



AGREEMENTS FOR A NEW PUBLIC SYSTEM OF SOCIAL SERVICES FOR THE CITY OF MADRID

SETTING THE BASES FOR A
MODEL OF SOCIAL SERVICES OF
THE MADRID CITY COUNCIL.

MAY 2022

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INTRODUCTION

The Madrid City Council, at its ordinary session (30/2018) held on November 27, 2018 passed a proposition that mandates the City Government to draw up a new Public System of Social Services for the City of Madrid, with the consensus of all the political parties represented on the Madrid City Council, labor unions, and System professionals.

On July 7, 2020, the Madrid City Council, at its extraordinary session (19/2020), passed the so-called *Acuerdos de la Villa* (the Madrid Agreements)¹. One of its points, MS.GT1.008/008 ("Promote a new model of municipal social services") promotes the change proposed in this document in the following terms:

- Enlarge the users' channels for accessing social services, making the most use of technologies to improve response time and quality of service.
- Match the employee's professional profiles to the activities carried out, prioritizing social interventions and automating the bureaucracy.
- Optimize efficiency in managing social services by having an up-to-date catalog of the resources available and by having mechanisms for coordinating with other public and private agents.
- Implement a system for analyzing information that can anticipate potential social risks and design preventive strategies accordingly.
- Make contingency plans to be able to face future exceptional social emergencies effectively.

Reinforce coordination between the Government Area of Families, Equality, and Social Welfare and the Districts in order to ensure efficient management of resources and harmonized criteria for action.

In addition to this point that mentions it explicitly, many other points suggest the need to draw up a new model of social services because of its transversality and relevance. Among them are the following:

- MS.GT3.003/103 (Strategy for conciliation and co-responsibility)
- MS.GT3.006/107 (Support measures for women victims of violence in the context of partner or ex-partner)
- MS.GT1.001/001 (Reinforce social services personnel)
- MS.GT1.002/002 (Social services information system)
- MS.GT1.006/006 (New ways to access social services)
- MS.GT1.007/007 (Give greater visibility to social services)

¹ Acuerdos de la Villa:

https://www.madrid.es/UnidadesDescentralizadas/FondosEuropeos/madrid_es/Promocionales/PromocionalHome/ficheros/AcuerdosVilla-7jul.pdf

Once it was approved by every political group, a participatory consultation process took place up until the drafting of a final document, which had the participation of professionals from Madrid City Hall and other municipalities by means of questionnaires, work sessions, advisory boards and technical talks, as well as with different entities (neighborhoods, social platforms, professional associations, universities, social agents, and political groups). In addition, the citizens took part by means of questionnaires, consultations, and focus groups.

Within the framework of this process, the following documents were published profusely outlining the motivations and processes that were followed prior to the present document of proposals:

- Governance and participation in the process of drawing up a new model of Social Services²
- Framework document for a new municipal system of Social Services in Madrid³
- Proposals from the participatory process for a new model of Social Services of the City of Madrid⁴
- Diagnostic summary for a New Model of Social Services⁵

THE SOCIAL SERVICES THE CITY OF MADRID NEEDS

The City of Madrid's social services were recognized as essential services within the framework of the pandemic by the Mayoral Decree of March 12, 2020 establishing the necessary measures for providing social assistance to the citizens of Madrid.

The present Agreements and Measures presents a proposal intended to update the Model of Social Services to fit the circumstances of our City in the 21st century:

- Social Services focused on the person, their needs, abilities, and rights. Our city deserves services that protect the public interest and are aimed at the demands of the citizens and adapted to their needs.
- Social Services that are integrated. Able to offer continuity in their support, both in long term as well as at specific points in time. Coordinated with the community and the institutional networks.

Internal Documents:

² Governance and participation in the process of drawing up a new model of Social Services

https://ayre.munimadrid.es/UnidadesDescentralizadas/ServSocialesYAtencionDependencia/Intranet/Recursos/DocInformativos/Nuevo_Modelo/ficheros/GobernanzayParticipacionModeloSociales.pdf

³ Framework document for a new model of the municipal system of Social Services of the City of Madrid

https://ayre.munimadrid.es/UnidadesDescentralizadas/ServSocialesYAtencionDependencia/Intranet/Recursos/DocInformativos/Nuevo_Modelo/ficheros/NuevomodelomunicipalServiciosSociales.pdf

⁴ Proposals from the participatory process for a new model of Social Services of the City of Madrid

<https://ayre.munimadrid.es/UnidadesDescentralizadas/ServSocialesYAtencionDependencia/Intranet/EstructuraYOrganización/Ficheros/PropuestasNuevoModelo2.pdf>

⁵ Diagnostic summary for a New Model of Social Services

https://ayre.munimadrid.es/UnidadesDescentralizadas/ServSocialesYAtencionDependencia/InnovaEstratSociales/Publicaciones/Ficheros/Diagnostico_MODELO_AGFIBS.pdf

- Social Services that offer quality: efficient, effective, agile, equitable, and systematic, with strict methodologies for analyzing and planning their services.

