



**D5.4 - The comparative report including the description of all the practices analysed, the report including the results of the survey realised at EU level and the delivery of the handbook in English detailing project management procedures, tools and basic templates**

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## Introduction:

The Reticulate project aims to strengthen the integration between social services and employment services by targeting specific groups whose poverty is characterized by multidimensional factors not merely related to income. It addresses new vulnerable groups among the impoverished population: 1. Homeless individuals, who are particularly difficult to reach, and 2. Poor families with children who receive financial support without additional activation measures. The operational goal is to experiment with the integration of services and opportunities offered by the current system, recognizing and overcoming its fragmentation. In the new One-Stop Shops (OSS) implemented in four areas of the Tuscany Region, services, procedures, and tools are co-designed by public authorities, NGOs, and vulnerable groups.

The activation of multi-professional teams is extensively provided for in the guidelines for holistic care connected with the Citizenship Income (RdC), the main income support measure active during the proposal writing, though it is being phased out and transformed starting in 2023. Methodologically modeled on the concept of holistic care and defined as an Essential Level of Performance (LEP), the team is a multi-professional and multi-dimensional tool aimed at analyzing complex needs, often characterizing many people and families in poverty.

However, a specific survey conducted in 2020 showed that only eight zones had formalized the teams with specific acts. Although this should not be concluded as an absolute lack of multidimensional evaluation processes, it indicates a certain fragility of the system.

Reticulate thus aims to promote inclusion pathways that, while focusing on integrating socially excluded individuals through employability pathways, intend to impact various levels:

- At the individual level, by enhancing the competence of service users and promoting personalized pathways that consider the contributions individuals can make, including identifying specific access barriers.
- At the service provision level, by creating inclusive territorial systems that integrate social and employment responsibilities with social and health care (addictions and mental health), thus creating unified access and evaluation pathways that facilitate service use, especially for individuals experiencing severe marginalization.
- At the social level (macro-impact) in the community, by activating Third Sector organizations' networks in strategic partnerships based on the tools identified by the Third Sector Code (Legislative Decree 117/2017).
- Impact on communities: RETICULATE directs its operational strategies towards developing resilient communities. The following six actions can identify the foundational elements of a resilient ecosystem:
  - Institutional integration (horizontal and vertical subsidiarity);
  - Integration of public and private resources in a context of co-programming and partnership;
  - Activation of citizens in asymmetric/excluded conditions as resources for systemic change;
  - Analysis of the service system according to a rights/equality approach;
  - Participatory evaluation following the action-research model.

Finally, to activate this resilient ecosystem, RETICULATE acts on:

1. Involving key institutional actors with specific competencies.
2. Involving competent entities to reach and activate targets in conditions of particular exclusion.

## State of the art in the 4 pilot territories at the beginning of the project:

The conclusions presented here are part of deliverable 1.1 (containing the 4 complete cases developed by the IRS partnet) built from a set of secondary sources and ad hoc surveys. Among the main secondary sources consulted are the Health Profile 2021, containing a broad set of socio-demographic and health indicators to support the territorial planning of Zone-districts and Health Societies in Tuscany, institutional documents of the Zone-district (Socio-health convention, Act of address of the Zonal Conference of Mayors, Memoranda of Understanding with the social and health services and with some subjects of the Third Sector) and a series of materials collected by the Community of Practice on social inclusion in the Region of Tuscany, which in the last two years has focused in particular on taking charge of vulnerable families with minors and on the integration between social services and employment services. The context and governance framework thus outlined was integrated with the data collected through a survey, addressed to the referents of the District/SdS Areas and of the Municipalities of the area of interest, concerning the state of integration between public services and territorial subjects involved in supporting vulnerabilities (April-May 2022). This information was subsequently deepened through semi-structured qualitative interviews<sup>20</sup> (June 2022).

## Società della Salute Pistoiese

Regarding the SDS Pistoiese the research highlighting three points of concern regarding the state of integration in poverty alleviation services in the pilot area:

1. Teamwork is a well-established practice in social services, occurring in stable and regular ways, especially concerning projects managed at the territorial level. Additionally, with the exception of small municipalities, the social service can generally rely on mixed staffing (social workers, psychologists, educators, tutors, mediators), a factor that certainly facilitates integration and a multi-professional approach to social care.
2. In the Citizenship Income (RdC) teams, collaboration with Employment Centers (Cpl) and the Third Sector is now well-established, while collaboration with health and social services remains challenging; the participation of the latter in the RdC teams is, in fact, sporadic. The presence of different teams for different user targets within the two services (RdC teams on one side and Multi-disciplinary Assessment Units on the other) does not seem to facilitate actual integration between the two services in this case: the tendency is for individual services to achieve integration within themselves, focused on their specific user targets and with their own mixed personnel (e.g., social workers, psychologists, educators), potentially overshadowing the importance of effective collaboration between social and health and social services where necessary.
3. Especially at the level of *municipal social services*, the implementation of integration with the various services operating in the area, both public and not, shows significant territorial variability. However, there is a general agreement on actions that could strengthen these relationships: from the presence of shared protocols and regulations, to the informal exchange of practices, from organizing joint supervision for professionals to the sharing and interoperability of data systems.

## Piana Di Lucca Area-District

Regarding Piana di Lucca the research highlighting that the level of integration in the varies significantly across different services. Specifically:

1. There are high levels of integration, whether through informal collaborations or formalized co-designs, between social services, Employment Centers, housing services, and Third Sector organizations. These relationships generally have a long history, developed through the consistent efforts that the Piana has invested in network maintenance over the years, and have been further strengthened more recently thanks to resources provided by the Citizenship Income (RdC) and the PON Avviso 4.
2. However, there are different rates of progress at the territorial level concerning the implementation of integration and its tools. Capannori, as the lead for RdC and consequently for the experimentation with multidisciplinary teamwork, can now rely on more structured teams compared to other municipalities. This is especially true, despite difficulties, in extending this integrated working method to non-RdC situations, i.e., cases where the law does not require a team. In contrast, Lucca, as the lead for severe marginalization, has had a long-standing and close collaboration with Third Sector organizations active in this area, while the direct involvement of other territories on these issues—formalized by the extension of the Marginality Table to all the municipalities of the Piana in March 2022—has only been officially recognized a few months ago.
3. Maintaining networks does not only mean reaching agreements and collaboration protocols; it also involves continuous maintenance of existing collaborations, relationships, and co-designs, including through training and support sessions. However, this "network work" requires dedicated and stable resources: the roles of "network maintainer" and "team supervisor" are emblematic in this regard.
4. Lastly, several "external" critical factors have been highlighted that, according to our interviewees, hinder network work and consequently integration. The three main ones are: the temporariness and discontinuity of national and European funds dedicated to poverty alleviation services and interventions; the instability of the political situation, which does not facilitate the adoption of cohesive development strategies in the Piana; and the turnover of professionals, especially in some services. Greater stability, both politically and organizationally, would therefore facilitate integration in the territories of the Piana.

