Cities for Active Inclusion

The Quality of Social Services in Cities: Barcelona

EUROCITIES NETWORK OF LOCAL AUTHORITY OBSERVATORIES ON ACTIVE INCLUSION

EUROCITIES-NLAO

The EUROCITIES Network of Local Authority Observatories on Active Inclusion (EUROCITIES-NLAO) is a dynamic network of ten European cities – Barcelona, Birmingham, Bologna, Brno, Copenhagen, Cracow, Lille Métropole - Roubaix, Rotterdam, Sofia and Stockholm – each with a Local Authority Observatory (LAO) within its administration. Their aim is to share information, promote mutual learning and carry out research on the implementation of the active inclusion strategies at the local level.

The ten observatories are coordinated by EUROCITIES, the network of major cities in Europe, and supported through Inclusive Cities for Europe, a partnership between the European Commission (DG Employment, Social Affairs and Inclusion) and EUROCITIES.

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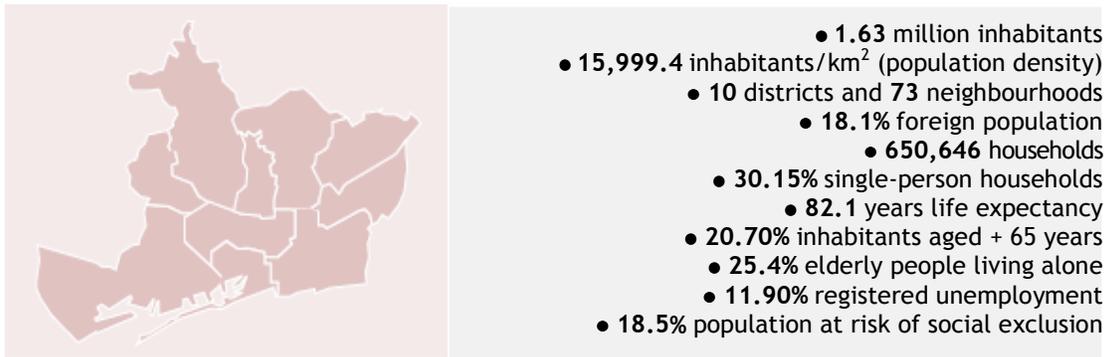2011

1. Introduction: social services in Barcelona

This report provides details of a far-reaching initiative by Barcelona City Council's Social Action and Citizenship department, geared towards an overall improvement in basic social services, which we have been implementing since 2007. This project is a good example of the leadership that local government can and should give, to ensure the provision of quality social services in our cities, in line with current regulatory frameworks, new social challenges, and the expectations of the public.

Based on the narrative and critical analysis of our project, we would like to share a specific vision of quality that we have in Barcelona, as applied to our first level, or community, social services. Not only have we translated this vision into a care model, but it is also being implemented using a concerted strategy founded on knowledge management, which seeks to create a culture of continuous improvement among our staff. Our purpose is to transform our organisation into a smart organisation, capable of continuously generating value and learning, and committing all its assets to delivering quality social care services.

1.1. City context: the current social reality in Barcelona

We will begin by sketching a brief outline of the social reality of our city. Barcelona is a complex, dynamic and diverse city which, like any large contemporary city, faces the challenge of delivering innovative and effective responses to new social realities, in a context that is characterised today by economic crisis and its significant social impact.

The following figures give a broad overview of the social reality of Barcelona:[1]

- **1.63** million inhabitants
- **15,999.4** inhabitants/km^2 (population density)
- **10** districts and **73** neighbourhoods
- **18.1%** foreign population
- **650,646** households
- **30.15%** single-person households
- **82.1** years life expectancy
- **20.70%** inhabitants aged + 65 years
- **25.4%** elderly people living alone
- **11.90%** registered unemployment
- **18.5%** population at risk of social exclusion

These figures, together with other data on the social profile of the city, translate into a mosaic of citizen needs, problems and expectations. These take on unique nuances in each area and, in general, constantly challenge the local authority and call on it to provide answers that are local, responsive, creative and innovative: answers that deliver effectively in the present, but which at the same time have a vision and prospects for the future.

