

BUILDING SOCIAL INTERVENTION

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En el artículo se intenta referenciar y fundamentar la opción de considerar, descriptiva y normativamente, la intervención social como una actividad que: (1) Es nuclear dentro del ámbito sectorial de los servicios sociales (con el que comparte objeto: la interacción), aunque se realiza también en otros sectores de actividad. (2) Necesita del concurso de varias disciplinas y profesiones, y, fundamentalmente, del trabajo social, de la educación (y pedagogía) social y de la psicología de la intervención social. (3) Dentro del conjunto y de la evolución de la acción pro bienestar y las políticas sociales, se plantea como acción preventiva, personalizada, integrada y ecológica. (4) En la sociedad del conocimiento, está llamada a reinventarse, confrontada y fecundada por la innovación tecnológica (digital) y social.

Palabras clave: *Intervención social, Servicios sociales, Política social, Interacción, Innovación*

This article attempts to reference and establish the option of considering, descriptively and normatively, social intervention as an activity that: (1) is nuclear within the sectorial scope of social services (with which it shares a purpose: interaction), although it is also carried out in other sectors of activity; (2) requires the concurrence of several disciplines and professions, and, fundamentally, of social work, social education (and pedagogy) and the psychology of social intervention; (3) is proposed as a preventive, personalized, integrated and ecological action, as a whole and within the evolution of pro-welfare action and social policies; (4) is called to reinvent itself in the knowledge society, challenged and enriched by technological (digital) and social innovation.

Key words: *Social intervention, Social services, Social policy, Interaction, Innovation.*

As ten years have passed since the publication of another article by the author, entitled "Rethinking social intervention" (Fantova, 2007), it seems opportune to attempt once again to systematize the proposal of what, in the Spanish context (as a main reference, but not the only one) and in the community or communities of practice and knowledge that use the term, can be conceptualized as *social intervention*. We will attempt to reference and establish the option of considering, descriptively and normatively, social intervention as an activity that:

1. Is nuclear within the sectorial scope of social services (with which it shares an object: interaction), although it is also carried out in other sectors of activity;
2. Requires the concurrence of several disciplines and professions, and, fundamentally, of social work, of social education (and pedagogy) and of the psychology of social intervention;
3. Is proposed as a preventive, personalized, integrated and ecological action, within the context and the evolution of pro-welfare action and social policies;
4. Is called to reinvent itself in the knowledge society, challenged and enriched by technological (digital) and social innovation.

A section will be devoted to each one of these proposed features or characteristics for social intervention.

SOCIAL INTERVENTION PROTECTING AND PROMOTING THE INTERACTION OF PEOPLE IN SOCIAL SERVICES AND IN OTHER SERVICES

The task of describing and conceptualizing social intervention is carried out in this article from the point of view of those who study and attempt to organize human activities in societies and, more specifically, to the extent that they are being incorporated into the traffic of economic transactions, are becoming professionalized and are being affected by specific public policies; processes through which what can be called sectors of activity (or sectorial areas or economic sectors) are configured, with their corresponding branches or pillars (and bodies or departments) of responsible public policy.

It seems clear that the criterion that, in general, identifies these sectors of activity is that of the part or section of the needs of the people that the organizations and professionals operating in each one of them occupy. In this way we, the people who have these needs, depending on the need that we feel or that is manifested to us at a certain moment, usually know which sector of activity to go to: we go to the healthcare sector to get healed; to the transport sector to get around; and so on.

Obviously, not every human activity of economic significance, professionalized and affected by any public policy has as a direct reference a package of human needs and, therefore, not every activity has what is called here sectorial character. For example, activities such as the general government of a society (to which the presidency of the government of a country is dedicated), the defense of the rights of people with some type of

disability (carried out by an association of affected persons or social movement) or the organizational management consultancy (carried out by the corresponding companies) are not sectorial and do not constitute sectorial areas in the sense that this expression is being given in this article. Looking at the three examples that have just been given, one could say that reference has been made, respectively, to a general activity (which concerns or includes all sectors), to a transversal one (which crosses and affects them) and to an instrumental one (which helps them to serve their recipients better).³

What about social intervention?

If we access, here and now, the daily practice of social intervention, thus conceptualized and named, there is no doubt that it is carried out mainly in the sectorial sphere of social services, a label that is determined, fundamentally, by legislation and, in general, legal regulations defined by the organs of public administration and budget sections that enable the sustaining and regulation of most of these services and interventions.