Therefore, the need arises to state the following aspects that define us:

MISSION: The reason for being and the essential function of the City of Madrid's Social Service is to accompany people so that they can be autonomous, make suitable decisions about themselves, and have the support and care they need at a point in time or all throughout their life. The purpose of these Social Services is defined unequivocally as "FOSTER FUNCTIONAL AUTONOMY AND RELATIONAL INTEGRATION". They therefore take action in key environments such as supporting personal autonomy, child care and protection, and promoting social inclusiveness through a catalog of professional, economic, and technological services.

VISION: The image Madrid's social services would like to be identified with is inclusive and places people and families at the center of their institutional endeavors. Moreover, as an expression of a future we desire and aim to achieve, we want social services that are continuously being improved, ones that reassess their areas of intervention, limits, approaches, and the role played by the different stakeholders. These social services are ones that:

- Act strategically to maximize the impact on the most vulnerable sectors of society;
- Offer services that are more accessible, universal, pro-active, and agile;
- Rise above the more patchwork bureaucratic aspects and place greater emphasis on professional intervention;
- Are centered on processes of attention to and recovery of people and families; and
- Carry out an intervention with a preventive approach and a community-oriented perspective.

GUIDING PRINCIPLES

The Spanish Constitution commits the public powers to promote the conditions "ensuring that freedom and equality of individuals and of the groups to which they belong are real and effective, to remove the obstacles preventing or hindering their full enjoyment, and to facilitate the participation of all citizens in political, economic, cultural and social life." (Article 9.2)

Thus, the guiding principles behind these new social services from the City of Madrid emanate from the Spanish Constitution and, in particular, will be ensured in the Law on Social Services in force.⁶

⁶ Ley 11/2003, de 27 de marzo, de Servicios Sociales de la Comunidad de Madrid
<https://www.boe.es/buscar/pdf/2003/BOE-A-2003-13185-consolidado.pdf>

METHODOLOGICAL PRINCIPLES: The methodological and transversal methodologies notably include the following:

- Attention centered on the person and the families, focusing on their needs, abilities, and rights.
- Giving priority to the preventive and community-based perspective.
- Quality and professionalism in the services and programs: setting quality standards, evaluation systems, interdisciplinarity, and evidence-based intervention.
- Innovation: Identification of good practices and experimental pilot projects.
- Principle of equality between men and women.
- Matching up resources (technical, economic, and material) with the needs of citizens.
- Legal security ensured for all who intervene: citizens and professionals.
- Responsibility as a guarantee of rights and obligations.

COMPETENCIES: Competencies are outlined in CHAPTER III Competencies of Local Authorities Article 46 of the Comunidad de Madrid Law on Social Services in force, establishing the competencies for the Municipalities:

“1. The Municipalities in the Comunidad de Madrid, alone or associated jointly into commonwealths, shall as set out in articles 25 and 26 of Law 7/1985 of April 2, Regulating the Bases of Local Governance, perform the following competencies:

- a) Study and detect social needs within their territory;
- b) Plan and schedule social services in their territory of competence in accordance with the general lines of action established by the Autonomic Administration.
- c) Establish centers and services that constitute the equipping of primary social care as well as maintaining and managing them.
- d) Providing sufficient and suitable personnel to provide the social services at the level of Primary Social Assistance.
- e) Carry out the functions on the Primary Social Assistance level as stated in Section 1.a of Chapter IV of Title I.
- f) Manage the municipal facilities for Specialized Social Assistance as well as any Autonomic facilities of the same level under agreement, in accordance with the principle of territoriality and subsidiarity.
- g) Grant individual economic aid for social emergencies and temporary economic aid for the purpose of personal integration.
- h) Foster citizen participation in preventing and solving the social problems detected in their territory.
- i) Create and promote Local Social Services Councils, regulated in Section 2.a of Chapter V of Title I.
- j) Collaborate on the functions of inspection and quality control alluded to in point h) of the aforementioned article.
- k) Carry out programs for social awareness-raising, citizen participation, fostering associationism, volunteer work, and other forms of mutual and heterogeneous help.

- l) Competencies that, in matters of juvenile assistance, are attributed to Local Authorities in Law 6/1995 of March 28, Guarantees of the Rights of the Child and Adolescent of the Comunidad de Madrid. m) Any other competencies attributed to them by law or regulations.

2. Thus, the local authorities will hold any competencies in matters of social services from the Autonomic level as determined by the corresponding laws and regulations.

3. Local corporations shall be consulted and shall collaborate on the design and preparation of the Strategic Plan for Social Services and the Sectoral Plans".

