



D6.5 - Final Evaluation Report at the end of the project

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Final Evaluation Report

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Final Evaluation Report

Foreword

This Final Evaluation Report was drafted following the approach outlined in the Evaluation Plan. The final evaluation presents the main results of the mid-term evaluation and its update and finalizes the results of the analysis in order to answer the evaluation questions also through the investigations and insights gained from the interviews with the WP Leaders and operators.

The final evaluation focuses on the experimentation activities carried out in WP3 until the end of the project, since the activities of the other WPs – which were preparatory of the WP3 experimentation - were analyzed in the mid-term evaluation. The evaluation is based on the following sources: data collected from monitoring to February 2024, data collected directly through a survey addressed to One-Stop-Shop (OSS) operators in the territories, and information gathered during interviews with WP leaders and contact persons from the partners and the 4 territories involved in the project, namely Livorno, Pistoia, Grosseto and Lucca. Additional data and information were acquired by the evaluator through active participation in operational meetings between the partners and territories during the implementation of WP3 and participation in events and conferences for the dissemination of the project results (in particular: the conference of 13 December 2023 in Rome at the ANCI, the conference of 10 April 2024 in Florence and the final conference of 22 April 2024 in Brussels).

Throughout the duration of the project, the evaluator played an active role by participating to operational meetings on monitoring project implementation and was able to discuss evaluation issues directly with Reticulate partners. The evaluation analyses are elaborated with reference to the topics and evaluation questions contained in the evaluation plan of 25th July 2022.

The Final Evaluation Report is structured as follows:

- **evaluation findings** which summarized main evaluation evidence emerged because of the answer to the evaluation questions based on analysis of the collected and available data and information;
- a first section referring to the **evaluation of the implementation process**, which develops the analysis according to the evaluation questions referring to the main topics identified in the evaluation plan;
- a second section referring to the **evaluation of Reticulate outcomes**, which in turn is divided into two further parts:
 - a first part which is divided into three levels: micro, meso and macro, with the relative outcomes.
 - a second part which is dedicated to representing the results of a survey addressed to the operators of the four territories of the OSS experimentation.
- a final chapter illustrating the **conclusions** reached by the evaluation process.

Executive summary

The Final Evaluation is structured coherently with the Evaluation Plan and thus follows the outline of the main topics and evaluation questions already adopted for the mid-term report and update note. The Final Evaluation focused on results recorded and perceived by actors and stakeholders related to the activation of the One-Stop-Shop (WP3) at the end of the Reticulate project.

Before illustrating the evaluation findings, it should be noted that the key element of the experimentation phase (WP3) is related to the activation and operation of the One-Stop-Shop (OSS). Through the OSS, a virtuous circle is activated that welcomes vulnerable persons from the Reticulate target groups and defines for each one a customized Plan with a mix of services aimed at social and occupational inclusion.

It was fundamental for the effective operation in all territories of the One-Stop-Shop, to sign in April 2023 a Memorandum of Understanding between ARTI (Tuscan Regional Employment Agency), the Municipality of Livorno, the Municipality of Capannori, the COeSO (Grosseto Health Society) and ANCI Toscana. This protocol ensures homogeneity of approach in managing the One-Stop-Shop and, at the same time, allows flexibility in the adoption of the OSS organization modalities in the different territories. In this way, the model promotes a wide participation of the territories (public bodies, non-governmental organizations and third sector organizations) in the use of services and tools, also co-designed, for activities to support persons in vulnerable conditions.

Below are the main findings from the evaluation analysis. This summary covers the sections on the evaluation of the implementation process and the evaluation of Reticulate outcomes and follows the articulation of the main issues addressed.

Section 1. Evaluation of implementation process

The One Stop Shop implementation at the end of Reticulate project

The experimentation phase of the Reticulate project ended in February 2024. Monitoring data collected until this date shows that the pilot project met and exceeded the minimum target of 300 beneficiaries.

Implementation data reveal a good result in terms of overall project implementation. A total of 331 intakes were achieved (integrated care approach), of which 188 members of families in vulnerable conditions and 143 homeless persons. In terms of services, 1,103 interventions were planned and activated until February 2024, of which 41% for vulnerable households (including services for family members) and 59% for the homeless.

Social (33%) and occupational inclusion (31%) services were the most frequently provided. In the mix of services, the use of social interventions is more frequent than employment interventions, especially when considering social inclusion services provided to the homeless target group.

The number of male beneficiaries is 187, while there are 144 females. If we consider everyone in the network, only 3.9% of the beneficiaries involved in the personalized plan definitively left the pathway started within the OSS. Up to February 2024, 70% of the beneficiaries were still in care and implementing the personalized Plan, while 25% of the beneficiaries had successfully completed the care pathway.

Homeless people account for the largest number of intakes in the 46-59 age group. People belonging to vulnerable households are concentrated in the 31-45 age group.

Evaluation of the implementation process

Outreaching

The implementation of WP1 and WP2 contributed decisively to the effectiveness of the One-Stop-Shop model. The effectiveness of outreaching activities can be deduced from the implementation performance of those responsible, as confirmed by interviews with the leaders of WP2 and WP3.

The approach defined by WP2, that Reticulate disseminated for the removal of different types of barriers in the OSS model, is an added value for operators and territories. This approach can be used to design the future Service Centre as a development of the OSS experimentation.

Service delivery

One of the main innovative features of Reticulate is the care system for homeless and vulnerable households aimed at meeting the needs of individuals, through the activation of a multidisciplinary team and the integration of services available on the territory in a personalized plan.

The combination of social inclusion and employment services is prevalent for both target groups. Thus, for the homeless, alongside social counselling and employment guidance measures, the focus is on support for basic needs, temporary housing, integration/admission to daycare centers. Moreover, for the homeless, health services (21%) and housing support (17%) are more concentrated than for the vulnerable household target group. For families, on the other hand, the most relevant measures concern not only counselling, job orientation and job placement programmes, but also income support and school care for children.

Networking

The service network is an essential component for the successful implementation of the One-Stop-Shop. The service network is also crucial in the OSS socio-occupational inclusion model.

This model includes: the accessibility of spaces and the presence of professional operators, the ability to reach populations in serious difficulty, often invisible, and the integrated taking charge of people in relation to the individual's needs. Taking charge means sharing with the multidisciplinary team a social and occupational inclusion pathway, leveraging a network of services that links the multiple resources of the territory.

As confirmed by the interviews with the WP Leaders in June 2024, the organization of the network is an essential prerequisite to achieve an improvement in the living conditions of the beneficiaries, and network action is crucial when talking about inclusion, because inclusion takes place on the territory and must involve all the resources of that territory, not limited to the action of public actors.

The evaluation examined the composition of the different service mixes in the four territories. The analysis indicates that the modelling of OSS is fully linked to the territorial context, whose characteristics (target groups and available service network) guide the service offering.

A survey of operators showed that more than 85% of operators consider it advisable to strengthen collaboration with private social and third sector networks, which already carry out activities in the territories; while for more than 70% of operators it would be advisable to strengthen internal OSS procedures (between social, welfare, health and labour services) in order to better receive reports of people in difficulty who could be taken into care.

A suggestion that emerged from the survey is related to the advisability (perceived by more than 90% of the operators) of identifying a network manager to deal with the organizational support necessary for the

functioning of the service networks in a transversal manner. This operator should ensure the effectiveness of the involvement, management, mentoring and completion of each personalized plan within the OSS model.

Finally, all the operators highlight the conviction that the OSS model should be integrated with other types of services, such as patronage services, CAF, law firms, etc. The OSS model would also be developed by extending the services available in the territory to include services provided by the private social sector and the third sector.

Management and governance

The organizational management

The OSS model is based on the integration of services and collaboration between social services and employment services have been established during the experimentation. But in terms of organizational management, the OSS model fostered a process of change management both within public bodies and in relations with other services available on the territory.

The service provision model on the territory

Reticulate has promoted a single model based on some key elements, such as the centrality of the person and her or his needs, the integrated taking in charge, the multidisciplinary *equipe*, the personalized Plan towards which an integrated mix of services converge to trace a path for the social and employment inclusion of each beneficiary.

There is no need to investigate differences in the experimentation of the OSS that would lead to the identification of different models of service delivery, because the differentiation of contexts is linked to the potential beneficiaries belonging to the two Reticulate target group (homeless and vulnerable households). *Territories have different features and vulnerabilities, so much so that some territories have decided to focus on a more specialized and categorical model (e.g. Livorno and, to some extent, Grosseto, which focus on homeless target mainly).*

The standard model with its mix based on social inclusion and employment services is functional when extreme distress situations are not faced. If, on the other hand, the target is a very vulnerable one, such as a homeless person living on the street, then an intensive and specialized intervention is needed to accompany the person towards a state of well-being but starting from basic needs.

The governance of the professionals who participate in the implementation of personalized plan

For an evaluation of governance, attention must be paid to three factors: the modus operandi of the One-Stop-Shop, the network of services and actors, and the characteristics of the professional staff involved in the beneficiaries' inclusion paths.

The One-Stop-Shop is not limited to a physical access point but represents a real pivot to activate the network of services available in each territory in an integrated system. This integrated system of services requires a complex governance that must allow for the delivery of services to beneficiaries and, at the same time, must allow for the circulation of information concerning the beneficiaries taken in charge. In this way, operators can act in synergy and effectively supporting the beneficiary on the path to inclusion.

Challenges in the exchange of information among operators of different services due to the structural deficiency in the interoperability of informational systems, as reported in the survey, can compromise the

comparison and collaboration between social and labour services that are crucial for the inclusion pathway. However, within the Reticulate project, each of the 4 territories addressed the lack of interoperability systems, through customized solutions of information sharing and exchange among the different services, with reference to each beneficiary that was taken in charge. This allowed to fully achieve the objectives of the experimentation.

Success factors and critical issues encountered

At the end of the experimentation, the following are some elements of success and potential criticality that have emerged so far, identified in the analysis or reported during the interviews:

Success factors

- The modeling and organizational activities developed thanks to the action-research activities of WP1 and WP2 provided a crucial contribution to the structuring and organization of the One-Stop-Shop. In WP4, European best practices has been taken into account as an important reference for the modeling of different service delivery.
- The ability of the project partners to identify early in WP2 the barriers (individual, administrative, communicative, cultural, physical) to access services for the target groups and the ability to develop innovative methods and strategies to address the barriers.
- The innovative participatory approach (a real success factor) to case management and the definition of the Plan for each individual beneficiary.
- The contribution of the operators of third sector organizations was highlighted, about the management of services for beneficiaries in situations of extreme marginality, for both targets.
- The provision of structuring in the organizational model a professional resource dedicated to accompanying the inclusion paths through an operational coordination of the network of services provided by each Plan.
- In Pistoia, co-planning and co-programming table was set up to structure and shape the OSS model and interventions with the joint participation of the private social and third sectors.

Critical issues

- The low interoperability of information systems, the solution to which, however, is independent of the organizational structures involved in the One-Stop-Shop.
- In the initial phase of experimentation, the work of the operators required dedication in involving the beneficiaries in the model of taking in charge and defining the personalized pathway, since on the part of people in difficulty the request for support is understandably aimed at seeking immediate solutions to urgent needs.

Section 2 - Evaluation of Reticulate outcomes

The OSS operator survey

Part 1. Survey to operators. Organizational effectiveness – main findings:

- Most of the operators agree that the One-Stop-Shops have contributed to overcome or reduce different types of barriers (individual, cultural, physical, administrative and communication barriers). The overcoming of individual barriers is the element that sees positively aligned all operators surveyed. The reduction of both administrative and physical barriers is where most operators fully agree.

- About 40% of the operators have found the OSS model effective and satisfactory in reaching beneficiaries in peripheral areas.
- Building a stronger collaboration among the institutions and networks that already operates in the area is seen as the most relevant activity to carry out in the perspective of a follow-up of the One-Stop-Shop experimentation with around 85% of operators that fully agree or agree to this important action.
- The 60% of operators fully agree or agree on the fact that the organization of specific training activities that involved jointly the whole community of operators working in the OSS project would be useful to improve the experimentation.

Part 2. Survey to operators. Needs, personalized Plan and governance

- All operators strongly consider a stable presence of the operators within the multi-professional team of the OSS a crucial element.
- 58% of the operators find that the project has offered services that matched the needs/demands expressed by the beneficiaries.
- The 92% of operators acknowledge that during the unfolding of the personalized plan the necessity of modifying the mix of services planned with individual beneficiaries has emerged, as a result of the changing needs of the beneficiaries.
- All the operators think that would be useful to establish periodic meetings dedicated to coordination among the operators in order to optimize the working methodologies and the integration of different services offered.
- 93% of the operators are convinced that the introduction of a transversal profile who can play the role of a “network manager” would be an appropriate solution to strengthen the organization and functioning of the OSS and provide greater support and effectiveness in engaging, managing, mentoring and completing the Plan dedicated to each beneficiary.
- All the operators believe that the services already offered by the Reticulate project could be integrated with other types of services, such as CAF and Patronati.

Part 3. Survey to operators. Perception on general effectiveness

- Overall, more than 50% of the operators perceive that project activities have been effective and in line with expectations.
- More than half of the operators surveyed agree that the OSS model tested was generally effective for both types of target groups and that if the personalized path does not immediately result in a full socio-economic inclusion, it can anyway encourage subsequent inclusion in supported institutionalized work placement paths from public instruments (e.g. the G.O.L. Programme).
- 71% of operators fully agree or agree on the fact that income support instruments are an important enabling factor to support the effectiveness of the personalized plan.
- 57% of the operators stated that they had encountered difficulties in the availability of information to create an adequate customized plan for the target beneficiaries.

The evaluation of the outcomes

The analysis of the outcomes is structured on three levels: *micro, meso and macro*. The analysis focuses on the evaluation questions but does not consider the full outcomes and direct effects on the beneficiaries, as 70% of the personalized Plans are still under implementation.

The evaluation results for each of the three levels are outlined as follow:

B1. micro level

At the conclusion of the Reticulate project experimentation, approximately 70% of the beneficiaries were still running their social and occupational inclusion path. However, even in the absence of definitive data on the outcomes of the personalized Plans, it is assumed that the living conditions of individuals belonging to the two target groups have improved, because the beneficiaries of the pilot experimentation have been taken in charge and included in a virtuous system that helps to meet their needs by directing them towards social and occupational inclusion.

The effectiveness of Reticulate is determined not only by the achievement of the objectives, but also by the fact that the model tested has succeeded in "keeping people with fragility (in many cases extreme, such as the homeless) in the system, with a personalized plan and the related integrated service delivery pathway". Moreover, the fact that at the end of the project there are so many people who continue to follow their path of socio-occupational inclusion, and a limited number of drop-outs, gives the measure of the effectiveness of the model adopted by the OSS.

B2. meso level

The organization of the network is an essential prerequisite for achieving an improvement in the living conditions of beneficiaries. Inclusion takes place on the territory and must involve all the resources of that territory, not limiting itself to the action of public actors.

The dimension of the integrated service network available in all territories, managed by the OSS, is able to ensure an effective taking in charge and to provide services adapted to the needs of the individual beneficiary. The objective of social and occupational inclusion is made concrete by the presence of a multidisciplinary *equipe* (of two levels: level I: social and employment operators, level II: integration with other private and public services, i.e. housing or healthcare services) and by the supporting action of service operators.

Finally, the beneficiary's participation in the construction of the personalized plan and the activation, in some territories, of co-planning and co-programming with the private social and third sectors, allow for further possibilities of expanding the services available to meet beneficiaries' needs more effectively.

The differences in the services provided, are mainly due to the socio-demographic characteristics and profiles of the potential beneficiaries in each of the four areas in which the OSSs were placed. For each of the 4 territories, characteristics were found that fall within the standard model of integration of services for social and occupational inclusion, but at the same time provide a reading of a connotation of the interventions in line with the heterogeneity of the situations and challenges faced.

During experimentation, the main organizational effort was to activate a structured collaboration between social services and employment services. At the conclusion of Reticulate, satisfactory feedback was received from the territories, and the results of the project implementation are proof of the effectiveness of this collaboration. Therefore, as noted earlier in this Report, it is necessary to continue in the direction of greater integration, especially towards better collaboration with the health services. The WPs Leader interviewed also indicated that public-private integration mechanisms should also be acted upon in the future in order to sharpen the different forms of collaboration and involvement between services.

B3. macro level

The OSS model tested with Reticulate is replicable in other contexts. Protocols, procedures and functioning mechanisms could already be taken up in the implementation of the Service centers envisaged by the national regulation.

Thus, as reported by ANCI, at the conclusion of Reticulate it may be considered that the capacity of the territorial community was crucial for the OSS. This capacity is achieved when integration takes place simultaneously on three levels: the institutional level (between authorities and organizations), the managerial level (between services), and the professional level (between operators).

The prospects of replicability of the OSS model lies in the projects financed by AMIF¹ 2021-2027 for support and integration interventions addressed to migrants in the four territories of Reticulate beyond Florence, Prato, Carrara. Thus, the Reticulate model could already be replicated by the policy maker for its extension in the same territories. It follows that, in perspective, the results of experimentation could also contribute to inspiring new employment support policies and new social and employment policies aimed at young people and other vulnerable targets (e.g. migrants).

In conclusion, the effectiveness of the model should not be dissipated as the wealth of knowledge acquired over the years represents intangible wealth that enhances the culture in territories, services, people, working practices and collaboration between public services and organizations as well as between people. The method adopted with Reticulate proved capable of achieving results in a very complex area of social and occupational inclusion, especially in relation to a target group of very vulnerable beneficiaries

Conclusions

The evaluation considers that the objective of involving 300 beneficiaries has been met and that the experimentation carried out with the Reticulate project achieved very significant results in terms of innovation of the model adopted.

