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The B-MINCOME project

The **B-MINCOME** project will tackle poverty and social inequality concentrated in nine neighbourhoods in the north-eastern part of the city. The area has a disengaged population with low income, high unemployment and early school leaving rates. Through the deployment of participation and empowerment activities and the design of randomised controlled trials, the project will test the impact of different typologies of Guaranteed Minimum Income (GMI). Ethnographic research will help to understand motivations, values, and narratives of the target groups but also to gain insight on how they experience the change of receiving GMI, and its subsequent impact. The findings will be used to prototype different models of GMI (including a system for a local digital currency) and to define and implement modular services (health, education, employment) along with empowerment initiatives for the different categories of recipients. Beyond the formal partnership, the project brings together a large group of stakeholders including municipal institutes for education and social services, the metropolitan and regional governments as well as the Chamber of Commerce.

Partnership

- Ajuntament de Barcelona
- The Young Foundation - Think Thank
- IVALUA. Catalan Institute of Public Policy Evaluation - Research centre
- Autonomous University of Barcelona. IGOP. Institute of Governance and Public Policies - University
- UPC. Polytechnic University of Catalonia - University
- NOVA. Center for Social Innovation - NGO

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The challenge to innovate social work: How BMINCOME brings about a shift

“Cuando tú estás en un grupo entre iguales y ves a la persona brillar con su esplendor, dando sus opiniones, aportando sus ideas [...] ves la capacidad que tiene la gente de realmente mover una iniciativa hacia adelante y de arrastrar a otras personas”

BMINCOME Trabajador social

“When you’re in a peer group and you see the person “shining”, giving their opinions, contributing their ideas [...] you see the ability of people to really push an initiative forward and drag other people along”

BMINCOME social worker speaking about the power of community work

1. Executive summary

In almost every country in Europe, the welfare state has been retrenched in recent years, badly hit by the financial crisis. Insomuch, public support is more necessary than ever to help people to face the challenges of unemployment and care most soaring now in our current ageing and unequal society¹. The job of social workers is coupled to those changes, being called on to respond to people's needs arising from rapid and unstable societal transformations. Hence, the competences of social workers requires a strenuous learning process to best intervene at ground level, assisting clients in distress to coping with problems all stages of life. A learning process that by definition has to overhaul its operating models and respond to fresh demands with new tools and methodologies.

The experiences of social workers in UIA BMINCOME is of particular interest in this regard because tell a story of change and success, in which Barcelona social workers reconfigured their traditional provision of social services towards the community.

Important messages emerging from this challenge are:

- The capacity to coordinate the mandates of different departments in public administration is a precondition for innovation.
- The implementation of active policies demands flexibility in the working structure of social workers in order to bring participative and community-oriented service provisions closer to the people.
- Overcoming economic pressure through a guaranteed minimum income releases people's creativity to imagine a different future and unlocks potentialities and capacities to handle, with the help of social workers, also sensitive issues of both the individual and family.

Through the voices of social workers², this account traces the path of this challenge and its main outcomes. In conclusion, the reflections of BMINCOME reveal valuable lessons for cities across Europe and beyond.

For background information on BMINCOME, please see the previous account available at: <https://www.uia-initiative.eu/en/uia-cities/barcelona>

Interviews done during the Summer 2019
Thanks to the social workers, the IMSS spokesperson, Bru Llain Excandel of the Municipality of Barcelona, Marc Bassols at Daleph and Luis Miguel Benavides Cabrejo, intern at Tesseræ.

¹ Deusdad, B. A., Comas-d'Argemir, D., & Dziegielewski, S. F. (2016). Restructuring long-term care in Spain: The impact of the economic crisis on social policies and social work practice. *Journal of Social Service Research*, 42(2), 246-262.

² The interview with social workers at BMINCOME took place during summer 2019. All voices are transcribed without a name to protect interviewee anonymity. All quotes from social workers shown in italics.

2. Introducing social services governance in Barcelona

In Spain, social services powers have been transferred from the central level to the autonomous regions³. In the case of Catalonia, these are regulated by a series of laws, stemming from the Catalan Social Services Law (2007) which provide a reference schemes for the delivery of social services and entrusts the local government for their management. According to this law, social services are divided into “basic” (universal, primary access, information, orientation, assessments et al) and “specialised” (centres, services and programmes for people with special needs such as children, women, disabilities, dependencies). For the city of Barcelona, the delivery of these services rests on a scheme that has its spine in the work of the Area of Social Rights of the Municipality, organised into thematic sub-units headed by the departures of Social Action, Planning and Innovation and Housing). The work of the Area of Social Rights is assisted by four institutes among which the Municipal Institute of Social Services (Institut Municipal de Serveis Socials, IMSS)⁴.

