EASI 2014 - PROGRESS AXIS
INSPIRE – Innovative Services for fragile People in Rome
Grant Agreement VS/2015/0210

PROJECT’S RESULTS
This Report briefly presents activities and results of the Project **INSPIRE - Innovative Services for fragile People in Rome - EASI 2014 - PROGRESS AXIS (Grant Agreement VS/2015/0210)**. INSPIRE experimented a welfare sharing model in designing and providing care services, based on integrated care, customisation, collective intervention, enhancement of the beneficiaries’ resources and proximity networks, promotion of social entrepreneurship.

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_The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union._

_Deckember 2017_
The INSPIRE Project: Why?

INSPIRE is the first Roma Capitale project co-funded by the European Commission – DG Employment, Social Affairs and Inclusion – and it is meant to meet the need, strongly felt by Rome’s Municipal Administration, to support the reformation of the services aimed at tackling social fragility. Starting point is the assumption that the services for fragility now offered, especially home care services, are not really effective in meeting the diverse needs of fragile people: the limited resources to which Roma Capitale has access determine an inadequate penetration of the services within the territory that makes waiting lists grow longer (according to the last available data, referring to the year 2015, the Home Care Services of each District serve, on average, 200, or slightly more, senior beneficiaries and around 300 disabled citizens). Moreover, the beneficiaries of the services do not always get out of them the most benefit or effectiveness in terms of support and well-being. The goal of the project then was to create an integrated system of services that could meet the needs of fragile people relying on the beneficiaries’ resources.

1 The expression “social fragility” refers to conditions related to the lack of autonomy and self-sufficiency together with a scarcity/absence of relational networks of support. The concept of fragility is not limited to specific age groups (the elderly) and it is not exclusively linked to health conditions and functional autonomy, even if a condition of isolation and “relational poverty” (scarcity or absence of significant relationships) increases the risk of fragility and makes the path towards self-sufficiency harder. A condition of fragility is the result of several social and psychophysical factors, therefore a “wide” and general approach is essential when we aim at re-building the person’s social and relational networks as main tools against isolation, with a view to preventing the negative consequences of a lack of self-sufficiency as well.
and on **proximity networks**\(^2\), thus having a positive impact on the promotion of social entrepreneurship in accordance with the reform of the Third Sector launched in the country.

For this reason INSPIRE experimented a **welfare sharing model** in designing and providing care services, based on integrated care, customisation, collective intervention, enhancement of the beneficiaries’ resources and proximity networks, promotion of social entrepreneurship, constant monitoring and assessing of actions, requirements and costs to be covered.

**The INSPIRE Project: How?**

In the course of two years of activity, INSPIRE has adopted a working method based on a sharing system between the project’s working group and the Roma Capitale workers (departments, municipalities, districts and ASL\(^3\) departments) that promoted a constant transfer of skills, processes, and tested tools to ensure continuity and sustainability of the results.

Started in September 2015, INSPIRE realised several **systemic actions** aimed at redefining how the services for fragile people are organised (**revision of the needs assessment model**, activation and governance of **local networks** and of an **information system**, **revision of cost-sharing procedures**, ...

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\(^2\) The expression “proximity networks” refers to the social networks – composed of family members, relatives, acquaintances and friends – that contribute to preserving and improving a person’s health condition.

\(^3\) ASLs are Local Health Authorities.
creation of guidelines for a **new, socially oriented, usage of unused spaces** and the experimentation of **innovative services** in five Roman municipalities (V, VII, IX, XII, XIV).

The experimentation enabled the local health and social services to contact more than **300 potential beneficiaries**, to give access to the services to **179 people** characterised by social fragility and to **assess the impact** of the experimental services on **162 people** with a counterfactual approach.

Today, at the conclusion of the experimental phase, INSPIRE can transfer some of its **results** to the social planning process launched by Roma Capitale:

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4 The Open Book of Social Innovation of the Young Foundation (Murray, Caulier-Grice and Mulgan, 2010) defines social innovations as “**new ideas (products, services and models) that simultaneously meet social needs and create new social relationships or collaborations. In other words, they are innovations that are both good for society and enhance society’s capacity to act.**” The key elements are the capability to **meet in a new way existing or emerging social needs and to create relationships and networks**. The innovation can be in the product or in the process by which a service is provided (or both) and it is strongly characterised by a collective orientation – both in its design and its distribution – and by a prevailingly bottom-up direction.

5 It is condition characterised by: 1) absence and/or strong reduction of family and social networks; 2) non-self-sufficiency (partial or total), which means that the subject cannot live autonomously for psychological or physical problems as much as for socioeconomic reasons. This two main characteristics can be associated with one or more of the following factors that depend on the life stage of the person and that can help identify a higher or lower risk of social fragility: elevated need for assistance; very old age (over 80) associated with a condition of actual isolation; low income; lack of employment; a very numerous family; a condition of serious illness – permanent or temporary; difficulties in accessing care services; a sense of uncertainty and instability.
• a **shared welfare model** in which the role of public health and social care services is to promote all of the local strategic resources for a welfare that is oriented towards the development of a social economy

• **centrality of the beneficiary** in the health and social care services system

• a **support system** close to the citizen to increase her/his opportunities of overcoming a condition of marginality by offering appropriate services based on **sharing and solidarity** with a preventive approach

• **strategic role of the reception services** – Social Secretariat and PUA⁶ – for the survey of the citizens’ needs and for going beyond standard interventions based on supply in favour of personalised interventions based on the citizen’s demand

• a whole range of social services, **integrated, multidisciplinary and shared** between municipal social services, health and social care services provided by the ASL, the Third Sector and voluntary work

• an **employment-centred path of social inclusion** and social entrepreneurship to integrate fragile people into society and the labour market.

