



INTERVENTION IN SOCIAL INCLUSION UNDER THE PARAMETERS OF PACT:
Pro Active Case-based Targeted Model

GUIDE FOR THE MULTIDIMENSIONAL DIAGNOSIS TOOL OF SOCIAL EXCLUSION (MDTSE)

**MULTIDIMENSIONAL DIAGNOSIS TOOL OF SOCIAL EXCLUSION
(MDTSE)**



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1. APPROACH OF THE MDTSE

1.1. INTRODUCTION: CONCEPTUALISATION OF THE SOCIAL EXCLUSION PHENOMENON

Following an extensive general [bibliographic review](#)¹ on the matter, we can confirm that there is certain scientific consensus² regarding the conceptualisation of social exclusion in terms of:

- 🔗 This is a **MULTIDIMENSIONAL** phenomenon: different factors belonging to different dimensions which interact with each other, causing people to be situated in a position of greater or lesser disadvantage/exclusion. This gives the phenomenon a highly **COMPLEX** appearance.

One-dimensional focuses which only considered economic and/or material **POVERTY** as the key explanatory element have already been overcome. In the same way, at EU level, the two-dimensional focus is also being overcome: poverty-employment, if still used, for example, in the configuration of the components of the AROPE indicator, which takes into account income in relation to the median, material deprivation and working home intensity.

- 🔗 It is a **DYNAMIC** phenomenon: to understand it implies the analysis of the **PROCESSES** in relation to the inclusion-exclusion axis. Here, the idea of **EXCLUSION TRAJECTORY** (dynamic) gains relevance against the **EXCLUSION SITUATION** (static).

- 🔗 The **EXCLUSION AETIOLOGY** is very diverse and includes both **STRUCTURAL** elements (social, economic, cultural and historical phenomena which stimulate or hinder processes of exclusion), and **GROUP** (family references, relational capital) or **INDIVIDUAL** elements (capacities for confronting and/or absorbing impact).

This is especially important for the treatment of social exclusion, as all of the causes cannot always be addressed and, for some factors, it becomes excessively palliative and/or symptomatic.

¹ [We provide a link to a Topic Guide](#) of the GSDRC research consortium as an example of a compilation of references on the topic. To this must be added solitary works by authors such as Ruth Levitas (*University of Bristol-UK*), Rosanna Scutella (*University of Melbourne*); Gerda Jehoel-Gijsbers in Holland (*Netherlands Institute for Social Research*) or the conceptual approaches of José Félix Tezanos in Spain (UNED) or the FOESSA team (Cáritas).

² Although they are very interesting, we have not considered other approaches, such as that of Vranke.



1.2. ASSOCIATED FACTORS WITH REGARD TO CAUSATION

There is also a consensus that SIMPLE CAUSALITIES should not be established amongst *exposure variables* and *results*. That is to say, the fact that a greater frequency of a certain common characteristic is observed in cases qualified as “in situation of exclusion”, does not imply the existence of cause-effect automatisms, *per se*.

Comprehension of the social exclusion processes of individuals and groups must be gained, therefore, from a reading of the complexity of multiple cumulative, changing and interconnected factors which also bring about the change in the position of the subjects rotating around an **imaginary inclusion-exclusion axis**, the limits of which are not entirely clear.

As this direct causality cannot be used, the **“associated factor”** concept is of great heuristic help, taken from classic clinical approaches³. Observation of the factors which commonly present themselves in certain situations enables the elaboration of initial associative hypothesis, in order to subsequently investigate the strength of said associations.

The objective of social intervention professionals is, therefore, **to ANALYSE the situations and FORM JUDGEMENTS upon whether there is a greater or a lesser possibility of a relation existing between exposure variables (risks) and results (social pathologies or quantity of exclusion)**.

Admittedly, *mechanical causation* does not operate in the social intervention field as much as it does in others, thus we cannot forgo the identification of the factors linked to social exclusion situations, some of which may be valued as risk features or have a predictive value.

Within the PACT (WP3-Model) project, the identification of the factors associated with risk of exclusion constitutes one of the fundamental contentions of the MDTSE Tool (Multidimensional Diagnosis Tool of Social Exclusion).

But, **the system’s social interventions also produce impacts** on the statuses and processes of social exclusion:

³ Adaptation from Sir Austin Bradford Hill CBE DSC Professor Emeritus of Medical Statistics, University of London: [The environment and disease: association and causation](#). 1965



ASSOCIATIONS OF INTEREST for PACT (WP2 and WP5)			Example:	
Association between...	a preventative or promotional intervention	AND	the increase of protective / inclusive factors	Localisation of capacities (hidden curriculum) and value of said capacities which leads to increase in self-esteem.
	an intervention of assistance		the halting or reversion of a trajectory towards exclusion	Avoidance of loss of habitual residence, and ensuring possession of the building for a long period of time, implies detaining severe material deprivation and halts the path of uprooting.
	an intervention to increase the inclusive capacity of the community		the increase of protective / inclusive factors	Possibility of connecting those affected with key people who represent a ladder increase of the relational capital.
	all types of intervention		the possible adverse effects	Generation, from the system itself, of "expert users" who specialise in the obtainment of support and survivor benefits. DEPENDENCE prompted by the system itself.

Ultimately, for the initial interpretation of the social exclusion phenomenon, **mechanical causation must be replaced with the ANALYSIS OF DATA linked to PROFESSIONAL INTERPRETATIONS OF THE TRAITS AND FACTORS LINKED TO THE EXCLUSION PROCESSES**, without us being able to attribute automatisms between the former and the latter.

1.3. AMBIVALENCE OF THE ASSOCIATED FACTORS/TRAITS

HYPOTHESIS OF ASSOCIATION which has been followed:

A greater accumulation of negative factors linked to social exclusion determines a greater risk of suffering from it.

A greater accumulation of protective factors or those linked to social inclusion implies a lesser risk of entering into the spirals of social exclusion.

Generally, **for each factor associated with the risk of exclusion, we can identify its opposite, which acts as a protective factor** against said risk.



This is very important for the case plan, as it can be based either on a strategy for reducing/neutralising the exclusion factors; on strengthening the appearance/quantity of protective factors; or on both strategies simultaneously.

The appreciative approach of the intervention must be to unveil those aspects which are working well or which may be seen as positive or as mobilizers; therefore, they are **leverage points** of the intervention.

1.4. AIM, LIMITATIONS AND SCOPE OF THE DIAGNOSIS TOOL

The aim of the MDTSE tool is:

To standardise the reflection on the dynamics of social exclusion (risks) of an individual user and on their relative position in the imaginary inclusion/exclusion axis, to orientate the decisions of the case plan.

Said reflection must be shared with the user and include standards which are assumed by the professional community, in such a way that it is interchangeable between the entities of the Social Services of Public Responsibility System (Network).

The diagnosis is individual. However, some indicators are of a personal nature (for example those regarding health, employability or personal factors), whilst others are constructed with information from the Cohabitation Unit or from the surroundings.

It is, therefore, a useful tool for the intervention and not an evaluation scale or one which provides access to specific services or benefits. This means that it does have **limitations:**

- It is not a suitable tool for the sociological analysis of a community. Its usefulness is initially confined to the analysis of EACH CASE which is under intervention.
- It does not have comparative validity between different observations. It has not been ruled out that in the future it may feature this, following a large number of observations which would enable the establishment of statistical thresholds.
- It is not a valid tool for the administrative determination of access to a resource or certain service.

The initial **values** of the MDTSE are:

- It standardises the reflection on a complex situation (exclusion) into a common language for the professionals involved, even if they belong to different agencies. This means that the results are interchangeable between professionals from



different services or agencies, and makes the development of consensuses regarding the case plan possible.

- It offers an opportunity to deepen the professional-user relationship which, in terms of appreciative approach, represents the foothold for the initial phase of dialogue and discovery (*discover*)⁴. The gathering of information and diagnostic return imply the creation of an adequate relational space (*setting*) between the professional system and the user system.
- It provides a synthetic result of the analysis of critical data to return to the user, as a starting point for the focus of a personalised project.
- It provides the possibility of elaborating performance monitoring (evaluation) when a case plan has been implemented, by means of comparison between the initial diagnosis and an intermediate or final diagnosis.
- It indicates suggestions and asks questions of the professionals, based on the interaction between the indicators. It provides alerts for combination or accumulation risks, highlights possible incoherencies which must be revised or suggests the application of certain resources.

In all events, it is a prototype which must be perfected and updated by the professional community, enabling the diagnosis to be finely tuned and improving the ontology of the phenomenon of social exclusion.

During its elaboration, the “precision” criteria of the tool has not been addressed as a priority, considering that it would require a vast number of analysis indicators. The MDTSE is open to all modifications and adjustments which are deemed appropriate following its use.

The over-riding approach has been to obtain a dialogic tool; of shared reflection between user and professional regarding a certain situation.

⁴ Although, initially, the MDTSE appears to focus on **deficient aspects** of the situation, the starting point for carrying out a personalised project with **appreciative approach** is to plan the improvement of the relative position in the affected dimensions starting with a realistic diagnosis of the initial situation and the identification of the most strengthened areas or those with the most potential for change. This approach, with a base theory which is clearly constructionist, is shaped according to four phases: discover; dream: design and execution; and maintenance (Discover, dream, design & destiny).



2. DIMENSIONS, SUB-DIMENSIONS AND FACTORS ASSOCIATED WITH EXCLUSION:

What follows does not purport to be a comprehensive list of dimensions and associated factors. It is simply a summarised version of the result of the Local Technical Teams' work on the PACT project in relation to this matter.

CÓMO SE CONSTRUYE:



Initially, the starting point was the identification of the factors associated with social exclusion, beginning with the extensive professional experience of the teams.

The result was the identification of almost seventy associated factors, all of them expressed in an ambivalent manner (risk/protection).

Subsequently, the factors were grouped into blocks (sub-dimensions), which were then regrouped into larger dimensions until the following result was put forward:

Summary table of factors associated with social exclusion identified in PACT:

Dimensions	Sub-dimensions	ASSOCIATED FACTOR OF RISK / PROTECTIVE
ECONOMIC / FINANCIAL	Income	1. Remaining below the technical poverty threshold (< 60% median income) / Exceeding 60% of the median income
		2. Without access to regular dependency-disability economic benefits / With access to economic benefits for dependency-disability
		3. Maintenance of UBI (Universal Basic Income) / Access to UBI
		4. Instability of income /Stable income / Assured
		5. Income from informal economy or irregular activities / Income from regular economic activity
	Debt	6. Excess of indebtedness / burdens / Absence of indebtedness/burdens
		7. Deficient management of the household economy /Adequate management of the household economy
	Deprivation	8. Energy poverty. Impossibility of maintaining supplies / Capacity to maintain basic supplies
		9. No capacity for the consumption of basic goods and services / Maintained capacity for the consumption of basic goods and services
		10. Insufficient income to cover basic needs / Sufficient income to cover basic needs
HOUSING	Residential Exclusion/Inclusion	11. Homeless (roofless-homeless) / With home-roof
		12. Uncertain housing (danger of loss) / Certain housing
		13. Inadequate housing (deterioration/with barriers/overcrowded) / Adequate housing (inhabitable/without barriers/sufficient)
	Urban environment	14. Run down urban environment / Adequate urban environment
		15. Rural setting - urban setting, if this affects accessibility to resources
OCCUPATIONAL AND EMPLOYABILITY	Relationship with employment	16. Long-term unemployment / Employed
		17. Precarious (insufficient remuneration) / Decent remuneration
		18. Instability in employment / Employment stability
		19. Scarce or no (formal) previous working life / Sufficient or ample formal previous working life
		20. Unavailability (with impossibility) / Real availability and possibility
	Employability	21. No skills or unsuitable skills / Sufficient-adequate skills
		22. No basic training / basic training
		23. Insufficient vocational training / Sufficient vocational training
		24. No knowledge of the language / Knowledge of the language
		25. No digital competencies / Basic digital competencies
HEALTH	Health status	26. Passive attitude towards work / Active attitude towards work
		27. Bad state of health / Good state of health
		28. Chronic and/or incapacitating illnesses / No incapacitating illnesses
		29. Disability (if it hinders integration or is limiting) / No disability or without said hindrance concerning integration or limitation
		30. Dependency (ABVD issue) / No dependency
		31. Unhealthy lifestyle / Healthy lifestyle
		32. Addictions / No addictions
		33. Suffers from anxiety/depression / Without anxiety/depression
		34. Incomplete coverage / With health coverage



