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Organizational Barriers to Access in Community Social Services: Fragmentation, Bureaucratization, Congestion and the Role of Triage

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Abstract

Community social services play a crucial role as the main gateway to welfare systems. However, increasing demand, organizational complexity, and limited adaptive capacity have generated growing difficulties in ensuring timely and equitable access to support. This study examines the organizational barriers affecting access to community social services and explores the role of triage as an organizational innovation. A qualitative case study was conducted at the Community Social Services Centre of Benalmádena City Council (Spain). Data were collected through focus groups, Customer Journey Mapping exercises, and Design Thinking workshops involving social workers, administrative staff, managers, and external experts, and were analysed using thematic analysis. The findings indicate that access barriers arise from a systemic configuration of organizational dysfunctions rather than from resource scarcity alone. Six interconnected themes were identified: fragmented access pathways, the absence of prioritization mechanisms, demand duplication and appointment absenteeism, organizational bottlenecks related to professional role distribution, fragmented information systems, and the emergence of triage as an organizational innovation. These factors generate cumulative effects that reduce organizational responsiveness and hinder access to services. The study concludes that triage should be understood as part of a broader process of organizational redesign aimed at improving demand management, prioritization, and coordination, highlighting the need for systemic organizational transformation to enhance access to social services.

Keywords: community social services; access to services; organizational barriers; triage; organizational innovation; demand management; street-level bureaucracy



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1. Introduction

Community social services constitute the primary gateway to welfare systems in many European countries and play a crucial role in addressing situations of vulnerability, dependency, poverty, social exclusion and family crisis. In decentralized welfare systems, local social services often represent the first institutional point of contact between citizens and public protection mechanisms. Over recent decades, these services have experienced a sustained increase in demand driven by demographic ageing, labour market instability,

housing insecurity, migration processes and the emergence of new social risks that challenge traditional welfare arrangements (Taylor-Gooby 2013; Cantillon and Vandenbroucke 2014).

Despite the growing complexity and volume of social needs, the organizational structures through which community social services operate have evolved more slowly. This imbalance between increasing demand and limited organizational adaptation has generated significant tensions affecting service accessibility, responsiveness and effectiveness. While accessibility is frequently understood in terms of service availability, contemporary approaches emphasize that access is also shaped by organizational, procedural and relational factors that determine how individuals engage with welfare institutions (Levesque et al. 2013). From this perspective, barriers to access are not exclusively external to services but may emerge from the internal configuration of organizational processes themselves.

Research on public services has increasingly highlighted the importance of organizational factors in explaining service performance. Rather than being solely a consequence of resource scarcity, many accessibility problems appear to result from the way organizations manage demand, distribute responsibilities and coordinate information flows (Margetts and Dunleavy 2013; Pollitt and Bouckaert 2017). In community social services, these challenges often manifest through prolonged waiting times, difficulties in obtaining appointments, duplication of procedures, administrative overload and limited responsiveness to urgent situations.

Three organizational dynamics appear particularly relevant for understanding these challenges: fragmentation, bureaucratization and organizational congestion.

Fragmentation refers to the existence of multiple services, procedures, programs and information systems operating with limited coordination. In fragmented environments, users frequently navigate different access routes, repeat information across administrative units and encounter discontinuities throughout their interaction with services (Brodkin 2011; Carey et al. 2017). Fragmentation affects not only users but also professionals, generating duplicated tasks, inefficient workflows and difficulties in coordinating interventions.

Bureaucratization constitutes a second relevant dimension. As welfare systems expand, administrative requirements tend to increase in order to ensure accountability, transparency and procedural compliance. Although these objectives are necessary, excessive proceduralization may reduce organizational flexibility and shift professional attention from intervention activities towards administrative tasks. Lipsky's (2010) theory of street-level bureaucracy provides an important framework for understanding how frontline professionals operate under conditions of high demand, limited resources and procedural constraints. In such contexts, organizational routines frequently emerge as mechanisms for managing pressure, although these same routines may contribute to delays, bottlenecks and reduced responsiveness.

A third challenge concerns organizational congestion. Congestion emerges when demand exceeds the processing capacity of organizational structures. While often attributed to insufficient resources, previous research suggests that congestion may also result from deficiencies in process design, inadequate demand management systems and the absence of prioritization mechanisms (Margetts and Dunleavy 2013; Murray and Berwick 2003). Under these conditions, waiting lists tend to expand, urgent situations may remain unattended and service responsiveness deteriorates.