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[1] The bulk of these figures are taken from *Statistics Department. Yearbook 2009. Barcelona City Council*.

1.2. Organisation and delivery of social services in the city

Under Catalan social services legislation[2] there are two levels of care in the public social services system: basic social care and specialist care, both of which are organised into networks. Basic social care, which is a municipal responsibility under the current regulatory framework, is provided by professional multidisciplinary teams as a local, versatile, preventive, community service. Specialist care is provided by specialised social services for groups and situations that call for technical expertise and specific resources, and are the direct responsibility of the regional government.

Barcelona City Council's Social Action and Citizenship Department[3] uses a range of management approaches to operate an extensive network of social services. Basic social care is provided by 37 social services centres[4], run by an independent local agency called the Municipal Social Services Institute (MSSI) and set up in January 2010. At present nearly 600 people work at this basic care level, in various capacities: including managers, social workers, social educators, psychologists and administrative officers who specialise in this field.

The Department of Social Action and Citizenship also provides specialised municipal social services through outsourcing. Other specialised services are delivered through the Barcelona Social Services Consortium, an organisation jointly funded by the regional and local government. All of these very different services give priority to childcare and families, and to people who are elderly, vulnerable, dependent, or have drug problems or disabilities. In the specific area of care for people with disabilities, the Department of Social Action and Citizenship also has another independent local agency, the Municipal Institute for People with Disabilities (MIPD).

All the social action led by the council is strategically directed in line with a broad general programme framework and specific areas of care at the city level.[5] These include the Municipal Plan for Social Inclusion and specific municipal programmes for children, adolescents, families, older people, homelessness people and people in poverty. These key city programmes are in permanent dialogue with the various levels of local territorial planning: city level, districts, and social services centres.

Alongside the public social services in basic and specialist care described above, Barcelona also has an extensive network of social agents operating in the field of social action through social enterprise and private initiatives. The council's commitment to cooperation is reflected in the large number of agreements and partnerships with these agents in order to jointly build a more inclusive and supportive city. An example of this cooperative commitment which brings together the potential of public, social and private initiatives is the Citizen's Agreement for an Inclusive Barcelona[6], which 430 organisations in the city have joined so far.

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[2] We refer to Act 12/2007 of 11 October. The main new features of this Act are universal access to social services and recognition of the subjective right of citizens to them.
[3] This council department also has powers in Civil Rights, Health and Social Participation in addition to Social Services.
[4] By 2015 there are expected to be 41 social services centres.
[5] These plans and programmes can be found at: www.w3.bcn.cat/serveissocials/0,4022,250565970_252633695_1,00.html.
[6] More information is available at: www.bcn.cat/barcelonainclusiva.

2. The commitment to quality in social services

2.1. Quality social services as a political priority

At the beginning of the current legislature, and in the light of the new social challenges and the new legislative changes in social services,[7] Barcelona City Council prioritised the improvement of social services on its political agenda: especially those services which are delivered at the basic level of social care. Our team at Barcelona's Department of Social Action and Citizenship undertook this task of service enhancement, fully aware of the need to develop a roadmap and project in which the necessary ambition, viability, and strategic long-range positioning could coexist.

Our roadmap is in effect our Model of Basic Social Services,[8] which we produced through a strategic design process conducted towards the end of 2007. This model was based on extensive prior assessment and drew a broad outline of our vision for basic social care in Barcelona and how we want to achieve this, and, consequently, how we should organise ourselves and what action we should take.