Access / Adherence	35. Without health control/without adherence / With health control/with adherence to treatment
PERSONAL	Vital dimensions
	36. With loss of self-esteem / With self-esteem
	37. Without life project / With life project
	38. Depression (throw in the towel)-Apathy / Resilience-Endurance-Drive-Motivation
	39. Distortion of self-concept / Adequate self-concept
	40. Unbalanced perception of the situation / Consciousness of the situation
	41. Negativity: reactive or passive attitude / Positive-pro-active attitude
	42. No self-care / Self-care
	43. Inadequate use of Free Time / Healthy or creative use of Free Time
	Personal skills
	44. High resistance to change / Prepared for change
	45. Little/none relational skills / With relational skills
	46. Incapable of asking for/offering help / Capable of both asking for and offering help
47. Little or few communicative skills / With communicative skills	
RELATIONAL	Social capital of union (<i>bonding</i>⁵)
	48. <i>BONDING</i> : Belonging to a group which provides identity / Not belonging or intra group rejection (segregated)
	49. Without stable emotional ties / Stable emotional ties
	50. Abnormally conflictive domestic relationships / Harmonious/normal domestic relationships
	51. Inadequate role distribution in the family / Adequate role distribution in the family
	52. The existence of vulnerable family members who require care - high-intensity supervision (senior / minors / people with disabilities, etc.) / The non-existence of family members who need high-intensity attention/dedication
	53. In isolation/solitude (within the cohabitation nucleus) / Does not show isolation within the cohabitation nucleus
	54. Without independence/self-determination regarding agents external to the Cohabitation Unit / With independence/self-determination regarding agents external to the Cohabitation Unit
	Social relational capital (<i>bridging / linking</i>⁶)
	55. Without an external network of family support / With a network of family support outside of the cohabitation nucleus
	56. <i>BRIDGING</i> (horizontal): Possesses “bridge” social relational capital and is positively charged / Does not possess “bridge” social relational capital and is negatively charged (prone to separation / lack of social standards / etc.)
	57. <i>LINKING</i> (vertical): Possesses ladder social relational capital / Does not possess ladder social relational capital
	58. Without friendship networks / With ample friendship networks
	59. In isolation - segregation within neighbourhood environment / With social participation and valued in neighbourhood environment
	60. Involved in neighbourhood conflict / Normal neighbourly relations
61. Without active participation (political citizenship) / Active participation (political citizenship)	
62. Failure to comply with basic social obligations / Complies with basic civic duties	

⁵ As a term which is already habitual from the Sociology of Relational Capital (see Daniel P. Aldrich. *Building Resilience: Social Capital in Post-Disaster Recovery* -2012), *BONDING* references the capital of union, that is to say, the relationships that one person has with friends and family, which also makes it the strongest form of social capital. Logically, it is related to belonging and identity.

⁶ Op. cit. Aldrich.-2012. *BRIDGING* refers to the “bridge” type relationship (contacts who help to make contacts) but with HORIZONTALITY. *LINKING* refers to the relationships made outside of the intimate circle which are established with VERTICALITY. With an entity, with a staff member, with a leader.



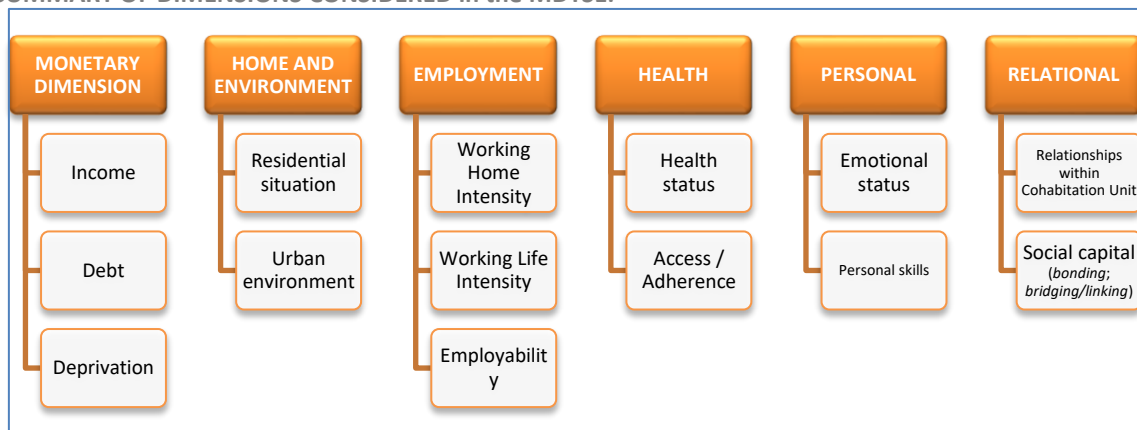
Others are added to these 62 factors which have been qualified as “**structural traits**”, in the sense of highlighting their significant influence when they interact with some of those highlighted:

- 63. Age
- 64. Sex
- 65. Full legal-administrative situation
- 66. Ethnicity/culture/worldview/affiliation with identity groups, etc.

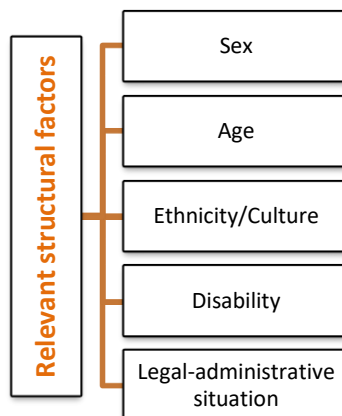
Other observable elements have also been highlighted from a temporal point of view:

- 67. TIME FACTOR IN VULNERABILITY (prolongations in vulnerability / prolonged dependence on public protection)
- 68. EXISTENCE OF RELEVANT PRIOR EXPERIENCES (having been a victim of violence against women; trafficking; etc.)
- 69. TRAJECTORIES of chronicity – “PTSD” Background of lack of social standards / (e.g. trajectory of protection centres for children). Background of detention. ETC

SUMMARY OF DIMENSIONS CONSIDERED in the MDTSE:

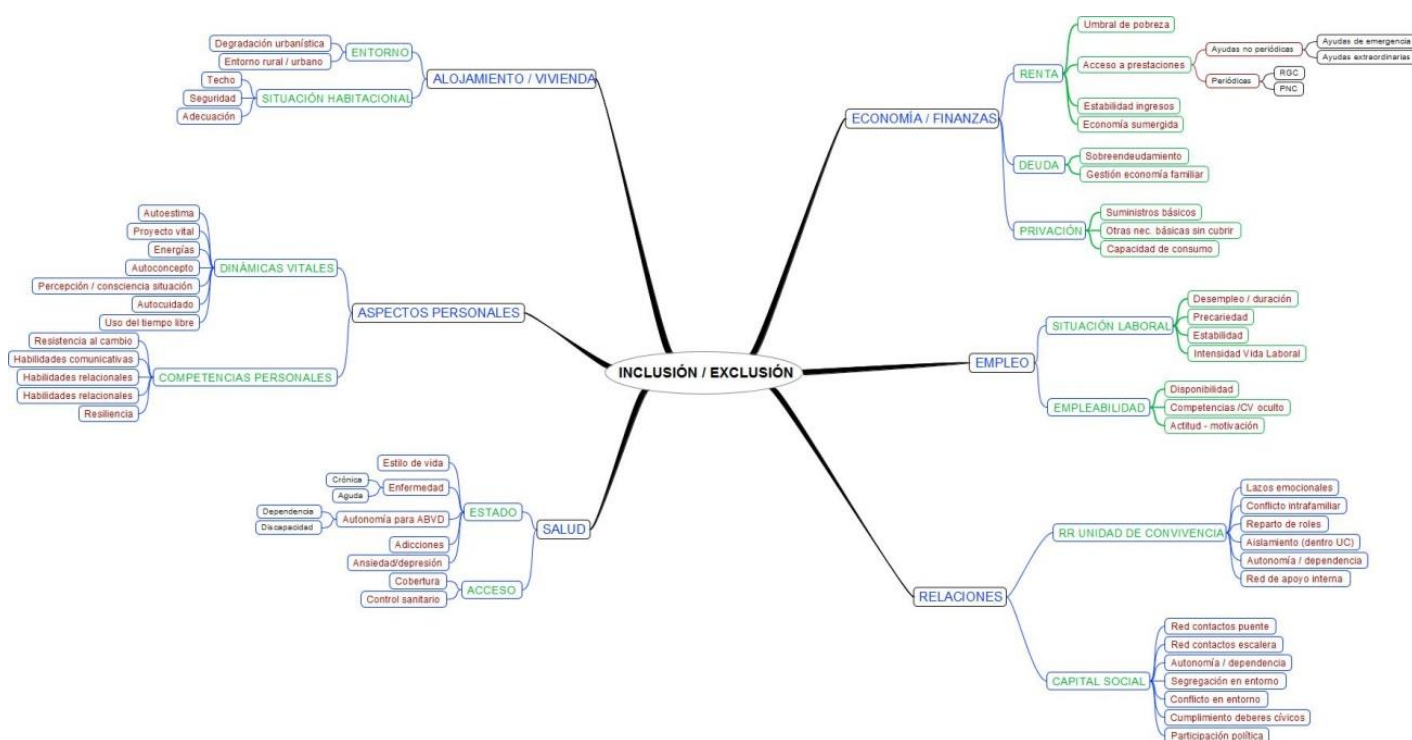


+ USER self-perception in the 6 dimensions



2.1. ONTOLOGICAL APPROXIMATION

The MDTSE, as well as being a tool for social intervention, hopes not only to valuate a relative position of inclusion by means of descriptive indicators, but also seeks to establish the plausible relationships between said factors, the effect of said interactions and their coherence between indicators. Albeit still tentatively, the associations between factors which appear to be more recurrent in the case study covered by the teams and the entities involved in PACT have been collected.



The relations between results have been based on the experience of cases which have already been attended to, on situations of exclusion and/or vulnerability.

Consequently, once MDTSE receives information, it acts in the following way:

- **It sends a descriptive synthetic message** on the status of the situation in this dimension/indicator for that person. That is to say: **it qualifies situations.**

Example: in the dimension of **occupation/employability**, the values resulting from employability can be 6: *immediately employable; employable; difficult short-term employability, unemployable short term, unemployable medium term; unemployable both medium and long term.*



- **It relates the results** from the indicators from one dimension between themselves, looking for significant interactions (severity/risk), accumulative factors and coherence between the data.

Example: in the **health** dimension, not only the **general health status** is considered by means of the evaluation of: mobility, self-care; dependency; pain and anxiety, but this evaluation is also crossed with the **person's access to healthcare resources** and the **existence** and **adherence to treatments**. Obviously, a very bad health status does not hold the same significance when it is not diagnosed or treated (which would lead to an alert), as it does when it is under treatment and has adequate monitoring.

- **It issues orientation messages** regarding possible alternatives for the mobilisation of **resources**, the use of which could be appropriate for the situations described.

For example: in the **economic-financial** dimension which refers to **income, debt burden and deprivation**, once all of the possibilities have been cross-examined, up to 18 different corresponding profiles are offered as well as different suggestions for the mobilisation of resources. For example, in a situation of a) sufficient Income + b) over-indebtedness + c) deprivation (measured by means of difficulty in paying energy supplies), would correspond to exploring at least two concurrent strategies: b') "debt restructuring plan" and c') "household economy plan". Another combined situation: a) severe poverty + b) without over-indebtedness + c) with deprivation would correspond to suggesting, as an immediate response: c') assurance of energy supplies and a') look for ways for regularity of income by means of employment, UBI, other benefits or combinations which ensure survival...