The interaction between fragmentation, bureaucratization and congestion can generate self-reinforcing cycles of organizational inefficiency. Long waiting times may encourage users to seek alternative routes to access services, creating duplicated requests and increasing administrative workload. In turn, administrative overload may further reduce organizational capacity to process demand effectively, reinforcing congestion and limiting

accessibility. Understanding how these dynamics operate in practice is therefore essential for designing more adaptive and responsive service models.

Recent debates on welfare innovation have increasingly emphasized the need to redesign access processes and demand management systems. Within this context, triage systems have emerged as a potentially useful organizational mechanism. Originally developed in healthcare settings, triage systems seek to classify demand according to urgency, complexity or level of need, enabling organizations to allocate resources more efficiently and prioritize cases requiring immediate attention (Austin et al. 2009; Murray and Berwick 2003). Although triage approaches have attracted growing interest within human services, empirical evidence regarding their application in community social services remains limited.

Rather than constituting merely a technical instrument, triage systems can be understood as organizational innovations that alter how access is structured and how decisions regarding service allocation are made. Their relevance lies not only in their capacity to prioritize demand but also in their potential to reveal underlying organizational dysfunctions that remain hidden within traditional first-come, first-served models.

This study examines accessibility problems in community social services from an organizational perspective. Specifically, it analyzes how fragmentation, bureaucratization and organizational congestion shape access processes within a municipal social services system. In addition, the study explores the implementation of a pilot triage system as an organizational innovation designed to address some of the barriers identified.

The research was conducted within the Community Social Services Centre of Benalmádena City Council (Spain), a municipal service characterized by high demand, extended waiting times and the absence of formal prioritization mechanisms. This case provides a valuable opportunity to examine how organizational dysfunctions materialize in everyday service processes and to explore possible strategies for improving accessibility.

The objective of this study is twofold: first, to identify and analyze the organizational factors that limit accessibility in community social services; and second, to explore the potential contribution of a triage system as an organizational innovation for improving demand management and access processes.

By focusing on organizational dynamics rather than exclusively on resource constraints, this study contributes to ongoing debates concerning the modernization of social services, the governance of access and the development of more responsive welfare systems. The findings provide empirical evidence regarding the organizational roots of accessibility problems and offer insights into how service redesign strategies may contribute to overcoming them.

2. Materials and Methods

This study adopts a qualitative case study design aimed at understanding how organizational dynamics shape accessibility in community social services and how organizational innovation processes may contribute to addressing barriers to access. A case study approach was considered particularly appropriate because accessibility problems emerge through complex interactions between organizational structures, professional practices, administrative procedures and service users' trajectories. These phenomena are deeply embedded within their institutional context and therefore require an in-depth examination of organizational processes as they unfold in real-world settings (Yin 2018).

The research was developed within an applied and participatory framework oriented towards organizational improvement. Rather than evaluating a fully consolidated intervention, the study sought to generate a comprehensive understanding of the organizational factors contributing to accessibility problems while simultaneously supporting a process of organizational reflection and redesign. In this regard, the research combined diagnostic and

innovation-oriented objectives, allowing empirical analysis and organizational learning to evolve simultaneously.

The study was conducted within the Community Social Services Centre of Benalmádena City Council, located in the province of Málaga (Spain). The municipality has experienced sustained demographic growth during recent decades and faces increasing pressure on social services associated with population ageing, socioeconomic vulnerability, housing difficulties and the diversification of social needs. At the time of the research, access to social services was primarily organized through chronological appointment allocation and managed through multiple entry channels, including face-to-face requests, telephone communication, email and administrative registers. Although these channels provided multiple opportunities for citizens to initiate contact with services, no formal prioritization mechanism existed to differentiate between situations according to urgency, complexity or risk. As a consequence, waiting lists had progressively increased, generating concerns among professionals regarding accessibility, responsiveness and service effectiveness.

The selection of Benalmádena responded to its theoretical relevance rather than statistical representativeness. The organizational challenges observed within the municipality reflected broader concerns increasingly reported across local social service systems, particularly those associated with rising demand, limited adaptive capacity and growing organizational complexity. The case therefore provided an opportunity to explore how accessibility barriers are produced through everyday organizational practices and to identify potential strategies for organizational redesign.

Participants were selected through purposive sampling (Patton 2015), prioritizing individuals directly involved in access processes, demand management and service coordination. The sample included social workers responsible for assessment and intervention processes, administrative staff involved in appointment management and first-contact functions, service coordinators and managers, as well as external professionals from other municipalities with experience in organizational innovation and access management. The objective was not to achieve statistical representativeness but rather to ensure the inclusion of diverse professional perspectives capable of providing rich and relevant insights into organizational functioning. The final sample consisted of 21 participants, whose professional profiles are summarized in Table 1.