AGREEMENTS AND MEASURES

1. AGREEMENT 1: PRE-SPECIALIZE PRIMARY SOCIAL ASSISTANCE ALONG MEANINGFUL LINES OF ACTION

DIAGNOSTIC SUMMARY

- The complexity and multi-causal nature of the processes underlying social exclusion require increasingly greater knowledge of the specifics of each segment of the population. Currently, every professional must have continuous mastery of over 100 processes to be able to provide general assistance (any type of social situation): this limits the effectiveness of more complex assistance and makes it impossible to have a suitable level of up-to-date technical knowledge, and therefore makes it less likely to adapt the professional care to fit specific causes.
- Currently, the Unit of Social Work is made up of a professional who assumes control and followup of all the processes, with the resultant limitation for shared/collaborative undertakings.
- The existence of two work shifts (morning and afternoon) makes it difficult to work as a team and to integrate comprehensive family care as well as to coordinate with other institutions and areas (networking).
- Citizens demand being able to receive assistance in both work shifts and by the same professional, if possible.
- The afternoon shift has limited capacity for action and is prone to continuous turnover of professionals, which means the population that prioritizes the afternoon shift receives de facto a lower quality of care (waits, discontinuity, etc.).
- The usual ratios of professional/citizen are not enough to ensure quality care centered on the needs and rights of the citizens, especially when several types of professionals and care are deemed necessary in the technical provision of the Social Services.

OBJECTIVE

To develop a social intervention better adapted to the needs of the people and enhance greater integration between Primary Social Assistance (PSA) and Specialized Social Assistance (SSA) by means of pre-specialization of the PSA.

MEASURES

- 1.1. Provide primary social assistance of social services by direct management as set out in the Law on Social Services.
- 1.2. Keep the social worker as the professional of reference as set out in the Law on Social Services. The Unit for Social Work (hereinafter USW) will be configured as a unit for social intervention in primary social assistance, and will be composed of at least 4 social workers, and can be increased to more in accordance with socio-demographic and assistance parameters. Use of the management methodology on complex cases with PSA and SSA working jointly, in which a professional will carry out the managerial duties.
- 1.3. Distribute the staff (of social work) making up the USW by major sectors of attention.
- 1.4. Strengthen the social worker's role as a reference professional whose main functions will be assessment, reception, diagnosing, technical prescription, and social intervention. The purpose of his or her intervention will be the autonomy and social interaction of the beneficiaries, which will therefore require getting their approval.
- 1.5. Change the current work shifts (morning and afternoon) into a single shift (4 mornings + 1 afternoon per week) so that the reference professional can guarantee care according to the citizens' needs.
- 1.6. Establish a system of internal distribution of times for assistance adapted to fit the needs for assistance case by case.
- 1.7. Guarantee coverage of vacancies and leaves in social assistance, since it is an essential service for citizens.
- 1.8. Implement the entitlement to free choice of professional within the multi-professional team.
- 1.9. Reference the guarantees of assistance through deadlines for providing the service, guaranteeing assistance by a SW in less than 24 hours in case of an emergency, 5 days in priority cases, and 15 days in ordinary cases.
- 1.10. Incorporate the service provided by the USW in other collaborating community agencies or even other services that are technically more suitable for the citizens.
- 1.11. Develop methodologies of group and community intervention in the USW.

2. AGREEMENT 2: ARTICULATE A NEW SYSTEM OF RECEPTION AND INFORMATION

DIAGNOSTIC SUMMARY

- Approximately 55% of the activity registered at PSA Social Services does not require social intervention, so it is more efficient to employ non-specialized professionals there who nevertheless are thoroughly knowledgeable of the reception and information process, as is the case of Social Services Assistants.
- There are no tools for reception/information/triage protocols that ensure equality in access to Social Services between territories.

Currently, primary care is offered at ASP Social Services Centers but not in territories far away from them despite these areas having municipal centers where it could be offered.

OBJECTIVE

To strengthen, consolidate, and standardize a welcome and information program that is agile and close to the citizens and has the capacity to carry out primary care.

MEASURES

- 2.1. Create the Information and Reception Services at the Social Services Centers as a new system inside the Social Services Center and managed and provided by it directly, with the competency of performing the basic services of providing citizens with information and welcome, aimed at everything regarding the services and aid provided by the Social Services system.
- 2.2. Ensure that citizens are received accessibly and closely, and the service is provided where the demand is.
- 2.3. Set up a system that guarantees assistance in providing information/reception within less than 5 days (non-emergency) and in 24 hours in case of an emergency.
- 2.4. Strengthen a system for accessing and providing basic services available in different spaces close to the citizens.
- 2.5. Reinforce the role of Social Services assistant as a professional with competences to provide this initial reception and information-giving service at the PSA.
- 2.6. Implement group and individual methodology in the information and reception process.

3. AGREEMENT 3: TAKE INTO ACCOUNT THE SPECIFICS OF EACH TERRITORY

DIAGNOSTIC SUMMARY

- Currently, the units for territorial planning are the districts, which, because of their size and population, encompass very heterogeneous areas. If resources were distributed based on lower-level administrative units it would increase inter-territorial equality.
- The current units of social work (USW) are organized around groups of census-based sections based on criteria regarding workload, without a homogeneous criteria and occasionally without taking into account the distance between them or their circumscription to an administrative neighborhood. Neighborhoods are the most appropriate sub-district units for planning because of their greater socioeconomic and demographic homogeneity.

OBJECTIVE

To reorganize the PSA and SSA around the specifics of the most consistent territorial units for social intervention taking into account both territorial equality and the heterogeneity and idiosyncrasy within and among districts.

