The role of SOcial ecoNomY in Addressing social exclusion, providing quality jobs and greater sustainability (SONYA)

[D1.2] Report on organisational resources and best innovative practices in literature to achieve decent work in a participatory multi-actor network of care

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Executive Summary

Aim

The aim of this report is to fulfil the requirements of deliverable 1.2 of the SONYA project by identifying the organisational enablers and barriers that influence the effectiveness of social care services for **social inclusion** in older adults and caregivers. It provides a cross-dimensional analysis of the relevant literature focusing on human resource management, governance structures, and resource allocation mechanisms, also identifying both shared and dimension-specific factors that impact social inclusion, workforce sustainability, and service delivery.

Methodology

The methodology adopted in this report reflects a multi-actor and cross-disciplinary perspective, consistent with the participatory approach envisaged by the SONYA project. This methodology was designed to analyse research work across different disciplinary fields, including social policy, public health, operations research, and organisational studies. The analysis was structured around three interrelated dimensions: human resource management, governance, and resource allocation. This approach enabled the identification of both shared and dimension-specific enablers and barriers, with particular emphasis being placed on how different actors such as care workers, volunteers, local authorities, and social economy organisations, interact within multi-level social care systems.

Significance

This approach is innovative because it deliberately integrates a multi-actor and cross-disciplinary lens into the analysis of social inclusion and social care systems, moving beyond traditional single-sector/actor research. By systematically examining the interplay between human resource management, governance, and resource allocation and by drawing on evidence from diverse fields such as social policy, public health, operations research, and organisational studies, this report aims to capture the complexity of real-world care environments. The inclusion of multiple stakeholder perspectives, from care workers and volunteers to local authorities and social economy organisations, enables a richer, more nuanced understanding of both barriers and enablers to social inclusion. This cross-dimensional and participatory analysis not only identifies what works effectively within each domain, but also reveals how collaborative, context-sensitive strategies can be designed to address the evolving needs of older adults in rural and community-based settings.

Key Findings: Shared and Dimension–Specific Enablers and Barriers

Shared enablers across dimensions

Participatory and co-design approaches: Involving care workers, older adults, volunteers, and local organisations in the design and delivery of services enhances legitimacy, responsiveness, and effectiveness across HR, governance, and resource allocation.

Training and capacity building: Access to training improves care quality, digital literacy, and leadership capacity. It supports inclusion and adaptability across all three dimensions.

Digital inclusion and hybrid solutions: When inclusively designed, digital tools and hybrid systems (combining technology with human oversight) improve coordination, feedback, and service delivery.

Shared barriers across dimensions

Fragmentation and weak integration: Disjointed HR policies, overlapping governance mandates, and poorly networked resource systems undermine continuity, efficiency, and equity.

Volunteer and workforce challenges: Both paid and unpaid care workers face burnout, poor working conditions, and lack of recognition, which affects service durability and quality.

Digital divide and accessibility barriers: Limited digital literacy and infrastructure exclude vulnerable groups from participating in or benefiting from digital care solutions.

Dimension-specific enablers and barriers

HR Management

Enablers: Recognition of unpaid carers, role-based mentoring, stipends for unpaid workers, and tailored volunteer roles.

Barriers: Emotional exhaustion, health decline, low education, socioeconomic disadvantages, and gender inequalities.

Governance

Enablers: Clear decision-making protocols, grievance mechanisms, and capacity-building.

Barriers: Informal participation mechanisms only, lack of formal accountability, and complex governance procedures (e.g., privacy and consent issues).

Resource Allocation

Enablers: Advanced optimisation models, participatory design, and green logistics planning.

Barriers: Manual scheduling, uncertainty in service duration and travel, and neglect of environmental sustainability.

TABLE OF CONTENTS

INDEX OF TABLES

APPENDIX

1. Objective and scope of the deliverable

SONYA is a project funded by the European Union under the programme Horizon Europe in the topic HORIZON-CL2-2024-TRANSFORMATIONS-01-09.
The project started on the 01/11/2024 with a project duration of 48 months.
The mission of SONYA is to evaluate the role of social economy organisations in attracting, retaining and supporting care workers. Its expected outcomes are to deliver innovative participatory models of social care for older people supporting their social inclusion in rural areas, assessment methods and policy guidelines adapted to social economy organisations (SEOs) with varying sizes, network development levels and national contexts.

This report deliverable compiles the results of an in-depth analysis of **best innovative practices** drawn from the relevant literature at both EU and international levels regarding SEOs from multiple sectors as well as public-private entities offering similar services. More specifically, this report provides a review of the best practices to achieve decent work in a participatory multi-actor network of care. This review will take into account past evidence of the implementation of networked care services in the regions of interest and other comparable regions.

1.1 Specific project objectives linked to D1.2

This report is linked to two specific project objectives of SONYA listed below.

(O1) TO EMPOWER THE SOCIAL ECONOMY ORGANISATIONS IN DEVELOPING MULTI-ACTOR SOCIAL AND ENVIRONMENTAL COMMUNITY INITIATIVES BY INCREASING THEIR ORGANISATIONAL CAPACITIES.

As part of its objective to analyse current initiatives and trends across the EU (WP1, RO1.1), SONYA will review evidence on key enablers of social inclusion interventions for older adults. The analysis distinguishes between interventions relying on direct personal interaction, group initiatives and hybrid solutions leveraging information and communication technologies (ICT) tools, all of which are relevant for strengthening the organisational capacities of multi-actor networks.
These insights will inform training and support services (WP2, KH2.1) provided to over 60 social economy organisations (SEOs)—including cooperatives, foundations, and cultural centres mobilised through the partner's networks in the SONYA living labs in the rural regions of Vidin (Bulgaria), Trento (Italy) and Valencia (Spain). By adopting appropriate ICT solutions, fostering community-building activities, and enhancing financial and funding allocation mentoring, SEOs will be supported to develop community initiatives (WP3, KH3.1) that respond both to the needs of older populations and to the needs of informal care workers such as family members, alongside those already engaged on a voluntary or contractual basis within SEOs.

(O2) TO IDENTIFY, ASSESS AND TRANSFER BEST INNOVATIVE PRACTICES FOSTERING INCLUSIVE EMPLOYMENT AND BETTER WORKING CONDITIONS IN RURAL AREAS TO SOCIAL OLDER ADULTS CARE SERVICES.

Drawing on the findings from the literature review concerning decent work and employment practices for both formal and informal workers in social care for older adults, SONYA will conduct an analysis of organisational barriers, effective practices, and opportunities for innovation by Social Economy Organisations (SEOs) (WP1, RO1.2). This investigation aims to promote inclusive employment and enhance working conditions throughout the European social entrepreneurship ecosystem. Key areas of focus include participatory community-based models, human resource management of care work for social inclusion, the implementation of communication technologies, logistical improvements, and advancements in organisational and operational efficiency, all designed to meet the evolving needs of local communities.

The most effective innovative practices identified will be adapted and evaluated within three SEO living-lab models (WP3, DEM3.1) located in Bulgaria, Italy, and Spain, with a view to enhancing employee well-being and ensuring the sustainability of care services. Subsequently, these models will be disseminated across the broader social care sector in France, Germany, Poland, Sweden, Romania, Greece, and among partners in Australia, thereby ensuring that insights from SEOs directly inform efforts to address fair employment challenges, support informal caregivers, and advance decent work standards within multi-stakeholder care networks.

2. Introduction

Social care services to older adults are non-medical support services aimed at enhancing the quality of life and well-being of older adults in order to maintain independence and active community participation (EC 2021). Across the EU countries there are different models of engagement of SEOs in the provision of social care services. These models also differ at regional level where local government, private and social economy actors interact and cooperate for the provision of social care services. A notable example is the Trentino region in Italy with an established history in cooperative model of social care services compared to Bulgaria, with emergent associative care service provision, and Spain where local social economy presence is scattered. The provision of social care services to rural communities further faces additional challenges related to resource availability such as funding, human resources and logistical challenges, amongst others.

The objective of this review is to identify best practices to achieve decent work in the provision of social care services in the rural social care system for older adults, drawing on a spectrum of local resources (human resources, cultural initiatives, funding programs, digital platforms, community building activities) within SEOs and other local actors. Specifically, our focus is on the review of best practices in social care services, which support the social participation and active aging of older adults in their community.

To achieve this goal, this report adopts the World Health Organisation (WHO) active aging principles to social care and the associated concept of age-friendly communities which emphasises a participatory community approach to aging. We review the role of social inclusion initiatives as means to achieve collective community cohesion and to meet the individual social needs associated with aging. Concomitantly, we review the organisational and individual challenges and enablers of social care work in a multi-actor model where social economy organisations play a key role.

Working Definitions:

Social care aimed at promoting social inclusion for older adults encompasses support that enables them to maintain **meaningful relationships**, participate in **community activities,** and have their **voices heard** in matters affecting their lives (Warburton et al., 2014).

Social inclusion is a process that ensures citizens have the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live. It encompasses, but is not restricted to, social integration or better access to the labour market, also including equal access to facilities, services and benefits. (Social Inclusion, n.d., Eurofund).

Social inclusion for care workers: Social inclusion of care workers entails not only access to decent work, but also recognition, voice, and the ability to participate in the community and public life on an equal footing. (ILO Care Work and Care Jobs Report, 2018).

Connectedness **is defined here as "**a positive subjective evaluation of the extent to which one has meaningful, close, and constructive relationships with other individuals, groups, or society indicated by: (1) feelings of caring about others and feeling cared about by others, such as love, companionship or affection and (2) feeling of belonging to a group or community" (O'Rourke et al., 2018, p.2)".

Rural context. Our particular interest is in the identification of the barriers and enabling social care service solutions, which support the social participation of older adults living in rural areas. In these areas, access to services is more challenging and the social isolation risks for these groups are higher than in an urban setting (Brown et al., 2019).

Network solutions. Given the diversity of care systems across national boundaries or even within regions, we are also interested in social inclusion care solutions which involve the participation in service delivery by multiple actors including public, private and social economy organisations and informal carers as part of the social inclusion support network available to older adults.

3. Literature review method

3.1 Literature review approach

We follow the PRISMA 2020 guideline for transparent and comprehensive systematic reviews with a focus on thematic synthesis of the review objectives. We used a comprehensive search strategy that included structured database searches (EBSCO, ScienceDirect, Google Scholar), backward citation searching (screening reference lists of key articles), forward citation tracking (identifying studies citing key references via Google Scholar), handsearching of key journals in the field, grey literature searches (via Google and relevant organisational websites), and consultation with experts to identify additional relevant studies. We prioritised EBSCO over other databases such as Scopus due to its more comprehensive coverage of social science and community health literature, including databases such as SocINDEX and CINAHL, which are particularly relevant to ageing, social inclusion, and care research. Scopus, while strong in citation tracking and the natural sciences, has more limited coverage of applied social care literature (Bramer et al., 2017).

Five researchers were involved in the literature selection and review process, with two performing independent screening checks of selected articles at each stage of the article selection process for greater rigour and consistency.

3.2 Literature search strategy

Table 1**Error! Reference source not found.** below presents the search terms and Table 2 presents the search strategy used for the identification and selection of articles for the review.

Table 1: Search strategy – Key words

Set	Conceptual Focus	Search Terms
1	Phenomenon of interest: social inclusion	"inclusive" OR "voice" OR "voices" OR "social inclusion" OR "community integration" OR "social participation" OR "socially inclusive" OR "social relationships" OR "connectedness" OR "social connections" OR "social engagement" OR "community participation" OR "social integration" OR "relationships" OR "interpersonal relationships" OR "relational well-being" OR "peer connections" OR "bonding" OR "companionship" OR "community engagement" OR "civic participation" OR "cultural participation" OR "active citizenship" OR "inclusion in public life" OR "community activities" OR "volunteering" OR "social isolation" OR "friendship networks"
2a	Population: older adults	"older adult" OR "older adults" OR "older person" OR "older persons" OR "older people" OR "young old" OR "older old" OR "oldest old" OR "seniors" OR "senior citizens" OR "elderly" OR "elder" OR "geriatric" OR "aged population" OR "ageing population" OR "people aged 60 and over" OR "people aged 65 and over" OR "people aged 85 and over" OR "65+" OR "85+" OR "retired" OR "early retirement" OR "aging"
2b	Providers: social economy, public, private, informal carers	("public" OR "private" OR "community organisation" OR "social enterprises" OR "NGO" OR "voluntary sector" OR "civil society organisations" OR "government services" OR "for-profit providers" OR "family caregivers" OR "volunteers" OR "community-based services" OR "family carers" OR "informal carers" OR "formal carers"
3	Context: rural areas	"rural areas" OR "remote communities" OR "rural" OR "remote" OR "regional" OR "small towns" OR "inner area"
1+2ab+3	FINAL search 1+2+3	("older adult" OR "older adults" OR "older person" OR "older persons" OR "older people" OR "young old" OR "older old" OR "oldest old" OR "seniors" OR "senior citizens" OR "elderly" OR "elder" OR "geriatric" OR "aged population" OR "ageing population" OR "people aged 60 and over" OR "people aged 65 and over" OR "people aged 85 and over" OR "65+" OR "85+" OR "retired" OR "early retirement" OR "aging") AND ("inclusive" OR "voice" OR "voices" OR "social inclusion" OR "community integration" OR "social participation" OR "socially inclusive" OR "social relationships" OR "connectedness" OR "social connections" OR "social engagement" OR "community participation" OR "social integration" OR "relationships" OR "interpersonal relationships" OR "relational well-being" OR "peer connections" OR "bonding" OR "companionship" OR "community engagement" OR "civic participation" OR "cultural participation" OR "active citizenship" OR "inclusion in public life" OR "community activities" OR "volunteering" OR "social isolation" OR "friendship networks") AND ("public" OR "private" OR "community organisation" OR "social enterprises" OR "NGO" OR "voluntary sector" OR "civil society organisations" OR "government services" OR "for-profit providers" OR "family caregivers" OR "volunteers" OR "community-based services" OR "family carers" OR "informal carers" OR "formal carers")

Table 2: Search strategy

Stage	Description	Result
Initial database search (EBSCO)	Search using 1+2ab+3 strands (combined)	1,928 records
Language and peer review filter	Excluded non-English and non-peer-reviewed articles	1,151 - EBSCO; 41- Google Scholar); 792 – Elsevier / ScienceDirect
Post-duplicate removal	Included for title and abstract eligibility assessment	1,954
Title and abstract screening	Excluded based on: No link to social care: Studies focused primarily on medical or clinical aspects of care, rather than social care of older adults. NOT on social inclusion: not addressing social care for older adults or lacking connection to social inclusion of older adults or their carers. Not community-based care: Studies not relevant to community-based social care solutions, including the following subcategories: – Not about aging in place: Excluded if they did not consider social care for older adults remaining in their homes or communities. – Focused on centralised/institutional care: Excluded if the challenges and solutions applied only to residential care settings. – Not relevant to rural settings: Excluded if solutions were tailored exclusively to urban contexts (e.g., urban transport systems). - NOT if exploring country regulatory and cultural context – NOT compliant with Critical Appraisal Skills (CASP) checklist: eg. lack of information on research methods used, data analysis	NO: 1486 MAYBE: 214 YES: 251 Added 3 from "Maybe" after review of the cases by 2 other reviewers Total included: 254
Additional records (other sources)	Handsearching, citation tracking (backward and forward), expert consultation	Total identified: 28
Full text reviewed	Total full text reviewed	Total full text reviewed: 282
Full-text exclusions	Based on above criteria for full-text eligibility assessment	Total excluded: 184
Full-text inclusion	Based on above criteria total articles included in final report	Total included in the report: 98

Grey literature screening	**Search sources (for Spanish initiatives):** Web-search (Google search); Who age-friendly communities, Social Economy websites; Federation of Rural Women's Associations (Fademur) Spanish Confederation of Organisations for Older People (CEOMA); Business Association of Care Homes and Services for Dependent Persons in the Valencian Community (AERTE) Strategic Project for Economic Recovery and Transformation (PERTE) of the Social and Care Economy **Result:** Sample of initially selected Spanish initiatives: **48** Reasons for exclusion of 10 initially selected initiatives: 1. National or regional plans or strategies 2. Social economy associations not focused on the care sector or older people. 3. Exclusive to urban areas 4.There is no information about the initiative or source.	Included after full-text screening: 38

3.3 Data review and extraction

The analysis of the selection of full text articles reported in this review was informed by the following disciplinary thematic area: 1) community-based interventions for social inclusion in social care services; 2) participatory approach to decision-making and governance of social inclusion initiatives with multiple actors; 3) HRM dimension of social care for social inclusion; 4) allocation of resources and logistics of care services in rural areas.

The individual articles for selection were screened for: Author, journal, key sample characteristics; study context; inclusion enablers; inclusion challenges; inclusion outcome.

We identified a total of 279 articles, which met the criteria for further full text analysis with a date publication range from 2006 to 2025 with one study from 1993. In total, 89 were conceptually relevant, reviewed and reported here.

4. Social care service initiatives for social inclusion of older adults

Social inclusion is considered to be a **distinct need** requiring **particular care service support** for older adults (Bruggencate et al., 2018). Past research points out that care solutions offered within rural contexts have unique challenges and contextual differences compared to services offered in urban areas (Brown et al., 2019). This section explores the distinct nature of social inclusion as a care need for older adults, the unique enablers and challenges of delivering social care services for social inclusion in rural contexts also assessing the effectiveness of social inclusion initiatives.

