

Introduction

Armadilla is a social cooperative committed primarily to international cooperation. (www.armadilla.coop)

It also carries out training and information activities on the issues of the 2030 agenda proposed by the United Nations, for the defense of human rights and for the achievement of the 17 objectives for sustainable human development: <https://www.unric.org/it/agenda-2030>

In this context, these Notebooks want to contribute to disseminating information, critical analysis and possible answers to the priority problems that are faced among the students and the public opinion that Armadilla addresses. The collection of all the Notebooks from 2015 to the present can be found at: <http://armadilla.coop/quaderni/>

In this Booklet we present a reflection on how the Italian system of social policies (welfare) can interest the entities of international cooperation.

In the context of the promotion of territorial partnerships, many cooperation entities, in different countries of the world, have expressed the need to learn more about the regulations, the successful experiences, the methods of concrete application of social policies and welfare in general in the Italian regions and cities and replicate them, adapting them, in other contexts of international cooperation. **We present a summary of the plans approved by the Emilia Romagna and Lazio regions, which are the two territorial areas in which, mostly, Armadilla operates in Italy.**

They were prepared in accordance with law 328 of 2000 and assign a task not only for care but above all for prevention to social policies. Work to predict and prevent social hardships and link social policies to those of sustainable human development in the local area, to job promotion, urban planning, education and training. Overcoming mere welfarism and promoting actions of active and responsible involvement of all the actors involved in these policies. **A world view in which "no one is left alone", designed for areas that must become the community space in which all fundamental services are guaranteed.** So not only to manage the existing with commitment or chase the emergencies that appear daily in the life of the different territories, but to invest intelligence and study in the elaboration of a new model of social development, which contrasts the process of impoverishment of people, territories, environment and culture. Combining social justice, affirmation of rights and respect for people and the environment, enhancing those experiences that at national level have enabled the birth of sustainable, inclusive and participatory community welfare. Therefore, the methods and procedures are a mandatory requirement for innovation and radical reform. **Replicate in the world the best practices that teach how to do this in Italy. This is what Armadilla and its partners are trying to do by privileging interventions with the most vulnerable social groups:** people with disabilities, minors and families in extreme poverty, drug addicts, ex-convicts, women victims of violence, unemployed.

1. Italy's national legislation on social services

The "Framework law for the implementation of the integrated system of social interventions and services" is the 328 of 8 November 2000.

The complete text can be found on the site:
<http://www.parlamento.it/parlam/leggi/003281.htm>

Its aim is to promote social, welfare and social-health interventions that guarantee concrete help to people and families in difficulty.

The main purpose of the law is, besides, the simple assistance of the individual, also the support of the person within his own family nucleus. **The quality of life, prevention, reduction and elimination of disabilities, personal and family hardship and the right to benefits are the objectives of the 328.**

For the first time, in Italy, a national fund for social policies and interventions is established, aggregating and expanding existing sectoral funding and allocating it to regional and corporate planning. It is a framework law, therefore its application is delegated to the issuing of decrees by the government, ministries, regions, etc. **Law 328 intends to further overcome the welfare concept of social intervention, in the sense that it considers the citizen not as a passive user, but as an active subject and as such a bearer of rights, to whom interventions aimed at removing situations of hardship must be assigned. psycho-social and marginalization.** It contains provisions relating to the implementation of particular social interventions and more precisely in favor of disabled people, elderly dependents, families.

Individual projects are envisaged for disabled people: the municipalities, in agreement with the local health units, prepare an individual project at the request of the interested party. In the individual project the potential and the possible support for the family nucleus are defined. The interested party will indicate on the health card, in a manner established by decree of the Minister of Health, in concert with the Minister for Social Solidarity, the data relating to the conditions of non self-sufficiency or dependency to access services and social benefits.

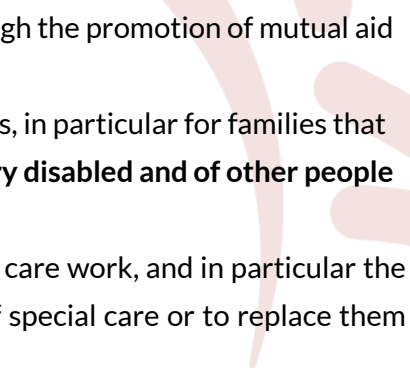
Home support for elderly people who are not self-sufficient: the Minister for Social Solidarity, with its own decree, issued in agreement with the Ministers of Health and for equal opportunities, annually determines the quota to be reserved for services in favor of elderly people who are not self-sufficient, to favor their autonomy and support the nucleus family in home care for the elderly who request it.

Valorisation and support of family responsibilities: the integrated system of interventions and social services recognizes and supports the peculiar role of families and enhances the many tasks that families perform both in critical and uncomfortable moments, and in the development of daily life.

In order to improve the quality and efficiency of interventions, operators also involve and empower people and families in the organization of services.

The following services are also included in the integrated system of interventions and social services:

- a) the provision of care allowances and other interventions to **support responsible maternity and paternity**, to be carried out in collaboration with health services and socio-educational services of early childhood;
- b) policies of reconciliation between working time and treatment time, also promoted by local authorities pursuant to current legislation;

- 
- c) parenting training and information services, including through the promotion of mutual aid between families;
 - d) home help and support services, also with economic benefits, in particular for families that take care of reception, care of physically, **mentally and sensory disabled and of other people in difficulty, of foster children, of the elderly**;
 - e) relief services, to support the family in the responsibility of care work, and in particular the members most involved in the daily care of people in need of special care or to replace them in the same care responsibilities during working hours;
 - f) services for **family foster care**, to support, with qualified interventions and training courses, the educational tasks of the families concerned.

The law announces that in order to realize social services in a unified and integrated way local authorities, Regions and the State, each within the sphere of their own competences, provide for the planning of interventions and resources.