- 3.1. Make the neighborhood the unit for planning actions in the setting and public spaces.
- 3.2. Define the deployment of resources in accordance with an internally and externally validated synthetic index following rigorous scientific and analytical criteria (Universities and Public Research Agencies).
- 3.3. Incorporate entities of reference knowledgeable about the environment into the diagnostic studies.
- 3.4. Carry out a detailed study of the citizens' needs in neighborhoods so as to distribute the available resources for social services in each district.
- 3.5. Provide services as a function of basic benefits of the system: primary social assistance, community intervention, and specialized care.
- 3.6. Facilitate uniform processes and methodologies for drawing up programs centered on specific areas inside the neighborhoods/districts.

4. AGREEMENT 4: IMPROVE INTEGRATION OF THE SYSTEM

DIAGNOSTIC SUMMARY

- Nearly 18% of the professional interventions registered in Primary Social Assistance require coordination between levels. This data regarding the need for coordination does not include the demands that enter the system by specialized emergency or preventive services and are referred to the PSA.
- Given the fractioning of the system in regard to diagnostic tools, metrics, and action protocols, the interventions that involve different levels impose inefficient, bothersome discontinuities for the people. Quantitatively, referrals are more common in the area of the elderly and their care, although in relative terms of the volume of activity, referrals are more common in the area of social inclusion.
- There is little evaluable and comparable methodological definition in the conditions for contracting services in reference to social interventions as well as the profiles and professional requirements needed, such as membership in a chartered professional association.

OBJECTIVE

To ensure integration in terms of itineraries of people and families between PSA and specific services/SSA.

MEASURES

- 4.1. Redistribute the professional resources to reinforce direct case management and ensure that the interventions at specialized services are supervised by municipal personnel (civil servants).
- 4.2. Reorganize the SSA as a function of the territorial needs.
- 4.3. Standardize protocols as a function of majority groups.
- 4.4. Reinforce municipal personnel's monitoring and control of the itineraries of intervention to ensure continuity of the itineraries/intervention as a citizen's right.
- 4.5. Develop a standardized control system for services performed by indirect management.
- 4.6. Set legal procedures for users and professionals in interventions that may affect fundamental rights and freedoms of the citizens.
- 4.7. Review the intervention processes to identify administrative acts that exercise public legal authority or State custody to ensure that the civil service carries them out in accordance with the law.

- 4.8. Ensure that SSA assistance is provided within fewer than 5 days in priority cases and 15 days in ordinary cases.

5. AGREEMENT 5: IMPROVE SYSTEM STANDARDIZATION

DIAGNOSTIC SUMMARY

- A comprehensive study is needed on the processes of our social services activity to promote standardization in the system and reduce inefficiencies. Preliminarily, the City Hall has made a tentative study of processes to find out how districts manage the economic aid regulated by the corresponding ordinance. This study has revealed a significant heterogeneity between districts in how each district processes a given service.
- The fact of there being no single portfolio of services in Social Services leads to great insecurity for the population who uses them as well as creating inequality between territories.

OBJECTIVE

To draw up protocols that promote standardization in work processes in favor of administrative efficiency, rationalization of the administrative work, and equality between territories. This would result in better treatment of people and in generating structured, reliable information and organizing resources more efficiently.

MEASURES

- 5.1. Promote process studies that guide actions and minimize discontinuities in the itineraries and management of services and benefits from a people-centered approach.
- 5.2. Create a single portfolio of services and benefits consistent with the aim of Social Services and ensuring that the services are provided under criteria that are the same for the whole city.
- 5.3. Develop and complement the services provided by law in the Law on Social Services of the Comunidad de Madrid.

6. AGREEMENT 6: OPTIMIZE INFORMATION MANAGEMENT

DIAGNOSTIC SUMMARY

- Our social services have two types of problems regarding information. One is how to channel the stream of information needed to carry out daily work. The other is how to manage and exploit the information we generate daily and proves essential to be able to plan and schedule correctly based on evidence and for our evaluation.

- The current system for distributing relevant information is inefficient and ineffective, since it does not differentiate between thematic areas and is channeled to the entire workforce in the organization.

Given the huge volume of information being distributed daily to keep the system running properly, this indiscriminate channeling causes collapse in the flow of agents (in the tree without being specialized by area), so it does not reach the workforce efficiently.

- The data generated by City Hall's management of its social services are not sufficiently prepared for statistical use. Our data are fragmented, built with different metrics, in incompatible formats, and in the case of indirectly managed services, often on the servers of the provider companies rather than the municipal ones. Therefore, information cannot be exploited in any general and transparent way.

OBJECTIVE

To strengthen efficient management of the information directed to internal flows, and generated by the system itself for exploitation for the purpose of improving our transparency toward the exterior and the subsequent accountability to our citizens.

MEASURES

- 6.1. Create a unified and centralized information system with effective and efficient internal mechanisms for distributing the information.
- 6.2. Design matrix-based communication processes with the PSA Social Services Centers by area of pre-specialization and area teams.
- 6.3. Generate mechanisms for managing the information generated by the system itself that make it easy to exploit.
- 6.4. Statistically exploit the information we generate to adapt our planning and scheduling to fit the citizens' needs as well as for our evaluation of processes and results.
- 6.5. Define a common image for the municipal Social Services of the City of Madrid.
- 6.6. Create informative campaigns with a corporate image of Social Services to give them greater visibility to the citizens.