• **prototype informative system** that facilitate the sharing between the different agents involved of the citizen’s data, of her/his needs and of the locally available opportunities

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⁶ PUA is the Unique Access Point to social and health services.
• **tools and methods to monitor and assess** interventions: personalised projects with assessment surveys and data collection for a constant monitoring of the projects, self-assessment surveys and assessment surveys by beneficiaries and workers in charge of them.

• **enhancement of voluntary and proximity networks** in providing services aimed at tackling social fragility by promoting social inclusion of fragile people and also by offering tools for coordinating the networks, like SiCS – Information System for a Solidarity-based City.

• Finally INSPIRE can be considered a laboratory for testing a new **model of local welfare governance**: presented by Roma Capitale – the leading organisation – it was realised by a partnership between several public and private institutions, profit and no profit organisations, that cooperated to create a new model for designing and delivering services. The different perspectives and organisational cultures involved require a greater effort and coordination work, but they also constitute an asset for the project and a challenge for Roma Capitale.
The INSPIRE Project: What?

Systemic Actions

A model for the Assessment of Needs and Resources

The current social services system of Rome lacks a single, unified system and common tools, shared between the city and the different municipalities, to register and assess the citizens’ needs to provide assistance in a global way.

In the course of the INSPIRE project, starting from the experiences and tools used by social care services over the years, a needs evaluation process was defined. This process is based on a comprehensive assessment of the situation of each person accessing the Roman Social Care Services in order to gather all the information needed to define an articulated action plan. Such action plan is aimed at tackling the different problematic aspects of the person’s life in an integrated and coherent way.

The proposed system consists of a multidimensional assessment organised in 5 dimensions: Relationships/Socialisation and Educational Support, Socio-occupational Integration, Personal Autonomy, Social Autonomy, Fragility of the Beneficiary’s Family Unit.

The new system and the implemented tools take into account the paramount importance of information exchange with national and regional databases currently in use, like Social Records Folder of the National Institute of Social Services (Inps – Directorial Decree nr. 103 of 15 September 2016), SIAT (Latium Regional Authority), etc., through a detailed analysis of the data that Roma Capitale must periodically communicate.
to the National Institute of Social Services (Inps). For this reason, the system was designed in terms of interoperability, an essential feature for the cooperation and integration among different services (Social Care, Healthcare, Employment, Culture). Moreover, the global evaluation realised by the City’s Social Care Services constitutes the basis for in-depth analysis and integrated care by multidisciplinary teams (ASL, School, etc.).

The needs’ evaluation process is structured in two phases: reception and assessment, each with its own survey.

**Reception**

The City’s Social Secretariat, or the PUA, are in charge of the first phase, access to the services’ network. The goal of this phase is to receive the citizen’s request at the counter and direct it towards the different services required or towards the Social Care Services, according to the need expressed.

A specific tool has been set up for the reception phase, that starts with a front contact (often directly at the counter) and a reception interview. Through the (front) contact tool the specific request and other general information on the applicant (e.g. age, gender, citizenship) are gathered. This survey is a first tool for collecting data on the citizen’s request and for monitoring the services’ access. The reception survey is then used to get a first, more detailed, picture of the applicant’s situation if s/he and the social services’ worker agree on the person’s need to take a step further in the direction of accessing social care services. In this case a reception interview is carried out, aimed at gathering more detailed information on personal
data, family conditions, and social needs of the citizen. If both the citizen and the social services’ worker agree that her/ his case needs to be taken in charge by the social care services, the applicant gets access to the next level of evaluation, the assessment phase.

The outcome of the reception phase is one of these two alternatives: information, orientation and redirecting toward other services, or access to the assessment phase carried out by social services’ professionals.

**Assessment**

This phase consists of the citizen’s needs assessment made by a professional social worker of the City’s Social Services through one, or more, in-depth interviews, aimed at analysing the different aspects of the applicant’s life. The specific goal of this global assessment is to bring into focus a person’s conditions and characteristics, including her/his needs, her/his resources and the social context in which s/he lives, thus highlighting the elements that determine her/his state of need and connecting situation’s different aspects. The System includes a set of basic questions, valid for all types of applicants, to determine the type and level of fragility, but also more specific deepening questions for each area, that vary according to the citizen’s answers to certain key questions.

The professional social worker can rely on a function of the system that automatically guides her/him in this more in-depth analysis of the areas in which a specific need emerges. The objective here is to devise an action plan and agree upon a customised action project that are congruent with and appropriate for
the needs and the resources of the beneficiary, but also sustainable for the social care services system and for the citizen and her/his household. The final outcome of this phase is access to the social care services and the **definition of a personalised project and contract**.

