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

[D1.3] Methodological guide to evaluate organisational resources in social economy organisations

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Executive Summary

Purpose and Scope

This methodological guide is a key deliverable of the SONYA Project, aimed at empowering Social Economy Organisations (SEOs) to address social exclusion and improve the quality of life for older adults in rural Europe. It provides a replicable and adaptable framework for evaluating organisational resources and stakeholder dynamics within the social economy and other local actors, with a focus on inclusive employment, sustainable social care networks, and community-based innovation.

The guide supports the SONYA Project's Objective O1: to strengthen SEOs' capacity to develop multi-actor social and environmental initiatives with social inclusion objectives, and WP1's goal of identifying local resources for inclusive community actions in social care services for older adults.

Main Contributions

The guide outlines a four-phase research methodology:

- Phase I – Exploring local issues: A participatory stakeholder mapping methodology was developed to identify current and potential actors in rural social care ecosystems. Drawing on stakeholder theory and entrepreneurship research, the team designed tools to assess needs, resources, and stakeholder engagement potential. The WHO's age-friendly community framework was integrated to locate initiatives supporting older adults active aging and social inclusion across eight domains (e.g., transportation, social participation, civic participation and employment).

- Phase II – Selecting Living Lab locations: A comparative site selection methodology was developed resulting in the selection of three rural Living Labs: **Trentino** (Pergine), Autonomous Province of Trento (Italy); **Alto Turia**, Autonomous Community of Valencia (Spain); and **Ruzhintsi, Vidin** (Bulgaria). Selection criteria included rurality, demographic profiles, community infrastructure, and SEO engagement. This comparative approach enables cross-case analysis and generalisation of findings to similar EU contexts.

- Phase III – Designing the data collection plan: A comprehensive qualitative data collection strategy was developed to collect insights from four key stakeholder groups: emerging managers from the social economy and public/private sectors who address broad social needs and hold potential to strengthen local care networks for older adults; social care service managers (SEOs and public entities), trade union representatives; caregivers (formal and informal); and older adults. Semi-structured interview guides were designed and tailored to each group, exploring governance, social care service scope and quality, HR practices, occupational health and safety, motivation, performance appraisal, feedback mechanisms and mobility and resource allocation challenges. Sampling methods techniques were further outlined to ensure sample diversity and contextual relevance.

- Phase IV – Implementation of data collection: A multilingual, ethically grounded methodology was developed to guide translation, interviewer training, data collection through in-person interviews, recording, and transcription.

A comparative socio-legal methodology complements the guide to analyse the legal systems and socio-economic contexts in Spain, Italy, and Bulgaria and identify regulatory strengths and gaps. The guide integrates legal analysis methodology of national and EU frameworks, labour market and employment conditions, and industrial relations.

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1. Introduction

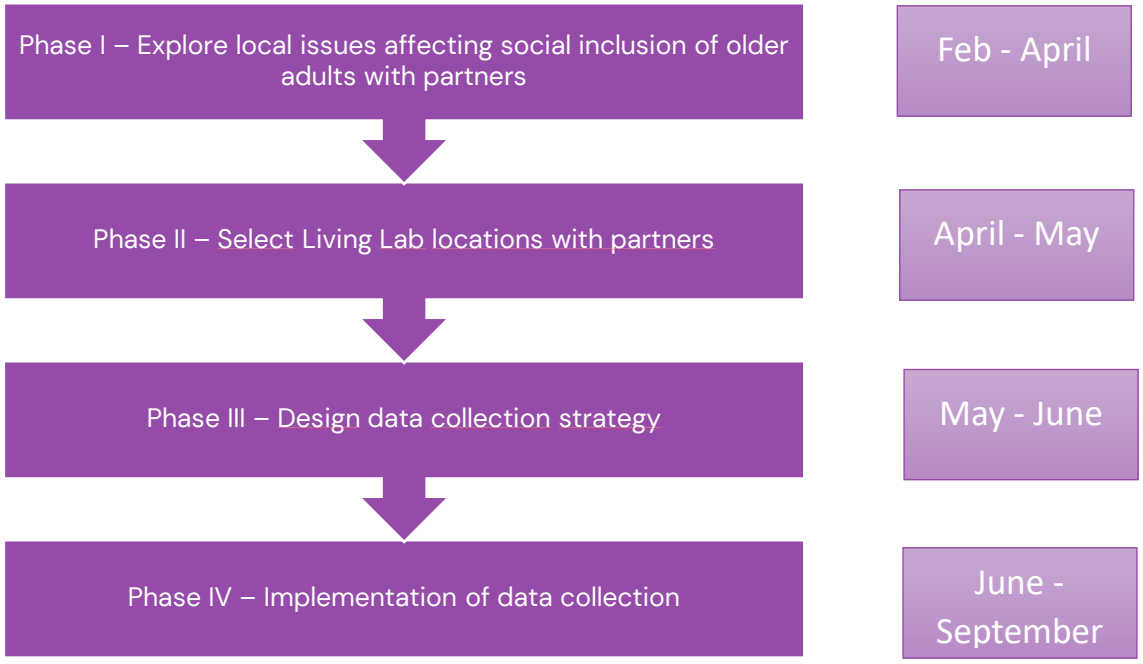
Overall objective linked to Task 1.3

The deliverable report (linked to Task 1.3) offers a methodology to analyse crucial dimensions such as governance structures, labour logistics, recruitment and selection processes, performance management practices, communication competencies (including technology usage), inclusive leadership and multi-stakeholder management practices in social economy organisations (SEOs), as well as other key actors including caregivers and care recipients.

It contributes to the project objective O1 to empower the social economy organisations in developing multi-actor social and environmental community initiatives by increasing their organisational capacities and WP1 specific objective to identify the available resources for the development of local social and environmental community actions and their potential contribution to address social needs for older adults and inclusive employment in the local communities of interest.

2. Overview of research design

The following chart outlines four distinct phases of the overall research design. Phase I - Exploring local issues affecting social inclusion with partners; Phase II - Selecting Living Lab locations with partners; Phase III - Designing the data collection strategy; and Phase IV Implementation of data collection.



3. PHASE I – Explore local issues affecting social inclusion

This phase involves a participatory approach to map the criteria to identify current and potential stakeholders in the network and strategies on how to reach them as informants in research study on challenges and organisational resources of each actor in relation to the local context of social care for older people.

Our work started with the definition of the principles for identifying relevant stakeholders in the community network of social care.

Given the entrepreneurial nature of the project, and the need to identify stakeholders in relation to their interests in a future network, we will draw on the principles for stakeholder identification from entrepreneurship research (J. R. Mitchell et al., 2021). From this perspective, a stakeholder is any actor who can influence or be influenced by the creation of a new organisation/network and whose participation is important for the emergence and sustainability of the network. Therefore, stakeholder identification should consider not only the current established relations and interests within the existing social care system for older adults, but also potential future developments and contributions to the evolving network.

For a network focused on social care, this process involved:

a) Identifying key stakeholders and analysing their needs and resources within the current locally focused social care system for older adults.

b) Exploring potential new stakeholders who could contribute to or benefit from the network through dialogue with SONYA social enterprise partners and existing stakeholders involved in the current social care system for older adults.

For example, new stakeholders could be identified as they have valuable resources, eg. serve general social needs including those of older people but are not currently recognised as value adding actors in the social care system for older adults (eg. cultural centres, fire and rescue, spiritual organisations, amongst others) (Clément et al., 2018; Rosenbaum, 2006).

We follow stakeholder theory as the normative principle to achieve shared value through a stakeholder dialogue, which is defined as a two-way communication between the company and its stakeholders (Crane & Livesey, 2003) and following a participatory approach to community research for the identification of current and potential stakeholders with potential to contribute to the community network of social care (Barnes, 2004; Cargo & Mercer, 2008). We draw on the following definition of participatory approach to community research:

> *"An umbrella term for a school of approaches that share a core philosophy of inclusivity and of recognising the value of engaging in the research process those who are intended to be the beneficiaries, users, stakeholders of the research" (Cargo & Mercer, 2008, p. 326).*

3.1 Objectives

The process began with an initial consultation aimed at mapping the current network of social economy organisations (SEOs) and identifying potential partners in social care. This phase included:

- A questionnaire developed by researchers from REN to gain a common understanding of the SEOs' scope of operations and local network knowledge and access.
- A tool to locate local initiatives contributing to the social inclusion of older adults, even if those are not formally recognised as such by the social care system.