Even though the results relative to the completion of pathways and the conclusion of personalized plans are not yet available for an analysis of the effects on the beneficiaries, the effectiveness of the model is revealed by the significant data of about 70% of the beneficiaries who are keeping on the pathway activated with the integrated taking charge. This is not surprising, since the pathways of personalized plans do not match with the time frame of the project, since they need more time to be concluded. On the other hand, since the project has identified vulnerable people as its target, their participation in socio-economic inclusion programs should already be considered a success.

¹ Asylum, Migration and Integration Fund for the period 2021-2027.

All the actors and stakeholders interviewed during the project by the evaluator expressed the conviction that the One Stop Shop model was able to activate innovative approach of intervention to accompany the target groups of beneficiaries towards social and employment inclusion.

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.

In relation to the evaluation questions addressed in the Final evaluation Report, it is possible to draw some brief conclusions, 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. It is a possibility 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 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.

The survey to operators 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.

Section 1. Evaluation of implementation process

The One Stop Shop implementation at the end of Reticulate project experimentation

The experimentation phase of Reticulate project has concluded in February 2024. From the monitoring data collected in February 2024 emerges that the pilot project has reached and exceeded the minimum target of 300 beneficiaries.

Specifically, the database has recorded a total 331 taken in charge (integrated care approach), of which 188 members of vulnerable households and 143 homeless persons (table 2).

The project registered an increase of +125 taken in charge from September 2023² to December 2023 and a further increase of +41 taken in charge from December 2023 to February 2024. Table 1 and 2 show the progress across the four territories from December 2023 until the last monitoring data available of February 2024.

The distribution over the territories also highlights the focus on specific targets for Grosseto (77% vulnerable households) and Livorno (80% homeless).

Table 1 - Distribution of the Reticulate target population (households and homeless) followed by an “integrated care approach” in December 2023

Territory	Members of vulnerable Households		Homeless		Total	
Livorno	17	35,4%	31	64,6%	48	100%
Pistoia	40	58,0%	29	42,0%	69	100%
Grosseto	66	75,9%	21	24,1%	87	100%
Lucca	55	64,0%	31	36,0%	86	100%
Total	178	61,4%	112	38,6%	290	100%

source: elaboration on Reticulate project monitoring database.

Table 2 - Distribution of the Reticulate target population (households and homeless) followed by an “integrated care approach” in February 2024

Territory	Members of vulnerable Households		Homeless		Total	
Livorno	15	20%	60	80%	75	100%
Pistoia	45	60%	30	40%	75	100%
Grosseto	73	77%	22	23%	95	100%
Lucca	55	64%	31	36%	86	100%
Total	188	57%	143	43%	331	100%

source: elaboration on Reticulate project monitoring database.

² Monitoring data elaborated in the Evaluation update note of October 2023, n. 165 taken in charge registered.

If the experimentation recorded a total of 331 taken in charge distributed among the four territories, however, the number of indirect beneficiaries reaches 501 when the number of other household members who have indirectly benefited from the services for vulnerable households taken in charge is also considered.

Table 3 - *Direct and indirect beneficiaries of Reticulate experimentation (February 2024)*

Target	Territory				
	Grosseto	Livorno	Lucca	Pistoia	Total
Member of vulnerable households					
n. of taken in charge	73	15	55	45	188
n. of other family components (indirect beneficiaries)	16	22	41	91	170
Homeless					
n. of taken in charge	22	60	31	30	143
n. of other family components (indirect beneficiaries)	0	0	0	0	0
Taken in charge Total	95	75	86	75	331
Indirect beneficiaries Total	16	22	41	91	170
Total	111	97	127	166	501

source: elaboration on Reticulate project monitoring database.

Interventions activated

In terms of services, a total of 1.103 services were planned and activated until the end of February (+74 compared to December 2023) out of which 41% were for members of vulnerable households and 59% for the homeless.

The last months of the experimentation registered an increase in percentage of services dedicated to the homeless target group (compared to 36,9% of previous update note). The following table details by type of services planned and delivered for the two target groups of beneficiaries.

Table 4 – *Status of project implementation (February 2024)*

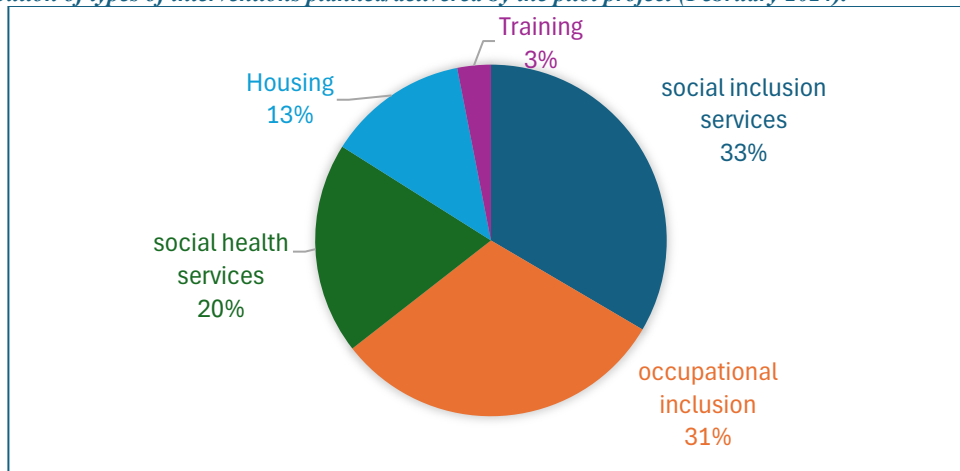
	Members of vulnerable households	Homeless	Total
Taken in charge	188	143	331
Services delivered	447	656	1.103
<i>social inclusion services</i>	159	210	369
<i>occupational inclusion services</i>	165	177	342
<i>social health services</i>	75	140	215
<i>Housing services</i>	32	111	143
<i>Training/educational services</i>	16	18	34
Total planned and activated interventions	635	799	1.434

source: elaboration on Reticulate project monitoring database.

Overall, considering also the activity of the taking charge of 331 people from both target groups, **the number of interventions delivered during the phase of experimentation reaches a total of 1.434.**

As illustrated in Figure 1, social inclusion (33%) and occupational inclusion (31%) services represented the most delivered services, followed by social-health services (20%), housing support (13%) and educational/training services (3%).

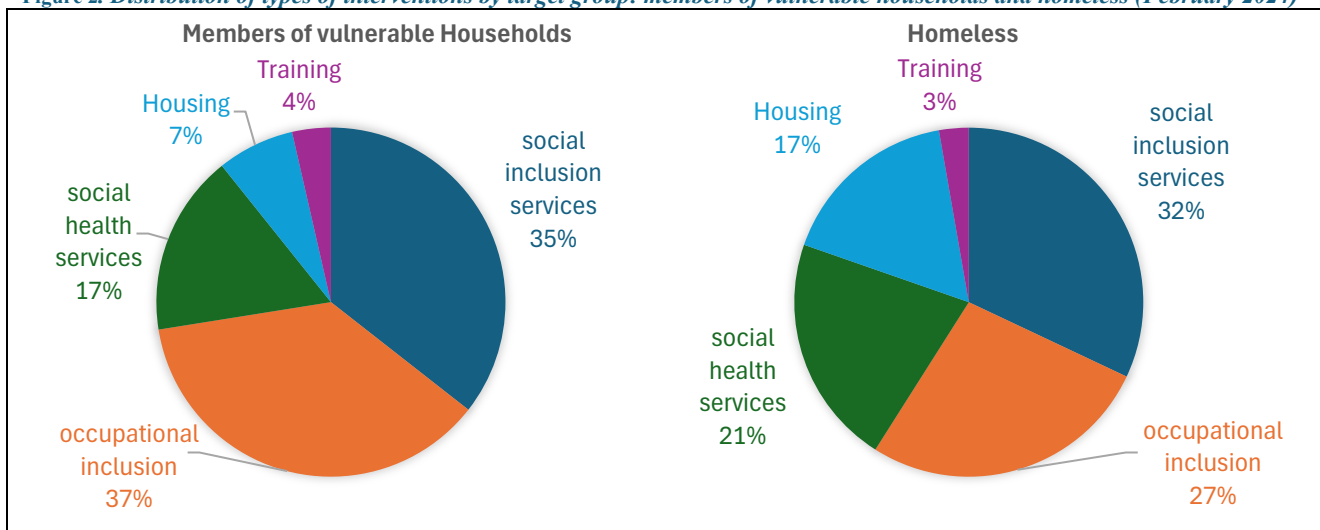
Figure 1. Distribution of types of interventions planned/delivered by the pilot project (February 2024).



source: elaboration on Reticulate project monitoring database.

Analyzing each target group in detail (Figure 2), while **the combination of social inclusion and employment services** remains the prevailing approach (72% of interventions planned and activated for members of vulnerable households and 59% for the homeless) it was observed that the homeless target group, as expected, used social and employment services (21%) and housing support services (17%) more than members of vulnerable households.

Figure 2. Distribution of types of interventions by target group: members of vulnerable households and homeless (February 2024)



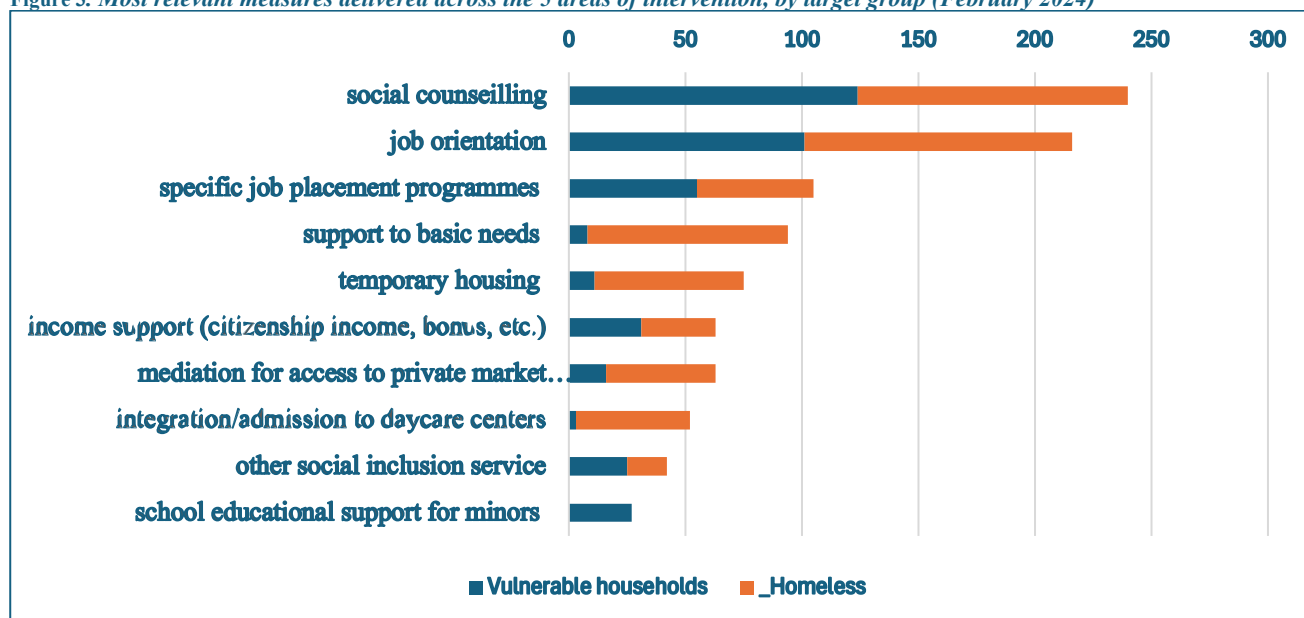
source: elaboration on Reticulate project monitoring database.

It is also observed that, in the mix of services, the use of **social interventions** is more frequent than **employment interventions**, especially when considering the social inclusion services provided to the homeless target group (Figure 2). Social and health care inclusion services jointly account for more than 52% of the services provided for both target groups, while occupational inclusion services stand at 37% and 27% respectively (members of vulnerable households and homeless).

Investigating the types of measures that compose the **5 areas of services** provided (Figure 3), the measures that worked best for the target group of **members of vulnerable households** were social support and counselling, work orientation and specific job placement programmes (GOL, unemployment benefits, etc.). In the area of social and health services, the most used measures were income support (citizenship income, bonuses, other forms of income support) and educational support for children.

For the target group of **homeless** persons, the first three measures mentioned above were also the most popular. In addition to these, among the social inclusion services, homeless persons mainly benefited from the integration/admission to kindergartens and the support for basic needs measure among the social/health services. Finally, the target group of the homeless benefited from the measures relating to housing services, particularly those relating to the implementation of procedures for the allocation of temporary housing and mediation for access to housing on the private market/registration on public housing lists or emergency housing.

Figure 3. *Most relevant measures delivered across the 5 areas of intervention, by target group (February 2024)*



source: elaboration on Reticulate project monitoring database.

The monitoring data show that, if we consider all the beneficiaries involved in Reticulate, only 3.9% of them definitively abandoned the customized pathway started within the OSS. 25% of the beneficiaries successfully completed the care pathway designed for them and the remaining 70% are still in care and implementing the Personalized Plan jointly agreed between the OSS teams and the beneficiary.

The percentage of completed Personalized Plans is higher among the homeless, while a higher number of vulnerable households have the care pathway in progress (Table 5).

Table 5 - *Status of the taken in charge, by target group (February 2024)*

Taken in charge	Members of vulnerable households	Homeless	Total
Permanent drop out from the personalised Plan	4,79%	2,80%	3,93%
Personalised Plan under implementation	79,79%	57,34%	70,09%
Personalised plan completed successfully	15,43%	39,86%	25,98%
Total	100,00%	100,00%	100,00%

source: elaboration on Reticulate project monitoring database.

Given the large percentage of individual intakes whose pathways were still in progress at the end of February 2024, added to those already completed, it is assumed that the share of target groups that have been able to benefit from the services offered by the OSS is more than significant. Thus, there is a very **positive performance** of the OSS in terms of adherence to the interventions by the target beneficiaries. The effects of the services provided on the target population should be measured over the long term, but this task is beyond the scope of this evaluation.

Socio-demographic characteristics of beneficiaries

Tables 6 and 7 provide information on the gender and age characteristics of the 331 beneficiaries of the pilot project. Overall, male participation in the project is higher. The number of **male** beneficiaries is greater in Grosseto, Livorno and Lucca, while Pistoia records a prevalent number of **female** beneficiaries.

As far as the **age distribution** of beneficiaries is concerned, the target of the homeless registers the most relevant number of intakes dedicated to persons in the 46-59 age bracket. People belonging to vulnerable households in the 31-45 bracket are those who have benefited most from the project, together with minors.

Table 6 - Distribution by gender (February 2024)

Taken in charge by gender	Territory				
	Grosseto	Livorno	Lucca	Pistoia	Total
female	42	25	36	41	144
male	53	50	50	34	187
Total	95	75	86	75	331

source: elaboration on Reticulate project monitoring database.

Table 7 - Distribution by age (February 2024)

Taken in charge	Age					Total
	minor	18-30	31-45	46-59	over 60	
Members of vulnerable households	44	21	77	38	8	188
Homeless		16	33	70	24	143
Total	44	37	110	108	32	331

source: elaboration on Reticulate project monitoring database.

According to the monitoring data, most of the project beneficiaries are unemployed. Those who declared to be employed represent a very low percentage of the beneficiary group (Table 8). Those receiving an income support form represent 17% (57 persons) of the beneficiary population (Table 9).

Table 8 - Occupational condition of beneficiaries across territories (February 2024)

Taken in charge	Territory				
	Grosseto	Livorno	Lucca	Pistoia	Total
unemployed	45	66	30	34	175
inactive	27	6	1	8	42
employed	16	3	15	8	42
(empty)	7		40	25	72
Total	95	75	86	75	331

source: elaboration on Reticulate project monitoring database.

Table 9 - Beneficiaries with income support across territories (February 2024)

Taken in charge	Territory				
Income support measure	Grosseto	Livorno	Lucca	Pistoia	Total
RdC	8	5	5	14	32
Naspi	3	5	5	5	18
other	3		4		7
No support (empty)	81	65	72	56	274
Total	95	75	86	75	331

source: elaboration on Reticulate project monitoring database.

The evaluation of implementation process with reference to main evaluation questions

Below are the results of the evaluation with reference to the **main topics** and the related **evaluation questions** addressed for the evaluation of the implementation process (Section 1) and evaluation of the project outcomes (Section 2).

The sources used for the evaluation analysis – for both Section 1 and Section 2 of this Report - are the implementation data recorded by the monitoring (updated to February 2024), the direct interviews with the WP Leaders, the survey to operators, the information gathered during the project operational meetings during WP3, the questions addressed by the evaluator to operators and stakeholders during the events of December 2023 and April 2024 in which the evaluator also took part.

All documents produced during the project (such as deliverables of the WPs, presentations given at the conferences, technical notes and monitoring reports, guidelines and protocols) and the documents released by the monitoring and evaluation (evaluation plan, mid-term report, update notes and monitoring reports) were also collected from these sources.

Outreaching

main topic	evaluation questions
Outreaching	Did the services reach the target population?
	What are the critical issues emerging in outreaching activities?

The activity carried out in WP2 led to the definition of a **methodology for the active involvement of target groups**, which resulted in a service improvement strategy for the experimentation of the One-Stop-Shop. The activity carried out in WP2 was systematized in a model that has, as an **innovative** element³, the direct

³ WP2 developed a methodology called RE-PART to foster participatory approaches in social services and in the One-Stop-Shop. **Participatory approaches** in the field of services to persons in a vulnerable condition aim to promote **an active role of the person** received in order to make him/her participate in the decisions and actions concerning the support pathway to be undertaken.

involvement of the target groups in the identification of access barriers and the definition of actions to engage their integration in the territorial service system (participative research-action methodology).