Table 1. Professional Profile of Participants.

Professional Profile	Number of Participants
Social Workers	13
Administrative staff	4
Coordinators and Managers	2
External Experts	2

Data collection was carried out over a twelve-month period and formed part of a broader organizational innovation process developed within the social services centre. Given the complexity of the phenomenon under investigation, multiple qualitative techniques were employed in order to capture different dimensions of organizational reality and strengthen the robustness of the findings through methodological triangulation.

Focus groups constituted the principal source of empirical material. Six group sessions were organized involving professionals occupying different organizational positions. The use of focus groups was based on the assumption that accessibility problems are socially constructed and collectively experienced within organizations. Consequently, understanding these phenomena required the exploration of shared interpretations, professional narratives and collective sense-making processes. The group format encouraged

participants to contrast experiences, identify common challenges and reflect collaboratively upon the organizational conditions shaping access to services. Discussions focused on participants' experiences of managing demand, coordinating interventions, responding to waiting lists and navigating the tensions generated by increasing organizational pressure. Each session lasted between ninety and one hundred and twenty minutes and was audio-recorded with participants' informed consent.

To complement these discussions, Customer Journey Mapping was employed as a participatory technique for reconstructing the pathways followed by citizens when attempting to access social services. Consistent with service design approaches, journey mapping facilitates the visualization of user experiences across multiple touchpoints and helps identify organizational barriers, discontinuities and opportunities for improvement (Richardson 2010).

The research also incorporated a series of Design Thinking workshops aimed at facilitating collaborative diagnosis and organizational reflection. Following Design Thinking principles (Brown 2008), these workshops created opportunities for professionals from different units and organizational levels to analyse existing processes, discuss their limitations and collectively generate proposals for improvement. Rather than functioning solely as data collection activities, the workshops formed part of an iterative process through which diagnosis and innovation developed simultaneously. The discussions generated valuable insights into organizational culture, communication patterns, professional roles and perceptions regarding the capacity of the service to respond effectively to demand.

One of the most significant outcomes emerging from these participatory processes was the identification of the absence of prioritization mechanisms as a central organizational weakness. Professionals repeatedly highlighted the limitations of a chronological appointment system that treated all requests equally regardless of urgency or complexity. As a consequence, a pilot triage system was developed as part of the broader organizational innovation process. The pilot sought to introduce structured criteria for classifying incoming requests according to levels of urgency and social need, thereby supporting a more differentiated allocation of organizational resources.

The implementation of the pilot was conceived as an exploratory process rather than as a fully consolidated intervention. Its primary purpose was to examine the feasibility of introducing prioritization mechanisms within access procedures and to generate empirical evidence regarding the typology of demands received by the service. The pilot also provided an opportunity to observe how professionals adapted to new organizational routines and how prioritization mechanisms interacted with existing workflows and decision-making processes. Consequently, the pilot generated additional qualitative material that contributed to understanding both the organizational dysfunctions affecting accessibility and the challenges associated with organizational change.

All qualitative material generated through focus groups, workshops, customer journey mapping exercises and observations derived from the pilot implementation was analysed using thematic analysis following the framework proposed by Braun and Clarke (2006). Analysis began with repeated readings of the empirical material to achieve familiarization with the data. Initial codes were subsequently generated inductively and iteratively, allowing themes to emerge from participants' accounts rather than imposing predefined categories. Through a process of constant comparison across data sources, codes were progressively grouped into broader thematic patterns reflecting the organizational factors shaping accessibility.

The analytical process ultimately identified a series of interconnected themes relating to fragmentation, bureaucratization, organizational congestion, professional role distribution, coordination mechanisms and information management practices. Particular attention

was paid to the relationships between these themes and the ways in which they collectively contributed to the production of accessibility barriers. Rather than treating each dysfunction as an isolated phenomenon, the analysis sought to understand how organizational dynamics interacted and reinforced one another within the broader service system.

Several strategies were employed to enhance the trustworthiness and rigor of the study. Methodological triangulation was achieved through the combination of multiple qualitative techniques, while data source triangulation was ensured through the participation of professionals occupying different organizational roles. The iterative nature of the research process also allowed preliminary interpretations to be continuously contrasted with emerging data and discussed among participants during subsequent stages of analysis and organizational reflection. These procedures contributed to strengthening the credibility, dependability and confirmability of the findings.