- It assigns a **relative synthetic value to each dimension** on an 0-10 imaginary axis on which "0" is the situation of maximum inclusion and "10" that of maximum exclusion. This value is subsequently used in the diagram used to work on a case plan, which may operate on one or several dimensions simultaneously.

The weighting criteria of the results of the indicators for this valuation are not validated and will require adjustment. However, its use, as we have already indicated, it is not that of assessment, but the relative positional location which is used to visualise and measure progress whilst the case plan is in force.

- These values (0-10) can be seen to be altered (decreased or increased) by the variables which are considered structural (sex, age, etc.) and, finally, by the **adjustments carried out by professionals and users**.

The "final adjustment" of a diagnostic assessment must be carried out by the professionals together with the users and, in said assessment, the structural factors must be very specially considered. For example, at this juncture, a situation of unemployment with a certain level of qualification and high motivation for job-hunting, is not seen as having the same potential at 27 years old as it is at 53 years old.

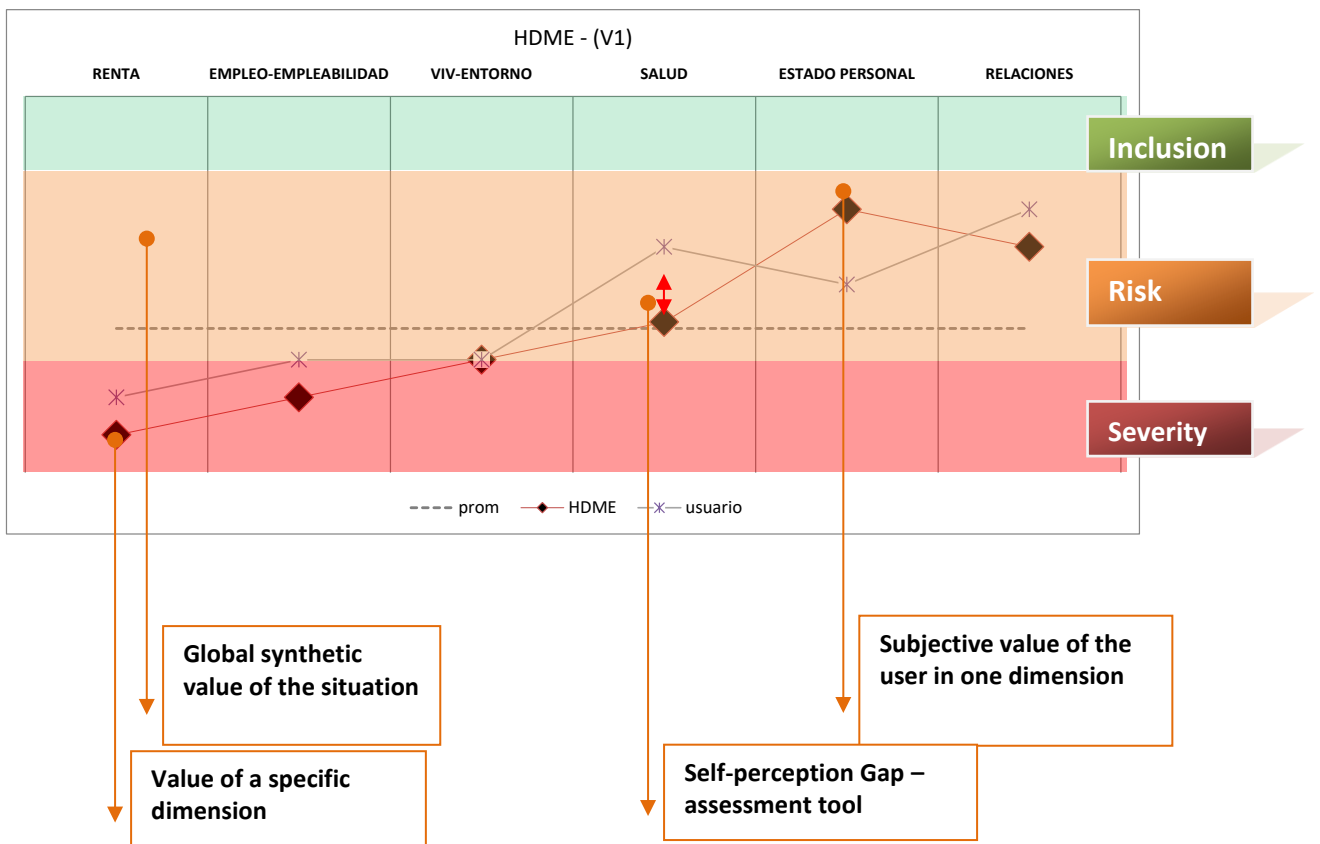
- **It relates the results of some indicators from different dimensions, looking for significant interactions** (severity/risk), accumulation and coherence of the information.

Occasionally, the tool "reacts" to combined information from different dimensions. For example, an **"immediate employability"** (which combines criteria of availability, training and motivation) would not be coherent with a situation of health which is qualified as **"with serious health problems"**. It's obvious that the criteria of "availability to employment" must be revised according

to the health limitations. The same can be said, for example, if the person undertaking the diagnosis is a carer for other people in the Cohabitation Unit with a high level of dependency. Potential employability, even when it is high, would be impossible without other supports.

- **It assigns a synthetic value to the global situation** on a 0-10 axis, the only purpose of which is to position the situation in a relative and graphic manner.

This assessment has the same purpose (graph) as that which is carried out for all of the dimensions and is initially composed from the average of the other assessments. It should not therefore be interpreted as an assessment of the level of exclusion for any purpose which is not that of the intervention itself.



3. INDICATORS

3.1. CRITERIA FOLLOWED FOR THE SELECTION OR ELABORATION OF INDICATORS

- That all dimensions are assessed by some indicator.
- To select a limited number of indicators to ensure the simplicity of the tool.
- To avoid, as much as possible, duplication between indicators of the same dimension. This implies the loss of nuances, but improves simplicity.
- That the information necessary for applying the indicator is available or easily obtained, either from data which is already incorporated in the information system, or from interviews with the user.
- To have, whenever possible, indicators admitted as standard in the EU setting⁷ (which has, on occasions, required slight adaptations).
- Relevance. That the indicators selected are representative (that they are of great significance) within the dimension.
- Some indicators are not so much used to assess the status in one dimension as to verify the coherence of others⁸.

The variability of the selected indicators, coming from different sources and self-prepared, has made it possible to standardise the way of presenting the information required (questionnaire). Numerical data is combined with rates, dichotomous variables or with assessment scales.

⁷ For example, part of the **monetary dimension** is assessed by an approximation of the Eurostat AROPE indicators (*Poverty rate and material deprivation*) and the **occupational dimension** uses the indicator of *exclusion of labour market (low intensity)*. Another example of the use of standards is that, in order to assess the **home and environment** dimension, the ETHOS classification of FEANTSA is used, with its thirteen subtypes which correspond to the types: *roofless, houseless, insecure housing and inadequate housing*. In this manner, the users may also be positioned regarding several ratios from *NUTS* by Eurostat.

⁸ For example, the WLI indicator (Working Life Intensity) should be coherent with the motivation expressed towards employment.



Monetary dimension

DIMENSIÓN ECONÓMICA

HDME Vers. 1.

	Sexo titular	F NAC	ACTIVIDAD principal	Estim jornada si trabaja (HORAS/SEMANA)	Ingresos/mes (estimados)
Titular					

Indicar si pertenece a alguna minoría identitaria (étnica / religiosa u otras)

Indicar si alguna persona de la U.C. presenta discapacidad / dependencia

Dificultad objetiva de acceso a recursos (por segregación/ causas admntivas. etc)

	Parentesco / relac. con el titular	F NAC	ACTIVIDAD principal	Estim jornada si trabaja (HORAS/SEMANA)	Ingresos/mes (estimados)
2					
3					
4					
5					
6					
7					
8					

Indicar cuantía mensual de hipoteca, alquiler, préstamos, etc... fijos periódicos

¿Dificultades de pago suministros, impago recibos o corte suministro 3 últimos meses?

¿Cómo valora usted su situación económica actual?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

RESULTADOS

Pobreza	Formulario incompleto
Privación	

Observaciones:



1.1. MONETARY DIMENSION INDICATORS

1.1.1. Available income

- **DESCRIPTION:** available income in the home (Cohabitation Unit) considering the consumption units in the home and in relation to the regional average income.
- **NECESSARY DATA:**
 - **Equivalent average income in Castilla y León,** in 2015 (current euro). Latest data = EUR 13,635 /consumption unit in the home.
 - **Income in the consumption unit:** euros/month that enter into the home under any concept. The origin of the data is the information obtained in the interview. Salaries, average earnings, pensions, periodic economic benefits and any other source of regular income are considered.
 - **Consumption units in the home:** the number of consumption units in a home is calculated as the sum of the weight attributed to each member. Weightiness is assigned in the following way: first adult = 1; second adult and others = 0.5; less than 14 years old = 0.3. Example: if, in one home, there are two people of 14 years and above, and two people of below 14 years old, the number of c.u will be calculated as follows: $1 + (2-1) \times 0.5 + 2 \times 0.3 = 2.1$
- **POSSIBLE RESULTS:**

- Available income.
- Poverty (relative).
- Severe poverty.

1.1.2. Indebtedness

- **DESCRIPTION:** percentage of the home's burden of monthly expenses (rent or mortgage) + other fixed rate loans, with respect to the monthly available income.
- **NECESSARY DATA:**
 - Fixed expenses in terms of mortgage; rent; consumer loans and other fixed funding; third party pensions...
 - Income in the consumption unit: euros/month that enter into the home under any concept.
- **POSSIBLE RESULTS:**

- If $X < 30\%$ => **Acceptable range.**
- If $X =$ between 30% and 40% => **Indebtedness.**
- If $X > 40\%$ => **Over-indebtedness.**



1.1.3. Deprivation

- **DESCRIPTION:** Difficulty in paying energy and communication supplies within the last three months. Delay in payments or failure to pay water, electricity, gas, telephone bills...

- **NECESSARY DATA:**

- Response to the question:

- *Has your payment of basic supplies (water, electricity, gas, communications...) been late, or non-existent, within the last three months?*

- **POSSIBLE RESULTS:**

- Deprivation.
- No deprivation.

1.1.4. Synthetic value of monetary dimension

Following the cross-referencing of the results from the three indicators, a final value is emitted which will position the case between:

	Acceptable range
	Serious risk
	Severity



Home / environment dimension

VIVIENDA / ENTORNO

VIVIENDA (marcar si está en alguna de esas situaciones)

Sin techo o sin vivienda

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Personas viviendo a la intemperie |
| <input type="checkbox"/> | Personas en albergue o centro nocturno |
| <input type="checkbox"/> | Personas que viven en centros para personas sin hogar |
| <input type="checkbox"/> | Personas en albergues para mujeres |
| <input type="checkbox"/> | Personas en centros de alojamiento para inmigrantes |
| <input type="checkbox"/> | Personas que tienen prevista su salida de instituciones o centros de internamiento |
| <input type="checkbox"/> | Personas que reciben apoyo a largo plazo por su condición de sin hogar |

Vivienda insegura (puede ser más de una situación)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Personas viviendo en alojamiento inseguro sin título legal |
| <input type="checkbox"/> | Personas viviendo bajo amenaza de desahucio |
| <input type="checkbox"/> | Personas viviendo bajo amenaza de violencia |

Vivienda inadecuada (puede ser más de una situación)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Personas viviendo en estructuras temporales y no convencionales |
| <input type="checkbox"/> | Personas viviendo en alojamiento impropio o en estado inhabitable (ausencia o deficiencias graves en instalaciones sanitarias, cocina, conducciones, paramentos, carpintería, tejados...) |
| <input type="checkbox"/> | Personas en condiciones de hacinamiento extremo (<15m2/pers) |

ENTORNO (marcar si está en alguna de esas situaciones)

Entorno del alojamiento/vivienda

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Espacio público deteriorado y/o sin mantenimiento |
| <input type="checkbox"/> | Equipamientos y servicios claramente inadecuados y/o insuficiente |
| <input type="checkbox"/> | Ausencia de cohesión social |
| <input type="checkbox"/> | Zona con inseguridad ciudadana |
| <input type="checkbox"/> | Territorio rechazado / estigmatizado |

Considerando su situación, ¿cómo cree que está en estos momentos respecto a su casa /su entorno?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

RESULTADOS

Situación residencial	Aceptable
Entorno	Normalizado

Observaciones:



1.2. HOME / ENVIRONMENT INDICATORS

1.2.1. Residential exclusion

- **DESCRIPTION:** being in one or several of the residential exclusion situations.