In doing so it is important that the principles of coordination and integration between health and education interventions and active labor policies are followed but the law adds that this planning must be done also **involving the Third sector. The assistance reform law has among its strengths the involvement of public and private subjects in the provision of social services. In order to be applied, the law establishes that private individuals must first be authorized, and then possibly accredited, to participate in the network of local social services.** In other words, authorization is indispensable for any private person who wants to provide services to the person, even if he is not interested in entering the public assistance circuit; if instead it wants to become a "service provider" of the public administration, and therefore be part of the integrated system of interventions and social services, **in addition to being an authorized body it must also be accredited.**

Municipalities are assigned the task of authorizing and accrediting private subjects on the basis of a set of requirements established by regional laws. The Regions define these requirements by collecting, and possibly integrating, the minimum requirements set by the State by ministerial decree of the Minister of Social Solidarity.

The State has the task of: establishing a national social plan indicating the uniform and basic levels of the services, establishing the requirements that the community-families and residential services must have, as well as the professional profiles in the social field and finally dividing the resources of the Fund national social security system and monitoring the progress of the reform.

The Regions will have to plan and coordinate social interventions, push towards the integration of health, social, training and job placement interventions, establish accreditation criteria and supervise both public and private structures and services, establish a register of authorized subjects carry out the functions indicated by the regulations, establish the quality of the services, determine the levels of participation in

spending by users, finance and plan the training of operators. In the final analysis we must not forget how this law has recognized a centrality to the role of the Municipalities which, for this reason, are the privileged interlocutors, with whom it is necessary to trace intervention policies. **The Municipalities are the administrative bodies that manage and coordinate the initiatives to implement the "local system of the social services network".**

In this, the Municipalities must involve and cooperate with health facilities, with other local bodies and with citizens' associations.

It depends on the municipalities:

- the determination of the parameters for the assessment of the conditions of poverty, of limited income and total or partial incapacity for physical and mental disability, and the relative conditions to use the services;
- authorization, accreditation and supervision of social services and public and private residential and semi-residential facilities;
- guaranteeing the right of citizens to participate in the quality control of services.

Municipalities must also implement and adopt the Social Services Charter which illustrates the social opportunities available and how to access them. The Municipalities, Regions and State will, in fact, have to involve and make the non-profit sector responsible.

The first process of innovative social policies was carried out on the basis of some basic assumptions and principles, such as the reorganization of the territory in appropriate territorial areas, the planning of interventions based on the characteristics and needs of the population, the integration of health services with social ones and active participation in the services of users and citizens. In this context, the role of the Municipalities has been increasingly important: they are the Municipalities that realize, organize and manage social services, according to the indications elaborated at regional level.

2. Social Plan of the Lazio Region "Taking care, a common good"

The three-year Social Plan of the Lazio Region, approved by the Council in January 2019, has as its guiding principle that of the centrality of the person in the community and its active participation; specific policies, projects, services and structures must revolve around it. The Lazio Region adopts the 328/2000 with the law n.11 of 10 August 2016, "Integrated system of interventions and social services"

The complete texts of the law and the plan can be read on the site of the Region:

<http://www.consiglio.regione.lazio.it/consiglio-regionale/?vw=leggiregionalidettaglio&id=9293&sv=vigente>

http://www.regione.lazio.it/rl_politichesociali/?vw=contenutiDettaglio&cat=1&id=133

Some key words that distinguish the regional system can be identified:

- the approach centered on the **essential levels of performance** (currently not collectable, but defined as service objectives), instead of the approach, now obsolete as far as it is rooted, centered on the categories;
- the logic of integration, which must be pursued at different levels: **integration of policies and actors** (institutional and otherwise), programs and processes, services and interventions, human, instrumental and financial resources;

- **the approach of proximity to the person**, which favors home interventions, centered on: permanence in one's own life context, support for living, inclusion in the community to which one belongs, the arrangement of housing solutions that reproduce living conditions family members;
- **innovation in participatory processes**, in the development of responsible and mutualistic communities, in the involvement in the co-planning of third sector organizations and in the evaluation of the impact of activities, projects and policies;
- an approach based on **an in-depth knowledge of the specific social changes of each territory**, of the offer of structures and services, of vulnerabilities and taking charge for the programming of personalized interventions.

On the basis of a conscious methodological choice, the index of the Plan is oriented to the **construction of more effective and qualitative programming processes in regional social policies** as a whole, rather than being organized by "need" or "target" items, to in order to avoid the risk of so-called "organ pipe" programming policies.

The planning of the integrated system of social and social-health services and interventions in Lazio is part of the regulatory framework that regulates the sector at regional and national level, taking into account the European and international programmatic framework (Sustainable Development Goals, defined in the framework of the 2030 Agenda for Sustainable Development adopted in September 2015).

In the drafting of the Social Plan, reference is made to the planning of health services, in a perspective of progressive social and health integration, of which the recent unification of the Regional Departments relating to Health and Social is also a clear sign.

The Plan is also linked to the different programming in educational and training, work, cultural, sports and housing. The regional plan was drafted in accordance with the objectives of the National Inclusion Operational Program and the national intervention plans for specific target groups (eg Action Plan and interventions for the protection of rights and development of subjects in developmental age, Plan disability).

Principles and reference values

The Plan aims to guarantee everyone easy access to quality social and health services, through solid social infrastructure, which overcomes the critical elements highlighted by the current regional system. **It proposes a model of community welfare, based on the principle of subsidiarity, in which caring is a common good, shared by all the social components, called to make commitments and initiatives for the general interest of the community. The integrated system of social services and interventions designed by the Plan is the expression of a "plural welfare", centered on the synergistic collaboration between different subjects, in which - while recognizing, enhancing and supporting the substantial contribution of the family, civil society of intermediate and third sector bodies - the fundamental role of the institutions in guaranteeing the rights of all, in an equitable manner, ensuring also qualified services, effective and appropriate also in respect of a "good job".**

The Plan develops starting from a vision that assumes the well-being of the person as central, both as a single individual and in the formations in which he or she aggregates, in particular the family and local communities. This perspective requires a strong commitment on the part of all the social actors to overcome the separateness that in many cases still characterizes the system of services, with lines of "organ pipe" intervention, which generate inefficiencies and hinder access routes to performance. The Plan is therefore characterized by a clear and decisive desire for social and health integration, on all levels (institutional, programmatic, operational, professional and economic-financial), in order to respond in an organic manner to multi-problem situations.

