

Could intake in social services be a specialisation within basic social services?

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Abstract

The specialisation of social work practice within social services intake teams allows for the structuring of interventions. This article aims to present the implementation of an intervention model within the intake team of the basic social services of the Vic City Council, drawing on professional experience and the analysis of data collected through practice. The delimitation of interventions, together with the specialisation of professionals, has led to significant improvements in service outcomes, particularly in relation to user care.

Keywords: Specialisation, intervention delimitation, screening and assessment scale, ethics, cross-disciplinary approach.

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1. Introduction

The social, economic and demographic changes seen in recent years have greatly transformed the demands placed upon basic social services. Rising levels of migration, increasing difficulties in accessing housing and the emergence of increasingly complex social situations call for traditional models of care to be reconsidered and replaced by forms of intervention that are more specialised, efficient and responsive to present-day realities.

In this context, the specialisation and clear delimitation of professional roles within intake teams have become key elements in structuring social work practice and improving the quality-of-service provision. At Vic City Council, the reorganisation of the intake team within the authority's basic social services has enabled the entry point to the system to be more effectively structured, waiting times to be reduced, and a more agile and tailored response to be provided to individuals accessing the service for the first time.

The aim of this article is to describe and analyse the experience of specialising initial assessment within the intake team of the basic social services of Vic, drawing on professional practice and on the analysis of data compiled in the course of intervention. Particular emphasis is placed on a way of working grounded in the clear delimitation of the field of intervention, cross-disciplinary coordination with resources across the service network and appropriate referral to the most suitable services or teams according to each individual situation. This approach is aligned with the Strategic Plan for Social Services 2021–2024 (Government of Catalonia, Department of Labour, Social Affairs and Families, 2021), which advocates more specialised, systematically organised and person-centred models of care in response to increasing social complexity.

The running of intake teams remains a scarcely addressed area within social work literature, despite its fundamental role as the first point of contact between citizens and the social services system. For this reason, this article seeks to highlight the importance of intake as a professional setting for social assessment, guidance and decision-making, and to demonstrate how a specialised organisational model can improve both service quality and the experience of service users.

Lastly, the article argues for the need to situate service users within their actual possibilities, adjusting expectations and promoting shared responsibility throughout the intervention process. This perspective reinforces an ethical, realistic and person-centred approach to social intervention, avoiding dependency-based dynamics and encouraging more sustainable support processes.

2. The intake team within the basic social services of Vic City Council

The basic social services of Vic City Council are organised with the aim of assuring comprehensive, coordinated and accessible support for citizens. This organisational structure responds to a model that prioritises accessibility, clarity in care pathways and coordination between professional teams in order to effectively address the wide range of social situations present within the local area.

Support for individuals accessing the social services system for the first time is provided through a specific intake and screening service. The primary function of this service is to offer an initial professional response, identify the individual's needs and direct them towards the most appropriate resource, service or team according to their circumstances. Intake thus becomes both the gateway to the system and a key setting for initial social assessment.

The professional teams within basic social services are organised according to areas of intervention: older people, adults and families with children and adolescents. In the case of the family team, organisation is structured around school catchment areas, thereby facilitating coordination with the education system. In parallel, the service includes specialised professional roles, such as a technical housing lead, who acts as a liaison with the municipal housing and mediation service, and the role of social inclusion worker, responsible for providing both individual and group support in relation to digital and administrative procedures.

This structure is complemented by the home care team, which ensures an appropriate response to domestic support needs, together with internal services responsible for administrative management, citizen support, assistance to professional teams, data management, communication and e-administration. This organisational model allows for a clear distribution of responsibilities and contributes to greater effectiveness in service delivery.

A key component in consolidating this model has been the definition of the social services portfolio operating in Vic, which specifies the objectives of each service, the access requirements and the respective care pathways. The existence of this framework has enabled the field of intervention of basic social services to be more clearly delineated, ambiguous or exceptional situations to be managed more effectively, and professional criteria in decision-making to be strengthened.

Overall, this organisational structure promotes a model of basic social services that is accessible, coherent and responsive to the needs of citizens, in which the intake team assumes a central role as a forum for guidance, initial assessment and appropriate referral within the wider system.