The reporting of this study was informed by the Consolidated Criteria for Reporting Qualitative Research (COREQ), a 32-item checklist designed to improve the transparency and rigor of qualitative studies based on interviews and focus groups (Tong et al. 2007). Particular attention was paid to the description of the research context, participant selection, data collection procedures and analytical processes in order to enhance methodological transparency and facilitate the assessment of research quality.

The study was conducted within a service innovation and organizational improvement framework developed in collaboration with the municipal social services department. Participation was voluntary and informed consent was obtained from all participants prior to data collection. No personal data relating to service users were collected for research purposes, and all professional contributions were anonymized during analysis and reporting. The study complied with the principles established in Regulation (EU) 2016/679 (General Data Protection Regulation) and Spanish Organic Law 3/2018 on the Protection of Personal Data and Guarantee of Digital Rights. Particular attention was paid to safeguarding confidentiality, ensuring professional anonymity and promoting the responsible use of organizational information throughout the research process.

3. Results

The analysis revealed that accessibility problems within community social services cannot be adequately explained by increasing levels of demand alone. Rather, participants described a set of interconnected organizational dynamics that collectively shape how citizens access services and how professionals manage requests. Across the different data sources, six major themes emerged: fragmented access pathways, the absence of formal prioritization mechanisms, demand duplication and appointment absenteeism, organizational bottlenecks associated with professional role distribution, fragmented information systems and the emergence of triage as a potential organizational innovation.

Taken together, these findings suggest that accessibility barriers are produced through a systemic configuration of organizational arrangements that reinforce one another, generating cumulative effects on responsiveness, efficiency and user experience.

3.1. *Fragmented Access Pathways and Organizational Complexity*

One of the most recurrent findings concerned the existence of multiple access channels operating simultaneously without a unified demand management structure. Participants described a system in which requests entered through face-to-face attendance, telephone calls, administrative registers, corporate email accounts, external agencies and several digital platforms. Although these channels had emerged in response to different operational needs, professionals frequently perceived them as generating parallel and uncoordinated flows of demand.

As one participant explained:

“Requests arrive through the reception desk, email, TAO and other administrations. At the moment everything is still evolving and it is quite complicated”. (Social Worker 2)

Another social worker emphasized the difficulties associated with coordinating these routes:

“Demand can arrive through email, TAO or other administrations. There is simply no way of bringing everything together into a single system”. (Social Worker 2)

The coexistence of multiple entry points created uncertainty regarding who was responsible for managing incoming requests and how information should be distributed among professionals. Customer Journey Mapping exercises showed that users frequently encountered a fragmented pathway in which interactions with different organizational units were not always connected. Delays at one stage often generated consequences throughout subsequent stages of the process, increasing uncertainty regarding response times and available services.

Reception staff also highlighted the practical difficulties created by this fragmented configuration. Citizens often approached the service with limited information regarding procedures or organizational responsibilities, while professionals struggled to determine the most appropriate route for each request. The absence of a single coordinated access mechanism contributed to duplicated contacts, repeated explanations of the same situation and increased administrative workload.

Fragmentation therefore emerged not simply as a structural characteristic of the organization but as an everyday reality shaping both professional practice and user experience.

3.2. The Absence of Prioritization and the Logic of Chronological Access

A second theme concerned the absence of formal mechanisms for differentiating requests according to urgency, complexity or level of social risk. Participants consistently described a system in which appointments were generally allocated according to the order in which requests were received rather than according to the severity of individual situations.

As one social worker stated:

“Non-urgent cases are not filtered. Appointments reach me according to the order in which requests were received”. (Social Worker 2)

Although professionals recognized that certain situations clearly required immediate intervention—such as evictions, utility disconnections, situations involving minors or urgent dependency-related needs—there was no shared organizational framework for prioritizing cases beyond these exceptional circumstances.

Several participants reported that prioritization decisions depended largely on individual judgement rather than organizational criteria. One social worker explained:

“Once you know the users, you know who should be prioritized. The problem is deciding how to prioritize new requests entering the system”. (Social Worker 5)

The difficulties associated with assessing urgency at the point of entry were repeatedly highlighted throughout the interviews. As another participant noted:

“Everyone says their case is urgent. That is why filtering is essential”. (Social Worker 6)

Reception staff faced particular challenges in this regard. They often lacked sufficient information to determine whether a situation required immediate attention, while users were frequently reluctant to disclose personal circumstances in open reception areas. This

created uncertainty regarding which cases should be prioritized and which could be managed through routine procedures.