The regional planning also intends to strengthen the connection of social-assistance services with training, work and in general with the productive world, with a view to generative welfare and personal and community empowerment, capable of preventing and combating the risks of entrapment in poverty and in welfare systems. In this context, the potential expressed by social cooperation and corporate welfare is enhanced.

Furthermore, the Plan, in the complexity of its vision and of the interventions envisaged, is placed in a dimension of strengthening the protection of the State and of combating organized crime.

Characterization of the Plan

The Plan is proposed as a "dry", concrete and operational tool. The objectives to be achieved and the actions to be carried out are those realistically conceivable with the resources available, within a three-year period. Not a "book of dreams", therefore, nor a simple and generic list of good intentions. **In all pertinent cases, observable and measurable process and result indicators are reported, so as to allow verification of the implementation status of the Plan and the degree of achievement of the objectives.**

In relation to the various issues, the Plan identifies regulatory, administrative, planning and operational actions that involve the Region, local authorities, other institutions and third sector organizations.

General objectives

The Plan assumes the welfare objectives listed in article 4 of the regional law 11/2016, in line with national and European objectives, to make Lazio a "region that takes care of and protects", in order to:

- remove the relational, social and economic obstacles that limit the freedom and equality of citizens and small towns and the full development of the person;
- combating loneliness, poverty, exclusion and gender and social inequalities;
- broaden the protections provided by the social and social and health service and intervention system to make it more adequate and effective with respect to emerging needs and more equitable and homogeneous in access to services;
- activate new tools to read, analyze and interpret the new unexpressed health needs, so as to allow a predictive and preventive intervention based on the first signs of discomfort and exclusion, intercepting them before they degenerate into poverty, fragility and discrimination;

- actively and proactively involve the citizen in order to put it at the center of the services themselves, personalized and built around their care needs;
- verifying the quality of services and services so as to guarantee complete, continuous and integrated management.

Specific objectives

In particular, the Plan aims to achieve 11 specific “service objectives” in the next three years to rationalize, consolidate and improve the integrated system of social and social and health services and interventions throughout the region, in favor of people, families and groups at greatest risk of social exclusion.

Objective 1: overcome the poverty threshold

Prevent the risks of impoverishment and reduce the consequences and chronicization of poverty, with particular reference to extreme poverty, to families with children of age and to people with disabilities who need intensive support, through income support measures integrated with personalized interventions of accompaniment and empowerment. Introduce the income of dignity.

Objective 2: work together

Increase the cohesion of local communities, improving the climate of trust, collaboration and networking among the subjects who have socio-assistential responsibilities, including the recipients of the interventions and their families, also through the solidarity networks of private social groups including groups of patients with the same pathology / frailty and mutualistic social networks. Promote a community welfare characterized by actions of prevention, assertion of rights, participatory planning and local development.

Objective 3: do not leave anyone alone

Reducing the isolation and loneliness of people at greatest risk of social exclusion, with particular reference to elderly and disabled people who need intensive support, through the strengthening of services and proximity interventions and support for families, caregivers and to local solidarity networks.

Objective 4: to ensure quality services in all territories

Guarantee the right to social and health and social services, through a balanced and sustainable development of the whole regional territory and a regulation of a local welfare system characterized by a solid social infrastructure and a rational and equitable distribution of essential services and interventions, also through the seven essential levels of social services (LEPS), in a homogeneous way throughout the Lazio region, respecting local peculiarities, with adequate and qualified personnel.

Objective 5: easier access to social and health and social services

Facilitating access routes to social and health and social services for the entire population, especially for those most exposed to the risk of social exclusion, eliminating or reducing obstacles and informational, cultural and physical barriers, also through the integration of

different welfare systems, the sharing of data relating to the services provided and their follow-ups, and unique entry and passage paths between the various care and health services. Regarding disability-related interventions, it is necessary pay attention to the problems, above all of a bureaucratic and procedural nature, which prevent or slow down the use of the services, in order to facilitate and streamline the procedure for accessing the same services by citizens and the services provided by the families involved, as well as to discover shortcomings in the rights protection system.

Objective 6: generate autonomy

Increase the appropriateness, quality and effectiveness of home interventions, in a logic of generative and distributive welfare that takes into account not only the needs, but also the resources (current and potential) of the beneficiaries, through the adoption of measures that they promote personal autonomy, avoiding all forms of dependency on assistance.

Objective 7: offer services tailored to people's needs

Improve the efficiency of the system, through the adoption of a rigorous method of reading the expressed and unexpressed health needs and subsequent planning, evaluation and monitoring, with a management of services consistent with local needs today and above all with future trends and the institutional and socio-demographic characteristics that characterize the various territories of the Region, in compliance with the National Collective Labor Agreement.

Objective 8: learn more to do better

Increase the availability and use of timely information and reliable data that allow, also through a predictive analysis, a good planning and management of the integrated system of social and health and social services, based on a better knowledge of the welfare indexes of the population and the quantitative and qualitative characteristics of demand, resources and the supply of services in different territories.

Objective 9: guarantee in the assistance paths

Guaranteeing paths that ensure continuity in care and assistance needs.

Objective 10: study of social phenomena

Deepen the causes that lead subjects to social-health care and prepare the related countermeasures, in order to limit the risks of any connected pathologies, such as any form of dependency, eating disorders (DCA), depression, anxiety and stress, also related to work activities and places. To elaborate also through reference associations, solutions to ever wider phenomena:

- of separated parents subjected to very difficult living conditions;
- the evident "solitary" growth of children with both working parents.