2.1. Reorganisation of the Department in order to deliver improvements and greater efficiency in operations

In 2022, the Department of Welfare and Family Affairs of Vic City Council embarked on a process of reviewing its internal organisation with the aim of improving service efficiency and the quality of care provided to citizens. This review was based on both quantitative and qualitative analyses of service activity, taking into account indicators such as waiting times, team caseloads, referral pathways and the perceptions of the professionals involved.

One of the critical issues identified concerned the functioning of the gateway to the social services system, specifically the intake service. The team was experiencing considerable service pressure and investing substantial amounts of time in case-transfer meetings with intervention teams. In many instances, these transfers took place without shared criteria regarding the actual need for referral, generating professional disagreements and hindering the efficient management of resources.

This situation was compounded by excessive waiting times for access to the initial intake interview, which at certain points reached almost four weeks. These delays hindered the response to urgent situations and negatively affected both service users' experience and the internal functioning of the service.

In response to this situation, and with external consultancy support, it was agreed to implement a monthly review system for the functioning of the intake service, combining quantitative and qualitative indicators. This process of continuous analysis made it possible to identify specific difficulties and define measures aimed at improving efficiency, clarifying care pathways and enhancing the quality of social intervention.

The actions arising from this reorganisation process addressed a range of areas, including the delimitation of requests requiring direct intervention by the intake team, the reorganisation of administrative procedures, improvements in initial screening, appointment scheduling, the management of emergencies related to housing and homelessness, and the prevention of professional burnout within the team. Taken together, these measures enabled the gateway to the system to be more effectively structured and reinforced the technical role of intake as a setting for initial social assessment.

In order to summarise this process, the following table presents the principal issues identified and the measures implemented, with the aim of setting out the relationship between the critical points detected and the responses adopted in a structured manner.

Table 1. Key issues identified and measures implemented within the intake service

Issue identified	Measure implemented
Requests that did not require direct intervention by the intake service.	Referral of these requests to more appropriate channels, relieving pressure on the intake schedule and improving overall service efficiency.
Requests related to energy poverty.	Creation of a specific administrative assessment pathway and group workshops for the management of associated procedures (social energy tariffs, among others).
Inappropriate referrals from other municipal departments.	Interdepartmental coordination meetings to clarify responsibilities and avoid unnecessary referrals to social services.
Insufficient information for initial social assessment.	Access to internal consultation tools for data verification without the need to schedule a second interview.
Errors in initial reception screening.	Regular review of criteria and reinforcement of screening procedures.
Excessive workload in the management of financial assistance.	Implementation of the Family Assistance Programme, centralising the management of these benefits.
Increase in housing-related emergencies.	Designation of a specialist housing professional and direct coordination with the relevant municipal service.
Lack of structure in the intake schedule.	Weekly planning of the schedule, including programmed interviews, emergency slots and time allocated for internal management.
Fragmented response to situations of homelessness.	Strengthening of network-based work with civic officers, the Guardia Urbana police and mental health services, together with the appointment of a specialist lead professional.
Professional burnout and the low perceived value of the intake team.	Recognition of intake as a key component of the system and reinforcement of its technical role in case transfer processes.
Need to objectify social assessment.	Implementation of the standardised SSM-CAT tool to support screening and initial social assessment

Source: compiled by the authors.

The implementation of this set of measures has had a direct impact on improving the functioning of the service, with a significant reduction in waiting times –from four or five weeks to appointments being offered

within 48 hours– together with a greater capacity to close cases directly at intake level or to refer them more appropriately to the relevant service. This reorganisation process laid the foundations for understanding the current functioning and specialisation of the intake team, which is discussed in the following section.

2.1.1. Specialisation in initial support for newly arrived individuals: intake with a cross-disciplinary approach across the network of services

The intake service within the basic social services of Vic operates from a cross-disciplinary perspective, in coordination with the various resources and organisations across the local area. This way of organising intervention responds to the need to ensure support that is structured, efficient and adapted to the complexity of the situations entering the system, while avoiding duplication and fragmented interventions.

Although social services continue to constitute the principal gateway for many individuals and retain their universal status –as established by Act 12/2007, of 11 October, on Social Services– access to basic social services is linked to territorial criteria, such as place of residence. Within this framework, the clear definition of care pathways and responsibilities between services becomes essential in guaranteeing an appropriate and equitable response.