Q. What are the barriers and enablers of social inclusion initiatives for older adults in rural contexts, and how is social inclusion framed as a care need and assessed?

DISTINCTION BETWEEN SOCIAL INCLUSION AND SOCIAL PARTICIPATION

In the context of social care for older adults, it is important to distinguish between **social participation,** engagement in activities and interactions, and the broader goal of **social inclusion**, which encompasses belonging, equity, and access to opportunities (Vogel et al., 2017). While participation supports inclusion, not all participation opportunities offer meaningful inclusion to older adults. They also require addressing individual and structural barriers ensuring access to resources facilitating social participation as well as available opportunities. Individual challenges here refer to personal, social, or contextual barriers that limit older adults' ability or willingness to engage—such as mobility limitations, social isolation, lack of information, or low motivation (Colibaba et al., 2020; Ashida et al., 2019).

We identified 41 studies published between 2003-2024. The research spanned diverse geographic settings: Europe (17 studies): United Kingdom (6); Ireland (1); Netherlands (2); Italy

(2); Germany (1); Sweden (2); Finland & Slovenia (1); Norway (1); Multi-country Europe (SHARE data, 2); **North America** (14 studies): United States (7); Canada (7); **Asia-Pacific** (9 studies): Australia (3); New Zealand (1); Japan (2); South Korea (2); China (1). Two studies were systematic reviews and not country specific. The study context incorporated rural environments or comparison of rural to urban contexts. Only 3 studies included older adults with multi-ethnic or minority origin, from Australia (Winterton, 2021), New Zealand (T. Morgan et al., 2021) and Irland (Walsh et al., 2024) respectively. One study included older adults at risk of poverty (homelessness), but in highly developed context (Walsh et al., 2024). There were no studies focusing on rural older adults' social inclusion from Spain or Bulgaria (or neighbouring countries), which are two of our SONYA project Living Lab countries.

Across the empirical studies reviewed, methodologies encompassed qualitative approaches (such as case studies, interviews and ethnographies), quantitative strategies (including surveys), and mixed methods designs. Participant samples predominantly consisted of community-dwelling older adults, with several studies additionally involving caregivers, service providers, and multisector stakeholders.

4.1 Barriers and enablers to effectiveness of social inclusion initiatives

Previous reviews of social inclusion interventions have identified the following social inclusion needs of older adults: a) development and strengthening of one's social network, b) maintaining familiar relationships with family and friends; c) caring and being cared for, d) belonging, d) social support, e) having a purposeful activity/keeping busy (O'Rourke et al., 2018).

The approaches range from **one-on-one personal contact** to **group activities** and **technology-based solutions**. In one-to-one personal contact interventions pair an older adult with a formal carer, family member, friend, volunteer or formal carer for scheduled interactions. They are primarily conceptualised as targeting the individual's social network and providing social support (O'Rourke et al., 2018; Ronzi et al., 2018).

We identified two previous systematic reviews analysing social inclusion interventions targeting older adults (O'Rourke et al., 2018; Ronzi et al., 2018). Ronzi et al. (2018) classified inclusion initiatives as (1) intergenerational interventions and (2) information and communication technology (ICT) with primary focus on reviewing health outcomes rather than the social inclusion outcomes of the interventions. Intergenerational solutions included (i) one-to-one mentorship programs to engage older people in social activities, (ii) interventions based on experiential service-learning pedagogy with graduate students, (iii) school initiatives, (iv) reading initiatives, (v) intergenerational storytelling (reminiscence) initiatives and (vi) interventions involving reading and drawings. Social inclusion group activities without a clear intergenerational component included dancing, music and singing, art and culture and multi-activity.

O'Rourke et al. (2018) identified nine interventions: (i) one-to-one personal contact, (ii) activity and discussion groups, (iii) animal contact, (iv) skills courses, (v) varied/non-specific programs, model of care to support social interaction (Eden philosophy), (vi) reminiscence, (vii) support groups, and (viii) public broadcast. A key difference here is the inclusion of "animal", "model of care" and "public broadcast" as additional categories to those identified by Ronzi et al. (2018).

In this report we draw on these categories as our initial point of departure for our thematic analysis and classification of best community practices for social inclusion of older adults.

To determine if an intervention is intergenerational, we looked at the specific populations involved and the nature of their interaction. For classification, we define an intergenerational program one that involves participants from at least two distinct generations, typically defined as youth and older adults, and is designed to foster connections between them (Reis et al., 2021).

4.1.1 Social inclusion initiatives involving one–to–one contact

ONE–TO–ONE SOLUTIONS FOR SOCIAL INCLUSION

Table 3 presents community interventions involving **one-on-one interactions** for social inclusion, which involved a) **direct personal interaction** and b) **the use of information and communication technologies (ICT)**. Direct personal interaction interventions rely on face-to-face support, often in the home or through shared activities. **ICT-enabled interaction** interventions use digital and broadcast technologies to facilitate emotional support, safety, and social contact. They extend opportunities for inclusion by connecting older adults with their networks and services beyond immediate physical proximity. All solutions involve volunteers for the implementation of the solution.

Table 3: One-on-one social inclusion solutions

Intervention	References
Initiatives with direct personal interaction	
In-home visits for emotional and practical support by community volunteers	(Andrews et al., 2003; Clément et al., 2018; Dwyer & Hardill, 2011; Graham et al., 2014; Noh et al., 2021)
Purposeful activity at home with support of older volunteers (e.g., expressive arts, in-home exercise)	(MacLeod et al., 2016; Stolee et al., 2012)
Co-engagement in group social activities with support person from one's pre-existing network in the community	(Ashida et al., 2019; Clément et al., 2018);
Initiatives with ICT-enabled interaction	
Call service for emotional support delivered by older volunteers, paid older care 'navigators' or social care workers	(Cattan et al., 2010; Noh et al., 2021; Wilson et al., 2017)

Intervention	References
Location-based and one-button push emergency mobile communication service linking older people with a network of family members and support providers	(Obi et al., 2013; Wilson et al., 2017)
The use of various forms of digital media (phone, video calls, email, social media) for companionship and keeping in touch with older adults' existing social network	(Fokkema & Knipscheer, 2007; Quan-Haase et al., 2017; Rosso et al., 2013)
Radio and TV broadcast services targeting the interests and local context of older adults	(Obi et al., 2013; Travers & Bartlett, 2011; Wilson et al., 2017)

ENABLERS OF ONE–TO–ONE SOLUTIONS FOR SOCIAL INCLUSION

We identified **nine enablers** of social inclusion **one-to-one initiatives** involving **in-person** one-to-one contact and **seven** enablers of social interventions involving **the use of ICT.** These are presented in *Table 4*.

Key enablers of social inclusion interventions involving **direct personal interaction** are those, which: involve community members who are part of older persons' existing social network (Ashida et al., 2019; MacLeod et al., 2016); prioritise personality match in volunteer selection supporting the development of personal connections (Stolee et al., 2012); offer companionship on voluntary basis (Andrews et al., 2003)**;** engage and offer training to older volunteers as facilitators – enabling to scale social inclusion effects by gaining new meaningful social roles (Cattan et al., 2010; Obi et al., 2013); have an intergenerational component offering opportunity for meaningful skill exchange and agency (Cattan et al., 2010; MacLeod et al., 2016; T. Morgan et al., 2021; Noh et al., 2021); design activities encouraging sharing of life stories and reflection (MacLeod et al., 2016; O'Rourke et al., 2018; Ronzi et al., 2018); support co-engagement in community group activities, which facilitate broader social exchange and social influence (Ashida et al., 2019; Clément et al., 2018; MacLeod et al., 2016); promote the integration of diverse expertise in activity design (MacLeod et al., 2016; Moody & Phinney, 2012; Noh et al., 2021; Rosso et al., 2013; Walsh et al., 2024; Wilson et al., 2017)**;** offer engagement in activities, which support individual autonomy (e.g. financial and in the use of ICT technology) in daily living tasks (Dwyer & Hardill, 2011; Fokkema & Knipscheer, 2007; Quan-Haase et al., 2017; Rosso et al., 2013).

The results of this review further show that key enablers of social inclusion interventions **involving the use of ICT technologies are those which:** combine services with the use of digital media and in person support to attend social activities to strengthen social network ties (Rosso et al., 2013; Walsh et al., 2024); deliver telephone companionship services by older volunteers instead of private providers (Andrews et al., 2003); offers additional support in accessing social care services delivered in-person (Cattan et al., 2010; Walsh et al., 2024); ensures continuity of tele-companionship through consistent pairing and local recruitment of tele-companions (Walsh et al., 2024); positions tele-companions as facilitators who connect older adults to local social networks and help mobilise community social capital (Obi et al., 2013; Walsh et al., 2024). Enabler for one-button push emergency mobile communication service is the integration with 24 hour monitoring centres to follow up on emergency situations

and for location-based monitoring service - a supplementary two-way communications option via a mobile application and PC facilitating support in emergency situations like natural disasters (Obi et al., 2013). ICT solutions for social inclusion are more effective when they are tailored to the communication cultures and use practices of older adults and those of their social networks (Quan-Haase et al., 2017).

Table 4: Enablers of one-to-one solutions for social inclusion

Enabler	References
Involving direct personal interaction	
1 Involvement of community members from older person's existing social network	(Ashida et al., 2019; MacLeod et al., 2016)
2 Prioritising personality match in volunteer selection to foster personal connections	(Stolee et al., 2012)
3 Voluntary companionship fostering sense of self-worth	(Andrews et al., 2003)
4 Engagement and training of older volunteers as facilitators (new roles, extended networks, community benefit)	(Cattan et al., 2010; Obi et al., 2013)
5 Intergenerational components enabling skill exchange and agency	(Cattan et al., 2010; MacLeod et al., 2016; T. Morgan et al., 2021; Noh et al., 2021)
6 Activities encouraging life-story sharing and reflection	(MacLeod et al., 2016; O'Rourke et al., 2018; Ronzi et al., 2018)
7 Co-engagement in community group activities promoting wider social exchange	(Ashida et al., 2019; Clément et al., 2018; MacLeod et al., 2016)
8 Integration of diverse expertise in activity design	(MacLeod, 2016; E. P. Moody Alison, 2012; Noh et al., 2021; Rosso, 2013; Walsh et al., 2024; Wilson et al., 2017)
9 Activities supporting autonomy in daily living (e.g., financial, ICT use)	(Dwyer & Hardill, 2011; Fokkema & Knipscheer, 2007; Quan-Haase et al., 2017; Rosso et al., 2013)
Involving the use of ICT technologies for social inclusion	
1 Combining digital media with in-person support to strengthen network ties	(Rosso et al., 2013; Walsh et al., 2024);
2 Telephone companionship delivered by older volunteers rather than private providers	(Andrews et al., 2003)
3 Ensuring continuity of tele-companionship via consistent pairing and local recruitment	(Cattan et al., 2010; Walsh et al., 2024)
4 Tele-companions as facilitators linking older adults to local social networks and mobilising community capital	(Obi et al., 2013; Walsh et al., 2024)
5 ICT support that complements access to in-person social care services	Cattan et al., 2010; Walsh et al., 2024
6 One-button emergency mobile service linked to 24h monitoring centres	(Obi et al., 2013)
7 Location-based monitoring with two-way mobile/PC communication for emergencies (e.g., natural disasters)	(Obi et al., 2013; Wilson et al., 2017)
8 Tailoring ICT solutions to communication cultures and practices of older adults and their networks	(Quan-Haase et al., 2017)

Active co-engagement, companionship and agency

Activity tasks designed to elicit reflection, reminiscence, and sharing are deemed effective in creating a sense of meaning and purpose for older adults (MacLeod et al., 2016). In the MacLeod et al. (2016) intervention, these included co-creating visual art, poetry, and stories, keeping reflective logs, and preparing artworks for a community exhibition, all of which fostered dialogue between participants, volunteers, and the wider community.

Interventions involving one-to-one interactions with co-engagement in community social activities are significantly more likely to convey social support (emotional, instrumental, informational), companionship, and social influence (Ashida et al., 2019). Even when co-engagement was not a feature of the intervention, one study reported a spillover effect, with some participants taking personal initiative to exercise agency by joining related group activities and engaging in shared meals (Fokkema & Knipscheer, 2007). Design of social inclusion activities promoting social influence not only motivate positive behaviours but also affirm the older persons' value and agency within their network, enhancing their sense of competence and belonging as shown in interventions involving creative arts (MacLeod et al., 2016) and change in health-related habits (Ashida et al., 2019). The latter evidence also indicates that one-to-one co-engagement for meal sharing was strongly linked to companionship (over 3 times more likely to feel companionship compared to relationships without meal sharing). In addition, studies also cite the need of older adults to be supported to get 'out of the house' including individual emotional support to overcome psychological barriers (Ashida et al., 2019; Clément et al., 2018; T. Morgan et al., 2021). Drawing on the resources (time and insight) of people part of diverse local organisations (e.g.: financial institutions, shops, community organisations) enables access to volunteers who are likely to be part of the social network of older adults (Clément et al., 2018).

Targeted home support services can effectively increase older rural residents' access to welfare rights also reducing pensioner poverty (Dwyer & Hardill, 2011). The service is effective when it has two components a) informing individuals about their entitlements and b) facilitating benefit applications with personalised assistance delivered in the homes of older users. Keeping records of the monetary value of successful benefit claims can support care service providers in substantiating the effectiveness of their support services. Dwyer et al. (2011) reported that two village services (population under 3,000) generated successful benefit claims worth approximately €793,500 and €862,500 over two to three years.

The integration of diverse expertise such as expressive arts professionals, former educators, healthcare providers, social workers, mental health specialists, artists, researchers, and community collaborators enhanced the programme by merging creative, therapeutic, educational, and relational competencies (MacLeod et al., 2016). This amalgamation of knowledge facilitates a person-centred and adaptable intervention, ensuring activity satisfaction, emotional assistance, and community involvement, which collectively advance its

efficacy in promoting social inclusion (Moody & Phinney, 2012; Noh et al., 2021; Rosso et al., 2013; Walsh et al., 2024).

Integrating ICT for social inclusion

Companionship service offered by older volunteers for social inclusion outcomes is more valued by older adults, because paying for companionship decreased the sense of self-worth of older people (Andrews et al., 2003; Cattan et al., 2010). This preference for volunteer companionship reflects the desire for reciprocal, non-hierarchical relationships, which reinforce a sense of belonging (Ashida et al., 2019; Clément et al., 2018). Volunteering serves as a way to develop and maintain social connections, involving reciprocal exchanges where individuals both receive support and offer skills, stories, and advice, while professional care is typically structured as a one-way service transaction (Ashida et al., 2019; Warburton et al., 2014).

Integrating the telephone companionship service with local informal networks of care helps create synergies between formal and informal social care, supports older adults in developing social networks, accessing local assistance in emergencies, and fosters trust, which makes the emotional support provided by tele-care workers more effective (Clément et al., 2018; Obi et al., 2013; Walsh et al., 2024). In addition, Orbi et. al. (2013) note that older people benefit most when digital social networks (enabled by ICT) are linked with a local community support network a volunteering culture ensuring that social connections are reinforced both digitally and through in-person engagement (Obi et al., 2013; Rosso et al., 2013).

Older adults rely on a mix of traditional and digital media to sustain companionship and its usefulness depends on who they want to reach and why they are reaching out (Quan-Haase et al., 2017) and its use for emotional support decreases for people with low mobility as their in-person social interactions decrease (Rosso et al., 2013). Older adults rely on the telephone for real-time conversations and emotional closeness with both family and friends, while email is used mainly with acquaintances to coordinate activities and sustain long-distance ties. Video calling (Skype) is reserved for close family members living far away to enhance presence through visuals, and Facebook is used to keep up with younger relatives' lives, especially for companionship and intergenerational connection (Quan-Haase et al., 2017). Training and support in ICT use can help older adults gain confidence with these tools, making digital media a more effective means of fostering companionship.

BARRIERS TO EFFECTIVENESS OF ONE–TO–ONE SOLUTIONS FOR SOCIAL INCLUSION

Table 5 presents the key challenges identified in the one-to-one social inclusion initiatives.

Sharing decision-making power over the scheduling of one-to-one volunteer visits is particularly challenging, since volunteers often have other work responsibilities. When older

people have little influence over the timing of the support they receive, they may feel undervalued (Andrews et al., 2003). Possible solutions include matching older adults with local community volunteers, who are more familiar with their life context, and involving older adults who are themselves retired volunteers. Open and transparent communication about volunteer commitments is also essential.

Table 5: Barriers to out-to-one solutions for social inclusion

Barriers	Reference(s)
Limited influence over scheduling of volunteer visits	(Andrews et al., 2003)
Limited access to volunteers	(Andrews et al., 2003; Cattan et al., 2010; Dwyer & Hardill, 2011)
Reduced self-worth from paid companionship	(Andrews et al., 2003; Cattan et al., 2010; Dwyer & Hardill, 2011)
Decline in telephone-mediated social interactions with reduced mobility	(Rosso et al., 2013)
ICT-based only delivery, lack of purposeful co-engagement, unfamiliar peers as communication partners;	(Noh et al., 2021)

The access to volunteers limits the number of older people who can be reached, particularly when paid services for companionship tend to lower older person's self-worth as a valued companion (Andrews et al., 2003; Cattan et al., 2010; Dwyer & Hardill, 2011). The telephone use for emotional support decreases for people with low mobility as their in-person social interactions decrease (Rosso, 2013). Emotional support interventions without older adult co-engagement in purposeful activity, involving unfamiliar peers and delivered with the aid of information and telecommunication technologies may have no or mixed effects on the desired social inclusion outcomes (Noh et al., 2021).