The methodology is based on the mapping of the services available on the different territories to integrate the solutions and services identified through the action-research activity, distinct for the target group of homeless and members of vulnerable households.

For the **homeless**, the indications highlighted some key factors to be incorporated into services, such as:

- the possibility of 'fictitious' civil registration at local municipalities and the activation of social and professional emergency service points,
- the provision of reception, information and orientation services, and the strengthening of inclusion interventions,
- the possibility of taking care in forms more suited to the individual's situation (type of fragility and scalability of interventions with respect to the individual's needs),
- the involvement of beneficiaries in the integrated design of the inclusion plan,
- the experimentation of housing first in the territories of Livorno, Grosseto, Pistoia

For **members of vulnerable households**, the mapping revealed the presence of a plurality of services, present on all territories, already addressed to this target group (with a prevalence of educational and care services, such as: home education, parenting support, cultural mediation) in addition to the offer of social housing and residential communities. The action-research highlighted the need to:

- strengthening territorial networks with emergency social intervention services and professional social services in all territories,
- develop service centers and strengthen information systems (Pistoia, Lucca, Livorno)
- provide direct services to care leavers (Livorno and Grosseto).

Box 1. Experiences and stories from the territories. OSS Capannori: the network nodes for intercepting people with distress

I nodi della rete per l'intercettazione dei portatori di disagio: Servizi Sociali, Centri per l'Impiego, Terzo Settore, Servizi Socio-sanitari.....ogni cittadino (?)

Capannori

Cos'è una Rete Sociale?



Did the services reach the target population?

The implementation data updated to the end of February 2024 reveal **good result in terms of the general implementation effectiveness of the project**, as through the experimentation activities a considerable number of beneficiaries have been included in a customized inclusion pathway.

As illustrated in table 2 of this report, the beneficiaries belonging to the target groups involved in the experimentation are 331 (188 members of vulnerable households and 143 homeless), but if we also consider the members of households who indirectly benefited from services (see table 3) the total number of people reached is 501.

The implementation of WP1 and WP2 contributed decisively to the effectiveness of the One-Stop-Shop model. In fact, based on the data and information collected, the evaluation confirms that during the pilot phase of the project, the OSS model was developed in the different territories with reference to the indications of WP1 and WP2. Specifically, the effectiveness of outreaching activities can be deduced both from the implementation performance of the beneficiaries taken in charge and from the results of the interviews and the survey of the operators.

An in-depth study carried out within the framework of the WP2⁴ provides some indications on the accessibility of services. A first step of the survey was focused to the dimension of the beneficiaries' perceptions, the information gathered made it possible to identify the main categories into which barriers to access can be divided. The second step of the survey was to ask the territories to what extent the indications expressed by the beneficiaries concerning access barriers were considered and led to a reduction of these barriers in the implementation of the OSS.

Based on what was reported by operators of the territories, it emerges that the barrier related to listening, which draws on the empathic and relational dimension, was particularly considered in the OSS. The various referents of services operating in the territories assert that in the OSS a great deal of attention was paid to relational aspects (e.g. adequate spaces for listening to beneficiaries, more time for interviews, and specific training actions).

As reported in the WP Leaders' interviews, *thinking about homelessness, already finding a physical counter on the ground, a real place with dedicated hosting spaces and a team that listens to complex needs and addresses them in a holistic and differentiated way is a big step forward for the success of the OSS model.*

The following two boxes illustrate the main features of the OSS in Livorno and Grosseto.

Box 2. *experiences and stories from the territories. OSS Livorno: basic information (opening, services)*



<p style="text-align: center;">Porta unica di accesso ai servizi socio lavorativi</p> <ul style="list-style-type: none"> • Richiesta posto letto • Servizio di igiene personale • Residenza anagrafica • Deposito bagagli • Front office • Assessment e orientamento (Sportello) • Assistenza sanitaria • Supporto giuridico legale • Fermo posta • Equipe multidisciplinare <p style="text-align: center;">ONE STOP SHOP LIVORNO</p> <p style="text-align: center;">Gruppi di accoglienza e orientamento al lavoro</p> 	<p style="text-align: center;">ONE STOP SHOP LIVORNO</p> <p>Configurazione one stop shop</p> <p style="text-align: right;">Unico punto di accesso</p> <ul style="list-style-type: none"> • Focus sul target homeless: attenzione su struttura dedicata già esistente • Prossimità uffici Arti • Libero • Su appuntamento • Su segnalazione di Arti
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⁴ As reported by Fio.Psd (WP2) – direct interview in June 2024.

Box 3. Experiences and stories from the territories. OSS Grosseto: basic information (opening hours, team, services)

ONE STOP SHOP è aperto al pubblico **DAL LUNEDI' AL VENERDI'** con la presenza di una **Équipe FISSA** costituita da **Assistente Sociale e Educatore Professionale della Società della Salute Grosseto**, che si occupano di accoglienza, oltre al **Coordinatore**.

- **Prima valutazione della presa in carico** tramite **Équipe multidisciplinare** riunita ogni **15 gg**, composta da: **assistente sociale territoriale SDS** ("che porta il caso"), **operatore Centro Per l'Impiego** (Arti Toscana), **assistente sociale ed educatore professionale SDS** che presidiano il OSS, (se necessari, operatori dello sportello Info-immigrati Coeso, per i casi di stranieri)
- Vaglio per eventuali servizi/interventi attuabili, sociali (es. educativa domiciliare, assistenza domiciliare) e/o lavorativi (offerte di lavoro, tirocini, corsi di formazione)
- **colloqui individuali** (max 60 minuti) per la valutazione e la stesura del progetto individualizzato sociale/formativo/lavorativo
- **équipe multidisciplinare itinerante** su Follonica e Arcidosso per coprire le ex zone Colline metallifere e Amiata grossetana

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What are the critical issues emerging in outreaching activities?

In designing the OSSs it has been considered the necessary measures to overcome access barriers (individual, communication, administrative, cultural barriers) for both homeless persons and members of vulnerable households. Furthermore, the recommendations emerging from the action-research activity of WP2 to improve access to potential beneficiaries also in areas peripheral to the location of the One-Stop-Shop were considered (see table below):

Table 3 – Measures to overcome access barriers and recommendations from action-research in WP2

Target group: homeless	Target group: households with children
<ul style="list-style-type: none"> - development of co-programming and customization of inclusion paths (Livorno and Lucca have models that can be replicated) - strengthening the network of services and consolidating collaboration with private social organizations - strengthening the work of street units - reorganization of spaces in reception areas to favour listening to beneficiaries - expansion of the range of services offered and their differentiation (e.g. reception for women minors, new adults, housing first, issue of fictitious residence and collaboration with registry services (following the model of the Livorno and Pistoia territories). 	<ul style="list-style-type: none"> - listening and taking charge - strengthening the preventive function of social services, intercepting needs in the non-emergency phase - Shifting the focus from the economic problem to supporting parental roles - cooperation pact between services and development of dialogue with educational services in the 0-6 age group - interoperability of information systems and databases - strengthening collaboration with the Cpi and exchanging information on beneficiaries' pathways
Recommendations from interviews with a panel of beneficiaries	
<ul style="list-style-type: none"> - provide more space for listening, relationship and human relations - disseminate more reliable and timely information - support in dealing with paperwork - multilingual communications - take people's suggestions on how to structure the service - coordinating mobile units that reach people in small municipalities - ensure a link between primary care services and specialized professional services (social service, employment services, socially useful work, social and health services, Sert) 	

Thus, the overcoming of criticalities was also managed in a preventive way⁵ considering the potential barriers facing the beneficiaries in the OSS, as well as the modalities of access (direct access, but also by appointment, visibility, welcoming place and the co-presence of social and employment center professionals), or the organizational configuration.

Furthermore, the physical presence of the OSS in the territory may be established in a single location but also in different points, if they are interconnected and integrated in the network of territorial services.

Slide in Box 3 is extracted from a presentation of the Grosseto Health Society and provides some elements on the opening hours of the One-Stop-Shop and on its organizational composition and services. It is noted that the frequency with which the multidisciplinary team meets is every fortnight, while in other territories of the experimentation the frequency is rather weekly (e.g. Pistoia).

The survey addressed to service operators explored the topic of outreaching and barriers with three questions. As can be seen from the survey (for details see Section 2 sub-A of this Report), **operators generally agreed that OSS helped to overcome different types of barriers (physical, cultural, administrative, individual).**⁶

In particular:

- Administrative and physical barriers are those that, according to operators, have been overcome most effectively.
- Approximately 40% of operators believe that OSSs have been effective in reaching potential beneficiaries even in the most peripheral areas (compared to 13% who consider them unsatisfactory).
- However, from an OSS development perspective, operators consider it useful to implement more access points to OSS services, especially in peripheral areas. Moreover, *ad hoc* procedures and training of operators in identifying cases of potential beneficiaries would be desirable for these areas.

According to the WP3 Leader,⁷ the indications that emerged from WP2 were effective, even though the territories were not able to apply all of them in the experimentation of the OSS. One limitation was the physical spaces of the OSS, which were not always adequate to incorporate the indications on access barriers. In general, however, the indications were received by all territories and allowed operators and stakeholders to understand the approach to be followed in the model.

Therefore, as reported by WP3 Leader, *the usefulness of WP2 is even greater in a perspective of development and continuation of the OSS. The approach (WP2) that Reticulate disseminated for the removal of different types of barriers is a heritage that remains with the territories and operators working in the OSS and will also be used in the design for a future Service Center.*⁸

⁵ Ref. The Guidelines for the experimentation of the interdisciplinary outreach model and for the implementation of the One-Stop-Shops (incorporating the results of WP2).

⁶ For details see Section 2 sub-A of this Report, questions from 1 to 3.

⁷ Direct interview in June 2024.

⁸ Ref. Piano nazionale degli interventi e dei servizi sociali.

Service delivery

main topic	evaluation questions
Service delivery	How was the needs assessment carried out and the personal activities plan carried up?
	Which measures and services approach have worked best for each target?

How was the needs assessment carried out and the personal activities plan carried up?

WP3 dedicated two specific tasks (task 3.1 and task 3.2) to the integrated care system and to the multidimensional needs analysis model. In particular, the organization and structure of the One-Stop-Shop during the testing phase (Task 3.3) was carried out based on the Guidelines developed as a result of the study and research activities carried out in WP1 and WP2 and input from the project's Scientific Committee.

One of the main **innovative** features of Reticulate is the system of taking charge (care) of homeless and members of vulnerable households and responding to the needs of individuals, through the **activation of a multidisciplinary *equipe* and the integration of services available on the territory.**

The needs assessment is crucial. In fact, in the territories of the experimentation, the delivery of services is based on the characteristics and needs of the beneficiaries and their tailored Plan.

Indeed, it is assumed that **the effectiveness of the OSS model promoted with Reticulate should be evaluated considering the type of target beneficiaries it addressed.** These are people in a condition of extreme fragility, bearers of complex needs. Moreover, it should be considered that Reticulate's target groups are very different from each other, therefore they have different needs, which result in a mix of different personalized services. Therefore, on the one hand, the *equipe* that design the tailored Plan together with the beneficiary can activate services directly deliverable within the OSS; on the other hand, the *equipe* draws on "integrated" services available on the territory, linked to the OSS but physically delivered in different places (e.g. for a homeless person the refectory service or the dormitory or clothes supply centers).

Moreover, one of the advantages of **needs assessment carried out by the multidisciplinary *equipe*** is that it was possible to activate some support interventions within a short timeframe (e.g. an inclusion apprenticeship, economic support measures, the provision of essential services such as a dormitory place, accessibility to health services). In other words, **the establishment of the multidisciplinary *equipe* also made it easier for operators to identify the most appropriate services for the individual case.**

Crucial in this scheme is the role of the multidisciplinary *equipe* that examines the individual case and defines the tailored Plan with the participation of the beneficiary. This activates an inclusion path that will guide the beneficiary towards a mix of services belonging to the OSS and available on the territory.

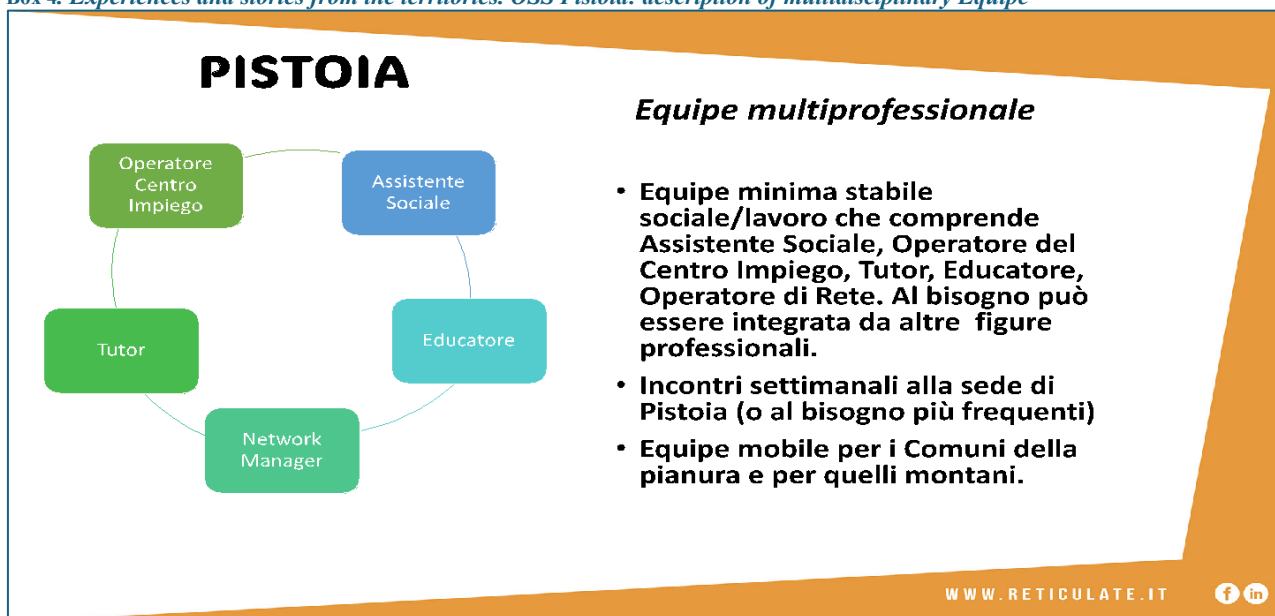
But that is not all. **In all territories, the multidisciplinary *equipe* always assessed the possibilities of social and occupational inclusion.** For this reason, *it was crucial to ensure the presence of Social service and Labour*

Centre operators within the OSS.⁹ Thus, *innovation consisted not only in taking charge and starting a pathway, but also in directing the beneficiary towards interventions with a joint social and occupational inclusion perspective.*¹⁰

The integrated approach and the tailored Plan are undoubtedly the best approach, as also outlined by the results of WP1 activities. Thus, as it emerged from the interviews with the WP Leaders and from the operational meetings, an approach that succeeds in analyzing complex needs and organizing a pathway to social and occupational inclusion through a mix of services, while keeping the beneficiaries in the system (drop-outs are less than 4%) marks the success of the experimentation.

As reported by WP3 Leader interview, *the OSS model, due to its strong connotation of integration and approach to needs, is suitable for the target beneficiaries as a place of connection with other services and with the territorial network, since the OSS cannot have within it all the services that respond to complex individual needs.*

Box 4. Experiences and stories from the territories. OSS Pistoia: description of multidisciplinary Equipe



In the **survey to the operators**, the topic of service delivery was approached with some questions¹¹. The results are briefly reported below:

- all the respondents believe that a stable presence of the operators within the multidisciplinary *equipe* is crucial, as it ensures the correct functioning of the OSS as a reference point for a very diversified potential user base.
- about 60% of the operators think that the services provided matched the needs expressed by beneficiaries, against 17% who did not consider it effective.
- 92% of the operators reported the need to adjust the initially envisaged plan during the intervention, due to different needs expressed by beneficiaries.

⁹ Depending on the case, the OSS also called on other operators to integrate the team, such as: tutors, psychologists, educators, cultural mediators, etc.

¹⁰ As reported by WP3 Leader interview in June 2024.

¹¹ For details see Section 2 sub-A of this Report, questions from 6 to 9 and question 14.

- almost all operators (94%) consider that the OSS model, by fostering the comparison between operators of different services, allows to improve the OSS support to each beneficiary. In this way, due to the dialogue between operators within the OSS, the plan and the pathway are more effective because they can be adapted to the beneficiary's changing needs.
- about 75% of operators deem the OSS model a key to ensuring the continuity of services necessary for beneficiaries to complete their personalized plan.
- more of 50% of operators think that mix of services included in the personalized plan is able to fully meet the needs and social and occupational inclusion pathway of beneficiaries, instead of about 14% who did not consider it effective.
- about 75% of operators consider the services provided and the solutions adopted by Reticulate proved to be adequate to the characteristics of the target beneficiaries.

Which measures and services approach have worked best for each target?

The One-Stop-Shop model tested in WP3 is not limited to the establishment of an access point, as it is implemented through the tailored Plan, drawn up by a multidisciplinary *equipe*, and with the integration of services within a pathway of socio-occupational inclusion of each person taken in charge.

To ensure integrated social-work care, the Guidelines¹² recommend the constitution of a multidisciplinary *equipe* in the One-Stop-Shop that is composed of at least one social professional operator (e.g. a social worker) and one expert of Labour services (e.g. a counsellor/employment advisor).