7. AGREEMENT 7: SET MECHANISMS FOR COORDINATION AND FOLLOWUP

DIAGNOSTIC SUMMARY

- Systematic, stable, successful systems for coordination and followup exist with Family and Childhood with the participation of PSA and SSA, but it has not been generalized

for the Elderly (now in pilot phase in three districts) and does not exist for other groups.

- There are no established methodologies or teams for intensive followup at the PSA for work with particularly complex situations, which then becomes fragmented in a single professional responsible with major gaps between the PSA and SSA.

OBJECTIVE

To promote adoption of methodological and operational practices that facilitate coordination and followup of cases as they go through the Social Services system, giving unity to them and the personal and family itineraries.

MEASURES

7.1. Create teams for coordination and intensive followup for the purpose of having the means and programs act around the centrality of the person:

- Case Coordination Teams (CCTs) by PSA and SSA specialty/area/group for cases requiring the intervention of two teams. A joint effort between the networks of primary attention and specialized attention with systematized work models.
- Intensive Followup Teams (IFTs) in which professionals from different services and programs study cases that require intervention between levels or intensive followup because of their special complexity. They shall be made up of at least: PSA professional of reference, SSA technicians and the units of technical support (professionals in social education and psychology). They shall follow the case manager's methodology, who will be a professional on the team independent from the professional of reference, who will always be a social worker.

8. AGREEMENT 8: DEVELOPING COMMON METRICS AND DIAGNOSTICS

DIAGNOSTIC SUMMARY

- Few standardized diagnostic tools allow sufficient exploitation of data for a latter predictive use with population groups in preventive, group, or community terms.
- No common metric / diagnostic tools have been developed between PSA and SSA nor between the different areas in the SSA, which thus hinders connection between levels and on cases that agglutinate needs from several at once.

OBJECTIVE

To harmonize the diagnostic tools and indicators used to describe and evaluate processes, taking into account the specificity of each benefit/service in relation to the purpose of Social Services.

MEASURES

- 8.1. Standardize the social diagnostic with a model belonging to the Madrid City Hall.
- 8.2. Establish case management tools for the Intensive Followup Teams.
- 8.3. Set up a system for accessing the Social History by level.
- 4.8. Create coordination systems between levels (PSA-SSA) and within levels (SSA- SSA) with the support of the CIVIS computer tool.
- 8.5. Use technical commissions as a methodological tool for assessing and accessing technical benefits of alternative housing or any other service with limited resources.
- 8.6. Make use of common tools:
 - Social diagnostic tools: such as the unified social diagnostic by the Social Work professional.
 - Planning tools such as accompaniment plans or itineraries or the Community Action Plan in every neighborhood.
 - Planning tools such as: hot maps, home panels, etc.
 - Visualization tools such as control panels.

9. AGREEMENT 9: A NEW ORGANIZATIONAL CULTURE

DIAGNOSTIC SUMMARY

- The management at the Center takes the responsibility for organizing and supervising the personnel, which does not allow suitable performance of both duties simultaneously.
- There are support roles not recognized in the List of Job Positions (LJP) with functions that they must take on (in connection with programs or community work, for example).
- The personnel have little training for teamwork and collaborative work.
- Citizens are not ensured their right to municipal supervision of their case / reports by municipal personnel at the indirectly managed SSA.

OBJECTIVE

To strengthen a change in Social Services job culture to more collaborative, pro-active, and communitarian dynamics by means of training mechanisms acknowledgment of their professional performance.

To rationalize administrative work by creating units that specialize in managing the services people receive, reducing wait times, simplifying their relation with systems of processes in which they are key stakeholders.

MEASURES

- 9.1. Revise the professional career of the categories in which auxiliary personnel do their job in Social Services, social work, administration, and management.
- 9.2. Recognize the administrative personnel of social services with the specificity and singularity of their performance at the SSCs.
- 9.3. Create the position of Technical Coordinator of PSA Social Services Centers and that of multi-professional Team Coordinator at the USW.
- 9.4. Reinforce the program for supervising and recognizing talent supporting professionals.
- 9.5. Design mechanisms for welcoming and training newly hired professionals.
- 9.6. Facilitate systems that adapt agendas to the needs of citizen assistance.
- 9.7. Develop a training plan specifically for social services conjointly with the City of Madrid's School of Training.
- 9.8. Analyze existing spaces to establish measures and reforms of the infrastructures for the purpose of modifying work spaces (collaborative) and attending to the public (adapted) by incorporating the customer perspective into the design.
- 9.9. Review the services and benefits ensuring administrative legal authority as a guarantee for citizens.