The priority areas for improvement in Barcelona's basic social services that guide this model are as follows:

1. Improve access to basic social care.
2. Identify and share technical processes and care criteria at the city level.
3. Further streamline management resources and processes.
4. Improve service quality and increase the responsiveness of social services centres.
5. Transform the external and internal image of the basic social services

Each of these areas for improvement involves a comprehensive set of strategic objectives and an operational definition of the measures that need to be put in place, in order to achieve the objectives, all specified at the beginning.[9]

2.2. Cornerstones for quality in our model for basic social services

The strategic design of our technical and organisational model for Barcelona's basic social services is entirely geared towards quality: in its features, in the premises on which it is based, and also in its various interconnected components. We believe that quality is not something that comes after the initial strategic and operational design of a technical and organisational model. Nor is it just an element that is added once this model has been implemented. Instead, quality is a global perspective which must guide the model from when it is initially mapped out through to its implementation and

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[7] In addition to the abovementioned *Social Services Act*, there is also the *Personal Independence Promotion and Dependency Care Act* and the *Children and Adolescent Rights and Opportunities Act*.
[8] As part of the "Barcelona 2.0 Plan" which is driving a new municipal management model.
[9] For a more detailed account see *Modelo de Servicios Sociales Básicos. Una apuesta para repensar y mejorar la Acción Social desde la Administración local*. Barcelona City Council, January 2009.

ongoing review.

If we define our Basic Social Services Model by its **features,** its three main attributes are as follows:

- **Integrated:** the model integrates all the pre-existing practical knowledge and experience of our organisation which must now be collated (reviewed and made meaningful); updated (to bring people up to speed and to overcome inertia); systematically monitored (working with a methodical process and continuously evaluating and improving it); and unified (shared and exchanged).
- **Consistent:** the model is consistent with the ideological framework which inspires it, so that is well defined and well grounded, and also has adequate internal consistency.
- **Flexible:** the model has the flexibility to adapt to the different situations in which it is to be implemented, to the requirements of each stage, and to everything that may be generated by the new emerging processes and changes.

If we define our model by its core **interconnected components,** these are shown in the following diagram, while the details in the table below it show the aspects of each component that we have identified as our main guarantees of quality:

1. Care circuit 2. Services directory 3. Organisational design 4. Planning logic 5. Managing relations with the environment		6. Information systems 7. Human resources management 8. Intergovernmental cooperation 9. Image and communication 10. Infrastructure and equipment.

1. Care circuit	• Easy accessibility and multiple channels for access to care. • Idea of the care continuum and extensive coordination of the necessary support throughout care pathways for individuals and families. • Multiple forms of care tailored to the diversity of situations and population profiles. Personalised care.
2. Services directory	• Ongoing review and updated definition based on the evolution of social reality and the public's needs/expectations, as well as resources and tools available. • Two dimensions: external towards the public and internal, via a processes and procedures manual. • Integration of individual, family and group care.

3. Organisational design	• Adapted to the requirements of the defined care model (not vice-versa). • Mechanisms for interconnection and nodes between the different organisational levels: centre/territory/city. Efficiency, good fit and complementarities between different organisational units. • Geared primarily to a network structure and the care system's capacity to generate and spread knowledge for continuous improvement.
4. Planning logic	• Coordination between the city and territorial planning framework. • Coordination between the different levels of territorial planning. • Proactive approach, planning and coordination of all social action implemented in each area.
5. Managing relations with the environment	• Mechanisms facilitating the participation of individuals/families receiving care and their assessment of the quality of care. • Guidelines, criteria and methodologies for the immersion of social services centres in the network and community dynamics and communication flows. • Stable and formalised institutional frameworks, strategies and methodologies for coordinating and structuring basic social services with specialist social services and with those in other welfare systems.
6. Information systems	• Support for systematic and rigorous care processes and streamlining response times. • Streamlining and optimisation of management processes. • Ensuring the availability of the reliable system of databases that is crucial in planning and ongoing assessment.
7. Human resources management	• Professional development and training within a comprehensive and well articulated learning management framework: knowledge, organisational climate and culture management. • Well articulated structure of technical support for care teams. • Global strategy to care for human capital: motivation, promotion and professional opportunities, etc... • Review of the different professional profiles in the light of the new care model.
8. Intergovernmental cooperation	• Establishing formal and stable cooperation frameworks: for funding, inter-service coordination measures, information systems, support and professional exchanges and research/innovation.