The assessment is focused on the single beneficiary as an individual, but – given the increasingly frequent problematic complexity of families and the need for assistance of the entire household – the tool offers a specific area dedicated to the possible need for assistance of the family unit.

If the professional social worker determined that it is necessary to provide a service to a family member of the beneficiary too, another personal folder must be opened for this person. The surveys pertaining to the members of the same family unit are linked to one another through a family ID.

**Assessment Areas**

*Relationships/Socialisation/Educational Support (RSE)* – this area includes relational integration, the ability to establish and maintain significant relationships, the need for educational support.

*Socio-occupational Integration (SOI)* – this area defines a state of need related to the occupational field, but also the need to acquire/update skills or expertise for a better socio-occupational integration. This area deals with poverty and is strongly related to SINA (INPS Social Records Folder).

*Personal Autonomy (PA)* – this area includes a person’s autonomy/self-sufficiency, mobility, personal and house care, health. This is the area that mostly pertains to senior and disabled citizens and it is strongly related to SINA (INPS Social Records Folder).
Social Autonomy (SA) – this area refers to the possibility of being economically and housing independent, but also legally autonomous. This area deals with poverty and social inclusion and is therefore strongly related to the SIA (INPS Social Records Folder SINBA) Assessment Survey.

Fragility of the Beneficiary’s Family Unit (RFF) – this area explores the possibility that other members of the beneficiary’s family unit – or the entire household – show a social need and/or specific health conditions. This area deals with poverty and social inclusion and is therefore strongly related to the to the SIA (INPS Social Records Folder SINBA) Assessment Survey.

Governance of Local Networks
During the experimentation, local networks where developed from the specific characteristics and cultures of local realities, thus each one took shape in a unique way.

Activities carried out at city level:

- Mapping of all the innovations tested in the Municipalities and in 15 focus groups
- Scouting of all the institutions, organisations and associations active in the 5 municipalities, integrating information from the different databases of the City and of the municipalities (social services and third sector organisations).
- Meetings aimed at establishing stable collaborations: Italian Red Cross, St. Egidio and Caritas, Farmacap joined the network as well.
Meetings with the associations’ networks of Roma Volontaria at the Volunteers’ House. 50 associations of the 5 Municipalities took part to be informed on the launching of innovative services and to promote the creation of local support networks.

Spreading an online survey to which 187 associations answered.

Some of the pilot municipalities carried out a bottom-up research and mapping activity: starting from the subject’s conditions and from the resources already activated by each beneficiary, and then extending the network to other local resources. This process lead to the identification of numerous realities and services that could be added to the network to support social care services (mobile networks of local resources).

Information System for Fragile People

The implementation of an effective information system for social policies in Roma Capitale cannot be postponed and the INSPIRE project is meant to be a contribution in this regard.

Over time, Roma Capitale launched several I.T. initiatives, but at present there’s still no single social information system shared by the 15 Municipalities that could make the analysis, monitoring and assessment of the City’s social policies possible. A similar information system is a necessary requirement for every planning activity and/or reform in the field. At present there are different coexisting systems and administrative archives that are often unable to dialogue with one another.
For this reason, in designing the INSPIRE information system and its features, the **overall picture** of the different systems and databases already existing or in the process of being implemented at other tiers of government was obviously taken into account. This overall picture is summarised hereafter.

At a national level the ‘**Casellario dell’Assistenza**’ is being consolidated. This database is designed to collect information on the social care services provided at different levels (national, regional, and local) and it will be fed with data coming from cities and towns, according to a pre-set taxonomy and record path. The Records Folder is composed of several data-bases concerning ISEE (Economic Status Indicator) connected subsidised social care services, social care services not related to ISEE and multi-dimensional assessments divided into three sections that correspond to three different areas of services (SINA, SINBA, and SIN).

Finally **Regional Law nr. 11/2016** on the “Integrated System of Social Measures and Services of the Latium Region” and the subsequent **Regional Social Plan 2017/2019** establish, among other things, the creation of the Regional Social Services Monitoring Centre, the establishment of a computerised registry of services and of an information system of the social care services of the region (**Siss – Sistema informativo dei servizi sociali della Regione**).

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7 Social Records Folder managed by INPS.
Given this premise, the outcomes of the INSPIRE project also included the development of a management and information system that reflected a renewed model of the process through which social care services are delivered, in particular of the reception, assessment and access phases.

From an operative point of view, the first step was defining the model, the processes and the related procedural tools, and then testing them in the experimental municipalities. In this way, the system could be spread to the other municipalities, given the interoperability with other systems.

The information system consists of a front-desk application, that is web-based at present, but it could be transferred to the municipality intranet through which the workers of Rome Capitale (Social Policies Department, City Secretariat and Social Care Services) can enter the beneficiaries’ data to access the global needs assessment of the citizen that made the request.

More specifically, the information system offers an experimental support during the following phases:

- **First contact with the beneficiary**, through the ‘First Level Survey’ by the Social Secretariat that leads to the definition of the main areas of need according to a shared taxonomy
- **Needs assessment**, through the ‘Second Level Survey’ by social care services professionals. This tool, organised in five areas of need, collects in-depth information on: personal conditions, health status, family relations, degree of autonomy, socialisation level, etc.
- **Definition of a customised plan/contract**, based on the global needs assessment of the person and her/his family unity. In this way a personalised project can be outlined, taking into
consideration the public and private care services required to support the fragile subject and her/his family.

