Towards the consolidation of pilot initiatives for service integration: an exploratory study based on three notable cases in Spain

Hacia la consolidación de iniciativas piloto de integración de servicios: un estudio exploratorio a partir de tres experiencias destacadas en España

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Abstract

Service integration constitutes a fundamental strategy in the reconfiguration of contemporary welfare states under the social investment paradigm. These initiatives are proposed as a response to the structural fragmentation between social protection systems, a phenomenon identified as one of the main causes of their ineffectiveness. The relevance of this integrative approach takes on particular importance in the field of social services, a sector facing growing pressure due to the increase and intensification of current social risks.

In Spain, various innovative service integration initiatives have been implemented in which the social services system, coordinated with sectors such as employment, health and care, plays a central role. However, although these initiatives have been successful, they face significant obstacles in moving beyond the experimental phase and becoming permanently established.

This exploratory study aims to analyse the structural and operational factors that are key to the transition from technical experimentation to definitive institutionalisation within public social protection systems. To this end, a comparative analysis of three notable experiences of integrated care is carried out, examining them from the perspective of governance, leadership, funding and the care model.

The study's findings reveal critical factors that determine the sustainability of these initiatives. These include difficulties in securing funding, the complexity of scaling up intervention models, coordination with existing programmes, and the need for strong government leadership.

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This analysis aims to contribute to an understanding of the challenges and opportunities in the process of service integration, providing some valuable insights for the formulation of such initiatives in the future.

***Keywords**:* Service integration, social services, governance, leadership, sustainability.

Resumen

La integración de servicios constituye una estrategia fundamental en la reconfiguración de los Estados de bienestar contemporáneos bajo el paradigma de la inversión social. Estas iniciativas se plantean como una respuesta a la fragmentación estructural entre los sistemas de protección social, fenómeno identificado como una de las causas principales de su ineficacia. La relevancia de este enfoque integrador cobra especial importancia en el ámbito de los servicios sociales, sector que enfrenta una presión creciente debido al incremento y la intensificación de los riesgos sociales actuales.

En España se han implementado diversas iniciativas innovadoras de integración de servicios en las cuales el sistema de servicios sociales, articulado con ámbitos como los de empleo, salud o cuidados, desempeña un papel central. No obstante, estas iniciativas, aún exitosas, enfrentan obstáculos significativos para trascender la fase de experimentación y consolidarse de manera permanente.

El presente estudio exploratorio tiene como objetivo analizar los factores estructurales y operativos que resultan claves en la transición desde la experimentación técnica hacia la institucionalización definitiva en los sistemas públicos de protección social. Para ello, se realiza un análisis comparativo de tres experiencias destacadas de atención integrada, examinándolas desde la óptica de la gobernanza, el liderazgo, la financiación y el modelo de atención.

Los hallazgos del estudio revelan factores críticos que condicionan la sostenibilidad de estas iniciativas. Entre ellos, destacan las dificultades para asegurar su financiación, la complejidad en la escalabilidad de los modelos de intervención, la articulación con programas preexistentes y la necesidad de un liderazgo gubernamental sólido.

El análisis pretende contribuir a la comprensión de los desafíos y oportunidades en el proceso de integración de servicios, proporcionando algunas claves valiosas para la formulación de iniciativas de este tipo en el futuro.

***Palabras clave**:* Integración de servicios, servicios sociales, gobernanza, liderazgo, sostenibilidad.

SERVICE INTEGRATION IN THE CONTEXT OF WELFARE STATE REFORMS

In most welfare states, there is a growing trend towards the implementation of service integration initiatives (Goodwin et al., 2017) which, whilst differing in scope and rationale, respond to common challenges. Among these, it is worth highlighting, first and foremost, the expansion and diversification of social needs, which affect an increasingly large section of the population and have consequently

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increased the pressure on welfare systems, particularly on social services (Laparra et al., 2025). This situation, coupled with the growing financial constraints on social protection mechanisms (Corlet et al., 2021), has created an urgent need to address the rise in demand by providing more efficient services.