The findings suggest that accessibility was strongly influenced by the absence of organizational mechanisms capable of matching service responses to differing levels of need. While chronological allocation appeared procedurally neutral, participants frequently questioned its capacity to ensure equitable access for those facing the most serious situations.

3.3. Demand Duplication and Appointment Absenteeism

The absence of prioritization mechanisms and the accumulation of waiting lists generated a series of adaptive behaviours among service users. Participants reported that citizens frequently contacted the service repeatedly, submitted requests through different channels or sought alternative ways of obtaining appointments when waiting periods became excessive.

One social worker described the situation as follows:

“People are piling up because calls have to be answered while new users continue arriving at reception. It is chaos on top of chaos”. (Social Worker 2)

Professionals frequently interpreted these behaviours as rational responses to uncertainty rather than as inappropriate use of services. In the absence of clear information regarding waiting times or prioritization criteria, users often attempted to increase their chances of obtaining assistance by contacting the organization repeatedly.

The implementation of the triage pilot made the scale of this phenomenon more visible. As one participant explained:

“The same families were calling repeatedly and appearing several times on the waiting lists”. (Social Worker 4)

Reception staff also highlighted the difficulties associated with understanding the actual nature of requests during initial contact. One receptionist explained:

“Many users do not want to explain their situation at the reception desk. Sometimes we simply record ‘social assistance’ because no further information is provided”. (Receptionist 2)

The accumulation of duplicated requests distorted demand management processes and complicated the estimation of actual service needs. Participants also reported that prolonged waiting periods frequently resulted in missed appointments, as users either resolved their situations through alternative means or disengaged from the process before receiving professional attention.

The coexistence of long waiting lists and unused appointment slots was widely perceived as evidence of deeper organizational inefficiencies. Rather than being interpreted solely as individual behaviour, duplication and absenteeism were understood as consequences of broader organizational arrangements that shaped citizens’ interactions with the service.

3.4. Organizational Bottlenecks and Professional Role Misalignment

A fourth theme concerned the concentration of key organizational functions within a limited number of professional roles and the mismatch between professional competencies and actual task allocation.

Across interviews and focus groups, social workers consistently reported spending substantial portions of their working time on administrative procedures, document verification, data entry and procedural management. At the same time, administrative staff and reception personnel frequently found themselves undertaking tasks involving elements of assessment, guidance or demand classification.

One participant summarized this situation clearly:

“A great deal of the work carried out by social workers could be done by administrative staff. Professionals spend too much time entering data”. (Social Worker 5)

Another social worker noted:

“Administrative staff could request expired documents, but social workers are the ones doing it”. (Social Worker 6)

The concentration of responsibilities within social work professionals was repeatedly identified as one of the principal sources of organizational congestion. As one participant stated:

“The social worker carries the entire workload”. (Social Worker 7)

Reception staff similarly reported difficulties associated with the expansion of their responsibilities beyond their formal role. One professional observed:

“Reception staff are carrying out functions that go beyond what should be expected of them”. (Social Worker 1)

Participants frequently argued that many routine administrative functions could be redistributed among administrative personnel, educators or psychologists, thereby enabling social workers to dedicate more time to assessment, intervention and case management activities.

The findings indicate that accessibility problems were closely linked to the distribution of responsibilities within the organization. The concentration of key functions within a limited number of professionals created bottlenecks that reduced organizational capacity and contributed to the accumulation of waiting lists.

3.5. Fragmented Information Systems and Limited Data Utilization

The analysis also revealed significant difficulties relating to information management and data governance. Participants consistently described an organizational environment characterized by multiple databases, duplicated registration processes and limited interoperability between systems.

One social worker summarized the situation succinctly:

“There is an Excel spreadsheet for everything”. (Social Worker 1)

Another participant explained:

“We record information in TAO, Excel and SIUSS. Completing spreadsheets is not social work”. (Social Worker 4)

Similarly, an professional noted:

“Every procedure has its own spreadsheet that needs to be completed”. (Social Worker 5)

The coexistence of multiple information systems generated duplication of effort and increased administrative workload. Participants frequently reported having to enter similar information repeatedly across different platforms while simultaneously lacking integrated information capable of supporting decision-making and organizational planning.

Several professionals also highlighted difficulties accessing information recorded by other programmes or organizational units. As a result, professionals often relied on personal knowledge, informal communication channels or individual experience rather than on integrated organizational information.

The fragmentation of information systems was perceived not only as a technical issue but also as a factor affecting service quality. Time devoted to duplicate data entry reduced the time available for direct intervention, while the absence of integrated information limited the organization's capacity to identify demand patterns, evaluate performance and allocate resources strategically.