- **Section on the monitoring of the internships:** when an internship position is activated, this tool can be used to assess the beneficiary’s progress and to write the report of the activities s/he carried out and the certification of the skills s/he acquired.

Data computerisation will make case processing much easier and will facilitate data sharing among the different levels of contact between the citizen and the administration.

Moreover, the system will make progressively available a **data warehouse of social care services provision** within the city of Rome. This data warehouse is organised as a *register of the structures and the institutions that provide social care services within the city and of the type of services they offer* according to a *shared taxonomy*.

To summarise, thanks to the INSPIRE SYSTEM, once the start-up phase is completed, social workers will have the possibility of rapidly directing and accompanying the beneficiary to the closest and/or more appropriate structure and of predisposing a customised project based on local resources.

**Technological Innovation in Social Networks**

The activation of mobile networks of local resources to support innovative services requires appropriate means of government and communication. To support experimental services, social condominiums in
particular, and the management and enhancement of proximity networks, an Information System based on a Social Network Architecture (SNA) called SICS (Sistema Informativo per la Città Solidale – Information System for a Solidarity-based City) was designed and implemented to make it possible for community workers to manage proximity networks and to bring together the needs of an individual citizen with the appropriate resource closest to her/him. Moreover, thanks to the system, new needs can be identified through a back data analysis of the services. In this way new responses to emerging needs can be detected/planned. The SICS aims at making information on urgent needs and activities’ coordination available in real time to community workers by checking assigned tasks and commitments. But, at the same time, it also aims at ensuring a quick and efficient communication on the citizen’s status between the different resources of the network.

Operationally, the first step was to define clear processes, necessary prerequisites and appropriate technological tools to be implemented.

The information system is comprised of 4 software components:

- **Nr. 1 Web Application SICS-Inspire**: this web portal is the back-end side of the SICS and it is for the exclusive use of the social condominium worker. To access the portal one must go to the website [http://test.tsc.it/sics/web/](http://test.tsc.it/sics/web/).

  Through the portal, the worker can have access to a series of features of the app. In particular there will be the possibility of creating personal folders with the beneficiaries’ personal data
and information on the resources, both formal and informal, of the proximity network; the worker will also be able to monitor the beneficiaries’ requests, making sure that none of them remains unanswered; s/he will also be able to plan some activities. For what concerns interoperability, an “import” function was included so that the beneficiaries’ data already entered in the INSPIRE Information System can be imported.

- **Nr. 2 SICS-Inspire App – Beneficiaries:** through this app the beneficiary can have access to several features, such as: requesting a specific service, specifying date and time of its preferred provision; monitoring the existing arrangements with one or more resources and, for each appointment, s/he can check the kind of service required, the name of the person providing it, and date and time of the appointment; checking the communications entered by the worker about, for example, initiatives organised in the municipality in which the beneficiary lives.

- **Nr. 3 SICS-Inspire App – Social Community Workers and Volunteers:** this app is primarily dedicated to the resources in the proximity network. Through this app the resource can monitor pending requests submitted by a beneficiary. For each request, the kind of service requested, the name of the beneficiary who submitted the request and date and time when the service should be provided are shown. The resource can also visualise the appointment s/he has with one or more beneficiaries to provide one or more services.
• **Nr. 4 SICS-Inspire Msg – Social App:** The last app in the SICS system is an IM app that allows the beneficiaries, the community worker and the resources to communicate easily and quickly with one another through the creation of group chats. This app can be automatically launched with the other two thanks to their Chat function. Its peculiarity is that the messages are coded so that only the subjects involved can read them. The configuration panel of the app allows the user to set a maximum message length so that longer messages will be automatically deleted.

To connect the three Apps mobile devices (smartphones) were chosen. They are to be used by all the subjects/roles involved in the operability of the provided and requested services. The front-end of the system runs on an Android mobile platform.

The system was tested with the two cooperatives involved in the Social Condominium experimentation. Accounts were created for the resources and the beneficiaries, and all the features of the app and of the web portal were tested.

In the context of the INSPIRE project, SICS was developed to manage the network supporting Social Condominium; but this doesn’t mean that it cannot be used for other types of services, like Tutoring, for example. In the same way, an appropriately modified and adapted version of SICS can be used to manage other kinds of networks and micro-networks (including socio-educational networks like those envisaged in the ‘Solidarity-based Classrooms’ project).
Cost-sharing Procedures

It is evident that the ISEE (Economic Status Indicator) has been scarcely used by Roma Capitale, as the reform outlined in the DPCM (Prime Ministerial Decree) nr. 159/2013 on the adjustment measures of the contribution schemes has not been enforced yet. This situation has caused some problems, such as difficulties in home care services for the elderly.

To contribute to the identification of viable solutions, the INSPIRE project developed some innovation proposals concerning equality and selectivity policies, summarised in a specific report, in an effort to answer the following questions:

- **Which indicator should be used to assess the economic status of the beneficiaries?**
- **How should the systems for the cost-sharing of the services be designed?**

Regarding the first question, it is a fact that the ISEE will take on a more significant role becoming the main indicator to be used in assigning subsidies, facilitated access to and/or provision of services and benefits.