Simultaneously , there has been a clear rise in public expectations regarding the services provided (CIS, 2024), placing a further strain on social protection systems that are already under considerable pressure. These higher demands drive the need to improve the quality of the perks and services, an objective that seems achievable only through more coherent coordination of the roles and responsibilities of the various actors and social protection systems to enhance their effectiveness.

The growing complexity and interconnection of social needs have highlighted the importance of addressing them from a comprehensive perspective that contemplates all their realities (Laparra et al., 1998; Silver, 2007). To this end, it is essential to promote collaboration between public authorities, sectors and disciplines, with the aim of moving towards a more holistic and coherent approach to social issues. However, stakeholders in the field of welfare and social inclusion have had a historical tendency of operating isolated (Martínez-Virto & Sánchez-Salmerón, 2019; Pérez Eransus and Martínez Virto, 2020). The diversity of organisations involved in service provision, a result of the *welfare mix* and processes of commercialisation, has contributed to deepening the fragmentation of the system. Coupled with this is the trend towards the decentralisation of services at regional and local levels (Casado Pérez, 2010; Gallego et al., 2003), which poses challenges for coordination across the different levels of government.

Service integration measures constitute a fundamental framework for managing the risks arising from fragmentation and promoting greater coherence in the provision of support, by addressing the challenges of both vertical and horizontal coordination (Champion and Bonoli, 2011). These strategies enable the aforementioned challenges to be addressed and have become particularly relevant in areas such as employment and activation policies plus social and health care services (Heidenreich and Rice, 2016). It is widely recognised that the difficulties faced by unemployed people in accessing employment are closely related to barriers such as low skills, housing conditions, care responsibilities, mental health issues or debt. In such cases, intervention requires the coordinated participation of a diverse network of social agents and professionals from fields such as education, health, and rehabilitation, going beyond traditional employment services (Heidenreich and Aurich-Beerheide, 2014). To address these barriers, the integration of services becomes crucial, particularly to promote the activation of the population through a human capital approach—one that fosters long-term employability by strengthening the education, skills, health and personal development (Barbier, 2005; Saltkjel et al., 2023), conversely to the ‘work first’ model based on conditionality and coercion to

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increase pressure on the unemployed population (Lindsay et al., 2007).

The integration of services has received an equally significant attention in the social and health care sector, in particular regarding to the coordination between health and social services. This collaboration is essential both for addressing the social determinants that influence the health conditions of individuals and households, as for meeting the long-term care needs arising from health problems, chronic illnesses or limitations affecting mobility and the performance of basic activities of daily living (Winters et al., 2016). These situations, moreover, have intensified in recent years as a result of increased life expectancy and the progressive ageing of the population, phenomena that have led to a significant rise in the number of care-dependent individuals.

The integration of services as a form of social investment and the role of social services

The integration of services is not only a response to the diverse and complex factors mentioned above but is also coherently aligned with the objectives and reform paths promoted by the social investment paradigm, whose influence has expanded significantly in recent decades. This approach proposes a profound reinterpretation of the relationship between welfare states and economic growth, by conceiving resources allocated to welfare as a strategic investment in the development and future of society (Adelantado, 2018; Hemerijck et al., 2023).

The social investment paradigm argues that, by placing greater emphasis on the prevention of social problems and on the empowerment of the population, it is possible to achieve a greater social impact (Hemerijck, 2014; Klenk & Reiter, 2023; Midgley, 2017). This approach not only helps to prevent the emergence or worsening of situations of vulnerability, but also reinforces the sustainability of social policies, the welfare system and of the social services themselves (Sánchez-Salmerón, 2025). It is assumed that investing in the prevention of social risks is a more efficient and economical strategy than allocating resources to already arisen problems. (Cantillon & Van Lancker, 2013; Ferrera, 2019; Inza-Bartolomé, 2015).