The consultation involved discussions on the following topics:

- Methodology to identify local social initiatives by organisations currently providing social inclusion initiatives in rural regions for older adults.
- Identify specific challenges for providers in different geographic regions.
- Discuss service needs of different care users.
- Identify possible data collection issues relevant to stakeholders, carers, and older adults.

3.2 Step 1: SEO's scope of operations

Step 1: An open-ended questionnaire was designed to be completed by social economy partners (ASA, FTC and El OLMO) to address local challenges and enablers in the provision of social care for older adults.

Open-ended questions addressed three broad themes.

1. Needs and geography of social care for older adults to identify general principles for recognition of potential municipalities for the study, examples of local initiatives providing services for older adults, and issues affecting accessibility of essential services and transportation issues. What examples exist of local initiatives or organisations providing essential services like social rights access, transportation, community activities, and income opportunities for older adults? What are the main challenges faced by older adults in rural areas, especially those living alone? Which villages could be considered for collaborative research in each living lab?

2. Representation and support for social care workers and volunteers. Union representation for social care workers, handling of complaints and feedback on working conditions and networks of informal carers and potential engagement. Is there representation or a union representing care workers, volunteers, or family carers supporting older adults? How are complaints or feedback handled regarding the working conditions and challenges of care workers and volunteers? Provide perspectives or examples of vulnerable populations in rural contexts.

3. Involvement of various actors in social care for older adults. List cooperatives, associations, and businesses involved in care for older adults. Training and upskilling opportunities for vulnerable groups. Include examples of green projects involving older adults. Which cooperatives, associations, or businesses are involved in issues of care or employment/upskilling for vulnerable populations? Which organisations engage older adults in green projects in rural areas? What are the training and upskilling opportunities available for vulnerable groups in the region?

3.3 Step 2: Locate local initiatives contributing to the social inclusion of older adults

To support the SEOs' review of current and potential stakeholders and care initiatives for social inclusion of older adults, we used the WHO's 8-domain framework for age-friendly communities to code relevant community actions (WHO, 2023).

The framework is suitable for several reasons. First, it promotes community actions deemed relevant for well-being and active ageing for older adults. Second, the framework considers community actions which serve the functional support and social needs for older adults. Third, it emphasises how social needs of older adults include the creation of age-friendly opportunities to contribute to the community. The eight WHO age-friendly domains include the following elements presented in TABLE 1.

TABLE 1: WHO AGE-FRIENDLY DOMAINS AND SOCIAL INCLUSION INITIATIVES

WHO age-friendly domain	Examples of local initiatives supporting social inclusion
Outdoor Spaces and Buildings	Creating accessible parks, safe walkways, and well-lit public areas with seating and clear signage. Supporting local citizens, including older adults, to implement such initiatives.
Transportation and Mobility	Affordable and accessible public transport, priority seating, and transportation and mobility support services for older adults. Sustainable, adapted and affordable transport, car sharing, emergency transport projects (including climate-related emergencies), and walking groups.
Housing	Developing affordable and adaptable housing options that support ageing in place and are close to essential services. Initiatives may focus on renovations managed by inter-generational teams.
Social Participation	Organising inclusive cultural, recreational, and social activities to promote engagement and reduce isolation among older adults. Opportunities for participation in social and environmental projects (e.g. composting, shared orchards and tools, peer mentoring workshops for digital skills).
Respect and Social Inclusion	Campaigns and programmes to combat ageism and foster intergenerational interaction. Example: Community 'walk audits' led by older adults.
Civic Participation and Employment	Providing opportunities for older adults to engage in volunteering, employment, and community decision-making.
Communication and Information	Enhancing access to clear, timely information through diverse and accessible formats (e.g. digital inclusion for older adults, climate warning systems, supporting communication needs of older adults and carers).
Community Support and Health Services	Expanding affordable health care, home support services, and preventive care programmes tailored to older adults.

We further developed a matrix to support the SEOs in their communication and research efforts to identify local current or potential actors and their role in the local care ecosystem (see Appendix 1).

3.4 Step 3: Identify data collection challenges

Understanding the challenges that may arise in providing data or responses, as well as identifying questions and suggestions for improvement, is essential. This includes reflecting on different approaches to stakeholder identification and classification, such as recognising actors involved in the current local system of care for older adults. The following stakeholder analysis tool can support this process (see TABLE 2). The matrix Is based on classical stakeholder theory and enternpreneurship research on innovation network development (J. R. Mitchell et al., 2021; R. K. Mitchell et al., 1997)

TABLE 2: STAKEHOLDER ANALYSIS DESCRIPTION

Field	Description
Stakeholder Name	Name of the organisation, group, or individual.
Category	One of the expanded categories (e.g., Government, Social Economy, Private Sector).
Role	Primary role in rural social care for older adults (e.g., decision-maker, implementer, advocate).

Field	Description
Sources of Power to Influence	Stakeholder access to resources relevant to the future network: specific ways the stakeholder could wield influence (e.g., relationships, resources, knowledge).
Power Rating – Network (1-10)	Power rating based on potential to influence the operations and success of the future network.
Legitimacy of Needs and Resource Provision	Sources: 1) Pragmatic - reputation, history in providing support, essential needs; 2) Normative - aligned with mission; 3) Legal - mandated by law.
Interest in the Future Network (1-10)	Potential interest in participating in a future community network of care for older adults, based on motivation or alignment with project goals.
Urgency of Needs	Examples of critical, time-sensitive needs affecting quality of life, services, or work (e.g., burnout prevention, safety risks, emergency response gaps).
Engagement Description	Current or potential involvement of the stakeholder in the social care initiatives for older adults or social economy projects.
Potential Challenges	Barriers they might face (e.g., funding, capacity, resources, political will).
Proposed Strategy	How to effectively involve or address the stakeholder.

Through this process, a final classification of stakeholders was developed and presented in Table 6.

4. PHASE II – Select living lab locations

At the completion of Phase I, a shortlist of possible regions for hosting a Living Lab project was developed. Shortlisted regions were required to meet specific criteria, including the following:

- **Geographics** – Located in rural areas, remote from major social service centres.
- **Demographics** – A significant proportion of older adults in the population, with access to employed older adults.
- **Presence of SONYA SEOs and other actors** – Organisations with the potential to contribute and motivation to engage in the local social care network, based on the analysis conducted in Phasel.
- **Community spaces for social interaction** – Availability of venues such as pensioners' clubs, local cultural and community organisations (e.g. churches, *pro loco* associations in Italy, local libraries, cultural centres, and informal community-run groups) promoting well-being, skills-sharing, or self-help for older adults.
- **Access to key respondents** – Ability to reach individuals important to the study, including informal carers (relatives, neighbours, friends), social care workers, local municipality representatives, union representatives, or organisations representing informal care workers.

From a shortlist of regions that met the criteria, the final selection of Living Lab municipalities was designed to maximise variation, ensuring that each region could represent either a well-established or less-established case. This approach allows for comparison of results across the implemented projects within the sample, while also supporting the generalisation of findings to similar municipalities across the EU.

Following this extensive shortlisting process, the selected Living Lab countries, regions and villages comprised:

1. Trentino (Pergine) Living Lab, Autonomous Province of Trento, Italy; SEO lead: FTC (well-established SEO presence)

2. Alto Turia Living Lab, Autonomous community of Valencia, Spain, SEO lead: FO (established SEO presence)
3. Ruzhintsi living lab, Vidin province, Bulgaria, SEO lead: ASA (less established SEO presence)

The following photos (Photo 1, Photo 2 and Photo 3) and tables (TABLE 3, TABLE 4, TABLE 5) illustrate the context and selection criteria for each Living Lab site, highlighting demographic profiles, community infrastructure, and SEO engagement.