Back in 2010, the Municipal Institute of Social Services (IMSS) was created to guarantee the universalisation of social rights. The institute is the tool that the City Council of Barcelona has equipped to respond to new realities and social phenomena, and to the needs, expectations and increasingly complex, and changing demands of

citizens. Since its inception the dimension, activities and functions of the IMSS have changed considerably: only in 2017 reached the highest figures in its history with services provided to 81,000 people⁵.

As a consequence, the activity of the last few years of the institute from a qualitative viewpoint is about devoting direct attention to users and the management of services, and its role in defining strategies and actions in the area of basic social services has increased.

The economic situation report, which the City Council draws up periodically, indicates that

Barcelona’s economy closed in 2018 with results that show more people occupied, more indefinite contracts and a fall in unemployment figures. But it also shows a loss of momentum that results in a reduction in the labor force due to the difficulty of correcting imbalances, such as the high labor instability associated with an abuse of temporary contracts.

In an attempt to alleviate the crisis, which has been going on more than ten years, the IMSS has increased the allocation of resources to empower society’s most vulnerable. It has consolidated the Office of Social and Economic Benefits, the Centralized Service of Domestic Activities and the agreement with the social entities of competence to consolidate projects such as the *Làbora* programme⁶.

³ López-Cabanas, M. (2018). MUNICIPAL SOCIAL SERVICES. THE NEED FOR A REFOUNDATION. *PAPELES DEL PSICOLOGO*, 39(2), 89-95.

⁴ <http://ajuntament.barcelona.cat/serveissocials/es/canal/institut-municipal-de-serveis-socials>

⁵ https://www.barcelona.cat/infobarcelona/en/social-services-help-over-81000-people_619602.html

⁶ https://www.barcelona.cat/infobarcelona/en/employment-and-jobs/labora-more-labour-insertion-to-combat-social-exclusion_660753.html

As of 2019, the city of Barcelona has 42 social services centres located sparsely across the city. They are coordinated by social workers, social educators, psychologists and lawyers according to the Basic Social Services Strategy. Their

interventions are coordinated with other services: health (primary healthcare, mental healthcare and hospitals) and education (nursery, elementary schools and high schools).

3. Innovation in social work: space for coordination & mediation

3.1 Call for innovation

Social workers active in BMINCOME are public servants of the municipality of Barcelona and their work is managed by the Area of Social Rights in collaboration with the IMSS. In the three districts of Eix Besos – where BMINCOME applies – a team of 7 operates in 5 social service centres. Some of the 7 social workers have been working in Barcelona’s public services for many years, and some new to the job.

The recruitment procedure was initially internal. At the launch of the pilot scheme the Municipality advertised for 5 social workers already working for the Municipality, who would be willing to test new features and be prepared to innovate. Possibly due to skepticism, only four (Funcionario de carrera) responded. As this was insufficient to manage all BMINCOME families, external workers have been hired for the duration of the pilot⁷.

“For us participating to the call, the project represented the possibility to work differently, with greater freedom and to try new things. We started anew with this philosophy” relates a Barcelonasocial worker with years on the job.

Their official engagement commenced in September 2017. The precise role of the social workers (from here onwards referred to as SW) was not clearly defined during the initial months. *“We have been told by the Area of Social Rights to*

draw up a white paper to formulate our role within BMINCOME and it seemed we could participate in the actual shaping of the pilot. We had been assigned a room with computers in the Municipality for holding internal meetings and to engage in collective thinking regarding our role. We thought the relation with the BM was very horizontal – at least at the beginning.”

However, this initial phase, has been one of adjustment, which may have suffered at times through misunderstandings on both sides. According to the SW, there has been a general impression that insufficient project information has been shared with the SW, because only few months later the situation had changed. BMINCOME now had a quite different structure to that initially proposed, which left no room for the envisioned direct participation of the SW.

By the end of 2017, the BMINCOME families started to receive the Guaranteed Minimum Income. In this moment, to the SW seemed that the initial expectation of the call was going to be completely disillusioned: *“At one point, we were told we should go back to the social centres and do the same work as before and deal with the families of BM as additional work”*. Even though the SW had been invited to submit a white paper, they felt their recommendations had not even been considered.