It should be noted, however, that our social services come from social assistance, an activity that cannot be considered sectorial, but rather residual. To put it briefly, social assistance does not deal with a parcel of needs of all people but rather all (or many of) the needs of a part of the people, who, in different ways, are excluded from the opportunity to satisfy these needs in the way and in the sectorial areas in which the majority of the population does.

Indeed, then, as Manuel Aguilar recalls, "what we call social services are a hybrid, a field in the process of transformation from the old level of aid or social assistance towards a new sector or pillar of the welfare state" (Aguilar, M., 2014: 19). Thus,

it is necessary to clearly establish and delimit the field of action of social services" and, in principle, "it seems logical and coherent with the architecture of the social State in Spain to configure social services as a pillar defined by the part of human needs with which it deals (Aguilar, M., 2014: 29).

As evidence of the confusion surrounding the needs dealt with by social services, it is relevant to note the results of a recent investigation on the understanding of the problem situation in the practice of social work in the primary care social services of Mallorca, which

indicates that the understanding of the problem situation is shown to be superficial, with a low practice of intervention criteria that evaluate the meanings, strengths, attempted solutions and systems involved, does not rely enough on the application of fundamental analysis techniques and does not consider in depth the implementation of the knowledge of the professionals themselves (Cardona et al., 2017: 149).

The metaphor of the ship-turning maneuver can be used to refer to the complex process of transformation of residual social assistance in sectorial social services and, even though this maneuver is far from being completed, or even mapped out in our environment, there is no doubt that the opting for the universality of social services (and social intervention) by the community of practice and knowledge and the legal regulations of social services (which proposes them as a pillar of welfare, like healthcare or education) harnesses their sectorial condition. And in this process of leaving behind social assistance, we can call social intervention the nuclear and characteristic activity of these conceptually universal and sectorial social services, even though, necessarily:

- ✓ within the social services sector, interventions (such as health intervention) are also carried out, which are nuclear and are characteristic of other sectors of activity; and
- ✓ social intervention is also carried out (although not in a nuclear or characteristic way) in other sectors of activity, such as healthcare, education, justice, housing or others.

Faced with the challenge of proposing what could be seen as the part or package of people's needs that would be the purpose or object of social services (as a sector of activity) and social intervention (as a nuclear activity and characteristic of that sector), in the aforementioned article the "interaction" was proposed, based on an attempt to receive, systematize and develop diverse contributions (Fantova, 2007). We shall see in what sense.

Think of the case of an injured person who, after being discharged from hospital, has diminished functional autonomy. This may affect them, for example, in the workplace (they may not be able to continue doing the same work as before), in their accommodation (they may not be able to access their home as before) or in the activities of their daily living and primary relationships (perhaps they are affected, for example, in the daily coexistence they maintain with other people). In different environments (work, residential and relational, according to the three examples), integration or inclusion (work, residential and relational) can be seen as the other side of functional autonomy in each of them (and they all balance and interact dynamically with this autonomy).

Continuing with the three abovementioned areas, the employment services would be in charge of supporting the person in their process of reincorporation into the labor market; at the same time the housing services should help them to adapt their home or, as the case may be, to access a new one. Social services, according to the proposal that is being presented, would support the individual in the enhancement of their functional autonomy in their daily life (present and future) in connection with the relational family and community environment.

Logically, this package of needs and situations whose perimeter is being outlined, can also be reached via other itineraries. Like that of the girl whose tutor at school has indications that she is not



receiving positive care or a positive family environment. Or two people who are just beginning to live together and organize their life together. Or the retired man who has just been widowed. Or the group of teenagers on the street in a neighborhood where conflicts between people from different cultural communities are detected. Or the family whose members need support to reconcile their family life with other dimensions of their lives. Or the immigrant woman who does not know anyone in the municipality where she will reside. And so on.

Social intervention would be, then, the activity that aims to prevent, correct or alleviate imbalances in relation to the interaction of people, with its two sides or dimensions: functional autonomy for daily living and relational integration (family and community). Functional autonomy for daily living would range from self-care or care in the execution of the basic activities of daily living to the use of cognitive and emotional functions for making decisions about one's own life and future (self-determination, self-organization, or self-government), including social skills for daily coexistence. Relational integration would refer to family ties as well as other face-to-face or virtual community networks, current or possible (all of them primary relationships), a primordial source of social support.