The activities offered may **not always align with the older persons' desires** or past hobbies. Older men are often reluctant to engage with services aimed at overcoming social isolation (Dwyer & Hardill, 2011). Homecare assumes a stable private dwelling; insecure or unsuitable accommodation (e.g., hostels, halting sites, substandard mobile homes) excluded people in practice and symbolically from services (Walsh et al., 2024). Group initiatives for social inclusion

4.1.2 GROUP SOCIAL INCLUSION INITIATIVES

We identified five main types of group initiatives for social inclusion of older adults that are presented in Table 6: 1) mentorship programmes 2) intergenerational exchange 3) Peer support and co-design of local solutions for active aging and social inclusion; 4) Shared artistic and cultural practices 5) Place-based initiatives for inclusion in everyday collective practices in 'third' places.

Third places are public places (e.g. coffee shops, bars, grocery shops, community gardens), outside of home and work that host regular, voluntary, informal, and anticipated gatherings of

individuals (Rosenbaum, 2006). They are often locally owned, small-scale establishments with groups of regulars who sometimes transform them into "second homes." They provide not only for consumption needs but also companionship and emotional support, especially for older adults who may experience loneliness or diminished social networks (Pettersen et al., 2024; Rosenbaum, 2006).

Table 6: Group initiatives for social inclusion of older people

Group initiative	References
1 Mentorship programmes (ICT skills, physical activity) led by peers trained by professional instructors	(Blažun et al., 2012; Stolee et al., 2012; Woodward et al., 2013)
2 Intergenerational exchange: reminiscence programme; shared activities with children (e.g., percussion ensemble, dance ensemble, reading groups)	(Chung et al., 2023; Clément et al., 2018; Weintraub & Killian, 2007)
3 Peer support and co-design of local solutions for active aging and social inclusion (transport, social spaces, access to services and goods); digitally managed grocery hubs with lockers; health promotion volunteering with pharmacies	(Clément et al., 2018; Harrison et al., 2021; Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024)
4 Shared artistic and cultural practices: collaborative art-making (visual arts; singing; dance; collective writing)	(Kosurko et al., 2020; Moody & Phinney, 2012; Raymond et al., 2014; Southcott & Joseph, 2017)
5 Place-based initiatives for inclusion in everyday collective practices in 'third' places (shopping centres, coffee shops, diners, taverns; community "living rooms", community gardens; cultural places)	(Desch et al., 2025; Fan et al., 2025; McGuire et al., 2022; Peperkamp & Haumahu, 2024; Pettersen et al., 2024; Rosenbaum, 2006)

ENABLERS OF GROUP INITIATIVES FOR SOCIAL INCLUSION

Several factors supported the success of group initiatives across settings presented in Table 7. Professional training and supervision are crucial for building reliable peer-to-peer models, whether in ICT training or physical activity, ensuring that volunteers could effectively deliver quality programmes (Blažun et al., 2012; Stolee et al., 2012; Woodward et al., 2013). A dedicated pool of volunteer facilitators and hosts further sustains social inclusion activities within the community (Clément et al., 2018; Peperkamp & Haumahu, 2024; Stolee et al., 2012).

Institutional partnerships and community spaces provide the necessary infrastructure and legitimacy, linking interventions to schools, pharmacies, municipalities, and social centres, and anchoring activities in accessible and legitimate venues, strengthening social capital (Blažun et al., 2012; Clément et al., 2018; Harrison et al., 2021; Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024; Weintraub & Killian, 2007). Older adults' interests in creative expression as a shared medium is enabling motivation for social participation, with reminiscence, art, music, dance, and writing offering meaningful ways for older adults to connect and share experiences (Chung et al., 2023; Kosurko et al., 2020; Moody & Phinney, 2012; Raymond et al., 2014; Southcott & Joseph, 2017).

Practical accessibility is also reinforced by in-home and digital delivery options, such as ICT training that enables remote communication or streamed dance classes that reach care and community settings (Blažun et al., 2012; Kosurko et al., 2020; Wilson et al., 2017; Woodward et al., 2013). Finally, age-friendly local commerce as accessible social entry points are identified as factors that support community participation, with cafés, shopping centres, pharmacies, and tourism services playing a role in offering opportunities for social interaction for older adults and providing potential information support networks (Clément et al., 2018; Desch et al., 2025; Fan et al., 2025; Pettersen et al., 2024; Rosenbaum, 2006).

Table 7: Enablers of group social inclusion initiatives

Enabler for group initiatives	References
1 Professional training and supervision to develop volunteer peer-to-peer learning models	(Blažun et al., 2012; Stolee et al., 2012; Woodward et al., 2013)
2 Pool of volunteer facilitators or hosts	(Clément et al., 2018; Peperkamp & Haumahu, 2024; Stolee et al., 2012)
3 Institutional partnerships, availability of community spaces, cross-sector collaboration (pharmacies, municipalities, social centres, schools, training centres)	(Blažun et al., 2012; Clément et al., 2018; Harrison et al., 2021; Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024; Weintraub & Killian, 2007)
4 Creative expression as a shared medium	(Chung et al., 2023; Kosurko et al., 2020; Moody & Phinney, 2012; Raymond et al., 2014; Southcott & Joseph, 2017)
5 In-home and digital delivery options (e.g., streaming for dance)	(Blažun et al., 2012; Kosurko et al., 2020; Wilson et al., 2017; Woodward et al., 2013)Blažun et al. (2012); Woodward et al. (2013); Wilson et al. (2017); Kosurko et al. (2020)
6 Age-friendly local commerce (local bars, pharmacies, shops, banking services) to support informal networks and "commercial friendships"; low-threshold entry (drop-in, no fees) for older adults	(Clément et al., 2018; Desch et al., 2025; Fan et al., 2025; Pettersen et al., 2024; Rosenbaum, 2006)

BARRIERS TO GROUP SOCIAL INCLUSION INITIATIVES

We identified nine key barriers that can limit the effectiveness and sustainability of group interventions for social inclusion, which are listed in *Table 8*. A recurring issue across ICT initiatives is the digital divide: many older adults lack prior experience, confidence, or equipment to engage with computer training or digital services, and this requires intensive, ongoing support (Blažun et al., 2012; Wilson et al., 2017; Woodward et al., 2013). Similar concerns arise in physical activity programmes, where health and functional limitations — including frailty, dementia, or illness — can restrict the extent to which older adults participate fully in structured group settings (Chung et al., 2023; Kosurko et al., 2020; Weintraub & Killian, 2007).

Table 8: Barriers to group social inclusion initiatives

Barrier	References
1 Digital divide and low ICT literacy, limited prior skills, fear of technology, need for ongoing motivational support	(Blažun et al., 2012; Wilson et al., 2017; Woodward et al., 2013)
2 Sustainability of volunteer engagement: recruitment and retention challenges, uneven quality of delivery	(Clément et al., 2018; Stolee et al., 2012)
3 Resource constraints: limited funding, shortage of professional staff to support training and supervision	(Clément et al., 2018; Moody & Phinney, 2012; Stolee et al., 2012)
4 Accessibility and mobility barriers: transport difficulties, rural isolation, inadequate infrastructure	(Desch et al., 2025; Harrison et al., 2021; Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024)
5 Participation inequalities: lower inclusion of men, immigrants, and low-income groups in community initiatives	(Desch et al., 2025; Pettersen et al., 2024)
6 Limited transfer of social capital: activities may remain bounded within settings without extending to wider networks	(Peperkamp & Haumahu, 2024; Rosenbaum, 2006)
7 Health and functional limitations: frailty, cognitive decline, or illness restrict participation	(Chung et al., 2023; Kosurko et al., 2020; Weintraub & Killian, 2007)
8 Stigma or low perceived value: reluctance to join programmes seen as remedial, charity-based, or "for the lonely"	(Clément et al., 2018; Moody & Phinney, 2012)
9 Feedback is missed or underused	(Clément et al., 2018; Desch et al., 2025; Peperkamp & Haumahu, 2024)

While volunteer-led models reduce costs and can foster peer solidarity, studies highlight challenges in recruiting and retaining volunteers, as well as concerns about uneven delivery quality without sustained professional guidance (Clément et al., 2018; Stolee et al., 2012). This is closely linked to wider common resource constraints, since programmes often depend on external funding, available professional staff, or institutional partnerships that are not guaranteed over time (Clément et al., 2018; Moody & Phinney, 2012). Accessibility and mobility barriers also persist, especially in rural areas where transport and infrastructure are limited (Desch et al., 2025; Harrison et al., 2021; Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024).

Even when activities are available, participation inequalities remain: women, immigrants, and people with lower education or income are less likely to benefit from shopping centres, choirs, or community initiatives compared to more socially connected groups (Desch et al., 2025; Pettersen et al., 2024). In some cases, group programmes generate benefits only within their immediate setting but have limited capacity to transfer social capital into broader networks, as shown in community "Living Rooms" and café-based "third places" (Peperkamp & Haumahu, 2024; Rosenbaum, 2006).

Several studies noted gaps in rural participation and volunteer engagement due to insufficient formal mechanisms for older adults' voices to influence services and programme design

(Clément et al., 2018; Desch et al., 2025). Shopping centres as "third places" provide informal engagement, but feedback loops to planners or retailers are commonly absent (Pettersen et al., 2024).

4.1.3 Grey literature of practices for social inclusion of older people

To identify relevant initiatives, the following basic criteria and sources were used to select them:
A) **Keywords:** social economy, social economy initiatives, older adults, older people, services, older people care, care cooperatives, older people associations, care service associations, older people care service companies, older people care initiatives, youth and older people care, studies and reports on social economy and older people care, programs and services for older people care, and non-profit entities for older people care services. These keywords were combined in different ways to explore various sources.
B) Source information: studies and publications from different Spanish social economy organizations were consulted, providing access to a wide range of relevant initiatives.

The initiatives selected for the final analysis align with the following objectives:

1. To present a diverse range of initiatives from a variety of stakeholders and entities involved in promoting them.
2. To present a diverse sample of initiatives.
3. To illustrate the various initiatives that are available to address different needs and services in the area of active and healthy ageing.
4. To demonstrate effective initiatives in rural, intermediate, and urban areas.
5. The initiative strengthens social inclusion of older people and/or carers and enables ageing in place, particularly in smaller or rural communities.

The findings are summarized in Appendix 1.

The reviewed initiatives represent a diverse spectrum of organisational models, service types, and stakeholder engagement strategies aimed at promoting social inclusion, active ageing, and improved quality of life for older adults, particularly in rural and community-based settings.

Types of initiatives and promoting entities

Initiatives encompass local networks for prevention and detection of isolation, intergenerational accompaniment programmes, home autonomy support, awareness and training networks, observatories, housing cooperatives, digital literacy programmes, and innovative care models. Promoting entities include city councils, non-profit associations, national and multi-sectoral foundations, consumer cooperatives, business associations, universities, and European consortia. Many initiatives are supported by public funding and operate through multi-stakeholder collaboration ecosystems involving local authorities, volunteers, care professionals, and community organisations.

Geographic scope

Among the initiatives listed in the table in Appendix 1, 14 stand out for their direct focus on rural areas and active and healthy ageing; these have been highlighted with ** in the table.

We reviewed further those initatives that exclusively focus on rural areas (individually or in conjunction with intermediate and urban areas) and in the domain of active and healthy ageing. The predominant type of entity responsible for promoting and executing initiatives in this field are foundations and civil associations at the local, regional, and national levels. It is important to note that financial entities or financial support are often dependent on national, local, or regional public funds.

Initiatives assessment methodologies

Evaluation practices vary. Some initiatives have undergone formal impact assessments, including user feedback and social impact measurement (e.g., Theory of Change methodology, interviews, focus groups), while others lack systematic evaluation or are pending assessment. Challenges mentioned for continuity and depth of evaluation methods is the short duration of projects and associated funding. While many initiatives mentioned the use of evaluation methods only 6 initiatives revealed more details on specific evaluation methods, but these were not necessarily focusing on social inclusion outcomes.

A notable example is the Las Nieves Multiservice Community Centre (CCM) initiative, we have received the Social Impact report on its implementation in the municipality of Campoo de Ayuso (Cantabria) that covers 14 localities with a total population of 688 inhabitants in an area of 95 km (source: documents provided by email by the European Foundation for the Older People (PEM)/National University Classrooms for Older Citizens-Permanent University of Cantabria (UNATE)). This project is designed to tackle the issue of loneliness from three distinct angles: relational, emotional and existential.

They have applied the Theory of Change methodology to measure and evaluate the social impact of this project, with more than 14 semi-structured interviews and two focus groups (21 people in total). Some examples of used indicators:

6. 50% of older people in the municipality have received information about the Las Nieves Multiservice Community Centre (CCM, 95 users)
7. At least 20 older people in the municipality are actively involved in: identifying the needs of older people in the municipality; designing the spaces and services to be offered by the CCM; drawing up the CCM's operating regulations; and proposing activities.
8. At least 138 hours of activities promoting active ageing throughout the year
9. At the end of the centre's first year of operation, 57 people had regularly used the transport service

In conclusion, despite the diversity of initiatives exsisting in local community practices, there remains a paucity of evidence on the systematic measurement of social inclusion outcomes in social care practices involving multi-actor networks and partnerships. Most projects either lack robust evaluation frameworks or rely on general impact assessments (eg. reach and delivery of service) rather than targeted social inclusion metrics capturing the service effectivness of the initatives.

4.1.4 Measures of social inclusion of older adults

Our review of extant research (and practice) on social care initiatives for social inclusion pointed out to a critical shortcoming in that often there was no formal social inclusion evaluations for many community-led programs, which further stifles efforts to identify and replicate successful models (O'Rourke et al., 2018). In addition, past metareviews reported health outcomes, but not social inclusion outcomes for the older people involved in these studies (Ronzi et al., 2018). The latter review findings show some positive outcomes on mental health - particularly in intergenerational interventions - physical health, wellbeing and quality of life, though this evidence remains unconclusive.

Table 9 presents a range of measurement approaches used across the reviewed studies to capture social inclusion initiative effects or sense of social inclusion. These measures differ in their focus and their usefulness for assessing community-level inclusion.

Table 9: Social inclusion - direct and indirect measures

Measure type	Description / Indicators	Examples from reviewed studies
Social network analysis	Mapping and quantifying social ties, frequency and quality of contacts, network size and density;	(Ashida et al., 2019; Pelle et al., 2022; Quan-Haase et al., 2017; Raymond et al., 2014)
Older Adults' Perceptions of Community-based Connectedness with People	Items capture whether older adults feel recognised, acknowledged, and accepted in their community (22 items, 3 factors).	(Kikuchi, 2024)
Self-reported sense of community scale	Brief Sense of Community Scale (BSCS) to measure psychological sense of community to	(Zheng et al., 2022)

Measure type	Description / Indicators	Examples from reviewed studies
	neighbourhoods, groups, or online communities; measures social isolation risk;	
Participation metrics	Attendance rates, frequency of engagement, duration of involvement in activities; participation in organisaions, use of senior centers, phone calls, internet use; leisure activity participation; Leisure Activities Blank	(Kosurko et al., 2020; Rosso et al., 2013; Southcott & Joseph, 2017; Stolee et al., 2012; Zheng et al., 2022)
Homecare effectiveness	integration, access, trust, voice collected via survey	(Walsh et al., 2024)
Quality of Life	EuroQol-5 (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) CASP SHARE (Control, Autonomy, Self-Realisaion, Pleasure); WHOQOL (World Health Organisaion Quality of Life) (Physical, psychological, social relationships, environment)	(Blažun et al., 2012; Fokkema & Knipscheer, 2007; Potočnik & Sonnentag, 2013; Travers & Bartlett, 2011; Woodward et al., 2013)
Functional and health-related outcomes	Mobility, physical activity levels, self-reported health, use of services;	(Clément et al., 2018; Stolee et al., 2012; Svensson & Stjernborg, 2024)
Cultural and creative outputs	Collective products such as artworks, performances, photo-novels, exhibitions as indicators of engagement and inclusion	(Harrison et al., 2021; Moody & Phinney, 2012; Raymond et al., 2014)
Qualitative feedback on experiences of community spaces and services	Qualitative feedback from older adults accessing community venues (gardens, cafés, shopping centres, pharmacies) as hubs of social interaction	(Clément et al., 2018; McGuire et al., 2022; Pettersen et al., 2024; Rosenbaum, 2006)
Qualitative feedback experience of inclusion/exclusion among rural retirement migrants	Sense of belonging, being acknowledged, accepted, or excluded in communities; opportunities for volunteering and participation in local groups; perceptions of outsider status	(Winterton, 2021)
Qualitative feedback experience of intergenerational program effectiveness	Emotional well-being, companionship, intergenerational contact, and independence.	(Weintraub & Killian, 2007)
Volunteer retention metrics	volunteer turnover, satisfaction, support, stipends, type of activity;	(Tang, Morrow-Howell, & Choi, 2010c)

Measures, which assess the structure and quality of social ties (Ashida et al., 2019; Pelle et al., 2022; Quan-Haase et al., 2017; Raymond et al., 2014) or perceptions of belonging (Kikuchi, 2024; Zheng et al., 2022) appear to be the most direct ways to evaluate social inclusion using existing and tested assessment tools. Other measures (participation, QoL, functional health, cultural outputs, qualitative feedback, volunteer retention metrics) are indirect indicators that enrich our understanding of how inclusion operates in practice and how initiatives impact wellbeing.