## Municipality of Livorno

Regarding the poverty situations present in the area, the Livorno District is characterized by two particularly prominent types of need: employment and housing.

For employment needs, the social service primarily works in synergy with Employment Centers (Cpl), providing economic contributions as well as initiating pathways for social inclusion, training, and internships.

For housing needs, there has been an active collaboration for years with Third Sector organizations that, in various capacities—sometimes formally, sometimes informally—primarily handle:

- Distribution of food, clothing, and medicines;
- Management of soup kitchens, night shelters, residential communities, showers, and facilities for personal hygiene;
- Mobile street units;
- Information and orientation services;
- Counseling and psychological support.

In light of the synergies and collaborations between social services and other services in combating poverty and severe marginalization, we conclude with two reflections—prompted by the considerations of our interviewees—that encompass both the strengths and weaknesses of the integration of services in the territory:

1. The presence of models such as the Citizenship Income (RdC), with their respective guidelines for implementing integrated care between services, helps formalize joint working practices among various operators within social services. However, these models struggle to find space and integrate with other services. Institutional integration with specialized health and social services, for example, remains challenging and still depends—despite the presence of a model for integrated care—on the willingness and availability of individual operators. Similarly, the institutional integration with Cpl, while functional in the area, does not seem to have been significantly facilitated by the introduction of the RdC: the integration between these two services in the Livorno area was already operational, and the RdC has altered (and not necessarily improved) its modalities.
2. Openness to the community and local stakeholders, through various forms of collaboration, represents the real key to providing the most integrated response to the most complex needs. Examples include the GAM (Group for Multidimensional Assessment), as well as the recent co-programming and co-design efforts initiated by the administration with Third Sector organizations in the area of extreme marginalization. In particular, co-programming has allowed the initiation of a process that involves, through the creation of a single, easily accessible Service Center, the integration and networking of all public and private services in the Livorno area to support severe marginalization: a challenge but also an opportunity to truly achieve operational integration between different services in care processes..



We conclude by highlighting three points of attention regarding the state of integration in poverty alleviation services in the areas of Amiata Grossetana, Colline Metallifere, and Grossetana:

1. The existence of well-established collaborative practices among social services within COeSO, particularly within the territorial social service area. These practices have been facilitated by the organizational structure of the Società della Salute (Health Society) as reorganized in 2021, as well as by the presence of stable technical tables that have, over the years, promoted integrated working approaches among different services.
2. The existence of collaborations between social services and other services, both public and private. This includes a mix of formal and informal practices: in some cases, these collaborations are more developed and stable, even if informal—such as with Employment Centers and certain Third Sector organizations; in other cases, they are formal but still challenging to systematize operationally, such as with specialized health and social services.
3. The realization of integration between different services is facilitated by institutional and organizational structures that already include elements of service integration (agreements, protocols, organizational charts). However, these are not always sufficient, and in these cases, the professional-level integration work becomes particularly valuable. Although challenging and often based on the discretion of individual operators, this work can improve multi-professional care and, consequently, service integration. Beyond agreements, protocols, and shared regulations, the efforts at the professional level would be strengthened by increasing opportunities for joint training and informal exchanges of practices, also through Communities of Practice.

#### Good practices at EU level

Another step for the RETICULATE project has been to provide examples of good practices of experiences of integration of social services and employment services within different configurations of One Stop Shop services, to support the elaboration of the model under construction, in particular as far as the management of multidimensional interventions is concerned.

With the support of ESN, IRS has collected a wide number of experiences, that have been analysed to choose the most promising ones that have been presented to the partnership for the final selection. A complete report is available in D4.1 and D4.4.

The four selected cases are:

1. BELGIUM – The public centres social welfare – PCSW
2. SPAIN (Navarra Government) – ERSISI: Coordinated intervention of social services and employment for the inclusion of the most vulnerable
3. GREECE - The network of Community Centres
4. GERMANY - The jobcentres and Check In 1 and Check In 2 local experience.

Through interviews and materials we have collected information on:

- The main measure to combat poverty in each country and the overall approach adopted to fight poverty;
- The multi-level governance of measures to fight poverty: the integration at institutional and management level;
- Financing model;
- Main features of the ONE STOP SHOP model: management, professional integration, community integration, user path within the services and his/her active involvement, strengths and weaknesses both from the point of view of services and users.

### Lessons learnt from the four case studies

Main characteristics of the ONE-STOP-SHOP emerging from the transversal analysis realised can be summarised as follows:

1. it brings together several services and institutions to offer better access to the welfare system and provides an integrated support, also connecting citizens with all the welfare programs and services available in the local area
2. It can be a joint institution (as in Germany) where the local employment agency and the municipality work together
3. It is a local reference point that facilitates access even in marginal and remote communities also through mobile units in mountain and island municipalities (as in Greece)
4. It offers support in the same place to all population targets, but depending on the context it can enhance specialist support for some target groups. It can guarantee:
  - hiring and training of case managers,
  - activation and training of an integrated team between different organisations
  - attribution of an individual (qualified) contact person to each recipient
5. collaboration with local services and structures (hostels for the homeless, services supporting women victims of violence, debt counselling services, addiction counselling centres, facilities for the disabled, employment services, local labour market, training and education institutions, third sector organizations, etc.)
6. the decentralisation of social action, which allows social workers to be closer to the population, to better understand the difficulties of each local area and therefore to improve the quality of the service provided, but also to coordinate an integrated social program for the local community
7. local networking in search of resources and opportunities in the local community for the employment activation of the beneficiaries, with the aim of finding adequate answers to the different profiles and needs. It may offer, according to the specificities,
  - information so that users can claim their rights;
  - referring and accompanying to services;
  - support during the access phase in submitting the application;

- assessment of employment needs and potential (profiling) and periodic reassessment (ever three / six months);
- support to the users in regularising the position regarding the access to social rights (reference address for those who do not have an address and CF ...)
- 8. involvement of beneficiaries in decision-making processes and in the design and planning of interventions, in order to incorporate their preferences in the activation path
- 9. signing of an integration agreement with job seekers containing a binding commitment to collaborate for their integration into the world of work
- 10. psychological counselling and consultancy services;
- 11. involvement of family members and setting up a family action plan; psychosocial, moral or educational orientation to allow the family to overcome difficulties;
- 12. provision of various types of social assistance and support necessary to promote social autonomy (rehabilitation, childcare services or housing and transportation); economic allowances (minimum income, unemployment benefit, pension, invalidity benefit, health insurance, etc.).
- 22. support in the housing field (support to access to public housing ,offering a guarantee for those who intend to rent a house, or supporting the beneficiary on the access to a transit or adapted accommodation for beneficiaries with a disability);
- 23. access to the full range of measures for active labour market policies;
- 24. activation of training courses on basic skills and professional training;
- 25. reporting of job vacancies and offering of job opportunities;
- 26. promotion of citizenship awareness and communication activities;

#### Professional roles that can be involved and the role played by the case manager

- The role of case managers is central to the articulation of an integrated and cohesive response
- In Spain (ERSISI) the integration of services is achieved by implementing a joint team composed of a couple of professionals (one from the social and the other from the world of work), who not only share a physical space, but work together on each of the cases through the exchange of their professional knowledge and experience in order to adopt a broader perspective. In this way, the support provided is more individualized and adapted to personal circumstances and reduces the need for additional support provided by public services. The Case Management Teams have the task of designing and testing a high intensity, individualised activation and care plan that puts the needs and preferences of the beneficiaries at the centre of the intervention.
- In Greece community centres are run by (mainly) social workers and psychologists. Their integration is achieved through 1) annual training courses for municipal staff 2) an e-learning program, accessible through the GMI website 3) An implementation guide and FAQs on the Minimum Income program provided by the Ministry and uploaded on the program website.