In the same way that, to give just one example, long-term care and support for people in situations of functional dependency has been considered to be "an area of scant development in social services" (Rodríguez et al., 2017: 14), one must be aware that this proposal may be even more shocking in other packages that it includes and also, even more so, in many of those that it leaves out. On the other hand, by assuming that social intervention is under construction, the proposal attempts to locate a focus and illuminate an area with a certain perimeter, but not to delimit it in a rigid and stagnant way.

SOCIAL WORK, SOCIAL EDUCATION (AND PEDAGOGY) AND PSYCHOLOGY, BUILDING SOCIAL INTERVENTION

If in the previous section it has been considered essential to refer to the activity known as social intervention to the economic sectors and public policies that really exist in our environment, in this section we try to relate it to one or other areas of knowledge and of application of knowledge, with some or other academically recognized disciplines in the educational system and the more or less corresponding professions present in the labor market.

In our environment there are three university-level professions that clearly have a greater presence in the social services and that to a greater degree call what they do "social intervention": social work, social education (hand in hand with social pedagogy) and the psychology of social intervention (understood as one of the applied specializations of psychology). They are proposed here as the three disciplines that are called upon to a greater extent to build and constitute the body of scientific and technical knowledge of social intervention.

Certainly, *interaction* is a term that is used in the world of social work, when it is stated, for example, that "the object of intervention of social work is the interaction between the subject in a situation of need and/or in the situation-problem and its social environment" (Aguilar, MJ, 2013: 53). Mary Richmond, a social work pioneer, said that

social diagnosis, then, may be described as the attempt to make as exact a definition as possible of the situation and personality of a human being in some social need, of his situation and personality, that is, in relation to the other human beings upon whom he in any way depends or who depend upon him, and in relation also to the social institutions of his community (...). A good social diagnosis includes all the principal factors standing in the way of social reconstruction, with emphasis placed upon the features which indicate the treatment to be followed. (Richmond, 1917: 357-358).

It has been said, on the other hand, that

The Psychology of Social Intervention is a collection of knowledge and practices based on the science of human behavior that is applied to the interactions between people, groups, organizations, communities, specific populations or society in general, in order to achieve their empowerment, the improvement of their quality of life, an inclusive society, the reduction of inequalities and social change. All this is carried out through proactive and preventive strategies that stimulate and favor the participation of people and communities and take into account human diversity (López-Cabanas et al., 2017: 10).

Finally, it should be remembered that, in the literature on social pedagogy and education, reference is made to the "relational, convivial, community" dimension of "daily living" as the "stage" of the intervention (Caride, 2016: 101) and the "systematic action that mobilizes the resources of the environment to favor the development of the sociability of the subject, promoting their autonomy and critical participation in society" (Melendro, 2011, 198), remembering that people are "beings of needs, which must be satisfied in interaction with others" (Caride, 2016: 98) in a "specific sociocultural framework" (Melendro, 2011: 199).

Be that as it may, although the presence and predominance of these three areas of knowledge can be confirmed in current social intervention and connections established among them as well as the definition of object and perimeter in the previous section, it is surely to a great extent to make the *conversation* in and, especially, among these three disciplines and professions (and others) for the construction of shared knowledge for social intervention. Also, in that desirably collaborative conversation and in that process of building shared knowledge for social intervention, the academic (university) communities of the three aforementioned disciplines have a primary responsibility. At the



same time, quite possibly, here and now, such a process can only work to the extent that collaboration and traction are activated with increasing intensity among universities, other training centers, research centers, regulatory institutions, service providers, evaluation institutes, accrediting or certifying bodies, professional and scientific organizations, ombudsmen, dissemination agencies, consultants, citizen associations, auxiliary industries or other agents, within the framework of public, sectorial and intersectoral strategies of research, technology and innovation (Cory et al., 2017: 21-22). This diversity of agents allows and must allow to a greater extent the building and interconnection of different types of knowledge: ethical, scientific, methodological, technological, practical, experiential, intuitive, and others.

Certainly, the three scientific disciplines mentioned and their professionals constitute and should constitute communities of knowledge and practice of social intervention with other areas of knowledge and professions, including many of a technical and auxiliary nature, all of them necessary in the processes of social intervention. This is required for the provision of valuable support or activities such as social diagnosis, facultative prescription, personal planning, professional care (personal assistance), social support (face-to-face or virtual), family mediation, dynamization of certain groups, community action, certain support products (technical aids), computer applications for interaction, digital platforms for interaction or economic incentives for interaction.