The alignment between service integration and the social investment paradigm is evident in multiple dimensions. Firstly, service integration helps to increase the effectiveness and efficiency of interventions by reducing redundancies and closing existing gaps in the care provided by different systems, levels and actors. This promotes a more rational and optimal use of resources, whilst improving the quality of the services offered.

Furthermore, integration enables the early detection of social problems, which facilitates a prompt intervention, preventing its worsening. . This outcome is achieved through smoother communication between systems and stakeholders, as well as through a clearer definition and distribution of roles and responsibilities in the joint interventions.

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Finally, by promoting a greater adaptation ability to the specific needs and circumstances of each individual, the integration of services enhances the development of skills and competencies, thereby promoting a more effective social participation.

The main target group for integrated services is people with complex and interrelated problems (Hasse & Austin, 1997; Heidenreich & Aurich-Beerheide, 2014). Consequently, social services play a central role in this type of initiatives (Lara Montero et al., 2016) due to acting as an essential bridge to reach those experiencing social exclusion, facilitating their access to several services and carrying out needs assessments. Their closeness and proximity to people in vulnerable situations, paired with a holistic view of the needs and problems they face, provide them with a complex and comprehensive perspective on the realities of individuals and families, which consequently facilitates coordination between the different care systems.

Challenges in consolidating pilot schemes for service integration

In recent years, numerous innovative initiatives aimed at service integration have been promoted in Spain. These proposals have generally been accompanied by exhaustive analyses of their implementation and impact assessments. In this regard, the existing literature identifies various factors that are decisive for the success of service integration initiatives. Among these, the commitment of all stakeholders stands out, considered essential to guarantee the effectiveness of the integration process (Golding, 2010; Davidson, 2012). This commitment requires an active participation and willingness of all stakeholders involved to collaborate. Likewise, the education and training of professionals is fundamental, as it prepares staff to take on the new roles and responsibilities entailed by a more integrated and collaborative approach (Chamberlain, 2012). The ability to adapt to local contexts is another key factor, as it allows the implementation of integrated services to be flexible and tailored to the specific characteristics of each environment. A clear organisation of tasks, roles and leadership within integrated services is equally essential, as it prevents confusion and ensures effective implementation (Germundsson & Danermark, 2012). Finally, the establishment of a ‘common language’ between the different services facilitates communication and collaboration, which are essential for the success of integration (ALTER, 2020).

Although there is abundant evidence on the internal factors that favour the success of service integration initiatives, the same cannot be said for research on the continuity and consolidation of pilot schemes, so that they can be incorporated in a stable manner into the structure of social protection systems. Furthermore, their implementation depends on contextual and situational factors, meaning that their analysis must be carried out within a limited and specific framework. This paper aims to contribute to this issue by comparing recent and notable service integration initiatives

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developed in different regions of the country where social services play a central role, and thereby to identify the key factors and elements that contribute to the consolidation of service integration initiatives.

METHODOLOGY

Given the complexity of the subject under study—the integration of services in the field of social services—and the limited evidence available on the factors determining the success of initiatives aimed at overcoming the fragmentation of social protection systems, this study is designed to be exploratory in nature (Stebbins, 2001; Maxwell 2019). Its aim is to provide a preliminary understanding of the most relevant factors that explain successful experiences of integrating personal social services designed to support people in adverse situations.

This exploratory nature, combined with the complexity of the phenomenon under analysis, justifies the choice of a qualitative methodology based on the comparison (Sartori and Morlino, 1994; Sartori et al., 2002) of three experiences that represent significant efforts to integrate social services cares with those provided by the employment (ERSISI case) and health (INTecum and Ecosistemas de Cuidados cases) systems. These three pilot initiatives have been assessed as successful and share sufficient similarities to allow for comparison, as well as relevant differences that facilitate the identification of patterns explaining their success.

The selection of these cases is based on the authors' involvement in their monitoring and evaluation processes. This engagement has provided in-depth, first-hand knowledge of their development, as well as a body of documentary material that has made a rigorous comparative analysis possible.