10. AGREEMENT 10: STRENGTHEN THE INTERDISCIPLINARITY OF THE TEAMS

DIAGNOSTIC SUMMARY

- PSA staff lacks an interdisciplinary work of its own: it is only done by outsourcing, which directly hinders comprehensive assistance, although it is being consolidated in the SSA.
- In the PSA there are no support teams for cases requiring intensive followup in any standardized fashion for all the territories and where they do have them, they are outsourced.
- There is no acknowledgment of the citizens' right to choose their professional of reference, as the citizens demand and have in other systems.

OBJECTIVE

To increase the professional interdisciplinarity so as to design interventions that better fit the needs and situations of the population that seeks out PSA Social Services while also ensuring the role of the professional of reference.

MEASURES

10.1. Create a support service in Primary Social Assistance consisting of units with interdisciplinary teams of professionals from psychology and social education for intensive followup of cases.

10.2. Create Case Coordination Teams made up of the professional of reference from PSA along with the professional from SSA. 4 teams will be configured:

10.2.1. Team to coordinate cases of families and childhood. TCFC

10.2.2. Team to coordinate vulnerable senior citizens. TCVSC

10.2.3. Team to coordinate social inclusion. TCSI

10.2.4. Team to coordinate cases of violence TCCV

10.3. Create Intensive Followup Teams who, under the management methodology of the case, will support the professional of reference in complex cases.

10.4. Updating the Regulations of Organization and Operation of Social Service Centers.

10.5. Establish the citizens' right to free choice of their professional of reference within the USW and promote this right in the SSA.

10.6. Recognize the following positions as professional jobs belonging to the Social Services system: professionals in social work, social education, psychology, as well as social services assistant, management technician, administrative technician, and administrative assistant.

11. AGREEMENT 11: FACILITATE ACCESS TO AND MANAGEMENT

DIAGNOSTIC SUMMARY

- The current system of individualized aid makes it difficult for people/families in similar situations to be beneficiaries within the prescribed deadlines because of the lack of automatic processes for accepting applications.
- There is no analysis that helps identify potential duplication of benefits from municipal Social Services, or of benefits that do not require initial social intervention.

- The benefit management processes do not ensure territorial equality in terms of application deadlines or budgetary availability.
- The current individual-based management system for all types of financial aid causes a collapse in every district and leads to major delays in the citizens obtaining their benefit.

OBJECTIVE

To facilitate access to material and economic benefits (known as financial aid) directly for citizens and streamline their management by putting the person and the person's needs at the center.

MEASURES

11.1. Analyze the benefits to prevent duplication.

11.2. Create benefit management units that are independent of the directly managed Social Services Centers.

11.3. Create a system for announcing financial aid for Social Services System benefits that allow it to simplify the application process and facilitate professional intervention.

11.4. Establish homogenizing criteria for awarding aid and benefits by meeting requirements for being in social intervention.

11.5. Develop and update ordinances that guarantee access to the basic benefits of the Social Services system, especially for:

11.5.1. Financial benefits

11.5.2. Technical benefits such as regulation of the temporary alternative housing service.

11.5.3. Other benefits

11.6. Set up mechanisms that can ensure budgetary availability of financial benefits aimed at covering basic needs.

12. AGREEMENT 12: HEIGHTEN THE TECHNOLOGICAL TRANSFORMATION OF SOCIAL SERVICES

DIAGNOSTIC SUMMARY

- There are a large number of claims filed against Social Services regarding access to them and the long wait.

- The channels for accessing Social Services have not been updated with the citizen's real possibilities today. There is not even any systematized use of email as a means of access and communication.
- There are gaps in the interoperability between municipal applications (CIVIS, SAP, SIGSA, BAREG, etc.).
- Citizens cannot digitally access their case file or the different reports that may be of interest to them as a way to avoid travel to and from Social Services offices, unnecessary appointments and bother.

OBJECTIVE

To expand the channels for accessing Social Services by means of new technologies (without leaving out groups who are less likely to use them) and facilitate quick response to the citizen's requests and inquiries.

MEASURES

- 12.1. Open new channels of citizen access: video calls, WhatsApp, etc. Use channels that allow us to reach out to people who need social services while ensuring face to face access at all times to prevent the digital divide.
- 12.2. Transform CIVIS into a content management platform the citizens can access for filing paperwork and managing reports.
- 12.3. Increase interoperability between municipal applications.
- 12.4. Start up systems that let social services users access their information directly.

13. AGREEMENT 13: INCREASE PROCESS STUDIES AND OPEN SPECIALIZED SPACES FOR MANAGEMENT

DIAGNOSTIC SUMMARY

- There are process analysis experiences in the field of financial aid that must be extended to other benefits.
- The analysis done on financial aid has shown that the experience with the UVAT (Units for Assessing and Support of the Filing Processes) needs to include more administrative staff and consolidate itself as units external to the PSA Social Services Centers.
- The report notes difficulties regarding the link with the social intervention and management of the benefits, which points to a clear improvement if these are done centrally, increasing their efficiency and inter-territorial equality.
- Administrative tasks make up 50% to 70% of the weight of managing the cases (especially in the case of benefits aimed at the elderly).

OBJECTIVE

To extend intensive study of processes to identify duplication and unnecessary or redundant steps, and simplify the flows in procedures so as streamline how citizens can access the benefits. Fundamental to this is to create specialized units for managing the benefits.