PHOTO 1: TRENTINO LIVING LAB, ITALY

SOURCE: MCCOLL, R. (2025). [PHOTOGRAPH OF TRENTINO (PERGINE) LIVING LAB, ITALY]

TABLE 3: TRENTINO (PERGINE) LIVING LAB PROFILE, TRENTINO REGION, ITALY

Selection criteria	Average size
Suggested locality	Pergine (average size for the region)
Demographic data (population size, older adults)	21,672 inhabitants 21% over 65 150.6 old age dependency ratio 54.7 total dependency ratio
1. Presence of operations by SONYA SEOs and other relevant actors to network	Vales social cooperative, Kaleidoscopio social cooperative, La Casa – Rododendro social cooperative; Social services of the Valley Community, Senior Group Civezzano, the Alpini Group.
2. Remoteness from major social service centers	Located in a mountainous area, featuring a central city with small outlying hamlets and limited public transport.
3. Availability of community spaces for social interaction	Yes
4. SEOs ability to reach groups important for the study	Yes

PHOTO 2: ALTO TURIA LIVINGA LAB, VALENCIA REGION, SPAIN

SOURCE: PUNCHEVA-MICHELOTTI, P. (2025). [PHOTOGRAPHS OF ALTO TURIA LIVING LAB, SPAIN]

TABLE 4: ALTO TURIA LIVING LAB PROFILE, SPAIN

Selection Criteria	Small	Medium	Large
Suggested locality	Casas Bajas	Aras de los Olmos	Chelva
Demographic data (population size, older adults)	173 55–64: 19.8% 65+: 34.2%	381 55–64: 3.5% 65+: 31.8%	1,702 55–64: 15.1% 65+: 29.7%
1. Presence of operations by SONYA SEOs and other relevant actors to network	-Pensioner's club -Housewife club -Music municipal band -Bomberos voluntarios (association of Firemen volunteers) -Fundación Colisée	- "Aras convive", (older adults association organising social activities); -Music Municipal band and Chorus -Mountain Club - "Peña Ciclista" (biker association), mostly composed by older people.	-Pensioners's club -Fundación Colisée
2. Remoteness from major social service centers	125 km Bus: 2h49min	98 km Bus: 2h07min	69 km Bus: 1h34min
3. Availability of community spaces for social interaction	Yes	Yes	Yes
4. SEOs ability to reach groups important for the study	Yes	Yes	Yes

PHOTO 3: RUZHINTSI LIVING LAB, VIDIN REGION, BULGARIA

SOURCE: PETROVA, M. (2025). [PHOTOGRAPH OF RUZHINTSI LIVING LAB, VIDIN REGION, BULGARIA]

TABLE 5: RUZHINTSI LIVING LAB PROFILE, VIDIN REGION, BULGARIA

Selection Criteria	Very small	Small	Medium
Suggested locality	Gyurgich	Ruzhintsi	Drenovets
Demographic data (population size, older adults)*	143 65+: 45.34%	704 65+: 23.86%	1,039 65+: 30.49%
1. Presence of operations by SONYA SEOs and other relevant actors to network	-Pensioner's club -Cultural centre – 'chitalishte'	-Pensioner's club -Cultural centre – 'chitalishte' -Social economy enterprise "R-Ruzha"	-Pensioner's club -Cultural centre - chitalishte - 'Dostoen zhivot 22' Association
2. Remoteness from major social service centres (Vidin)	70 km Connected to Ruzhintsi and Drenovets by local roads leading to I-1 and Vidin. Mostly private vehicles.	58 km Direct access to Vidin via the national road I-1 (Vidin–Sofia–Kulata). Served by a regional bus line providing limited but regular access to the district centre No municipal bus line	50 km Train: 1 h 26 min. No municipal bus line. Served by a regional bus line providing limited but regular access to the district centre
3. Older people living alone**	44 houses with older people living alone	44 houses with older people living alone	33 houses with older people living alone
4. Availability of community spaces for social interaction	Yes	Yes	Yes
5. SEOs ability to reach groups important for the study	Yes	Yes	Yes

NOTE: ** THE INFORMATION IS PROVIDED BY THE MUNICIPALITY OF RUZHINTSI AND IS CURRENT AS OF FEBRUARY 27, 2025.

5. PHASE III – DESIGN DATA COLLECTION PLAN

With Living Lab locations identified, a focused data collection plan could be developed involving data collection in each nominated region. This data is designed to generate insights to address knowledge gaps unavailable through the completed literature review and analysis of existing secondary sources.

The overall research design is characterised as exploratory, drawing upon a broad range of respondents selected using a combination of purposive, snowball, and convenience sampling techniques. Data is to be collected from four key groups.

Group 1 consists of **managers** from the social economy, public and private sectors who address broad social needs, including support and services for older adults, but may not be formally recognised as value-adding within the social care system for older adults (see categories 5, 7, 8, 9, 10, 13, 14, 15, 16 in Table 5). We classify these as emerging stakeholders with potential to contribute to a local care service network supporting the social inclusion of older people. Given the diversity of these stakeholders and even the contextual differences in the functions of specific actors, there were contextual adaptations of the questions based on the local knowledge of SONYA social economy partners and further input from the scientific team.

Group 2 comprises **managers of formal and informal socia care workers** from relevant public and private stakeholder organisations (see categories 1, 2, 3, 4, 6, 7 in TABLE 6). Trade union leaders (category 12 in TABLE 6) were also incorporated into this group to provide perspectives on HR topics.

Group 3 will consist of interviews with **caregivers,** (a) formal and (b) informal, noted as categories 18 and 19 in TABLE 6. Formal carers are paid employees while informal carers are typically family members who may receive government financial support.

Group 4 comprises interviews with **older adults** who are current or eligible care users (see category 17 in TABLE 6). The needs of older adults often vary depending on age. Those in the 55-64 years may still be employed and caring for older family members (Damiani et al., 2011; Syse et al., 2022), whereas those older can have different health and economic situations (Lu et al., 2022). We expect to have variation in the number of interviews collected with formal and informal carers in each Living Lab due to differences in the local context of care service provision (Damiani et al., 2011).

TABLE 6: STAKEHOLDER GROUPS AND ROLES IN RELATION TO SONYA OBJECTIVES

	Stakeholder group	Type	Main role/Function	Relevance to SONYA Objectives
1	Public authority (national/regional social care)	Policy Maker	Designs and oversees social care policies	Aligns with macro-level policy goals
2	Quality assessment agency	Regulatory Body	Evaluates standards of social care	Relates to performance and accountability
3	Public authority (socio-cultural policy)	Policy Maker	Develops cultural inclusion strategies	Supports holistic care approaches
4	Municipalities (Living Labs)	Local Government	Implements and experiments with social care solutions	Contributes to local innovation and practice
5	Fire and Rescue Services	Essential Services	Provides emergency support to older adults	Enhances safety and rapid response
6	Federation of cooperatives/associations	Umbrella Organisation	Supports member cooperatives involved in care	Connects grassroots organisations with broader structures
7	Social care cooperatives, associations	Social Economy Organisation	Delivers formal/informal social care services	Engages directly in service delivery

	Stakeholder group	Type	Main role/Function	Relevance to SONYA Objectives
8	Agricultural cooperatives	Social Economy Organisation	Offers rural infrastructure and social ties	Links care services with rural community life
9	Environmental conservation groups	Social Economy Organisation	Engages older adults in nature-based activities	Brings innovation and therapeutic engagement
10	Socio-cultural organisations	Social Economy Organisation	Runs activities for older adults	Enriches social participation and inclusion
11	Donors (e.g., foundations)	Funder	Finances projects on ageing and care	Influences sustainability and project viability
12	Trade unions (social care workers)	Advocacy Group	Advocates for formal carers' rights and conditions	Supports labour rights and care quality
13	Work integration social economy organisations (WISE)	Social Economy Organisation	Employs and includes older adults in work	Promotes active ageing and economic inclusion
14	Religious associations	Social Economy Organisation	Provides spiritual, social, and care support	Offers community-based informal care
15	Pensioner clubs	Peer Group	Offers social connection and peer support	Represents older adults' perspectives and needs
16	Essential services (pharmacy, delivery, etc.)	Service Provider	Supports ageing in place through daily services	Enables independent living and daily support
17	Older adults (care users)	Care Beneficiaries	Primary beneficiaries of social care	Central to understanding care needs and experiences
18	Informal caregivers	Care Provider	Unpaid/family carers supporting older adults	Crucial in informal care networks
19	Formal caregivers	Care Provider	Paid carers in institutional/home settings	Deliver structured, professional care services
20	Researchers	University academics		Conducts research and supports innovation in care services

5.1 GROUP 1: SEOs and private providers with potential to deliver social services in a care service network

5.1.1 Objectives

- To understand the role and scope of SEOs' and other actors' operations.
- Identify resources available to each organisation.
- Explore current and past involvement with the social economy and private businesses initiatives related to active ageing and older adult well-being in the local community.