The documentary sources used mainly include the design and planning documents for the initiatives, monitoring reports, published annual reports and the evidence used in their evaluation processes.

Four dimensions or categories have been defined for the analysis:

- Governance: This includes the stakeholders involved, their roles and the mechanisms established for the implementation of the initiative, therevy facilitating an examination of the coordination between organisational levels and decision-making processes.
- Leadership: This considers the skills and profiles of those leading the initiative, as well as the complementarity between the political and technical levels, identifying their influence on the coordination, innovation and effectiveness of the project.
- Funding: This assesses the source and volume of the resources, as well as the entity responsible for providing them, analysing their impact on the viability, continuity and effectiveness of the actions carried out.
- Care model: This focuses on the strategies designed to meet the needs of individuals and

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families, examining the degree of consensus, adaptation to the target population and orientation towards a comprehensive approach to social issues.

The combination of a qualitative approach, a comparative design and an exhaustive documentary analysis constitutes an appropriate methodological strategy for exploring the factors associated with success in service integration within the social services sector. This approach has enabled the analysis of the institutional architecture, the coordination mechanisms and the governance models from a holistic, critical and contextualised perspective, generating conclusions of interest for the advancement of knowledge in this field.

ANALYSED EXPERIENCES OF SERVICE INTEGRATION

INTecum Project (Castilla y León)

The INTecum Project aims to provide comprehensive and integrated care for the individual at the end of life and their families. From the moment a person with an advanced or terminal illness is included in the Integrated Palliative Care Support Process (PAICP), they are offered the support they require so that the progression of the illness can take place in the home of their choice, all through an integrated social and healthcare process.

The support provided combines health and social care, addressing the full spectrum of needs—physical, psycho-emotional, spiritual and social—and is delivered in a coordinated manner between social services, health services and even educational services in paediatric and adolescent cases.

The project initially ran as a pilot scheme in a province of Castilla y León before being rolled out across the entire autonomous community. The initiative involves regional and local government, alongside third-sector social action organisations responsible for providing social care.

Within the regional administration, the key parties are the Regional Ministry of Health (Regional Health Directorate) and the Regional Ministry of Family and Equal Opportunities (Social Services Directorate). Although several administrations are involved, leadership is assumed by the Regional Government of Castilla y León , specifically the Regional Ministry of Family and Equal Opportunities (Social Services Directorate). Provincial councils and local councils participate in the project to a lesser extent. There is a provincial-level territorial coordination group comprising representatives from the various regional ministries, the provincial council, local authorities in towns with over 20,000 inhabitants, and service providers in that territory belonging to the Third Sector of Social Action.

The initiative for the project arose from the Social Services Department upon realising there was a gap in the provision of social and health care for people at the end of life. The special circumstances of this population meant that the traditional care system was unsuitable, particularly due to the delays in the provision of services and the lack of necessary support products to care for the person at home

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during the final months of life. Furthermore, it was considered a priority that care should be integrated with the health system, at both hospital and primary care levels. The results were considered very positive by all those involved, and especially by the people receiving care and their families (Marquina et al, 2024).

Social workers within the health system, both in hospitals and health centres, play a particularly important role in the management of cases included in the INTecum programme. In Castilla y León , all hospitals and health centres have designated social work professionals. Social workers in the hospitals of the Castilla y León Health Service (SACyL) inform people joining the Palliative Care programme of the existence of INTecum and, if they are interested and meet the criteria, process their inclusion in INTecum. Once the person has been included in the programme, the designated CEAS social worker (basic social services) and the health centre team, including the social worker, are informed. The CEAS professional assesses the situation, together with the person, their family and staff from the care provider, and draws up a social and health support plan. This plan is completed with the input from the health centre professionals. The participation and high level of involvement of social work professionals from both the social services and healthcare sectors is one of the main factors explaining the success of this programme (Prieto-Lobato et al, 2024).