- **NECESSARY DATA:**

- o Highlight (check) whether a situation of operational subcategory is applicable:

It must be highlighted that the subcategories “roofless”, “homeless” or “inadequate housing” are, initially, mutually exclusive, whilst the subcategory “unsafe housing” is compatible with “inadequate housing”.

- **POSSIBLE RESULTS:**

- o If **none** of these subcategories is applicable, there is **NO existence of residential exclusion.**
- o If one of these subcategories arises, **THERE IS existence of residential exclusion which is deemed to be:**
 - **SEVERE RESIDENTIAL EXCLUSION.**
 - **RISK OF LOSS OF HOUSING.**
 - **RISK DUE TO VIOLENCE.**
 - **RISK DUE TO INHABITABILITY.**

1.2.2. Residential environment

- **DESCRIPTION:** assessment of the environment in which the housing of a Cohabitation Unit is located.

- **NECESSARY DATA:**

- o Characterise the urban environment of the residence highlighting the prevalence of one situation or another in five dimensions:

Dimension	Content	Options
Urban environment	Public road, signage, drainage, accessibility, green areas, etc.	<ul style="list-style-type: none"> • Adequate maintenance of public space (0) • Deteriorated and/or unmaintained public space (1)
Service and facilities	Educational, health, social, sports, cultural, commercial, public transport facilities, etc.	<ul style="list-style-type: none"> • The existence of some adequate services and facilities (0) • Services and facilities clearly inadequate and/or insufficient (1)
Social cohesion	Reasonable spirit of cooperation and solidarity. Existence of neighbourhood networks and group identification	<ul style="list-style-type: none"> • Social cohesion (0) • Absence of social cohesion (1.5)
Public safety	Prevalence in sense of trust. No obvious risks shown to personal and material integrity	<ul style="list-style-type: none"> • Public safety (0) • Public insecurity (2.5)
Social acceptance	Acceptance or stigmatization of the area by the rest of the population	<ul style="list-style-type: none"> • Territory with social acceptance; normalised (0) • Territory rejected /stigmatised (4)



- **POSSIBLE RESULTS:** sum of situations:

- **TYPE 1: Normalised environment.**
- **TYPE 2: Area with deterioration.**
- **TYPE 3: Degraded area.**

1.2.3. Combinations and synthetic value of housing/environment

	Not at risk
	Residential exclusion
	Serious residential exclusion

Employment / employability dimension

EMPLEO / EMPLEABILIDAD									
HDME Vers. 1.									
Nº de días cotizados según la vida laboral del titular	<input style="width: 50px;" type="text"/> días								
Empleabilidad									
¿Tiene la persona posibilidades reales para incorporarse/mantener a un empleo? (Considerar barreras y/o limitaciones que imposibiliten la incorporación/mantenimiento del empleo)	<input style="width: 50px;" type="text"/>								
¿Posee la persona motivación suficiente para buscar / mantener un empleo?	<input style="width: 50px;" type="text"/>								
¿Posee la persona capacitación adecuada para encontrar / mantener un empleo?	<input style="width: 50px;" type="text"/>								
Considerando su situación, ¿cómo cree que está en estos momentos respecto a su empleo (actual o posible)? <small>(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left; padding: 2px;">RESULTADOS</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">ITH</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">IVL</td> <td style="padding: 2px; color: red;">Faltan número de días trabajados</td> </tr> <tr> <td style="padding: 2px;">Empleabilidad</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>		RESULTADOS		ITH		IVL	Faltan número de días trabajados	Empleabilidad	
RESULTADOS									
ITH									
IVL	Faltan número de días trabajados								
Empleabilidad									
Observaciones:									
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1.3. EMPLOYMENT/EMPLOYABILITY INDICATORS

1.3.1. Working Home Intensity

- **DESCRIPTION:** quantity of time worked by the members of the Cohabitation Unit (in weekly hours) in relation to the total number of potential hours, considering the number of assets using the Eurostat criteria (18-59 years of age).
- **NECESSARY DATA:**
 - Number of people in the Cohabitation Unit within the age range of 18 to 59 years old.
 - Occupation of people in the Cohabitation Unit. People over the age of 59 and under the age of 18 are excluded from the assessment. People between 18 and 24 are also excluded if their occupation is studying.
 - No. of hours worked (per week) by each one of them.
- **POSSIBLE RESULTS:**

- If WHI = < 0.25; **LOW WHI***.
 - If WHI = between 0.25 – 0.5; **MEDIUM WHI***.
 - If WHI = > 0.5; **SUFFICIENT WHI***.

1.3.2. Working Life Intensity

- **DESCRIPTION:** quantity of days worked (contribution) by the user in relation to the potential days (16-65 years old) corrected by age. This indicator is fundamentally used to verify coherence with others.
- **NECESSARY DATA:**
 - Days contributed according to the Working Life Report (INSS).
 - Age. X days above the age of 16 years old.
- **POSSIBLE RESULTS:**

- **Non-existent WLI** if WLI = 0.
 - **LOW WLI for that age range** if it does not exceed threshold.
 - **SUFFICIENT WLI for that age range** if it exceeds threshold.



1.3.3. Employability

- **DESCRIPTION:** assessment of the employability by means of the combination of three factors related with employability: motivation, possibilities of incorporation and training.
- **NECESSARY DATA:**
 - o YES/NO assessment of three questions covered in interviews.

- **Q1: Does the person have real problems in terms of entering employment?** (Related to the existence or non-existence of barriers and limitations which make incorporation impossible).
- **Q2: Does the person have enough motivation to look for / maintain a job?**
- **Q3: Does the person have enough training to look for / maintain a job?**

- **POSSIBLE RESULTS:**

Description	Employable	Difficult employability	Unemployable
-------------	------------	-------------------------	--------------

1.3.4. Combinations and synthetic value of employment/employability

Employable	Difficult employability	Unemployable
------------	-------------------------	--------------



Health dimension

SALUD

Movilidad

- No tiene problemas para caminar
- Tiene algunos problemas para caminar
- Tiene que estar en la cama

Es necesario marcar una opción

Cuidado personal (autocuidado)

- No tiene problemas con el cuidado personal
- Tiene algunos problemas para lavarse o vestirse solo
- Es incapaz de lavarse o vestirse solo

Es necesario marcar una opción

Actividades de Todos los Días (ej: trabajar, estudiar, hacer tareas domésticas, actividades familiares o realizadas duran

- No tiene problemas para realizar sus actividades de todos los días
- Tiene algunos problemas para realizar sus actividades de todos los días
- Es incapaz de realizar sus actividades de todos los días

Es necesario marcar una opción

Dolor/Malestar

- No tiene dolor ni malestar
- Tiene dolor o malestar moderados
- Tiene mucho dolor o malestar

Es necesario marcar una opción

Ansiedad/Depresión

- No está ansioso/a ni deprimido/a
- Está moderadamente ansioso/a o deprimido/a
- Está muy ansioso/a o deprimido/a

Es necesario marcar una opción

Atención sanitaria / seguimiento en tratamientos

¿Están esos problemas de salud debidamente atendidos / tratados por el sistema de salud?

¿Existe autocuidados / adherencia al tratamiento?

Considerando su situación, ¿cómo cree que está en estos momentos respecto a su salud?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

RESULTADOS

Estado salud

Tratamiento

Observaciones:



1.4. HEALTH DIMENSION INDICATORS

1.4.1. Assessment of health status

- **DESCRIPTION:** subjective assessment of the health status by means of the declared status of five dimensions: *mobility*; *self-care*; *habitual activities*; *pain/discomfort* and *anxiety/depression*.
- **NECESSARY DATA:**
 - o Assessment check with data obtained by means of an interview (marking the corresponding box).
- **POSSIBLE RESULTS:**

- o **NO HEALTH PROBLEMS** (0 points).
- o **SUFFERING FROM ONE HEALTH-RELATED PROBLEM** (1-3 points).
- o **SUFFERING FROM HEALTH-RELATED PROBLEMS** (4-7 points).
- o **SUFFERING FROM SERIOUS HEALTH-RELATED PROBLEMS** (8-9 points).
- o **SUFFERING FROM CRITICAL HEALTH-RELATED PROBLEMS** (10 points).

1.4.2. Health care/treatment follow-up

- **DESCRIPTION:** determination of the existence of care in cases in which the user suffers from health problems.
- **NECESSARY DATA:**

- Q1 - Are these health problems duly attended to/treated by the healthcare system?**
Q2 - Is there self-care/adherence to treatment?

1.4.3. Combinations and synthetic value of health

Synthetic value of the dimension:

- In order to assess the global status of the dimension, the rating obtained according to the perceived health status will be considered (+1) if there is no health care regarding problems, and/or (+1) if there is no adherence to treatments (if applicable).

- o **NO HEALTH PROBLEMS** (0 points).
- o **SUFFERING FROM ONE HEALTH-RELATED PROBLEM** (1-3 points).
- o **SUFFERING FROM HEALTH-RELATED PROBLEMS** (4-7 points).
- o **SUFFERING FROM SERIOUS HEALTH-RELATED PROBLEMS** (8-9 points).
- o **SUFFERING FROM CRITICAL HEALTH-RELATED PROBLEMS** (10 points).

Personal dimension



PERSONAL

Estado anímico / emocional

Motivación (impulso para actuar)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Presenta niveles de motivación adecuados |
| <input type="checkbox"/> | Presenta signos de desmotivación |
| <input type="checkbox"/> | Completamente desmotivado |

Es necesario marcar una opción

Autoestima (autoconfianza, autoimagen realista)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Tiene un nivel adecuado de autoestima y realismo en la autoimagen. |
| <input type="checkbox"/> | Presenta signos de baja autoestima y/o autoconcepto distorsionado. |
| <input type="checkbox"/> | Pérdida total de confianza en sí mismo. |

Es necesario marcar una opción

Control emocional / seguridad

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Control de emociones apropiado. Ofrece seguridad en sí mismo. |
| <input type="checkbox"/> | En algunas ocasiones pierde el control emocional y/o la seguridad en sí mismo. |
| <input type="checkbox"/> | Pérdida de control emocional y de seguridad (irritabilidad, cambios bruscos...) |

Es necesario marcar una opción

Habilidades y competencias personales

Habilidades sociales comunicativas y relacionales.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Se comunica bien y es capaz de establecer relaciones. |
| <input type="checkbox"/> | En determinadas ocasiones o contextos tiene algunos problemas para comunicarse o relacionarse con los demás. |
| <input type="checkbox"/> | Tiene graves carencias comunicativas y relacionales. |

Es necesario marcar una opción

Responsabilidad.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Es responsable, cumplidor, afronta los compromisos y los cumple. |
| <input type="checkbox"/> | En determinadas ocasiones o contextos falta a sus compromisos. |
| <input type="checkbox"/> | Presenta serios problemas para la asunción de responsabilidades y el cumplimiento de compromisos. |

Es necesario marcar una opción

Toma de decisiones y afrontamiento de cambios.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Es capaz de tomar decisiones razonadas y autónomas y de asumir los cambios. |
| <input type="checkbox"/> | En determinadas ocasiones o contextos no es capaz de tomar decisiones y/o de afrontar cambios. |
| <input type="checkbox"/> | Presenta serios problemas para afrontar retos o tomar decisiones. Alta resistencia al cambio. |

Es necesario marcar una opción

Considerando su situación, ¿cómo cree que está en estos momentos respecto a su estado anímico, emocional?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

RESULTADOS

Estado emocional
HHSS - Competencias

Observaciones:

1.5. PERSONAL DIMENSION INDICATORS

1.5.1. Personal emotional status

- **DESCRIPTION:** assessment of the status and the emotional dimensions of the person by means of the analysis of the degree and quantity of motivation, self-esteem and emotional control.
- **NECESSARY DATA:**
 - Assessment check with data obtained by means of interviews (marking the corresponding box).
- **POSSIBLE RESULTS:** the possible results have been established from the analysis of all of the combinations of responses to the three questions (21 possible configurations), assigning them to one of these statuses:

- **GOOD EMOTIONAL STATUS.**
- **PRESENTS AN EMOTIONAL PROBLEM.**
- **PRESENTS EMOTIONAL PROBLEMS.**
- **PRESENTS SERIOUS EMOTIONAL PROBLEMS.**

1.5.2. Personal skills and abilities

- **DESCRIPTION:** assessment of the person's skills and personal abilities by means of the analysis of the degree and quantity of communicative skills.
- **NECESSARY DATA:**
 - Assessment check with data obtained by means of interviews (marking the corresponding box):
- **POSSIBLE RESULTS:** the possible results have been established from the analysis of all of the combinations of responses to the three questions (21 possible configurations), assigning them to one of these statuses:

- **POSSESSES SKILLS AND ABILITIES.**
- **SHOWS SOME DEFICIT IN SOCIAL SKILLS/COMPETENCIES.**
- **SHOWS DEFICIENCIES IN SOCIAL SKILLS/COMPETENCIES.**
- **SHOWS SERIOUS DEFICIENCIES IN SOCIAL SKILLS.**



1.5.3. Synthetic value of the personal dimension

Synthetic value of the dimension:

- In order to assess the global status of the dimension, the aggregation of the rating obtained in both sub-dimensions is considered.

