>- Need to structure contacts between operators and service for case assessment (Cpl)</li> </ul> | <ul style="list-style-type: none"> <li>- Protocol between services to define the modalities for accompanying and transferring cases from one service to another</li> </ul> | <ul style="list-style-type: none"> <li>- Risk of overlapping roles within teams</li> <li>- Closing attitude, bringing work overload and organisational deficiencies as justification</li> </ul> |
| <b>Mental Health (UFSMA)</b> | <ul style="list-style-type: none"> <li>- Increased collaboration</li> <li>- Increased frequency of monitoring meetings for case evaluation</li> </ul> | <ul style="list-style-type: none"> <li>- Convening the specific Technical Table (SS)</li> <li>- If necessary, existence of contacts between practitioners and the case assessment service (Cpl)</li> </ul>                           | <ul style="list-style-type: none"> <li>- Procedure for referring cases with obvious psychological difficulties to the service (Cpl)</li> </ul>                             | <ul style="list-style-type: none"> <li>- Risk of overlapping roles within teams</li> <li>- Closing attitude, bringing work overload and organisational shortcomings as justification</li> </ul> |

### The involvement of specialised services in Società della Salute Pistoiese

| SERVICES                     | WHAT DO I ASK?  | MODES OF INVOLVEMENT USED OR THAT COULD BE USED   | TOOLS IN PLACE OR TO BE PUT IN PLACE  | CONCERNS/EXPECTATIONS  |
|------------------------------|---|---|---|--|
| <b>Addiction service</b>     | <ul style="list-style-type: none"> <li>- Increased co-responsibility in caring</li> <li>- Identification of a reference person</li> </ul> | <ul style="list-style-type: none"> <li>- Existence of informal collaborations, based on personal initiatives and knowledge</li> </ul> | <ul style="list-style-type: none"> <li>- Inter-service agreement giving legitimacy to operators to implement more operational protocols</li> <li>- Shared training</li> </ul> | <ul style="list-style-type: none"> <li>- Development of a common language between services</li> <li>- Distinction between second-level team, which guides operators and professionals, and restricted team that plans with the person</li> </ul>   |
| <b>Mental Health (UFSMA)</b> | <ul style="list-style-type: none"> <li>- Increased co-responsibility in caring</li> <li>- Identification of a reference person</li> </ul> | <ul style="list-style-type: none"> <li>- Existence of informal collaborations, based on personal initiatives and knowledge</li> </ul> | <ul style="list-style-type: none"> <li>- Inter-service agreement giving legitimacy to operators to implement more operational protocols</li> <li>- Shared training</li> </ul> | <ul style="list-style-type: none"> <li>- Development of a common language between services</li> <li>- Distinction between second-level team, which guides operators and professionals, and restricted team, which plans with the person</li> </ul> |

**The involvement of specialised services in Piana di Lucca and Municipality of Livorno**

| SERVICES                     | WHAT DO I ASK?        | MODES OF INVOLVEMENT USED OR THAT COULD BE USED   | TOOLS IN PLACE OR TO BE PUT IN PLACE   | CONCERNS/EXPECTATIONS   |
|------------------------------|-----------------------|---|--|---|
| <b>Addiction service</b>     | - Information sharing | - Implementation of teams and individual meetings | - Common database where information can be entered and shared  | - Implementation of modalities for transferring information between services<br>- Fragmentation of projects on similar targets (e.g. PON, GOL etc.) |
| <b>Mental Health (UFSMA)</b> | - Information sharing | - Implementation of teams and individual meetings | - Common database where information can be entered and shared<br>- Structuring reports with basic information for case sharing | - Implementation of modalities for transferring information between services<br>- Fragmentation of projects on similar targets (e.g. PON, GOL etc.) |