- Define skills, funding, and support organisations used in past projects, even if not directly focused on older adults, that may have helped improve well-being, social connection, or participation in the community.
- Explore organisations' views and experiences in being part of a network. What they could contribute to and gain from being part of a local network focused on coordinated social care efforts that also promote active, inclusive communities for older adults and carers.

5.1.2 Data collection methods

Data will be collected from managers representing a diverse range of organisations using a combination of purposive, snowball, and convenience sampling techniques. This approach ensures the inclusion of participants with relevant experience and insights into local collaborative and care-oriented initiatives.

5.1.3 Scope

Semi-structured interview guides were developed for each participant group to ensure internal consistency while allowing flexibility to explore emergent themes.

Interview questions and prompts include:

Address governance structures – internal and in relation to other structures the organisation is dependent on or provides resources to deliver social care services. How does this organisation fit into the broader social care system (e.g., regional health services, municipalities, NGOs, private providers)? Which care services are currently provided for older adults? Does this organisation have any relationships with other organisations for delivering coordinated social care services? What are the main issues in coordinating care across this organisation?

5.2 GROUP 2: Managers of formal and informal social care workers

5.2.1 Objectives

- Explore current Human Resource Management (HRM) policy and practice.
- Identify challenges for improving HRM practice.
- Describe current measures for evaluating HRM practices.

5.2.2 Data collection methods

Data will be collected from managers of social care workers in public and social economy organisations, depending on the local context of social care service provision, using a combination of purposive, snowball, and convenience sampling techniques. Additionally, the perspectives of trade union leaders regarding voice and feedback mechanisms will also be explored, and a distinct set of interview questions has been developed for this purpose.

5.2.3 Scope

The research will investigate nine key topics of interest: recruitment and selection; compensation and benefits; occupational health and safety; scheduling and planning; transportation and rural constraints; resource allocation; motivation, development and performance appraisal; monitoring and logistical efficiency; and voice practices (feedback mechanisms).

i) Recruitment and selection

The objective of these questions is to ascertain what type of worker or volunteer the organisation is seeking and to identify the main factors influencing applicant selection. The questions aim to gather information on how elements such as motivation, skills, and experience shape recruitment decisions.

Interview questions and prompts to include the following issues:

What qualities do you look for when hiring care workers (e.g. experience, skills, motivation)? What kinds of applicants usually apply for care jobs with you? Have you documented factors associated with employee turnover? What are your main recruitment and retention challenges? Do you use any strategies or networks to recruit from under-represented groups (e.g. migrants, unemployed)? Have you taken any steps to attract more men into care roles? Is this a priority for your organisation?

ii) Compensation and benefits

The main objective is to ascertain the proportion of the budget allocated to labour. Attention will be paid to the different components of the pay package, such as social security, occupational health and safety (OHS) insurance, retirement contributions, and wages, and to how these components influence hiring decisions. It is also important to understand how pay increases are determined, including their timing and amount.

Interview questions and prompts to include the following issues:

What are the main costs involved in employing a care worker in your organisation? How do these costs impact your budget and hiring decisions? What benefits are included in the pay package (e.g., retirement, insurance, paid leave)? How are salary increases or adjustments handled? Are they regular or performance-based? How do you balance offering competitive compensation with financial constraints?

iii) Occupational health and safety

The main objective is to collect information on what types of physical and psychological risks are envisaged by managers, how important they are, what corrective actions are available and whether managers take a proactive or a more legal compliance stance. One issue of relevance is the caregiver sense of isolation and whether managers are aware of this health risk and what actions (if any) are in place. It is important to explore how managers interact with OHS committees (if present) and trade unions to minimise occupational risks as well as how the OHS system could be improved.

Interview questions and prompts to include the following issues:

What physical, mental, or social risks do care workers face in your organisation? How do you address these risks? Do you work with unions, OHS committees, or other support structures? Are there gender-specific risks in your work environment? How do you manage the intensity of care (e.g. full-time vs occasional)? Is caregiver isolation a concern to your organisation? If so, how do you address it?

- ***Scheduling and planning of caregivers***

Interview questions and prompts include the following:

How is scheduling organised by your organisation? Who is responsible for assigning caregivers? What tools do you use to manage schedules? How often are they updated (daily, weekly, in real-time) (e.g., Excel, specialised software, mobile platforms, paper-based? Does the schedule consider caregiver workload, travel time, and special skills? Do you prioritise care recipients based on specific criteria? (e.g. continuity: same carer to cere recipient)

4. Transportation and rural constraints

Interview questions and prompts include the following.

What are the main challenges of providing care in rural or hard-to-reach areas (eg. mountain areas)? How is transportation managed? Do caregivers use their own vehicles or does your organisation provide them? Do they share transport (eg. same car)? How do you handle extreme weather or difficult terrain?

iv) Resource allocation

Interview questions and prompts include the following:

How many caregivers are currently employed (full-time/part-time)? How many older adults do you serve regularly? What's your average caregiver-to-care recipient ratio? Do you have a waiting list for care services?

5. Motivation, development and performance appraisal

The main objective is to collect information about the strategies to maintain and build employees motivation. Questions would be centred on how the contribution of care workers is recognised and rewarded both extrinsically in terms of promotion and financial incentives and intrinsically through different initiatives aimed at enhancing the sense of self-worth (e.g., prizes, fairs, social outing). Of particular importance is how the process of performance management is implemented, such as the extent to which the input of care workers is sought and drives management decisions. Further investigation might address the frequency of the performance appraisals as well as the availability of training.

Interview questions and prompts to include the following issues:

How do you support care workers' well-being and sense of self-worth (e.g., recognition, team meetings, social activities)? Are there opportunities for personal development or hobbies outside work? What support is available when workers feel overwhelmed or isolated (e.g., counselling, peer support including social media groups, information on rights)? Is any training offered (e.g., use of digital tools, mental health support)? How is performance reviewed, and how do workers usually respond to the process? What actions typically follow the performance appraisal (e.g., adjustments to workloads, allocation of resources, promotions, or disciplinary actions)?

i) Monitoring and logistical efficiency

This dimension of management focuses on operational efficiency issues in service delivery. It aims to understand how logistical Key Performance Indicators (KPIs) are monitored, how feedback loops from caregivers inform planning, and whether innovative logistical practices are explored or implemented. The objective is to understand how the organisation plans and adjusts its transport and scheduling operations and resource allocation.

Interview questions and prompts to include the following issues:

Does your organisation track logistical KPIs (e.g., number of visits per day, kilometres driven, time per visit)? Do caregivers provide feedback about the practicality or inefficiency of routes or schedules? Have you explored or implemented any innovative logistical practices? (e.g., route optimisation, resource sharing, integrated community planning).

ii) Voice (feedback) practices - managers

The goal in addressing this dimension is to understand feedback mechanisms about the quality of the service provided and employee well-being.