As for funding, the health system funds scheduled, on-demand and emergency healthcare in accordance with the service portfolio of the Palliative Care Plan. Moreover, the Social Services Department funds up to a maximum of €4,500 per month and household for services complementing dependency benefits, as well as the necessary technical aids and home adaptations. Home adaptations will be funded up to a maximum of 50% of the cost. Technical aids (adjustable bed, anti-bedsore mattress, wheelchair, walking frame, etc.) are provided on a rental basis and are 100% funded by the programme.

Personal care services require a co-payment by beneficiaries according to the scales established for benefits under the Castilla y León dependency care system. Home help will be funded by local authorities in accordance with their respective regulations.

Local Care Ecosystems (Gipuzkoa)

The diverse Local Care Ecosystems projects are initiatives launched in the historical territory of Gipuzkoa, in collaboration between the Provincial Council and several local councils in the region. These projects share the framework of the Provincial Council's "Etorkizuna Eraikiz" (Building the Future) programme, which promotes collaborative governance among local stakeholders as a means of implementing public policies.

The aim of the local care ecosystems is to move towards the deinstitutionalisation of long-term care

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by enabling people to remain in their own homes longer, thereby improving the health and social integration of older people whilst promoting their independence (Legarreta et al, 2025). This is a public policy aimed at optimising and coordinating public, private and community resources to improve the social organisation of care systems within a specific local setting. The ecosystems also seek to create a continuum of care between primary (municipal) and secondary (provincial) care, as well as between the social services and healthcare systems, taking the local area as main reference.

Local ecosystems were first piloted in the Historical Territory of Gipuzkoa, where different initiatives have been notably consolidated in at least four municipalities, and a further thirteen have joined the provincial network for implementing this type of initiative. Furthermore, the Basque Government has included in its Second Strategic Plan that this model is worth exploring throughout the whole Autonomous Community, and there are already municipalities in Bizkaia and Álava that are beginning to implement this form of co-governance on an exploratory basis.

These experiences represent a new catalyst in terms of co-leadership, both between systems and within the different levels of a single system (Arrieta et al., 2024). Furthermore, it represents something relatively imprecedent in the political culture of the Basque Country: political agreements on a key issue on the political agenda (care) between the first and second parties in the Autonomous Community of the Basque Country (PNV and EHBildu), which are clearly vying for leadership. It is therefore a matter of creating a space for consensus and the development of a shared public policy, without, of course, setting aside debate and differences.

ERSISI Project (Navarra)

The Enhancing the Right to Social Inclusion through Service Integration (ERSISI) project was developed by the Government of Navarra with funding from the European Commission between 2016 and 2019. The project aimed to design and evaluate a new care model targeting the most vulnerable unemployed population. Specifically, participants were offered a personalised integration pathway, tailored to their specific needs, supervised by a joint team comprising two professionals: one with experience in the field of employment and the other in social services. Simultaneously, the project sought to promote a new system for planning Active Employment Policies (AEP) at local level, through collaboration between public and social sector actors.

ERSISI was developed within the framework of the implementation of the Regional Law on Guaranteed Income and the Right to Social Inclusion (2016), in line with Navarra's Employment Plan and Social Inclusion Plan. The initiative was based on the hypothesis that the financial protection provided by the Guaranteed Income does not discourage job-seeking amongst unemployed recipients if it is accompanied by comprehensive, personalised and intensive support that promotes their entry

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into the labour market.

The results of the evaluation of the pilot scheme showed a positive impact on the use of resources for activation, particularly in guidance and training. Likewise, an improvement was observed in the employment behaviour of the participants, as well as indications of higher quality in the jobs secured. The progression of the Guaranteed Income receipt was also favourable, with a reduction in the average number of months the benefit was received. During its pilot phase, the ERSISI model enabled 43.2% of the 500 Guaranteed Income recipients to secure at least one job during the year following their participation in the programme (ALTER, 2022).