## Workshop on 5th March 2024 - Networking: method, maintenance, evaluation

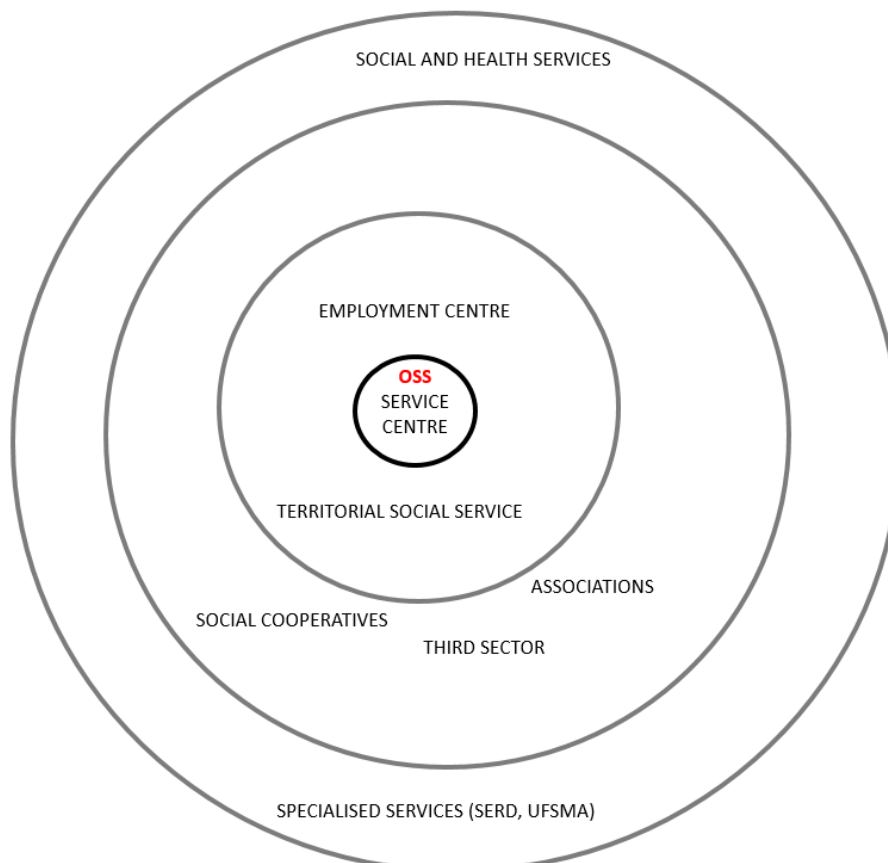
*In social work, the importance of networking and community work is fundamental. Primary and secondary networks have always been able to support needs and build bridges, to ensure help to and support of individuals and families.*

*Held in Florence, the workshop of 5th March 2024 conducted by IRS, starting from the outcomes of the previous workshop, proposed itself as a moment of sharing on **networking among different territorial actors**, also aimed at questioning the **strategies that are useful for its maintenance and an appropriate evaluation of effectiveness**. In particular, the workshop focused on the theme of network assessment, starting from a theoretical framework report on the definitions, characteristics and functioning of the networks and the work connected to them, as well as through specific exercises and "guiding questions" aimed at stimulating reflection within territorial working groups.*

*As a first step, the individuals were invited to reflect on their territorial network through the tool of the "network map" which, through the use of a series of concentric circles with one's own service at the centre, allows the other services of the network to be arranged on the various circles according to the relevance and intensity of the relationship. Subsequently, the territories were guided in an **evaluation of the strengths, weaknesses and improvement objectives of their own network**, through an in-depth examination of some of the following four dimensions: sharing, integration, consolidation and development, capacity building.*