MEASURES

13.1. Have teams specialized in handling and filing for benefits.

13.2. Do continuous followup to reduce filing times and processes

13.3 Use systems that protect fundamental rights and implement technology for accessing benefits.

13.4. Centralize the filing for and followup of benefits en ensure equality in public access to them.

14. Agreement 14: REINFORCE THE PREVENTIVE DIMENSION

DIAGNOSTIC SUMMARY

- There are no preventive action plans and no portfolio of services aimed at prevention, which makes it difficult to orient the services to the appearance or worsening of problem situations.
- The computer applications available do not have a preventive approach for keeping ahead of risk situations according to characteristics or profiles.

OBJECTIVE

To incorporate the preventive dimension into the basic principles of the new model of social services.

MEASURES

14.1. Design the portfolio of services with a preventive approach.

14.2. Incorporate preventive, predictive, and proactive views throughout the entire social services system.

14.3. Encourage definition of preventive plans starting from the community in Primary and Specialized Social Assistance.

14.4. Consider applying technology to introduce predictive variables with segments of the population to prevent and plan for situations of need.

15. AGREEMENT 15: REINFORCE THE COMMUNITY DIMENSION

DIAGNOSTIC SUMMARY

- The role of Social Services in the community is generally not defined. Only a few districts have started up initiatives, but unevenly and without any supporting framework.
- There are no standardized community methodologies or tools for Social Services.
- There are no community plans at all the Districts (limited to isolated initiatives) that include the whole set of agents that participate in community life, and there is no regulatory framework for them.
- On the whole, the Social Services mechanisms lack a community approach.

OBJECTIVE

To integrate the community perspective in every center and service making up part of it.

MEASURES

15.1. Define a diagnostic and mapping of every community/neighborhood around a common tool and with coordinated actions specifically for socio-community intervention.

15.2. Incorporate the community key into every Social Services facility in the territory (aimed at the elderly, the family and childhood, equality, etc.).

15.3. Lead community intervention from the social services of primary social assistance, with all the personnel trained and prepared for this type of intervention, and with the leadership of technical coordination of each center through the USWs.

15.4. Establish community action plans as a planning tool in every neighborhood in Madrid. Incorporate community work as a habitual practice in the USWs. This development must be accompanied by pilot projects to promote the measure.

15.5. Acknowledge organized civil society and specifically the tertiary sector in the design, development, and evaluation of community plans, and orienting the lines of subsidies in that plan.

15.6. Define the Community Action Plan methodological tool for development in every neighborhood.

15.7. Establish a strategy for participating in the Community Plans of other municipal and non-municipal centers with a community perspective toward the plan.

16. AGREEMENT 16: HAVE A STRATEGY FOR NETWORKING

DIAGNOSTIC SUMMARY

- There are no unified strategies for networking with the organizations and institutions involved in the social intervention, except in the case of family and childhood, the only consolidated exception, excluding all the other profiles/groups.
- The role of the tertiary sector and organized civil society is not defined as a key to complementing the municipal social services in the surroundings, which gives rise to duplication and inefficiency.

OBJECTIVE

To set up actuation planning mechanisms between intervening agents in the territories by networking from centrality of person-based assistance.

MEASURES

- 16.1. Recognize the role of the tertiary sector in Madrid's social response, understood as the set of non-public, non-profit entities that take on social action project or defend group interests in the framework of the city of Madrid.
- 16.2. Establish stable lines of collaboration with tertiary sector organizations that provide complementary professional services regarding the defined objectives for complementarity and quality of actuation by means of area or district wide calls.
- 16.3. Consider networking actions inside the community plans.
- 16.4. Create Case Coordination and Intensive Followup Teams that coordinate with other agents who intervene with the people, internally as well as externally.
- 16.5. Create the Social Services Council of the City of Madrid, with the participation of the people using them and from social initiative.

17. PLAN FOR AND ASSIST DURING AN EMERGENCY

DIAGNOSTIC SUMMARY

- No municipal contingency plans have been drawn up for different situations of social emergency.
- Differences need to be established in the system for cases of social urgency and social emergency.
- There is a lack of sufficiently defined protocols to coordinate the PSA and SSA on matters regarding situations of social emergency.

OBJECTIVE

To improve the capacity for planning large-scale emergencies as well as emergencies that arise (people/families) during ordinary periods.

MEASURES

17.1. Identify the responses to social emergencies as part of Primary Social Assistance in the social services of Madrid.

17.2. Improve the response to social emergencies by integrating with the Municipal Emergency Plans of the City of Madrid.

17.3. Integrate the response to the social emergency along with social assistance (PSA and SSA).

17.4. Define and reinforce the protocols for action in social urgency and social emergency situations.

17.5. Create a contingency plan to face large-scale social emergencies in the city of Madrid.

18. AGREEMENT 18: DEVELOP A PORTFOLIO OF SERVICES AND BENEFITS AS PER THE NEEDS OF THE CITIZENS

DIAGNOSTIC SUMMARY

- There is no unified, revisable portfolio of services based on the needs of the citizens.
- There is significant inequity regarding the services available in each territory.