Participation metrics (Stolee 2012; Kosurko 2020; Southcott & Joseph 2017; Rosso 2012; Zheng 2022) are useful as behavioural indicators of inclusion. These measures show who is actively involved, but they do not capture the quality or meaning of participation. Quality of Life (QoL) measures (Woodward 2013; Travers 2011; Potočnik 2013; Fokkema 2007; Blazun 2012) provide broad wellbeing indicators. These measures are highly standardised and useful for linking social inclusion with health and quality of life, though they remain *indirect* measures of inclusion. Functional and health-related outcomes (Clément et al., 2018; Stolee et al., 2012; Svensson & Stjernborg, 2024) are useful to understand whether older adults can participate fully in community life or have achieved improvements due to social care interventions.

Cultural and creative outputs (Harrison et al., 2021; Moody & Phinney, 2012; Raymond et al., 2014) serve as tangible evidence of engagement, though they require qualitative interpretation to assess personal or community value. They are useful when standard social inclusion measures cannot be applied.

Volunteer retention metrics (Tang et al., 2010) are particularly useful for assessing initiatives sustainability and the capacity of community programs to maintain active engagement from volunteers. This is particularly important when peer-to-peer volunteer programmes are designed to achieve social inclusion outcomes for older volunteer as well as the volunteer service users.

In conclusion, the above approaches highlight the fact that although only a limited number of measures directly address social inclusion, the broader array of indicators offers essential complementary insights into the ways inclusion is implemented, experienced, and maintained within community settings.

4.2 Conclusion – social initiatives

The following key points can be drawn from the different actions analysed for social inclusion.

Companionship and belonging

First, co-engagement in social activities - where individuals can exchange skills and knowledge and provide support to others - is more effective than the provision of non-specific initiatives for emotional support (e.g. receiving a call or a visit to have a conversation) (Noh et al., 2021; Obi et al., 2013; Walsh et al., 2024). Companionship services deliver more lasting inclusion outcomes when they strengthen or extend the social networks of older adults within their communities. Previous interventions have shown that engaging unfamiliar professional carers for such services is best suited as a support mechanism to connect with existing social networks and activities; however, wherever possible, priority should be given to employing people from the older adults' own community. Older adults value companionship services

provided by volunteers more highly, as these are seen to offer greater chances to build relationships based on reciprocity, whereas paid services are viewed as transactional.

Volunteering as a social inclusion service

Creating volunteer roles tailored to the interests and capacities of older people constitutes a social inclusion service in its own right. Older volunteer engagement is also a key to the effective delivery of social inclusion services. The integration of ICT technology is effective when it offers training to support social interaction and provides information about ways to engage with community activities. Sociocultural activities, while often not defined as care services in policy, emerge as important solutions for social inclusion and should be given appropriate recognition in the social care system. A key enabler to their effectiveness is the use of a participatory approach in co-sign and delivery of solutions with older adults. Current research points to practice gaps in the development of systematic processes and tools to match older adults' needs with suitable volunteer placements, as well as in the systematic measurement of service quality and social inclusion effectiveness. What clearly emerges as an enabling factor is the provision of training to design, deliver and assess the effectiveness of the adapted social inclusion solutions.

Multi-actor engagement

Multi-actor engagement is a key enabler for social inclusion care services. The involvement of local commerce as part of the social safety net for older adults is also an important enabler of social inclusion, helping to foster connections and support within the community.

Diversity in needs

There exist gender differences in the older adults' volunteering choices and in the motivation to engage in social activities. The social inclusion needs of older adults from minority groups tend to be understudied, with some evidence suggesting a need for sociocultural adaptation of care services with inclusion objectives. Old-age poverty as a barrier to social inclusion is also less prominent in the reviewed research, though a few studies highlight the enabling effects of support in obtaining social security benefits (where available).

Finally, availability of affordable mobility options is a common barrier in rural areas for both service providers and users and is a key prerequisite for the long-term sustainability of any social inclusion intervention.

5. Governance and collaborative structures of community social care services for social inclusion

This review analyses governance practices in social and health care projects for older adults. We identified 22 sources, which met the threshold for explicit governance reporting. We focus

on (1) collaborative structures, (2) decision-making and power-sharing, and (3) feedback and learning mechanisms. Most projects use networked governance with municipalities, providers, and social economy organisations (SEOs) as core actors. Participation is strong, but formal power-sharing rules, financial transparency, routine feedback/grievance systems, and federated governance details are rarely reported.
This section presents a review of research articles identified for full text review relevant to answer the following research question:

Q. How do collaborative governance arrangements in community social care for older adults—especially decision-making rights and feedback/learning mechanisms—shape inclusion, accountability, and service quality across multi-actor networks (municipalities, providers, and SEOs)

5.1 Collaborative structures: Who coordinates what and how

According to most sources, the governance structure of social care institutions for social inclusion appears to be **networked**. Municipalities, health and social-care providers, SEOs, researchers, and volunteers co-produce services, often under the auspices of age-friendly or place-based policies (Clément et al., 2018; Liougas, Sims-Gould, & McKay, 2025). Two patterns are recurring:

1. **Alliance governance with joint forums.** Steering committees and seniors' councils set priorities while community partners deliver activities; projects plug into existing municipal platforms (Clément et al., 2018; Liougas et al., 2025).

2. **Lead/backbone models.** A city department or philanthropic nonprofit organisation coordinates a distributed network and provides program management and quality support (Moody & Phinney, 2012; Southcott & Joseph, 2017).

Several initiatives sit beneath broader umbrellas, such as vertical networks and federations. Age-friendly city programmes are linked to the WHO Age-Friendly Cities network (Liougas et al., 2025). National-charity models deliver local befriending through a wider organisational family (Gardiner, Geldenhuys, & Gott, 2018). The Australian choir network uses a **central brand and toolkit** with locally run choirs—an implicit federation (Southcott & Joseph, 2017). A UK case locates a scheme within many similar and federated organisations (Andrews, Gavin, Begley, & Brodie, 2003).

Seniors' peak bodies also appear as **external interlocutors** with government (Petriwskyj, 2018). On the contrary, **unions** as such are never reported as being a critical institution in this context. A persistent gap is **formal corporate/constitutional detail** (legal form, boards, elections,

membership rules), which is rarely disclosed (2/22 articles) even when program governance is considered (Andrews et al., 2003; Owen, Berry, & Brown, 2022).

5.2 Decision–making and power–sharing

Most governance-informative papers (18) describe **participatory approaches**—co-design, participatory action research, and peer/volunteer roles—which move older adults from consultation to co-production and embed user voice in design and delivery (Owen et al., 2022; Owusu-Addo et al., 2021; Raymond, Grenier, & Hanley, 2014). Seniors' organisations sometimes act as deliberative mini-publics, although inclusion depends on facilitation quality and leadership capacity (Petriwskyj, 2018).

Decision-making is typically organised through **joint forums** and **iterative co-design** mechanisms. In rural action-research, a Management & Partnership Committee (researchers, clinicians, managers, community organisations) set directions and then ran multi-stakeholder validation forums with older adults and carers to prioritise a delivery portfolio—clarifying agenda-setting, portfolio selection, and escalation from the outset (Clément et al., 2018). In municipal age-friendly programmes, task forces/boards and seniors' councils perform the strategy role while community partners deliver operations, which separates public decision rights (strategy) from distributed delivery control (operations) (Liougas et al., 2025).

Modes of decision-making vary. Seniors' organisations use both executive management (committee-led filtering aligned with mission/risk) and negotiated consensus (branch meetings, conferences with facilitated debate and voting), creating different pathways to represent member voice (Petriwskyj, 2018). In voluntary-sector befriending, decision authority is light-formalised: charities very often set codes of conduct and visit standards; area coordinators induct and monitor volunteers; but day-to-day scheduling power often tilts to befrienders' availability and operational hierarchy beneath a permissive, rules-based framework (Andrews et al., 2003). These examples show that while participation is common, power can drift toward actors who control time, money, or specialised roles unless procedures counterbalance that drift.

5.3 Feedback and learning mechanisms

Feedback and learning mechanisms are reported in 10 papers and act as de-facto power-sharing tools. Action-research cycles institutionalise member-checking and validation forums; community arts projects report audit trails; befriending schemes use coordinator monitoring to review reliability and boundary issues; large peer-research exercises generate co-produced evidence for municipal communication policy; and some networks use external evaluation partnerships for accountability to funders and publics (Andrews et al., 2003; Clément et al.,

2018; Moody & Phinney, 2012; Pan et al., 2018; Southcott & Joseph, 2017). These are learning loops that check whether priorities and practices match user needs, then adjust.

Around 10 papers report structured learning cycles that embed user voice into ongoing decisions. Action-research projects use validation forums and member-checking with older adults and carers to prioritise and refine portfolios (Clément et al., 2018), while community arts programmes document audit trails and co-present findings with participants to legitimise changes (Moody & Phinney, 2012). Large peer-research efforts train older adults as data collectors so that evidence directly informs municipal communication policy—an example of feedback turning into policy input (Pan et al., 2018). Seniors' organisations also act as "mini-publics," but inclusion depends on facilitation quality and leadership capacity, which can amplify or mute certain voices (Petriwskyj, 2018).

In volunteer-led services, routine coordinator supervision functions as a day-to-day feedback and protection mechanism—befriending schemes set role boundaries, monitor reliability, and re-match where needed, giving beneficiaries a practical channel through coordinators (Andrews et al., 2003). However, formal grievance routes are rarely reported: recent place-based cases note rich informal feedback (ride-alongs, host interactions) but no codified complaints or independent escalation paths, and major reviews emphasise that governance evaluations focus on outcomes rather than grievance or safeguarding systems (López Svensson & Stjernborg, 2024; O'Rourke et al., 2018). On balance, we find two sources with explicit procedures while the others insist that most feedback remains facilitated rather than formally guaranteed.

Digital social-prescribing platforms enable real-time referral and engagement tracking across primary care, municipalities, and community organisations, making performance visible and creating an obligation to respond when uptake stalls (Paquet et al., 2023). Public-facing evaluations (e.g., university partnerships, exhibitions) similarly turn participant feedback into shared evidence for sponsors and communities (Moody & Phinney, 2012). In age-friendly city programmes, seniors' councils and monitoring frameworks are sometimes used to report back on inclusion goals, though financial transparency remains sparse (Liougas, Sims-Gould, & McKay, 2025). Overall, feedback that is visible and tracked tends to redistribute power more effectively than ad-hoc consultation.

Table 10 and Table 11 below summarise enablers and barriers of strong governance in older adult care projects with supporting studies.

Table 10: Enablers of strong governance in older adults' social care projects

Enabler	Description	References
Backbone/convener capacity	A neutral convenor (municipality or philanthropic SEO) coordinates partners, manages the portfolio, and supplies facilitation, data, and quality improvement. Clear separation of strategy (board/committee) and operations (community delivery) reduces coordination costs.	Liougas et al., 2025; O'Rourke et al., 2018; Paquet et al., 2023; Southcott & Joseph, 2017.
Co-design with older adults	Older adults act as co-researchers, mentors, and committee members—shifting from consultation to co-decision and improving fit/acceptability.	Clément et al., 2018; Owen et al., 2022; Raymond et al., 2014; Ronzi et al., 2018.
Joint forums / steering committees	Cross-sector committees provide transparent agenda-setting, priority-ranking, and escalation pathways, often linked to seniors' councils.	Clément et al., 2018; Liougas et al., 2025.
Feedback & learning cycles	Action-research forums, member-checking, routine monitoring (e.g., coordinator check-ins), and external evaluations create continuous improvement and accountability to users and sponsors.	Andrews et al., 2003; Clément et al., 2018; Moody & Phinney, 2012; Pan et al., 2018. Southcott & Joseph, 2017;
Inter-organisational protocols & safeguards	Referral agreements, role boundaries, safeguarding and quality charters embed reliability in volunteer-heavy models.	Andrews et al., 2003; Clément et al., 2018.
Inclusive, multi-modal communication	Combining local newsletters/newspapers with accessible digital channels widens reach; offline parity matters where digital barriers persist.	Clément et al., 2018; Pan et al., 2018.
Capacity-building for leaders/facilitators	Training, mentoring and supervision mitigate uneven voice and volunteer fragility, improving deliberation quality.	Franck, Molyneux, & Parkinson, 2016; Petriwskyj, 2018.
Place-based tailoring and "third places"	Designing around neighbourhood hubs, transport realities, and local culture avoids one-size-fits-all and sustains networks.	Bruggencate, Luijkx, & Sturm, 2017; López Svensson & Stjernborg, 2024.
Federation/umbrella linkages	Global, national, or branded networks (e.g., WHO AFC; national charities; central toolkit models) support diffusion, shared standards, and legitimacy while allowing local tailoring.	Andrews et al., 2003; Gardiner et al., 2018; Liougas et al., 2025; Southcott & Joseph, 2017.

Table 11: Barriers to strong governance in older adults' social care projects

Barrier	Description	References
Fragmented mandates / weak integration	Health, social care, housing, tech and other actors pursue parallel aims with limited shared decision rights; cross-country projects face interoperability/system differences.	Drobež et al., 2022; Paquet et al., 2023; Robbins et al., 2018.
Resource asymmetries & volunteer fragility	Large institutions can overshadow SEOs/user groups; volunteer recruitment/retention/burnout threaten continuity.	Andrews et al., 2003; Tang et al., 2010; Warburton & Winterton, 2017; Winterton et al., 2016.
Thin decision rules & weak downward accountability	Engagement is common, but formal voting/quorum rules and beneficiary complaint/appeal systems are rarely described.	Andrews et al., 2003; Owen et al., 2022; Petriwskyj, 2018.
Absent/weak feedback & grievance channels	Ad-hoc monitoring or research-stage feedback is reported; very few specify standing complaint/appeal routes, decision logs, or published minutes.	Andrews et al., 2003; Moody & Phinney, 2012; Owen et al., 2022.
Data/tech governance gaps	Privacy, consent, role-based access, and interoperability unevenly addressed despite growth of digital tools.	Drobež et al., 2022; Robbins et al., 2018; Rybenská et al., 2024.
Spatial inequities & mobility constraints	Rural dispersion and transport barriers limit access; without whole-journey planning and offline options, participation skews to the already connected.	Bruggencate et al., 2017; Clément et al., 2018; López Svensson & Stjernborg, 2024.
Evaluation/fidelity gaps	Programs emphasise outcomes over governance/process metrics; limited fidelity reporting blunts learning loops.	Poscia et al., 2018; Robbins et al., 2018; Sen et al., 2022.

5.4 Conclusion – governance

Across diverse institutional settings, governance for social care projects for older adults is predominantly networked and participation-heavy, yet thinly formally codified (Clément et al., 2018; Liougas, Sims-Gould, & McKay, 2025; Owen, Berry, & Brown, 2022). Joint forums, seniors' councils, and co-design move many initiatives beyond consultation toward co-production, and where learning loops are explicit (action-research, coordinator oversight, external evaluation), they function as de-facto power-sharing (Clément et al., 2018; Andrews, Gavin, Begley, & Brodie, 2003; Moody & Phinney, 2012; Pan et al., 2018). However, scarce reporting on formal decision rules, financial transparency, grievance channels, and federation mechanics leaves downward accountability underdeveloped (Andrews et al., 2003; Owen et al., 2022; López Svensson & Stjernborg, 2024). In practice, power often accrues to actors who control resources, coordination capacity, or specialist roles (Petriwskyj, 2018; Southcott & Joseph, 2017).

These findings suggest a pragmatic "minimum viable governance" for inclusion and quality: (1) a backbone/convener that separates strategy from operations (Southcott & Joseph, 2017; O'Rourke et al., 2018); (2) published decision rules (membership, quorum, voting/consensus, conflict-of-interest) (Petriwskyj, 2018); (3) routine, visible feedback cycles that include

member-checking and decision logs (Clément et al., 2018; Moody & Phinney, 2012); (4) basic safeguards (role boundaries, referral agreements, complaints/appeals with independent escalation) (Andrews et al., 2003); and (5) parity between offline and digital communication (Pan et al., 2018; Paquet et al., 2023; Drobež et al., 2022; Rybenská et al., 2024). Federated or umbrella arrangements can diffuse standards and legitimacy while preserving local tailoring, but only if financial and constitutional basics are transparent (Gardiner, Geldenhuys, & Gott, 2018; Liougas et al., 2025).

Limitations of the literature include selective reporting (governance process seldom a primary outcome), weak fidelity metrics, and minimal disclosure on finance, legal form, and union or workforce roles (Poscia et al., 2018; Robbins et al., 2018; Owen et al., 2022). Future research should (i) test whether codified rules plus learning loops measurably shift inclusion and service quality (Clément et al., 2018; Pan et al., 2018); (ii) compare backbone models (municipal vs. philanthropic vs. provider-led) on equity and sustainability (Southcott & Joseph, 2017; O'Rourke et al., 2018); (iii) evaluate grievance systems and safeguarding in volunteer-heavy services (Andrews et al., 2003); and (iv) develop governance reporting checklists for age-friendly, place-based networks (Liougas et al., 2025). In short, participation is widespread; durable accountability depends on formalising how voice translates into decisions, how decisions are recorded and reviewed, and how beneficiaries can contest them (Owen et al., 2022; Petriwskyj, 2018; López Svensson & Stjernborg, 2024).