*The outcomes of the territorial groups' reflections are summarised below.*

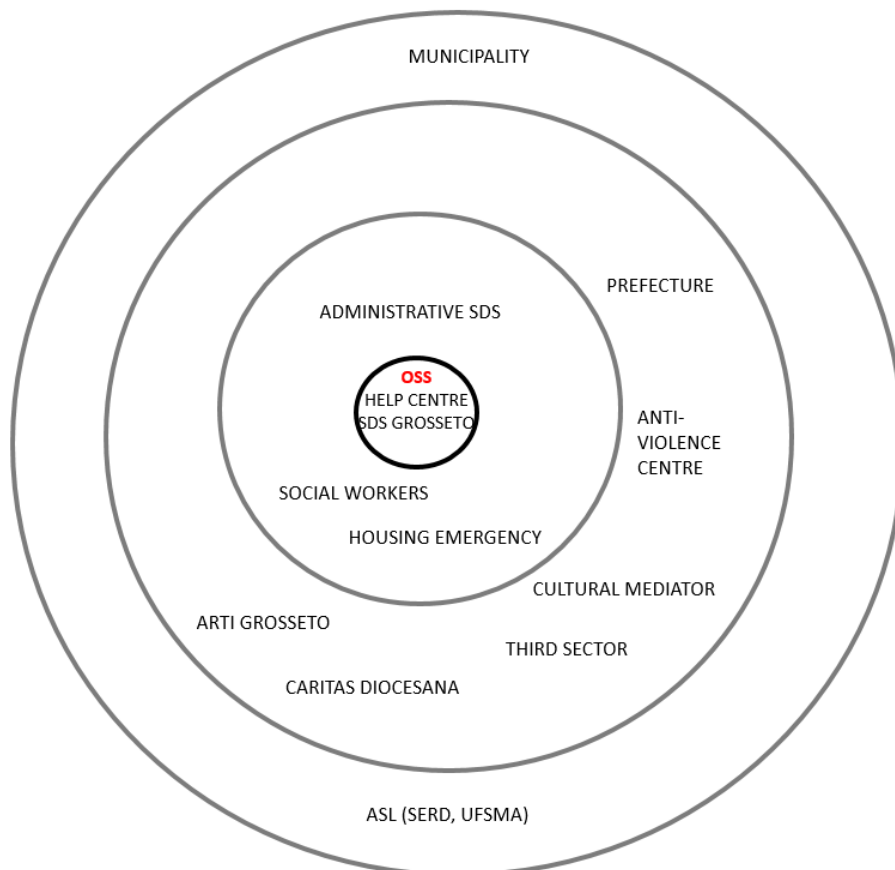
### The network map in Società della Salute Pistoiese