In each of the four territories of the experimentation, the Social Services and ARTI indicate the operators that will compose the minimum team (multidisciplinary *equipe*). However, since the territories present heterogeneous characteristics (in terms of social and demographic conformation, potential beneficiaries and type of services provided by both public and private social subjects) the Guidelines envisage the possibility of expanding the composition of the multidisciplinary team to include other professionals (e.g. educators, tutors, psychologists, doctors, etc.) so that each beneficiary may receive the most adequate assessment of his/her case.

The multidimensional assessment of each individual case generally leads to the definition of a tailored Plan in which the needs of everyone must be matched with appropriate services belonging to the network of services available at the One-Stop-Shop. Since **the person and his/her needs are always at the center of the model**, the assessment of the multidisciplinary team may also integrate the Plan with other existing services/pathways, such as G.O.L., forms of income support, Housing first, etc.).

As emerged from the cross-sectional analysis carried out in WP1¹³, the heterogeneity of the territories diversifies the propensity of the One-Stop-Shop towards experimenting with models that either provide 'standard' modalities and services generally suited to both target groups of beneficiaries or, in some cases, are more suited to the characteristics and needs of a specific target group (as observed in the table below).

¹² Ref. Guidelines for the experimentation of the interdisciplinary outreach model and for the implementation of the One-Stop-Shops.

¹³ WP1 - D1.2 (ibid.).

Table 10 - Territories and propensity to specific target group needs

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - For all needs - With a specific attention to employment needs and migrant population 	<ul style="list-style-type: none"> - For all needs 	<ul style="list-style-type: none"> - Homelessness and extreme poverty 	<ul style="list-style-type: none"> - Starting with homelessness and extreme poverty support, with the plan to open to all needs - With a specific attention to migrants

source: WPI-Deliverable D2

Implementation data about the distribution of services for each target group are displayed in Table 4 of this Report. **The combination of social inclusion and employment services is prevalent for both target groups.** Out of the total number of services activated (see figure 1 in this Report), most concern those for social inclusion (33%) and those for occupational inclusion (31%).

However, looking at the distribution of interventions for each target group:¹⁴

- for the **homeless** more health services (21%) and housing support services (17%) are concentrated than for the target group of members of vulnerable households.
- Instead, for **members of vulnerable households** the most relevant measures¹⁵ concern counselling, job orientation and job placement programmes, but also income support, and school educational support for children. While for the **homeless**, alongside social counselling and job orientation measures, there is a focus on support for basic needs, temporary housing, integration/admission to daycare centers.

The **survey** investigated the operators' perception of the effectiveness of the OSS model with respect to the target groups.¹⁶ In fact, considering the heterogeneity of the target groups, it was asked whether **the experimentation could be considered effective for both target groups or whether it worked better for one group than the other:**

- while about 55% of the operators consider the **OSS model experimented as immediately effective for both target groups**, for more than 65% the effectiveness of the OSS for both target groups lies in the fact that it allowed them to follow a pathway that, if it did not immediately translate into employment, would foster a subsequent insertion in other "institutionalized" employment pathways (e.g. G.O.L.).
- on the other hand, there are about 45% of operators who consider the OSS not so adequate to finalize socio-occupational inclusion paths for both target groups. It follows that for these operators it would be appropriate to recalibrate the model on the specific features of these targets, which might require an enhancement of low-threshold services to meet extreme distress situations.
- Whereas the responses of those who considered that the OSS worked better for the homeless target group and those who did not were equal (both less than 40%), there are about 30% of operators who consider OSS model more appropriate for households (against just over 20% who do not share this perception).

¹⁴ Figure 2 – Section 1 in this Report.

¹⁵ Figure 3 – Section 1 in this Report.

¹⁶ For details see Section 2 sub-A of this Report, questions 15 and 16.

- Finally, 71% of operators consider income support tools to be an enabling factor for the effectiveness of the personalized plan.

The following box illustrates a real case taken in charge by the OSS with a personalized Plan.

Box 5. *Experiences and stories from the territories. OSS Pistoia: real case*

PISTOIA

CASA

LAVORO



Un esempio di situazione multiproblematica...

Anna è una signora di 53 anni separata, vittima di violenza, senza dimora, priva di rete familiare, disoccupata, beneficiaria di RDC. Già conosciuta dal servizio Aiuto Donna viene presa in carico dall'equipe del OSS a marzo 2023

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PISTOIA



...e di progetto su misura

- Equipe integrata con la psicologa di Aiuto Donna
- Lavoro con la rete territoriale anche informale
- Tutoraggio Sociale per supporto nella ricerca abitativa e nell'accesso a benefici previsti dalla legge
- Supporto educativo per la gestione delle relazioni e degli impegni
- Tirocinio Inclusione Sociale
- Supporto economico

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PISTOIA

In conclusione cosa abbiamo fatto...

- Valutazione multidimensionale in considerazione della complessità del problema
- Intervento coordinato e globale a favore del cittadino
- Accompagnamento del cittadino e/o facilitazione nell'accesso ad altri servizi
- Lavoro con la rete territoriale

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Networking

main topic	evaluation questions
Networking	What network of services and stakeholders has been activated for each target population?
	Are there differences in the performance of different network of services provided?

The network of services is an essential component for the effective implementation of the One-Stop-Shop. The network of services is also a crucial node in a socio-occupational inclusion circuit, which includes: the accessibility of spaces and the presence of professional operators, the ability to reach populations in serious difficulty, often invisible, and to take charge of people in relation to the needs of the individual for whom a pathway to inclusion is outlined, leveraging a network of services that connects the multiple resources of the territory.

What network of services and stakeholders has been activated for each target population?

In the Guidelines for the experimentation, the **One-Stop-Shop should be integrated into a network of social-health services and third sector entities in each territory.** The modalities of this integration may take different forms (e.g.: co-designing, agreements with the voluntary sector, network agreements, etc.).

However, the effectiveness of the model also depends on **the range of services** that One-Stop-Shop can aggregate in the territory, which in turn relates to the characteristics of the potential beneficiaries and the socio-demographic and economic context. Moreover, since the peculiarity and complexity of the needs of the homeless target group may require additional forms of collaboration, the Guidelines themselves suggest **enlarging the network** wherever possible.

The **One-Stop-Shop**, therefore, identifies and experiments factors should be considered crucial in fostering integration between the public and private social sectors providing services to vulnerable persons. The analysis carried out in WP1 mapped the basic service network of the OSS in each territory, which also considers the private social sector to connect the different resources in a logic of network and integrated services. The **services integration, community integration and collaborative networks** in the different territories were reconstructed in D1.2¹⁷ of WP1 with a cross-sectional analysis of the level of integration, as reported below:

¹⁷ WP1 - D1.2 (ibid.).

Table 11 - *Services integration*

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Employment services, old and well-established collaboration, strengthened with RdC - Health services, limited and burdensome (rigid protocols, <i>privacy</i>) - Education services, joint referrals tools that support integration - Housing services, integration favoured by neighbouring offices 	<ul style="list-style-type: none"> - Employment services, both formal and informal collaboration; also through joint planning and training - Health services, not smooth despite a protocol between the municipality of Lucca e Azienda UsI Toscana Nord-Ovest - Education services, there's a joint protocol which, however, is not always followed - Housing services, also through co-production practice 	<ul style="list-style-type: none"> - Employment services, established collaboration, also through inclusive apprenticeships - Health services, difficult collaboration and different logics (services-oriented logic vs personalisation) - Education services, just for child care and child protection services - Housing services, facilitating roles of the «housing emergency services» 	<ul style="list-style-type: none"> - Employment services, old and well-established collaboration, strengthened with RdC - Health services, both formal and joint protocols and working groups but with some implementation difficulties - Education and housing services, being part of the same service makes it easier

Table 12 - *Community integration*

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Good level of collaboration, at times formal, both through contracting-out and co-production contracts: - <i>E.g. RdC Protocol with Caritas</i> - <i>E.g. working table with local associations (Pistoia)</i> - <i>E.g. Co-production for the management of the Emporium (Quarrata)</i> 	<ul style="list-style-type: none"> - Well-established and long-standing collaboration: - <i>E.g. third sector actors are part of multidisciplinary teams</i> - <i>E.g. Co-production practices</i> - <i>E.g. Anti poverty and homelessness working table</i> 	<ul style="list-style-type: none"> - Long-standing collaboration, especially in the field of homelessness services - <i>E.g. different types of Co-production agreements</i> - <i>Including a recent one (gennaio 2022) for homelessness services</i> 	<ul style="list-style-type: none"> - Long-standing collaboration, even if mainly informal - <i>E.g. Homelessness networks of community actors</i> - <i>E.g. Migrants working table</i>

Table 13 - *Collaborative networks*

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Quite wide collaborative networks - Good level of formalisation - The network between public and third sector actors is key 	<ul style="list-style-type: none"> - Wide collaborative networks which include different organisation through different working groups (E.g. homelessness, winter-support) - Good level of formalisation - Networks, however, always needs care and can't be taken for granted. They must be maintained. 	<ul style="list-style-type: none"> - Wide collaborative networks - Good level of formalisation between public and private services. However, more could be done. - The network between public and third sector actors is key 	<ul style="list-style-type: none"> - Wide collaborative networks - Mainly informal but very active

The organization of the network is an essential prerequisite for achieving an improvement in the living conditions of beneficiaries and network action is essential when it comes to inclusion, because inclusion takes

place on the territory and must involve all the resources of that territory, not limiting itself to the action of public actors.¹⁸

As reported by the WP3 Leader, **all territories have worked on the network dimension**. Reticulate included both public services and the private social sector in the network. In this way, co-planning experiences have been significant, as occurred in Pistoia, where co-planning with the third sector was applied for the management of the One Stop Shop (social cooperatives, ARCI, etc. participated).

Building a broad network dimension means having more resources, not only those of the public point but also those of the third sector. Thus, network agreements were concluded in some territories, and the establishment of discussion tables on marginality and inclusion was promoted.

The activation of the memorandum of understanding between different entities in all territories is an **enabling factor for networking between public services in Reticulate**. The protocol formalized the basis for operational collaboration between the services. Thus, according to the WP Leaders interviewed, in a perspective consolidation of this model **a networking scheme should operate on two levels**:

- a **first level** involving public services, to manage relations and indicate who does what and how get involved (institutionalization of relations between public services);
- a **second level** involving the network between public services and local stakeholders, the third sector, the private social sector. This second level can be managed with co-planning tables and other tools and a more detailed protocol by better defining the contents, to also facilitate the work of operators with operational procedures.

Are there differences in the performance of different network of services provided?

There were differences in the performance of the various services provided, mainly due to the socio-demographic characteristics and profiles of the potential beneficiaries in each of the four areas in which the OSSs were placed.

A comparative analysis of the territories shows great diversification in terms of frequency of service provision. For example, in Grosseto and Pistoia the provision is polarized between social and occupational inclusion services, in Lucca-Capannori this polarization shifts towards social and occupational inclusion services, while in Livorno it is more evenly distributed between social, occupational, social-health and housing inclusion. Through evaluation analysis, the following emerged:

- The different mix of services in the four locations indicates that **the modelling of the OSS is fully linked to the context**, whose characteristics (target groups and service network) guide the delivery of services.
- Each area designed an effective model for the local socio-demographic characteristics, which in turn are **linked to potential specific needs of the beneficiaries and related service network**.

It should be premised that it would not be appropriate to look for an indication of any OSS models experimented by territories in the differences in the integrated use of services, since the OSS model is "unique" and is defined insofar as it is based on certain key elements that are present in every OSS.

¹⁸ WP3 Leader interview in June 2024.

However, the exercise of aggregating the 25 different types of services/measures into 5 macro areas of service delivery and the subsequent analysis and systematization, for evaluation, are a necessary step to outline the elements defining **the network** in the territories and relative **approach to the experimentation of the OSS**:

- a model in which the integration of social and occupational inclusion services prevails (i.e. combining these two main service delivery areas, with a slight prevalence of social inclusion) was found to be representative of more than one third of the mix of services provided in all the territories considered, so much so that it can be envisaged as the "standard model" applied by OSSs. In the remaining 15% of cases, the mix of personalized services provided to beneficiaries included the most balanced integration of all types of services.
- For each of the 4 territories, characteristics were found that fall within the standard model of integration of services for social and occupational inclusion, but at the same time provide a reading of a connotation of the interventions in line with the heterogeneity of the situations and challenges faced.
- In Grosseto the integration of services reveals a social orientation, while in Lucca-Capannori the combination of services is more oriented towards the socio-health care.
- In Pistoia the integration of services tends towards work and social, while in Livorno there is a specialization towards services oriented more towards the homeless (e.g. support to access basic needs, admission to daycare centers, temporary housing, etc.).

According to the WP Leaders interviewed, **work experience** was among the measures that performed well. In particular, **the social inclusion traineeship was very much used as a tool for inclusion but also for getting closer to work**. In fact, the inclusion traineeship is a flexible tool, therefore it can be adapted both to situations of more fragile persons where the objective is also only inclusion, socialization, increase of social skills, but also to situations of those who start from different situations and with the objective of approaching the labour market.

In the **survey to operators**, the topic of networking emerged from different perspectives:

- with a view to the continuation of the OSS model, more than 85% of the operators consider it opportune **to strengthen collaboration with the networks of the private social sector, third sector**, which already carry out activities in the territories (e.g. with the networks that engage street units); while for more than 70% of the operators it would be opportune to strengthen the internal procedures of the OSS (between social, welfare, health, employment services) to receive reports of persons in difficulty who could be taken into charge.¹⁹
- In the practice of **establishing periodical meetings between operators for operational coordination** and optimization of working methods and integration of services (as highlighted by all survey respondents).²⁰
- In the opportunity - perceived by more than 90% of the operators - to identify in the OSS model a professional, a **network manager**, who would deal in a transversal way with the organizational support necessary for the functioning of the service networks, to ensure the effectiveness of the involvement, management, tutoring and completion of each personalized plan.²¹
- in the conviction, pointed out by all the operators, that the **OSS model can be integrated with other types of specialized services** provided, for example, by Patronato, CAF, law firms, etc. (in addition to

¹⁹ For details see Section 2 sub-A of this Report, question 3.

²⁰ For details see Section 2 sub-A of this Report, question 10.

²¹ For details see Section 2 sub-A of this Report, question 12.

the services experimented with Reticulate). In this view, the OSS model would also be developed with an extension to services available on the territory.²²

The following box contains slides used in some events to introduce the illustration of territorial network.

Box 6. *Experiences and stories from the territories: Territorial networks*

Reti territoriali

- Rete informale (terzo settore)
- Rete formale (GAM)

**ONE STOP SHOP
L'ESPERIENZA DI LIVORNO**

La sperimentazione del One Stop Shop nella Sds Pistoiese

TERZO SETTORE

SERVIZI TERRITORIALI

EQUIPE

COMUNITA'

La Rete Territoriale

- Coprogettazione con il terzo settore per potenziamento equipe e realizzazione di un accordo di rete con gli enti/associazioni del territorio
- Incontri con rappresentanti dell'associazionismo e del terzo settore del territorio per dare vita ad un Tavolo Permanente sul tema Marginalità /Inclusione.

RETE TERRITORIALE

Coeso Società della Salute – attraverso il PAS di **Grosseto** e gli **sportelli sociali nei 20 Comuni** della ZD Amiata grossetana, Colline Metallifere, Area Grossetana e gli **sportelli Info-immigrati** (Grosseto e Follonica – orientamento ai servizi, pratiche di cittadinanza/permessi/ricongiungimenti familiari, consulenza amministrativa e giuridica)


Arti, Centro per l'Impiego: **tutte le sedi nella ZD**
Sedi di Grosseto, Follonica, Arcidosso

Associazioni:
in particolare **Caritas, Anteas, Querce di Mamre, Avvocato di Strada**, già collaboranti per il target persone senza dimora

WWW.RETICULATE.IT

La Rete: più che una opportunità, una necessità

La manutenzione/animazione della Rete: la combinazione di tutte le azioni tecniche e amministrative, incluse le azioni di supervisione, volte a mantenere o a riportare un'entità in uno stato in cui possa svolgere la funzione richiesta



²² For details see Section 2 sub-A of this Report, question 13.

Management and governance

main topic	evaluation questions
Management and governance	How did the management of the service provision work?
	What have been the success factors and what the critical issues encountered?

How did the management of the service provision work?

The management of services provision should be evaluated in relation to the implementation of the One-Stop-Shop model and should consider the flexibility that the experiment has granted to respect the heterogeneity of the territories.

In order to answer the evaluation question on how service provision management worked, it is necessary to analyze the subject on three different levels:

- a) the organizational management level,
- b) the level of service provision model on the territory
- c) the level of governance of the professionals who participate with different tasks and roles in taking in charge the beneficiaries and in defining the personalized plan and supporting its implementation.

a) The organizational management

In terms of organizational management, the OSS model fostered a **process of organizational and management change** both within public bodies and in relations with other services. The OSS model is based on the integration of services and collaboration between social services and employment services have been established during the experimentation.

As reported by WP3 Leader, collaboration between services is continuing even after the conclusion of the Reticulate project. **The persistence of the collaboration indicates that effective change generated by Reticulate has been achieved in the territories.**

However, it is necessary to continue in the direction of greater integration as collaboration with health services and, in general, with other specialized services must be built and structured better. But also, on public-private mechanisms of integration there is a need for improvement in order to sharpen the different forms of collaboration between services through greater involvement.

b) The service provision model on the territory

The implementation performance reflects the characteristics of each territorial area and allows an initial reading of the **propensity of some territories towards the implementation of a standard service provision** aimed at accommodating a "horizontal" type of demand, while **other territories seem more oriented towards experimenting the model for specific targets** requiring a particular calibration of assets and services.

Thus, according to the WP leaders interviewed, there is no need to investigate differences in the experimentation of the OSS that would lead to the identification of different models, with such characteristics as to differ in their approach, methods and governance for meeting the needs of people with even severe vulnerabilities and who need to be identified, taken care of, addressed and accompanied on a pathway to social and occupational inclusion.