⁷ Functionaries already working in the municipalities would return to their former positions after the end of BM, but for those on short-term contracts there is no agreement with the Municipality to make their positions full time.

3.2 Crucial negotiations

According to the SW, this was an initial misunderstanding due to the quandary of arranging good communication and an ad-hoc governance structure between two organisms dealing with the pilot within the public entity. The pilot's design fell under the mandate of the Area of Social Rights, but the actual management of the social workers was carried out by the IMSS *"initially the project was exclusively within the social rights area, but a body was needed to implement the project, namely the IMSS"*. Therefore, the IMSS being initially not completely part of the BMINCOME design and its innovative approach, appointed the newly selected SW to carry out their regular work in the social centres.

These centres are located at district level⁸ and managed centrally. Normally a social centre covers 2 or 3 neighbourhoods; for instance, a social centre covers 3 neighbourhoods, but 2 will belong to BMINCOME (San Marti has 2 social centres, San Andreu 1 and Nou Barris 2 that include BMINCOME beneficiaries). Each BMINCOME active policy has its own professional figures collaborating for its implementation and

the role of the SW is to be the main reference at the social centre.

When in December 2017 the pilot started providing monetary support (GMI), the SW became part of the information sessions dedicated to the beneficiaries held in all three districts. Here it became clear that the regular type of social support was not possible, even though it had been suggested. The kind of work of social workers can do at the social centre is quite rigid. The SW typically remains in the office and provides individual support to vulnerable cases. But, *"we wanted to change the traditional social work: we wanted to have more collective group-oriented work and more interventions outside the office"*, stated another SW.

Indeed, BMINCOME had promised the opportunity to innovate; a promise that initially seemed to have been disregarded in the SW's opinion. Therefore, the discontent for their assignment provided stimulus for negotiations. *"We refused to go back to our traditional working patterns; we left our position in other centres in the city to experiment with BMINCOME, and therefore we then reclaimed this space of experimentation."*

3.3 From dissent to mutual learning

Instead of considering the position of SW as detrimental and confrontational, all the stakeholders in the pilot used this newly created conflict as a chance to learn by doing, a process that led to something new and unforeseen. *"Eventually we opted for a 50-50 solution by asking to become an active presence in the implementation of policy 4 dedicated to community organising and participation"*.

The outcome of negotiations was to continue to provide support in the social centres, but also to join the group activities of BMINCOME Active policy 4. Normally, a SW is able to hold 14 talks in the office; and in detail the proposal was to cover fewer, e.g., 10 in the office and dedicate the remainder of working time to group meetings in the civic center, in neighbourhood libraries or even in beneficiaries' homes. Moreover, a flexible

⁸ BMINCOME covers three districts – San Marti, San Andreu and Nou Barris – and is applied into 10 barrios within these three districts.

work agenda was proposed which could also better fit the needs and working times of family members.

The implementation of social support for BMINCOME families was demanding. The pilot began and the SW's mandate was renewed. However, there were 1000 BMINCOME families to follow on top of individual interventions. About half of the families were known to public social services before BMINCOME, because of past social services records, but the other half was mostly individuals and families who reached out for social services support for the first time through BMINCOME.

Kicking-off the Pilot meant organising informative sessions into large groups to explain the pilot project, and how the social services would work from now on. 12 sessions have been conducted in the 3 districts, inviting at least one member per family, but open anyone willing to come from the same household. This format was so successful, that those open sessions became regular for other neighbourhood activities.

Once these were completed, the SW became a structural part of Active Policy 4 on community organising: *"We worked every week together with a team of social educators in charge of designing the day-to-day activities of Policy 4"*.

4. Key successes: The pivotal role of Social Workers

4.1 Coordination is key for active policy implementation

The implementation of BMINCOME active policies saw social workers as a constant presence (esp. in Policy 4), while different actors such as community organisers, cooperatives, and other actors of the third sectors animated different phases.⁹ The SW were the backbone of the active policies since they were acquainted and worked directly with all the families in the project.