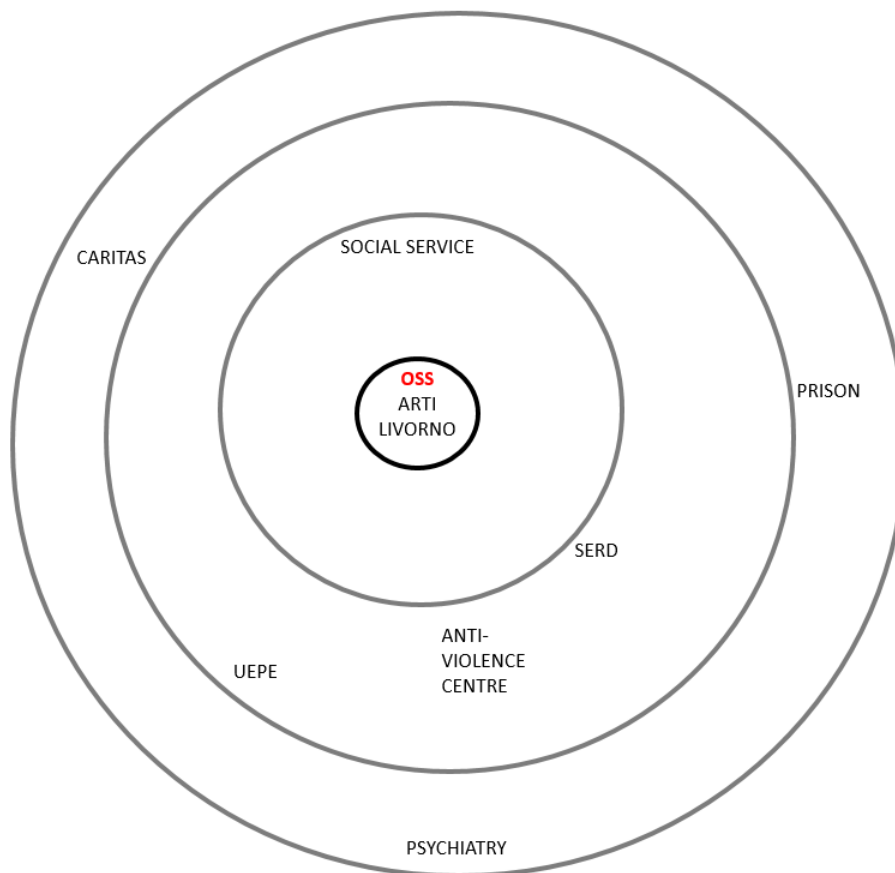
| DIMENSION                            | STRENGTHS   | WEAKNESSES   | IMPROVEMENT OBJECTIVES  |
|--------------------------------------|---|--|---|
| <b>Integration</b>                   | <ul style="list-style-type: none"> <li>- Plurality of viewpoints of the different actors in the network</li> <li>- Identification of contact people within the various network services</li> <li>- Co-design with the Third Sector</li> </ul> | <ul style="list-style-type: none"> <li>- Absence of a common information system</li> <li>- Lack of dissemination of information</li> </ul>                   | <ul style="list-style-type: none"> <li>- Systems interoperability</li> <li>- Establishment of the Marginality and Inclusion Group</li> </ul>  |
| <b>Consolidation and development</b> | <ul style="list-style-type: none"> <li>- Establishment of the Marginality and Inclusion Group</li> </ul>  | <ul style="list-style-type: none"> <li>- Lack of institutional protocols between services</li> </ul>   | <ul style="list-style-type: none"> <li>- Formalising relations between institutions</li> </ul>  |
| <b>Capacity building</b>             | <ul style="list-style-type: none"> <li>- Opportunities for meetings and group work to foster development and knowledge sharing</li> <li>- Contamination between different professions and working methods</li> </ul>                          | <ul style="list-style-type: none"> <li>- Lack of common training</li> <li>- Lack of sharing and discussion with health and social-health services</li> </ul> | <ul style="list-style-type: none"> <li>- Development of collective knowledge through common training moments</li> <li>- Institutionalisation of moments of sharing and operational protocols</li> </ul> |