Interview questions and prompts to include the following issues:

In your experience, how do carers (social workers) usually share comments or suggestions to improve service? When does this kind of feedback usually happen: at set times or more as things come up? Who is usually involved in giving or receiving this kind of feedback? What happens after feedback is received? Are there any barriers to collecting or responding to feedback?

iii) Voice practices (feedback mechanisms) - trade union representatives

Voice if very often channelled through trade unions and as such we would like to know the level of trade union density in the industry, how unions receive feedback from caregivers, the relationship with the informal sector in providing such feedback, and the most important topics for caregivers (we expect OHS and working conditions to be the primary topics). We would also like to know how this feedback is delivered to management, the level of collaboration/conflict with management, and how reactive management is in addressing the main issues. As per managers and caregivers, we would also like to understand what the perceived barriers and enablers are to provide a more effective type of feedback.

Interview questions and prompts to include the following issues:

What type of feedback mechanisms are available to both formal and informal care workers (i.e. Hierarchical vs Lateral, topics of voice, e.g. occupational health and safety)?; To what extent are trade unions involved in this process?; What are the actions available to unions following the collection of feedback?; What are the barriers to collect feedback?; How can these problems be addressed?; Do you believe that trade unions are effective at addressing care-workers concerns? If not, why?; How could be the whole feedback system be improved?

5.3 GROUP 3a: Carers – formal

Formal care is defined here as professional caregiving services provided by trained individuals, often within structured settings like healthcare institutions, nursing homes, or home care agencies. These services are typically regulated, paid, and aligned with specific standards of care (Li & Song, 2019).

5.3.1 Objectives

- Explore formal carers' role and motivations.
- Determine level of employee satisfaction.
- Identify the key barriers and challenges carers face in their role.
- Identify potential solutions for improving employee satisfaction and productivity.

5.3.2 Data collection methods

Data will be collected from current formal carers, as well as past employees.

5.3.3 Scope

The research will investigate nine key topics of interest around recruitment, selection and role; Compensation and benefits; Occupational health and safety; Scheduling and planning; Transportation and rural Issues; Resource allocation; Motivation and development; Voice opportunities; and Performance monitoring.

i) Recruitment, selection and role

The main objective is to investigate the HR process from the perspective of the employees. It will include understanding their motivations for working in this sector, previous relevant experience, perceptions of the recruitment and selection process and satisfaction in the role.

Interview questions and prompts to include the following issues:

Could you please describe the process through which you were recruited and selected? What is your employment history? Why did you decide to become a caregiver? Did you have any previous experience, either formal or informal in care giving? Do you feel that your organisation actively encourages men to apply for caregiving roles? How so? What changes would you like to see in how formal carers are recruited, with respect to gender? Have you worked with any male carers? How were they perceived by colleagues or care recipients?

A second objective is to ascertain the type of relationship the caregiver has with their clients in terms of needs, time, autonomy in planning the tasks, and type of control from the supervisor.

Interview questions and prompts to include the following issues:

Can you tell me about your connection with the older person you care for? Do you live with the person you care for, nearby, or further away? How long have you been in this role, and do you care for anyone else? What kind of tasks do you usually do as part of your care duties? Do you discuss with anyone the definition of these? Do you usually work alone or with others? What kinds of skills do you use most in your care work? Who do you usually turn to for help or support in your work?

ii) Compensation and benefits

The objective is to ascertain what the net salary is for formal workers and what benefits if any are available to formal care workers. This would not be an accounting exercise but rather an attempt to collect information on whether or not salaries and benefits are adequate in the view of the caregiver, what improvement is needed and the extent to which the level of salaries and benefits are relevant in deciding to quit the job or influence future career decisions.

Interview questions and prompts to include the following issues:

Do you have enough flexibility in your job to manage your family/personal duties? Would you prefer a different type of employment (i.e. part time, casual etc.?) Are you concerned about losing your job? Do you have unemployment insurance? Do you have access to free preventive physical and psychological health services (i.e. regular checkups and screenings, psychological counselling)? What type of assistance do you receive in managing the chronic conditions of older people (i.e. medical, volunteers, mental) What is your schedule? Do you think you have enough time to rest and recover? How could your schedule be improved? Do you think you have enough access to leisure activities (i.e. cultural or physical activities)? How is the transport to these activities organised? Do you have any type of financial assistance (such as discounted membership) for these activities?

iii) Occupational health and safety

Occupational Health and Safety - formal/informal workers: The main objective is to ascertain the main physical and psychological health and safety risks perceived by formal and informal workers and whether the remedies available are appropriate. As with managers, particular attention should be placed on non-standard hazards such as social isolation and how health and safety committees and union or non/union representation help to address OHS hazards for caregivers and how the system should be improved.

Interview questions and prompts to include the following issues:

What are the main challenges or risks in your caregiving work, for example: to your body (like lifting or physical strain); your mind (like stress or emotional exhaustion); or your relationships (like

conflicts with clients or coworkers)? How demanding do you find your work overall? Do you receive any support? If yes by who? (i.e. health authorities or Unions, Associations or others)? Do you think there are any health or safety risks in caregiving work that are linked to gender, for example: risks that affect women and men differently?

iv) Scheduling and planning

Interview questions and prompts to include the following issues:

How is your work schedule organised? in your organisation? How efficient is your schedule for you personally? Could it be improved? Does the schedule consider your workload, travel time, and special skills?

v) Transportation and rural constraints

Interview questions and prompts to include the following issues:

What are the main challenges in providing care in rural or hard-to-reach areas (eg. mountain areas)? How is your transportation managed? Are you reimbursed for travel expenses? If so, is the amount reasonable? Do you ever share transport (eg. same car) with a colleague? How do you handle extreme weather conditions or difficult to access clients?

vi) Resource allocation

Interview questions and prompts to include the following issues:

Is your workload allocation fair and reasonable? Do you ever work in teams or only individually?

vii) Motivation and development

The primary aim here is to ascertain the level of motivation of care workers in terms of both self-worth on and off the job and the extent to which such level of recognition or lack of recognition may influence the quality of the service provided as well as future employment choices. In this regard, perceptions of the performance management process are of paramount importance. Issues of particular interest center on whether the performance process is perceived as punitive or developmental, formal or informal, fair/unfair and linked to tangible outcomes such as promotions or pay raises. It is also very important to understand the level and type of input provided by the caregiver and what improvements they feel may be needed. We do not expect informal workers to go through a formal performance appraisal process, though it may be worthwhile to ask a question about whether an informal process is available and how such process is structured. Questions about the training available and future needs should also be asked to formal and informal caregivers. These questions should aim to extract information on how useful the training is in determining their decision to stay in the job or in helping them to plan for future employment.

Interview questions and prompts to include the following issues:

Why did you decide to become a caregiver? What is your former employment history? Did you have any previous experience (formal or informal) with caregiving? Did you receive any formal training? Do you find this job rewarding? Why? How much autonomy do you have in organising your tasks? Can you provide some examples? Does this job offer opportunities for social interaction beyond the caregiving role? Can you give some examples?

How would you describe the way society and your community view your profession? ow does your caregiver role affect other aspects of your life and sense of identity? What type of digital training, if any, did you receive? (i.e digital literacy training for use of health apps, virtual care tools, and social platforms)? Do you have access to information on rights, services, and self-care? Can you provide some examples? Are you part of any initiative encouraging hobbies, volunteering, or learning new

skills? Can you describe the type of peer support groups (in-person or virtual, formal or informal) to reduce isolation and help you to cope with the job demands? How could this type of support be improved?

viii) Voice (feedback) opportunities

The main aim here is to collect information on the level and type of feedback available to caregivers and its level of effectiveness. Questions should focus on type of feedback mechanisms available such as formal/informal or hierarchical/lateral. Lateral voice refers to information shared by caregivers to provide continuous care and services. Hierarchical voice refers to the ability to provide feedback to the supervisor/authority. The second set of questions should centre on the level of effectiveness of these feedback mechanisms and the main topics of such feedback (i.e. OHS, older adults etc.). We are very interested in understanding how caregivers perceive the effectiveness of representative bodies such as trade unions in providing feedback to managers and what improvements they may recommend. We are also very interested in collecting opinions on how informal workers perceive their options to provide feedback and whether existing arrangements are effective. We would also like to know how the possibility/inability to provide feedback affects decisions to stay or leave the job.