In other words, as reported by the WP1 Leader,²³ *there is not necessarily a prevailing model. Territories have different features and vulnerabilities, so much so that some territories have decided to focus on a more specialized and categorical model (e.g. Livorno and, to some extent, Grosseto) others on a broader and more transversal model. However, the game is not played on which is the best model, but which is the one that fits the features of the context and the characteristics of the target beneficiaries.*

Reticulate has promoted a single model based on some key elements, such as the centrality of the person and her or his needs, the integrated taking in charge, the multidisciplinary *equipe*, the personalized plan in which a series of services converge to trace a path for the social and employment inclusion of each beneficiary.

The differentiation found in the contexts of the territories and in their socio-demographic and structural characteristics is linked to the type of potential beneficiaries belonging to the two Reticulate target groups.

Generally, the prospect of experimentation with the OSS model is even broader, as it can be pushed to establish with the OSS an integrated point of reference in the territory capable of managing services to citizens in difficulty, bearers of different types of fragility or vulnerability, with respect to which ad hoc solutions oriented to full social and occupational inclusion can be prepared.

Thus, attention must be paid to **the functionality of the model with respect to the context and target groups**. In fact, the integration of services can also be adapted only towards one type of beneficiary or vulnerability, so much so that Livorno's experimentation is more specialized due to a prevalent quota of homeless people and, consequently, the mix of services is mainly oriented towards the needs of that target group.

According to the WP2 Leader, *the standard model with a mix of social inclusion and employment services is functional when extreme distress situations are not faced. If, on the other hand, the target is a very vulnerable one, such as a homeless person living on the street, then an intensive and specialized intervention is needed to accompany the person towards a state of well-being but starting from basic needs (e.g. finding a home, approaching a system to take care of his/her mental or physical health, fostering family reunification, etc.).*

In the **Livorno** area, the OSS fits into a territorial context characterized by stratified and increasingly extreme situations of poverty. In the case of the homeless, the objective of employment insertion generally seems very distant, while access to a physical place such as the OSS, the taking in charge by a multidisciplinary team is already an important achievement, since the integration of employment services with social services is a crucial step in order not to provide only emergency services.

However, the taking in charge of a homeless person requires a "case manager" who guides the intervention to be carried out, and clearly all this is reflected in the system of the integrated service network that the OSS prepares for this specific target.

²³ WP1 Leader interview in June 2024.

c) *The governance of the professionals involved in the implementation of personalized Plan*

For an evaluation of **governance**, attention should be paid to three factors: the modus operandi of the One-Stop-Shop, the network of services and actors, and the characteristics of the professional staff involved in the beneficiaries' inclusion paths. These are variables that, from the perspective of the heterogeneity of the territories, represent assets that relate closely to the propensity of experimentation towards standards of services provision that could configure different models of intervention in the One-Stop-Shop.

As already foreseen in the research activity carried out in WP1 and WP2, **the One-Stop-Shop is not limited to being a physical access point but represents a real pivot to activate the network of services available in each territory in an integrated system.**

In fact, by analyzing the mapping of the territories elaborated in WP1 (partly reported in the following three tables) it is possible to perceive the complex system of services, actors, operators, resources and processes that determine **the centrality of the One-Stop-Shop in the territories' inclusion processes.**

Table 14 - *Modes of functioning*

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Those already in use for first-access services - Telephone services (every morning + afternoon, when the first-access services is open) - In person interviews (with basic multi-disciplinary teams) - Joint assessment forms so to share information - Intention of also accessing other databases 	<ul style="list-style-type: none"> - An appointment system is currently in use - It might help to have an open-access services. This option is under consideration 	<ul style="list-style-type: none"> - Those already in use at SEFA (night shelter) - Wide range of working hours, including nights. Inability though to offer a 24h service 	<ul style="list-style-type: none"> - Those that will be in use for the Help Center («community centre» logic) - Widest working-hours-range possible (every morning and at least one afternoon)

Table 15 - *Actors and services*

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Social services, employment services and already involved community actors - It might also host voluntary organisations and "solidarity clinics" 	<ul style="list-style-type: none"> - Social services, employment services, health services and third sector actors - It might also include district nurses (infermieri di famiglia) 	<ul style="list-style-type: none"> - Social services, employment services, health services and already involved third sector actors 	<ul style="list-style-type: none"> - Social services, employment and education services, health services and third sector actors (especially those working with migrants) - It might also include legal services

Table 16 - Professionals

SdS Pistoiese	Zona-distretto Piana di Lucca	Zona-distretto Livornese	SdS Grossetana
<ul style="list-style-type: none"> - Professionals working for first-access services (segretariato sociale) - possibly increasing staffing levels (social worker, support officers, cultural mediation and inclusion workers) - Stable role for an employment support worker - If needed, a tax assistant and information officer (CAF) - A basic multi-disciplinary team: social and employment services 	<ul style="list-style-type: none"> - All professionals currently involved in multi-disciplinary teams (social workers, psychologists, support officers, employment workers, health workers) - Multi-disciplinary teams should remain flexible in its composition («a geometria variabile») 	<ul style="list-style-type: none"> - Social workers and other social care professionals - A basic multi-disciplinary team: social and employment services - Intention of including also specialist health services 	<ul style="list-style-type: none"> - All professionals currently involved in multi-disciplinary teams dedicated to combat poverty, social exclusion and homelessness (social workers and other social care professionals)

The integration of services requires a complex governance that must enable the provision of services to beneficiaries and, at the same time, must allow the circulation of information concerning the beneficiaries taken in charge. In this way, operators can act in synergy and effectively accompany the beneficiary along the path of inclusion.

However, the survey reported that 57% of operators had difficulties accessing important information to support beneficiaries of the personalized Plan due to **inefficiencies in data exchange and interoperability** between systems in use by different services.²⁴

As already reported, the survey²⁵ showed that the OSS model fosters **comparison between operators**. As also emphasized by the WP Leaders, the activation of collaboration between social service operators and employment services is another of the experimentation's success factors.

Lastly, integration requires a strengthening of governance, as seen by the 60% of operators who report the importance of **participating in joint training with operators from other services**.²⁶ Joint training between operators to support service management would contribute to capacity building and strengthening the positive collaboration between the different services, with positive effects on the effectiveness of interventions and the consolidation of the OSS management model.

²⁴ For details see Section 2 sub-A of this Report, question 17.

²⁵ For details see Section 2 sub-A of this Report, question 9.

²⁶ For details see Section 2 sub-A of this Report, question 4.

What have been the success factors and what the critical issues encountered?

At the completion of the project experimentation, some elements of success and potential criticality that have emerged so far. Success factors and critical issues that were identified in the analysis or reported during the interviews are listed below:

Success factors

- During the operational meetings for the implementation of WP3, **the action-research activities** of WP1 and WP2 have been crucial for the structuring and organization of the One-Stop-Shop and the modeling of the service delivery. It was found that the standard followed in the One-Stop-Shop - in the modalities and services of reception and taking charge - followed the Guidelines and the formal protocol and took the necessary measures to overcome access barriers (individual, communicative, administrative, cultural) for both homeless persons and members of vulnerable households.
- The ability of the project partners to identify early in WP2 the barriers (individual, administrative, communicative, cultural, physical) to access to services by the target groups and the ability to develop **innovative methods** and strategies to address the barriers and to draft specific **guidelines** for the implementation of experimentation in WP3.
- The project's implementation data and operational meetings highlight the importance of **the innovative participatory approach** (a real success factor) to case management and the definition of the Plan for each individual beneficiary, which also fostered internal capacity building within the team of operators.
- The partners and operators who participate the experimentation emphasized **the importance of 'multi-professionality'** in the management of the integrated care approach and **the 'fluidity' achieved in the territories in the collaboration** between social, educational, housing and employment services.
- Differences in the level of services and their access between the 4 territories were considered by the Reticulate partners as an opportunity for the success of the OSS experimentation, which succeeded in ensuring both **flexibility and homogeneity of approaches and service offerings in the different areas**.
- Among the elements of success, **the contribution of the operators of third sector organizations** was highlighted, about the management of services for beneficiaries in situations of extreme marginality, for both targets (homeless and members of vulnerable households).
- The territorial leaders indicated how **coordination activities were necessary during the experimentation** of the One-Stop-Shop to effectively support the integration of services. This indication may be translated at the governance level of the One-Stop-Shop model with the provision of structuring in the organizational model **a professional resource dedicated to accompanying the inclusion paths through an operational coordination of the network** of services provided by each Plan. In describing the role to be attributed to this professional resource, each territory specified that it would differ from the "case manager" of models experimented in Greece, Belgium, Spain and Germany. In Reticulate **the key role would be spent also and above all on the efficient use of the network of services belonging to the One-Stop-Shop** (for example, the definition given by the

territories ranges from the "network tutor or manager" for Pistoia to the "network maintainer and team supervisor" for Capannori).

- The complexity and importance of the OSS for the territory requires a broadening of the services available, to meet multiple exigence for social and occupational inclusion. For this reason, it is appropriate that third sector resources be involved alongside the services provided by the public sector. Reticulate has also experimented with this type of involvement. For example, **in Pistoia an OSS co-planning and co-programming table was set up to structure and shape the interventions with the participation of the private social and third sectors together with public sector partners, employment centers.** However, the capacity of co-planning must also be strengthened with a view to implementing the Service centers envisaged by the legislation.²⁷
- If competition between other programmes and aid measures aimed at similar target groups in the same territories where Reticulate project started the service experimentation was initially seen as a possible threat, the complementarity and integration between different interventions are seen as a success factor of project implementation. Box 7 illustrates how the coordination between different programmes can support more effective outcomes.

Box 7. Experiences and stories from the territories. OSS Grosseto: presentation of a case

Grosseto One Stop Shop

Description:

Foreign citizen (60 years old), in Italy for about 20 years, short and occasional jobs in various sectors, resident outside our province, taken in by the social services because he is in serious economic difficulty and currently homeless (living in a dormitory).

Activation procedure – taking charge:

He was sent to the Help Centre to be followed on the **Reticulate project** in mid-October 2023.

He was then taken in charge by the CPI operator who investigated the person's situation in depth and implemented the cognitive interview and put in place a series of available tools, so-called active policies, agreeing them with the person himself.

Description of intervention/service:

The active policies implemented include, firstly, the current GOL Programme, which is an action also provided for by the PNRR of Italy. This Programme redesigns employment services, to improve people's job placement, public and private services that are closer to citizens by offering customized paths of entry or re-entry to work.

Profiling and personalized path:

The person was profiled by GOL and placed on a pathway number 4 that includes a series of interventions aimed at supporting the re-entry into employment of those most distant from the labour market, through synergic and multidisciplinary actions, modulated and customized on individual needs.

Implementation and achievement:

Among the actions initially proposed was the possibility of using an individual training voucher of outplacement, provided by the Region of Tuscany, for obtaining a forklift license.

The citizen has willingly adhered to our proposal and at the beginning of November 2023 obtained the certification for the "forklift trucks with driver on board".

Recovery and inclusion:

Afterwards, we noted, with satisfaction, the person's willingness to continue with other types of training courses, chosen with his suggestion and currently underway, such as the course of SAFETY MAINTENANCE, CONTROL AND MANAGEMENT, a choice made from the training offer catalogue GOL.

²⁷ for more details: D.G.R.- 15/05/2023 n. 544 which approved the Guidelines for social-labour integration (source: "La programmazione dell'assistenza territoriale in Toscana tra sociale e sanitario" (p. 43 "Centri servizi. Barriere di accesso e presa in carico integrate", p. 49 "Le linee guida per l'integrazione sociale-lavoro" - C. Corezzi, A. De Conno, - 2023).

Critical issues

- The effectiveness of the model's governance encounters a critical issue that relates to the low interoperability of information systems, the solution to which, however, is independent of the organizational structures involved in the One-Stop-Shop.
- Particularly in the initial phase of experimentation, the work of the operators required dedication in involving the beneficiaries into the Reticulate model of taking charge and in the definition of the personalized pathway, since from the perspective of people in difficulty, the request for support is understandably aimed at seeking immediate solutions to urgent needs (especially for targets such as the homeless). Indeed, income support resulted among the most frequently requested measures.

Section 2 - Evaluation of project outcomes

This Section is divided into two parts: part A is structured according to the evaluation questions and contains the result of what emerged, in terms of evaluation, from the project implementation data, the WP Leader interviews and the OSS operator survey, while Part B presents the results of the survey of OSS operators. These results have already been summarized along the report and are here exposed in a more detailed form.

A. Evaluation of project outcomes

This Section of the Evaluation Report deals with the process leading to the outcomes of Reticulate. The analysis is structured on three levels: micro, meso and macro.

Although the Reticulate project is almost completed, the timing of the evaluation analysis is close to closure (experimentation monitoring data up to February 2024), thus the analysis focuses on the evaluation questions but does not consider the outcomes (with the exception of planned and activated interventions so far) and direct effects on the beneficiaries, as 70% of the Personalized Plans are still under implementation.

In this Section, the evaluation questions represent the directions towards which the evaluative analysis on the results for the three different levels should be directed

As for the analysis on implementation, the sources are the monitoring data, the survey to the operators and the interviews to the WP Leaders, as well as the project data and documents and what was collected and recorded by the evaluator during the Project communication events and the WP3 operational meetings.

B1. micro level

evaluation questions
<i>Have improvements been achieved in the living conditions of individual and families belonging to the target groups involved in the pilots?</i>
<i>Although the services are integrated, have the effects been more appreciable than in the social field or the employment area?</i>

At the conclusion of the project Reticulate, approximately 70% of the beneficiaries were still running their social and occupational inclusion paths. However, even in the absence of definitive data on the outcomes of the personalized Plans, **it is assumed that the living conditions of individuals belonging to the two target groups have improved because the beneficiaries of the pilot experimentation have been taken in charge and included in a virtuous system that helps to meet their needs by directing them towards social and occupational inclusion.**²⁸

²⁸ This assumption is also shared by the WP3 Leader interviewed in June 2024.

The system of taking in charge represents an innovative pathway that first of all allows overcoming the state of inability to exercise rights in which many destitute and homeless people find themselves, though, for example, basic assistance in the acquisition of documents, attribution of a registry number, and inclusion in the Spid²⁹ circuit.

Entry into the system has a positive impact on the beneficiaries' lives, tends to decrease the risk that they return to the streets, and increases opportunities for training and employability. This is also thanks to the synergy of the Reticulate project with the G.O.L. Programme. G.O.L. is managed by ARTI Toscana, which in turn oversees the Employment Centers (whose operators are actively participating in the experimentation of the OSS model).

Based on the considerations of the WP Leaders interviewed, as far as the micro level observed here is concerned, *the effectiveness of Reticulate is determined not only by the achievement of the objectives, but also by the fact that the model tested has succeeded in "keeping people with fragility (in many cases extreme, such as the homeless) in the system, with a personalised plan and the related integrated service delivery pathway". Moreover, the fact that at the end of the project there are so many people who continue to follow their path of socio-occupational inclusion, and a limited number of drop-outs, gives the measure of the effectiveness of the model adopted by the OSS.*³⁰

However, going forward, to examine the effects for each beneficiary, it would be appropriate to reflect on the objective of employability. In fact, for such vulnerable target groups as the beneficiaries of Reticulate, very often before employment as a direct outcome/effect it would be appropriate to verify the recovery of each beneficiary's "self-respect" for full reintegration into the system.

It would be appropriate to set up monitoring and evaluation systems that can follow the direct effects of the interventions on the persons who have completed the personalized Plan and verify their full integration in society.

The survey to the OSS operators revealed their perception of the general effectiveness of Reticulate experimentation, through their adherence to some key considerations regarding the experimentation of OSS and the beneficiaries of target groups:³¹

- for about 75% of the operators, the reference point represented by the **One-Stop-Shop is crucial to ensure the continuity of services** necessary for the beneficiary to complete the dedicated pathway; the same quota of operators believes that the activities and services prepared, and the solutions adopted by Reticulate were appropriate to the characteristics of the target beneficiaries (homeless persons and members of households in vulnerable conditions)
- According to more than 65% of the operators, with the One-Stop-Shop the beneficiaries (target group) were provided with the possibility of being involved in *ad hoc* (multidimensional) pathways and **ensuring their rights and the acquisition of enabling skills and capacities to obtain professional qualifications and for full socio-occupational inclusion.**

²⁹ Sistema Pubblico di Identità Digitale (Spid means Public Digital Identity System).

³⁰ As reported by ANCI in June 2024.

³¹ For details see Section 2 sub-A of this Report, question 14.

- 60% of operators believe that the One-Stop-Shop has improved the possibility of providing target beneficiaries with **solutions to urgent needs** - such as access to social and health services, housing, forms of income support.
- Lastly, about 55% of the operators consider the heterogeneity of the services offered and integrated in the **personalized Plan** to be able to fully satisfy the socio-occupational inclusion pathway developed for the individual beneficiary.

The **survey** investigated the operators' perception of the effectiveness of the OSS model with respect to the target groups.³² Considering the heterogeneity of the target groups, it was asked whether the experimentation could be considered effective for both target groups or whether it worked better for one group than the other. As previously reported, **the perception of operators is that the OSS model has achieved immediate effects for both target groups of beneficiaries.**

Operators believe that the personalized plan can lead the beneficiary towards employability, if not immediate employment. Overall, the difference in the mix of services recorded in the personalized Plans is due to the type of needs of the beneficiaries, who are often carriers of complex frailties (think of homeless people), so a prevalence of services in the social field is to be expected, even if the social and employment mix is prevalent.