Knowledge that is not produced or validated in the dynamics of communities and knowledge networks cannot, by definition, be contributed or agreed upon in professional association, administrative management, political governance or legal regulation, as has been attempted on more than one occasion. It is not possible to confuse processes such as the creation of a decree, a professional manifesto, a political program or a list of conditions for a contract (which are based on knowledge, but are not governed by the rules of the knowledge community) with processes of scientific research, piloting of technologies, development of clinical practice guidelines, systematization of good practices, evaluation of programs, design of protocols, transfer of knowledge or construction of diagnostic tools (typical of knowledge networks).

On the other hand, it must be recognized that the body of knowledge and technology of the disciplines and professions actually operating today in the field of social services and social intervention appears to be remarkably fragmented in terms of the large population groups for which social services have been organized in recent decades (such as at risk or vulnerable minors, people with disabilities, the elderly or others). However, these classic collectives, in the best of cases, could constitute a coherent segmentation with a residual social assistance oriented to institutionalized social control in a traditional society (full employment, patriarchal, with exceptional contingencies

manageable by contributory Social Security and relatively stable, identitary and homogeneous communities) but they are inadequate and dysfunctional as segmentation criteria for universal social services that seek to protect and promote the interaction of all people.

As Manuel Aguilar points out,

The limited ability to focus action on strategic objectives, stratify populations and dimension responses according to degrees of need, as well as to give a more active role to the users themselves, is especially intense at the primary level, precisely where it is most needed. To a large extent, this is explained by what we might call a cognitive deficit of the system, which arises from a very weak conceptualization of the types of situations, needs and demands on which it intervenes (Aguilar, M. 2014: 26).

The dynamics of specialization and fragmentation of the value chains (shoemaker, to your shoes) in links (whether visible or not for the target people) are fundamental for the efficacy and efficiency of the activities in any sectorial scope and professional activity with a certain maturity. Logically, for the story of this new sector of activity of the social services (and that of social intervention) to be a success story, it will be necessary for value chains to be configured inside it that facilitate itineraries for achieving valuable results for people. In these itineraries, the recipients will meet different specialists with different qualifications related to different areas of knowledge, with the specialization understood as the extension or deepening of knowledge about the various aspects, dimensions, dynamics, profiles or instruments to be considered in the realization of an activity or process, in this case, social intervention (and not, therefore, as an intended specialization in supposed population groups).

The proposal that is made from here to the knowledge communities of the three disciplines and to related interdisciplinary communities is to do more collaborative work that, from the outset, can contribute to build a common language of social intervention in which their meanings and dimensions of care, education, clinic, therapy or others are defined by consensus (Ituarte, 2017). It is not a question of dividing up an existing area, but rather of building it and filling it with added value, which occurs, surely, by building a social intervention increasingly based on evidence, capable of working increasingly on the basis of more and better evidence (revised systematically), within the hierarchy of types of evidence (Soydan & Palinkas, 2014: 17).

PREVENTIVE, PERSONALIZED, INTEGRATED, AND ECOLOGICAL SOCIAL INTERVENTION

Within the different sectors of activity, of which we have spoken above, there tends to be a convention in the countries of our vicinity, according to which some of them are considered to be social. Thus, the public policies that deal with them are called



social policies. Perhaps the concept that garners the most consensus to refer to the purpose of the social policy as a whole is (social) welfare (which, of course, gives its name to the welfare state) although there could be others, such as (social) inclusion.

The highly debatable and modifiable nature of this way of classifying public policies is evident: why do we consider health or housing policy to be social policies and not those related to safety or food? In fact, if we look closely, we do not consider as *social* those more traditional sectorial public policies in which the State protects and promotes the exercise of the so-called *first generation human rights* (such as the right to free movement or political participation). Nor do we usually consider as social the policies concerning sectors of activity in which the dynamics and agents of the market economy (such as energy or tourism) are especially strong. On the contrary, we tend to include among the sectorial social policies those others in whose value chain for the prescription, production and dispensation of goods and services the professionalized structures of the public sector have been gaining strategic weight (Alcock, 2016: 90). Mainly these would be: health, education, social services, employment, and housing (Fantova, 2014).

However, since goods and services such as those related to food or energy (to name two highly commercialized sectors in our environment) are undoubtedly of primary necessity, we can consider a last (or first) branch or pillar of social policy, which would be economic security or guaranteed income for subsistence, with pensions and other economic benefits, which allow us to acquire, in certain cases, these goods and services.