9. Image and communication	• Effective external communication strategies aimed at the public and various sector agents; adaptation to diverse audiences. • Effective internal communication strategies to achieve corporate, organisational and citizen service objectives.
10. Infrastructure and equipment	• Tailoring facilities to the requirements of the care model. Mapping out a functional plan for the social services centres, including organisation of space, specific mechanisms that ensure comfort, privacy and security.

2.3. Our concept of quality for social services

In Barcelona, the quality perspective has recently been gaining ground in the field of social services, as highlighted by its prominent position in Catalan's latest social services legislation. Our regulatory framework makes quality one of the guiding principles of social services, by focusing on the rights of users and on the need for professional action; it also advocates the need for specific regulations, to establish guiding criteria and a Quality Plan[10] right across the region. This Quality Plan is structured around five dimensions of quality: service, technology, management, occupation and, finally, innovation and improvement.

But in addition to legal regulation and general strategic frameworks, we believe that any organisation has to internalise the meaning and profound significance which the quality perspective has for it, and then translate the daily practical challenges that quality poses, into collective ideas and practices. Our concept of quality, and how this understanding is present in our design and implementation work for our Basic Social Services Model for Barcelona, is shown in the four aspects of quality described below:

- **Inclusive approach:** Quality means a commitment to involve and engage all the members of our organisation in the ongoing challenge and effort involved in delivering matchless social services solutions to the public's needs and expectations. We are convinced that this commitment can only be met if it is accompanied by a strategy for cultural change that must be driven by strong and determined political, technical and managerial leadership.
- **Built-in quality:** In order to be able to continue to deliver quality social services in Barcelona, we need high quality methods, actions, processes and procedures, management, leadership and human relations in our organisation. Continuous improvement only has real meaning if quality is thoroughly built into daily operations across the entire organisation.


- **Quality is warmth:** In social services, quality requires warmth and closeness: a focus on the people we serve and with whom we work; protection; and care and sensitivity in the attention we give people and in our relationships, understanding and appreciation of others. Quality in work with people means involving the person, family, or group being cared for in the process of how services are delivered and received (servuction). It is people who are receiving care services who can often add value to these services.
- **People and processes:** Quality means focusing on people and processes, not on services. Services are never an end in themselves but rather a means to improve people's quality of life. It is therefore essential to remember that services should be tailored to people, not vice-versa. We also believe that all the processes that an organisation implements must add value to the resulting services.

The pursuit of excellence is probably only viable in organisations that aspire to be a smart: organisations that are capable of continuous learning, and are made up of people who have discovered the daily stimulation of engaging, growing and developing personally and professionally, in the context of a joint project with the power to transform.

3. A project under construction

3.1. The CINTRA Project

The CINTRA project (**C**ommitment and **In**novation to **TR**ansform Social **A**ction) puts our initial design for Barcelona's basic social services into practice. Since 2008, through the CINTRA Project, we have implemented our Basic Social Services Model both technically and operationally, in a highly collaborative way. In 2009, we piloted our model in three of Barcelona's social services centres; and in 2010 we started rolling out the model to all 37 social services centres in the city.
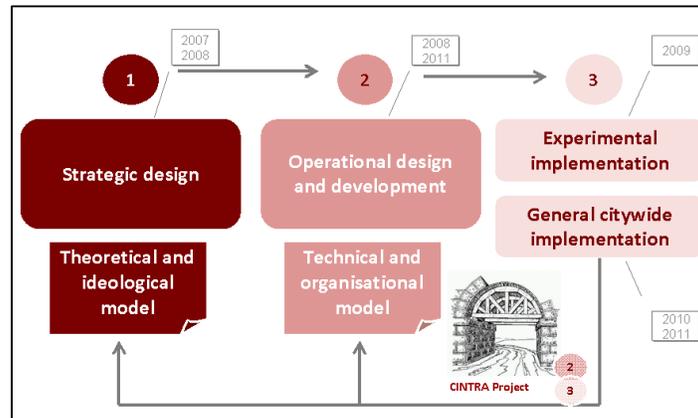
A project like this has numerous identifying characteristics, given its scale, complexity and the far-reaching cultural change it brings: a change to a new system, not just a change in existing systems. For example: inter-departmental cooperation is essential; a structure for organising, steering and monitoring the project is vital; and because the project is collaborative and participatory, it requires ongoing patient and careful work to keep up-to-date with the membership, contributions, engagement and talent of all those involved in the project. From the outset, we were very clear that our CINTRA change-management project would only be successful if we created a climate that supports organisational learning and an extensive spirit of cooperation.