Anyway, we want to make this assumption clear: the ISEE is “only” an indicator used to assess the financial status of the family unit, but its real effect is for the most part determined by the contribution-based system and by the possible thresholds. Another crucial choice concerns the possible inclusion of...
the ISEE in the definition of the conditions of need and in the allocation of points to access services of different care intensity.

In this regard, the INSPIRE project also includes a proposal for the revision of the contribution system of the Roma Capitale SAISA service\(^8\). This proposal is aimed at realigning the exemption threshold to the new ISEE levels and at reshaping the cost-sharing rates, keeping in mind the accessibility necessities of those most in need.

Talking about services’ cost-sharing, these are the most relevant systemic actions that need to be implemented:

- First of all, following a review and/or an updating of the application fields and rules of the ISEE in the different administration departments, it is evident that “connections” between the different offices must be defined.
- Based on that, organisational impacts could be reassessed in order to define concerted actions between different Departments in the fields of communication, education and also regulation. In fact, it emerged quite clearly that the areas of application are the social one, the educational one and others, at a national (Rel), regional (Rsa) and city level. In the meantime, different figures take action, like the INPS and the CAF (Tax Assistance Centres) system, that de facto play a front-office role.

\(^8\) SAISA is the home care service for senior citizens in Rome.
• **The ISEE must be considered part of a complex process that starts from needs assessment.** The rules governing this process must be consistent with the cost-sharing system.

• The *revision of the criteria* for determining access, thresholds and cost-sharing procedures must derive from an accurate analysis of the impact on the beneficiaries, but, most of all, it must also **be informed by the “equality” objectives determined at a political level.** From the strictly quantitative point of view, the following points show some of the *most relevant steps of a study aimed at a “coherent” innovation of the cost-sharing systems:*
  
  o *Quantification of the possible beneficiaries* affected by the new contribution systems.
  
  o *Definition of the cost of the services,* a very relevant datum in defining the contribution system and its objectives.
  
  o *Definition of the goals, both in terms of equality and revenue.* For example, a common strategy might be based on the definition of a cost-sharing percentage for each service. This makes the cost/contribution correlation more transparent for the citizen.
  
  o Definition, on these premises, of the *details* concerning: the possible role of the ISEE in the needs assessment, exemption and access thresholds, different contribution levels, brackets, needs categories, a potential gradation as percentage of the services’ cost-sharing, etc.
Finally, the opportunities derived from a smart use of information systems, inside and outside the administration, need to be enhanced to promote a cooperation via computer applications between the different actors.

Guidelines for Social Reuse of Public Spaces

One of the innovative aspects of the project is the proposal of reusing, restoring and self-restoring abandoned urban spaces (to host experimental services). The connection between activities, subjects and spaces is a circular one that can elicit important feedbacks:

a. the experimentation of innovative services ignites innovations in designing and organising open spaces and facilities dedicated to these services.

b. the increased availability of underused or disused open spaces and buildings in metropolitan areas stimulates and fuels new forms of creative use, more and more socially orientated.

This is why INSPIRE proposed long-term and temporary\(^9\) forms of re-use for the areas in which the experiments were conducted, using also processes of self-restoring and self-construction aimed at

\(^9\) The temporary reuse of underused spaces and building waiting to be given a new intended purpose started as a spontaneous practice, but it is now becoming more and more a public strategy, especially in countries like Germany, England, the United States, Holland and Belgium. The idea is to reactivate the spaces starting from the needs, expectations and proposals of the community.
defining a prototype of social, financial and administrative viability for the activation of “socially useful” spaces to effectively support experimental services that sustain social fragility. For what concerns the innovation needs of the project, criteria to detect and design open spaces and buildings were defined, highlighting the impact that these operations have on the welfare system and, more in general, on urban regeneration.

The guidelines are intended as a toolkit capable of guiding public administrations and third sector associations in the following operations:

a) identify available spaces and structures,
b) select spaces and structures for social reuse
c) mix social services for fragile people and collective services/activities
d) design open spaces and buildings pursuing the functional, ecological and social activation
e) evaluating social, economic, technical and administrative feasibility

In this regard the key aspect at the root of the project is the sharing of conception and management between local institutions and citizens, funded by crowd-funding campaigns and/or sponsors’ financial support.
Experimental Services for Social Inclusion

Experimental Services Models

To meet the needs of fragile people, Inspire is testing innovative services, like social condominiums, tutoring, socio-occupational workshops, based on two characteristics:

- personalisation of the service
- collective intervention model

The personalisation of the service arises from a global analysis of the needs and resources of the potential beneficiaries, it calls for the definition of a customised project shared with the beneficiary and a “menu” of services based on a supply chain of services and interventions\(^\text{10}\). The second characteristic, the collective intervention model, is based on the need to go beyond the one-on-one relationship between the worker and the beneficiary, and allows for the integration of formal services with the resources of the beneficiaries themselves, promoting relationships of sharing and exchange.

In this model the activation of proximity resources is paramount. These are local resources that contribute, together with public services, to providing interventions and that take on a vital role in the production of well-being, becoming jointly responsible for the governance in the area.