6. HR management of formal and informal social care workers for social inclusion in a multi-actor network

Human Resources (HR) issues are of central importance for caregivers due to their direct influence on professional practice, organizational sustainability, and service delivery outcomes. Social workers frequently operate in high-stress environments characterized by emotional labour, physically and psychologically demanding tasks and resource constraints. HR policies and practices such as workload management, capacity to provide feedback, professional development, and mental health support are essential for maintaining caregivers' well-being, prevent burnout and strengthen their capacity to improve social inclusion. Furthermore, HR policies directly affect recruitment, retention, and equity within social service organizations, ultimately affecting the quality and continuity of care provided to recipients. Given the prominence of HR related issues for social inclusion, this section presents a review of research articles that were identified for full text review relevant to answer the following research question:

Q. What are the enablers and barriers in implementing effective and just HR practices (decent work) for formal and informal social carers that promote carers' well-being, job quality, and social inclusion in a multi-actor community network?

6.1 HRM Enablers in social care services

Difference in HR between informal and paid caregivers

The academic and professional literature on social inclusion and HR practices can be classified into two broader categories, HRM enablers and barriers for **informal** care workers and enablers and barriers for **paid** workers. This largely reflects the reality of the social care systems that very often rely on the collaboration between the two groups of carers. Overall, 29 articles were selected to identify barriers and enablers in implementing effective and just HR practices for formal and informal carers to promote carer's well-being, job quality and social inclusion. Of these 29 articles, only 8 focused directly on the informal sector in general and informal caregivers in particular (Cheung & Ngan, 2007; McBride et al., 2011; Nesteruk & Price, 2011; Oğlak & Hussein, 2014; Pandey et al., 2024; Principi et al., 2012; Sari et al., 2024; Tang, Morrow-Howell, & Choi, 2010).

Of these 8 articles, two manuscripts were related to training or knowledge sharing amongst older adults volunteers (Cheung & Ngan, 2007; Sari et al., 2024), one on the effect of monetary incentives on volunteers hiring and retention (McBride et al., 2011), and five either on the motivation to become a caregiver or the effects of stress on job outcomes and decisions to quit (Nesteruk & Price, 2011; Oğlak & Hussein, 2014; Pandey et al., 2024; Principi et al., 2012; Tang et al., 2010).

Although some of these studies are only tangentially related to social inclusion, the following **enablers** were identified for volunteers to foster quality of care and improve employee outcomes: access to information about best practices (Cheung & Ngan, 2007), access to training from nurses (Sari et al., 2024), stipends to improve both the social inclusion of volunteers from different ethnic backgrounds and overall retention rates (McBride et al., 2011), older adults participation in social care work (Oğlak & Hussein, 2014), the need to better recognise women volunteer contribution to older adults care (Nesteruk & Price, 2011), the moderating effects of role relationships in determining positive work outcomes and decisions to stay on the job (Pandey et al., 2024), and the role of motivators such as the availability of stipends, duration and type of tasks and health status in shaping the decision of caregivers to stay (Principi et al., 2012; Tang et al., 2010). The enablers for unpaid workers are summarised in Table 12.

Table 12: Enablers of positive work outcomes for informal care workers

Enabler	Reference
Access to information about best practices	Cheung & Ngan, 2007
Access to training from nurses	Sari et al., 2024
Stipends to improve social inclusion and retention of volunteers from diverse ethnic backgrounds	McBride et al., 2011
Older adults' participation in social care work	Oğlak & Hussein, 2014

Enabler	Reference
Recognition of women volunteers' contributions to older adults' care	Nesteruk & Price, 2011
Moderating effects of role relationships on positive work outcomes and retention decisions	Pandey et al., 2024
Motivators such as stipends, task duration/type, and caregiver health status influencing retention	Principi et al., 2012; Tang et al., 2010

6.2 HRM Barriers to social care services

By contrast, the main **barriers** that were identified in the literature on informal care workers concern the limited knowledge of different services provided to them and both the lack of specific training as well as the scarcity of the training provided (Cheung & Ngan, 2007; Sari et al., 2024), the absence or low level of stipends and monetary incentives currently available (McBride et al., 2011; Tang et al., 2010), personal reasons, problems related to the service administration and a mediocre relational work environment (Pandey et al., 2024; Tang et al., 2010) and low levels of education and poor socio-economic background (Oğlak & Hussein, 2014). The barriers for unpaid workers are summarised Table 13.

Table 13: Barriers to positive work outcomes for informal care workers

Barrier	Reference
Lack of knowledge of available services and training; lack of training itself	Cheung & Ngan, 2007; Sari et al., 2024
Absence or low level of stipends and monetary incentives	McBride et al., 2011; Tang et al., 2010
Personal reasons, administrative issues, and poor relational work environment	Pandey et al., 2024; Tang et al., 2010
Low levels of education and poor socio-economic background	OĞLak & Hussein, 2014

The literature on HR and paid/formal careworkers and social inclusion is more robust with 18 citations recorded. Of these 18 manuscripts, 2 focussed on workers psychological and physical wellbeing (Adams & Sharp, 2013; Cheung & Chow, 2011), 2 on careworkers voice (Hughes & Dundon, 2025; Kaine, 2012), 8 on the contribution and well-being of older workers (Hughes & Dundon, 2025; Loretto & White, 2006; Marcus et al., 2024; Marques et al., 2024; McNamara et al., 2013; Midtsundstad, 2011; Rice et al., 2019; Somerick, 2007), 3 on the relationship between careworkers and the introduction of new technology (G. B. Morgan et al., 2010; Na et al., 2023; Pit et al., 2022; Yen & Valentine, 2023), 1 on the level of integration of migrant careworkers in rural areas in Europe (Michele et al., 2023), 1 on job satisfaction scale development for health workers in general (G. B. Morgan et al., 2010), and 1 on unsustainable HR practices in the industry (Hughes & Dundon, 2025).

The following **enablers,** which are directly related to social inclusion, were identified to improve the level of care as well as the working experience of the caregiver: the development of

'professional reciprocity' and the need to prevent caregiver burnout (Adams & Sharp, 2013; Cheung & Chow, 2011), the establishment of effective formal and informal voice mechanisms (Hughes & Dundon, 2025; Kaine, 2012) and the necessity to introduce better pay and uninterrupted career patters (Hughes & Dundon, 2025).

In relation to older workers, the following enablers were identified: the need to develop social support and feedback mechanisms (Loretto & White, 2006), the importance of receiving and providing social support to improve their performance as well as well-being (Marques et al., 2024), the relevance of financial or active aging policies (health care and work-family incentives) to reward and retain employees in general and female care workers in particular (McNamara et al., 2013; Midtsundstad, 2011), the identification of motivational strategies, such as mentoring programs and the development of HR policies to bring back retirees into the workforce on a temporary basis or as consultants (Somerick, 2007).

In relation to the introduction of new technologies and HR, significant enablers were found to be: the overall positive perceptions and health workers hold in relation to the introduction of robots for older adults patients (Na et al., 2023), several recommendations on how to design and greatly improve development and adoption of persuasive design techniques for care workers in apps in rural areas (Pit et al., 2022), and the importance of online support groups for caregivers to preserve their physical and psychological well-being, self-esteem and quality of care (Yen & Valentine, 2023). The last enabler that we found in this review concern the need for companies in general and social enterprises in particular, to attract and retain migrants in remote areas by developing migrant friendly policies that leverage multiple stakeholders and that extend beyond the mere contract of employment (Michele et al., 2023). The enablers for paid workers are summarised in Table 14.

Table 14: Enablers for quality of social care and work experience: formal caregivers

Enabler	Reference
Development of 'professional reciprocity' and prevention of caregiver burnout	Adams & Sharp, 2013; Cheung & Chow, 2011
Establishment of effective formal and informal voice mechanisms	Hughes & Dundon, 2025; Kaine, 2012
Introduction of better pay and uninterrupted career patterns	Hughes & Dundon, 2025
Development of social support and feedback mechanisms for older workers	Loretto & White, 2006
Receiving and providing social support to improve performance and well-being of older workers	Marques et al., 2024
Financial or active aging policies (e.g., healthcare and work-family incentives) to reward and retain employees, especially women	McNamara et al., 2013; Midtsundstad, 2011
Motivational strategies like mentoring programs and HR policies to re-engage retirees as temporary workers or consultants	Somerick, 2007

Enabler	Reference
Positive perceptions of health workers regarding the use of robots for older adults patients	Na et al., 2023
Recommendations for persuasive design techniques in care apps for rural areas	Pit et al., 2022
Importance of online support groups for caregivers to maintain well-being, self-esteem, and quality of care	Yen & Valentine, 2023
Migrant-friendly policies by companies and social enterprises to attract and retain workers in remote areas	Michele et al., 2023

The following HR **barriers** were also identified in this analysis: caregivers burnout due to the older adults early quality of life and demands (i.e. high physical demands), handling of complaints (Cheung & Chow, 2011) or lack of social support groups (Yen & Valentine, 2023), interrupted careers associated with an extensive use of temporary contracts, lack of progression incentives for the caregivers (Hughes & Dundon, 2025), the lack of family-friendly policies or financial incentives (McNamara et al., 2013; Midtsundstad, 2011) and uneven voice patterns either due to repression or because collective and individual voice mechanisms are ineffective or unavailable (Hughes & Dundon, 2025). Another problematic issue relates to the absence of cohesive motivational strategies to encourage older social workers to return to work and provide mentoring to younger employees (Somerick, 2007). The last three barriers that were identified in this analysis concern managers' resistance to the introduction of robots for the care and entertainment of older adults (Na et al., 2023), the fact that persuasive design techniques in apps should be country specific and community tailored, the necessity to transfer knowledge across different national contexts and communities (Pit et al., 2022) and the absence of cohesive HR policies and multi stakeholder policies to attract and retain migrant social workers in rural and remote areas (Michele et al., 2023). The barriers for paid workers are summarised in Table 15.

Table 15: Barriers to quality of social care and work experience: formal caregivers

Barrier	Reference
Caregiver burnout due to older adults demands and handling of complaints	Cheung & Chow, 2011
Lack of social support groups for caregivers	Yen & Valentine, 2023
Interrupted careers from temporary contracts and lack of progression incentives	Hughes & Dundon, 2025
Absence of family-friendly policies or financial incentives	McNamara et al., 2013; Midtsundstad, 2011
Ineffective or unavailable voice mechanisms, including repression of collective/individual voice	Hughes & Dundon, 2025
Lack of motivational strategies to re-engage older social workers and promote mentoring	Somerick, 2007
Managerial resistance to robot integration for older adults' care and entertainment	Na et al., 2023
Persuasive design techniques in apps not tailored to specific countries/communities; lack of cross-context knowledge transfer	Pit et al., 2022

Barrier	Reference
Absence of cohesive HR and multi-stakeholder policies to attract and retain migrant social workers in rural/remote areas	Michele et al., 2023

6.3 Conclusion – HRM practices, social inclusion for care workers

This body of HR literature underscores that social inclusion for care workers is a multi-dimensional concept involving paid and unpaid (volunteers) workers. While some enablers and barriers overlap across the two groups, others are specific to each constituency.

Across both paid and unpaid care workers, several common enablers and barriers influence their social inclusion and well-being. A key enabler for both groups is access to training and information, which enhances caregiving quality and confidence (Cheung & Ngan, 2007; Sari et al., 2024; Cheung & Chow, 2011). Supportive relationships, such as role-based mentoring and social support networks, also contribute to retention and job satisfaction (Pandey et al., 2024; Marques et al., 2024). Financial incentives, including stipends for volunteers and improved pay for formal workers, are crucial for promoting inclusion and reducing turnover (McBride et al., 2011; Hughes & Dundon, 2025). However, both groups face barriers such as limited access to resources and training (Cheung & Ngan, 2007; Sari et al., 2024), burnout (Cheung & Chow, 2011), and lack of recognition particularly for women, older adults, and ethnically diverse carers (Nesteruk & Price, 2011; McBride et al., 2011). Structural issues like fragmented career paths and ineffective voice mechanisms further hinder inclusion (Hughes & Dundon, 2025). These shared challenges and enablers underscore the need for integrated, inclusive HR and policy frameworks that support all care workers, regardless of employment status.

Enablers and barriers for unpaid care workers

Unpaid care workers face distinct issues that differ from those of their paid counterparts. Unique enablers include access to community-based training led by nurses (Sari et al., 2024), the offering of stipends to volunteers from diverse ethnic backgrounds to enhance motivation, retention and inclusion (McBride et al., 2011), and the recognition of older adults and women's contributions to care work (Oğlak & Hussein, 2014; Nesteruk & Price, 2011). Role relationships and motivators such as task type and caregiver health status also play a specific role in unpaid settings (Pandey et al., 2024; Principi et al., 2012). Conversely, barriers peculiar to unpaid workers include: a lack of awareness about available services and training opportunities (Cheung & Ngan, 2007), the absence or insufficiency of financial incentives (McBride et al., 2011; Tang et al., 2010), and socio-economic disadvantages such as low education levels and poor backgrounds (Oğlak & Hussein, 2014). Additionally, unpaid carers often contend with administrative inefficiencies and a lack of formal recognition, especially for women and ethnically diverse volunteers (Nesteruk & Price, 2011; McBride et al., 2011), which further limits their inclusion and retention in care systems.

Enablers and barriers for paid care workers

Paid care workers encounter several enablers and barriers specific to their formal employment status. Specific enablers include the development of professional reciprocity and the prevention of caregiver burnout through structured HR practices (Adams & Sharp, 2013; Cheung & Chow, 2011), the establishment of formal and informal voice mechanisms that allow workers to participate in organisational decision-making (Hughes & Dundon, 2025; Kaine, 2012), and the provision of uninterrupted career paths and better pay (Hughes & Dundon, 2025). Social support systems and active aging policies, such as healthcare and work-family incentives, are particularly important for retaining older workers (Loretto & White, 2006; Marques et al., 2024; McNamara et al., 2013). Technological enablers, such as positive perceptions of robotics in care, persuasive app design tailored to rural contexts, and online support groups—further enhance job quality and well-being (Na et al., 2023; Pit et al., 2022; Yen & Valentine, 2023). Migrant-friendly HR policies that extend beyond employment contracts and involve multiple stakeholders are also critical for attracting and retaining workers in remote areas (Michele et al., 2023). In contrast, barriers specific to paid workers include high levels of burnout due to demanding workloads (Cheung & Chow, 2011), fragmented career paths resulting from temporary contracts and lack of progression incentives (Hughes & Dundon, 2025), ineffective or repressed voice mechanisms (Hughes & Dundon, 2025), and resistance to the integration of new technologies by management (Na et al., 2023). Additional challenges include the absence of cohesive motivational strategies for older workers (Somerick, 2007) and insufficient HR policies to attract and retain migrant workers in rural and remote areas (Michele et al., 2023).

7. Allocation mechanisms and scheduling approaches

The rapid ageing of populations and the policy shift towards "ageing in place" have intensified the demand for home and community-based care. Ensuring that such care is delivered efficiently requires effective resource allocation. In this section, we review the literature relevant to the following research question:

Q. What are the enablers and barriers to effectively allocate resources for social inclusion for carers and older adults in a multi-actor community network?

In total, 17 academic articles were selected to analyse barriers and enablers related to resource allocation in older people's care. Of these, 9 papers focused on logistical planning and optimisation (e.g., Zhao et al., 2024; Gomes & Ramos, 2019; Yu & Gao, 2024), while 5 contributions explored broader social and psychological barriers such as stigma, ageism, or digital exclusion (e.g., Manchha et al., 2021; Henry et al., 2024; Stjernborg & Lopez Svensson, 2024). The review also included 2 papers on system-level governance and capacity planning (Mulley, 2010; Mohammadi Bidhandi et al., 2019), and 1 conceptual paper examining the ethical principles underpinning allocation decisions (Mos et al., 2025).

Recent reviews also indicate that home care routing and scheduling research has expanded to address multiple objectives and constraints, from travel distances to workload balance (eg. Atta et al., 2025). However, the same literature also reveals persistent gaps, particularly in integrating relational and societal aspects into optimization models. The following analysis draws from insights originating in operations research, transport studies, and social policy to identify the barriers and enablers shaping resource allocation.

7.1 Enablers of effective resource allocation

Based on the review of the relevant studies we identified nine enablers of effective resource allocation of social care services to older adults. These enablers are presented in Table 16 and discussed thereafter.