Coherence:

- The values regarding EMOTIONAL STATUS should be coherent with the response regarding HEALTH in terms of DEPRESSION/ANXIETY.
- The values regarding SKILLS AND ABILITIES are cross-checked with those regarding TRAINING under the EMPLOYABILITY indicator, understanding that they must be combined in order to better value the latter.



Relational dimension

RELACIONAL

Núcleo de convivencia

Relaciones (armonía de las relaciones intrafamiliares)

Las relaciones en la unidad de convivencia son apropiadas (pautas comunicativas, adecuado reparto de roles, ...)
 Ocasionalmente se presenta algún conflicto y/o problema relacionado con reparto de roles, con dificultades en la comunicación u otros aspectos no considerados graves/patológicos.
 Las relaciones intrafamiliares están gravemente alteradas, el reparto de roles supone una fuente de bloqueos, espirales de crispación y conflicto.

Apego (cuidados y afectos)

El núcleo familiar de convivencia es fuente de cuidados y de apoyo tanto emocional como afectivo.
 El núcleo familiar de convivencia ofrece escaso apoyo afectivo y/o emocional.
 El núcleo familiar no constituye un apoyo afectivo/emocional o este es negativo/patológico.

Cambio

La unidad de convivencia supone para la persona una fuente de motivación para afrontar los cambios y un punto de apoyo
 La unidad de convivencia no siempre supone un elemento favorecedor de cambios y/o puede suponer un elemento de resistencia al cambio.
 La unidad de convivencia familiar supone para la persona usuaria una carga, un lastre o un factor que imposibilita acometer posibles cambios.

Considerando su situación, ¿cómo cree que está en estos momentos respecto a sus relaciones familiares?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

Capital relacional

Relaciones de pertenencia (bonding) – más allá del núcleo familiar

La persona está integrada socialmente en grupos identitarios (culturales, asociativos, étnicos, religiosos, etc...); cumple con sus normas y estos ejercen sobre ella una influencia positiva.
 La persona tiene débiles relaciones de integración en grupos identitarios o bien sus lazos con estos no ejercen gran influencia positiva sobre la misma.
 La persona no tiene relaciones de pertenencia a grupos (desarraigo) o bien estos ejercen una influencia negativa en la misma.

Es necesario marcar una opción

Relaciones horizontales (bridging)

La persona mantiene contactos de amistad y de vecindad frecuentes y con un buen número de personas.
 El capital relacional de amistades es escaso o el contacto no se mantiene con frecuencia.
 La persona está en aislamiento social en lo que concierne a amistades y relaciones vecinales.

Es necesario marcar una opción

Relaciones verticales de escalera (linking)

La persona tiene contacto con personas, instituciones o entidades de servicios (salud, educación, cultura, servicios sociales, etc.) y/o tiene conocidos que pueden apoyarlo puntualmente (por ejemplo: potenciales empleadores)
 La persona tiene escasos contactos con personas o entidades que le puedan prestar servicios (salud, educación, cultura, servicios sociales, etc.) o con conocidos que puedan apoyarlo puntualmente.
 La persona carece de contactos con instituciones, entidades o personas que puedan apoyarlo.

Es necesario marcar una opción

Considerando su situación, ¿cómo cree que está en estos momentos respecto a sus relaciones sociales y de amistad?

(Usuario debe valorar de 0 a 10 siendo 0 la peor situación imaginable y 10 la mejor que pueda imaginar)

RESULTADOS

Núcleo de convivencia

Capital relacional

Observaciones:



1.6. RELATIONAL DIMENSION INDICATORS

1.6.1. Relationships within the cohabitation nucleus

- **DESCRIPTION:** succinct assessment of the relational dynamics within the nucleus of family cohabitation. This indicator considers the extent to which family relationships and the existence or non-existence of support are important in order to assess the global situation.

If the person under diagnosis lives alone, this indicator will be assessed as negative (-1) within the relational dimension, supposing the initial non-existence of support and risk of isolation.

- **NECESSARY DATA:**
 - o Assessment check with data obtained by means of interviews (marking the corresponding box) for cohabitation units of more than one person:
- **POSSIBLE RESULTS:** the possible results have been established from the analysis of all of the combinations of responses to the three questions (21 possible configurations), assigning them to one of these statuses:

- o **ADEQUATE FAMILY RELATIONSHIPS.**
- o **FAMILY RELATIONSHIPS WITH SOME LIMITATION.**
- o **SHOWS DEFICIENCIES IN SOCIAL SKILLS / COMPETENCIES.**
- o **SHOWS SERIOUS DEFICIENCIES IN SOCIAL SKILLS.**

1.6.2. Relational capital

- **DESCRIPTION:** assessment of the relational capital of the person beyond the cohabitation nucleus. It is distributed between three types of relational capital:
 - o **Capital of belonging (*bonding*).** Cultural, identity, religious, ethnic group, etc. configurator of part of personal identity.
 - o **Horizontal relational capital (*bridging*).** Friendships, neighbours, etc. that is to say, relationships between people and their equals.
 - o **Vertical link relational capital (*linking*).** Contact with people, groups and institutions which may provide a point of support and/or an opportunity to improve circumstances.
- **NECESSARY DATA:**
 - o Assessment check with data obtained by means of interviews (marking the corresponding box) for cohabitation units of more than one person:

- o **Position them in relation to other possible results POSSIBLE RESULTS:** The possible results have been established from the analysis of all of the combinations of responses to the three questions (21 possible configurations), assigning them to one of these statuses: **MANAGES A LARGE QUANTITY OF RELATIONAL CAPITAL**



- LIMITED RELATIONAL CAPITAL.
- SCARCE RELATIONAL CAPITAL
- INEXISTENCE OF RELATIONAL CAPITAL (isolation out of the cohabitation nucleus)

1.6.3.Synthetic value of the relational dimension

Synthetic value of the dimension:

- In order to assess the global status of the dimension, the sum of the rating obtained regarding relationships in the Cohabitation Unit is considered, together with the relational capitals.

Coherence:

- The values of relationships in the Cohabitation Unit do not necessarily have to be coherent with external relational capitals. If the former are high or normal and the latter very low, it is obvious that the causes of isolation must be analysed.



2. SELF-ASSESSMENT OF THE USER

The user can answer a simple questionnaire (7 questions), the only purpose of which being to contrast the result of the MDTSE with their own assessment by dimensions.

The gap between assessments may be useful in order to initiate appreciative dialogue and result in an indicator which refers more effectively to self-image (realist or distorted).

Considering your situation, how do you think you are doing at the moment in terms of...?

1. Your economy	0	1	2	3	4	5	6	7	8	9	10
2. Your employment (current or possible)	0	1	2	3	4	5	6	7	8	9	10
3. Your home / your surroundings	0	1	2	3	4	5	6	7	8	9	10
4. Your health	0	1	2	3	4	5	6	7	8	9	10
5. Your state of mind, emotional state	0	1	2	3	4	5	6	7	8	9	10
6.1. Your relationships (I - with family)*	0	1	2	3	4	5	6	7	8	9	10
6.2. Your relationships (II - social and friendships)*	0	1	2	3	4	5	6	7	8	9	10

* 6.1 and 6.2 are averaged

... where 0 is the worst imaginable situation and 10 the best situation imaginable

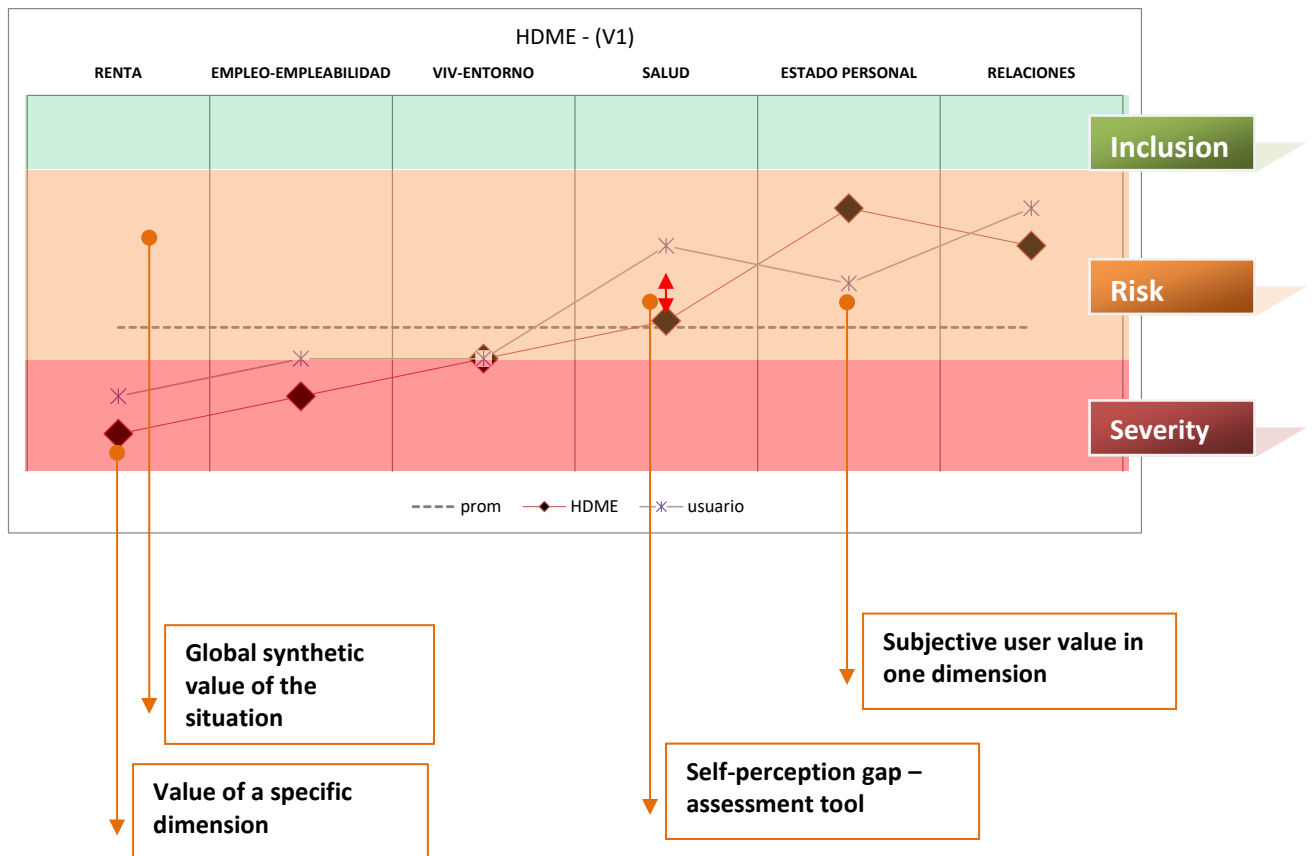
The user's opinion regarding these questions can be taken when working on each of the dimensions, or can be suggested as an end questionnaire.