Both in the context of welfare states and in others (such as, for example, development cooperation), these areas of what could be called welfare action tend to be grouped (conceptually or organizationally) under denominations such as social protection or social development (CEPAL [ECLAC], 2016). Be that as it may, some strategies, principles, lines of action or approaches can be identified that attract a high consensus for their application in the different sectors (and as a whole) of pro-welfare action and are, therefore, valid for social intervention. Here four are proposed:

- ✓ Prevention
- ✓ Person-centered care
- ✓ Integrated care
- ✓ Ecological approach

Instead of considering prevention as the opposite of intervention (understanding that, if prevention is successful, intervention will not be necessary) or as a type of intervention (different from others such as palliative, care or promotional), it is proposed here to conceive it as a casting, a dimension or added value that is always present, desirably, in the intervention (for the interests of this article, the social intervention). Preventive action is characterized by its precocity and proactivity and it aims to make other interventions unnecessary or lesser, possibly more intense and expensive.

In terms of prevention, in the field of social policies, the most cited approach is possibly the one proposed by Gerald Caplan in 1964, which, from community psychiatry, distinguishes between primary prevention (prior to the appearance of the phenomenon that concerns us), secondary prevention (in the early stages of the phenomenon or when it is considered that there is a risk of it appearing) and tertiary prevention (when the phenomenon has manifested). Doctor Marc Jamouille, in 1986, adds quaternary prevention to refer to the avoidance of iatrogenesis or unwanted effects of the interventions themselves to address the phenomenon in question, including preventive actions, such as screening (Gérvás & Pérez Fernández, 2013).

It seems evident that the identification of the object of the social intervention and of the needs and situations that would be within its perimeter of action (section 1 of this article) and the advance of knowledge in the construction of concepts and instruments that facilitate the approach of these phenomena (for example in less obvious states, for which expressions such as risk, fragility or vulnerability are used) and their modification (section 2) are crucial for intensifying the preventive capacity of social intervention. They are also essential, of course, for its personalization (relying, for example, on stratification or segmentation techniques for the diversification of itineraries), which can be referred to as the second characteristic or proposed strategy for social intervention here and today.

The root of the personalization movements of the welfare services (and, specifically, social intervention) can be found in the independent life movement of people with disabilities or users of mental health services (O'Brien & O'Brien, 2000: 3). In the specific field of gerontology, the person-centered model of care identifies as a reference client-centered psychotherapy (by Carl Rogers), the models of person-centered planning (of disability care) mentioned above, the contributions of applied ethics (especially of bioethics, the various professional deontologies or the care ethic), the approaches linked to the concept of quality of life (such as that of Robert Schalock), case management or housing, understood as movement of reform, reconfiguration (and in some cases replacement) of residential care to the elderly (Martínez Rodríguez, 2011: 22-36).

Linked to these approaches there tend to appear proposals and programs aimed at empowering the recipients of social intervention. Beatriz Zugasti et al. (2016: 25) consider personalization as an essential feature of social accompaniment, noting characteristics of this intervention method such as the referential and continuous relationship of variable duration and intensity, the recognition of the person's right to choose whether or not to participate in the intervention process, the emphasis on potential and capabilities, working for the empowerment of the individual or individualized planning and evaluation, tending to the value of damage reduction or small advances.



The focus on the person or personalization of social intervention is consistent with a social intervention of ambitious objectives and high added value, far removed from the social control and traditional segmentation (and segregation) that has been mentioned before. Supported by ethical values and rigorous knowledge, it recognizes the uniqueness and complexity of the situations and trajectories of each and every one of the people in their sexual, generational, functional, and cultural diversities. For this reason, it conceives social intervention (and its main framework: social services) as vertically integrated within the sectorial scope itself (to guarantee continuity and avoid fragmentation in the processes of social intervention, to strengthen attention to diversities in community proximity and avoid the labeling and segregation of people) and horizontally, in integrated intersectoral care, the third of the proposed characteristics.

Indeed, the organization of any activity is traversed by a tension between two dynamics: the dynamics of specialization and those of integration. The dynamics of specialization, as introduced above, enables the division of activity between organizational units or, ultimately, people who are (more) able to take charge of each part and the dynamics of integration (coordination, collaboration or unification between those parties in processes and macroprocesses) seeks control, synergies, scales or interesting competitive positions. Technology, understood as the standardized and knowledge-based (scientific or other) way of carrying out the operative activities of each link of the value chains is a determining factor in the processes of specialization or integration (Ortún-Rubio & López-Casasnovas, 2002: 7).