Objective 11: to promote citizen participation

In order to make the institutional communication immediately usable by the citizen regarding the provision of care services effective, the regional institutional website is to be fully upgraded. This specific objective will be pursued through the creation of "social" tools in

particular: a website dedicated to the social plan 2019-2021; an app synchronized with the site usable in mode by all citizens; faq and additional interactive services.

The regional law of Lazio 11/2016 lists the following seven types of services, **indicated as essential levels of services**:

1. **Social Secretariat service to promote access to services, through information and advice to citizens;**
2. **Professional social service;**
3. **Single Access Point, guaranteed in every health and social District;**
4. **Social intervention for emergency situations;**
5. **Home care service for individuals and families with social fragility and integrated social and health care services;**
6. **Residential structures and reception centers;**
7. **Semi-residential facilities for individuals with social or day-time frailties of a community nature.**

The implementation of these policies requires the preparation of a complex response, the result of a process that consists of three fundamental phases:

- multidimensional evaluation;
- personal design;
- monitoring and evaluation of results.

The implementation of professional integration requires three support conditions:

1. The participation of the professional figures in the definition of the programmatic and organizational lines of the services, in relation to the specific competences and in function of the realization of joint, coherent and qualified intervention processes, which allow the shared management of the responsibilities.
2. The preparation of an information system for data collection, essential at the micro level for the preparation and monitoring of the personal project, and at the macro level for the planning and evaluation of the integrated territorial system.
3. The provision of common training courses, in which social and health workers participate, belonging both to the services of local authorities and to those of the ASL, but also open to other subjects, both public and private, profit and non-profit. The objective is to guarantee the involvement of all the components of local governance, in order to strengthen the functions of programming, management and evaluation of the performance system, and to foster the development of integration at the local level. The comparison between experiences, cultures, theoretical and operational references is, in fact, an indispensable condition for the definition of shared languages, methods and tools.

Co-design

The guidelines that will be shared and constructed with the aim of identifying new Lazio Region welfare governance tools, through co-planning and co-management between public bodies and the third sector, are great news for the Region. **The co-design was born with the function of broadening the governance of local social policies to make the subjects in the field more responsible and to strengthen the sense of belonging to the projects and public policy programs promoted.**

The object of the co-design is the project definition of initiatives, interventions and complex activities, taking into account the strategic priorities highlighted and shared by the public body, to be implemented in terms of partnership between the latter and third sector subjects identified in accordance with a public selection procedure.

It is therefore a way to improve the efficiency and effectiveness of actions in the field of community welfare, promote participatory processes of territorial co-planning, identify promote and support projects of social innovation, territorial welfare and inclusion through social actions aimed at prevention, promotion of rights, local development. **From a methodological point of view, in fact, co-planning is a method for constructing public policies involving different resources and points of view, coming from the public subject and from the third sector.** In itself, today the push towards a renewed relationship between the public and the third sector often takes place independently of the contractual tool used and the continuous search by people for answers to constantly increasing problems and change no longer questions only the public administration, but the whole civil society: individual citizens and citizens and organized third sector realities. The idea of co-planning has taken hold in recent times because both local authorities and private social entities today find themselves acting in a framework that goes beyond the traditional client-supplier relationship that had characterized their relationship until some time ago. Therefore, co-planning represents a form of collaboration between public administrations and third sector subjects for the realization of activities and interventions, based on the principle of subsidiarity, and bases its function on the principles of transparency, participation, co-responsibility and support of the private commitment in the social function. Using the technical operative tools of these new welfare modalities and increasing the shared responsibilities, a change in the cultural approach follows, passing from the concept of "problem" to that of "need".

The methodology always considers the four elements that structurally define a community: the territory, the population / citizenship, the resources, the requests and their mutual interrelations, as it is articulated in the following moments or methodological phases used continuously during the community process: information (information plan), relationship and technical coordination with and of professional resources, study and participatory knowledge of the community reality.

The third sector, through this tool, is placed before a further challenge, that is, to participate in the partnership relationship with the Public Body, mostly, not as individual organizations, but as an aggregation, a sort of "pre- partnership "between different third sector organizations.

The following conditions must be met in the co-design:

- a. through the co-planning the Public Administrations will be supported and supported by the subjects of the third sector in the search for technical solutions that can be used for the implementation of innovative projects, whose objective is to satisfy the demand for services identified by the Administration.
- b. The subjects of the co-planning must be chosen with a procedure open to all the subjects of the third sector. The placement within the Zone Plan takes on strategic characteristics with respect to the subsidiarity model.
- c. The ownership of the choices must remain with the Administration, the co-planning must involve innovative and experimental interventions of complex activities and the resources for the implementation of shared objectives and projects must be shared.
- d. The subjects who intend to express their interest in participating in the co-planning activity must possess all the legal requisites of legal, economic and financial reliability of all the subjects of the partnership.
- e. The participation of third sector subjects in phases 1, 2 and 3 must be carried out free of charge and must be specified during the selection phase which cannot be recognized as fees.
- f. The limits of the co-planning activity must be clearly defined.
- g. the design documents of the subjects that intend to participate must contain: analysis of the problems, objectives, methods and methods of intervention, organizational and management proposal, cost analysis, specifics on the co-participation method. To this end, the subjects who want to take part in the process, in defining the project, will have to identify common interests / modalities of action and define the governance structure, the respective budget quotas and the methods of integration.