During BMINCOME many individuals and households faced eviction or had been living in constant fear of eviction, were victims of domestic violence, or faced social isolation due to caring for elderly or the disabled at home. Even though, the BMINCOME active policies and the Guaranteed Minimum Income are a substantial help, the pilot cannot deal with all complexities in similar situations of vulnerabilities. A holistic approach to the individual was therefore possible by tapping into the professional support of social

workers. The collaboration that grew organically from the dialogue with social educators through BMINCOME has been in this sense fundamental because as a SW puts it: ***“ I simply needed to talk with a social educator to find out about specific cases and I could organise targeted and individualised support through outreach”***.

The coordination between the SW and social educators was agile and turned out to be crucial not only for the policy on public participation, but also for others especially Policy 2 on the creation of social cooperatives. *“The relation with professionals has been very active and dynamic in the attention to the families.”* stated one of the SW. *“If in one of the Active Policies there were particular issues with a family, the social educators could forward the case to the SW and work together with them to solve very sensitive cases.”*

4.2 Changing power relationships

One of the major turning points from leaving the traditional social work in the office in favour of community-based work is the creation of new power relations. When the beneficiary goes to the office what he/she sees is a social worker who is going to give him/her a help or not. Roles, power structures and spaces of interaction are well established, but also too strict, which leaves little room for creativity, to address the most sensitive questions. *“The relationship in the office is vertical.*

If you leave the office, it is more horizontal. Meeting a beneficiary in a library or civic center, means that the beneficiary sees the person behind the social worker. And not only does she/he perceives you like that, but also the SW perceives differently: they stop seeing problems in favour of more potential. In the context of the office only talk about problems, it is a place where the potentialities are in danger of extinction”

⁹ See previous Zoom in www.uia.eu

4.3 Closer to people's needs

The trust that was created between the SW and families during the pilot project set a precedent: SW became the main referent for the families, also beyond the pilot itself.

Lack of trust, confidence or information, language issues, all sorts of reservations about accessing public services, often hinder many people from fully benefitting from social services.

Thanks to group work, outreach and all the activities that the pilot tested, families, who had been unaccustomed to using social services, use them now. In this shift towards more efficient social services the provision of a guaranteed minimum income was essential. The relationship between beneficiaries and social workers has improved; when there is no economic pressure, it is possible to take care of more difficult family issues, and new topics and questions arise

4.4 Addressing the gender dimension

The cooperation between social workers and the educators of the active policies represented a particular help to handle the most sensitive issues that affected BMINCOME beneficiaries, the majority of which are women. Many of the women joining the pilot have little or no work experience outside of caring for the family or home, others are not habitual public-sector customers or are not accustomed to finding help outside the family due to their religious beliefs. The reality in Besos is there are families with complex histories of domestic violence but they do not come to the social centres. As in the case of classic SW support, if people in distress do not take the initiative themselves to physically visit the social centres they cannot be helped.

*“Usually when we do our work as SW the demands we get are very direct and almost exclusively related to monetary support, such as how to buy food, books for the children and other basic needs. Once the basic economic necessities are covered, such as through the BMINCOME GMI, **the family could talk more with us and speak more directly about implicit or hidden demands** such as how and why they have difficulties finding work”.*

A one-stop-shop type of service called Centro de atención abierta was also established once a week. Each Wednesday from 9:00 to 12:00, a BMINCOME family can drop in for a quick consultation without an appointment. This eased a lot the social service: *“People in need previously asked for an appointment and they might have waited a month. Now they can just drop in”.* This proved a success and has since become standard practice.

Very often, better coordination among departments was sufficient to reach out to these kinds of beneficiaries. As an example a social worker recalls that *“in the Active Policy 2 about social cooperative there was a woman, who could no longer attend the Active policy’s informative session, and gave up. With one-to-one support outside the traditional office space, it became clear that the reason was that she had **no one who could take care of her children**. Simply, in this case SW could appoint the right department to provide for this need and let the mother join in”.*

Although, as in the previous example, the woman might be the one needing support to join BMINCOME, the social problem cannot be treated as a single-person case. Again

coordinations among departments, having SW has mediators can improve the situation of the woman and her whole family. *"I have a family of foreign origin which requires a lot of attention. It is a clear case of domestic abuse. The woman needed protection which is provided in the frame of another department (SALA?). The couple needed to be separated."* Due to case of domestic violence, it was decided to separate the woman from her husband, which was a decision taken together with the Oficina Municipal de Prestaciones Sociales y Económicas¹⁰. The SW work as reference point for the administration and filter the cases which are submitted to ethics committee (comite de etica, valoracion sociale?),

which can evaluate the proposal concerning the person/family in distress. *"Eventually, the woman was accommodated in a welcome centre together with her children. Two children are with the mother and one with the father. This also required SW to visit the father's house since the child is a minor."* This is a lot of work, requiring coordination among departments and with the location where the mother is hosted. On one hand, this goes beyond the field of action of the pilot itself; on the other, a similar case would have not necessarily have come to the attention of social support as the case was not known to SW before BMINCOME.