B2. meso level

evaluation questions
<i>Is the network of service in One Stop Shop proved to be a real precondition for achieving improvement of conditions of target population?</i>
<i>Which models and territories have achieved most effective results?</i>
<i>Has the One Stop Shop model produced changes within organizations and their network relationships?</i>
<i>What organizational criticalities this change has encountered?</i>

As highlighted above in this Report, **the OSS model is an effective precondition for fostering improvements in the living conditions of people belonging to the target groups.**

The organization of the network is an essential prerequisite for achieving an improvement in the living conditions of beneficiaries. Inclusion takes place on the territory and must involve all the resources of that territory, not limiting itself to the action of public actors.

The dimension of the **integrated service network available in all territories**, managed by the OSS, is able to ensure an effective taking in charge and to provide services adapted to the needs of the individual beneficiary. The objective of social and occupational inclusion is made concrete by the presence of a **multidisciplinary equipe** (in which both social and employment center operators are present) and by the supporting action of service operators.

³² For details see Section 2 sub-A of this Report, questions 15 and 16.

Finally, the **beneficiary's participation in the construction of the personalized plan** and the activation, in some territories, of **co-planning and co-programming with the private social and third sectors**, allow for further possibilities of expanding the services available to meet beneficiaries' needs more effectively.

Evaluation patterns

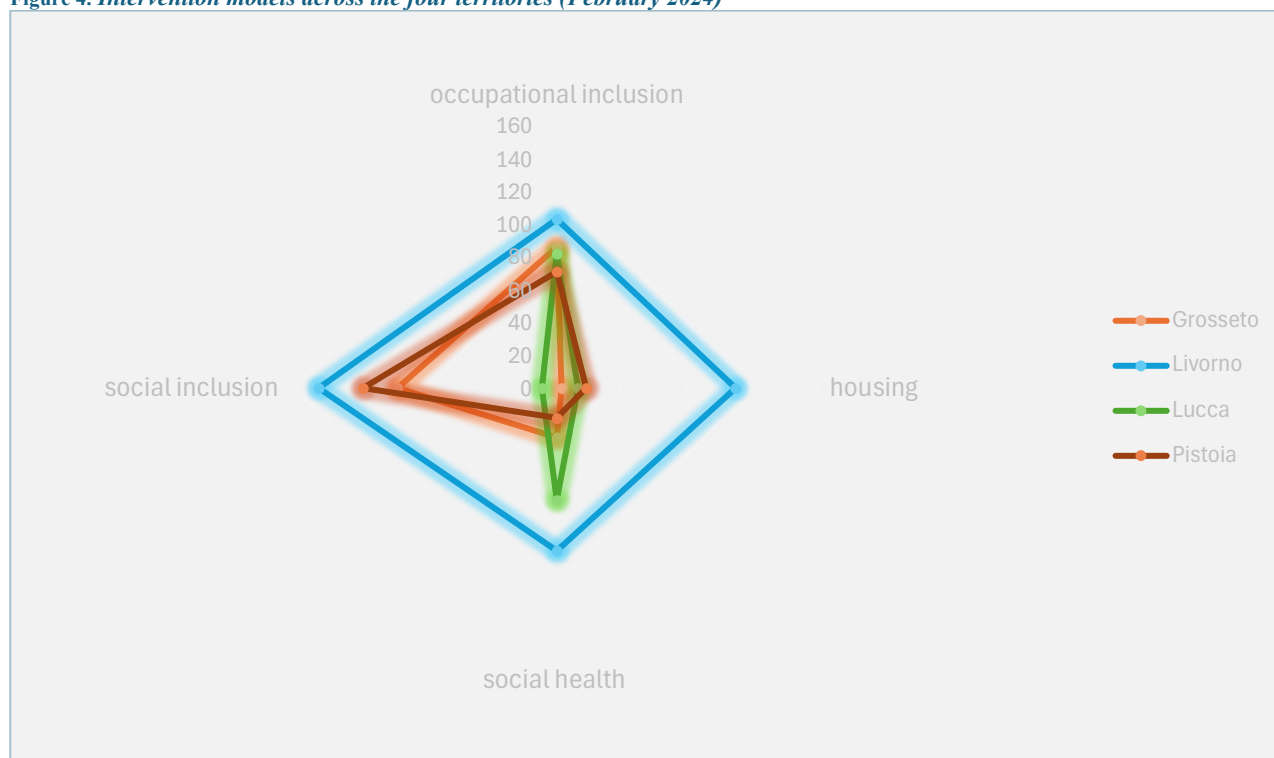
There are differences in the services provided, mainly due to the socio-demographic characteristics and profiles of the potential beneficiaries in each of the four areas in which the OSSs were placed.

It would not be appropriate to look for an indication of any OSS models experimented by territories in the differences in the integrated use of services, since the OSS model is "unique" and is defined insofar as it is based on certain key elements that are present in every OSS.

As mentioned above in this Report, the exercise of aggregating the 25 services and measures into 5 macro areas of service delivery and the subsequent analysis and systematization, for evaluation, are a necessary step to outline the elements defining **the network** in the territories and relative **approach to the experimentation of the OSS**.

A comparative analysis of the different territories shows great diversification in terms of frequency of service provision (see Figure below). For example, in Grosseto and Pistoia the provision is polarized between social and occupational inclusion services, in Lucca this polarization shifts towards social and occupational inclusion and social-health services, while in Livorno it is more evenly distributed between social inclusion, occupational inclusion, social-health services and housing.

Figure 4. *Intervention models across the four territories (February 2024)*



source: *Elaboration on Reticulate project monitoring database.*

For each of the 4 territories, characteristics were found that fall within the standard model of integration of services for social and occupational inclusion, but at the same time provide a reading of a connotation of the interventions in line with the heterogeneity of the situations and challenges faced. In particular:

- In Grosseto the integration of services reveals a social orientation, while in Lucca-Capannori the combination of services is more oriented towards the socio-health care.
- In Pistoia the integration of services tends towards work and social, while in Livorno there is a specialization towards services oriented more towards the homeless.

In terms of **organizational management**, the OSS model has fostered a process of organizational and management change both within public bodies and in relations with other services.

During experimentation, the main **organizational effort** was to **activate a structured collaboration between social services and employment services**. At the conclusion of Reticulate, satisfactory feedback was received from the territories, and the results of the project implementation are a proof of the **effectiveness** of this collaboration. Therefore, as noted earlier in this Report, it is necessary to continue in the direction of greater integration, especially towards better collaboration with the health services. The WPs Leader interviewed also indicated that public-private integration mechanisms should also be acted upon in the future in order to sharpen the different forms of collaboration and involvement between services.

B3. macro level

evaluation questions

May the tested organizational model be successfully exportable in different context?

Due to One Stop Shop experimentation, should it be expected any reforming process to change social and employment policies?

The OSS model tested with Reticulate is replicable in other contexts. Protocols, procedures and functioning mechanisms could already be taken up in the implementation of the Service centers envisaged by the national regulation.

However, as mentioned by ANCI,³³ it should also be pointed out that in the OSS model, the relational aspect in the collaborative capacitation between services was crucial. In fact, even though the protocols represent the normative basis for formalizing collaboration between services and between these and stakeholders and organizations in the area, in order for the working groups to function effectively, ***there is a need for operational integration that is done between the operators also through adequate training, continuous comparison and collaborative work.***

*Thus, at the conclusion of Reticulate it can be said that the **capacitation of the territorial community** was crucial for the OSS. This capacitation is achieved when integration takes place simultaneously on three levels: the institutional level (between authorities and organizations), the managerial level (between services), and the professional level (between operators).³⁴*

³³ ANCI Interview of June 2024.

³⁴ ANCI.

*The prospects of replicability of the OSS model could be activated through several funds, including for instance the AMIF 2021-2027 for the integration of interventions addressed to migrants in the four territories of Reticulate beyond Florence, Prato, Carrara. Thus, the Reticulate model could already be replicated by the policy maker for its extension in the same territories. It follows that, **in perspective, the results of experimentation could also contribute to inspiring new employment support policies and new social and employment policies aimed at young people.** However, for the inclusion of certain categories of beneficiaries (such as the Reticulate target groups) it is necessary to focus on strengthening the matching between social and labour with ad hoc measures and tools, connecting other services and actors in the territory.³⁵*

A further indication could be the involvement of the productive regional system, to broaden the possibilities of socio-occupational integration of persons with disadvantages by further strengthening the use of tools such as internships and work experience.³⁶

According to the WPs Leaders interviewed, *the effectiveness of the model should not be dissipated as **the wealth of knowledge acquired over the years represents intangible wealth that enhances the culture in services, people, working practices and collaboration between public services and organizations as well as between people.** The method adopted with Reticulate proved capable of achieving results in a very complex area of social and occupational inclusion, especially in relation to a target group of very vulnerable beneficiaries.³⁷*

³⁵ ANCI.

³⁶ ANCI.

³⁷ As reported WP2 leader Fio.Psd interviewed in June 2024.

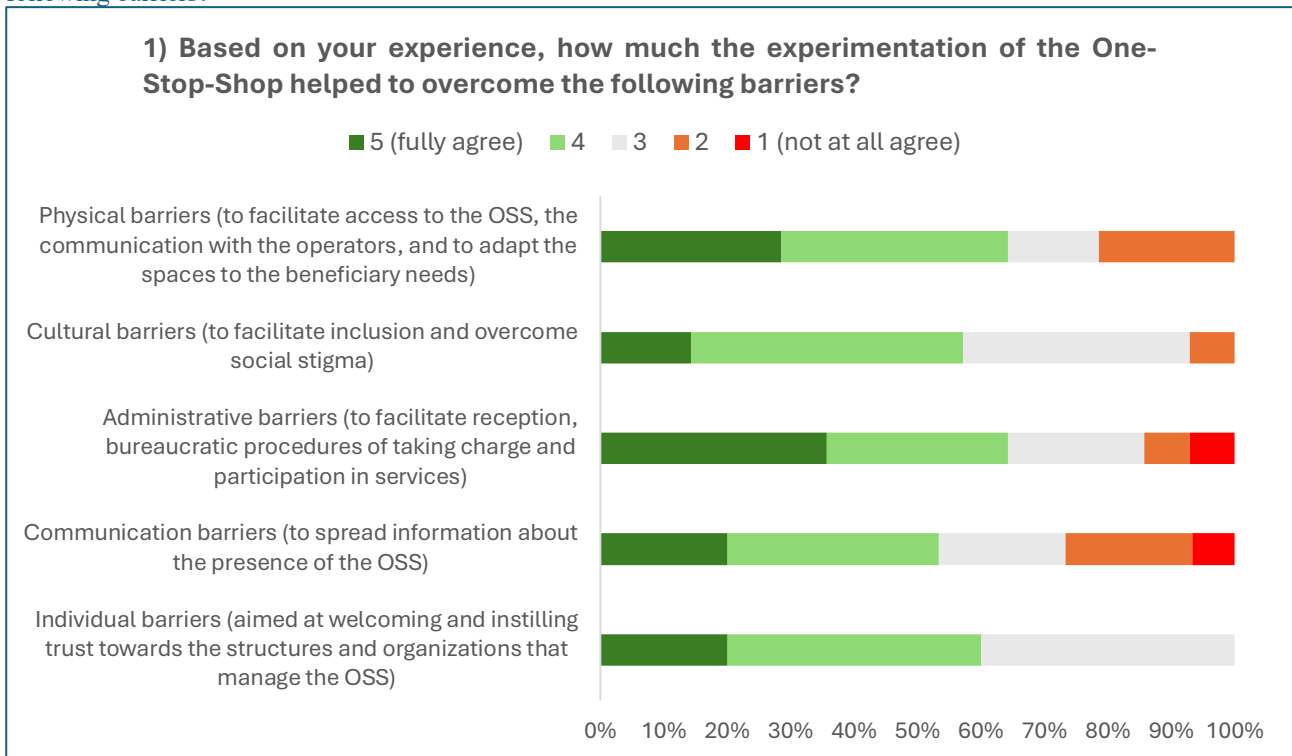
B. OSS operator Survey

This Section focuses on the analysis of the survey carried out in June 2024 and filled out by a panel of operators involved in the project.

The survey is based on a questionnaire containing 17 questions (plus one control question). The questionnaire is organized in three parts: a first part (from question number 1 to question number 4) aimed at investigating the organizational effectiveness in One Stop Shop and of the integrated services (network, territories, operators); a second part (from question number 6 to question number 13) aimed at better exploring the correlation between the needs of the beneficiaries, the personalized Plan and the governance (ability to adapt the mix of services and operator interaction); finally, a third part (from question number 14 to question number 18) on the perception on the general effectiveness.

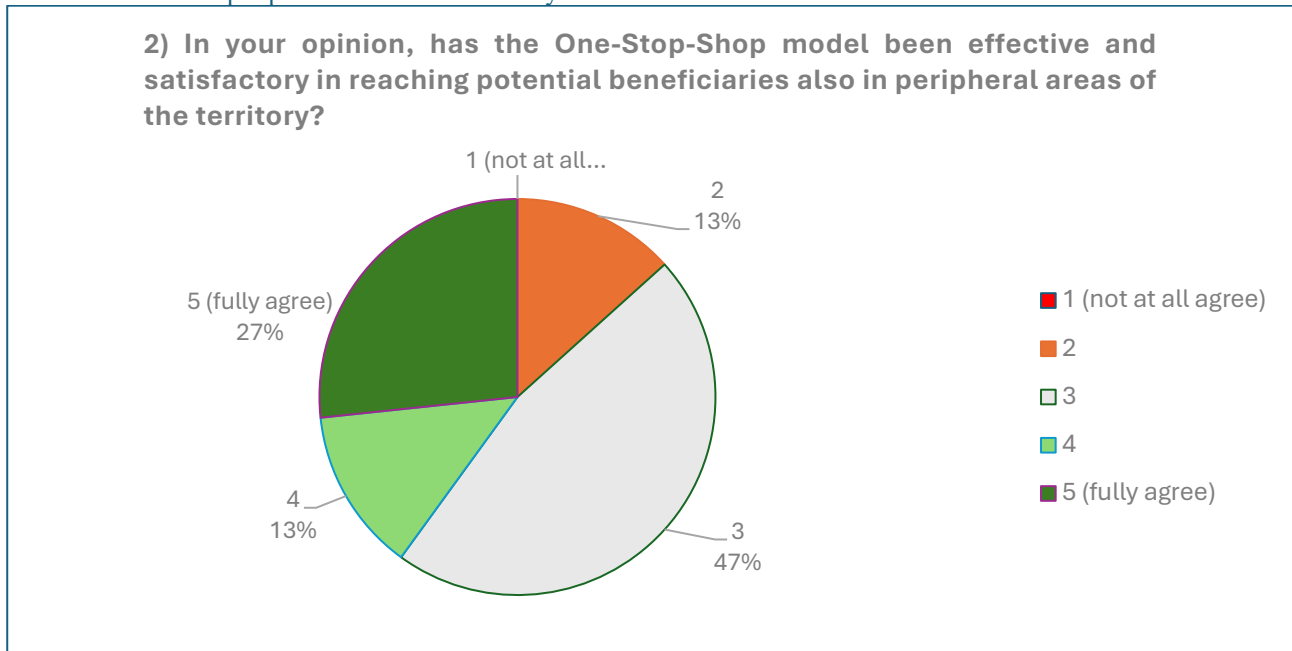
Part 1. OSS operator Survey. Organizational effectiveness

Question 1. Based on your experience, how much the experimentation of the One-Stop-Shop helped to overcome the following barriers?



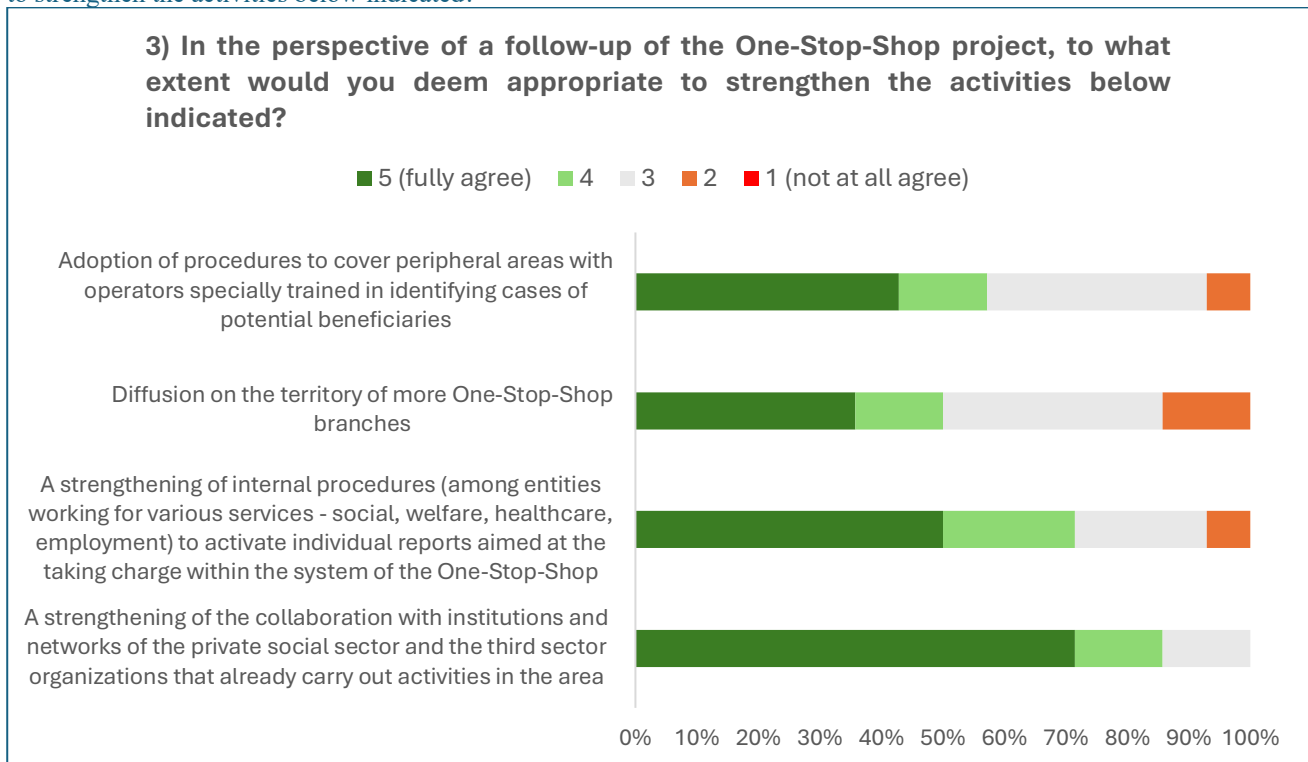
Most of the operators agree that the One-Stop-Shops have contributed to overcome or reduce different types of barriers (individual, cultural, physical, cultural, administrative, communicative). The overcoming of individual barriers is the element that sees positively aligned all operators surveyed. The reduction of both administrative and physical barriers is where most operators fully agree.