The precise delimitation of the field of intervention of each service and resource has made it possible to improve the agility of interventions and strengthen the effectiveness of social support. This process requires ongoing work of coordination and review through professional meeting spaces aimed at evaluating the impact of the measures adopted and introducing improvements where necessary. This approach is consistent with the contributions of Cañedo (2011), who highlights the need to move beyond excessively bureaucratised dynamics and to reaffirm the importance of prevention, comprehensive intervention and mediation as core functions of social work.

In this regard, the reorganisation of the service involved redirecting certain tasks –such as energy poverty reports, support with procedures relating to other public administrations or the management of residential exclusion reports– towards specific pathways or specialist professionals. This redistribution of responsibilities enabled intake professionals to be relieved of predominantly administrative tasks and to focus on direct work with individuals in the context of their life circumstances and carrying out a deeper and more appropriate social assessment.

As Cañedo (2011) points out, bureaucratic-administrative logic can lead to paternalistic interventions that undermine the quality of care, particularly when time and available tools are limited. In order to avoid this risk, in cases where intervention is primarily administrative in nature, responsibility is assumed by technical administrative staff, always following a prior holistic assessment undertaken by an intake professional.

The assessment of this organisational change within the Department of Welfare and Family Affairs has been positive, particularly in relation to the reduction in waiting times and the improvement in the capacity to respond to urgent or complex situations. At present, service users are able to access an initial appointment either immediately or within the same week in which it is requested, thereby reinforcing the accessible and community-based nature of the service.

Ultimately, although bureaucracy is inherent to the functioning of public administration, the experience of Vic demonstrates that it is possible to prevent it from becoming the central axis of intervention. The specialisation of intake and the cross-disciplinary approach adopted with the wider network of resources enable professional time to be devoted primarily to support, social analysis and the helping relationship, placing the individual at the centre of the care process.

2.2. Delimitation of the field of intervention: managing boundaries in professional practice

One of the fundamental premises established by the intake team during the reorganisation process was the need to plainly manage the boundaries of social intervention. This approach, conceptualised within the team as “managing no”, aimed to avoid welfare-oriented or paternalistic practices which, rather than promoting the autonomy of the individuals supported, may contribute to the chronic persistence of situations of vulnerability.

There is often a perception that professionals responsible for initial intake should provide an immediate response to any request. This can generate unrealistic expectations regarding the possibilities of the social services system. In this respect, learning to delimit what can and cannot be offered through intake becomes a key tool for situating the individual within their actual circumstances and facilitating support processes that are more appropriate and sustainable. From a strengths-based perspective, social intervention should identify and enhance the individual's own resources, avoiding an approach focused exclusively on deficit or deprivation (de la Paz, 2011). This approach reinforces professional practice that supports without replacing, guides without paternalizing and promotes realistic processes of autonomy.

As Cowger (1994) asserts, social work should help individuals to understand the nature of their situation, identify their needs and explore viable alternatives for achieving their goals. From this perspective, the management of boundaries is not conceived as a refusal, but rather as an exercise in clear and honest communication, grounded in an “adult-to-adult” relationship in which the individual is able to make decisions and assume responsibility for the consequences arising from them.

The use of standardised screening and assessment tools has facilitated this process, as they make it possible to objectify the establishment of boundaries without losing sight of the uniqueness of each situation.

These tools provide a shared framework that reinforces professional consistency and reduces subjectivity in decision-making, while also supporting a fairer and more equitable intervention.

This work around boundaries has also had a significant impact on the professional team itself. The establishment of clear criteria has contributed to lending greater meaning to the intake function, transforming intervention into a process of mutual empowerment both for the individuals receiving support and for professionals. Along these lines, the delimitation of the field of intervention also becomes a tool for preventing professional burnout.

Moreover, experience has highlighted the importance of professional self-awareness and the development of interpersonal skills. The more refined this self-awareness becomes, the more accurate social assessment and resource management are, thereby avoiding interventions that are unnecessarily prolonged or poorly adapted to the individual's actual circumstances.

This approach would not be possible without a solid ethical foundation underpinning social work practice. As Román (2016) points out, appropriate intervention requires the application of a person-centred model, meticulous planning and ongoing evaluation of the care process. In line with this, the intake service has its own ethical reflection space (ERES), which allows for the analysis of complex situations and the provision of responses grounded in ethical and legal perspectives.