These findings suggest that information fragmentation constitutes a significant organizational barrier affecting both efficiency and accessibility.

3.6. Triage as an Emerging Organizational Innovation

The final theme concerned the emergence of triage as a response to many of the organizational dysfunctions identified throughout the diagnostic process. Across interviews, workshops and mapping exercises, participants increasingly converged around the need for a structured mechanism capable of differentiating requests according to urgency and social need.

Reception staff emphasized the potential benefits of introducing clearer classification procedures. One participant explained:

"We now have a classification system that tells us who each request should be referred to". (Receptionist 1)

Similarly, a social worker highlighted the importance of creating a single and coordinated entry point:

"There should be a single entry point for appointments, complete case files and a shared understanding of who does what". (Social Worker 5)

The pilot implementation of triage introduced a more structured approach to demand classification and generated valuable information regarding the typology of incoming requests. Participants reported that the new system improved the visibility of urgent situations and facilitated a more differentiated allocation of organizational resources.

At the same time, professionals also identified limitations associated with the initial implementation of the pilot. One participant observed:

"If a social workers is dealing with users, then reception staff have to collect the requests instead". (Social Worker 2)

Another receptionist expressed concerns regarding overlapping processes:

"To me, it feels like a duplication of processes". (Receptionist 2)

Despite these operational challenges, participants generally agreed that some form of structured prioritization was necessary. The pilot was widely perceived as a first step towards addressing longstanding organizational problems associated with waiting lists, demand management and service accessibility.

Overall, the findings demonstrate that accessibility barriers emerge from a systemic configuration of organizational dysfunctions rather than from a single organizational deficiency. Fragmentation, the absence of prioritization, role misalignment and information deficits interact and reinforce one another, generating cumulative effects on service responsiveness. Within this context, triage appears not as a standalone solution but as one component of a broader process of organizational transformation aimed at improving access, coordination and efficiency within community social services.

4. Discussion

The findings of this study provide empirical evidence that accessibility problems in community social services are deeply rooted in organizational dynamics rather than being solely attributable to resource scarcity. Although increasing demand undoubtedly

places pressure on local welfare systems, the results suggest that the way organization's structure access, allocate responsibilities, manage information and process requests plays a decisive role in shaping citizens' experiences of service accessibility. In this sense, the study contributes to ongoing debates regarding the modernization of social services by demonstrating that accessibility should be understood as an organizational outcome rather than simply as a question of service availability.

The analysis identified a systemic configuration of organizational dysfunctions characterized by fragmented access pathways, the absence of formal prioritization mechanisms, demand duplication, role misalignment and fragmented information systems. Importantly, these dysfunctions did not operate independently. Rather, they interacted and reinforced one another, producing cumulative effects that reduced organizational responsiveness and increased congestion. This finding supports previous research suggesting that organizational performance in public services is strongly influenced by the interaction between institutional structures, administrative processes and professional practices rather than by individual factors alone (Pollitt and Bouckaert 2017; Carey et al. 2017).

The findings relating to fragmented access pathways are particularly significant. Participants described a system characterized by multiple entry points operating simultaneously without effective integration. This fragmentation generated parallel flows of demand, duplicated requests and difficulties in coordinating responses. These findings align with previous research highlighting fragmentation as one of the principal challenges facing contemporary welfare systems (Brodin 2011; Carey et al. 2017). However, the present study extends this literature by showing how fragmentation becomes embedded in everyday organizational practices and directly shapes users' experiences of access. Rather than functioning merely as a structural characteristic of service systems, fragmentation emerged as a mechanism that actively produced inefficiencies and uncertainty throughout the access process.

The absence of formal prioritization mechanisms constituted a second major finding. The predominance of chronological appointment allocation created a situation in which requests were largely processed according to their order of arrival rather than according to urgency or level of need. Although such arrangements may appear procedurally fair, the findings suggest that they can generate substantive inequalities by failing to differentiate between situations requiring immediate intervention and those that can reasonably tolerate delays. This tension between procedural equality and substantive equity has received limited attention within social services research but has been widely discussed in health care literature, where triage systems were originally developed to address this challenge precisely (Murray and Berwick 2003). The present study suggests that similar concerns are increasingly relevant within community social services.