**The network map in Società della Salute Amiata Grossetana, Colline Metallifere, Grossetana**



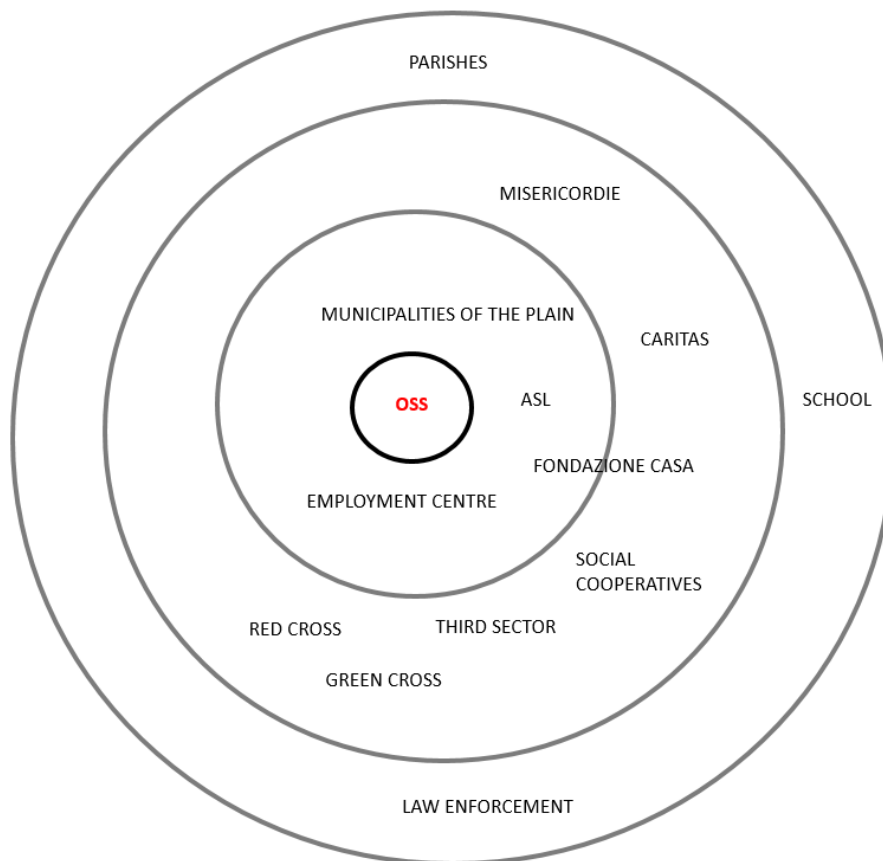
| DIMENSION                            | STRENGTHS  | WEAKNESSES  | IMPROVEMENT OBJECTIVES   |
|--------------------------------------|--|---|--|
| <b>Sharing</b>                       | - Presence of a first reception access point (Help Centre) already structured on the territory, easily accessible, central and with long daily opening hours | - Lack of formalisation of relations with all actors working on marginality in the territory<br>- Marginal involvement of ASL<br>- Lack of knowledge of OSS in the territory<br>- Lack of sharing of competences of each actor in the area due to poor dissemination of information<br>- Lack of collective knowledge | - Improved dissemination of information both within the network and to the public<br>- Greater involvement of the municipal administration |
| <b>Consolidation and development</b> | - Participation of the Third Sector dealing with marginalisation   | - Lack of structured direction, meetings still too occasional, organised only when needed   | - Structured and systematic meetings with analysis of territories' needs and requirements<br>- Better comparison between network operators |

**The network map in the Municipality of Livorno**



| DIMENSION          | STRENGTHS  | WEAKNESSES   | IMPROVEMENT OBJECTIVES   |
|--------------------|--|--|--|
| <b>Sharing</b>     | - Willingness to create better conditions for the individual | - Fatigue in sharing all information between operators and services  | - Better knowledge of each service's area of intervention<br>- Sharing of IT databases, with privacy authorisation |
| <b>Integration</b> | - Operators' willingness to sharing and mutual knowledge     | - Excessive variability of designated actors, making the network less robust<br>- Absence of shared and authorised databases<br>- Lack of training | - Formalisation and mapping of roles and functions   |

### The network map in Piana di Lucca



| <b>DIMENSION</b>   | <b>STRENGTHS</b>  | <b>WEAKNESSES</b>   | <b>IMPROVEMENT OBJECTIVES</b>   |
|--------------------|---|---|---|
| <b>Sharing</b>     | <ul style="list-style-type: none"> <li>- Strengthening of existing collaboration</li> <li>- Common vision with respect to work objectives</li> <li>- Presence of first access desks</li> <li>- Cold plan</li> </ul> | <ul style="list-style-type: none"> <li>- Difficulties in meeting deadlines and maintaining working methods</li> </ul>             | <ul style="list-style-type: none"> <li>- Greater involvement of institutions in the continuation of projects</li> <li>- Structuring objective sharing with the Third Sector, even beyond the various active projects</li> </ul> |
| <b>Integration</b> | <ul style="list-style-type: none"> <li>- Presence of a memorandum of understanding with Employment Centre and ASL</li> </ul>  | <ul style="list-style-type: none"> <li>- Unequal power in terms of convening (ASL has more power than social services)</li> </ul> | <ul style="list-style-type: none"> <li>- Integration of competencies through greater involvement of the health part in the OSS team</li> <li>- Joint training with the Third Sector</li> </ul>                                  |