Interview questions and prompts to include the following issues:

How do you give feedback about working related issues to your supervisor or organisation (formal/informal, hierarchical vs. lateral)? Do you give feedback directly to your supervisor/organisation or through another organisation (i.e. trade unions)? Are you afraid to give feedback? What are the actions available once you return feedback? Do you think these actions are effective? Do you think management is interested in your feedback? What do you think are the main barriers in collecting your feedback? Do you think existing representative bodies (i.e. trade unions) effectively protect your interests? If not why? What do you think would be necessary to improve your capacity to provide feedback and be effectively represented?

ix) Performance monitoring

Interview questions and prompts to include the following issues:

How is your performance evaluated and how often? What reporting information do you provide to your employer about each client visit? Do you have an opportunity to provide feedback about the practicality or inefficiency of routes or schedules?

What is your type and level of input in this process? What actions can follow the performance appraisal process (i.e. adjustments of workloads, resources, promotion, disciplinaries actions)? Are you satisfied with these actions? If no, explore suggestions to improve the process? Do you find the performance appraisal process punitive or developmental? How do you think the process could be improved? How could this process be improved?

5.4 GROUP 3b: Carers – informal

Informal care is defined here as unpaid caregiving services provided by family members, friends, or community members to individuals in need, typically due to ageing, disability, or chronic illness. This care is motivated by personal relationships rather than professional obligations (Zigante, 2018).

5.4.1 Objectives

- Explore informal carers' role and motivations.
- Identify the key barriers and challenges informal carers face in their role.
- Identify potential solutions for improving their satisfaction.

5.4.2 Data collection methods

Data will be collected from current formal (as well as past employees) and informal carers.

5.4.3 Scope

The research will investigate the key topics of interest: Nature of care provided; Compensation and benefits; Occupational health and safety; Motivation and development: Performance review; and Voice opportunities.

i) Nature of care provided

The main objective is to ascertain the type of relationship the informal caregiver has with the older adult in terms of needs, time, autonomy in planning the tasks, and administrative control exercised to receive benefits as an informal carer.

Interview questions and prompts include the following.

Explore relationship between informal carer and older adult recipient. Do you live with the person you care for, nearby, or further away? How long have you been in this role, and are you the main caregiver anyone else? What kind of tasks do you usually do as part of your care duties? Do you discuss with anyone the definition of these? Do you usually work alone or with others? What kinds of skills do you use most in your care work? How much freedom do you have in making support care decisions? Do you have a supervisor?

Do you receive any social security benefits (i.e. accident insurance)? What type of paperwork do you have to fill in? How complicated is completing relevant paperwork?

ii) Compensation and benefits

The objective is to explore what financial benefits are available to informal workers.

Interview questions and prompts include the following.

Is there any type of support available to you (formal, informal and social contacts at work)? Do you feel that the way caregiving is expected or organised in your family or community considers the different roles and responsibilities of women and men? What changes would make caregiving more balanced or fair for everyone, regardless of gender? Do you receive any social security benefits (i.e. accident insurance, social security contributions)? Do you believe you should receive any social security benefit? Are preventive healthcare services (such as regular checkups and screenings) available to you? Do you receive any assistance with managing chronic conditions, which are prevalent among older caregivers? Do you have sufficient time to rest and recover between your caregiving responsibilities? Is there any provision for respite care to ensure you get adequate rest and recovery? Do you receive any transportation support to access remote communities?

iii) Occupational health and safety

The main objective is to ascertain the main physical and psychological health and safety risks perceived by informal workers and whether the remedies available are appropriate. Particular attention should be placed on non-standard risks such as social isolation and how health and safety committees and union or non/union representation help to address OHS challenges for caregivers and how the system should be improved.

Interview questions and prompts include the following:

What are the main challenges or risks in your caregiving work, for example: to your body (like lifting or physical strain); your mind (like stress or emotional exhaustion); or your relationships (like

conflicts with clients or coworkers)? How demanding do you find your work overall? Do you receive any support? If yes by who? (i.e. health authorities or Unions, Associations or others)

Do carers of different genders face different challenges here? If so, how?

iv) Motivation and development

The primary aim is to ascertain the level of motivation among care workers, both in terms of their sense of self-worth on and off the job, and to examine the extent to which recognition, or the lack thereof, may influence the quality of care provided as well as future employment choices. In this regard, perceptions of the performance management process are of particular importance. Key issues of interest include whether this process is perceived as punitive or developmental, formal or informal, fair or unfair, and whether it is linked to tangible outcomes such as promotions or pay increases. It is also important to understand the level and type of input provided by caregivers, as well as their views on potential areas for improvement. While informal workers are not expected to participate in a formal performance appraisal process, it may be worthwhile to ask whether any informal evaluation exists and how it is structured. Questions about the training available to both formal and informal caregivers should also be included, with a focus on how useful such training is in influencing their decision to remain in the job or to plan for future employment.

Interview questions and prompts include the following:

Why did you decide to become an informal caregiver? What is your former employment history? Did you have any previous experience (formal or informal) with caregiving? Did you receive any formal training? Do you find this job rewarding? Why? How much autonomy do you have in organising your tasks? Can you provide some examples? Does this job offer opportunities for social interaction beyond the caregiving role? Can you give some examples? Do you feel that your profession is valued by society and the community you live in? Can you easily 'take-off' your carer 'hat' once you finish? What type of training, if any, did you receive? (i.e digital literacy training for use of health apps, virtual care tools, and social platforms); From whom? Do you have access to information on rights, services, and self-care? Can you provide some examples? Are you part of any initiative encouraging hobbies, volunteering, or learning new skills? Can you describe the type of peer support groups (in-person or virtual, formal or informal) to reduce isolation and help you to cope with the job demands? How could this type of support be improved?

v) Performance review

Is there any way that your work as an (informal) carer is checked or reviewed? For example, do social workers or others ever give you feedback, advice, or directions about the care you provide?

Interview questions and prompts include the following:

Do you get to give your opinion or share your experiences during this kind of review or conversation? If not, how do you think your voice could be better included? After someone gives you feedback or advice, do any changes usually happen — like changes in how much work you do, getting more help, or being recognised for your efforts? Are you happy with what happens next? If not, what would you like to see done differently? When someone checks in on your work, does it feel more like support to help you improve, or more like criticism? What could make this process more helpful or fair for you?

vi) Voice opportunities (feedback mechanisms)

The main aim here is to collect information on the level and type of feedback available to caregivers and its level of effectiveness. Lateral voice refers to information shared by caregivers to provide continuous care and services. Hierarchical voice refers to the ability to provide feedback to the supervisor/authority. The second set of questions should centre on the level of effectiveness of these feedback mechanisms and the main topics of such feedback (i.e. OHS, older adults etc.). We are very interested in understanding how caregivers perceive the effectiveness of representative bodies such as trade unions in providing feedback to managers and what improvements they may recommend. We are also very interested in collecting opinions on how informal workers perceive their options to provide feedback and whether existing arrangements are effective. We would also like to know how the possibility/inability to provide feedback affects decisions to stay or leave the job.

Interview questions and prompts include the following:

How do you give feedback about job related issues to your supervisor or organisation (formal/informal, hierarchical vs. lateral). Do you give feedback directly to your supervisor/organisation or through another organisation (i.e. trade unions)? Are you afraid to give feedback? What are the actions available once you return feedback? Do you think these actions are effective? Do you think your supervisor/management is interested in your feedback? What do you think are the main barriers in collecting your feedback? Do you think existing representative bodies (i.e. trade unions) effectively protect your interests? If not why? What do you think would be necessary to improve your capacity to provide feedback and be effectively represented?

5.5 GROUP 4: Care beneficiaries – older adults

Older adults are defined here as people aged 55 and over including a group of adults under the official retirement age who are transitioning to retirement, taking early retirement and have experienced changes in their life course due to factors of ageing (Eurostat & European Commission, 2019; UNICE & European Commission, 2019).

5.5.1 Objectives

- To explore older adults' understanding of being socially connected.
- To understand older adults' role in caring for others within their family, social network, and community and how that impacts on their own needs as older adults.
- To understand the range and scope of social interactions.
- To determine which social services they receive and their knowledge about the provider.
- To measure the level of awareness of all available social services.
- To identify which social services they have used in the past and the reasons for discontinuing.
- To ascertain the level of satisfaction with each social service and recommendations for improvement.