The IT support implemented:

- • In Greece GMI applicants submit their application electronically through the program website, or with the support of Municipalities or the Community Centres; The GMI national IT platform electronically connects information from 7 different state databases in "real time": Ministry of Finance, Organization for the Employment of Personnel, National Social Security Body, Organization of Social Benefits and Social Solidarity, Ministry of Education, Ministry of Migration Policies, Social Security.
- In Germany data on the indicators of each Jobcentre are available to the public on a monthly basis and can be downloaded from the web. Jobcentres who do not achieve their objectives are called upon to justify their performance and BA managers can receive sanctions in terms of reduction of the benefits associated with their remuneration.
- In Spain the Information System on the Right to Social Inclusion (ISRSI) incorporates a social co-diagnosis and a Personalised Social Inclusion Plan (PSIP). In parallel, an employability diagnosis was developed and applied by employment service professionals. Unlike the tools used in traditional social services, these have been built with the aim not only of serving as recording tools, but also of supporting and guiding interventions. The combined use allowed the homogenization of interventions and professional criteria.

## Lessons learnt

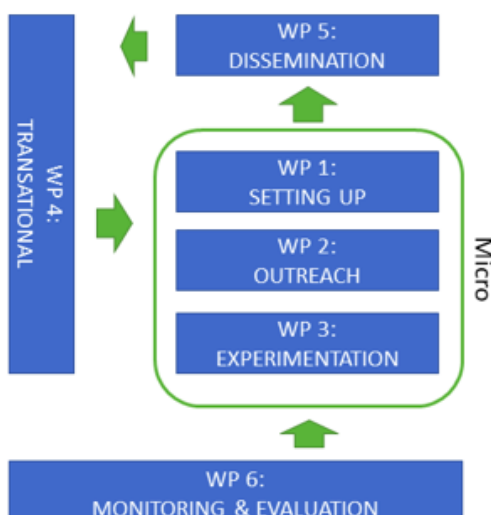
1. How to overcome the structural fragmentation between the two services (social and employment):
2. Not dealing complex needs in parallel by both services but develop a structural coordination between social and work services to work together on the integrated support of social and work inclusion. Develop common diagnostic and planning tools to facilitate the implementation of the integrated services model aimed at promoting joint intervention and decision- making
3. Create a common working space in a less stigmatizing context than social services premises
4. The training of integrated teams plays an important role o it should focus on factors that hinder integrated management and factors that enhance joint work between professionals, such as sharing common terms and concepts.
5. Develop the interconnection of databases Launch an integrated IT system such as "Single Digital Access to Social Protection" to develop a single application form for all available cash benefits and also integrate information on the provision of services and goods. o Develop IT procedures that allow you to have an instant picture of the overall support system and how it is able to respond to needs;
6. o the IT platform should allow instant cross-checking of information from various state and local databases
7. Reduce the territorial variation of activation policies, paying attention to the homogeneity of the offer throughout the territory Implement a monitoring and evaluation system Work on raising awareness and disseminating knowledge of the approach and activation tools

8. Promote collaboration between public bodies favoured and supported by the Ministry, with a clearly identified role for each o In GREECE the Directorate for the Fight against Poverty of the Ministry of Labour and Social Affairs plays a key role in the development and implementation of the GMI, and in the coordination of the various institutions that work in an integrated way for its implementation. The Directorate is responsible for the strategic planning and monitoring of the GMI and supports the collaboration with the Public Employment Services for the design and implementation of integration and reintegration programs for GMI targets and for the cooperation with the competent local services ( Municipalities) which, through Community Centres (the local access and support points), promote social inclusion and work reintegration. The publicly owned IT company develops and manages the GMI information system and the Social Security and Social Solidarity Authority ensures the administrative payment procedures
9. Develop a clear link between the different levels of government in highly decentralised Countries o In Spain, the minimum subsistence income (Ingreso Mínimo Vital IMV) is a national non-contributory social security benefit. It is funded by the Central State and managed by the National Institute of Social Security (NSSI). Autonomous communities have the possibility to sign agreements with the central government to take over the management of the regime
10. Develop operational integration between different sources of funding o in Greece the GMI is fully integrated with the Fund for European Aid to the Most Deprived (FEAD) sharing the same eligibility rules and procedures. GMI beneficiaries can be automatically included in FEAD directly through the GMI platform.
11. Reduce bureaucracy or develop light and fast administrative procedureslike in Greece

Project’s overview in the WPs structure

In the following, the project strategy will be outlined from the structure of the WP's, a graphical representation of which is provided: as can be seen, the heart of the project is wp 1-3.

Figure 1 Reticulate: the WP layout



## WP1- Setting up the experimentation structures: scoping and design of the actions and capacity building

The priority objective of WP 1 is to analyse the working mechanisms and the rooms for improvement and development of integrated service models to support vulnerable people (targets of the project) in the 4 territories of Tuscany involved in the experimentation. The analysis provides for the collection of information and the comparison among experiences currently in place, both at local, national and European level.

The WP also focuses on the factors that prevent services from reaching the beneficiaries (project targets). Finally, the WP envisages supporting the strengthening (through capacity building actions) of the operators skills involved in the experimentation in order to promote collaboration between public and private services and to get, where it is possible, a simplification of the assessment procedure of the beneficiaries and a greater rationalization of the working times of the personnel involved.

L'indagine avrà un approccio sia quantitativo che qualitativo con l'obiettivo di coinvolgere fin da subito i professionisti dei servizi, sia con ruoli di coordinamento che di front office, che enti del terzo settore dei quattro territori: saranno infatti utilizzati sia una survey attraverso questionario, sia interviste approfondite ai singoli professionisti, sia focus group integrati.

The aim is:

1. Realisation of four territorial case studies (Livorno, Grosseto, Lucca, Pistoia).
2. Realisation of a transversal analysis of the main strengths and weaknesses of integration, taking into account European good practices and the experiences covered by the study visits, as well as the constraints preventing to reach the target groups.