As Fantova (2008) argues, although the institutional response may not always satisfy the request expressed by the service user, the duty of care inherent in social services entails maintaining an attitude of support and availability in the event of future changes in the individual's circumstances. This position is particularly relevant in a context characterised by changing family models and increasing social complexity.

Lastly, the incorporation of an intersectional and gender-informed perspective, reinforced through specific training processes, contributes to intervention that is more appropriate, respectful and in-depth. This perspective enables individual situations to be understood in light of the different axes of inequality affecting people's lives and reinforces an ethical, critical and socially committed professional practice.

2.3. The contribution of standardised tools as complements to our diagnostic assessments

Social care is a complex, multidimensional process shaped by multiple personal, family, social and structural factors. Nevertheless, public social services must guarantee responses that are equitable, consistent and effective, particularly at the initial point of contact with the system. Within this context, the incorporation of standardised screening and assessment tools constitutes a key line of improvement in strengthening the technical rigour of social intervention, as highlighted by Giménez et al. (2019).

With the aim of assessing and systematically organising information in a consistent manner, the intake service in Vic has incorporated various standardised tools to support initial social assessment. Specifically, the Self-Sufficiency Matrix screening tool (SSM-CAT) is used to identify individuals or household units with complex social care needs, alongside the SSM-CAT user manual (Department of Social Rights, 2009), as well as the socio-family assessment scale (TSO) in cases involving individuals over the age of 65.

These tools make it possible to structure intervention from the outset and facilitate the organisation of the intake process into three key stages. First, they enable an initial exploration of the situation through a comprehensive perspective that helps identify the principal areas of need. Secondly, they contribute to prioritising situations according to the degree of risk or complexity identified. Lastly, they guide decision-making regarding referral, case closure or the need for more intensive intervention.

The use of these instruments forms part of the quality assessment model promoted by the Avedis Donabedian Foundation and adopted by the Department of Social Rights, which emphasises the need to systematically structure care processes without compromising on a person-centred perspective. As established by Act 12/2007, of 11 October, on Social Services, the situations addressed are multidimensional, requiring careful identification and prioritisation of needs as both a regulatory and professional obligation.

In this respect, Aguilar (2013) states that social assessment is a dialogue-based and systematic process that enables an understanding of needs, causes and the unfolding of situations, while also identifying risk and protective factors. Standardised tools simplify this process by providing objectifiable criteria that reinforce the consistency and robustness of the assessment.

With regard to the socio-family assessment scale (TSO) for individuals over the age of 65, this tool enables the necessary interventions to be determined according to the protocol-defined degree of risk. Accordingly, when the case is referred to the specialist older persons' team, that team can immediately initiate the proposed intervention plan, thereby avoiding duplication in assessment and reducing delays in the overall process.

Meanwhile, the SSM-CAT tool provides a comprehensive view of the individual's situation through analysis of the essential realms of daily life and the person's level of functioning. This tool enables identification of whether the scale of need calls for immediate intervention or further exploration through more specific instruments. In this regard, the SSM-CAT acts as an initial global diagnostic approach that steers any subsequent intervention.

It should be emphasised, however, that these tools are complementary in nature and do not replace professional judgement. Their usefulness depends both on correct application and on appropriate interpretation of the findings, which requires specific training and shared understanding across the entire team. Such training facilitates greater agility in the intake process, improves case transfer procedures and strengthens coordination between professionals.

Within the intake service, work with standardised tools is carried out through the active participation of the individual receiving support, within a process of shared participation that places the person at the centre of intervention. This approach, consistent with the proposals advanced by Giménez et al. (2019), contributes to better tailoring subsequent intervention and reinforces the empowering nature of the care process.

Finally, although the categorisation provided by these tools increases the objectivity, reliability and viability of intervention, it remains necessary to maintain a critical and cautious approach to their use. As Fantova (2008) notes, the application of such tools must always be adapted to the specific context of each individual, ensuring intervention that is flexible, ethical and centred on the uniqueness of every situation.

3. Evolution of intake interviews within social services: trends and lessons learned (2022–2025)

Since January 2023, the intake service of the basic social services of Vic has systematically recorded and analysed monthly activity data. The primary aim of this monitoring process is to ensure compliance with the indicator requiring appointments to be offered within the same week and to assess the impact of the organisational measures implemented on the functioning of the service.