Of course, a social intervention that wants to abandon the residual positioning of a social assistance in charge of social exclusion is ethically and technically obliged to propose a solvent model of addressing social complexity. At present, the paradigm that is being imposed internationally in this regard (OECD, 2015) is that of *integrated care* that is committed to:

- ✓ Care in the continuity of the intervention and intersectoral itineraries, especially at delicate moments of transition between areas, facilitated by interoperability among sectorial information systems.
- ✓ The proactive identification of situations and cases of lesser or greater social complexity through preventive systems of diagnosis, evaluation, assessment, and screening based on segmentation or stratification criteria.
- ✓ The protocolization of type itineraries (or the establishment of shared strategies) for these population segments or profiles, flexible to adapt individually to individual characteristics and preferences.
- ✓ The installation, when necessary, of intersectoral coordination or case management processes, with the leadership of the case being assumed by the sector whose reference need is predominant at all times.

- ✓ The generation, where appropriate, of integrated services (with assistance and professionals from different sectors), so that, exceptionally, comprehensive care can be provided from one sector.
- ✓ The need, in any way, to work with intersectoral integration at the macro level (with budgetary expression), at the meso level (with resolutive management) and at the micro level (so that the person does not notice the “seams”).

Integrated intersectoral care is the appropriate framework for modulating, with elasticity and flexibility, the process by which social intervention becomes focused on its purpose and recognizing in (or proposing to) other interventions (health, labor, residential or others) its own purpose (as in the Housing First model, in which the accommodation of accompaniment is differentiated). At the same time, in the institutional framework of governance for territorial and social welfare, development and sustainability, the challenge of integrated care helps to see the importance of the fourth characteristic that we attribute in this section to social intervention: its ecological nature.

We speak of an ecological approach, a population approach or a structural approach from the moment we have understood that it is essential to intervene with individuals but also to influence their family, community and social environments in general. Rafael Aliena calls “ecological intervention” that which seeks “the improvement of the material and social context” (Aliena, 1993: 14). The territory (proximity) is a key reference because human beings are bodies embedded eco-dependently in physical spaces, although, as Enrique Pastor reminds us, a “questioning of the ‘community’” is necessary “in its exclusively spatial/territorial dimension. The logic of space is replaced by the discourse of information flows, influence and networks of relationships” (Pastor, 2015: 33).

Be that as it may, both in the territorial proximity and in the digital layer, it is fundamental to analyze and deal with the social structures (macro, meso, and micro) that guide the activities, relationships, decisions, emotions, and knowledge of the people. Germán Jaraíz and Auxiliadora González consider it is necessary to have “a reinforcement of collective intervention approaches (...) aimed at activating individual and collective resilience” (Jaraíz & González, 2014: 154).

Rick Muir and Harry Quilter-Pinner, for example, point out that asset-based community development is a model (...) based on assets that are already in the community and that mobilizes individuals, associations and institutions to come together to achieve shared goals. The goal is to help people at the right time, starting with community-based resources, rather than waiting until a person ends up with serious needs and accessing services such as emergency or residential care, usually at a high cost. (Muir & Quilter-Pinner, 2015: 28).

More than thirty years ago, alluding to processes of bureaucratization and social dualization, Demetrio Casado



invited social intervention to generate spaces for “personalized relationships” (Casado, 1987: 19) and to “support self-help and community mobilization” (Casado, 1987: 26).

TECHNOLOGICAL (DIGITAL) AND SOCIAL INNOVATION AND REINVENTION OF SOCIAL INTERVENTION

Throughout this article we have been attempting to portray and propose a social intervention that is in transition, in motion, under construction. One object, three areas of knowledge and four major strategic approaches have been proposed for social intervention. In this fourth and final section of the article we would like to point out that, here and now, in the so-called *knowledge society* (Innerarity, 2011: 103), this construction of social intervention cannot take place without confronting the challenge of technological (and, specifically, digital) innovation and social innovation.

After analyzing innovation in social protection systems in fourteen states of the European Union through information and communication technologies (Misuraca et al., 2017: 1), it is concluded that these:

- ✓ “contribute to dealing with the emerging social challenges, promoting social innovation and social investment (...).
- ✓ allow a more focused and personalized approach, focused on the orientation towards demonstrable results and effects (...).
- ✓ allow for greater coordination among the different levels of government, essential for improving the integrity of the system and reducing duplication/gaps in the provision of services.
- ✓ support the simplification of procedures and, in turn, increase the utilization of services, as well as the consolidation of the ‘one-stop shop’/‘one window’/‘no window’ (omnichannel) approach “.