Within WP 1, a specific task deals with capacity building in a participative environment and aims at fostering the exchange between public and private services in the 4 territories and at providing training support to all the actors of the territorial network. Two workshops will be organised in each territory, the first aimed at mapping the network of actors involved in the services for the project's target groups and their activities, and the second aimed at gathering their contributions on the design and operation of the One Stop Shops (e.g. suggestions on beneficiaries, organisation of the service access point). This approach is in line with the integrated Public-Private model that has been developed, also with the development of a specific regulatory framework, in the regional territory with a strong presence of Third Sector Bodies alongside Public Services in the concrete development of Territorial Welfare.

## WP2- Reaching out to households in need and homeless: testing an innovative outreach approach

The Work-package 2 aims to identify and analyse the main barriers to access the services by the project target groups: vulnerable families with children and homeless peoples. Within this WP, according to the innovative and integrated service system model that will be experimented during the project, specific strategies are being developed to ensure adequate access to the integrated services and the full involvement of these target groups and their perspectives in the structuring of the new services.

Oltre ad incontri e gruppi focus integrati con gli operatori dei centri per l'impiego e dei servizi sociali dedicati, all'interno delle attività del wp2, si procederà al diretto coinvolgimento dei gruppi target per l'individuazione delle barriere di accesso e delle strategie di miglioramento dell'accessibilità del sistema dei servizi. In this context, in the light of the exploratory study on poverty and social exclusion in the 4

territories involved in the experimentation and of the main evidence collected through the research activities under the task 2.1 (through the administration of questionnaires and the organisation of the focus groups addressed to the representatives of the social services in the 4 territories), the field research phase was launched. The field research is based on participatory techniques, which envisage the direct involvement of the homeless and vulnerable families in the project actions.

### WP3 - Testing and implementation of the new model of integrated approach between key stakeholder

The Work-package 3 started on 11M. It aims to test an innovative model of taking charge and responding to the needs of the project targets (homeless and families in need with children) through the activation of multidisciplinary teams, the integration of current services and the creation of a single point of access (One Stop Shop).

The **Task 3.1** provides in particular for the implementation of an integrated take-up (care) system between social services and employment services (ARTI) through the creation of multidisciplinary teams for integrated care in each of the four territories subject to experimentation. Within this task, a model for the establishment and functioning of a multidisciplinary team made up of social and labor operators will be defined and shared. A model for the collection and sharing of data between social and employment services relating to the taking charge will be defined too.

This task takes into account the results of the research activities carried out within WP1 and WP2 and the work of analysis of good practices at European level carried out within WP 4 and coordinates with the experimentation monitoring system, which has been implementing under WP6.

### WP4 – Transnational cooperation

Transnational cooperation is a key Work package. It has the following objectives:

- Promoting transnational cooperation to support the local experimentation, providing examples of similar practice in place or being developed in other EU countries. These practices should provide suggestions on how to tackle difficulties and promote effective ways of reaching- vulnerable population that are the target of the project;
- Learning about practices implemented in other countries to contribute to a capacity building exercise for the professionals involved (in the form of on-job-training);
- Clarifying the conditions under which in other political contexts it has been possible to make different sectors of public administration and policies cooperate, and how public administrations have succeeded in cooperating effectively with private organisations (third sector, for profit or not for profit) in delivering essential services to vulnerable people.
- Promoting cooperation on a larger scale by fostering the exchange of good practices at EU level through the collection of existing experiences of integrated approaches aimed at supporting people in the most vulnerable situations, mutual exchange of views between local public administrations from different EU countries;
- Drafting and dissemination of a practical guideline for an integrated approach among employment and social services for vulnerable population.

The actions outlined above within the "backbone" of the Reticulate Project, constituted by WPs 1-3, are complemented by the work of comparison with project partners from Belgium and Greece and the related study visits that will directly bring into contact the experiences and strategies of operators and territories of employment centers and social services of the 4 territories with already consolidated experiences of one-stop shop implementation, although in different contexts at least from the point of view of governance and welfare structuring. For this purpose, the visits will be organized at two levels: a level of comparison on the structuring of welfare at the level of central government structures, and a level of comparison with concrete experiences and discussions with operators at the local level of implementations.

Finally, to make what the team has learned at the European comparison level more comparable with the implementation of the One-Stop Shop in the Tuscan territories involved, care will be taken to organize two study visits: one in Turin, with the objective of specifically probing the dimension of the homeless, one of the project targets, and one in Palermo, especially aimed at the target families with minors and NEETs.

A comparison between the One-Stop Shop models that will be visited and other European models will be particularly important, not only to imitate implementation solutions but to integrate into the framework of policies implemented at the European level.

The study visit to Capannori will focus on building integrated teams, the core of the Reticulate project and a testing ground for the implementation phase. The study visit to Capannori will mark the substantial completion of WP 1 and WP 2 actions towards the beginning of the implementation phase envisaged by WP 3. On this occasion, the Regional Board will also meet to formalize, even at the policy level, this transitional moment potentially bringing operational obstacles.

#### WP6 – Monitoring and evaluation

The monitoring and evaluation activities are meant to follow all the steps of the project implementation, in order to assess the activities carried out and their outcomes, and to support the identification of possible criticalities and the corrective measures needed for more effective project actions and services. All the project's actions within each WP were mapped and analysed, with their outcomes, outputs and deliverables and the implementation mechanisms put in place.

The design of the monitoring system includes the definition of appropriate monitoring quantitative and qualitative indicators and data and information collection tools (questionnaires, WP monitoring fiches templates for data collection, ecc.) on the project's activities, on-going outcomes and outputs, target groups, stakeholders, professionals and services involved.

The evaluation process includes the definitions of evaluation questions related to the process and implementation outcomes and the identification of the key elements to analyse. The evaluation methodology involves using quantitative-qualitative data collected by the monitoring system and through other tools (direct surveys, interviews addressed to different stakeholders and target groups).

The monitoring and evaluation activities will result in the drafting of specific half-yearly monitoring and annual evaluation reports. Finally, periodic monitoring meetings/calls between IRS, the evaluator and the WP leaders are being carried out as well as with the territorial programme managers involved in the local experimentation.



An evaluation plan sets out the details of the evaluation (as questions, methods and activities, and a work plan). The evaluation plan includes information about what the evaluation is trying to do (what is to be evaluated, the purposes of the evaluation, the evaluation approach and key evaluation questions) and how it will be done (what data will be collected, how and when, how data will be analyzed, and how and when results will be reported).

The evaluation of RETICULATE will adopt theory-based methods; furthermore, a participatory approach will be used to establish stakeholder perceptions and expectations (key stakeholders will be involved to compare and discuss the results of the evaluation).

The evaluation design describes the evaluation's approach, method and tools that will be used to meet the evaluation's purpose, objectives, and key questions. It includes how cross-cutting issues and social impacts are addressed under relevant criteria (as relevance and utility, efficiency, effectiveness, impact and sustainability).

The evaluation design is based on the reconstruction of the intervention logic (using Logical framework approach) and the expected results, as reported in main project documents and discussed with IRS. The reconstruction of the logic of the intervention considers each WP and related tasks to which the objectives will be traced.