Table 16: Enablers of Effective Resource Allocation

Enabler	Description	References
Multi-objective & stochastic optimisation	Balance cost, satisfaction, workload, and uncertainty; provide Pareto solutions.	Yu & Gao (2024); Zhao et al. (2024); Gomes & Ramos (2019); Makboul et al. (2024); Atta et al. (2025) ; Koeleman et al. (2012) ; Koeleman et al. (2012)
Integration of preferences and loyalty rules	Patient–caregiver preferences, loyalty within weeks, rotation between weeks.	Maya Duque et al. (2015); Gomes & Ramos (2019)
Green optimisation models	Combine workload balance, continuity, and carbon emission reduction.	Makboul et al. (2024)
Human-centred and participatory design	Stakeholder workshops and co-design improve acceptability and fairness.	Franco & Montibeller (2010); Gomes & Ramos (2019); Stjernborg & Lopez Svensson (2024)
Digital Service Solutions (DiSS)	Digital grocery stores, hubs, parcel lockers reduce accessibility, poverty and isolation.	Stjernborg & Lopez Svensson (2024)
Hybrid decision-support systems	Combine algorithmic optimisation with human oversight for flexibility.	Rekabi et al. (2024); Yu & Gao (2024)
Gradual technology adoption	Stepwise introduction, training, and low-tech alternatives prevent exclusion.	Stjernborg & Lopez Svensson (2024); Manchha et al. (2021)
Governance reform and subsidies	Coordinated schemes ensure scale, equity, and stability.	Mulley (2010); WHO (2020)
Workforce investment	Better pay, training, and recognition stabilise staffing and continuity.	OECD (2023)
Expanded evaluation frameworks	Dashboards include continuity, equity, satisfaction, and sustainability.	WHO (2020); Maya Duque, Castro, Sörensen, & Goos (2015); Gomes & Ramos (2019); Makboul et al. (2024)

Advanced planning and optimisation

In order to address the inefficiencies of manual planning and the fragility of traditional routing models, recent research highlights the value of multi-objective and stochastic optimization approaches. Yu and Gao (2024), for example, developed a genetic-algorithm-based model that minimises travel and idle time, while incorporating time windows, older adult priorities, and

preferences, thereby improving both efficiency and satisfaction. Zhao et al. (2024) advanced this work with a bi-objective stochastic model that balances travel costs against penalties for time-window violations, generating Pareto-optimal solutions. Furthermore Gomes and Ramos (2019) proposed an innovative two-model MIxed Integer Linear Program framework for Portuguese providers, combining a team scheduling and routing model with a caregiver assignment, while Makboul et al. (2024) introduced a Green HHC optimization model that integrates workload balance, continuity of care, and carbon emissions reduction. These efforts indicate that robust, multi-objective optimization can reconcile efficiency, uncertainty, and inclusiveness in allocation.

Human-centred and participatory approaches

While optimization models improve efficiency, sustainable allocation requires human-centred approaches that actively involve caregivers, managers, and older adults in decision-making. Problem structuring interventions (PSIs) and participatory modelling provide methods for co-designing allocation systems that reflect local needs and values (Franco & Montibeller, 2010). Case studies of rural Sweden illustrate the importance of involving communities in shaping Digital Service Solutions (DiSS), such as digital-lock grocery stores and community hubs (Stjernborg & Lopez Svensson, 2024) while Gomes and Ramos (2019) also highlight the value of participatory co-design in establishing realistic loyalty and rotation rules as requested by social workers.

Technology and digital inclusion

Technology can be a powerful enabler when adoption is inclusive and introduced in stages. From the caregiver perspective, AI-assisted scheduling tools and hybrid decision-support systems improve planning under uncertainty, facilitating continuity of care and equitable workload distribution (Yu & Gao, 2024; Rekabi et al., 2024). From perspective of older adults, digital solutions, such as telehealth platforms, parcel lockers, or autonomous buses expand access to services and reduce forced car dependency (Stjernborg & Lopez Svensson, 2024; Svensson & Stjernborg, 2024). However, these benefits depend on bridging the digital divide: older adults and some caregivers may lack digital literacy or access to reliable infrastructure. Evidence suggests that barriers can be mitigated by offering alternative low-tech options (e.g., electronic tags instead of smartphones), training, and stepwise adoption strategies where digital tools are introduced gradually alongside human oversight (Franco & Montibeller, 2010; Svensson & Stjernborg, 2024). This ensures that technology becomes a genuine driver of social inclusion rather than a source of exclusion.

Governance and workforce investment

Effective allocation cannot be achieved without supportive governance and investment in the workforce. Coordinated national or regional frameworks, such as those recommended in the EU Care Strategy (2022) and WHO's *Decade of Healthy Ageing (2021)*, ensure that funding, regulation, and monitoring are aligned with goals of accessibility and equity. Mulley (2010)

demonstrated in rural transport that coordinated subsidy schemes outperform fragmented markets, a lesson directly transferable to long-term care while on the workforce side, improving pay, career paths, and recognition is essential for stabilising staffing and ensuring continuity (OECD, 2023). Addressing stigma and ageism through public campaigns, training, and intergenerational programs can also render aged care more attractive, broadening the pool of qualified personnel (Manchha et al., 2021; Henry et al., 2024).

Expanded evaluation frameworks

Finally, the last enabler identified in this review is associated with evaluation practices which should move beyond narrow efficiency metrics to reflect multi-dimensional outcomes. Current frameworks often track only costs, distances, or number of visits, neglecting inclusion, continuity, and caregiver well-being. The WHO (2020) proposes indicators aligned with the *Decade of Healthy Ageing* that include participation, equity, and quality of life while Makboul et al. (2024) show how environmental sustainability (CO_2 emissions) can be added to evaluation criteria and Maya Duque et al. (2015) and Gomes & Ramos (2019) operationalise loyalty and preferences as measurable service-level indicators. By adopting expanded dashboards that combine efficiency, inclusion, and sustainability, organisations can make better-informed trade-offs and monitor progress towards socially just and resilient care systems.

7.2 Barriers to effective resource allocation

Based on analysis of the selected studies, we identified 10 barriers to effective resource allocation of social care services. These barriers are presented in table 18.

Table 17: Barriers to Effective Resource Allocation

Barrier	Description	References
1 Manual scheduling and inefficient planning	Reliance on manual planning increases costs, delays, and errors; weak integration of constraints.	Restrepo, Rousseau & Vallée (2020); Maya Duque et al. (2015)
2 Uncertainty of service duration	Time with older adults is unpredictable, depending on health and social needs; disrupts schedules.	Zhao et al. (2024); Yu & Gao (2024)
3 Uncertainty of travel times / poor accessibility	Rural and mountainous regions: weather, terrain, and infrastructure make travel unpredictable; distance ≠ time.	Johnsen & Meisel (2022); Stjernborg & Lopez Svensson (2024)
4 Strict and soft time windows	Hard constraints increase missed visits, dissatisfaction, and costs.	Yu & Gao (2024); Zhao et al. (2024)
5 Ignoring interdependencies between trips	Visits are often sequential/synchronised, but many models treat them as independent.	Johnsen & Meisel (2022)

Barrier	Description	References
6 Workforce shortages and poor working conditions	Low wages, limited careers, high turnover weaken continuity.	OECD (2023)
7 Continuity vs. rotation tension	Older adults value continuity; rotation is needed for caregiver health.	Maya Duque et al. (2015); Gomes & Ramos (2019); Makboul et al. (2024)
8 Fragmented governance and subsidies	Deregulated, siloed systems prevent coordination and equity.	Mulley (2010); WHO (2020)
Digital divide	Older adults and some caregivers are excluded from digital services/tools.	Stjernborg & Lopez Svensson (2024)
9 Distrust and design flaws in new mobility tech	Autonomous bus pilots show mistrust, poor accessibility, digital barriers.	Svensson & Stjernborg (2024)
10 Neglect of environmental sustainability	Few models consider CO_2 emissions; efficiency sometimes conflicts with continuity.	Makboul et al. (2024)

Technical and organisational barriers

Many care providers, especially small or rural organisations, still rely on manual planning of caregiver schedules. This process is highly inefficient, often requiring several hours to assign visits and resulting in coverage gaps or inconsistent service delivery (Restrepo et al., 2020, Maya Duque et al. 2015). Another barrier lies in the lack of optimisation tools adapted to the realities of home care. Classical routing models often assume independence between trips, whereas in practice many visits are interdependent (Johnsen and Meisel 2022).

Logistical constraints and uncertainty

Uncertainty is perhaps the most pervasive barrier in home care allocation. It manifests in two main dimensions: service duration variability and travel unpredictability. First, the time required for each home visit is highly variable. Beyond care tasks, caregivers often provide emotional support, engage in conversation, or adapt to fluctuating physical and mental states of older adults. This unpredictability makes precise planning difficult: a visit scheduled for one hour may extend to two, delaying subsequent appointments. Zhao et al. (2024) highlight that such variability, when combined with strict or soft time windows, results in frequent delays, increased penalties, and reduced service quality. Yu and Gao (2024) similarly show that mismatches between caregiver qualifications and recipient needs exacerbate inefficiencies and dissatisfaction. Koeleman et al. (2012) insist that the duration of visits are highly volatile, making deterministic planning fragile and often unrealistic. Without accounting for uncertainty, schedules are fragile, exposing both caregivers and older adults to delays and less than optimal quality of service. Second, travel conditions amplify uncertainty, particularly in rural and mountainous regions. Travel times are rarely proportional to distances, as accessibility is determined by infrastructure and climate. Narrow roads, snow, ice, or steep gradients increase unpredictability and fatigue for caregivers. Johnsen and Meisel (2022), for example, demonstrate that adverse conditions force interdependent routing choices that standard models fail to capture while Stjernborg and Lopez Svensson (2024) define this factor as

"accessibility poverty" in which older adults in remote areas face long distances, poor or absent public transport, and are forced to rely on cars.

Workforce and relational barriers

Resource allocation is also constrained by the structural fragility of the long-term care workforce. Across OECD countries, caregivers face low pay, high workload, and limited career prospects, which drive high turnover and shortages (OECD, 2023). Beyond working conditions, stigma contributes to recruitment and retention challenges. Manchha et al. (2021) show that age care is often perceived as "dirty work" or low-status employment, discouraging new entrants and eroding morale while Henry et al. (2024) also highlight how ageism further reinforces this stigma.

At the micro level, allocation must also navigate the tension between continuity and rotation. Continuity, defined as assigning the same caregiver to the same client, fosters trust, dignity, and inclusion by enabling older adults to build stable relationships with familiar staff. However, excessive continuity risks caregiver burnout, especially when working with demanding care recipients. Conversely, rotation protects caregiver's health but can undermine older adult satisfaction. Most optimisation models privilege efficiency and ignore these human dynamics. A few exceptions exist: Maya Duque et al. (2015) integrated caregiver–recipient preferences (skills, languages, compatibility) into a decision support system, while Gomes and Ramos (2019) explicitly modelled loyalty within weeks and rotation across weeks, balancing trust and workforce well-being. Still, such approaches remain rare, underscoring how relational factors are often neglected in allocation frameworks.

Institutional and governance barriers

Governance structures and financing mechanisms also deeply shape allocation outcomes. Fragmented or deregulated systems often produce inequities and inefficiencies. In analysing rural transport in the UK, Mulley (2010) claimed that deregulation and poorly designed subsidies led to fragmented services and social exclusion, while more coordinated schemes in continental Europe achieved broader coverage and sustainability. A parallel is found in long-term care, where disjointed funding streams, absence of national standards, and weak regulation result in fragmented allocation.

Societal and environmental barriers

Beyond organisational and governance challenges, broader societal and environmental factors hinder inclusive allocation. The digital divide excludes many older adults from accessing new digital service solutions. Stjernborg and Lopez Svensson (2024) found that rural seniors often lack the skills or infrastructure to use smartphone-based systems thus creating risks of exclusion as services digitalise. Digital illiteracy among some caregivers can also slow the adoption of optimisation tools. Environmental sustainability adds another layer of complexity. It should be noted that most optimisation models still neglect the carbon footprint of care

logistics. Makboul et al. (2024) suggest that focusing exclusively on shorter routes reduces emissions but compromises continuity of care, increasing the needed number of caregivers per care recipient also weakening relational quality. This is echoed by Svensson and Stjernborg (2024) who identify additional barriers including distrust of technology, safety concerns, and design limitations (e.g., accessibility for walkers or wheelchairs).

7.3 Conclusion – resource allocation

This review reveals that enablers have shifted from models focused on cost-efficiency alone to frameworks that integrate continuity, fairness, sustainability, and inclusion.

The first set of enablers are found in advanced optimisation approaches: multi-objective and stochastic models generating Pareto solutions that balance efficiency, satisfaction, and fairness, while robust heuristics integrate uncertainty and dependencies into practical scheduling systems (Gomes & Ramos, 2019; Zhao et al., 2024). Further enablers are also found in stochastic optimization and resilient planning methods, which integrate variable service times, scenario-based travel, and adaptive buffers into allocation models (Atta et al., 2025; Zhao et al., 2024). These approaches highlight a methodological evolution toward acknowledging uncertainty as structural rather than marginal.

The second set of enablers emerge from workforce and relational dynamics. Caregivers face low pay, stigma, and poor career prospects, which reduce recruitment and retention (OECD, 2023; Manchha et al., 2021). At the micro level, the tension between continuity and rotation further complicates allocation: older adults value relational stability, but rotation protects caregiver well-being. Enablers here lie in human-centred models and participatory approaches.

Third, institutional and governance issues such as fragmented funding, weak regulation, and deregulated markets undermine coordination and inclusion (Mulley, 2010). These systemic issues cannot be solved by optimisation alone. Enablers here are associated with policy reform and workforce investment, as illustrated by the EU Care Strategy, WHO frameworks, and OECD recommendations (WHO, 2020; OECD, 2023).

Finally, more enablers are found in gradual and inclusive technology adoption, which combines high-tech innovation with training and low-tech alternatives, and in green optimisation models that integrate low emissions alongside continuity and workload balance (Makboul et al., 2024).

These approaches suggest that social inclusion must increasingly be conceived as multi-dimensional, encompassing digital, relational, and environmental justice. These insights illustrate a decisive evolution in literature. While earlier models sought primarily to reduce costs and travel distances, but more recent contributions have progressively integrated uncertainty, loyalty, preferences, governance, and sustainability. This development

demonstrates that inclusive resource allocation requires a multi-level strategy: robust technical tools, supportive governance, empowered and recognized caregivers, and cultural shifts to value ageing and care work. Without attention to all these levels simultaneously, policy actions risk producing efficiency gains at the expense of social inclusion.

8. Discussion

A cross-dimensional analysis of the literature reveals that several enablers and barriers are not confined to a single domain but are instead shared across HR management, governance, and resource allocation. This section will initially discuss the shared enablers and barriers and then will proceed to analyse enablers and barriers that are specific to each dimension.

8.1 Enablers across dimensions

Participatory and co-design approaches

The adoption of participatory and co-design approaches is a recurrent enabler across different dimensions. In HR management, involving care workers, both paid and unpaid in the design and delivery of services enhances job satisfaction, retention rates as well as a sense of belonging. Similarly, in governance, participatory structures such as seniors' councils and joint forums ensure that the voices of older adults and carers are embedded in decision-making, leading to more legitimate and responsive services. In resource allocation, participatory modelling and stakeholder workshops help ensure that scheduling and routing systems are grounded in real-world needs and constraints. This participatory method builds trust, improves the fit of services, and enhances the effectiveness of interventions.

Training and capacity building

Training emerges as a foundational enabler across HR, governance, and resource allocation. For HR, access to training and information improves care quality, confidence, and the inclusion of volunteers and older workers. In governance, training for facilitators and leaders strengthens the quality of deliberation and ensures that feedback mechanisms are effective and inclusive. In resource allocation, training supports digital literacy and the adoption of new scheduling tools, helping to bridge the digital divide. Investments in skills development thus underpins operational effectiveness, adaptability, and equity across the system.

Digital Inclusion and hybrid solutions

Digital tools and hybrid solutions are increasingly recognised as enablers when inclusively designed and gradually introduced. In HR, online support groups and ICT tools have the potential to improve caregiver well-being and social inclusion. Governance benefits from digital platforms which enable real-time feedback and performance tracking, thus enhancing accountability and responsiveness. In resource allocation, hybrid decision-support systems that combine algorithmic optimisation with human oversight offer flexibility and fairness.

However, the effectiveness of these digital solutions depends on their accessibility and the provision of adequate training and support.

8.2 Barriers across dimensions

Fragmentation and weak integration

A major barrier shared across all three dimensions is fragmentation. In HR, disjointed career paths and the absence of cohesive HR policies negatively affect retention, recognition and motivation. Governance is often hampered by an overlapping of rules, fragmented mandates, and a lack of formal accountability mechanisms. In resource allocation, separated systems and decentralised procurement rules often prevent coordinated planning and equitable distribution of services. This systemic fragmentation undermines continuity, efficiency, and inclusion, highlighting the need for integrated frameworks and cross-sector collaboration.

Volunteer and workforce fragility

The fragility of the workforce, both volunteer and paid, is another shared barrier. Volunteers often face burnout, lack incentives, are charged with bureaucratic and legal responsibilities and insufficient recognition, while paid workers are affected by poor working conditions, low wages, and interrupted career paths due to the extensive use of temporary contracts. In governance, volunteer-led models may lack legal safeguards and quality assurance, leading to uneven service delivery. Resource allocation is further complicated by workforce shortages, which disrupt continuity and increase the complexity of scheduling. Addressing workforce related issues is thus essential for ensuring service sustainability and relational care quality.

Digital divide and accessibility barriers

Finally, the digital divide remains a persistent barrier. In HR, care workers may lack digital literacy, limiting their ability to engage with new tools and platforms. Governance structures that rely on digital feedback mechanisms risk excluding older adults or caregivers without adequate access or skills. In resource allocation, technology-based solutions can inadvertently exclude rural or digitally underserved populations. Unless mitigated by inclusive design, training, and the provision of low-tech alternatives, digital exclusion risks reinforcing existing inequalities.