The findings also provide further support for theoretical perspectives derived from street-level bureaucracy. Lipsky (2010) argued that frontline professionals operating under conditions of high demand and limited resources inevitably develop coping strategies to manage organizational pressures. The results observed in Benalmádena illustrate how professionals exercise discretion in prioritizing cases, managing waiting lists and allocating limited resources in the absence of formal organizational criteria. However, the findings also suggest that excessive reliance on individual discretion may generate inconsistencies and variability in service delivery. While professional judgement remains essential in social work practice, the absence of shared organizational frameworks for prioritization may undermine transparency and equitable access.

Another important contribution concerns the relationship between organizational congestion and user behaviour. Existing research often conceptualizes waiting lists as indicators of insufficient organizational capacity. However, the present findings reveal a more

complex dynamic. Long waiting periods encouraged users to adopt adaptive behaviours, including repeated requests, duplicated contacts and alternative strategies for securing appointments. These behaviours, while rational from the perspective of users, further increased administrative workload and contributed to organizational congestion. Similar dynamics have been observed in studies of health service utilization and appointment systems (Neal et al. 2015; Dantas et al. 2018), but they remain relatively underexplored within social services. The findings therefore suggest that congestion should be understood as a relational phenomenon produced through the interaction between organizational arrangements and user responses.

The study also highlights the significance of professional role distribution in shaping organizational performance. Participants consistently described situations in which social workers devoted substantial time to administrative tasks while administrative personnel undertook activities involving elements of assessment or demand classification. These findings resonate with Noordegraaf's (2015) discussion of hybrid professionalism and with broader debates concerning role differentiation within human service organizations. The results suggest that organizational inefficiencies are not simply the consequence of insufficient staffing levels but also of how responsibilities are allocated across professional groups. In this regard, improving accessibility may require not only additional resources but also a reconsideration of task distribution and organizational design.

Data governance emerged as another critical dimension of accessibility. Participants repeatedly referred to fragmented information systems, duplicated registration processes and limited interoperability between databases. These findings are consistent with previous studies highlighting the challenges associated with data integration in public services (Klievink et al. 2017). However, the results also reveal a paradoxical situation in which large volumes of information are routinely collected without generating corresponding improvements in organizational learning or decision-making. This observation closely reflects the notion of the "data paradox" proposed by Van der Voort et al. (2019), whereby the accumulation of data does not necessarily translate into enhanced organizational intelligence. The findings suggest that digitalization alone is insufficient to improve service performance unless accompanied by broader reforms concerning data governance, interoperability and organizational processes.

Within this broader context, the emergence of triage represents perhaps the most important practical implication of the study. Unlike many discussions of triage that focus primarily on technical classification tools, the findings indicate that triage should be understood as an organizational innovation aimed at restructuring access processes. The pilot implementation demonstrated that introducing structured prioritization criteria can contribute to reducing waiting times, improving the visibility of urgent situations and generating valuable information regarding demand typologies. These findings are consistent with previous studies suggesting that triage systems can improve service responsiveness and resource allocation within human service organizations (Austin et al. 2009).

At the same time, the findings caution against viewing triage as a standalone solution. Participants repeatedly emphasized that the effectiveness of prioritization mechanisms depended on broader organizational conditions, including workload distribution, coordination practices and information management systems. This observation is particularly important because it suggests that triage is most effective when embedded within wider processes of organizational transformation. In other words, triage does not eliminate fragmentation, bureaucratization or information deficits; rather, it creates opportunities to address these issues more systematically.

The study therefore contributes to emerging debates on organizational innovation and digital transformation in social services. Much of the existing literature conceptualizes digital transformation primarily in technological terms, emphasizing the adoption of new platforms, software applications or data systems (Mergel et al. 2019; Vial 2019). The findings presented here support a broader understanding of transformation as a socio-technical process involving changes in organizational structures, workflows, professional roles and decision-making practices. From this perspective, technological solutions are unlikely to improve accessibility unless accompanied by organizational redesign.

Several limitations should be acknowledged. First, the study is based on a single municipal case and therefore does not seek statistical generalization. Nevertheless, the organizational challenges identified are consistent with concerns reported in many local social service systems and may therefore possess analytical transferability to similar contexts. Second, the findings are primarily based on the perspectives of professionals and organizational actors. Future research should incorporate the experiences of service users in order to develop a more comprehensive understanding of how organizational arrangements shape access from the citizen perspective. Third, the triage system examined in this study was implemented as a pilot initiative. Further research is therefore needed to assess its long-term effects on accessibility, service outcomes and organizational performance.