It was important to choose an inspirational name for the project. In the Catalan language, cintra implies a project under construction: it is the support used to create an arch, as the building blocks are added, just as the CINTRA project will allow the Basic Social Services Model to be put in place. Just as all the building blocks must be right if the arch is to be successful, each element of our Basic Social Services Model must be right, in order to achieve a new, improved and innovative service for the people of Barcelona.

"**Cintra**" (cimbra)

Change management is an ongoing process. Variables must be constantly reviewed and updated to ensure each element of our Basic Social Services Model continues to be sufficiently high quality. This demands strategic thinking, imagination, rigour, care, effort, cooperation, structure and synergy.

3.2. The logic of our design and implementation strategy

We always knew that the quality of our model would depend on how it was designed and implemented. So, right from the start, our main challenges included:

- How to design a change-management strategy that would capitalise on our organisation's intangible assets, to create collective intelligence.
- How to create attractive high quality environments that would encourage the collaborative dynamics and commitment that we wanted to nurture.

The solution was to design a global strategy for knowledge management and cooperative working, while bearing in mind the goals of each stage of the CINTRA project, as well as the needs and expectations of each group involved.

Our development strategy has also been supported by various training processes and collaborative work processes.

Linking these different processes together helps to generate synergies and multiplier effects, thereby enhancing the effort put in and the results achieved.

The diagram below gives an overview of the various processes that have shaped strategy for training, cooperative work and change management that we have put in place.[11]
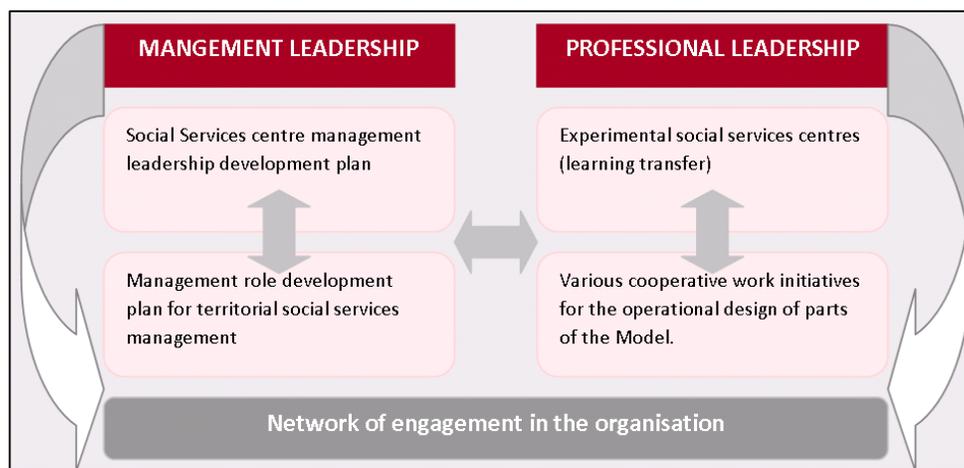

From the outset, we recognised that the involvement of management would be vital in driving change, particularly social services centre directors: they exercise local leadership and can provide the link between the project roadmap and the day-to-day operations. We also felt we needed to include emerging leaders who are not necessarily part of the management hierarchy. Leaders are not just those in charge of teams or organisations: they are the people at any level who show initiative, create value and

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[11] More information is available in the publication in the annex entitled *Formación para la trans-formación: con- formando una red de liderazgos y complicidades en nuestra organización.*

generously share their experience. We felt that the interaction between these two types of leaders could be crucial in creating an extensive network of people to support change and improvement.