At the same time, it is stated that:

- ✓ “Technology is a necessary but not sufficient condition for social innovation and social investment to fully fulfill its promises.
- ✓ The development and implementation of information and communication technologies should be combined with the re-engineering of organizational structures and a cultural change in the adoption of social innovation” (Misuraca et al., 2017: 1).

Not forgetting retro-innovation (or recovery of traditions), it seems difficult to imagine a social intervention like the one that has been outlined in this article that does not minimize residential and daytime formats and opt more for other more community ones: outpatient, open environment, domiciliary and, decidedly, digital. These are all formats from which the greatest scalability and sustainability are expected.

On the other hand, technological innovation (more oriented towards *what*) and social innovation (more oriented towards *who*) can go hand in hand, as operational, management and government processes are more capable of articulating co-

production and synergies among different layers of public, solidarity, business and community agents (and among paid staff and volunteers who carry out social intervention), possibly within the framework of territorial strategies that opt for the humanly appropriate scale and in which social intervention provides evidence to the citizens and the different agents, of its personalized impact on the quality of life of the population and its ability to generate economic activity in the communities (Powell et al., 2017).

Critical warnings regarding the two-faced god Janus of social innovation (Häikiö et al., 2017), in any case, do not hurt, since, as pointed out by García and Rendueles,

the questioning of hierarchical institutions and the bureaucratization of social intervention are leading to the spread of a multitude of social innovation practices based on new technologies and the critical practices of social movements to generate responses that neither state rigidity nor obsession for market profitability are able to address. From urban gardens to forms of collaborative economy, through computer applications of social support and architectural prototypes to improve a community space, social innovation actions are increasingly being driven by public institutions and the tertiary sector. However, in many cases, social innovation is entrusted with the solution of social problems without including the redistribution of income and power (...), applying recipes from the middle classes and cultural elites to poor people who will once again show that they are not up with the times (García & Rendueles, 2017: 255).

CONFLICT OF INTERESTS

The author declares that he has no conflict of interest with regard to this article.

REFERENCES

- Aguilar, M. (2014). *Apuntes para un replanteamiento de los servicios sociales en España [Notes for a rethinking of social services in Spain]*. Madrid: Fundación FOESSA.
- Aguilar, M.J. (2013). *Trabajo social. Concepto y metodología [Social work. Concept and methodology]*. Madrid: Paraninfo/Consejo General del Trabajo Social [Auditorium/General Council of Social Work].
- Alcock, P. (2016). *Why we need welfare: Collective action for the common good*. Bristol: Policy Press.
- Aliena, R. (1993). Once hipótesis sobre el estado de bienestar y la política social [Eleven hypotheses about the welfare state and social policy]. *Cuadernos de Trabajo Social*, 6, 9-23.
- Cardona, J., Cuartero, M.E., & Campos, J.F. (2017). La comprensión de la situación problema en la práctica del trabajo social de casos. Resultados de una investigación [The understanding of the problem situation in the practice of