Question 2. In your opinion, has the One-Stop-Shop model been effective and satisfactory in reaching potential beneficiaries also in peripheral areas of the territory?



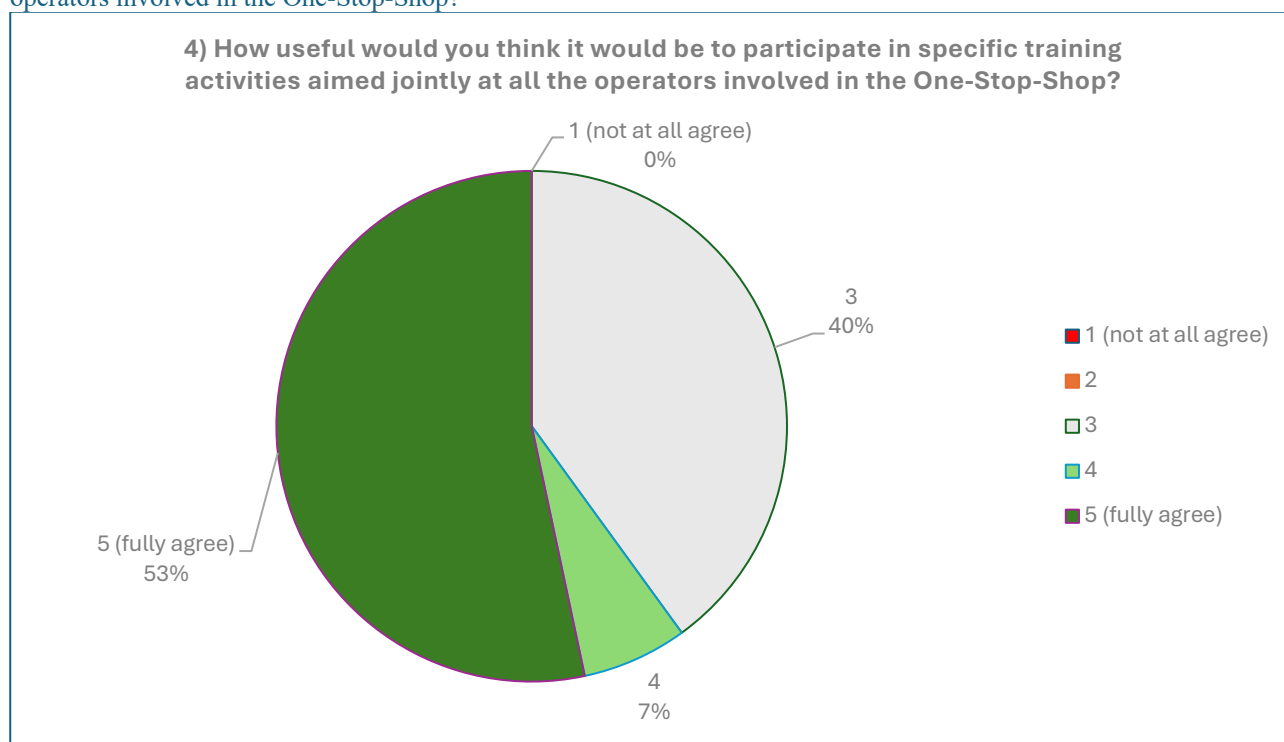
About 40% of the operators have found the OSS model effective and satisfactory in reaching beneficiaries in peripheral areas, while almost half of them have a neutral opinion about the OSS ability to reach marginal areas.

Question 3. In the perspective of a follow-up of the One-Stop-Shop project, to what extent would you deem appropriate to strengthen the activities below indicated?



Building a stronger collaboration among the institutions and networks that already operates in the area is seen as the most relevant activity to carry out in the perspective of a follow-up of the One-Stop-Shop experimentation with around 85% of operators that fully agree or agree to this important action. A stronger collaboration could be implemented for example, by the strengthening of the road units and reporting procedures to the OSS. Also, around 70% of operators mainly agree on strengthening internal procedures among entities working for various services in order to boost within the system of OSS the activation of individual pathways for the taking charge. Diffusion on the territory of more OSS branches, especially in peripheral areas has been considered appropriate by at least half of the operators surveyed.

Question 4. How useful would you think it would be to participate in specific training activities aimed jointly at all the operators involved in the One-Stop-Shop?



The 60% of operators fully agree or agree on the fact that the organization of specific training activities that involved jointly the whole community of operators working in the OSS project would be useful to improve the experimentation. The remaining 40% of operators expressed a neutral position on this action.

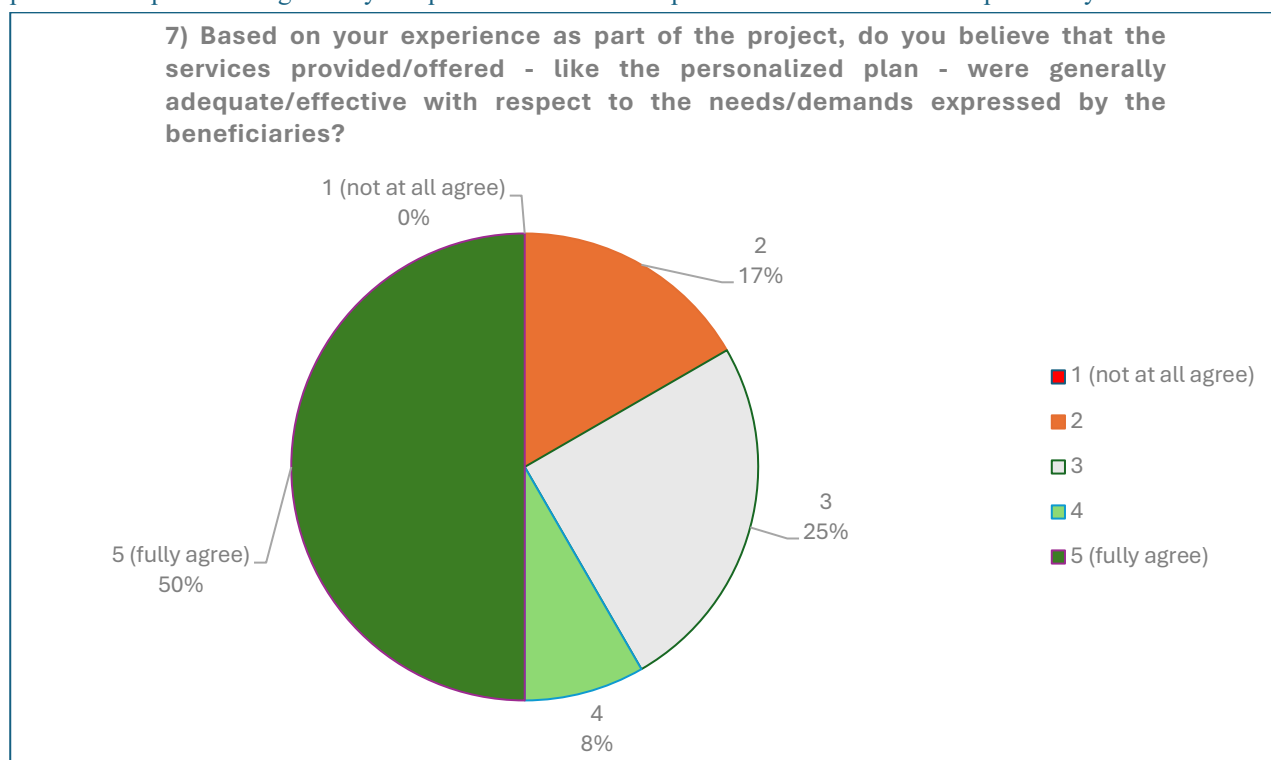
Question 5. testing and control question – *nothing to report*

Part 2. OSS operator Survey. Needs, personalized Plan and governance

Question 6. Do you think that a stable presence of the operators within the multi-professional team of the One-Stop-Shop is appropriate?

All operator surveyed (100%) strongly consider a stable presence of the operators within the multi-professional team of the OSS a crucial element for the correct functioning of the OSS as a reference point.

Question 7. Based on your experience as part of the project, do you believe that the services provided/offered - like the personalized plan - were generally adequate/effective with respect to the needs/demands expressed by the beneficiaries?

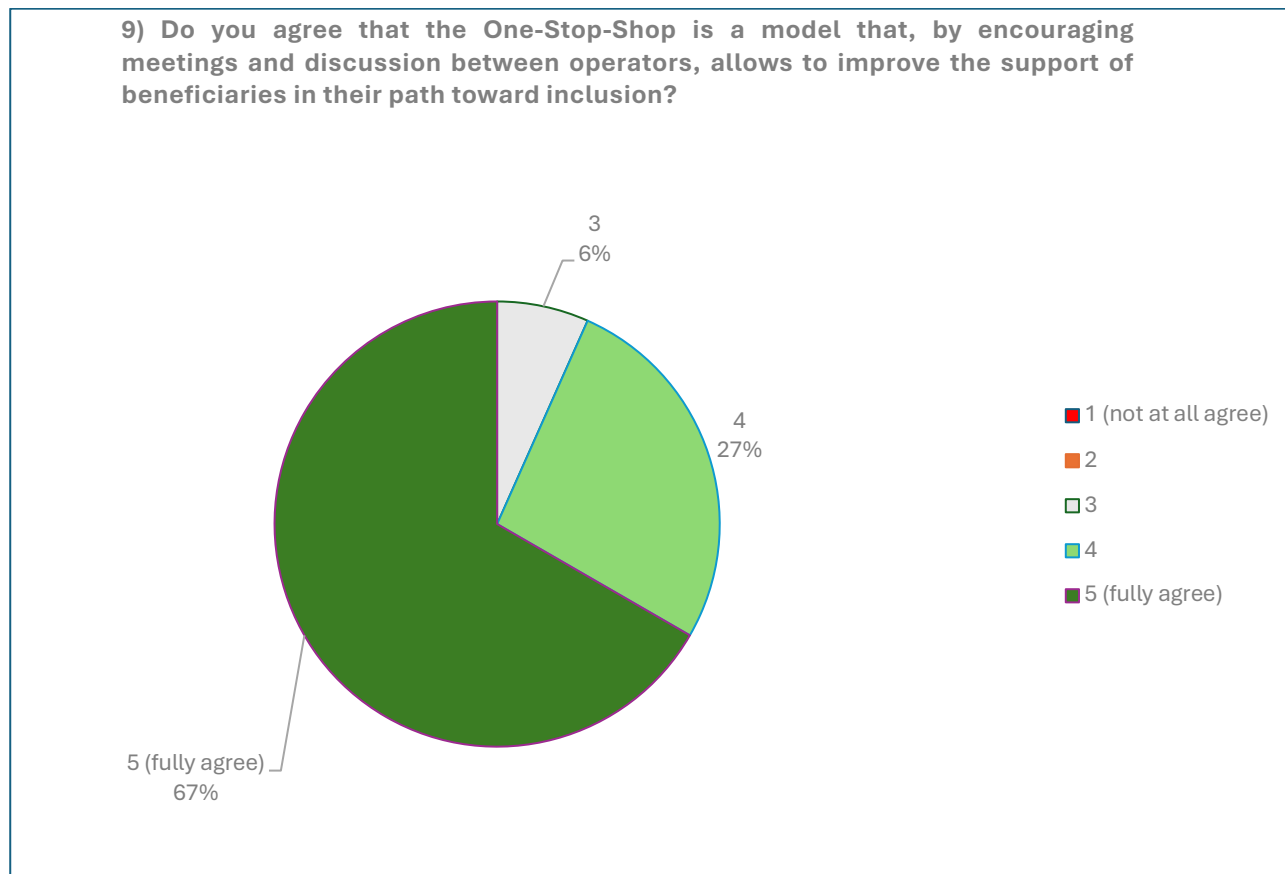


58% of the operators find that the project has offered services that matched the needs/demands expressed by the beneficiaries. 25% of the operators expressed a neutral position, while 17% do not believe that the OSS were able to provide adequate services for the needs of beneficiaries.

Question 8. Based on your experience, due to new needs of the beneficiary, has emerged the necessity of modifying the mix of services during the progress of the Personalized Plan?

92% of operators acknowledge that during the unfolding of the personalized plan the necessity of modifying the mix of services planned with individual beneficiaries has emerged, as a result of the changing needs of the beneficiaries.

Question 9. Do you agree that the One-Stop-Shop is a model that, by encouraging meetings and discussion between operators, allows to improve the support of beneficiaries in their path toward inclusion?



94% of operators surveyed agree that the OSS is a model that by encouraging the meeting and discussion among the operators involved, allows to improve the support of beneficiaries in their path toward inclusion. The remaining 6% do not disagree, rather has a neutral position.

Question 10. Do you consider useful to establish periodic meetings dedicated to coordination among operators to optimize working methods and service integration?

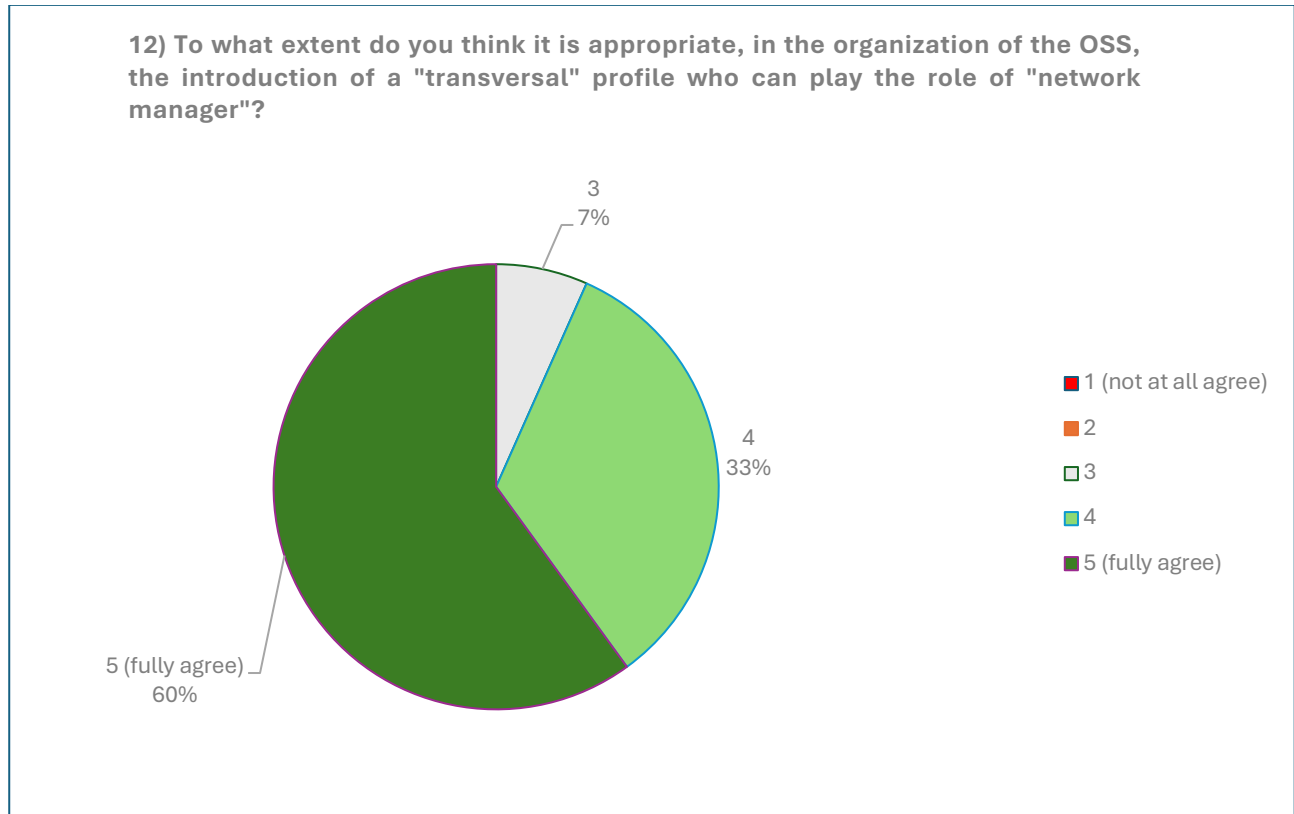
All the operators (100%) think that would be useful to establish periodic meetings dedicated to coordination among the operators in order to optimize the working methodologies and the integration of different services offered.

Question 11. Which of the following services have you experienced the most intensive collaboration with?

No answers registered. It is a multiple-choice question with the following characters:

- employment services
- social services
- health services
- education and training services
- housing services

Question 12. To what extent do you think it is appropriate, in the organization of the OSS, the introduction of a "transversal" profile who can play the role of "network manager"?