At the same time, the theory of change underlying the project has been identified to be verified during the implementation of RETICULATE. Theory of change (ToC) explains how activities are understood to produce a series of results that contribute to achieving intended impacts, but it can also be used during the implementation process to explain how project's activities are working. ToC highlights the connection between activities and outcomes. Assumption about behavior, causal relation and context are made explicit supported by evidence by ToC.

The evaluation will identify the implementation mechanisms and key elements such as:

- methods of involvement of target groups in the experimentation;
- tools used for taking in charge and addressing to services;
- tailor-made paths and integration of social, employment, health care and housing services in One-Stop-Shop;
- key role of case managers and operators and feedback;
- networking and exchange of practices;
- differences in implementing activities between different territories;
- involvement of public authorities and dialogue with stakeholders

#### WP5 - Communication, dissemination, Mainstreaming

Dissemination activities will be addressed to a wide variety of stakeholders, such as: policy makers, managers of public and private organizations involved in social and employment services at local, regional, national and EU level, operators of public and non for profit private social services, employment offices. The main goal of this Work-package is to implement external communication (at local regional, national and European level) to disseminate progress and results of the project experimentation to interested/relevant stakeholders at all levels through the production of materials, practices and tested methodologies.

This WP also includes mainstreaming and scaling up activities aimed to improve the implementation of practices and tools for an integrated approach in policy making. They are also targeted to allow the evaluation by the Tuscany Region about the opportunity to embed the model experimented in regional policy (from practice to actual policy).

From this point of view, while foreseeing specific actions within the project WPs, the partnership with the Labour Sector, and the Welfare and Social Innovation Sector of the Region of Tuscany and the central role of ANCI in relation to the inclusion policies that the Region of Tuscany puts in place, makes the Reticulate project particularly strategic, understood as a permanent laboratory, a dynamic relationship also with the construction of policies of which the one-stop shops are in fact an innovative concretisation.

## WP 7 Project management monitoring

The main objectives of the WP7 are:

- Ensuring that the project is pursuing the planned overall and specific objectives providing strategic and day-to-day guidance, methods and tools for effective project implementation, also through constant consultancy with the Advisory Board, and periodical, collective reviews of the strategy.
- Setting in place and maintaining appropriate governance systems and working flows across WPs and Tasks' teams, with clear responsibilities and assignments;
- Ensuring clear and transparent communication within the Consortium, towards the Commission and external stakeholders, as well as on time and content-relevant technical and financial reporting.

Anci Toscana will implement a double level of management both on the level of the formalisation of the administrative processes and of the correct development of the project in relation to what was agreed with the European Union and on the level of the development of the contents, always taking into account both what the national and Regional Policies develop and, in particular, the methodologies and the organisational processes that the one-stop shops intend to put in place also in relation to the diversity of the territories subject of the experimentation. Anci Toscana also assumes a coordinating role of the actions of the various partners, constituting in fact a project Community of Practice that relates both physically and through shared platforms.

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For this to happen, RETICULATE's management system attempts to establish a distributed governance structure at the experimentations level, whilst maintaining stewardship and control at the central project level. Therefore, the management structure is organized around three levels:

### Strategic Board

The strategic level, embodied by the Strategic Board, who shall assure that a clear development strategy is set for RETICULATE.

The responsibility for the project's overall strategy of implementation lies on the Strategic Board (SB) All the project partners (leads, co-applicants and associates) participate in the Strategic board. They will be represented by the top manager of their organization or by administrators capable of guiding the strategies

of their organization. In this way the political endorsement to the project will be ensured. The Project manager will chair the strategic board.

### Experimentation Board

The experimentation level, embodied by Regional Experimentation Board assures the uniform development of the experimentation on Tuscan territories and promotes the networking of the public and private organizations involved in social services, employment services and granting of minimum income.

### Project Board

The Project Board (PB) guides and oversees the actual implementation of the project, following the strategic inputs of the SB.

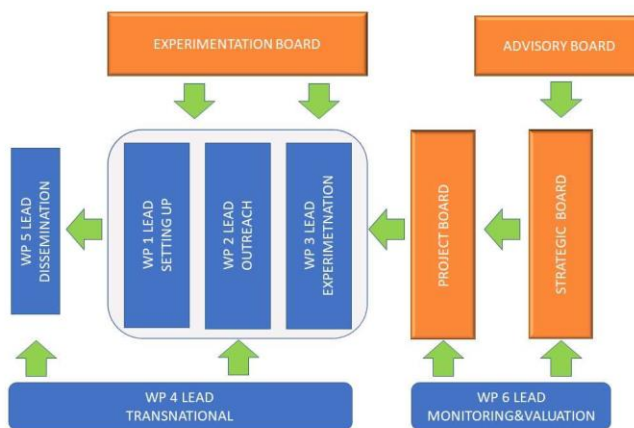
The Project Board has decision-making power for everyday project management; it can also propose new managers to each of the management roles described below, should this become necessary. It also has the power, through consultation with the EC, to propose partner changes, if required.

### Advisory Board

The organizational structure of the project includes also an Advisory Board.

The Advisory Board (Scientific Committee) is the guarantor of the scientific quality of the whole work and will be involved from the early stages of the preparation of the tools and setting of the experimentations. A strategic support will be played also in the interpretation of the results of the monitoring and evaluation phases.

Figure 2 Reticulate: the layout of Wp in connection with Boards



### The methodology

The methodology applied in the RETICULATE project has been proposed by fio.PSD as work package leader of WP2 -Task 2.1 - D1 aims to achieve the involvement of families in difficulty and homeless people in the experimentation of an innovative participatory approach to improve services.

This methodological approach is innovative in the direct involvement of the target groups to identify access barriers and to develop services in order to include and respond to previously identified problems and needs. It should be pointed out that, given the peculiar nature of the target groups involved and the fact that these target groups were identified by the Reticulate project as representing groups of populations that may encounter difficulties in accessing services and consequently risk not receiving adequate support pathways to overcome their situation of need, the first step proposed is to meet the services and institutional contact persons and then people directly through an intermediation by the services themselves.

## The Re-PART

The methodology proposed is a mixed method methodology that includes a first phase of desk analysis (exploratory study) to identify the characteristics of the services and a second phase of field research (qualitative and participatory survey) that aims to meet operators and target groups to collect their opinions, expectations, useful suggestions to strengthen the services, make them more inclusive and adequate to overcome the status of need, fragility and social marginalisation in which many people find themselves who are unable to enjoy an effective path of social reintegration.

### Phase 1 - Consultation And Mapping Of The Welfare Service System

The first phase envisages an initial overview of the services aimed at the target groups active on the territory in order to identify informed estimates on the dimension of the phenomena, the prevailing fragility profiles, the strength and critical factors of the social services system and deepen the point of view of the territorial contact persons regarding the barriers to accessing the services and how these could be overcome also through the experimentation of a new service, such as the one promoted within the Reticulate project (the one stop shop).