While several enablers and barriers to foster social care delivery and inclusion are shared across HR management, governance, and resource allocation, each dimension also presents distinct opportunities and challenges that reflect domain specific operational logic, stakeholder dynamics, and structural constraints. Understanding these dimension-specific factors is essential for designing targeted interventions that complement broader systemic reforms.

HR management: Relational and recognition-based dynamics

In HR management, enablers and barriers are closely associated with the individual experiences and social positioning of care workers. A key enabler is the recognition of unpaid and volunteer carers, particularly older adults and women, whose contributions are often undervalued. Initiatives that offer formal acknowledgment, stipends, or tailored volunteer roles seem to help foster inclusion and retention. Additionally, role-based mentoring, peer support, and access to training enhance the confidence and effectiveness of both formal and informal carers.

However, HR management also faces barriers. Many social carers leave their roles due to emotional exhaustion, health decline, or family obligations. Moreover, low levels of education and socioeconomic disadvantage among informal carers limit their access to training and advancement, reinforcing cycles of exclusion. These challenges are compounded by gender inequities, with women disproportionately affected by lack of recognition and support. Addressing these barriers requires a nuanced approach that combines material support with relational care and inclusive HR policies.

Governance: Procedural integrity and accountability mechanisms

Governance enablers are primarily institutional and procedural. Effective initiatives often feature clear decision-making protocols, such as formal voting procedures, transparent communication, and documented decisions. These mechanisms strengthen legitimacy and ensure that service users and frontline workers have meaningful influence in the decision-making process. Formal grievance procedures and safeguarding systems further enhance trust, providing structured channels for complaints and appeals. Additionally, capacity-building for facilitators and committee leaders improves the quality of deliberation and ensures inclusive governance.

Conversely, governance-specific barriers stem from procedural gaps and accountability deficits. Many projects rely on informal participation mechanisms, lacking codified rules for decision-making or feedback. This results in weak downward accountability, where beneficiaries have limited complaining options. The absence of formal grievance systems further undermines responsiveness and protection. A growing concern is the lack of data and technology governance, particularly as digital tools become more embedded in care delivery. Issues such as privacy, consent, and role-based access are often poorly defined, posing risks that are not addressed in HR or resource allocation domains. These barriers highlight the need for robust institutional frameworks that embed transparency, accountability, and ethical oversight.

Resource allocation: Technical complexity and sustainability challenges

Resource allocation enablers are rooted in logistical innovation and participatory design. Advanced optimisation models, such as multi-objective and stochastic scheduling systems, enable more efficient and equitable distribution of care services. Hybrid decision-support tools

that combine algorithmic planning with human oversight also offering flexibility and adaptability. Participatory approaches, where caregivers and older adults co-design allocation systems, improve acceptability and alignment with local needs. Notably, green optimisation models that integrate environmental sustainability into routing and scheduling seem to represent a promising frontier for inclusive and responsible care planning.

However, resource allocation also faces distinct technical and environmental barriers. Many care providers still rely on manual scheduling, which is time-consuming, error-prone, and unable to accommodate complex constraints. The uncertainty of service duration and travel times, especially in rural areas, further complicates planning and can lead to missed visits or caregiver fatigue. Unlike governance or HR, these challenges are operational and require sophisticated modelling and infrastructure investment. A final barrier is the neglect of environmental sustainability in most allocation frameworks. While efficiency is often prioritised, the carbon footprint of care logistics remains largely unaddressed, limiting the sector's alignment with broader climate goals.

9. Conclusion

This review highlights the fact that many enablers and barriers to social inclusion should be addressed in a holistic manner. Integrated, participatory, and inclusive approaches, supported by robust training and digital inclusion strategies, are essential for overcoming fragmentation, workforce fragility, and accessibility challenges. Conversely, failure to address these shared barriers has the potential to ultimately affect even the most well-planned interventions, limiting their reach and impact across the social care system.

However, each dimension, HR management, governance, and resource allocation also faces unique enablers and barriers that demand tailored responses. HR strategies should prioritise recognition, inclusion, and relational support for diverse care workers. Governance reforms should prioritise a focus on procedural integrity, accountability, and responsible data management. Resource allocation improvements require investment in adaptive, participatory, and sustainable planning tools. This review suggests that by addressing these dimension-specific challenges alongside shared systemic issues, multi-actor care networks can become more resilient, equitable, and responsive to the evolving needs of older adults and their social inclusion needs.

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Appendix 1: Practice initiatives in social care for older adults

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
SPAIN						
Radars[1]	City Council	Older people, local traders, social services, volunteers	Build and maintain relationships. Local network of prevention and detection of the solitude and isolation of the older people, where residents, neighbours, traders, volunteers and services are involved in the different neighborhoods of Igualada.	2017 - continuing	Spain	No
Adapt a grandparent (Adopta un Abuelo)[2]	Non-profit association	Youth volunteering, older people	In addressing this issue, the focus is on fostering social connections through shared activities, with the aim of combatting loneliness.	2014	Spain (rural areas included)	No
Spanish Confederation of Older People (CEOMA)[3] – Live better at home ("Vivir Mejor en Casa"	Confederation	Older people, family members, social and health professionals	Promote long-term stability within the household by offering personalised and community-based support.	2022-2025	Spain (Madrid, Cataluña and Navarra)	Yes
Confemac[4]	National Association	Local authorities, older adults, volunteers, Universities	Promoting dignified and active ageing, as well as preventing abuse.	2017	Spain (focus in rural areas in 2025)	NA*
Edad&Vida[5]	Multi-sectoral foundation-association	Associations, social enterprises, universities	Improve the quality of older people care, especially in areas with low healthcare coverage.	2000	Cataluña and others Autonomous community (Spain)	NA
AERTE[6]: Business Association of care homes and services for dependent persons in the	Business association for the health and social care sector	Day centres, residential homes, professionals	Making care for the older people in rural and urban settings more professional and better. State Confederation of Active Older People (CONFEMAC) – Network for the Proper Treatment of Older People - Strategy for Proper Treatment	1988 -	Comunidad Valenciana (Spain)	NA

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
Valencian Community			(Red de Buen Trato a Mayores - Estrategia del Buen trato) Age & Life – Long-Term Care (Edad&Vida – Cuidados de Larga Duración)			
Santa Clara Residential Complex[7] (Residencial Santa Clara)	Consumer cooperative	Older people, social and health care workers	Providing adapted housing with care and living services	2000	Málaga (Spain)	NA
**Cooperativas Rurales de Servicios de Proximidad[8]	Fademur (Federation of Rural Women's Associations)	Women in rural areas	This state programme is being developed in 14 Autonomous Communities and is based on training women in new employment opportunities in rural areas, related to dependent persons and their care.		Spain	Yes
Dignified care[9] ("Cuidados Dignos")	Foundation	Mentally handicapped persons, persons with brain damage, older people or people with mental health disorders	The aim is to improve the quality of life of people living in social, health and social centres, as well as at home. This will be achieved by guaranteeing dignified, safe and respectful care. The strategy will be to develop, implement and certify appropriate management methodologies, train professionals and formal and informal carers, and give talks and conferences related to the foundational aims.	2010	Gernika (Bizkaia, Spain)	Yes
**WHO AGE FRIENDLY Sharing Wednesdays[10.] Workshop: 'Create and print your calendar'	Local city council	Both younger and older people; local city council	To promote coexistence, mutual learning and the strengthening of community ties, it is essential to take advantage of the diversity of perspectives and skills inherent in each generation.	2020	Mutxamel (Alicante, Spain)	Yes
** WHO AGE FRIENDLY-Las Nieves Multiservice[11] Community	European Foundation for the Older People (PEM)/ National	Older people	To promote meaningful aging, combats isolation and loneliness, and promotes citizen empowerment for cooperation in the community. This first community centre co-created and co-managed by older people in rural areas, these	2024	Campoo de Yuso (Cantabria – Spain)	yes

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
Center – Centro Comunitario[12] Multiservicios Las Nieves	University Classrooms for Older Citizens- Permanent University of Cantabria (UNATE)		community centres have become a driving force for life and a place of care and belonging. This has been like a living laboratory from which the strategy that has enabled them to move forward with the creation of two more centres has emerged.			
**AGE FRIENDLY- Creation of a network of health workers[13]	Tineo municipality (Health School)	Local authorities Civil Society Organisation Older People's Association Social or health care provider Volunteers Private sector	To empower trusted community members to voluntarily promote health and social well-being by identifying local needs, sharing accurate information, and serving as liaisons between socio-health professionals and the population.	2020 - ongoing	Tineo (Asturias, Spain)	no
'Scipio' Project[14]	City council and Regional Agency Ayuntamiento de Pamplona; Gobierno de Navarra; Agencia Navarra de Autonomía y Desarrollo de las Persona	Family workers from Pamplona City Council and the Navarre Agency for the Autonomy and Development of the Person	The objective is to enhance the quality of training and counselling for carers of dependents in the family environment. Furthermore, the initiative will cater to dependents who, during the year 2024, will be accessing financial aid for the first time in the family environment Providing guidance in areas such as personal care, educational support and socio-health care.	2025	Navarra (Spain)	NA (Planned, information not available as ongoing project, evaluation in 2026
** Serenity project[15]	Consejería de Inclusión Social, Juventud,	Young volunteers, rural elders	Promotion of the silver economy is essential. To tackle the issue of loneliness, we should create inclusive and accessible spaces where older	2009	Andalucía (Spain)	NA (information not available as

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
	Familias e Igualdad (Andalucía, Spain), other entities from Aragón and Murcia (Spain) and from France and Portugal.		people can participate in meaningful activities, establish intergenerational and intercultural connections, and feel part of an active and supportive community.			the project just start in july 2025)
** Connecting Generations (Conectando Edades)[16]	Pilares Foundation	Older adults, young people, municipalities (example: Residencia de Mayores la Minería en Felechosa (en el Concejo de Aller, en el Principado de Asturias).	Promote intergenerational rural coexistence through shared activities.		Castilla-La Mancha y Aragón (Spain)	yes
MoaiLabs[17]	Interreg Sudoe programme (FEDER funds)	Living Labs in the field of health and personal autonomy. Reference technology centres. FabLab. Care service providers. National cluster to connect with companies;	1. Establish the first European transnational laboratory dedicated to R&D&I against loneliness and social isolation of older people. 2. Improve the matching of innovative technology-based solutions to the needs, expectations and wishes of older people suffering from unwanted loneliness by bringing supply and demand closer together (MOAI challenges). 3. Experiment the proposed open innovation model and pilot the innovative solutions obtained through the first transnational participatory needs analysis (learning to intervene on loneliness), co-creation process and prototyping of technological innovations demanded. Evaluation and promotion of the impact on local,	2020-2022	Spain, Portugal and France	Yes

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
			regional and national policies in the fight against loneliness and social isolation.			
** Erasmus Rural[18]	Ministerio para la Transición Ecológica	University students, local authorities	Youth immersion in rural areas, social links, intergenerational learning.		Spain (towns < 5.000 inhab.)	
** Vinculate project[19]	Fundación MAPFRE + FSE+ Ayudas +Rural (FSE + Fundación MAPFRE)+Cruz Roja	institutions, associations, social partners and volunteers	Strengthening rural communities to intervene against undesirable loneliness of older people'.	Is ongoing (scheduled to be completed until December 2025)	Several autonomous communities (Spain): 41 municipilaties	Yes, it will be evaluated after 2025 by evaluation company)
Adinberri Hub[20]	SEO (FOUNDATION) undación pública (Diputación de Gipuzkoa)	Social enterprises, technology centres, consulting companies on silver economy, universities, senior citizenship	Silver Economy Training and Mentoring Program for company managers.	2022	Gipuzkoa (País Vasco)	Yes
** RuralCare Project (piloto " a gusto en casa")[21]	European consortium (with Spanish participation)	Social services, local authorities, seniors	Use of technology for personalised care in rural areas.	22018-2023	Castilla y León (Spain pilot)	Yes
**Cibervoluntarios Foundation[22] – Connected Older People (Fundación Cibervoluntarios – Mayores Conectad@s)	SEO (Non-profit foundation)	Digital volunteering, seniors	Bridging the digital divide through tailored ICT training.	2001	Spain (rural areas included)	Information not avaliable (pending answer from this foundation)
** "Rural TIC" Project[23]	SEO (Rural Development Association)	Rural young people, seniors, ICT facilitators	Digital empowerment of older people in small towns.		Castilla-La Mancha, Aragón	Information not avaliable (pending

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
						answer from this foundation)
Esplai Foundation[24]– Connect older people "Conecta Mayores"[25]	SEO (Third sector foundation)	Social educators, seniors, volunteering	Promoting the safe and useful use of technology among older people.	2024 (is ongoing)	Several autonomous communities (Spain)	Yes
Innicia Network – Digital Active Ageing (Red Innicia – Envejecimiento Activo Digital)	Cooperativas, asociaciones, universidades	Older people, social partners	Promoting active ageing with digital tools.	2024	Andalucía (Spain)	NO
** Rural Domus[26]	Hospital San Juan de Dios + Fundación Josefina Arregui	Socio-health professionals, social entities, Government of Navarra	To professionalize home-based care in rural areas, with a person-centred approach.	2024	Navarra (Sakana y Ribera) (Spain)	Information not avaliable (pending answer from these entities)
** Reconectados Rural[27]	Fundación Telefónica + Ministerio para la Transición Ecológica	Digital educators, over 65 years old	Promoting digital inclusion, active ageing and digital autonomy.	2025-2026	Extremadura, Castilla-La Mancha, Castilla y León, Andalucía, Madrid (Spain)	Yes (the project is currently running up to and including 2026) so the evaluation results will not be available until later.
**Bienenvejecien do[28]	FADEMUR (Federación de Asociaciones de Mujeres Rurales)	Rural women, seniors, volunteering	Promote autonomy, mental health, social participation and use of technology.		Madrid Autonomous Community (rural areas)	information not avaliable (pending answer from these entities)
Project: "Like Home"[29]	Matia Instituto + Ministerio de	Researchers, professionals, seniors	Redesigning care from a rights and well-being perspective.		País Vasco and others Autonomous	NA

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
Proyecto "Como en Casa"	Derechos Sociales				Communities (CA) as Guadalajara	
Macrosad chair – uma social innovation[30]; Chair in R&D&I for the prevention of dependency	Universidad de Málaga + Macrosad (cooperative)	Researchers, students, industry professionals	Innovating models of care for the older adults through the social economy; The intergenerational dining rooms; ZCIANEXT research project;	2022	Andalucía (Spain)	Yes
Training actitivities (Acciones Formativas)IMSERSO 2025[31]	IMSERSO (public entity) & universities collaborators	Social professionals, academics, students	Improving quality of care, promoting autonomy and person-centred care through training of individuals and groups working in the older adults' care sector.		Spain	Yes
Generating Values (Generando Valores)[32]	Jovesolides Association	Ageing people	The comprehensive programme is designed to promote active ageing and combat unwanted loneliness in the Valencian Region.		Comunidad Valenciana (Spain)	Not available (awaiting reply)
"The houses of the older people" ("Las Casas del Mayor" project)[33]	Aragon government	Older people	The establishment of these centres, as a new model of proximity care, will contribute to mitigating the issue of unwanted loneliness that affects the population, but particularly the older adults and, especially, those resident in small rural areas characterised by high rates of ageing and depopulation. The objective of this new initiative is to ensure that up to five individuals per space, who are eligible for or in receipt of valid or grade 1 dependency benefits, will benefit from the programme. This space will provide catering facilities for breakfast, lunch and dinner, as well as access to shower and toilet facilities.	2025	Aragon (Spain)	Not available yet (this project has just begun)

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
NGO GUIDE FOR OLDER PEOPLE[34] (ONG GUÍA DE MAYORES)	non-governmental organisation	Ageing people	The digital literacy of older people. Building the necessary tools to increase the visibility of older people in society. The fight against discrimination against older people.	2016	Spain	Requested information to the organization
Mentor project[35]	Valencian Innovation Agency (AVI) and Caritas Diocesana de Orihuela-Alicante, Technological Institute for Children's Products and Leisure (AIJU) and Brainstorm; (Agencia Valenciana de Innovación (AVI) and Caritas Diocesana de Orihuela-Alicante, AIJU y Brainstorm);	Coordinators of health and older people projects; health and disability projects; health and inclusive societies projects	The development of a social connection platform is underway, encompassing mentoring programmes and social games. These initiatives are designed to promote training and empower older individuals, with the overarching objective being to foster personal relationships, prevent unwanted loneliness and promote healthy habits (2023).	2023	Comunidad Valenciana (Spain)	Response from AIJU (project leader): "The project ended with a technical validation related to usability and accessibility, which also provided some information on user satisfaction and the importance of everyday use, albeit in a very general way. The duration of the project made it impossible to carry out other more in-depth validation tests, and the truth is that, beyond this, we have not obtained any other type of results after its long-term implementation