Active citizenship

The principle of horizontal subsidiarity finds its complete formulation in Article 118, fourth paragraph, of the Constitution, which states that "the State, Regions, Metropolitan Cities, Provinces and Municipalities favor the autonomous initiative of the citizens, individual and associated, for the carrying out activities of general interest, based on the principle of subsidiarity." In order to support the autonomous initiative of citizens who contribute, also in an associated form, to pursue the common good, to raise levels of active citizenship, cohesion and social protection law 106/2016 and the legislative decree 3 July 2017, n. 117 relating to the Third Sector Code and subsequent amendments through which a regulatory gap was filled. Active citizenship, as a democratic aim, is placed alongside the traditional model of administration, thus creating a new model based on civic collaboration through the enhancement of the role of the community of users / citizens and in general of all the subjects of the third sector who carry out activities of general interest. For this reason, the full affirmation of horizontal subsidiarity in the regional territory should not be understood as a means of resolving the administration's deficiencies, but rather as a method to achieve a new way of administering, according to which citizens are transformed from users to allies in the administration in the management of an increasingly complex society. It is therefore necessary to encourage, also by means of public announcements, the commencement, by the municipalities, of experiments and projects with the citizens, aimed at enhancing the

protection of urban assets among which, for example, can include public parks, new gardens, the care and maintenance of public spaces and urban furnishings, care and management of social gardens, cemeteries for small animals, the fight against vandalism and urban decay, the preparation, care and management of neighborhood libraries. Municipalities, also in the light of the experience gained in other territories, respecting their organizational autonomy, identify the methods for carrying out such activities that can be regulated through agreements or collaboration agreements whose content varies according to the degree of complexity of the agreed interventions and the duration of the collaboration.

Evaluation of social impact of processes, services and activities

The social impact assessment is aimed at the reconstruction, measurement and estimation of positive or less expected or unexpected effects of a program or a project, compared to the direct beneficiaries and, in general, to the audience of stakeholders - in the first place to be found on the territory. The social impact is a relapse generated by almost all organizations, be they public or private, profit or non-profit and so on. This means that the activities carried out by an organization are never limited and not limited but reverberate their broad spectrum effects, as happens for the drop that hits the water mirror and radiates its action on a large surface, not only on the hit point. Organizations therefore aim to pursue their purpose (mandate), but this has far broader consequences than those planned in a timely manner. Thus, the impact becomes "social" because it involves more spheres of life, more stakeholders, more subjects (people or other organizations). The evaluation of social impact, when applied with a participatory approach, requires a plurality of sources from which to collect the data to be translated into information and, at the same time, cannot disregard the contribution of the stakeholders for the work of "translation" of the data into evaluation information. This means that the impact assessment leads to building a "participatory evaluation judgment" through the development of a research plan. The social impact assessment is therefore articulated on the level of the evaluation research in which the evaluation objectives and the definition of the mandate must be initially explained.

In particular, the evaluation design is structured as follows:

- Evaluation questions: which positive / negative effects occur following the organization's activities in its reference territory? Is it possible to measure them?
- The semantic field of variables: the subdivision of social impact into relevant dimensions, such as the integration with public policies, the development of relationships on the territory, the reproduction of relationships, the transformation of needs, the relevance of communication.
- Impact assessment actors: ie direct, indirect beneficiaries and the relevant community.
- Survey techniques and tools, which vary according to the type of assessment carried out: for example the analysis of document sources for self-assessment, supplemented by a set of semi-structured interviews and / or focus groups for more complex indicators in hetero evaluation.

- The reporting system: based on the statistical analysis of the quantitative data collected through the model and a further analysis of the opinions expressed through the interpretation of qualitative data.

In any case, the definitions of social impact are - for the reasons explained above - varied. To give a minimum overview, we report below a small collection of definitions of social impact developed by national and international scholars and experts:

- The social impact is the ability of an organization to contribute to a change in a given field of action by changing the status quo of a person or a community to which the social activity is addressed.
- The social impact is the attribution of the activities of an organization to the overall longer-term social results.
- The concept of social impact is defined as the non-economic change created by the activities of organizations and by investments.
- The social impact is the portion of the total outcome that occurred as a direct result of the intervention, net of that part that would have taken place even without the intervention.
- The social impact is defined as long-term sustainable change (positive or negative; primary or secondary) in the conditions of people or in the environment that the intervention has partially contributed to achieving.

Now, we can say that the social impact assessment:

- has internal (to be able to program) and external (to be able to estimate its ability to affect) value;
- must be carried out with the involvement of stakeholders (precisely because it is a "social" impact and because it is not objective but intersubjective);
- can take place at the level of individuals, communities or the entire society (depending on the scope of the organization);
- depends to a large extent not only on the organization but also on the context in which it operates (think of a recalcitrant context and instead of a favorable one and the different difficulty of generating impact);
- its detection can take place through the use of data measurers (indicators or other tools), its interpretation instead requires a participatory reading.

During the three-year period of validity of the Social Plan, and in any case at least once a year, some processes, services and activities will be experimentally submitted to a social impact assessment path, which takes into account the following dimensions:

- Exemplarity and transferability of interventions.
- Integration with the public policies of the reference territory.
- Development of associative relationships in the territory.
- Individual relationship development.

- Transformation of identified needs.
- Relevance of social communication.
- individual rights within organizations / participation in management.

For each dimension, specific indicators will be applied that will allow the social impact to be measured qualitatively and quantitatively.

4. Social and Health Plan of Emilia Romagna

The Emilia Romagna Region has approved the law n.2 / 2003 on "Norms for the promotion of social citizenship and for the realization of the integrated system of interventions and social services" in which transposes the indications of the national Law 328/2000. The full text is on the site: <http://salute.regione.emilia-romagna.it/documentazione/leggi/regionali/leggi/legge-regionale-2-2003/view>

The full text of the 2017-2019 Regional Social and Health Plan is on the site <https://sociale.regione.emilia-romagna.it/piano-sociale-e-sanitario-2017-2019>

It pursues three main strategic objectives:

1. **The fight against exclusion, fragility and poverty** to be carried out through three instruments: the regional law on social and labor inclusion (n. 14/2015), the regional law on RES, the income of solidarity (n. 24 / 2016), and the implementation of the Support for active inclusion (Sia).
2. **The confirmation of the District as a strategic junction and focal point for realizing and delivering health, social and health-care services in an even more integrated way and on which to orient the reading of needs and resources and the planning of interventions.**
3. **Create and develop new tools, integrating health and social services, bringing them closer to citizens.** A concrete example, already present in the territory, are the Houses of Health, a fundamental model that wants to extend to the whole regional territory to guarantee access, integrated management, hospital-territory continuity.