5.5.2 Data collection methods

The research plan comprises collecting qualitative data from older adult users of social services.

A substantial body of research confirms that older adults have distinct and evolving service needs and expectations for social care services, as well as for their providers. These needs are influenced by a range of factors, including personal preferences (McGilton et al., 2018; Wang et al., 2022). For this research project we follow common age classifications adopted in gerontology and the study of older adult care needs, namely: "young-old / middle-old / oldest-old" classification (65–74, 75–84, ≥ 85). We included the 55-64 age group positioned on the edge of retirement with critical transitions in lifestyle and health that are

essential to consider when formulating relevant policies within Europe's ageing framework (European Commission, 2019).

Proposed segments as sampling basis for interviews:

- 50 to 64 years. These are older workers and people entering retirement. They are typically still active on the labour market, though at a high risk of exclusion. They also frequently become dual carers: raising children and caring for older parents simultaneously.
- 65 to 74 years. These are people who have entered retirement age but might still be economically active. They have great potential for social participation, including volunteering and care duties, but they may also become more frequent users of medical services due to health deterioration and multimorbidity and they might require home care services or community living arrangements.
- 75 years and above. These are people for whom medical and care needs are rising due to multimorbidity, as well as increased risk of disability and dependency. They frequently require support from their social network and family as well as formal home care and nursing services. In the last stage of life, they might turn to residential care options.

Data will be collected using a combination of purposive, snowball, and convenience sampling techniques. An equal number of respondents should be interviewed from each segment using maximum variation selection techniques. It is expected that each interview will last between 20-60 minutes.

5.5.3 Scope (65 years and above)

Interview questions and prompts include the following.

What does being socially connected mean to you? In a typical week what social interactions do you have with people not living in your house?

Do you receive any social services provided by government or associations? Which ones?

(Awareness) Are you aware of any of the following services that are available to you? (Trial/consumption) Have you received any of these additional services before? For any services no longer received ask: Why do you no longer use this service (Going through each service one by one)?

(Recipient experience) Have you experienced any particular problems? Is there anything that could be improved? If there were one additional service you could have to improve your daily life, what would that be?

5.5.4 Scope (55 to 64 years not employed as professional carers)

Interview questions and prompts include the following.

Are you currently working full or part-time?

Do you currently look after any family members or neighbours either full time or occasionally? What kind of services do you provide in a typical month? In a typical week what social interactions do you have with people living outside your house? Do you receive any social services provided by government or associations? Which ones? (Awareness) Are you aware of any of the following services (read from a list) that are available to you? If there were one additional service, you could have to improve your daily life, what would that be?

6. PHASE IV – Implementation of data collection

Introduction

Following the design of the data collection strategy outlined in the previous phase, the data collection and analysis involved several steps. Step 1 involved developing the data collection instruments. As noted in Phase III, these consist of semi-structured questionnaires to guide individual or group in-depth interviews. The questionnaires were originally developed in English and subsequently translated into Italian, Spanish, and Bulgarian by native speakers from each respective country, following a back-translation procedure to ensure accuracy and consistency across languages (Brislin, 1970). Copies of the English versions are attached as appendices (see Appendix 2, Appendix 3, Appendix 4, Appendix 5, Appendix 6 and Appendix 7).

Core scientific partners leading the data collection process prepared an information sheet and participant consent form outlining the study's objectives, data management procedures, and participant rights in accordance with EU GDPR (Regulation 2016/679). These were translated in local languages by native speakers and reviewed by a bilingual researcher from the SONYA consortium. Participation was entirely voluntary, and informed consent was obtained in writing prior to data collection. Participants were informed about the purpose of the study, the identity of the SONYA consortium partners, the nature of their involvement (interviews, workshops, focus groups), their right to withdraw at any time without consequence and the opportunity to ask questions. A comprehensive Data Management Plan (DMP) was developed in accordance with the Horizon Europe regulations and the General Data Protection Regulation (EU) 2016/679. The DMP outlines procedures for data collection, anonymisation, storage, sharing, and long-term preservation to ensure compliance with FAIR principles and ethical research standards.

In Step 2, interviewers from the SONYA consortium's social economy partners, who were responsible for facilitating data collection, received training in selecting appropriate respondents and recording conversations. An excerpt from the training material is provided in Appendix 8. They were also trained in using the semi-structured questionnaire as the foundation for the planned interviews and briefed on the objectives of the interview guide for each respondent group. Additionally, interviewers were partnered with expert researchers for 'interview shadowing' in the field or participated in 'mock interview' sessions to enhance their skills. They also received guidance on managing information and consent forms in line with ethical standards. Furthermore, interviewers were informed about the flexible nature of the questionnaire and instructed to exercise contextual judgement when introducing or adapting additional questions from the extended list, ensuring alignment with accepted methodological principles. In cases where there were existing power-relations and potential conflict of interest between interviewers and informants (eg. SEO managers-interviewers and SEO employees-informants), the researchers from the SONYA consortium conducted the interviews. This approach was taken to protect the integrity of the data collection process, ensure participant comfort, and uphold ethical standards by minimising any perceived pressure or bias.

When interviewers had doubts about the suitability of questionnaires for specific participant profiles, they proposed contextually appropriate adaptations, aligned with the interview guide objectives, which they submitted to the scientific team for review and validation. Demographic information such as age, gender, length of employment, organisation size, was considered desirable for respondent classification. However, its collection was left to the discretion of each participant to ensure comfort and voluntary disclosure.

Interviewers conveyed information on the interview process when first contacting the prospective informants. At the beginning of the interview, interviewers were asked to introduce themselves and explain to the participant the purpose of the interview reading from the information form provided. They then asked if the participant understood their role in the project and whether they had any questions about the interview or the project. Participants were then requested to sign a consent form.

In Step 3, the interviews took place, lasting between 20 and 90 minutes each. Interviews were recorded on digital recording devices and transcribed by human transcribers using professional transcribing services compliant with EU GDPR regulations.

7. Legal and governance frameworks for analysis

The research adopts a **comparative and interdisciplinary methodology**, combining legal and socio-economic perspectives to analyse the role of the social economy in the countries under study and to promote its development.

A **comparative approach** is used, examining the legal systems and socio-economic contexts of three European countries: Spain, Italy, and Bulgaria. This comparative method aims to identify the specific challenges of each national context while also highlighting their respective strengths. Starting from the analysis and sharing of information across national systems, the project seeks to promote the exchange of good practices and to develop new strategies to improve the legal framework, foster the growth of the social economy, and enhance the working conditions of those employed in the sector.

The results of the comparative analysis will serve as the basis for the development of measures and proposals, such as guidelines and best practices, supporting the advancement of the social economy and the improvements of working conditions in this field.

The research adopts a **socio-legal methodology**, applied at both the national and EU/international level, which includes:

- Legal analysis of national, European, and international legal sources (legislation, case law, collective agreements, and employment contracts);
- Labour market analysis, examining the employment characteristics and socio-economic position of care and social economy workers;
- Analysis of social and welfare systems active in the rural areas under study;
- Industrial relations analysis, focusing on trade union strategies, collective bargaining dynamics, and employer–employee relations;
- Comparative analysis, integrating legal, labour market, and industrial relations perspectives to assess job quality and inclusive working conditions across the three EU Member States, representing different welfare models.

This methodological framework will also guide the development of intervention strategies, including the drafting of regulatory proposals at the EU level and recommendations aimed at improving collective bargaining and sectoral regulation. To this end, **regulatory drafting techniques** will be applied to develop EU-level policy and to guide collective bargaining towards more effective forms of regulation.

The research also features a strong **empirical dimension**, focusing on the social and legal contexts of the rural areas analysed, in order to design transferable measures applicable to other settings. Data for the elaboration of guidelines aimed at fostering the development of the social economy in rural areas have been collected through Living labs and interviews with key stakeholders operating in the sector.