\(^{10}\) With the expression “supply chain” we refer to the totality of services and interventions provided by public and private resources, formal and informal, that contribute to the delivery of all the assistance and care services necessary to meet a specific profile of needs.
179 beneficiaries were involved in the experimental phase, started in September 2016, according to the following territorial distribution. The counter-factual impact evaluation involved 162 beneficiaries in the treatment group and 164 people in the control group.

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<th>Service</th>
<th>Municipality</th>
<th>Nr. Beneficiaries</th>
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<td>Socio-occupational workshops</td>
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<td>Pizza Restaurant Lab Fermentum</td>
<td>VII</td>
<td>28</td>
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<td>3D Maker Lab</td>
<td>IX</td>
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<td>Catering Lab</td>
<td>XII - XIV</td>
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<td><strong>Total nr of Beneficiaries involved in the experimental phase</strong></td>
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Social Condominium

Social Condominium is based on the promotion of proximity (e.g. several senior citizens living in the same building, on the same road, or in the same neighbourhood) and on the activation of local networks of solidarity and aid. The worker takes care of more than one beneficiary (3 to 5 elderly beneficiaries) that live close to each other, supporting them in leading a self-sufficient life through the activation of solidarity networks (associations, neighbours, shop-keepers, apartment block administrator, parish or youth groups volunteers) that act as social sentinels. The service integrates some activities and services already supplied by Roma Capitale (light assistance, SAISA group activities, etc.), strengthening neighbourly relations and local networks that offer social support and direct aid to the elderly.

The goal is to develop solidarity in people living in the same neighbourhood, same apartment block and same street of the elderly and to direct the elderly towards forms of service-sharing and self-help. The innovation lies in the fact that when a situation of need arises the operative horizon gets wider, going from the simple delivery of a service to the search for community-oriented solutions: on one side the

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11 Sentinels or social or community rabbit hears are “agents” that observe situations of fragility on a daily basis, getting in contact with people who (because of their ignorance, lack of habit, and feelings of shame) don’t ask for help to public institutions. The social role and talent of a sentinel can the attributed to: a. neighbours living in the same apartment block or building, in the same neighbourhood, etc.; apartment block administrators; shop-keepers (of neighbourhood shops like tobacconists, barmen/women, grocery shops employees/owners, newsagents, etc.); hairdressers, beauticians, clergy, teachers, individual citizens promoting proximity and possessing natural skills. See Experimentation Plan.
A worker deals with the person’s, or persons’, problem, on the other s/he activate informal resources and build local networks and communities.

Two models of social condominiums were proposed:

- the first one aims at increasing and enhancing home care when there are several people in need in the same apartment block or road (Municipality IX);
- the second one includes direct intervention on the apartment block, even if only one senior citizen lives there. This person can either be an element of conflict in the building, or receive the caring attentions of her/his neighbours. In these cases the worker’s intervention is determined by a report/denunciation by the neighbours of the elder or of the person/s living in tramp-like conditions (Municipality XIV).

**Tutoring**

The tutoring service is based on the premise that a fragile person is considerably lacking in information, interpersonal skills, and social skills, and needs a support programme to acquire them. The idea is that isolation and lack of skills can be mitigated by the presence of a tutor who supports the person in his/her path of creation or re-creation of social ties, communication, and opportunities. The job of a tutor result from the definition of a project, shared with the beneficiary, articulated in middle-term goals: job, relationships, house. Its function is to guide the person towards the right use of resources (financial
subsidies, services, interventions), and to integrate and coordinate the interventions included in the project and provided by different services, institutions and agents. It thus represents an organisational hub in the services network whose function is to connect all the resources (professional and non-professional) involved in a personal project. The quality of the intervention is characterised and determined by its customisation. The objective of the service is to develop a person’s ability to search for the socialisation and employment solutions that s/he needs to overcome her/his marginality. The Tutor supports a fragile person and defines a path to guide her/him to the right resources and services, thus creating a cooperative relationship with the care services that becomes the network of reference for the individual project.

The tutoring is aimed at fragile adults (and their families) with complex needs for which a number of services of different kinds – public and private, social, health-related, educational, training and employment services – are needed. The specific areas of intervention and support are: rights and services, employment, personal and social relationships, health. As for social condominiums, the success and sustainability of tutoring depend on the worker’s capability to activate, for each individual path, mobile and temporary networks centred on the specific condition of the person being tutored.
Socio-occupational Workshops

Socio-occupational workshops are a collective service that offers fragile subjects a path of “social rehabilitation” based on the integration between occupational activities and activities that support the person’s social abilities. A socio-occupational workshop is a flexible tool that can be adapted to different kinds of fragility. Therefore it can have different goals/functions in relation to different participants and to their entry requirements that are achieved through real work activities. More specifically, socio-occupational workshops have:

- An educational and social rehabilitation function, through the acquisition of practical abilities and attitudes, behaviours, motivations and responsibilities related to the work environment (occupational pre-requisites), and the acquisition of general social abilities (capacity for mobility, group participation, etc.)
- A training function to enhance the person’s skills in a specific job and/or in the employment field.
- A function of pre-admission to the workplace to assess the possibility for the potential candidate to take part in an internship and/or being hired by a company.
- A function of “support” and/or “recovery” from the possible risks of failure for those beneficiaries who find it difficult to keep their jobs and/or who’ve lost their job.
A function of observation and assessment to guide the beneficiaries towards financially valuable opportunities and adequate services.