A feature of this Plan is the implementation of "transversal" interventions and policies for citizens: for example the reduction of inequalities, the promotion of health and autonomy of people, the qualification of services, the provision of services closer to home. Without renouncing specific investments, which will remain, such as those destined for non self-sufficiency, for support for minors, for the "After us".

A permanent Plan monitoring table was set up, with the task of periodically **verifying the state of implementation of the interventions, also through the indicators provided for assessing the achievement of the objectives.** This group, in order to carry out its mandate, will be able to use participatory methods of comparison.

The demographic data speak of a population that continues to age: the "great elderly", that is the over 75s, are 560.835 and represent more than one person out of ten residents. Forecasts up to 2020 suggest a very limited growth of the regional population, with a marked change in its composition, which will always be more heterogeneous and multicultural: already in Emilia-Romagna almost one child out of three is born of a foreign mother.

Moreover, from the last census it emerges that in Emilia Romagna there are over 82,100 "single-parent" families, with at least one minor child. Of these, around 70,550 are composed of single mothers with children and young people. Today it is a burden on families, which are structurally more fragile, an ever greater commitment to care tasks, which is particularly felt by women. The crisis has produced further fragility in families and increased difficulties, especially for those of foreign or numerous nationality, with the presence of minors and / or elderly.

Based on consumer spending, families living in relative poverty in 2015 represent 4.8% of the total families residing in the region (in Italy they exceed 10%). **From the 2014 ISTAT data, the percentage of minors in Emilia Romagna in absolute poverty is 9.5%, equal to 65,000, with an increase of 4% from 2012 to 2013.** Over the years, a growing housing problem has emerged: it is both the incidence on the income of housing expenses and the number of families that find it difficult to pay rent increased (evictions issued from around 3,500 in 2001 to 6,800 in 2014, of which more than 30% due to non-payment), and the number of foreclosures of houses inhabited by the owners.

The methodology used in the elaboration of the Plan was that of a participated path, which saw institutions, third sector, volunteering, associations, social enterprises, health and social professionals, trade unions confront each other. The comparison took place with innovative methods to allow everyone to make their own contribution.

To renew our welfare on the basis of a more integrated cultural and organizational orientation between policies and services, between these and the third sector, and more focused on people, families and communities, five areas of intervention transversal to the target have been identified. traditional, as development policies of the Plan.

This indication arises from the awareness of the increasingly complex and differentiated living conditions in our society, which undermine the traditional classification of target needs and, in several cases, the standardized answers of our offer: we want to enhance and better integrate the high professional skills, innovative tools and methodologies - built so far in different care areas - with emerging needs and with people's potential resources.

Overcoming sectoral fragmentation, interventions and knowledge means consciously referring to an ecological vision of human development and recognizing the value of personal, relational and social resources as a whole. Every human being is involved, and more or less skilled, in the continuous adaptive and reciprocal interactions with the context and these interactions take place in turn in an "environment" made up of relationships, between people, spaces, institutions, parts of the community ..., but also between the different environmental situations and between the wider contexts.

The transversality of the policies and the centrality of the person, deriving also from the assumption of this perspective, are shared options in the process of elaboration of the Plan by all the institutional and social subjects of the regional territory. This approach is proposed as an approach that each actor must tend to assume that he is a public administrator, a professional operator of services, a volunteer, a citizen, a private social enterprise or a for-profit.

This approach does not intend to go beyond the organization of social services by target and the finalization of resources, also of national derivation, largely bound to date; equally the different sector plans, annual and multi-year, are valid and necessary instruments aimed at the most evident fragility and discrimination and at the protection of essential rights and assistance levels (for example the Fund for non self-sufficiency, the Integration Program of foreign citizens, the Fund for assistance to people with severe disabilities without family support, etc.). Rather, we intend to orient each "part of the system" - the institutions, the third sector, the profit or the families - when it makes specific resources available for care and inclusion actions, to adopt a co-construction perspective, a common look and integrated, open to other points of view, which looks beyond its own specificities without denying them, in the awareness that this openness is increasingly unavoidable to give effective answers. In this structure, the deepening, the stimulus, the construction of practices of co-planning between P.A. and third sector bodies can be the tool to best capture the transversality horizon defined above.

Policies for proximity and home care - Accepting and accompanying people in their life context and services, and in their choices and abilities.

This area includes the activation of the paths and services useful to **allow people to stay in the original environment of life, if they wish, and to make it closer and usable:** not only the home but the context of everyday life made of activities, of spaces and times, of relationships and knowledge, which make sense to them. It is a matter of constructing care responses and multi-hand support courses, attentive to cultural differences, integrated into a wider health and social protection network, capable of activating community support. This network involves, qualifies and supports the resources of caregivers, also considering the widespread presence of private family assistants, of the informal context, of the private social and of the

community. The proximity of services is connected to domicile, as interlocutors close to people and families and to their times and daily spaces: services capable of competent and specialized reparative interventions, but also of support and accompaniment, open to listening, animators, activators and network directors. **Proximity is a service approach that also arises from emerging needs that are difficult to classify in the context of traditional responses and that often remain invisible to services.**

It is characterized "from going towards" and therefore being in the places of life, using a community work methodology, putting the relationship and the person at the center of its intervention, being transversal to different institutions, subjects, services.