#### A Preliminary meeting with territorial partners

Initially, it may be preparatory to identify the persons in charge of the territorial services for the target groups and organise a meeting between the research team and the contact persons of the municipalities concerned. The meeting could also immediately involve the NGOs working in the sector. The purpose of the preliminary meeting is to get to know each other personally, to establish a relationship of mutual trust and cooperation, present the objectives and instruments of the action-research, and explain the usefulness that can be derived from it. The meeting can also be an opportunity to make an initial ex-ante assessment of the sustainability of the research and how to possibly make corrections or adjustments in the time schedule and the activities that the research team intends to carry out. Among other things, stakeholders could immediately introduce elements that the project had initially overlooked and which instead deserve to be addressed. The construction of the context-oriented analysis dimension at this stage is decisive.

In the case of the Reticulate project, the organisation of an on-line meeting with the four case study territories (Comune di Livorno, Piana di Lucca, Società della salute Pistoia, Società della salute Grossetana) was also of great importance in order to fully understand the differences between the territories and their organisational forms distinguished between “municipality” or “social and health territorial district” with the related differences in the management of services.

## B. Desk survey with two online questionnaires

After the meeting and after having established an initial relationship of trust and collaboration between the research team and the service contact persons (as well as the exchange of contacts), a semi-structured questionnaire is defined and administered. In the case of the Reticulate project, two questionnaires were drawn up and administered: one focused on services for serious adult marginalisation and one on services for vulnerable families with minors, addressed to the contact persons of the social services of the four territorial areas. The questionnaires consist of open and closed questions and aim at investigating four areas: typology and number of services addressed to the target groups active in the territories; the number, characteristics and prevailing needs of the beneficiaries of the services; the modalities of access to the services, of care of the beneficiaries, and the level of participation of the beneficiaries in the definition of the customized project; strengths and critical points of the services system and identification of the barriers that the target groups encounter in accessing the services.

### Thematic focus groups

The transition from the desk phase to the field phase is always fundamental in order to better understand the information gathered, verify consistency and gather opinions and expectations. In these cases, when the welfare system services are the subject of the research-analysis, it may be useful to organise shared moments extended to the audience of potential stakeholders operating in that specific sector. The focus groups may be the appropriate tool. It is therefore necessary to draw up a few stimulus-focused questions, provide a facilitator and invite no more than 12 people per focus.

In the case of the Reticulate project, two face-to-face focus groups lasting two hours were carried out. Single topic focus groups with mixed stakeholders were chosen. The first focus group was centred on the theme of barriers in accessing services for serious adult marginalisation and was attended by both contact persons of public social welfare services, employment services and third sector organisations that have been operating for a long time in the territories concerned. The second focus group was aimed at analysing the barriers in accessing services for vulnerable families with minors. Also in this case, the contact persons of the territorial services (social and labour services) of the public and private social system were invited, as well as a stakeholder as an expert on the topic of educational poverty.

### Desk analysis and result-based management activities

At the end of the research activities, the information collected needs to be systematised and analysed both from a territorial perspective (case studies) and from a cross-cutting perspective (thematic and cross-cutting analysis).

Quantitative information requires elaboration by means of graphs, tables and summary sheets on the results, while information gathered through field research activities needs more qualitative analysis. A short report and a powerpoint presentation can be two useful tools to disseminate the first results and share them with the research participants.

These analyses will lead to the implementation of an exploratory study on the marginalisation profiles present in the territories, on the factors limiting the reaching of target groups by social services and on the opportunities to overcome these barriers.

The results of these analyses has been presented to the project partners during the study visits foreseen in WP4 and to the Scientific Committee.

## Phase 2 - Active Involvement Of The Target Groups In The Design Of Welfare Service System

In this phase of work on the field, the objective is to give voice to people in a vulnerable condition and, as stated in the foreword, to listen to their views on the difficulties in accessing services and what improvements can be made. The stated objective of this phase is to involve target groups in identifying barriers to accessing services and formulating proposals and suggestions to ensure a higher level of take-up. Participatory approaches are becoming increasingly important in the sector of services for people in a vulnerable situation. They aim to promote an active role of the person receiving care and to make him/her participate in decisions and actions concerning the support pathway to be undertaken. When participatory methods are used, intervention measures and care are not limited to responding to basic needs in a standardised and performance-oriented manner but promote the participation of the person in the definition of his/her inclusion pathway, gather opinions, ideas and desires that may influence the recovery pathway and motivate him/her with respect to the objectives to be achieved by activating the resources/capacities a person possesses.

### Active recruitment and consultation of target groups

This methodology includes both an active involvement in consulting the target groups on access barriers and listening and collecting recommendations to improve access to services with the suggestion box. In addition, the methodology also includes stimulating services to maintain a participatory approach through some specific activities that will be listed below.

### Involvement and intermediation of services coordinators

In order to approach the people to be interviewed, the mediation function of those who manage services and habitually interact with homeless people and vulnerable families, i.e. public and private social workers and operators, will be of fundamental importance. On the basis of the mapping of organisations and through dialogue with social services contact persons, 3-4 organisations recognised as privileged witnesses for their knowledge and experience in managing services to homeless people and disadvantaged families will be identified for each territory. These organisations will be made aware of the project objectives in order to play an accompanying and intermediation role during the interviews with the target groups.

### Face-to-face interviews

After contacting the organisations that manage different types of services, a range of semi-structured interviews will be carried out in each territory with homeless people and vulnerable families with minors (appropriate to the intensity of the phenomenon in each territory). In the interviews with the families, attention will be paid to surveying the opinions of the different members of the household. The involvement of minors will be assessed on a case-by-case basis as the age range varies and is an even more delicate target group to approach.

## Desk analysis and result-based management activities

The information gathered through the interviews and the suggestion box will have to be systematised and analysed from a territorial (in-depth, case studies) and transversal perspective.

## Return of results to interviewees

Where interviewees have expressed their wish to be kept up-to-date on the outcomes of the research, the return of the analysis of the results will be carried out in a blended manner: Easy to read concise report sent to the service contact persons for mediated return to the interviewees or directly by e-mail to the person if he/she has given account and consent to receive information or in video call or video message summarising the main results, etc.

## Phase 3 – Adoption Of Participatory Techniques In The Provision Of Social Services

The last phase of the methodology envisages to provide the stakeholders, involved in various ways in the action research, with bottom-up recommendations, based on the results of the field research activities. In order to foster an active involvement and participatory approach within the services, the methodology envisages two actions: the survey of the level of involvement and participation of the beneficiaries in the services (barometer of implementation of participatory approaches in the services) and the adoption by the services of practices for the involvement and participation of beneficiaries. To this end, it appears useful to provide services with a list of methodological tools to be used in the ordinary management of services and/or in the experimentation of a new service (for example, the one stop shop envisaged by the Reticulate project). The actions planned for this phase preferably require methodological supervision in order to adjust the operational tools to the needs and objectives of the local services (adopting the participatory approach in the provision of social services).

## List of bottom-up recommendations to overcome barriers and obstacles

On the basis of the evidence gathered in the consultation of services and target groups and bearing in mind the specificities of local contexts, bottom-up and ready-to-use recommendations are developed concerning possible opportunities and strategies to foster accessibility and overcome barriers in accessing services. These recommendations represent a knowledge base that services can use when defining or redefining services for the most vulnerable target groups.