The Basic Social Services Model is being implemented across all 37 social services centres in Barcelona, under the leadership of project implementation teams. These teams consist of management personnel from the territorial management staff, who have gone through an intense programme of preparation. The three experimental social services centres in the pilot are now benchmark centres, and are going through an improvement process. The entire change management project has been underpinned by a support, monitoring and evaluation system run by specialist staff, in collaboration with each project implementation team. In the first quarter of 2011, an initial evaluation of this first implementation stage will be available. This is likely to provide valuable lessons and experience that can be shared between all the social services centre teams, and across the whole organisation, to help ensure we deliver service quality to clients in Barcelona.
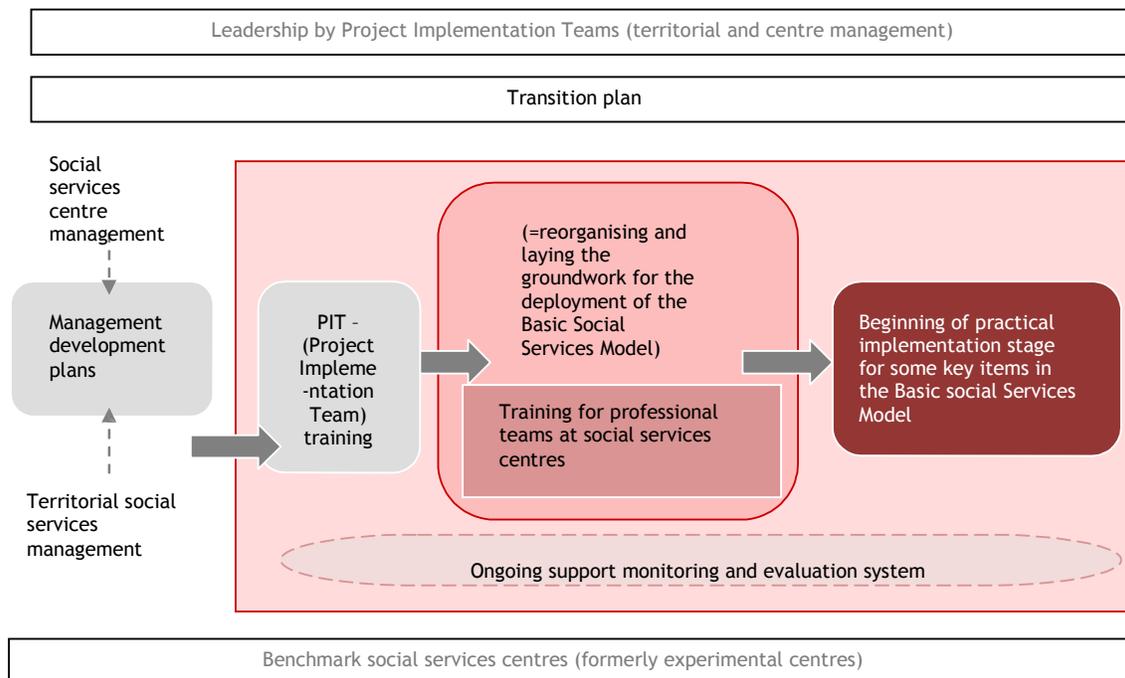
3.3. Investing in quality

In addition to the quality dimension of the project, there is also the issue of resources to make it viable. The figures below show the level of additional funding that Barcelona City Council is investing (2008-2011) in the city's Social Action and Citizenship Department to improve basic social services, despite the current financial crisis.

Human Resources: 120 new professionals
Facilities: €44,380,000
Information systems: €7,000,000

In addition, in 2010 the city has also invested in setting up the Municipal Social Services Institute: the management structure which runs the social services centres in the city.

Alongside this financial investment is time investment. In all projects of this kind, based on cooperative work and continuous improvement, there must be a balance between

allowing sufficient time for change, while at the same time maintaining the degree of tension needed in any change process. This means constantly having to manage the different expectations of all the stakeholders, including politicians, managers, executives and professionals.