3. RESULTS

The MDTSE tool returns:






- A descriptive status of the situation by dimensions/sub-dimensions.
- Conclusions derived from cross-referencing of information.
- Some suggestions relating to the status per dimension/sub-dimension, and per cross-referencing of information.
- A graphic summary of the situation per dimension spread across three ratings or levels: normal / at risk / severe problems.



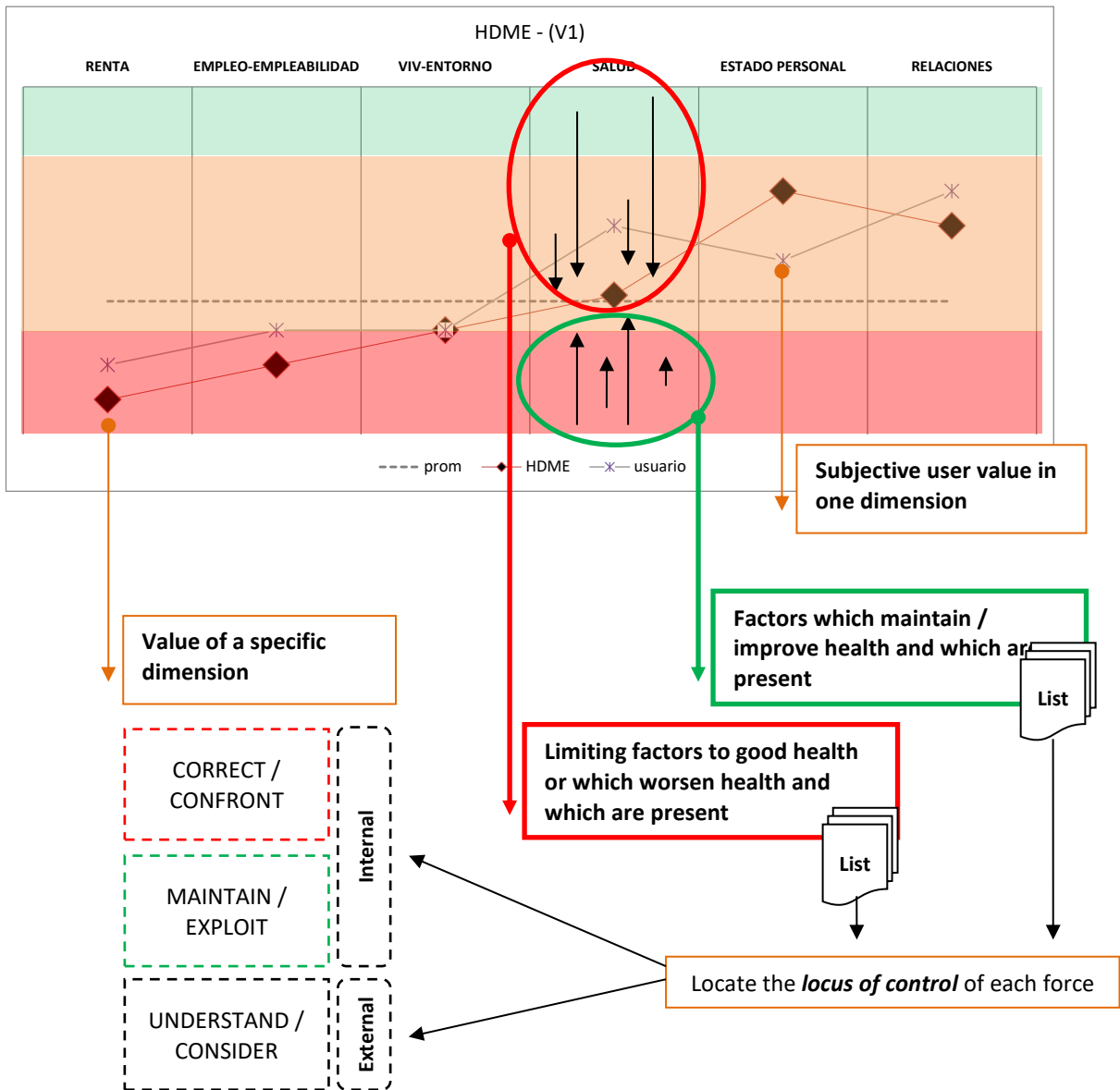
3.1. INTERPRETATION AND USE OF THE RESULTS

The use of the results of the MDTSE are explained in more depth in the PACT INTERVENTION MANUAL.

However, it is worth offering a few clarifications here regarding the professional measures which should accompany the application of the Tool:

-  APPLYING THE MDTSE ENABLES **a revision of the situation from a multi-faceted approach**, that is to say, a COMPLETE CHECK of the case considering the interacting dimensions and factors.
-  APPLYING THE MDTSE ENABLES a professional-user relationship to be established which is DIFFERENT, based on a global understanding of the situation in order to take (in the future) the appropriate steps, **TRANSCENDING THE FOCUS ON THE SPECIFIC AND EXACT DEMAND**.
-  APPLYING THE MDTSE ENABLES **the obtainment of IMPORTANT INFORMATION** (emotional states, coping energies, leverage points of the situation, people's aspirations, etc.) which, in another performance-based context remain hidden.
-  APPLYING THE MDTSE OFFERS THE **OPPORTUNITY to reconfigure a user-professional relationship** which, in terms of an appreciative approach, represents the foothold for the initial phase of dialogue and discovery of the INTERVENTION MODEL (*discover*)⁹.
-  **THE DIAGNOSIS IS THAT OF THE USER, not the professional**. It could be seen as a guided self-diagnosis, the result of which should be shown to the citizen as it is part of the beginning of the case plan. It provides **DIAGNOSTIC RETURN** which discusses:
 - The status of different dimensions.
 - The gap between subjective perception and status suggested by the MDTSE.
 - The strategic vision of the situation: that is, the dimension or dimensions with a more feasible approach (where there are resources, methods and motivation regarding improvement).
 - The short-term and long-term steps which should be taken by both parties.
 - The support resources which need to be mobilised.

⁹ Although, initially, the MDTSE appears to focus on **deficient aspects** of the situation, the starting point for carrying out a personalised project with **appreciative approach** is to plan the improvement of the relative position in the affected dimensions starting with a realistic diagnosis of the initial situation and the identification of the most strengthened areas or those with the most potential for change. This approach, with a base theory which is clearly constructionist, is shaped according to four phases: discover; dream: design and execution; and maintenance (Discover, dream, design & destiny).



If the MDTSE appears to start from a **DEFICIENT focus** (see problems and limitations), said focus **MUST MAKE ITSELF KNOWN IN THE MOMENTS OF DIAGNOSTIC RETURN**, placing an emphasis on what works well, on the strengths and the potentials (**APPRECIATIVE APPROACH**). It has to do with altering the STATUS OF THE DIMENSIONS (dynamic balance of forces) by means of the incorporation of significant actions and the use of available strengths (FORCE FIELD idea).

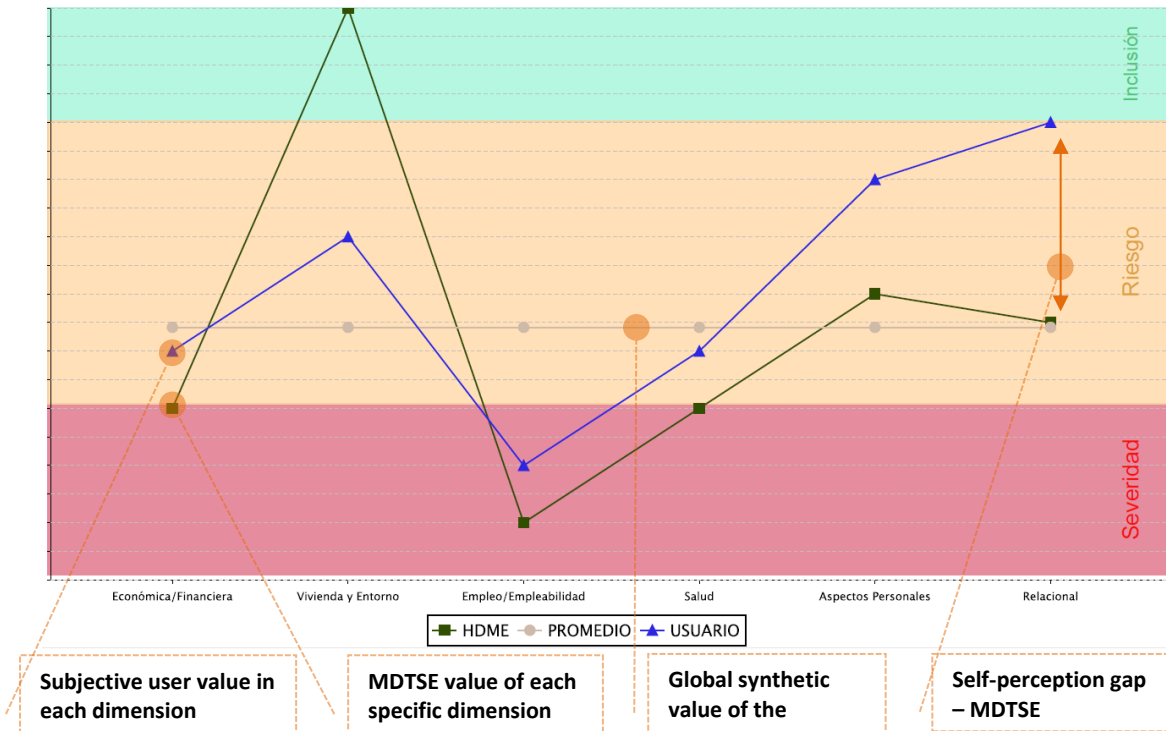
- Seen this way, the MDTSE result is neither good nor bad, or comparable with others, but it is a REALITY upon which one can reflect and establish a plan of action.
- APPLYING THE MDTSE ENABLES **THE DEMONSTRATION AND ANALYSIS OF THE ADVANCES OR SETBACKS** in the case.



GRAPHICAL SUMMARY OF THE MDTSE RESULT:

Once the diagnosis has been completed (it will figure as “complete

The resulting graphic looks like this:



The graphic is used to visualise, quickly and schematically, the status of each one of the six dimensions analysed (economy, housing, employment, health, personal and cohabitation) according to the MDTSE and the self-perception of the user.

The grey line represents a global status, the current equilibrium point, established with the average MDTSE assessment of the six dimensions. This point will be located within one of the three levels considered (*severity, risk and inclusion*)

The question is...,

How does one interpret and work with all of this information?