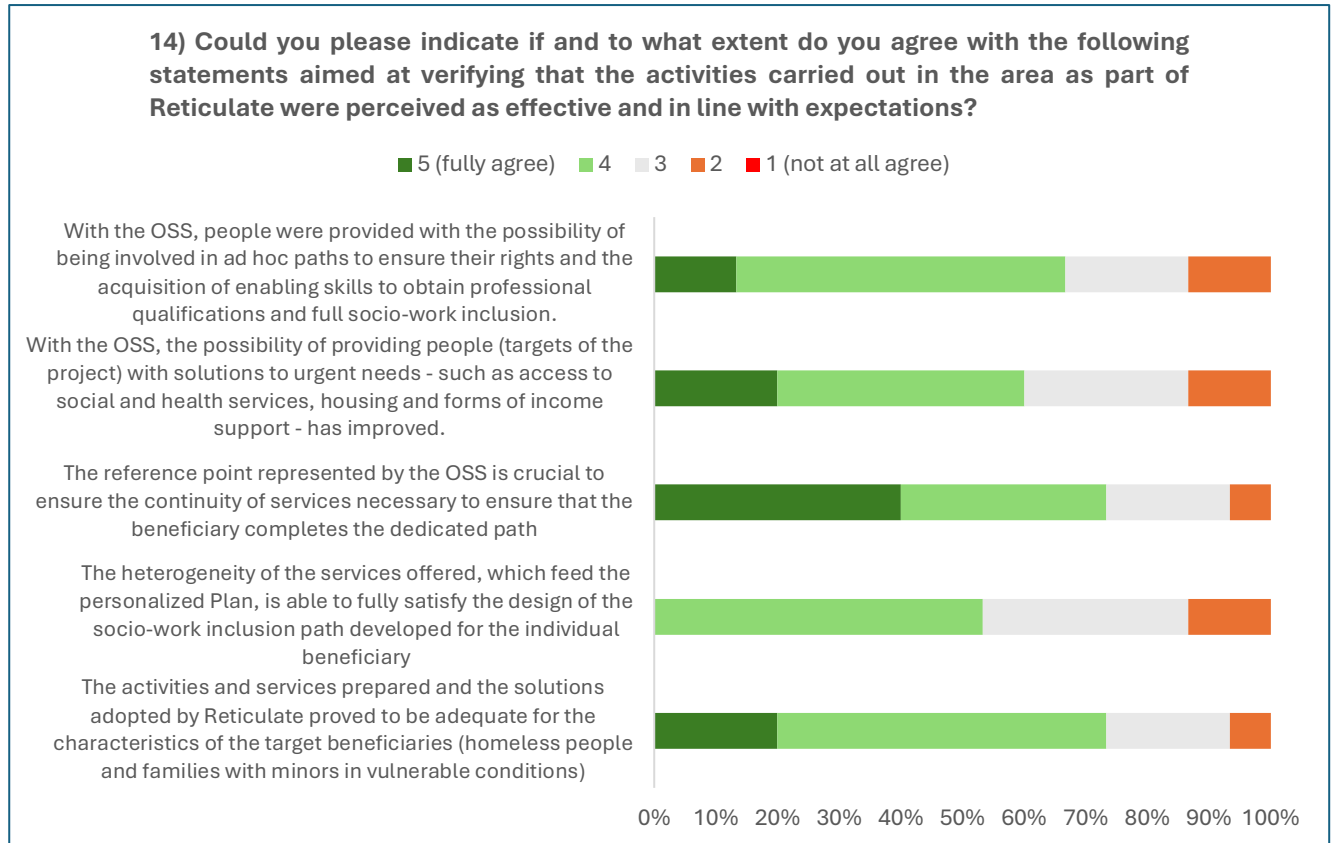
93% of the operators are convinced that the introduction of a transversal profile who can play the role of a “network manager” would be an appropriate solution to strengthen the organization and functioning of the OSS and provide greater support and effectiveness in engaging, managing, mentoring and completing the Plan dedicated to each beneficiary.

Question 13. Do you believe that in the One-Stop-Shop model can be usefully integrated other types of services (provided for example by Patronati, CAF, etc.) together with the services tested with Reticulate?

All the operator surveyed (100%) believe that the services already offered by the Reticulate project could be integrated with other types of services, such as CAF and Patronati.

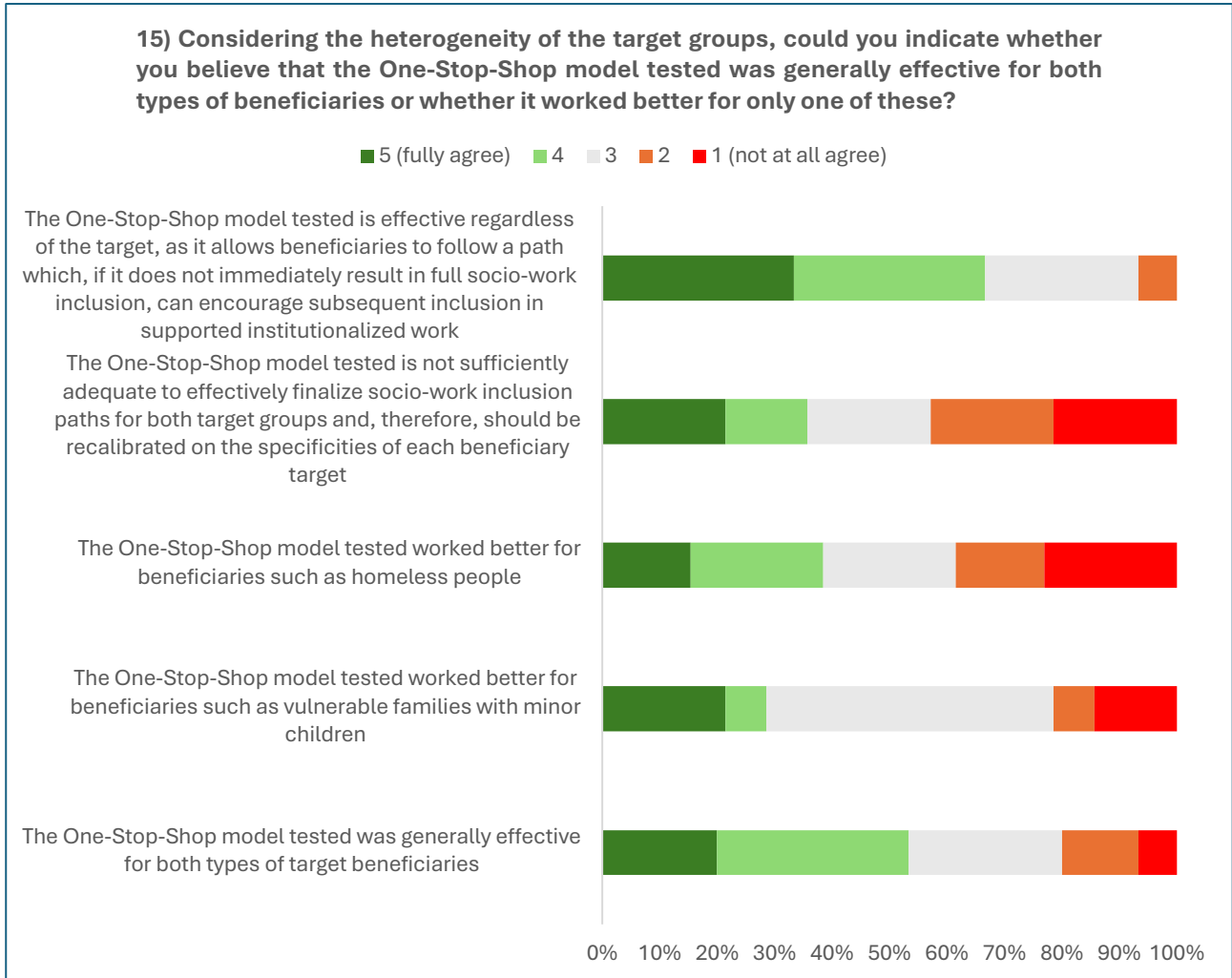
Part 3. OSS operator survey. Perception on general effectiveness

Question 14. Could you please indicate if and to what extent do you agree with the following statements aimed at verifying that the activities carried out in the area as part of Reticulate were perceived as effective and in line with expectations?



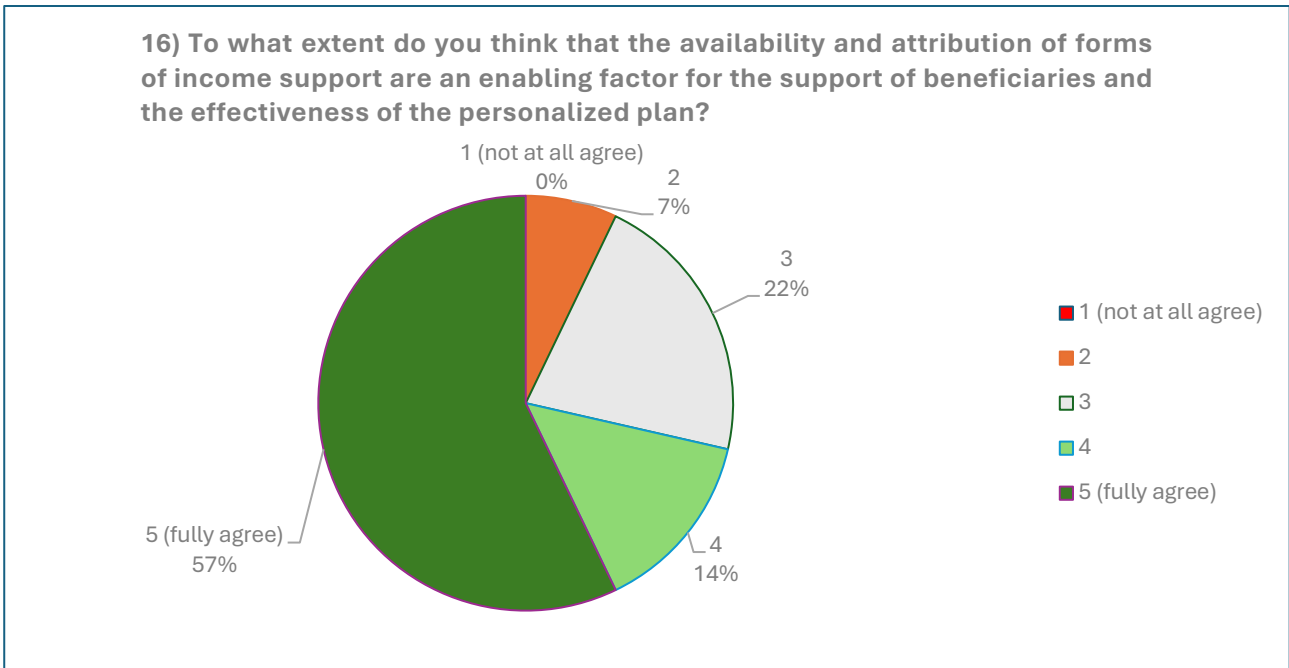
Overall, more than 50% of the operators perceive that project activities have been effective and in line with expectations. Around 40% of operators fully agree on the fact that the OSS represents a crucial reference point to ensure the continuity of services necessary to guarantee that the beneficiary completes the personalized path.

Question 15. Considering the heterogeneity of the target groups, could you indicate whether you believe that the One-Stop-Shop model tested was generally effective for both types of beneficiaries or whether it worked better for only one of these?



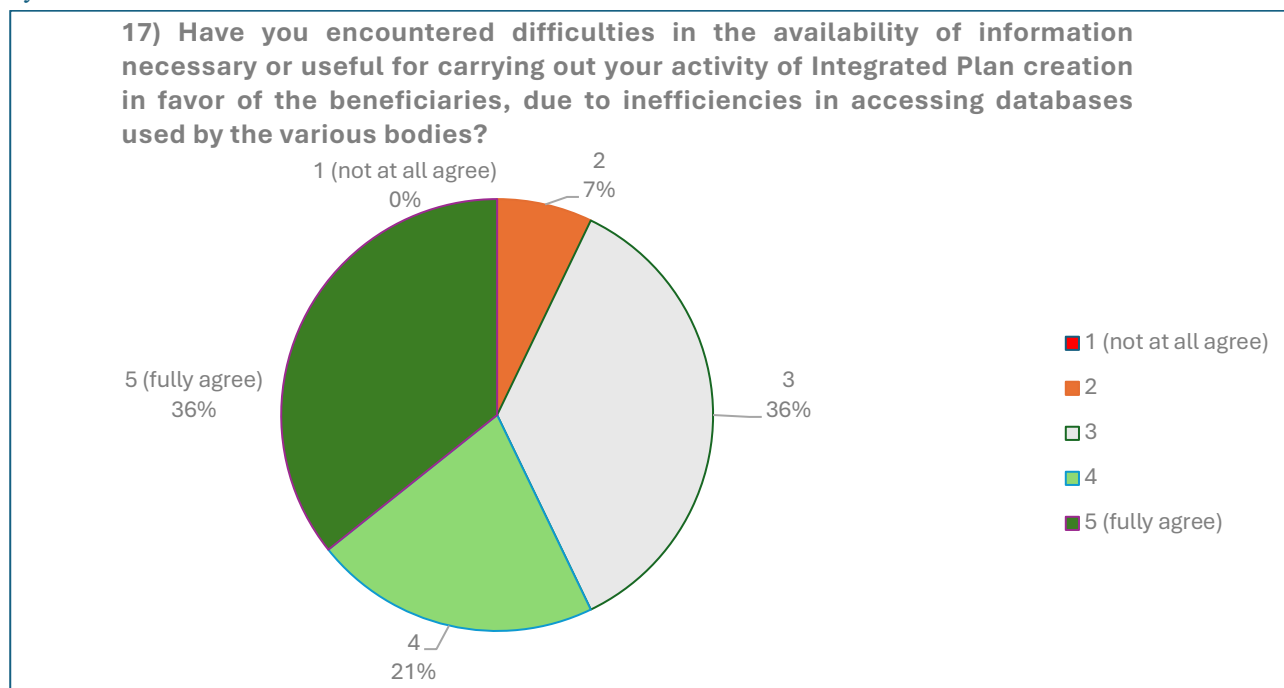
More than half of the operators surveyed agree that the OSS model tested was generally effective for both types of target groups and that if the personalized path does not immediately result in a full socio-economic inclusion, it can anyway encourage subsequent inclusion in supported institutionalized work placement paths from public instruments (e.g. the G.O.L. Programme). If the positive effectiveness of the OSS model is generally agreed, the perception that it works slightly better for members of vulnerable households emerged from the survey.

Question 16. To what extent do you think that the availability and attribution of forms of income support are an enabling factor for the support of beneficiaries and the effectiveness of the personalized plan?



71% of operators surveyed fully agree or agree on the fact that income support instruments are an important enabling factor to support the effectiveness of the personalized Plan built together with the target beneficiaries within the OSS taking charge system. 22% of the operators shown a neutral position on this, while 7% disagree with the utility of income support instruments.

Question 17. Have you encountered difficulties in the availability of information necessary or useful for carrying out your activity of Integrated Plan creation in favor of the beneficiaries, due to inefficiencies in accessing databases used by the various bodies?



The survey highlights the need for action on the integration of the databases used by the various entities involved in the project. Fifty-seven per cent of the operators stated that they had encountered difficulties in the availability of information to create an adequate customized plan for the target beneficiaries, while 36% of the operators were neutral in this regard. Only 7% of the operators did not encounter such difficulties.

Question 18. Could you please indicate, in your opinion, the main strengths and/or weaknesses that have been highlighted from the One-Stop-Shop experimentation, with reference to each of Reticulate's target groups (homeless people and members of vulnerable households)?

- strength: the OSS model is a **physical place where a coordinated and univocal response is provided to the needs** of the target groups, through services that are available in the territories and adapted to the individual's needs. These needs are examined in order to define a personalized inclusion plan.
- strength: the OSS is a locally structured point of reference where recipients can find the opportunity to share and discuss their problems of a different nature with a team of socio-educational operators and the employment centre who activate problem solving strategies agreed upon with the person in difficulty.
- strength: the **multidimensionality of the OSS team** and the **active involvement of the beneficiary** in the construction of his/her customized activity plan are recognized by the operators as two of the main strengths of the OSS model. The multidisciplinary nature of the team also makes it possible to address the complexity of the beneficiary's needs from different perspectives and dimensions.

- strength: the presence and ability to mobilize a territorial network to **link with a network of local services and resources, including third sector organizations and the private social sector**, is another strength of the OSS model that allows interventions to be sustained and activated rapidly at different levels.
- strength: with regard to the target group of members of vulnerable families, the strengths of the OSS model were **the important work carried out with employment services on socio-occupational inclusion** projects already implemented in the territories, the team's experience in anti-poverty policies and the **experience gained in training courses organized jointly with the employment services and the third sector already active**.
- Weaknesses **the difficulty in involving specialized health operators in the multidisciplinary *equipe* and the lack of shared information systems between the different territorial services**. Moreover, some operators reported a **difficulty in communicating with some local authorities** and the shortage of local resources, which made it more difficult to design the beneficiaries' customized pathway towards socio-occupational inclusion.

Conclusions

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

Even though the complete results relative to the completion of pathways and the conclusion of personalized plans for an analysis of the effects on the beneficiaries will not be available by the end of February 2024, as the completed pathways are 26% of the total, 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.

In relation to the evaluation questions addressed in the Final evaluation Report, it is possible to draw some conclusions, 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 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. The survey³⁸ to operators highlighted **governance and coordination between operators** (to optimize

³⁸ Survey to operators – questions 7, 8, 9.

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.**