- social work cases. Results of an investigation]. *Cuadernos de Trabajo Social*, 30(1), 149-162.
- Caride, J.A. (2016). La pedagogía social en el diálogo de las universidades con la educación popular y la educación social [Social pedagogy in the dialogue of universities with popular education and social education]. *Revista Interamericana de Educación de Adultos*, 38(1), 85-106.
- Casado, D. (1987). Viejos y nuevos problemas sociales e intervención social [Old and new social problems and social intervention], *Documentación Social*, 69, 11-26.
- CEPAL (Comisión Económica para América Latina y el Caribe) [ECLAC (Economic Commission for Latin America and the Caribbean)] (2016). *Desarrollo social inclusivo: Una nueva generación de políticas para superar la pobreza y reducir la desigualdad en América Latina y el Caribe [Inclusive social development: A new generation of policies to overcome poverty and reduce inequality in Latin America and the Caribbean]*. Santiago de Chile: CEPAL.
- Cory, G. Roberts, C., & Thorley, C. (2017). *Care in a post-Brexit climate. How to raise standards and meet workforce challenges*. London: IPPR.
- Fantova, F. (2007). Repensando la intervención social [Rethinking social intervention]. *Documentación Social*, 147, 183-198.
- Fantova, F. (2014). *Diseño de políticas sociales. Fundamentos, estructura y propuestas [Design of social policies. Fundamentals, structure and proposals]*. Madrid: CCS.
- García, S., & Rendueles, C. (2017). Hacia un nuevo trabajo social crítico: el gobierno de lo social en la era neoliberal [Towards a new critical social work: the government of the social in the neoliberal era]. *Cuadernos de Trabajo Social*, 30(2), 243-260.
- Gérvás, J., & Pérez Fernández, M. (2013). Cribados: Una propuesta de racionalización [Screening: A proposal for rationalization]. *Gaceta Sanitaria*, 27(4), 372-373.
- Häikiö, L., Fraise, L., Adam, S., Jolanki, O., & Knutagård, M. (2017). The Janus face of social innovation in local welfare initiatives. In F. Martinelli, A. Anttonen & M. Mätzke (Eds.), *Social services disrupted. Changes, challenges and policy implications for Europe in times of austerity* (pp. 281-301). Cheltenham: Elgar.
- Innerarity, D. (2011). *La democracia del conocimiento. Por una sociedad inteligente [The democracy of knowledge. For an intelligent society]*. Madrid: Paidós.
- Iuarte, A. (2017). El vínculo terapéutico en trabajo social clínico: Sentido, características y límites [The therapeutic link in clinical social work: Sense, characteristics and limits]. In C. Guinot & A. Ferrán (Eds.), *Trabajo social: arte para generar vínculos [Social work: art for creating bonds]* (pp. 99-110). Bilbao: Universidad de Deusto.
- López Cabanas, M., Cembranos, F., & Casellas, L. (2017). *Situación de la psicología de la intervención social en la Comunidad de Madrid [Situation of the psychology of social intervention in the Community of Madrid]*. Madrid: Colegio Oficial de Psicólogos de Madrid [Madrid Psychological Association].
- Martínez Rodríguez, T. (2011). *Pertsonarengan oinarritutako arreta gerontologikoa*. Vitoria-Gasteiz: Eusko Jaurlaritzza.
- Melendro, M. (2011). La perspectiva ecosocial en la intervención socioeducativa con jóvenes excluidos. Un estudio comparado en Canadá, Bélgica y España [The ecosocial perspective in socio-educational intervention with excluded young people. A comparative study in Canada, Belgium and Spain]. *Revista Española de Educación Comparada*, 17, 197-218.
- Misuraca, G., Pasi, G., & Abadie, F. (2017). *Innovating EU social protection systems through ICTs. Findings from analysis of case studies in fourteen member states*. Seville: European Commission.
- Muir, R., & Quilter-Pinner, H. (2015). *Powerful people. Reinforcing the power of citizens and communities in health and care*. London: IPPR.
- O'Brien, C. L. & O'Brien, J. (2000). *The origins of person-centered planning. A community of practice perspective*. Syracuse: Responsive Systems Associates.
- OECD (2015). *Integrating social services for vulnerable groups: Bridging sectors for better service delivery*. Paris: OECD
- Ortún-Rubio, V., & López Casanovas, G. (2002). *Financiación capitativa, articulación entre niveles asistenciales y descentralización de las organizaciones sanitarias [Capitative funding, articulation between levels of care and decentralization of health organizations]*. Bilbao: Fundación BBVA.
- Pastor, E. (2015). *Trabajo social con comunidades [Social work with communities]*. Madrid: Universitas.
- Powell, D., Leach, K., & McCarthy, C. (2017). *Social care as a local economic solution for the West Midlands*. London: New Economics Foundation.
- Richmond, M. (1917). *Social Diagnosis*. New York: Russell Sage Foundation.
- Rodríguez, P., Ramos, C., García, A., Dabbagh, V.O., Mirete, C., & Castejón, P. (2017). *La atención en domicilios y comunidad a personas con discapacidad y personas mayores [Home and community care for people with disabilities and the elderly]*. Madrid: Fundación Pílares.
- Soydan, H., & Palinkas, L. (2014). *Evidence-based practice in social work. Development of a new professional culture*. London: Routledge.
- Zugasti, B., Arza, J., & Zugasti, N. (2016). *El acompañamiento social como método de intervención en los procesos de inclusión. Nuevas reflexiones [Social support as a method of intervention in inclusion processes. New reflections]*. Pamplona: Red Navarra de Lucha contra la Pobreza y la Exclusión Social [Navarra Network Fight against Poverty and Social Exclusion].