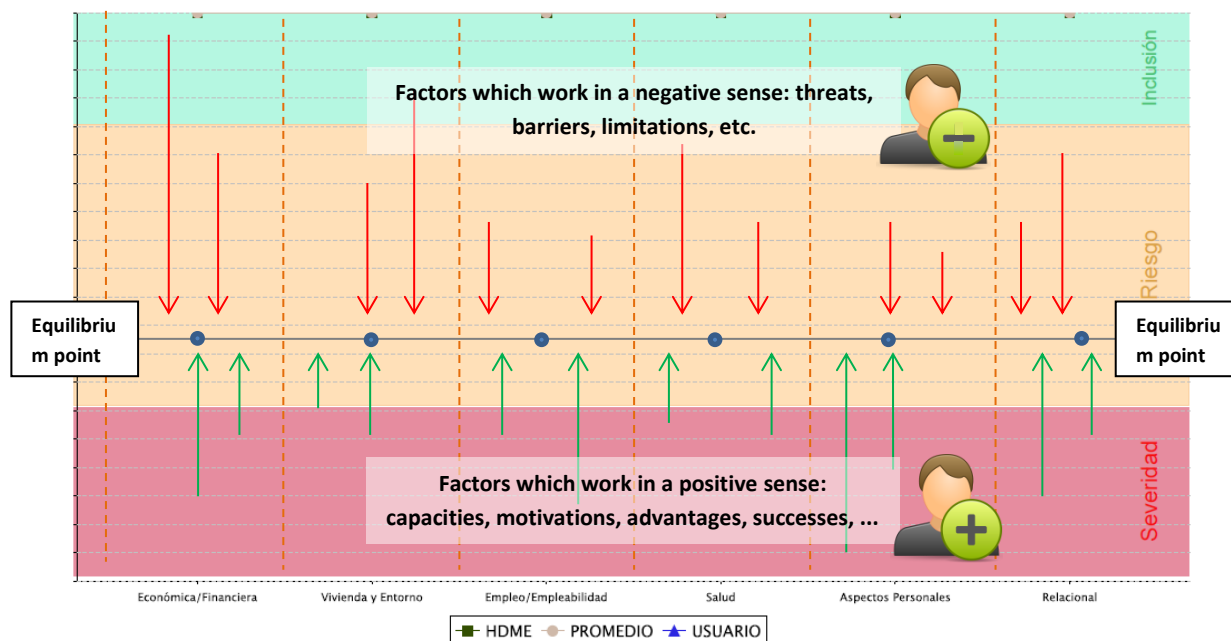


The FORCE FIELD notion should be applied to the summary graphic, and the strengths in dynamic equilibrium and their interpretation located (the global result is the result of the accumulation of many factors and we cannot intervene in all of them at once). It involves **beginning a dialogue** regarding the interpretation.

The idea is very simple: the global status or equilibrium (global value) will be modified if the intensity of one of these forces which are working in one way or another changes.

1) One must **IDENTIFY THE FACTORS** which are concurrent in the case. Here, the sufficiency of the knowledge of the case by the CC is put to the test. The factors present which are affecting the specific situation in a more evident manner, at least, should be identified. The main sources of this understanding are:

- Prior knowledge of the case (if existing)
- Information contained in Social History (including trajectory)
- Information obtained directly in the interviews with the user for the MDTSE diagnosis.
- Other surrounding information (from other professionals who know about the case, informants on a community level, etc.)



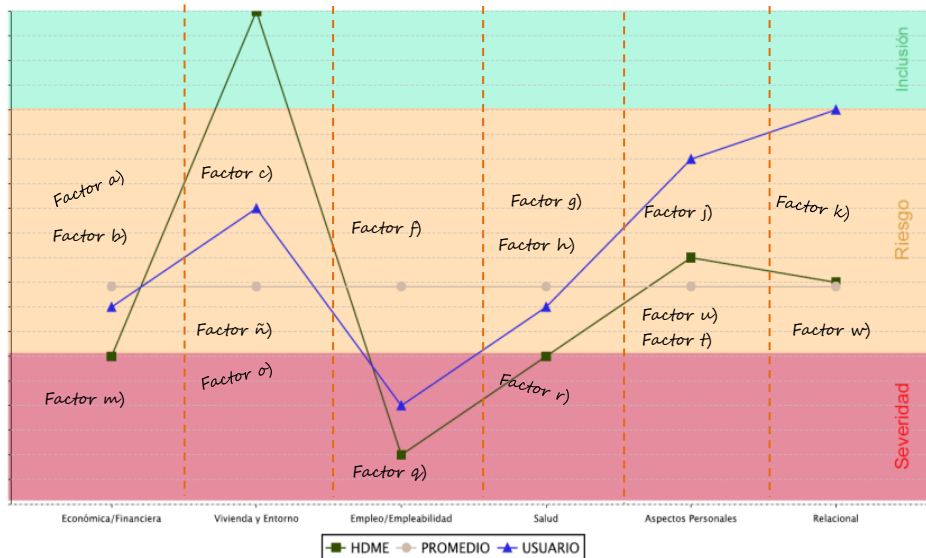
In our case, the forces are equal to factors which are operating in the situation and may have a different valence (they may be “negative” or “positive” factors).



2) The next step is to **FORM A LIST OF THE FACTORS** associating them with dimensions and considering their valence, considering that:

- One same factor may operate both positively and negatively at the same time. For example, the factor regarding disability may be seen as negative regarding employability (greater access difficulty) or positive (advantages in the contraction of people with disabilities)
- One same factor may affect different dimensions. For example, the existence of a chronic disease may be considered as something limiting in terms of present or future employability. But this same factor may, in some cases, generate protective elements in other dimensions, such as income, if there is access to an incapacity assessment.

To form this list, you can write directly onto the graph...



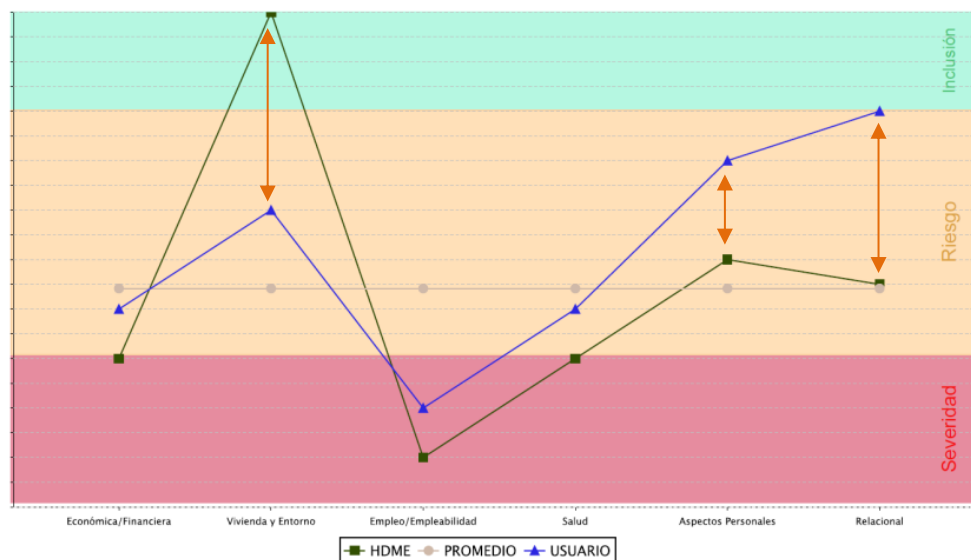
... or, if preferred, with the use of tables, like this:

Dimensions	Factors +	Factors -
Economic/Financial	<ul style="list-style-type: none"> • Factor a) • Factor b) 	<ul style="list-style-type: none"> • Factor m)
Home and Environment	<ul style="list-style-type: none"> • Factor c) 	<ul style="list-style-type: none"> • Factor ñ) • Factor o)
Employment and Employability	<ul style="list-style-type: none"> • Factor f) 	<ul style="list-style-type: none"> • Factor q)
Health	<ul style="list-style-type: none"> • Factor g) • Factor h) 	<ul style="list-style-type: none"> • Factor r)
Personal factors	<ul style="list-style-type: none"> • Factor j) 	<ul style="list-style-type: none"> • Factor t) • Factor u)
Relational	<ul style="list-style-type: none"> • Factor k) 	<ul style="list-style-type: none"> • Factor w)

The most significant factors must be reflected taking into account the participant's perspective. The factors + enable an authentic **APPRECIATIVE APPROACH**.

3) It is important to take note of the participant's self-perception and effectively locate the **GAPS between this and the MDTSE**.

The gaps enable us to ask questions and elaborate hypotheses.



In the previous graph we find three significant distances in the assessment of three dimensions: Home/Environment; Personal Factors and Cohabitation Factors. Why should this be?

- It may be fruit of the incorrect calibration of the MDTSE. (as it becomes more widely used, the correlation between self-perception and MDTSE values can be observed).
- It may be fruit of a normalising perception (accommodating) of the deficient situations. For example, there are participants who consider that their economic situation is reasonable when, technically, they are below the poverty threshold.
- It may be fruit of an exaggeration of the perception (positive or negative), either due to a desire to appear normal, or due to the expectation of the receipt of social benefits if a worse situation is externally presented.
- It may be caused by not being aware of risks (for example, in a suspension of eviction from the property for a two-year period, there are people who are not aware of the short-term risk and normalise the loss of the property, although the risk of future eviction remains).

Be that as it may, **question the reasons why these distances have appeared**, always taking into account the self-perception (as it is the true starting point). The GAPS are a good topic of dialogue with the person (it is not so much about simply changing the perception, but contrasting it and verifying it).

- 4) Once the factors associated with the situation have been defined (listed) and the gaps have been analysed, **IDENTIFY THE LOCUS OF CONTROL** of said factors, both that which is perceived and real. That is: for each factor identified, the following question must be answered:

What room for manoeuvre does the person have regarding said factor at the time?

Said room for manoeuvre will be determined by questions such as current capabilities, forces, resistance, legitimacy to operate on said factor, etc.

Attempting to act on a factor which does not form part of the current area of control will evidently be the source of blockages, frustration and, finally, failure. Considering the example of the hypothetical loss of ownership of the property with the temporary suspension of eviction by court order, this offers little room for manoeuvre regarding recuperation of possession. Another thing is the awareness of risk and the possible room for manoeuvre regarding maintaining the possession of the building.



Additionally, there's the temporal key. An associated factor may offer little short-term margin at that time (for example, a low level of instruction in fundamental employability) and positive actions do exist to confront this, but in the long term (training is possible, but it takes time)

In general terms, the awareness of the quantity of control over the different factors associated with the situation in their different dimensions will already provide many clues regarding possible future actions.

- When the **CONTROL** of the variable (factor) is fundamentally **EXTERNAL** to the person, said circumstances must be **UNDERSTOOD** and/or **CONSIDERED**, be it as a form of risk or opportunity. The identification of factors upon which the person has little or no control (external locus of control) implies, in all cases, talking about whether the person's room for manoeuvre can or should be increased regarding said factors.
- b) When the **CONTROL** of the variable (factor) is, essentially, **INTERNAL** to the participant, several strategies can be deployed depending on its valence and intensity. Here, it may be useful to adopt the SODA-MECA model¹⁰ which, ultimately, indicates what the case plan will be:

Type of internal control factor	Basic action to develop (verb)
<i>Satisfactory (+)</i>	<i>Maintain</i>
<i>of Opportunity (+)</i>	Exploit (Take advantage of, capitalise on)
<i>Unfavourable (-)</i>	<i>Correct</i>
<i>Threatening (-)</i>	<i>Confront</i>

The repertory of possible actions to develop will form part of a strategy which is to be followed (Case Plan) and are the bridge between the diagnosis phase and the case plan.

The professional task is centred on **DIALOGUE** with the participant in order to elaborate all of this material. This practice of dialogue may be called: **DIAGNOSTIC RETURN**.

¹⁰ The actions to be developed from the internal locus of control can be based on the **SODA-MECA** rule put forward by Aguilar Idáñez M.J. (*Trabajo Social. Concepto y Metodología*. p.326. Madrid 2013): **Mantener lo Satisfactorio**; **Explotar las Oportunidades**; **Corregir lo Desfavorable** y **Afrontar lo Amenazante**. [Social Work. Concept and Methodology: Maintaining what is satisfactory; Exploiting Opportunities; Correcting what is Unfavourable and Confronting what is Threatening].



This way, the MDTSE tool becomes a tool which is merely instrumental, never a finality in itself. The MDTSE, without this interpretation, lacks sense.

This moment of intervention **must ensure the person's understanding** in terms of each specific factor which operates in the situation, what is in their power to do and what depends on external factors.

The expression of desires must be facilitated and value placed on the positive elements in terms of satisfactory status, strengths and opportunity which are highlighted.

SUMMARY OF THE STEPS FOR THE USE OF THE MDTSE:

- 1.- Identification of factors which have an influence on the status and each dimension (forces). In the same way, identify the intensity of said factors (remembering that the intensity is a subjective element).**
- 2.- Elaborate a list of concurrent factors, differentiating their valence (+ or -).**
- 3.- Analyse possible gaps between MDTSE values and self-perception.**
- 4.- Locate the subjective "locus of control" of the participant (this is a subject of discussion with them) of each one of the relevant factors.**

Steps 1 to 4 may be the object of reflection of the user with their cohabitation environment or for individual reflection in a subsequent session.