In the case of the Reticulate project, this list of recommendations is mainly based on the analysis of the suggestions collected through the suggestion box technique. The recommendations thus collected are integrated with the indications already provided by the social workers during the research activities carried out in phase 1 (questionnaires and focus groups). All these indications will serve to guide the organisation and management of the One stop shops in the four territories, and more generally, of the social services in the area.

## Services self-assessment of the participatory practices

This activity involves the design of a questionnaire addressed to services. The self-assessment form has a twofold function: on the one hand to assess the state of the art with respect to the level of adoption of

active participation practices and techniques within the services and on the other hand it offers the possibility to monitor how these practices are progressively introduced and developed over time. For the Reticulate project, we have produced a facsimile self-assessment form, drafted on the basis of the contents of the participation toolkit prepared by Feantsa.

### Toolkit on participatory techniques

With respect to participatory techniques, there are several studies and guidelines. Within the RE-Part methodology, a useful operational document is the Toolkit developed by Feantsa, which offers a number of specific tools and techniques for severely marginalised and vulnerable groups. The toolkit offers concerned services the possibility of adopting several ready-to-use techniques - a list of which can be found in D2.1. The participatory techniques are based on different levels: one level is the mere information which represents a unidirectional channel of information and orientation of services to the beneficiary (talking wall; posters) and a second level is represented by the consultation which involves the adoption of tools to continuously survey users' opinions (suggestion box, questionnaire). One of the highest levels of participation is represented by co-design practices (Leading your own recovery).

The use of participatory tools can be done autonomously by the organisations by foreseeing planning and service definition methods that reserve adequate space and time for listening to people. In more structured systems, it is always advisable to be accompanied by methodological supervision and/or by a research group that can work alongside the team to accompany it on the consistency and suitability of the instruments to be chosen, on the correctness of the implementation methods, and obviously on the results of the participatory processes. In the perspective of a virtuous cycle, these participatory practices may in turn generate greater involvement of beneficiaries and foster their effective integration as the ultimate goal of the whole process.

### The implementation of the Activities

The implementation of the activities can be divided into two large blocks, on the one hand all the support activities both at the start of the project and throughout its implementation and on the other hand the experiments in the 4 pilot territories. In this report, we will give a quick introduction, using the work packages of the project and finally leaving a space for the pilot's narrative.

In this WP1, partners like Anci Toscana acted as support to the IRS partner in order to analyse the functioning mechanisms and the potential for improvement and development of the integration models between services, in support of vulnerabilities, in the 4 territories subject to experimentation.

The activities in WP 2 has been to identify strategies to ensure the widest involvement of target groups by optimising the system for the improvement of social inclusion.

Wp 3 has been the testing and implementation of the new model of integrated approach among the key stakeholders to respond to the needs of the target population and to promote their social inclusion.

Transnational cooperation plays a central role in all project activities. WP4 activities objective support the elaboration of the main elements of the local experimentation, providing examples of similar practices in place or under development in other EU countries, and to contribute to the improvement of competences through on-the-job training through project meetings and study visits in Italy and abroad, also in connection with European Social Network. WP4 carries out the thematic facilitation activity favoring the exchange of experiences and the introduction of best practices in the project's pilot actions.



WP 6, monitoring and evaluation activities has followed all the project implementation phases in order to assess the implemented activities and their results and to support the identification of possible criticalities and the necessary corrective measures for more effective and efficient services.

### Capannori's Pilot

The multidisciplinary team was set up and its activities started in April 2023. The system set up in the Municipality of Capannori – Piana di Lucca foresees that all social and employment services counter offices can act as a point of access to the integrated service (OSS) whenever they identify during their ordinary activities complex needs that require a joint action. These single points of access are both in the Employment Centre of Capannori and in the offices of the Municipality of Capannori. The operator who welcomes the beneficiary collects all relevant data and information regarding its specific needs and any previously activated service starting in this way the pre-assessment phase.

Following the pre-assessment, the beneficiary is taken in charge by the first-level multidisciplinary team composed by an ARTI operator (from the employment service) and a social worker to complete the needs assessment and drawing up a personalized intervention plan which considers social and employment dimensions, specifically tailored to the beneficiary's needs. More meetings with the beneficiary aimed at evaluating his/her situation are organised and specific administrative procedures are activated. Specific employment and social services the beneficiary can access are identified in the Plan.

The first-level multidisciplinary team meetings can also take place not only in the Municipality of Capannori or at the offices of the Lucca Employment Center but also in one of the six Municipalities of the Piana di Lucca. This model is also aimed at enhancing the knowledge and contacts between the two services. Operators have the opportunity to work in different offices, and this ensures a greater knowledge and exchange about the services' supply modalities, working methods and approaches. The Municipality of Capannori appointed a coordinator of the service (Consorzio Mestieri Toscana) in order to manage the access to the service and the data collection platform. All the beneficiaries' forms will be digitalized as soon as the platform envisaged will be functioning. In case of urgent situations or further specific needs emerged from the analysis carried out by the first-level team, a second-level territorial multidisciplinary team can be activated to provide specialised services.

The One-Stop Shop on the Piana di Lucca made it possible to consolidate social and labor teamwork and networking on the territory.

### Grosseto's Pilot

The multidisciplinary team was set up and its activities started in June 2023. The aim of the action in the Grosseto pilot has been to integrate the available services by making the fragmented public and private service system more accessible. The pilot focuses on enhancing professional Social Services related to Citizenship's Income measures, consolidating multidisciplinary teams, and empowering local Social and Health services. The project emphasizes the centrality of Third Sector Networks and local social co-design processes, as well as increasing the role of Local Governance in combating poverty. The target groups are homeless people, who are the most detached from services and the labor market, and poor families with minors, particularly those with a migrant background, who face complex challenges such as social stigma and lack of social capital.

The One Stop Shop at the SDS Pistoiese area is located at the Social Secretariat headquarters in the Municipality of Pistoia and is connected to local service networks. It provides a multi-professional team to assist citizens directly with interventions, orientation, and directing them to other opportunities. There is

also a mobile team operating within the SDS Pistoiese territory at employment centers and social offices. Access to these services can be achieved through telephone appointments for face-to-face meetings, direct access via a dedicated desk open twice a week at a popular hotel in Pistoia, or indirect access through referrals from job center operators.

### Livorno's Pilot

The multidisciplinary team activity was set up and its activity started in March 2023. The Livorno pilot objective of the action was 75 integrated social/work intakes. The objective was achieved through the opening of a one-stop shop (ONE STOP SHOP) for the homeless and vulnerable families to supplement the social secretariat desk already present in the Livorno area, a context characterised by a strong presence of the homeless. In fact, the service allowed access to the dormitory, which covers twenty-three places for both men and women, guaranteeing constant coverage throughout the year and offering low-threshold services and activities capable of involving and reactivating the guests. Another main objective was to provide services and activities involving citizens. The added value was the location of the OSS near the JobCentre, easily accessible, and the collaboration of voluntary associations to support the guests and others."