Before its conclusion in March 2019, the Department of Social Rights announced the gradual roll-out of the project across the whole of the Autonomous Community of Navarra. However, this objective was postponed as a result of the COVID-19 pandemic. To ensure the initiative's continuity, a new pilot project was launched under the name AUNA, funded by the European Union's Recovery and Resilience Programme (Next Generation EU). This new pilot was designed with a dual purpose: on the one hand, to promote and test the development of processing units, conceived as one-stop shops for the coordinated management of the Living Wage and the Guaranteed Income; on the other, to maintain and strengthen the experience of service integration initiated with ERSISI. All this despite the fact that positive results and a broad consensus on the need to extend this model already existed, which highlights a certain delay in consolidating the commitment to service integration that had been made in the previous phase.

DISCUSSION OF THE RESULTS BASED ON THE ANALYSIS OF THE DIMENSIONS

The initiatives analysed differ in their origins, development and even objectives. They were launched at times when the commitment to innovation in delivery methods appeared capable of making significant contributions to the welfare system. In relation to the four variables analysed, the main insights that the joint analysis can contribute to the discussion and understanding are presented below.

Experimental initiatives must promote changes in professional and organisational culture, but prolonged periods are required for them to take root

Regarding the governance in the three cases analysed, the integration requires a transformation in the institutional culture and in the working methodologies, both between the diverse systems as amongst the professional staff working within them. Although technical resistance and opposition often arise, the evidence suggests that it is precisely the direct interaction amongst the professional workforce that facilitates progress towards greater integration.

Needless to say , this interaction is insufficient on its own. The results of the evaluation of these

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projects clearly demonstrate that, whilst changes are taking place in the professional culture and progress is being made towards mutual understanding between different disciplines and systems (ALTER, 2020), this is primarily facilitated by the creation of spaces for training and professional dialogue.

Nonetheless, for these approaches to take root beyond pilot projects, in addition to promoting and creating the aforementioned spaces, a change in organisational culture will be necessary—one that must necessarily occur over the long term—for which the following conditions must be met.

Public leadership and the commitment of all political actors are key to sustaining the initiatives

Secondly, regarding leadership, it is confirmed that, in the initiatives analysed, there is a strong and decisive government leadership, and that this, combined with the alignment of the initiatives with political priorities, encourages the involvement of the various stakeholders and agencies in the integration processes. This is a crucial aspect that has already been highlighted previously (Devanney & Wislow, 2013).

In this case, it is worth highlighting, particularly in the case of care ecosystems, the broad political consensus that has developed around them. The main parties in the Basque Country have reached agreement at municipal and provincial level to implement the initiative. This highlights the shared leadership on the issue and the capacity to carry it out. In the case of Castilla y León, the regional government has been led by the same political force in the previous decades, which has provided great stability for the development of social and inclusion policies in the region (Prieto Lobato, et al., 2020), and ultimately for the development of the INTecum project. A similar situation occurs in Navarra, where the last three legislative terms have been led by coalition governments formed by progressive parties, with a shared interest in developing social and innovative policies.

It follows, therefore, that public leadership combined with a strong political commitment, whatever its political affiliation, is essential not only for driving these initiatives forward but also, presumably, for ensuring their sustainability.

It is essential to have stable and long-term sources of funding and to reduce dependence on short-term funds

In terms of the third variable, funding, all projects share the common feature of exceptional funding for their launch. Indeed, one of the main challenges in ensuring the sustainability of initiatives aimed at service integration is the need to guarantee the continuity of funding once the experimentation or pilot phase has ended (Lara Moreno et al., 2016). This is particularly evident in the case of ERSISI, which is funded by the European Commission's , or in the case of care ecosystems, which have a pilot

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component in terms of their own organisation.

These short-term funding allocations undoubtedly make it possible to finance the initial phases of experimentation, but they jeopardise the viability of the initiatives if there are no alternative ways of ensuring their long-term financial sustainability. Public authorities may allocate specific resources for a limited period, but consolidating these actions in the long term is a far greater challenge. In this regard, it seems essential that the pilot design is scalable from the beginning and financially viable once it is adapted to a higher volume of demand and broader contexts. Adaptation to tighter budgetary constraints and reduced resource availability can be achieved by reformulating objectives or readjusting the intervention models and ratios used during the experimental phase, but there is no doubt that this jeopardises their usefulness, justification and real impact.