3.1. Evolution in the number of intake interviews

As shown in Figure 1, the evolution in the number of intake interviews between 2022 and 2025 demonstrates a significant transformation of the service, both in terms of activity volume and the stability of the model.

The year 2023 represents a clear turning point in comparison with 2022. The total number of interviews conducted increased from 755 to 1,159, representing a rise of 53%. This increase was concentrated particularly in the first quarter of the year, with notable peaks in January (127 interviews) and March (145 interviews), almost quadrupling the figures recorded during the same period in the previous year. This growth is directly associated with the reorganisation of the service: shorter waiting times, appointments provided within the same week, fewer missed interviews and more effective triaging of requests from the initial point of contact.

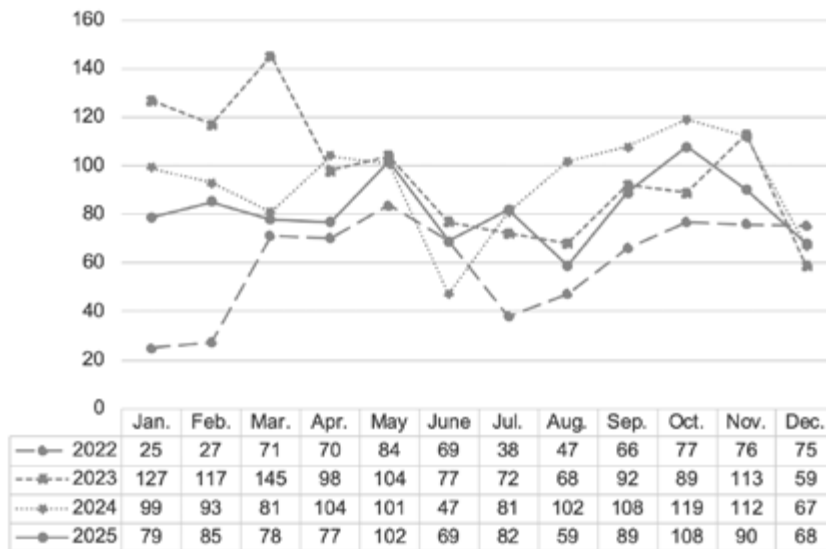
In 2024, the volume of activity remained high, with a total of 1,114 interviews conducted throughout the year. Despite a slight decrease of 4% compared to the previous year, the overall trend of high levels of activity became consolidated. Monthly distribution was more homogeneous, with sustained activity between April and November. The temporary decline observed in June (47 interviews) can be explained by the temporary absence of an intake professional whose post could not be filled until July, highlighting the sensitivity of the service to changes in staffing levels.

The year 2025 consolidates this continuity, with a total of 1,102 interviews conducted during the year. The data demonstrate the stabilisation of the model, with monthly figures similar to those recorded during the previous two-year period and a sustained capacity to respond to social demand.

Comparative analysis also makes it possible to identify several recurring seasonal patterns. The months of March, May, October and November regularly see a high volume of interviews, whereas June and July exhibit greater variability. This pattern, visible in Figure 1, is linked to factors such as internal service planning, citizen demand and holiday periods, and constitutes a key element in planning reinforcement measures and managing human resources.

Overall, the evolution in the number of interviews demonstrates the capacity of the intake service to absorb a sustained increase in demand without losing efficiency, thereby consolidating its role as a central component in the basic social services system.

Figure 1. Monthly evolution of intake interviews (2022-2025)



Source: compiled by the authors.

3.2. Individuals supported, referrals to intervention teams and cases resolved at intake level

Figure 2 illustrates the evolution in the number of individuals supported, cases transferred to intervention teams and cases resolved directly within the intake service during the period 2022–2025, providing an overall view of the impact of the new intervention model.

