

## Technical Visit to the Raval Social Services Center (CSS)

Commission 3: Integrated Urban Governance

Tuesday 5 October 2010 (4 p.m. to 6 p.m.)

### Program

- 16:00 – Departure from Barcelona Activa
- 16:30 – Arrival at the Raval Social Services Center and Tour of the Facilities
- 16:45 – General Presentation of the Center
  - José María Pellicero Pellicero**, Regional Manager for Social Services - Ciutat Vella
- 16:55 – Presentation of the Teixint Vincles (“*Weaving Links*”) project
  - Laura Sala**, Director of the CSS Gòtic
- 17:10 – Presentation of the XAFIR Project
  - Matilde Sanuy**, psychologist, CSS Raval Nord
- 17:25 – Questions and discussion
- 18:00 – Departure for hotel
- 18:30 – Arrival at hotel

### The Center

The new Raval Social Services Center provides welfare services to more than 49,000 people from across the neighborhood. The facilities cover an area of over 1,800 sq m and are equipped with all the resources to properly attend users and for the nearly 40-strong staff to work in. The building in which it is housed is Heritage-listed, but required a complete overhaul because it was very run down. It was built in the 19th century and housed the Escuela de la República (School of the Republic).

### The Neighborhood

Its urban and social characteristics mean that Raval has had, historically, levels of poverty and exclusion higher than average for the city of Barcelona. Beginning in the 1980s, the Administration promoted an important policy of urban and social reforms to dignify and improve the people’s living conditions. As of year 2000, when the changes had still not been consolidated, the mass arrival of immigrants from around the world saw a return to situations that had appeared to have been overcome. Raval contains 48,153 people, 40.9% of them immigrants, living in an area of just 1.09km<sup>2</sup>.

### Actions

#### - *Teixint Vincles (“Weaving Links”) Project*

An important part of the population served by the **Social Services Centre (CSS)** presents a profile of vulnerability and social exclusion. The **elderly** (people aged over 65) are distinguished by their particular fragility and have the following characteristics: they live alone, without family members or with precarious or non-existent family support, with health problems, low retirement pensions, precarious housing and social isolation.

We have also detected “**mature adults**” (aged between 55 and 65 approximately) with a similar profile and, although they are within working age, do not have a job and have major difficulties in joining the workforce. In these cases, we find that social inclusion is not viable through vocational integration. However, in both profiles there has been a significant improvement in quality of life through our networking activities.

The neighborhood is home to the **La Mercè Adult Day Service Center**, which pertains to the Família i Benestar Social Foundation. CSS professionals have been working with the Center staff since 1998. This networking action also includes people from the Basic Health Area and the Casal d’Avis civic center for

the elderly. A number of different local groups that have contact with elderly people (postmen and women, pharmacy staff, hairdressers) also collaborate.

This way of working is based on:

- ▶ Understanding that SOCIAL EXCLUSION is a set of shortfalls in different fields which produces a lack of public participation. If we are able to make changes that impact these shortfalls, the target public will be capable of participation and be taken into account, i.e., he or she will achieve social inclusion.
- ▶ The welfare relation is understood and woven from contact with and acknowledgement of the person attended. The aim is, through this LINK and through EDUCATIONAL DIALOGUE, to promote positive changes, equip people with elements to address the ageing process with greater surety and to accompany them via a network which is inclusive and protective and which fosters ways for them to handle their daily lives.
- ▶ We understand that a successful approach to these situations is only possible from a position of CO-RESPONSIBILITY on the part of the different services and organizations that work locally ON THE GROUND.

Cases are detected at the CSS, where previous work is done to link them with services and an intervention process. A fundamental element is the work of the family care worker. Access to places at the La Mercè Adult Day Service Center enables us to offer a stable context, which contains and boosts positive relational and learning dynamics. This context permits us, together with the network professionals, to initiate a process of construction or reconstruction of the factors that give a person an identity, a sense of belonging, social participation, a qualitative improvement in his or her economy, and access to and optimal use of public health services. In other words, a path towards **social inclusion**.

This way of working emerged from daily, case-by-case work and from the on-the-ground professionals who have been involved. We have observed the **benefits** of this networking: a qualitative improvement in the person involved, optimization of resources and the prevention of crisis situations or efficient immediate interventions.

FIELD	PREVIOUS SITUATION	SUBSEQUENT SITUATION
PERSONAL FAMILY SOCIAL	<ul style="list-style-type: none"> <li>• Alone.</li> <li>• Low self-esteem.</li> <li>• Little or no family/neighbor support.</li> <li>• Shortfall of personal, social and health-related habits.</li> <li>• Little or no relationship with family, friends or neighbors.</li> <li>• Stressed families.</li> <li>• Insecurity.</li> <li>• Loss of friends, family, capabilities and independence.</li> </ul>	<ul style="list-style-type: none"> <li>→ They are accompanied. They have a name.</li> <li>→ Rise in self-esteem.</li> <li>→ Rise in social, family and/or neighbor support.</li> <li>→ Rise in personal hygiene and health habits and customs with regard to relations.</li> <li>→ Improved relations with family, friends and neighbors.</li> <li>→ Preventing against families shunning their moral duties. Improved relations. Way of releasing stress.</li> <li>→ Security provided by the network of professionals and services.</li> </ul>
ECONOMIC	<ul style="list-style-type: none"> <li>• Non-contributive pensions.</li> <li>• Minimum widow and retirement pensions.</li> <li>• Lack of understanding with regard to income and expenditure.</li> </ul>	<ul style="list-style-type: none"> <li>→ Economic improvement 'in kind': a place at the day service center, laundry, transportation, food.</li> <li>→ Improved financial management.</li> </ul>
HEALTH	<ul style="list-style-type: none"> <li>• Organic illnesses.</li> <li>• Psychiatric illnesses.</li> </ul>	<ul style="list-style-type: none"> <li>→ Elderly care in all health aspects (physical, psychological and sensory).</li> </ul>