Name of the Initiative	Type of Promoting Entity/ Stakeholder	Main stakeholders participants	Desired outcomes for older people (Objectives of the Initiative)	Year/ Period	Territory/ Geographic Scope	Impact of social inclusion initiative analysed*
						due to a lack of resources. However, if you need any other information about the project, please do not hesitate to ask us."
ITEAD Chair project (Data-driven research and technology on active ageing)[36]	Associated center UNED Alzira-Valencia+Vicerrectorado de Investigación, Transferencia y Divulgación del Conocimiento de la UNED a través de su Oficina de Transferencia de Resultados de Investigación		Proposes research, transfer, dissemination and teaching activities with a technological perspective for an active and healthy ageing experience, taking advantage of new sensing and intelligent processing technologies, but at the same time, transcending to other research areas, such as Psychology, with the participation of professors from other Schools and Faculties of the UNED, as well as tutors and students from the UNED Associated Centre of Valencia.	2021	Comunidad Valenciana (Spain)	Requested information to the organisation
ITALY						
Due passi con le Acli[37]	Catholic Association	Local authorities	Be mobile	2017-2019	Italy, Autonomous Province of Trento	NO
Muoversi[38]	Local authorities and private sector	Local authorities and private sector	Be mobile Accessibility Inclusion	Started in 2004	Italy, Autonomous	YES

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			Participation		Province of Trento	
Salute+[39]	Local authorities	Bruno Kessler Foundation	Learn, grow and make decisions	Started in 2018	Italy, Autonomous Province of Trento	NO
University of the Third Age and Available Time[40]	Fondazione De Marchi	Local authorities	lifelong learning as a fundamental right for the development of cultural and social quality of life for individuals, communities, and society as a whole.	Since 1979	Italy, Autonomous Province of Trento	YES
Pronto P.I.A[41]	Kaleidoscopio social cooperative	Local authorities, Avulss, Auser, Anteas, Caritas parrocchiale Duomo e S. Maria, Caritas Parrocchiale Piedicastello, Caritas Parrocchiale Solteri, Gruppo Volontari Ravina e Romagnano e Telefono D'Argento Oltrefersina	Offer physical or phone assistance and support to the older adults.	Since 2019	Italy, Trento municipality	NO
Age-It: Ageing Well in an Ageing Society[42]	UNIBO, UNIMOL	UNIMIB, UNIPD, INRCA, BETA 80, ISTAT	Sustainability of older adults care systems in an aging society.		Italy (national level)	YES
Senior coach[43]	ASPT Terre di Castelli	Fondazione di Vignola, Fondazione di Modena	Offer assistance and support to the older adults.		Emilia Romagna, Italy	NA
BULGARIA						
SAAM – Supporting Active Ageing through Multimodal coaching[44]	Non-government Project consortium includes 10 partners from 5	Senior citizens Care workers	To develop and validate a Virtual Assistant-Coach in a controlled environment that supports the process of healthy ageing, preserving physical, cognitive, mental and social well-being of older citizens for as long as possible.	2017-2020	Bulgaria, Slovenia, Britain, Austria, Germany	YES The project included interviews and focus groups with older adult users,

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	EU Member States: Bulgaria, Slovenia, UK, Austria and Germany. The Bulgarian partners are: Balkan Institute of Labor and Social Policy; ScaleFocus; The Bulgarian Red Cross; Caritas Bulgaria					needs assessments, and evaluation of user interactions with the Virtual Assistant.
"Home Care by "Caritas"[45]	Non-government organization Caritas Bulgaria Foundation	Senior citizens Care workers	To help one of the most vulnerable groups in Bulgarian society – the older adults – in their home environment.	2002-present	Bulgaria	NA
Project "Innovative models for community care for people with chronic diseases and permanent disabilities"[46]	Non-government organization state authorities: Bulgarian Red Cross Partners: Ministry of Health, Ministry of Labor and Social Policy, Norwegian	Senior citizens Unemployed Care workers	The goal is to create an innovative model for remote monitoring of chronic diseases – teleassistance/telecare – by using modern information and communication technologies (ICT) in the regions of Vratsa, Vidin, and Montana. This includes establishing and equipping a call center for teleassistance/telecare in Vratsa and developing and implementing a system for piloting the new service in the Vratsa, Vidin, and Montana regions.	2019-2024	North-West Bulgaria	NA

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	Association of Local and Regional Authorities					
Digital assistant [47]	Social Unit at the Municipality: Home Social Patronage - Burgas	Senior citizens Care workers	The purpose of the Digital Assistant, which is a "smart bracelet," is to assist personal assistants, Home Social Patronage employees, and family members in the care of the older adults and people with disabilities.	2025 – present	Burgas Municipality	NA
"Residency Baba" [48]	Non-government organisation Ideas' Factory	Senior citizens in rural areas Young people from larger cities Volunteers	The goal of the "Residency Baba" initiative is to combat the social isolation of the older adults by connecting generations and revitalizing depopulated villages. The project aims to create an intergenerational bridge where young people from cities live in a rural environment and help the older adults (grandmas and grandpas). In return, the young people learn traditional crafts, stories, and customs. In this way, the initiative not only provides help and support but also strengthens communities, promotes active aging, and preserves cultural heritage.	2015 – present	Bulgaria	NA
With care for the older people [49]	Municipality of Veliko Tarnovo, Police Department – Veliko Tarnovo, Association of Mayors and Deputy Mayors	Senior citizens Local authorities Volunteers	An open, productive, and useful partnership between local authorities, the police, the fire department, civil society, the media, and businesses, contributing to the security and peace of older adults, as well as providing easy access to social and health services.	2016 – present	Veliko Tarnovo Municipality	YES In 2016, the project "Caring for the Older People" was selected as the official nomination for Bulgaria's

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	"Yantra 2001," Donor Association "St. Ivan Rilski."					participation in the European Crime Prevention Network competition on the topic "Prevention of Crime against Older People", which took place on 14 and 15 December 2016 in Bratislava, Slovakia. The project received a diploma, a certificate and the right to be uploaded to the website of the European Crime Prevention Network as a project of great public importance. The project wins the second such award for Bulgaria, after it was presented at a competition in Italy in 2014.
Friendly destinations for seniors +55 [50]	Foundation "Phoenix – 21	Senior citizens	To contribute to the development of tourism and improve the sustainable use of natural and cultural resources in the cross-border region of	2018-2020	Vidin distinct	NA

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	century" (Bulgaria) Romanian Association for Technology Transfer and Innovation (Romania) Association "Regional partnerships for sustainable development – Vidin" (Bulgaria)	Local tourism agencies Small businesses in the service industries	Romania and Bulgaria. The idea is to develop a new and innovative cross-border tourism product for tourists aged 55 and over during the off-seasons. For this purpose, interesting tourist routes have been developed that are fully adapted to the needs of seniors.			
"Smart-Lib" – A Communication Center at "Hristo Botev" Library in Vratsa. [51]	Regional library "Hristo Botev - Vratsa Partners: Global Libraries - Bulgaria Foundation; "Prosveta-1915" Community Center, Miziya; "Razvitie 1892" Community Center, Byala Slatina	Senior citizens Library workers	The goal is for older people to become part of the modern world's digital transformation by acquiring skills to work with contemporary technologies and the internet. This will facilitate their communication, improve their quality of life, and prepare them for e-government services.	2016-2017 2020 – partially, due to introduced anti-epidemic measures	Vratsa district	YES Older participants were trained in using digital devices, implying active engagement and possible feedback collection regarding the training outcomes.

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"Respect Grandma and Grandpa" 52	Non-government organisation Severozapazvane Association	Senior citizens Volunteers	Support for older people and senior citizens living alone	2021-present	municipalities of Kula, Boynitsa, and Makresh, in Vidin District	NA
"Kula – Sports for All"[53]	Non-profit organisation Local authorities Sports Club "Kula – Sports for All" Partners: Municipality of Kula; Sports clubs for the older people; Sports clubs at pensioners' clubs in Serbia and Romania.	Senior citizens Local municipality Sport clubs	Goals: Developing mass sports among the older people to promote health and longevity. Strengthening the physical and mental health of the older people through sports and cultural activities. Studying the experience of cross-border municipalities in developing mass sports among the senior population	2017 – present	Kula Municipality	NA
I am here [54]	Non-government organisation Window in the sky	Senior citizens Volunteers	It aims to popularize the positive effect of art as a means of social change and overcoming key problems faced by older people in Bulgaria. It reveals the influence of cultural access, especially through dance training, on their integration, social status, and health.	2023 – present	Sofia city	NA
"Accept Me in the Village" 55	Gabrovo Municipality	Senior citizens Young people Volunteers	Preservation and promotion of the living cultural heritage of our people – traditions, customs, folklore, crafts, and values – through the transmission of knowledge and experience from	2013 – present	Gabrovo	NA

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			the older to the younger generation, in an environment authentic to Bulgarian culture. Revitalisation of small settlements through volunteer work.			
Urban agriculture for changing cities: governance models for better institutional capacities and social inclusion – AgriGo4Cities [56]	Non-profit organisation Partners from Bulgaria: Association of South-Western Municipalities	Senior citizens Children and youths Local businesses	The AgriGo4Cities project uses urban and peri-urban agriculture (UPA) to change governance models and improve public institutional capacity in cities within the Danube region. Its goal is to overcome socioeconomic exclusion and stimulate sustainable urban development.	2017-2020	Municipality of Blagoevgrad	YES The project applied "participatory planning" methods and included vulnerable groups in decision-making processes through local partnerships.
Project "Grand Experts" – online training courses by seniors for seniors. [57]	Non-profit organisation local municipality "Lale" Foundation; "Svetlina-1929" Community Center, Trud village, Maritsa municipality; "Saznanie-1927" Community Center, Dolni Vadin village, Oryahovo municipality;	Senior citizens Trainers	The main goal of the project is to provide an opportunity for older people to become authors in their own field of competence, using new technologies to develop innovative digital materials for their peers.	2017-2019	Bulgaria	NA

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	"Treta vazrast" Foundation, Ruse; project partners from Germany, Ireland, Poland, and the Netherlands.					
SenGA - Seniors in Green Action – from Hands to Minds to Souls [58]	Partners from Bulgaria, Spain, Italy, Poland, north Macedonia The partners from Bulgaria are: Bulgarian School of Politics "Dimitry Panitza" Creativity and Educational Studio ARTIED	Senior citizens Trainers	The long-term objective of the "SenGA - Seniors in Green Action – from Hands to Minds to Souls" (2022-1-BG01-KA220-ADU-000085169) project is to increase the awareness of seniors and experts and educators working with them about recycling, circular economy and 'green' and environmentally friendly solutions and to create educational resources in the field suitable for older people, so as to support their active ageing and social inclusion.	2022-2023	Bulgaria	NA
Social platform "Tundzha" - opportunities for active inclusion in small rural settlements. [59]	Municipality of Tundzha	Older people and people with disabilities from rural and remote settlements	To formulate and implement an innovative integrated intervention based on existing clubs, transforming them into a socializing platform for the delivery of integrated community-based support services.	2020-2021	Municipality of Tundzha	NA
Give away an hour [60]	Association "Znanie"	Young volunteers, who have overcome	Forming and enhancing the knowledge and skills of older people in working with new technologies.	2018-present	Sofia city	NA

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		certain stereotypes and gained experience in training older people, which is a delicate and specific area. Older people, who have developed and improved their computer skills, as well as their ability to use and correspond through social networks.				
Project "Innovative health and social services in Ruzhintsi municipality"[61]	Municipality of Ruzhintsi	Single-living persons with disabilities, unable to care for themselves for a certain period of time; Single-living persons above working age, unable to care for themselves.	The main goal of the project is to improve the provision of integrated health and social services in a home environment for lonely people with disabilities and older people who are unable to care for themselves.	2025-2026	Municipality of Ruzhintsi	NA
Project "Provision of Hot Meal Services and Support for People in Need in the Municipality of Ruzhintsi"[62]	Municipality of Ruzhintsi	Older retired couples Older people living alone	1. Provision of healthy, diverse, and nutritious hot meals for lunch to people who are unable to provide such food for themselves, either alone or with the help of their relatives, on the territory of Ruzhintsi Municipality.	20.12.2022 r. - present	Municipality of Ruzhintsi	NA

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		Representatives of other vulnerable groups	2. Provision of services aimed at tackling social exclusion and contributing to the eradication of poverty, such as referral to or provision of social and healthcare services (including psychological support), as well as providing relevant information on public services or consultations related to household budget management.			
GPS devices for people with dementia or conditions causing disorientation and risk of getting lost[63]	Local council in Sofia	Senior citizens Care workers Families of senior citizens	Provision of 250 GPS devices for people with dementia or conditions causing disorientation and risk of getting lost.	2022 – present	Municipality of Sofia	NA
Co-Memo-S (Commoning Marginalized Ecological Memories for Open Sustainability) [64]	Student Computer Art Society - Bulgaria; TREBAG – Hungary; Fundatia Judeteana pentru Tineret Timis – Romania; Red Europea Los Jovenes Importan Ahora – Spain; Dekaplus Business	Youth workers Senior citizens	The goal of the project is to develop a program for youth workers, that encourages them in bringing young and older people together around the theme of sustainability, by means of uncovering and sharing local socio-ecological memories and knowledge	2024-present	Bulgaria, Hungary, Romania, Spain, Cypres	NA

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	Services Ltd - Cypres					
Increasing the competitiveness of people of pre-retirement age[65]	Municipality Municipality of Balchik Partners from Romania: Municipality of Tuzla (leading partner); Municipality of Agigea; Municipality of Constanța.	senior citizens local businesses	Training for one of the following professions: "Baker," "Plumber," "Administrator," "Security Guard," and "Babysitter."	2017-2019	Sofia city	NA

Note: *NA = information not available

EndNotes

1. Radars — Ajuntament d'Igualada. Official website: https://www.igualada.cat/ca/serveis/serveis-socials/radars. From WHO age-friendly database.
2. Adopta un Abuelo. Official website: https://adoptaunabuelo.org/
3. CEOMA (Confederación Española de Organizaciones de Mayores). Official website: https://ceoma.org/. Supported by the European Recovery Funds NEXT GENERATION UE (€2,699,034).
4. CONFEMAC (Confederación Estatal de Mayores Activos). Official website: https://confemac.net/
5. Fundación Edad&Vida. Official website: https://www.edad-vida.org/
6. AERTE (Asociación Empresarial de Residencias y Servicios a Personas Dependientes de la Comunidad Valenciana). Official website: https://aerte.es/
7. Residencial Santa Clara. Official website: https://residencialsantaclara.es/; https://www.elsaltodiario.com/vejez/cohousing-senior-un-envejecimiento-hiperactivo
8. FADEMUR (Federación de Asociaciones de Mujeres Rurales). Cooperatives project: https://fademur.es/fademur/formacion-y-proyectos/cooperativas/
9. Cuidados Dignos. Official website: https://cuidadosdignos.org/
10. Ayuntamiento de Mutxamel, intergenerational creativity workshop: https://ayto.mutxamel.org/conexion-y-creatividad-entre-generaciones-asi-fue-el-taller-crea-y-estampa-tu-calendario/
11. WHO Age-friendly database, Compartiendo los Miércoles: https://extranet.who.int/agefriendlyworld/afp/compartiendonos-los-miercoles/
12. Fundación PEM. Official website: https://fundacionpem.org/
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14. Ayuntamiento de Pamplona, support programme: https://www.pamplona.es/actualidad/noticias/pamplona-pone-en-marcha-un-programa-de-apoyo-y-asesoramiento-personas
15. Biblioteca Cibeles, active ageing project: https://biblioteca.cibeles.net/andalucia-lleva-a-la-ue-un-proyecto-para-impulsar-el-envejecimiento-activo-de-las-personas-mayores-2/
16. Fundación Pilares, intergenerational living programme: https://www.fundacionpilares.org/buenapractica/programa-de-convivencia-intergeneracional-conectando-edades-conectando-conocimiento/
17. MOAI Labs. Official website: https://www.moailabs.eu/el-proyecto/; https://youtu.be/cZTVHcfkqq0
18. Erasmus Rural, Ministry for Ecological Transition and Demographic Challenge: https://www.miteco.gob.es/ca/reto-demografico/temas/campus_rural.html

19. Cruz Roja, Vínculos Indestructibles: https://www2.cruzroja.es/web/ahora/-/vinculos-indestructibles; Fundación MAPFRE, rural aid call: https://www.fundacionmapfre.org/fondo-social-europeo-plus/convocatoria-ayudas-rural/
20. Adinberri Foundation. Official website: https://www.adinberri.eus/es/; https://www.adinberri.eus/documents/98427/152657/INFORME+FINAL+EVALUACION+ADINBERRI+RADAR+%28proyectos+2019%29.pdf
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22. Fundación Cibervoluntarios. Official website: https://www.cibervoluntarios.org/
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30. Universidad de Málaga, Cátedra de Dependencia: https://catedradependenciauma.es/quienes-somos-2/; https://catedras.ugr.es/macrosad/actividades/investigacion
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part of the Decade of Healthy Ageing (2021-2030) promoted by the World Health Organisation.

37. From WHO age-friendly database.

38. Provincia di Trento, MuoverSi. Official website: https://www.provincia.tn.it/Servizi/MuoverSi. From WHO age-friendly database.

39. TrentinoSalute, health promotion: https://www.trentinosalute.net/Argomenti/PROMOZIONE-DELLA-SALUTE/Trentinosalute. From WHO age-friendly database.

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43. Senior Coach. Official website: https://www.seniorcoach.it/

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63. GPS devices for people with dementia or conditions causing disorientation and risk of getting lost: https://council.sofia.bg/gps-kandidatstvane

64. Co-Memo-S (Commoning Marginalized Ecological Memories for Open Sustainability): https://co-memo-s.eu/

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