OBJECTIVE

To create a unified Portfolio of Services for the entire city and revise it periodically.

MEASURES

18.1. Develop a unified Portfolio of Services and benefits for the entire City of Madrid and grounded in equity among its citizens.

18.2. Define the portfolio of services on the key basis of citizen assistance and the rights of the people who use it.

18.3. Create a centralizing unit that will revise the Portfolio of Services yearly and make it available to all citizens.

19. AGREEMENT 19: CONTINUE INCORPORATING CRITERIA OF EQUALITY BETWEEN WOMEN AND MEN

DIAGNOSTIC SUMMARY

- There is no stable, protocolized strategy to coordinate the PSA and SSA in cases of domestic violence in contexts of an intimate partner or ex-partner, sexual slavery, exploitation, and sexual violence.
- There is an underdeveloped approach to equality between men and women that affects all the services transversally.
- An analysis is needed on the impact of the feminization of poverty on the planning of social services actions.

OBJECTIVE

To continue promoting effective equality between men and women and improve the assistance provided to cases of violence by an intimate partner or ex-partner, sexual slavery, exploitation, and sexual violence.

MEASURES

19.1. Revise the coordination protocols between PSA and SSA.

19.2. Incorporate violence in contexts of an intimate partner or ex-partner, sexual slavery, exploitation, and sexual violence into the pre-specialization of the PSA and into the Case Coordination Teams.

19.3. Incorporate the variable of inequality between men and women transversally throughout the programs and services.

20. AGREEMENT 20: PLAN IN ACCORDANCE WITH THE HIGHEST SCIENTIFIC AND ETHICAL STANDARDS

DIAGNOSTIC SUMMARY

- The professional practice applied by default in our social services often draws its inspiration from professional experience. However, the scientific literature on social vulnerability has grown robustly, providing extremely valuable information on what works most effectively at treating it.
- There is little professional and institutional culture regarding the adaptation of the organization's behavior to evidence-based practices.
- There is no systematic line of research with organisms that allow a level of innovation and development of practices based on evidence and scientific rigor.
- There is a lack of mechanisms aimed at excellence in social assistance from the perspective of professional ethics and citizen rights.

OBJECTIVE

To give priority to evidence-based practices in interventions carried out for citizens requires profound changes in the organization and an even closer link to key agents in research.

MEASURES

- 20.1. Start up a laboratory for social experimentation in which to carry out initiatives and find out how they may be implemented in reality.
- 20.2. Developed a "pool" of research centers that participate in a call for social innovation linked to the needs posed by the municipal social services.
- 20.3. Create a bank of good practices, in collaboration with universities and with tertiary sector participation.
- 20.4. Set up a Municipal Social Services Ethics Committee.
- 20.5. Create an ombudsman office for the people who use the services as another way of guaranteeing rights in the system.
- 20.6. Have our contracts incorporate clauses of the information system that foster the application of evidence-based good practices.

21: AGREEMENT 21: REINFORCE EVALUATION OF RESULTS

DIAGNOSTIC SUMMARY

- Municipal social services are insufficiently evaluated. When evaluations are carried out, mostly they refer to indicators of processes and not of results, with a noticeably improvable selection of techniques to make them more rigorous. This compromises the efficiency of the public expenditure and the effectiveness of our interventions.
- There is practice of implementing systematic mechanisms of external auditing.
- The current system does not avail of a certified quality stamp in all its services.

OBJECTIVE

To implement tools and measures for improving the evaluation of services and assistance in order to distribute public resources suitably and to release the data obtained and make it more transparent.

MEASURES

- 21.1. Make it mandatory to evaluate results, both in directly managed services and in the obligations imposed on manager companies.
- 21.2. Carry out audits of followup on application of the model with an annual report of adherence to it.
- 21.3. Develop a system of experimental pilot programs in order to develop new social policies.

21.4. Reinforce the system for gathering and analyzing data to define the social needs on a yearly basis.

21.5. Incorporate stamps of recognized prestige in the provision of the entire portfolio of services.

FINAL PROVISION

First: The present agreement is an effort made by the city of Madrid to equip the municipal Social Services with a model in accordance with current and future needs. Moreover, it recognizes the need to develop the economic resources and human resources in accordance with the essential nature of these services. Therefore, strategic plans will be drawn up to contemplate that programmed development, and the pertinent organs of collective bargaining will be used accordingly.

Second: Approval of this agreement implies the creation of two organs for followup and planning of its development:

1. **Followup Commission on the agreements** for a new model of social services, coordinated by the Government Area for Families, Equality, and Social Welfare and with representation of all the political parties on the City Council, trade unions, and representatives of civil society, who will issue a report on evaluation and compliance of the Agreements.
2. Approve a **Strategic Plan for Social Services** by the end of 2022 that determines at least the following:
 - a) Analysis and diagnostics
 - b) Financial description
 - c) Measures to implement
 - d) Schedule of the measures
3. Drawing up new **regulations on the organization and operation** of Social Services in accordance with the development of the new model.