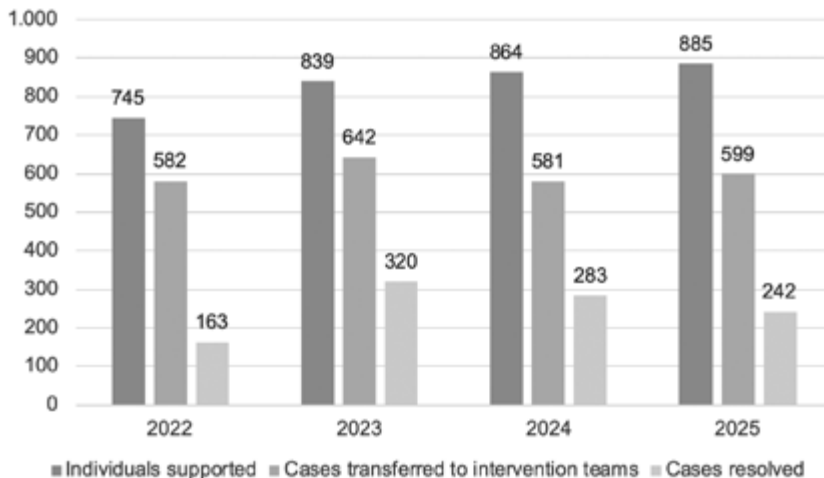
The number of individuals supported shows a clearly upward trend, increasing from 745 in 2022 to 864 in 2024 and reaching 885 in 2025. This increase demonstrates a greater capacity on the part of the service to respond to growing social demand.

At the same time, the number of cases transferred to intervention teams shows a trend towards containment. After reaching a peak of 642 cases in 2023, referrals decreased to 581 cases in 2024, despite the increase in the overall volume of support provided. In 2025, the number of referrals stood at 599 cases, remaining at levels similar to those of the previous year.

One of the most significant indicators is the increase in cases resolved directly within the intake service itself. These rose from 163 cases in 2022 to 320 in 2023 and stabilised at 283 in 2024. In 2025, the number of cases resolved decreased to 242, a variation explained by the implementation of a new intake system for families. This new pathway enables situations of risk affecting children to be identified at an earlier stage and referred directly to the family team, thereby increasing the number of referrals while improving both detection and protection.

As shown in Figure 2, these indicators confirm the effectiveness of the specialised intake model: a greater number of individuals are supported, unnecessary referrals to intervention teams are reduced and the capacity to resolve cases at the first level of support is increased. This contributes to the optimisation of available resources, improves the quality of care provided and consolidates intake as a technical setting for social assessment and meaningful intervention.

Figure 2. Individuals supported, cases transferred to intervention teams and cases resolved (2022–2025)



Source: compiled by the authors.

3.3. Service user feedback: satisfaction with the intake service

With the aim of validating the impact of the intake model implemented within the basic social services of Vic, a satisfaction survey was conducted during the final quarter of 2023 among individuals using the service. The purpose of this evaluation was to gain insight into users' subjective perceptions of their experience, with particular attention paid to the initial point of contact with social services.

For this first edition, a questionnaire validated in 2023 was used in order to ensure the reliability of the results and to establish a stable instrument for future comparisons. Fieldwork was carried out through a web-based questionnaire distributed by SMS invitation, which facilitated participation among service users. It is planned that this same instrument will be administered again in future editions in order to analyse changes in satisfaction over time and assess the longer-term impact of the intake model.

The survey was designed using ordinal categorical response items and demonstrated appropriate psychometric indicators, with a satisfactory reliability index (Cronbach's alpha) and a factorial structure consistent with the dimensions assessed. The total sample comprised 226 users of basic social services, including 66 users of the intake service.

3.3.1. Satisfaction survey questions

The main aspects assessed through direct questions were the following:

1. How would you rate the treatment you received from the staff member who assisted you?
2. Did you feel listened to and understood during the appointment?
3. Did you find the information you received clear and useful?
4. Was the response you received prompt and appropriate to your situation?
5. Did you feel you were given appropriate guidance regarding the next steps or the resources available?
6. On a scale of 0 to 10, how satisfied overall were you with the support you received?

This set of questions made it possible to assess both relational aspects (treatment, listening and respect) and organisational elements (clarity of information, promptness of response and onward guidance).