The Livorno pilot implemented several activities aimed at integrating social and employment services for homeless and vulnerable families. A single gateway to these services was established, facilitated by teamwork and group meetings, allowing direct contact between individuals and Livorno Employment Centre operators. These monthly meetings included contextualization of opportunities, first-level reception, and orientation services based on specific Essential Performance Standards (Lep - Livelli essenziali delle prestazioni in Italian) for active policies. The meetings were conducted by Employment Centre's professional operators together with operators from Cooperativa Il Simbolo, which manages the dormitory and day center for the homeless. After each meeting, participants received individual appointments with professional operators to expedite their access to services and start work orientation processes. The day center offered laundry services, luggage storage, recreational activities such as theater workshops and music therapy, and legal and nursing counseling through the Red Cross. Psychosocial counseling was provided through interviews with the day center social worker, referrals to local services, and activation of fictitious residences for day center users. Specific actions by the local health services included integrated assistance with social and Housing services, supporting with extraordinary contributions, and certifications in order to allow users to access the anti-poverty measures (ADI - inclusion allowance). The project also included the inaugural activity of the One Stop Shop and participation in study visits for exchanging good practices with European partners and other Italian cities like Palermo and Turin. The difficulties encountered were related to the involvement of the Specialised Services as there is a strong presence of homeless people in the area with both addiction and psychiatric problems who need an integrated intervention. A team called GAM (Gruppo Adulti Multiproblematici - Multi Problem Adult Group) has been active for about 12 years, which tries, once a month, to bring together all those who mainly have a contact with the homeless, both from the public and private social services. The health services have only participated in specific housing first projects.

### Pistoia's Pilot:

The multidisciplinary team was set up and its activity started at the end of March 2023. Its activity followed a first phase of planning of the service in cooperation with third sector actors, which allowed to increase the number of operators (social workers, educators, tutors) available, to define the methodologies and to

strengthen local networks by promoting synergies between public and private bodies. The multidisciplinary team's procedures were shared with all the operators and services involved in the experimentation in preliminary meetings to the activation of the One Stop Shops.

The multidisciplinary team is composed of a minimum and stable number of operators. The Permanent components of the team are: a social worker, an operator of the Employment Centre, a tutor specialised in social inclusion and an educator. They are in charge of beneficiary's needs assessment during the sessions of the multidisciplinary team and drawing up a personalized intervention plan considering the social and employment dimensions. The multidisciplinary team met on a weekly basis, with a total of three meetings in this semester. The frequency of the meetings will remain weekly even in the next months. Additional professionals with specific competences can be included, if needed, for the evaluation of the further beneficiary's needs and the complete definition of the services in the perspective of offering a personalized and integrated take in charge.

## Conclusions

The experimentation was successful, despite some criticalities met in the starting phase due to the complexity of the experimentation process, especially as regards the difficulty of the different territories to adapt and align their operational methods among them and between social and employment services.

The One Stop Shop (OSS) results demonstrate its effectiveness as a working method that fosters synergy between social and labor sectors. It enhances mutual competences, builds trust and mutual respect, and facilitates the development of a shared language that bridges the gap between different technical discourses. This approach helps overcome self-referential tendencies and promotes a sense of belonging to a common project.

The adoption of the operational Protocol between social and employment services to regulate the OSSs' functioning in all territories is a project success element as well as the activities carried out for outreaching homeless and households in need and involving them in designing the OSSs services.

Another important lesson learned is that the fight against marginality requires strong cooperation between public entities and the third sector.

From an operational point of view, we learnt from the project how to manage the response to poverty situations through a three-level system: front office - first-level social and labor teams - second-level teams with the third sector, housing and educational poverty services, specialised services for specific needs

The experimentation carried out with the Reticulate project achieved very significant results in terms of innovation of the model adopted.

The effectiveness of the model is revealed by the significant data of about 70% of the beneficiaries who are still actively on the pathways activated with the integrated taking charge (and thus decided to not drop out from the Plan). As already stressed, the pathways that start with the co-planning of the personalized plan and involve vulnerable targets, are by definition considered a "positive and productive process" before their completion. Additionally, it should be noted that educational and occupational activities (e.g. placement) are processes that requires longer time than the time frame of this project, especially with reference to the Reticulate targets.

The OSS model was also characterized by its adaptability to the contexts, while remaining anchored to the project specifications that ensured the homogeneity of the model and the governance of the interventions and timing.

Some conclusions can be drawn, as follow:

- The participatory approach emerged as a key element, as it would contribute to the creation of a suitable setting for inclusion and integration. It results that the OSS could be a testing ground to develop further "participative" methods and tools that are specifically designed for the targets the Project deals with.
- The activity carried out by the multi-professional equipe in the One-Stop-Shop model also performs a function of stability and continuity of service for social and occupational inclusion in the territories. Thus, multi-professional equipe of the One-Stop-Shop is crucial to directing and drawing the personalized Plan for beneficiaries targeted by the project.
- In the OSS model, the activation of the multidisciplinary equipe for each individual case determines that the 'taking in charge' is predictive of inclusion. In other words, the personalized Plan does not only respond to primary needs but activates a specialized "prospective" pathway of social and occupational inclusion for a proper integration of the beneficiary.
- Considering the extreme marginality of the target group of homeless treated in Reticulate, further evidence of the effectiveness of the One-Stop-Shop is that the model also allows for the possibility of re-orientation of the personalized pathway, according to new needs or new opportunities determined by overcoming marginality during the beneficiary's stay in a system that puts the person at the center. In these cases, the use of the participative approach is particularly effective because it brings Conclusions What are the most important conclusions and lessons learned from the action?the beneficiary and the service operators closer together in a system that already envisages modes of connection and collaboration between operators to possibly recalibrate the mix of services. An operators survey highlighted governance and coordination between operators (to optimize working methods and integration of services) and the possibility of adjusting inclusion pathways, i.e. changes to the plan that become necessary following the emergence of new needs of the beneficiary.

As a result, there is a possibility that the care system can lead from a situation of marginality to one of inclusion and employability, transforming the person's living conditions.

- Since the network of services is an essential component for the effective functioning of the One-Stop-Shop, the model tested by Reticulate makes the OSS not a simple physical access point but transforms it into a real key for activating the network of services available in each territory in an integrated way.
- The good implementation performances recorded also reflect the characteristics of the territories and anticipate a reading of their propensity, in some cases, to expand the network of services by involving the private social sector, the third sector and other organizations to broaden the capacity to respond to the needs in the One-Stop-shop model.
- The involvement of territorial actors and stakeholders has proven to be crucial for the expansion of services, with positive repercussions also on the quality of interventions in the case of co-planning and co-planning. Thus, with a view to replicating the OSS model, one lesson learned from Reticulate's experience is to activate the territory's resources at an early stage by promoting round tables not only with public services but also extended to other organizations or new networks.