Investment in effort is also important, to ensure that the day-to-day provision of services continues at the same time as the change process. In addition, there is investment in learning, in order to acquire the skills required to work with new systems and processes. Organisations are not naturally organised to manage new processes, so this requires investment in planning, creativity and cooperation. One of our major challenges has been inter-departmental coordination in the council, not only to plan and implement joint action, but also to achieve permanent joint monitoring, to continuously check that the project is being implemented correctly.

4. Lessons learnt and numerous challenges

While working on the Basic Social Services Model project, we have built up a large number of learning experiences, including having to unlearn previous ways of doing things. We have also learnt to question conventional wisdom, asking many questions, not all of which have answers. This has helped provide the inspiration and encouragement to change from talking about quality to introducing quality practices.

Implementing a new model of social care in our city has showed us that it is possible to manage complexity and uncertainty, that it is useful to look at the present while holding a vision for the future, and that more important than complete control of the project are the learning opportunities it can generate.

In addition, we have also learned that a technical and organisational model is not in itself good or bad, effective or ineffective. Instead, the way the model is implemented is key to ensuring its success in improving care processes for the public. Given that each social services centre is different, and each team is different, the implementation process in each centre has been slightly different. It has been important to respect the variations in approach used by each team and adapt our support to cater for their particular needs.

In the light of our experience so far, giving professional teams the task of implementing the new social care model so that they can engage with it and feel joint responsibility for the improvements achieved, is a very effective approach to use. As the proverb says: we may travel faster alone, but we will go further together.

Evaluation of the collaborative processes shows that the people involved in them have become more responsible for their own learning processes. Another benefit of collaboration between diverse stakeholders has been the synergy created, producing shared knowledge and also motivation, that spreads across the organisation. It is not only people who learn, but organisations and government as well.

5. Future plans

Firstly, we are committed to continue focusing on tried and tested collaborative practices, strengthening them and turning them into a constituent part of our organisational identity.

We will also be evaluating the entire Basic Social Services Model implementation so far. This will provide results for each centre, each area and for the city as a whole, which will show the extent to which the new model allows us to deliver better social care.

Using quantitative and qualitative indicators, we plan to identify best practice for the various stakeholders involved, so we can take the project forward with a guarantee of success. Being able to see the results of implementation will help motivate people to take the project to the next stage with optimism.

We also plan to share our experiences with other cities and countries that are also involved in addressing similar issues. In Barcelona and in many other places, social services provision is at a crossroads, inviting us to systematically rethink conventional views and practices. By learning from the experience and achievements of others, constantly reviewing our shared knowledge, and working collaboratively, we can look to the future with some optimism.

The main challenge for the future is to continue to build the arch as a bridge to quality social services in Barcelona, bearing in mind that enhanced services will be delivered by building quality into each and every aspect.

Barcelona, November 2010

ANNEX 1. References

Pamphlet: Model for Basic Social Services. The Local Authority's Commitment to Rethinking and Improving Territorial Social Action

(Model de Serveis Socials Bàsics. Una aposta per repensar i millorar l'Acció Social des de l'Administració local.)

Author: Silvia Navarro

Published by Barcelona City Council (January 2009).

In Catalan and English.

Paper: Training for transformation: to form a network of leadership and complicity experts in organisations (English translation)

(Formación para la trans-formación: con-formando una red de liderazgos y complicidades en nuestra organización.)

Author: Silvia Navarro

Paper presented at the EDO International Congress 2010 on new teaching strategies in organizations (May 2010).

Published in the congress journal.

Quote:

...it only makes sense to focus on both the Model for Basic Social Services and the CINTRA Project which forms the basis for developing it through a gradual but decided, slow but sure movement of joint appropriation shared responsibility, as a collective project, a common commitment forged through the confluence of different viewpoints and through the joining together of all our hopes, desires and efforts.

Final section of the book

"Model for Basic Social Services.

The Local Authority's Commitment to Rethinking and Improving Territorial Social Action"

January 2009