Equally, reaching the moment of the intervention in which we find ourselves (DREAM), one must not lose sight of the capacity for absorbing information and the coping capacities of the situation on the part of the participant. Not everybody can confront EVERYTHING at ALL TIMES. The professional should assess the existence of energies for change.

Once the previous steps have been followed, with a THOROUGH and CONSENSUAL diagnosis with the participant, they can be VALIDATED in the MDTSE.



ANNEX 1: NECESSARY DATA IN THE DIAGNOSIS QUESTIONNAIRE

		D.O.B _/_/	CURRENT MAIN OCCUPATION (DROP-DOWN)	If working: schedule (HOURS/WEEK) (DROP-DOWN)	Income/month (€)
Holder	Indicate sex of holder				
COMPONENTS IN COHABITATION UNIT					
Holder 2			Employed		
Holder 3			Self-employed or entrepreneur		
Holder 4			Job seeker		
Holder 5	M (MALE)		In precarious employment (without contract)	Full time	
Holder 6	F (FEMALE)		Student	Part time	
Holder 7			Retired	Between 10 and 15 hours per week	
Holder 8			Other situations	Less than 10 hours per week	

Indicate amount of monthly mortgage, rent, loans, etc. fixed periodic	_____ euros	
Difficulty in the payment of supplies, unpaid receipts or cut in supply disruption during the last 3 months?	YES	NO

Number of days contributed according to the Holder's National Social Security Institute Report:

Does the person have real possibilities in terms of entering employment? (Related to the existence or non-existence of barriers and limitations which make incorporation impossible)

YES	NO
-----	----

Does the person have enough motivation to look for / maintain a job?

YES	NO
-----	----

Does the person have enough training to find / maintain a job?

YES	NO
-----	----

MARK (X) IF THE PERSON IS IN ONE OF THESE HOUSING SITUATIONS:

Without roof or without housing

- People living outdoors
- People in shelter or night centres
- People who live in centres for the homeless
- People in women's shelters
- People in housing centres for immigrants
- People expecting to leave detention centres or institutions
- People who receive long-term support for their homeless status

Uncertain housing

- People living in uncertain housing without legal security
- People living under the threat of eviction
- People living under the threat of violence

Inadequate housing



- People living in temporary and unconventional structures
- People living in improper housing
- People in crowded conditions (<10m2 = Sever overcrowding; from 10m2 to 15m2 = Moderate overcrowding; >15m2 = Residential relief or normalised situation)

MARK (X) WHAT THE ENVIRONMENT OF THE ACCOMMODATION/HOUSING IS LIKE:

- | | |
|---|---|
| <input type="checkbox"/> Adequate maintenance of public space | <input type="checkbox"/> Deteriorated and/or unmaintained public space |
| <input type="checkbox"/> The existence of some adequate services and facilities | <input type="checkbox"/> Services and facilities clearly inadequate and/or insufficient |
| <input type="checkbox"/> Social cohesion | <input type="checkbox"/> Absence of social cohesion |
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Area with public insecurity |
| <input type="checkbox"/> Territory with social acceptance; normalised | <input type="checkbox"/> Territory rejected /stigmatised |

MARK (X) THE HEALTH STATUS IN WHICH THE PERSON FINDS THEMSELVES

MOBILITY

- Has no problems walking
- Has some problems walking
- Is bedridden

PERSONAL CARE (independence)

- Has no problems with personal care
- Has some problems washing or getting dressed by themselves
- Is incapable of washing or getting dressed by themselves

EVERYDAY ACTIVITIES

- Has no problems carrying out their everyday activities
- Has some problems carrying out their everyday activities
- Is incapable of carrying out their everyday activities

PAIN/DISCOMFORT

- Has no pain or discomfort
- Has moderate pain or discomfort
- Has a great deal of pain or discomfort

ANXIETY/DEPRESSION

- Is neither anxious nor depressed
- Is moderately anxious or depressed
- Is very anxious or depressed

MARK (X) PERSONAL STATUS:

PERSONAL STATE OF MIND

MOTIVATION

- Presents adequate levels of motivation
- Presents signs of motivation
- Completely unmotivated

SELF-ESTEEM / CONFIDENCE

- Has an adequate level of self-esteem and is realistic regarding self-image
- Presents signs of low self-esteem and/or a distorted self-concept
- Total loss of confidence in themselves.

EMOTIONAL CONTROL

- Appropriate control of emotions. Shows self-confidence
- Occasionally loses emotional control and/or confidence in themselves
- Loss of emotional control and confidence (irritability, sudden changes...)



SKILLS

SOCIAL COMMUNICATIVE AND RELATIONAL SKILLS

- Communicates well and is capable of establishing relationships
- On certain occasions, or in certain contexts, has some difficulties communicating or relating to others
- Has serious communicative and relational deficiencies

RESPONSIBILITY

- Is responsible, undertakes commitments and respects them
- On certain occasions, or in certain contexts, does not respect commitments
- Shows serious problems with taking responsibility and respecting commitments

DECISION MAKING AND CONFRONTING CHANGES

- Is able to make rational and independent decisions and assume changes
- On certain occasions, or in certain contexts, is unable to make decisions and/or confront changes
- Shows serious problems with confronting challenges or making decisions. High resistance to change

MARK (X) STATUS OF RELATIONSHIPS:

IN THE COHABITATION UNIT

HARMONY OF DOMESTIC RELATIONSHIPS

- Relationships within the Cohabitation Unit are appropriate (communicative patterns, role distribution, ...)
- Occasionally, some conflict and/or problem arises related to role distribution, communication difficulties or other factors which are not considered serious/pathological
- Domestic relationships are severely unsettled, role distribution results in barriers, spirals of tension and conflict

AFFECTION (Care and affection received)

- The family cohabitation nucleus is a source of care and support, both emotional and affective
- The family cohabitation nucleus offers little affective and emotional support
- The family nucleus does not constitute affective/emotional support or is negative/pathological

SUPPORT FOR CHANGE

- For the person, the family Cohabitation Unit is a source of motivation to confront change and something they can rely on
- The family Cohabitation Unit does not always represent a facilitating element in terms of change and/or may represent an element of resistance to change
- For the person, the family Cohabitation Unit represents a weight, a burden or a factor which makes possible change impossible

RELATIONAL CAPITAL

RELATIONSHIPS OF BELONGING (BONDING) – BEYOND THE FAMILY NUCLEUS

- The person belongs to and has relationships within identity groups (cultural, ethnic, religious, etc.), they comply with their standards which have a positive influence on them
- The person has weak relationships with groups of belonging, or their links with said groups do not have a significant influence on them
- The person has no relationships from belonging to identity groups, or said groups have a negative influence on them

HORIZONTAL RELATIONSHIPS (BRIDGING)

- The person frequently maintains friendly or neighbourly relationships and with a good number of people.
- The relational capital of friendships is scarce or contact is not maintained frequently
- The person is in social isolation when it comes to friendships and neighbourly relationships

VERTICAL LADDER RELATIONSHIPS (LINKING)

- The person has contact with people, institutions or service entities (health, education, culture, social services, etc.) and has acquaintances who can help them to progress (for example, potential employers)
- The person has little contact with people or entities which can provide services (health, education, culture, social services, etc.) or with acquaintances who can help them to progress
- The person lacks contact with institutions, entities or people who can offer support



ANNEX 2: THE MDTSE IN THE SAUSS ENVIRONMENT

Access screen for cases (can be done using any data: ID; diagnosis number; surnames...):



Últimos artículos publica x HDME x

apldesw11.ae.jcyl.es/hdme/index.html#/?

Junta de Castilla y León
Consejería de Familia e Igualdad de Oportunidades

Herramienta de Diagnóstico Multidimensional de Exclusión Social

Servicios Sociales de Castilla y León

Búsqueda de diagnósticos

PERSONA

Documento

Nombre

Apellidos

F. nacimiento

DIAGNOSTICO

N. diagnóstico

Fechas hasta

Completo

Limpiar

Gerencia de Servicios Sociales - Consejería de Familia e Igualdad de Oportunidades - Junta de Castilla y León

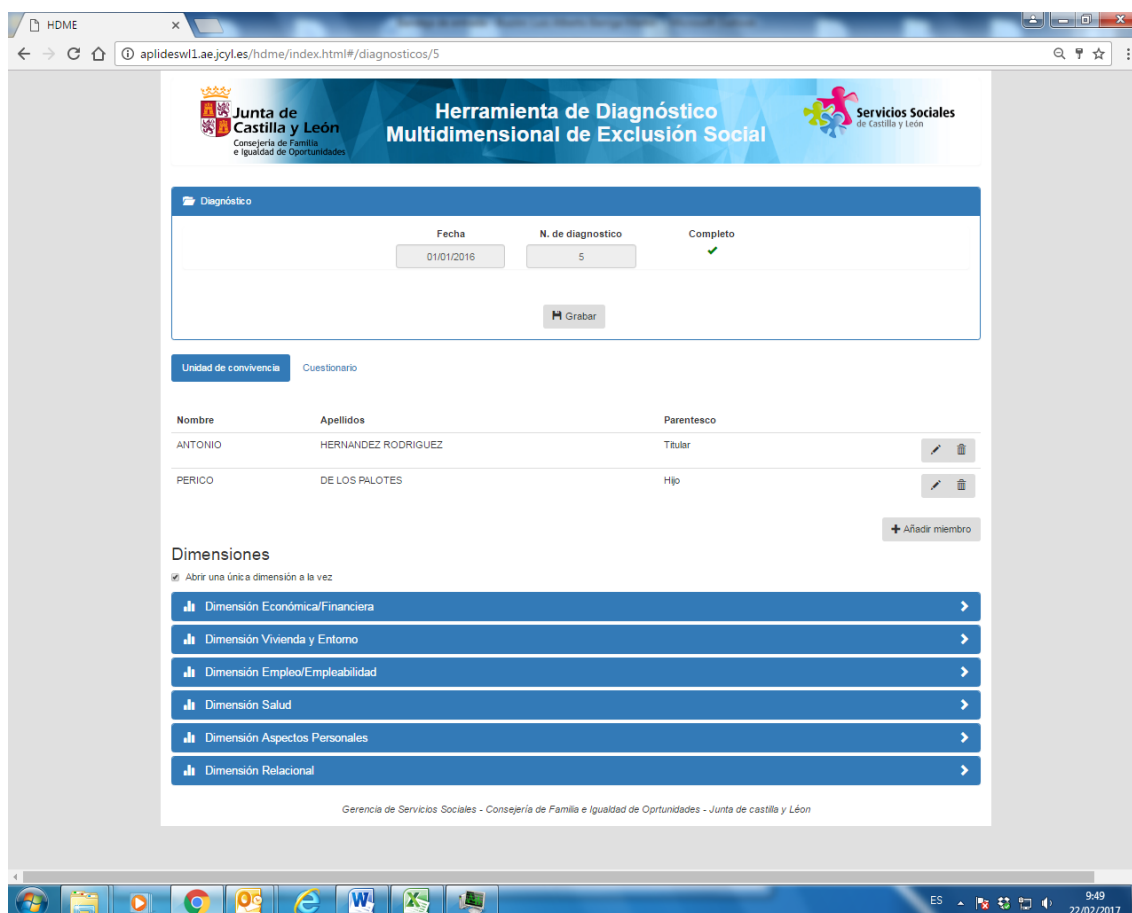
ES 9:45 22/02/2017



The project is co-funded by the European Commission through the European Union Programme for Employment and Social Innovation, "EaSI" (2014-2020).

Screen of a complete diagnosis:

- Mark if it is complete or not and the date;
- Can be saved (whether completed or not);
- The different dimensions can be accessed.




The project is co-funded by the European Commission through the European Union Programme for Employment and Social Innovation, "EaSI" (2014-2020).

Example of open dimensions and their partial results (strategies suggested to the professional):