¹⁰ The office in charge of distributing funding for social support, but also the Guaranteed Minimum Income of BMINCOME and the Renta Garantizada de Ciudadanía by the Generalitat

5. Potential issues

5.1 Experimentation needs time and resources

Ultimately, experimentation needs investments in both time and resources. Experimenting with new working practices in a pilot with just a team of 7 social workers to cover 1000 families is a challenge. Moreover, having to include BMINCOME duties on top of their regular work within the same working hours puts social workers at risk of burnout.

Furthermore, BMINCOME has increased the number of people needing social workers. *“In the social centre where I work, in Nou Barris, which covers 3 neighbourhoods, there are 15 SW and I support the most families because on top of the families already accessing the centre I now have the BMINCOME ones”.*

5.2 Communication needs mediation

BMINCOME’s distribution mechanism of the guaranteed minimum income is not always transparent for the beneficiaries. The project design foresees that the amount of GMI is regularly re-calculated according to the changing working status of the household. As a consequence, it might be that the household sees some fluctuation in the amount of GMI provided. This fluctuation also depends on the calculation of the BMINCOME benefit when it is awarded in conjunction with other types of social benefits e.g., from the municipality or la generalitat (renda garantida). In addition, adjustments to the calculation had to be made during the pilot. This had never been tested

before, and it needed some process of testing. *“When the first BMINCOME calculation was made in December and November 2017, it was generously calculated: the first few months, were given more money than they would receive in future months. As from May 2018, the BMINCOME computer application was able to connect with other administrations and detect many additional benefits that they had not initially detected. As a result the BMINCOME dropped sharply for many households, and in some cases sensibly”.* Social workers are naturally the first people beneficiaries ask to explain why they have received the money; however, they lack the necessary skills to deal with the economic side of the pilot.

6. Conclusions

BMINCOME offered the opportunity to experiment with a new way of providing social support to the most socially and economically distressed households in the Eix Besos area. The shift that happened over the course of the BMINCOME pilot's implementation meant a shift of social support from office-led to people-led, changing the perspective from the bureaucratic towards more peer-to-peer, participative and community-based work.

This evolution crystallised thanks to strong cooperation between all the partners involved especially in the Active Policy 4 dedicated to community organising and public participation, and in close coordination among public agencies, departments of the public administration and third sectors involved. It showed learning aspects that could inspire other EU cities summarised as follows:

- The coordination among municipal departments brought in BMINCOME led to more efficient services: sensitive cases could be better addressed to the department in charge, without wasting time, or running into miscommunication.
- The flexible schedule for service provision such as for the drop-in office and participative community work can better respond to people's needs;
- The new elements of innovation have been experimented with such as the drop-in service at the centre and large group information sessions, have become established modus operandi of social workers beyond BMINCOME.
- The separation of the management of economic subsidies from social work: without the economic pressures, social workers could deal with other critical aspects of beneficiaries' lives.
- The community approach and participation as in policy 4 helps to reshape the power structure among social workers and beneficiaries: perception towards each other was more horizontal, human and personal rather than vertical as in a traditional office setting.
- Last but not least, this process enriches not only the beneficiaries but also the social service providers. *"With the B-Mincome I have learned to look beyond my usual work and have had the opportunity to learn from my colleagues"*.

Urban Innovative Actions (UIA) is an Initiative of the European Union that provides urban areas throughout Europe with resources to test new and unproven solutions to address urban challenges. Based on article 8 of ERDF, the Initiative has a total ERDF budget of EUR 372 million for 2014-2020.

UIA projects will produce a wealth of knowledge stemming from the implementation of the innovative solutions for sustainable urban development that are of interest for city practitioners and stakeholders across the EU. This journal is a paper written by a UIA Expert that captures and disseminates the lessons learnt from the project implementation and the good practices identified. The journals will be structured around the main challenges of implementation identified and faced at local level by UIA projects. They will be published on a regular basis on the UIA website.



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