The introduction of new mechanisms entails a reconfiguration of the map of resources, roles and responsibilities

As for the care model, it is worth highlighting the clarity in the coordination of new services or programmes previous ones which, although not yet integrated, share objectives and target populations. The implementation of these new integrated resources implicitly calls into question the intervention models and objectives of traditional or non-integrated mechanisms, which may lead to tensions within the network of resources and agents. This dynamic is particularly evident in the field of social and labour market integration.

It is therefore necessary to clarify the role of the new mechanisms and, in certain cases, to redefine the objectives and functions within the framework. Thus, the sustainability of these initiatives depends, in part, on the ability to overcome the tensions inherent in the processes of integration between disciplines, professional profiles and services, as well as to validate the different professional identities involved, an element that has also been highlighted previously (Hunter and Perkins, 2012).

Demonstrating the results of experimentation is key to unifying perspectives and building consensus between technical and political levels.

Political commitment alone is not enough. The active involvement and collaboration of the professional teams directly working in the field are essential. This support is greatly facilitated by the generation of evidence demonstrating an improvement in the quality and efficiency of the care provided. By doing so, consensus-building between technical and political levels regarding the results and impacts achieved is encouraged. Within this framework, the role of the university in supporting these processes has been fundamental in the experiences analysed, both in terms of systematisation and the collection of evidence.

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CONCLUSIONS

This article has highlighted the strategic nature of service integration initiatives to increase the effectiveness and quality of social protection systems. It has also emphasised their relevance in implementing the social investment paradigm with the aim of ensuring the long-term sustainability of social policies. Currently, the development of experimental and pilot service integration projects is both a necessity and a reality in most autonomous communities. However, their consolidation and extension to the general public faces significant obstacles.

This article identifies various conditions which, based on an analysis of three notable experiences recently developed in the country, are indispensable for such consolidation. Without claiming to exhaust other factors, it emphasises, first and foremost, the need to make deliberate efforts to promote a change in the professional and organisational culture of the agents and actors involved. It is equally a priority to mitigate tensions between professionals operating under traditional service delivery models and those linked to the new schemes. To this end, it is imperative to redesign the role of both new and existing resources within the region's inclusion framework.

Furthermore, planning for scalability from the outset—through the allocation of dedicated budgets and resources—and the existence of public leadership backed by a broad consensus represent two of the most complex challenges to overcome. In this regard, and with the aim of fostering such consensus between the technical and political levels, experimental initiatives must incorporate rigorous evaluation and monitoring systems that verify their social impact and guide their future institutionalisation.

The initiatives examined in this exploratory study have demonstrated a notable impact on improving people's living conditions. The resolution of the challenges outlined above will determine whether these experiences become firmly established in the long-term or instead remain as short-lived and circumstantial interventions.

ETHICAL CONSIDERATIONS

The authors state that their research, based on secondary data, has no ethical implications and does not involve the protection of personal data. In any case, the research presented has been conducted in accordance with established ethical principles, including those set out in the Declaration of Helsinki and other applicable national or international regulations.

DATA AND MATERIALS AVAILABILITY

The authors state that the database generated from the secondary sources used in the study is available to the editor.

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DECLARATION ON GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors report that no Artificial Intelligence resources were used in the writing process of this manuscript in its original Spanish version. Generative AI (DeepL Pro) was used solely for its translation into English, and the result was subsequently subjected to linguistic review.

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CONFLICT OF INTEREST

The authors declare that they are not affected by any conflict of interest in the study presented for publication.

AUTHOR CONTRIBUTIONS

All three authors have contributed equally to the research process presented in this article and to the writing of the text that describes and summarizes it.

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