	<ul style="list-style-type: none"> <li>• Sensory deficits.</li> <li>• Help in activities of daily living.</li> <li>• Use of many pharmaceuticals or no medication.</li> <li>• Addictions.</li> <li>• Early ageing.</li> </ul>	<ul style="list-style-type: none"> <li>→ Correct monitoring of medical treatment and medication. Crisis prevention.</li> <li>→ Use of minimum medication necessary.</li> <li>→ Addiction prevention.</li> <li>→ Health cost savings.</li> </ul>
<b>HOUSING</b>	<ul style="list-style-type: none"> <li>• Precarious conditions.</li> <li>• They live in boarding houses or sublets.</li> <li>• Architectural barriers.</li> </ul>	<ul style="list-style-type: none"> <li>→ Improvement in housing conditions: repairs, furnishings, cleaning.</li> <li>→ Changes to better housing.</li> <li>→ Support in overcoming architectural barriers.</li> </ul>



<b>PARTICIPATION IN PUBLIC LIFE</b>	<ul style="list-style-type: none"> <li>• Fairly unproductive use of time.</li> <li>• Isolation.</li> <li>• Marginalization.</li> <li>• No or little participation in activities or resources.</li> <li>• No or little relationship with other people.</li> <li>• Feeling of being rejected by society.</li> </ul>	<ul style="list-style-type: none"> <li>→ Productive use of time.</li> <li>→ Sociability. Reduction in loneliness.</li> <li>→ Integration.</li> <li>→ Participation in the Casal de Gent Gran centre for the elderly.</li> <li>→ Improved relations with other people (who work in the services and resources, as well as neighbors and friends).</li> <li>→ Change in view toward other people-oriented services.</li> <li>→ Feeling of social integration.</li> </ul>
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- **The XAFIR Project**



The **XAFIR** (Raval Network of Attention to Families and Children) **Project** is a coordination platform that began in 2005 at the initiative of public service professionals and private organizations in the Raval, with the support of Barcelona City Council. The project aims to improve care for children and their families in different areas, including social, health, educational and recreational spheres, by improving coordination, cooperation and communication among local professionals.

Background

Within this complex social situation we also find an important number of public and private resources dedicated to helping children and adolescents: basic health areas, social service centers, children's care units, educational psychology units, mental health workers, non-profit organizations and schools, among others.

The existence of all these resources, with different levels of responsibility and specialization and with distinct institutional cultures, added to the heavy workload of the professionals and the complexity of the problems, did not facilitate coordination between the services, which gave rise to segmented and poorly coordinated care.

Although there were areas of coordination with regard to particular problems, it was felt that a further step had to be taken and a networking structure created which could contribute to across-the-board interventions.

The networking experience used in another part of the city, Horta-Guinardo, was taken as the starting point. This sort of approach requires doing things in a way that includes joint reflection, consensus with

regard to procedures, agreements, timings, written documentation and the contextualization of the process within the overall framework of collaboration among all the parties concerned.

What we understand by networking:

A process by which services and organizations collaborate to deliver on common objectives. A structure so that members can establish and maintain basic communications with each other. A methodology: the sharing of procedures, strategies and experiences.

Objectives

- To provide a global response to family situations in the neighborhood, making the whole of the network responsible for diagnosing and assessing situations, providing treatment and improving interventions.  
The work in complex cases of families with children is one of the cornerstones of the project and is carried out by a case team formed of professionals from the different services and organizations who have knowledge of the case. This type of intervention makes it possible to get a better understanding of the reality of the family in a more comprehensive and across-the-board fashion, to think together and to design an intervention strategy.
- Increase knowledge about the reality of children and families and produce new responses.  
Specific professional commissions have been created for particular areas: early childhood, adolescence, immigration.
- Facilitate communication and training among the different parties involved.  
Ongoing training programs targeted at all the professionals in the network: they may be led by external trainers or ones within the network. They make it possible to share knowledge among professionals from different fields.  
Information areas: periodic sessions to present organizations or projects are involved, to increase mutual knowledge.  
Web: [www.xafir.org](http://www.xafir.org) is a meeting point and a place for the exchange of information.

Structure

*Plenary commission:* brings together all the professionals in the network; carries out project monitoring, prepares proposals and assessments. Work and training sessions.

*Technical commissions:* formed of a professional from each service, they agree on objectives and annual courses of action. They follow and evaluate the work spaces.

*Core team:* formed of project coordinators, the people who foster a project, have 'big picture' knowledge of it and run the project's day-to-day work.

Assessment

The project presently has 25 members comprising public and private organizations.

The general assessment is that mutual knowledge between the parties concerned has increased through the different work spaces, which has helped gain a clearer idea of the powers and functions of each service. More trust and proximity between services is also generated.

Most of the professionals believe that addressing cases with this methodology makes intervention with families more effective. Approaching a case from an overall viewpoint, thinking together, a common methodology and improved circuits for information-exchange help to increase the quality of the work from a comprehensive and united perspective.