A function of collective semi-residential activity, in place of personalised interventions, for those beneficiaries who cannot yet start a job-placement programme, but who still need activities to maintain the skills and autonomy levels they’ve reached and avoid any regression.

A preparatory function for the post-workshop period with lighter forms of semi-autonomy and/or low assistance promoting the creation of relationships and cohesion between adult participants with elderly family members.

A socio-occupational workshop can be structured, in relation to potential beneficiaries, in the following areas of activity:

- Occupational/Employment
- Specialised/Personalised Support
- Sociability support
- Family support

The projects within the lab are personalised and monitored through a constant observation within the different activity areas. The participants, within the occupational/production area take on different tasks/duties in turns. The standpoint of the participants is a job placement/replacement within the labour
market, or a permanence within the service itself as a system that offers, in a safe environment, the same characteristics, schedules and rules of a workplace, producing real products.

The experimental workshops, targeted at disabled and mentally impaired adults, saw the participation of 109 beneficiaries and were organised in different intervention sectors:

1. Social Farming Lab – Municipality V
2. Pizza Restaurant Lab ‘Fermentum’ – Municipality VII
3. 3D Maker Lab – Municipality IX
4. Catering Lab – Municipality XII and XIV
5. Handicraft Lab – Municipality XII and XIV
6. Multimedia Lab – Municipality XII and XIV
7. Bookbinding Lab – Municipality XII and XIV

Inclusion Internships

INSPIRE experimental projects demonstrated that employment is a key element in reaching the autonomy of the beneficiaries. For this reason the working group, starting from the socio-occupational workshops and the tutoring experiences, implemented some extracurricular internships to foster the beneficiaries’ social inclusion. An internship, an active policy form of training, promotes job orientation and helps beneficiaries update their resume and professional profile, allowing them to acquire new skills and
knowledge, and to get in contact with local businesses to facilitate integration (or re-integration) in the labour marked of jobless or fist-time job seekers beneficiaries\textsuperscript{12}. The goal was to offer beneficiaries of social care services with employment potentialities an opportunity to enter the labour market, giving value to their expertise and respecting their individual difficulties. Social inclusion internships of about 3 months were started; the innovative feature of this project was the great level of sharing and cooperation between the INSPIRE working group (tutors, work-shops workers) and the social and health care services in charge of each case. The INSPIRE working group started the administrative procedures for the launch of the Internships in partnership with the Tourism, Education and Employment Department, identifying structures and organisations willing to welcome the interns. The INSPIRE Tutor and the social worker in charge of the case (multidisciplinary team) identified, among the professional profiles required by the adhering structures, the potential beneficiaries of the internships and carried out the first pre-selection interviews with the participation of business tutors. The interns were a total of \textbf{41 people}, all assisted by

\textsuperscript{12} The social inclusion internships are directed at the following categories: Disabled subjects not included in the official disability hiring quotas in accordance with the \textit{Law 12th March 1999, nr. 68}; Disadvantaged subjects according to the section 4, para. 1, of the Law 8th November 1991, nr. 381; Subjects included in assistance programmes according to the \textit{section 13 of the Law, 11th August 2003, nr. 228} in favour of human trafficking victims; Subjects included in assistance and social inclusion programmes according to the \textit{Legislative Decree 25th July 1998, n. 286} in favour of victims of violence and severe exploitation by criminal organisations; Holders of a residence permit issued for humanitarian reasons as in the \textit{section 5, para.6, of the Legislative Decree nr. 286/1998}; International protection applicants and holders of the refugee status and of subsidiary protection as in the \textit{section 2, let. e) and g), of the Legislative Decree 28th January 2008, nr. 25}; Asylum applicants as defined by the Presidential Decree 16th September 2004, nr. 303.
the municipal social care services and by the ASL health care services, as prescribed by the regional law. They were chosen among those who’d taken part in one of the two INSPIRE projects, the tutoring project or the socio-occupational workshops, and selected from three different need profiles:

- Adults with disabilities
- Mentally impaired people
- Fragile adults

The 15 structures and organisations involved are all based in the municipality of Roma Capitale, in different sectors. Some cases seem to offer a concrete possibility of continuing the working experience after the internship period.

**Impact Assessment**

The counter-factual evaluation aims to assess the impact of the project’s results, in order to verify whether the collective care model – experimented through INSPIRE – improves efficacy and effectiveness of social care for fragile people. Experimental services have been assessed according to the following areas:

- impact on relatives’ burden
- impact on health status
- empowerment – capacity of planning the future
- personal autonomy and social well-being
The counter-factual evaluation compares the results of a group of beneficiaries “in treatment” with the results of a control group, specifically selected.

Results show a significant improvement in the group in treatment, with reference to all the above-mentioned dimensions. The control group shows no improvement, a deterioration in some cases.

For example, in the relatives’ burden area, the number of relatives who declared they did not have to disregard personal hobbies for care reasons, increased up to 12% after the treatment, while the percentage remained the same in the control group. In the area of health status, the treated group with excellent and very good health conditions increased up to 7%, while the control group only 1%.