The new needs are born in complex social conditions, and the answers cannot be selected in predefined packages to draw on, rather they must be built together with the people starting from listening, realized in a systematic way, not only in emergency situations, and by making them emerge their resources in everyday life contexts (gardens, streets, clubs, bars, nightclubs, parishes, mosques, social centers, schools, condominiums, orchards ...). **Reference is made to an idea of relational welfare that builds networks in communities, including professional ones, as a "care system" that goes beyond the performance dimension, while ensuring protection.** The networks are strongly directed by the public, which must also support innovative forms of integration with the Associations and Foundations by promoting alliances between them and positive protagonism. Home-use and proximity, for early and preventive management of frailties through proactive and capacitative methods, can be achieved through three fundamental levers:

1. **development and strengthening of collaboration and coordination between the various social, social-health and health services, and therefore collective work, also with a view to improving the innovation of existing services and optimizing the tools in use.** The professional figures of the social worker, the general practitioner, the nurse, the street educator, the cultural linguistic mediator, play a decisive role in building collaborative and integrated practices in care contexts as close as possible to the places in where the need is formed.
2. **dedicated services, conceived as interventions or intermediate spaces between the home and the services themselves (residential and non-residential), characterized by a greater closeness to needs and a less formal relational dimension, less "institutional".** Examples are "street work" (street education, street units), family centers, adolescent centers, the "After us", transitional apartments, ... In these contexts, the professional operator helps to develop opportunities for exchange and bonds of trust, promotes and supports strategies of individual protection and activation of one's abilities, oversees and supports situations of difficulty or urgency, or stimulates the request for help and activates accompaniment by local services;
3. **shared responsibility also by and with citizens, families, associations, in the processes of co-planning for personal care but also in the possibility of integrating the organization of services with informal resources that do not concern the specific mission of the service nor do they certainly intend to replace performance and professional skills, but they influence the way in which the service itself takes into account the person as a whole, ensuring that the activities of everyday life (living, working, caring, educating, etc.) are to some extent considered part of of the ongoing care process.**

The three levers, used together, aim to achieve differentiated degrees and ways of closeness and everyday life on the part of the services: from planning and sustaining stay at home, to concretizing a lower physical and relational distance between services and people, to directly involve people in the construction and management of the care project, to make people feel "at home" even when they are inside a service.

Policies to reduce inequalities and promote health - Fairness in practice: in welcoming, considering the differences between people and between groups, and taking care to increase people's skills in their own health and quality of life in order to improve it . **"Equity in practice" means a strategy capable of dealing in an operational way with the great theme of social well-being.** In recent years, literature has provided much evidence on the effects produced by social determinants in terms of inequalities, demonstrating a close relationship between socio-economic variables, health / wellness conditions and the degree of utilization of services. **The principles of equality and universality are unavoidable prerequisites on which our services are based.** However, the traditional idea of equality according to which "all individuals must be treated equally" has gradually been accompanied by the conviction that "all individuals must be guaranteed the same opportunities for access, enjoyment of quality and appropriateness of Services "(equity).

More and more our services have to deal with the most varied "diversity", not attributable to the traditional forms of classification of disadvantaged subjects (poor, marginalized, poorly educated, etc.). The differences of gender, age, nationality, spoken language, (dis)ability, religion, sexual orientation, living conditions etc., with which health and social organizations are so profoundly changed that at the end of "social inequality" it can complement the term "social vulnerability", to draw attention to the multidimensionality of phenomena and to new forms of social fragility.

The services, in addition to carrying out "simply" interventions dedicated to specific targets of subjects (indigent, foreigners ...), must at the same time **refine overall strategies to combat inequity and to analyze the organizational mechanisms underlying possible discrimination: if you are not in able to control the confrontation with the many differences, we risk paradoxically to reinforce the social vulnerability of the subjects we intend to protect.** It means creating a culture and an organization that recognize, observe, respect and value the differences that individuals have in a given territory, to respond to needs so that everyone is guaranteed the same opportunities to reach the same potential level of well-being. **In general this implies harmonizing the policies towards the development of the social well-being of our communities, acting fair and integrating in the different policies, overcoming the perspective of single problems and specific solutions and seeking a more general "balance" in approaching the differences, concerning potentially all members of the community,** and taking into account the fact that acting equality means making choices that have to do with substantive justice and that they cannot ignore, for their full achievement, the pursuit of justice at the level of total.

There are three levers with which we intend to intervene:

1. **guaranteeing conditions of access to services and ways of fruition that are fair and appropriate, that is, respecting the different individual, family and group conditions:** legal, economic, cultural, gender, sexual orientation, religion, age, ability, skills and knowledge, mobility on the territory, etc.
2. **promote early and widespread interventions aimed at making people's knowledge of their own potential to live well in a context of great transformation more profound, in-depth and "active".** The objective is to promote early cooperation between all the actors involved to allow people to consciously choose their own ways of living and contain risks and hardships, within the limits of individual possibilities and the context of reference. The regional and local programming tools must further orient the activities of the institutions in all sectors (health, school, mobility, employment, environment, ...) so that they also act to ensure healthy contexts of life, work and learning to increase the real opportunities for people to choose. The implementation of the ability of individuals to access, understand and use health information is fundamental, and health agencies are equipping themselves with techniques and practices that favor the conscious orientation of citizens;
3. **strengthen interventions to support children, adolescents and parenting. Children, girls and adolescents represent a fundamental resource for community development and interventions aimed at reducing inequalities from the first years of life are an investment in the future.** The increase in foreign child and youth population requires attention precisely in reference to the actual opportunities offered and really accessible, especially with regard to education and training in the adolescent and youth sectors to counter the tendency to structure differentiated and parallel paths between Italians and foreigners. In general, the work channels must be identified on the basis of a strong pact between policies and institutions such as school, work, health, social issues. The integration of social intervention with healthcare, the expansion of vaccination plans, the offer of dental care to the child and youth population, through the establishment of a special integrative experimental fund, are examples of health policies in this direction.