Despite these limitations, the study offers important insights into the organizational foundations of accessibility in community social services. By demonstrating how fragmentation, congestion, role misalignment and information deficits interact to shape access processes, the findings move beyond explanations centred exclusively on resource scarcity. More importantly, they suggest that improving accessibility requires a systemic approach that combines organizational redesign, improved data governance and structured demand management mechanisms. Within this broader framework, triage emerges not as a technical solution but as part of a wider process of organizational transformation aimed at creating more responsive, equitable and adaptive social service systems.

5. Conclusions

This study set out to examine the organizational factors that shape accessibility in community social services and to explore the potential contribution of a triage system as an organizational innovation aimed at improving access processes. The findings demonstrate that accessibility problems cannot be adequately understood as a consequence of increasing demand or insufficient resources alone. Rather, they emerge from a complex configuration of organizational dynamics that influence how requests are received, processed and managed within the service system.

The research identified five interrelated organizational challenges affecting accessibility: fragmented access pathways, the absence of formal prioritization mechanisms, demand duplication and appointment absenteeism, professional role misalignment and fragmented information systems. These dysfunctions operate simultaneously and reinforce one another, creating cumulative effects that reduce organizational responsiveness, increase administrative workload and generate barriers for both citizens and professionals. In this sense, the study confirms that accessibility is not simply a matter of service availability but is fundamentally shaped by organizational design.

One of the principal contributions of the study lies in demonstrating how organizational fragmentation extends beyond structural arrangements and becomes embedded within everyday practices. The coexistence of multiple access channels, disconnected information systems and informal coordination mechanisms generates inefficiencies that affect the entire service pathway. Similarly, the predominance of chronological appointment allocation reveals the limitations of access models that fail to differentiate between situations

according to urgency or complexity. While such models may appear procedurally neutral, they often struggle to respond equitably to diverse levels of need.

The findings also highlight the importance of examining how responsibilities are distributed across professional groups. Social workers were repeatedly identified as the primary organizational bottleneck, not because of deficiencies in professional practice, but because of the concentration of key functions within a limited number of roles. At the same time, the persistence of administrative burdens and duplicated data entry processes reduces the time available for assessment, intervention and relationship-based practice. These findings suggest that organizational redesign may be as important as resource expansion in improving service performance.

Within this context, the triage pilot emerged as a promising organizational innovation. The introduction of structured prioritization mechanisms contributed to improving the visibility of urgent situations, reducing waiting times and generating a more differentiated understanding of demand. However, the study also demonstrates that triage should not be interpreted as a standalone solution. Its effectiveness depends upon broader organizational conditions, including role distribution, coordination practices and information management systems. Consequently, triage is best understood as one component of a wider process of organizational transformation rather than as a purely technical intervention.

The study contributes to the growing literature on organizational innovation in social services by emphasizing the need to move beyond explanations centred exclusively on resource scarcity. While workforce shortages and increasing demand undoubtedly affect service capacity, the findings suggest that organizational arrangements play a decisive role in shaping accessibility outcomes. Improving access therefore requires a systemic perspective capable of addressing organizational structures, workflows, professional practices and information systems simultaneously.

From a practical perspective, the findings point towards several priorities for organizational improvement. These include the development of integrated access pathways, the implementation of structured prioritization mechanisms, the redistribution of tasks according to professional competencies, the reduction in unnecessary administrative burdens and the creation of interoperable information systems capable of supporting decision-making and organizational learning. Such measures have the potential not only to improve efficiency but also to enhance the capacity of social services to respond more effectively and equitably to citizens' needs.

Several limitations should be acknowledged. The study was conducted within a single municipal context and therefore does not seek statistical generalization. In addition, the analysis primarily reflects the perspectives of professionals involved in service delivery. Future research should incorporate the experiences of service users in order to better understand how organizational arrangements shape access from the citizen perspective. Further studies are also needed to examine the long-term effects of triage systems and to assess their impact on service outcomes, professional practice and organizational performance over time.

Despite these limitations, the study provides important empirical evidence regarding the organizational foundations of accessibility in community social services. By revealing how fragmentation, congestion, role misalignment and information deficits interact to produce barriers to access, the findings underscore the need for a more integrated and strategic approach to service design. Ultimately, improving accessibility requires moving beyond incremental adjustments and embracing broader processes of organizational transformation capable of creating more responsive, coordinated and user-centred social service systems.

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Informed Consent Statement: Informed consent was obtained verbally from all subjects involved in the study prior to their participation.

Data Availability Statement: The data presented in this study are not publicly available due to confidentiality and ethical restrictions, as they contain information that could compromise the privacy of participants and the confidentiality of organizational processes. Anonymized data may be made available from the corresponding author upon reasonable request and subject to ethical approval.

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