The experimentation suggests a promising methodological path for the assessment through a counterfactual method not only of the INSPIRE project, but of other projects in the social field as well. In fact, an assessment process of such magnitude, based on factual data and on a system of indicators that reflects desired goals, allows for a ‘conscious’ assessment, not an ideological one, of the intervention results, considering not only ‘how much we spent’, but also ‘how we spent and the effects it had’.

Another advantage of a similar assessment process is that it allows for a real accountability of the Public Administration that can be judged and assessed not only on the programmes (what it wishes to do), but also on what has been accomplished and its effects. It is thus clear that a significant effort at the level of policy planning is essential. To this end, it necessary to:
• accurately define the assessment design, that needs to be determined together before, and not after, the intervention, so that all the necessary information can be collected and the assessment method can be adjusted according to the scope and features of the intervention.

• a close cooperation between agents and assessors to identify objectives of the analysis, people subject to the policy, control group, and data collection modalities, to ensure the quality but also the actual relevance of the assessment procedure.

INSPIRE lessons learnt

INSPIRE confirmed some relevant priorities.

*Coordinating and Launching Joint Actions with Other Departments in the Context of Integrated Policies.* Coordination within Roma Capitale (between the different city’s agencies and departments) is a very important prerequisite for the implementation of new policies, like defining new cost-sharing systems, rethinking current accreditation systems, procedures for entrusting services, information systems development, social inclusion and employment policies, housing policies, urban regeneration programmes, etc. Once the priorities have been identified, inter-department round tables centred around priority areas could be established, prior to the reform measures. The results and the tools produced by INSPIRE can contribute to the definition of possible working plans and courses of action: the coordination with the European Planning Department, developed through the whole monitoring project and future
sustainability analysis, the cooperation with the Tourism, Education and Employment Department to identify easier and more agile tools and procedures to implement the social inclusion internships in the shortest time possible, the use of the Needs Assessment Tools made available by the Housing Emergency Plan.

**Measures to Strengthen Tools for Governance and for Policies’ Planning and Implementation.** Reforms that take into account a multilevel governance are necessary. The Plan has to envisage a revision of the present regulation, but to do this the impact of new measures must be assessed first through the activation of beneficiaries’ consultation procedures (using impact analysis and assessment techniques). INSPIRE identified strong and critical points, determining possible measures. The implementation of the new needs assessment model and of the related tested tools can take place:

- immediately after the first phase (reception at the Social Secretariat and PUA)
- gradually for the 2nd phase of Needs Assessment, starting from the 5 Municipalities that participated in the experiment. In view of the results, the new system could be implemented in all the other Municipalities.

**Systematic Introduction of Assessment Tools for Policies and Services.** The spreading of an “assessment culture” and the adoption of suitable methodological tools are essential to foster a results-oriented attitude. The counterfactual assessment procedure used by INSPIRE can be enhanced and spread.
**Development of a Management and Information System for Social Care Services.** The INSPIRE information system, the tools and the database can become a basic component of a more articulated system – a component that can be integrated and potentiated. The system could feature a full interoperability with other internal systems and databases, and with the systems of other administrations, profit and non profit institutions, citizens, services’ beneficiaries.

**Overcoming the Traditional Organisation by Target of Social Care Services.** The organisational model of the Municipal Social Care Services of Roma Capitale is based on a high sectorial specialisation by target groups. This led to a progressive fragmentation of the services that hampered their integration, limited any strategic perspective, and hindered the ability to answer in a wide and satisfying way to complex needs. Organising social care services according to the transversal criterion of the prevailing need profile – in place of the current areas of: Minors, Adults, Seniors and Disabled – makes it possible to rethink the services – local, home-based and residential care services – centring the intervention around the needs and resources of the beneficiaries and their local area.

**Increasing and Promoting Dialogue with Fragile People.** A listening and accompanying function, like the Tutoring service tested by INSPIRE, makes it easier to start a dialogue with fragile people and makes the relationship more effective. In this way finding to solutions, even low cost ones that do not burden the Administration, becomes simpler.
**Supporting Social Innovation.** Social innovation is a driving force for the growth of the whole welfare system and allows to identify fairer and more effective solutions, strengthen a sense of community, get the citizens and society as a whole involved in participated processes to make innovation steady and sustainable. It’s a twofold objective: on one side the goal is to support grassroots experimental projects, on the other side to have a clear picture of financed interventions through different monitoring activities and/or the creation of communities of practices based on the sharing of skills and experiences to measure a project’s progression in the different local realities.

**Increasing the Activation of and Collaboration with Local Resources and Proximity Networks.** One of the key elements in the new model of care services experimented by INSPIRE is the presence of local networks. Activation of natural social networks enhances the quality of life and level of social inclusion of fragile citizens through the promotion of a recovery process and of the self-determination of one’s well-being. Some Municipal Social Care Services point out the current lack of work with proximity networks despite the organised forms of citizens’ participation realised in the context of experimental projects (Monitoring Centres, Participation Houses Municipality XII). Too often the Social Care Services limit their relationships to public, or publicly approved, institutions and dispel relationships with local parishes, associations, neighbourhood councils. During the experimentation phase, the governance of proximity networks by local social and health services emerged as necessary for integrated management of the fragile beneficiaries. Activation of proximity networks is crucial in social and health services planning.