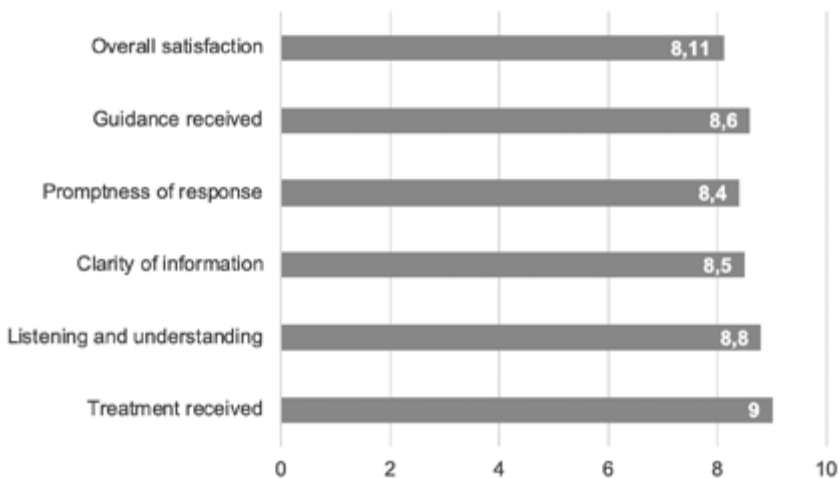
3.3.2. Satisfaction results and overall evaluation

As shown in Figure 3, the survey results reflect a high overall level of satisfaction, with a mean score of 8.11 out of 10 in the final assessment of the support received.

In the specific case of the intake service, users particularly valued the humane and professional manner in which they were treated, the active listening provided, communicative clarity and the speed of response. These findings reinforce the importance of the initial contact with social services as a key moment in building trust and shaping overall perceptions of the system.

The combined analysis of the survey items demonstrates consistency between relational and organisational evaluations, suggesting an intake model that successfully combines professional propinquity with efficiency in responding to demand.

Figure 3. Evaluation of the intake service – Satisfaction survey



Source: compiled by the authors.

4. Conclusions

The experience of reorganising and specialising the intake team within the basic social services of Vic demonstrates that having a well-structured point of entry is an essential condition for ensuring social intervention that is effective, sustainable and meaningful. The systematic monitoring and analysis of the first contact with the system not only improve service efficiency, but also become a key tool for understanding the evolution of social needs and adapting professional responses accordingly.

The continuous analysis of what occurs within the intake service has been a central element of the implemented model. The monitoring of data, periodic review of criteria and evaluation of outcomes have made it possible to introduce ongoing modifications and adjustments, adapting the service to an increasingly complex, diverse and changing social reality.

This capacity for adaptation has been crucial in avoiding organisational rigidity and maintaining responses appropriately aligned with emerging needs.

Within this process, the specialisation of the intake team professionals has played a decisive role. Their in-depth knowledge of the local area, the resources available and diagnostic tools has strengthened the role of intake as a technical space for initial social assessment, guidance and decision-making. This approach has contributed to reducing waiting times, improving case resolution at the first level of intervention and preventing unnecessary referrals to intervention teams.

Gradually, and without this having been an explicit initial goal, the intake service progressed towards a form of specialisation according to population groups and categories of need. Increasing social complexity made it clear that not all situations require the same perspective or the same pace of intervention. At present, the intake team is organised *de facto* around differentiated support for groups such as older people, families with children and other profiles with specific needs. This internal specialisation has enabled responses to be better tailored, social assessments to be more in-depth and interventions to be more appropriately adapted to each individual reality.

The clear delimitation of the field of intervention and the honest management of professional boundaries have likewise been key elements of the model. Positioning individuals within their actual possibilities, through shared responsibility and support, has made it possible to move away from assistance-based or paternalistic dynamics and to encourage care processes that are more realistic and transformative. This practice requires interpersonal skills, professional self-awareness and a solid ethical foundation, all of which have been strengthened through spaces for ethical reflection and collective work within the team.

The incorporation of standardised screening and assessment tools has contributed to systematically structuring practice and strengthening its technical rigour, while retaining a person-centred perspective. The combination of professional judgement, methodological support and the active participation of the individual receiving support has enabled the consolidation of an intake model that balances objectivity with flexibility.

Lastly, the quantitative and qualitative findings obtained, together with the high degree of satisfaction expressed by service users, lay testimony to the effectiveness of the implemented model and reinforce the value of intake as a key component of the social services system. The experience of Vic demonstrates that a specialised point of entry, subject to continuous analysis and capable of adapting to social change, not only brings greater organisation to the system, but also lends dignity to social intervention and strengthens its transformative role within the community. This model, grounded in ongoing analysis, progressive specialisation and person-centred care, constitutes an experience that may be transferable to other municipal contexts with similar characteristics.

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