Policies to promote the autonomy of people - Tools and opportunities for the "exit" from fragility, for self-determination and independence. We want to strengthen the tools available to institutions, operators, organizations to integrate social and health policies with educational, training, work and housing policies in order to support and support the autonomy paths of individuals and families in situation of fragility, also through experimentation with innovative tools. In the context of our regional society there are identifiable individual and family conditions that are very different from fragility, and therefore different needs for support for autonomy: from physical and / or psychic limitations, to the state of poverty, to vulnerability due to the simultaneous presence of precarious conditions socio-economic and health, up to situations of extreme marginality. As for the interventions in favor of people with disabilities, these must be elaborated in a personalized way, taking into account the specific needs and resources and the living conditions of each one, for example by not rigidly basing the revision of the individual Plan solely on the registry criterion. For people with psychiatric pathologies, integrated solutions should be encouraged aimed at achieving the maximum possible degree of autonomy and

avoiding an exclusively pharmacological approach. The interventions referable to this area aim to develop the self-determination of vulnerable subjects through innovative actions of empowerment, increasing the capacity of the public system to:

- read the needs and personal resources and life contexts, to develop people's awareness of this;
- supporting with their appropriate tools (monetary, "pacts", accompanying, joint verification ...) their possibility of "leaving" the fragility and their ability to choose and manage paths to autonomy.

The two fundamental levers of this area's policies are the integration of social policies with labor policies and housing policies.

Policies for citizen participation and empowerment - The exercise of responsibility and empowerment as nodes of community welfare.

In today's society, characterized by strong differentiation and fragmentation, it is important to enhance the presence of trust links and aid networks, as well as the growing demand for individual participation. The multicultural character of the society in which we live accentuates the differentiation of thought and initiative and helps to have an original look at the current economic and social problems and difficulties and on usable resources. To build the exit from situations of difficulty and discomfort of people it is therefore important to reactivate the collective and individual resources of the community with effective participatory paths, in order to help capacities and ensuring that where there are consciences and collective projects that propose uses, also innovative and shared resources and public assets, real listening skills are activated by public actors.

In recent years, original experiences have been born on our territory, activated by individual citizens or groups aimed at the care of relationships, common places and times, in a perspective of solidarity and cohesion between genders, generations and between people belonging to different cultures. Aggregative experiences were born that gave rise to civic or neighborhood networks, in which citizens showed a willingness to take responsibility and share experiences, time, resources. There is therefore a fabric of relationships and citizen engagement that is placed outside the traditional system of services, but which can be profitably involved to integrate and also bring elements of innovation to the work of the institutions.

The institutions, as far as possible, will have to support and connect with these experiences and offer them places, spaces, resources so that they can be better realized. **In some cases, in order to better implement the principle of subsidiarity and support and enhance the autonomous initiative of citizens, individual or associated, aimed at pursuing aims of general interest, it may be appropriate to offer a framework of reference for the various occasions in which the institutions and citizens ally to share the responsibility of caring for and regenerating a territory, also through the definition of shared regulations or other forms that direct and make these forms of active citizenship transparent and accessible.**

The panorama we face today is that of a more fragmented society, but equally rich and creative, this is also because individual citizens are more competent than in the past on the means and tools to activate and disseminate ideas and initiatives. They are on average more informed about the services network, about assistance and care opportunities, about their health status, their socio-economic status and their rights. It is opportune to recognize this greater competence and to place oneself in an attitude of listening and sharing in order to gather the stimuli and the stresses that derive from it.

However, this competence (empowerment) must be transformed into capacitation, that is, it is necessary to transform the capacities into actions: to ensure that the tacit and non-codified knowledge heritage can be translated into new cooperative and relational practices.

The young generations and the communities of foreigners can be bearers of new stimuli and new cultural perspectives, it is therefore useful to feed their participation in public life and their listening, to support theirs. Even the most fragile people can constitute a resource and be promoters of their well-being. In particular, they feel a strong bond with the territory, a place to try to reconstruct autonomy and security.

Thus, three main levers are identified so that the wealth of experience, the widespread skills and the desire for participation can be profitably explained:

1. **a new role of the Third sector.** Third sector organizations and in particular the world of volunteering and associations can capture one in this new context development opportunities and new protagonism. By their characteristic they are rooted in the territory and have the skills to be antennas on the need and on the same time resources and an aggregative and socializing place. Their contribution is useful for involving citizens, even the most fragile ones, in projects in favor of the community and, if properly structured, they can be a valid interlocutor for the institutions, also developing together with them innovative forms of co-design and collaboration. Also thanks to their contribution the territory can become a laboratory where public, Third sector, citizenship yes recombine in new actions and new forms of collaboration. Once again the path of Local district programming, as better described in chapter 5, shows the context institutional more appropriate to decline the addresses for administrative procedures aimed at building relationships with the Third Sector of collaboration, co-planning, concession of grants and subsidies, as well as the definition of agreements between public administrations;
2. **an investment in the training of operators in community work.** Service operators, both in the social and health areas, must be able to dedicate part of their work to the care of relations with the community. They must be able to know what lives and moves in the communities, they must be able to activate tools for mapping the skills of citizens and associations / organizations present in a given territory, activating collaborations, identifying areas of fragility not covered by traditional services, initiate co-planning processes, develop participatory and involvement methods and information, aggregation and sharing tools. This requires widespread training in the institutional services of the health and social area, even though this work method will have to become the asset acquired by the SST and the operators that operate in the area of territorial health

assistance (in this regard the Health Centers). constitute an important and functional place to meet available needs and resources);

- 3. support for the adoption by institutions of more participatory planning and decision-making methods, also aimed at building competences spread in institutions and citizens and to facilitate change processes. In recent years, numerous participatory routes have been tested on the regional territory.** Think of the paths of Community Lab (on the topics of Programming and the Union of Municipalities and more recently of family conflict), Community Projects related to lifestyles, the Regional Plan of prevention. Finally, the support given in recent years to the numerous experiences of starting self-help groups has been important and significant. These are now unanimously recognized for their significant value as they favor the empowerment of people, making their resources emerge and often generate and activate experiences of associationism and voluntary work. **In this direction also the paths of participation and representation at the local level of foreign citizens - through their specific bodies or at an individual level - are promoted by local authorities, in the awareness that sharing the social and political processes of a community is a fundamental step for an effective integration.** All these experiences have proved to be very useful for understanding unexpressed needs, territorial opportunities and resources, **motivating operators in carrying out their work, devising solutions and starting innovative experiences.**