The sample of interviewees is highly diverse. It includes individuals working in the formal care sector, people engaged in informal care activities, employers from organisations operating in the social economy, trade union representatives, and volunteers involved in organisations promoting social economy initiatives.

The interviews were conducted in person, through a set of structured questions addressed to the participants, followed by an open and spontaneous discussion that allowed the interviewees to further elaborate on the legal and regulatory dimensions of the topics investigated.

The overall objective of the research is to ensure that its findings generate a **tangible social impact**, promoting the social economy and strengthening the engagement of key stakeholders. In this respect, the involvement of cooperatives, associations active in the social economy, workers, families, volunteers, and trade unions has been crucial to identify national legal and governance specificities and systemic weaknesses while also highlighting institutional strengths and good practices.

In this way, the research aims not only to advance theoretical knowledge in the field of the social economy but also to develop practical legal and governance policies with real-world effects in terms of promoting social economy development and improving working conditions in the sector.

8. CONCLUSION

This methodological guide presents a framework for assessing organisational resources within the social economy, focusing on older adults' social care and social inclusion in rural areas. It describes a participatory, multi-phase research design that incorporates stakeholder perspectives at various stages, including mapping local issues, selecting Living Lab locations, developing data collection tools, and applying ethical fieldwork procedures. The approach aims to ensure inclusivity, accuracy, and adaptability by applying established theories and practices to address the challenges encountered by social economy organisations, care workers, and beneficiaries.

Through its detailed procedures for stakeholder identification, data collection, and analysis, the guide supports the SONYA project's overarching goal of empowering social economy organisations to develop effective, community-based initiatives.

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APPENDIX 1: IDENTIFYING ACTORS IN THE LOCAL ECOSYSTEM OF SOCIAL CARE FOR OLDER ADULTS

Contact details (confidential records kept only by ASA/FTC/FO)	**ID code**	Name of Entity/Organization	Department	Stakeholder type	Actor responded Yes/No	The organisation's relationship with the actor	WHO age-friendly domains	Description of Initiative (s)	Actor expertise with initative within the 8 age-friendly domains	Potential Challenges	Questions
[Insert contact details, e.g., phone number, email address and position of contact person for follow up]	[1.1: Entity 1, Initiative 1 1.2: Entity 1, Initiative 2 2.1: Entity 2, Initiative 1]	[Insert name, department]	[Insert department within an organisation]	One of the expanded categories (e.g., Government, Social Economy, Private Sector)		[Eg. work on other projects, or no relation]		[Information including: project name/project objective/start year or period/ geographic region/funding source]	[list actors' strengths in projects within the 8 age-friendly community domains if known]	[Barriers they face, e.g., funding, experts, political will; strategic priorities) limiting their capacity to develop initatives.	Questions about the 8 domains, SONYA, any concerns

Group 1: Managers – Organisations with social care service potential

APPENDIX 2: QUESTIONNAIRE FOR GROUP 1: MANAGERS – ORGANISATIONS WITH SOCIAL CARE SERVICE POTENTIAL

SONYA Interview – Managers – Organisations with social care service potential

Country:

Date: / /2025

Interview start time: Interview finish time:

Respondent's name:

Interviewer's name:

Work address: [only name or postcode of geographic location]

Introduction [read out to respondent]

Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve social care services for older adults in rural areas.

Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:

- all information collected will remain anonymous, and personal data will be confidential;
- you are free to withdraw from the project at any time and for any reason.
- we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]

Would you mind if we record our conversation? [start recording device]

1. Can you give me a quick overview of your organisation and its purpose? (Understand the credibility of the organisation in the local ecosystem; first indication on the relevance of the organisation for older adults social care)

2. Can you tell me a bit about how things are set up inside your organisation? Who's in charge of what?

(Understand the basics of governance in the organisation)

3. Now I will ask you some questions about your work on projects that may have contributed to making local communities more liveable for older people:

Did you have a project that contributed to:……

[For each circle: No or Yes]

No / Yes 1.Outdoor Spaces and Buildings – Work with local residents to make parks more accessible, safer walkways, well-lit public areas, and other resident-led improvements.

No / Yes 2. Transportation and Mobility – Initiatives to improve access to transport in rural areas and other sustainable mobility solutions like ride sharing.

No / Yes 3. Housing – Facilitating home adaptations for older individuals, inter-generational renovation initiatives.

No / Yes 4. Social Participation – Bringing people of all ages together through cultural, recreational, or nature-based activities in the community.

No / Yes 5. Respect and Social Inclusion – Programs to address ageism and encourage intergenerational exchange.

No / Yes 6. Civic Participation and Employment – Helping older people get involved — whether through volunteering, work, or having a say in local decisions.

No / Yes 7.Communication and Information – Accessible information for older residents in various formats, digital inclusion, and climate alert safety measures.

No / Yes 8.Community Support and Health Services – Affordable health care, home support, and preventive services.

[If 'YES' please ask:]

4a. Can you tell me a bit more about this project? What were you hoping to achieve? Who did you collaborate with? What did that collaboration look like? Were you able to measure the project impact?

[If "NO" on all – ask:]

4b. Are any areas we talked about interesting or relevant to your organisation?

5. Would you be interested in participating in a working group to brainstorm partnership ideas for initiatives supporting and engaging older people in their community? It could be great to explore that more together in a future conversation.

Now I will ask you some questions about your potential collaborations with other organisations.

4. Is your structure part of any networks, federations, or partnerships?

(Federations refer to a larger organisation in which your organisation is a unit, with autonomy; networks or partnerships refer to any type of horizontal cooperation with external stakeholders. Partners can be similar structures, local governments, private companies, associations, etc.)

[If yes – ask q. 4b]

4b. What resources do you share with each other? Who usually takes the lead?

5. What do you think is the benefit of belonging to a network of other associations? (e.g. resources, training, political representation, lobbying power) What constraints come with it (e.g., financial contributions, reporting requirements)?

(Identify the perceived benefits and constrains of being part of an existing network)

7. Do you have relationships with public authorities? Are these relationships mandatory (e.g., regulatory compliance)?

(Degree of autonomy and existing public partnership)

[Add any questions from the full list for this group if time permits and considered suitable for this participant]

[Thank respondent for their time and ask classification questions on the next page]

[page 2]

Classification of respondents

Gender (circle response)

1. Male
2. Female

Number of employees in organisation (circle response)

1. Below 10 employees
2. 11-50
3. 61-200
4. More than 200

Years employed at this organisation (circle response)

1. Less than 12 months
2. 1-5 years
3. 6-10 years
4. More than 10 years

Years employed in the non-for profit sector (circle response)

1. Less than 12 months
2. 1-5 years

3. 6-10 years
4. More than 10 years

Do you mainly work alone or with others?

1. Alone
2. With others

Group 2: Managers of formal and informal care workers

APPENDIX 3: QUESTIONNAIRE FOR GROUP 2: MANAGERS OF FORMAL AND INFORMAL CARE WORKERS

ONYA INTERVIEW – MANAGERS OF FORMAL AND INFORMAL CARE WORKERS

Country:

Date: / /2025

Interview start time: Interview finish time:

Respondent's name:

Interviewer's name:

Work address: [only name or post code of geographic location]

Introduction [read out to respondent]

Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve social care services for older adults in rural areas.

Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:

- all information collected will remain anonymous, and personal data will be confidential.
- you are free to withdraw from the project at any time and for any reason.
- we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]

Would you mind if we record our conversation? [start recording device]

1. Can we begin our interview by you telling me a little about your organisation and your particular role? (probe: ask how this organisation fits into the broader care system, does this organisation work closely with others, total number of employees, number of employees who report to the respondent, how long the person has been in the role).

2. What would you say are the three main challenges you face in your job?

3. Are you directly involved in the process of recruiting care workers? (circle correct response)

1. Yes (go to Q4)

2. No (skip to Q5)

4. Can you explain the broad steps involved in both recruiting and managing care workers? (Probe options: take an example of the most recent employee. Alternatively, go through the key steps of the recruitment process – search, selection, training, motivation. E.g. do you advertise for positions directly (if yes, where do you place ads) versus using recruitment firms, selection criteria (previous experience, gender preferences etc.), interview process, training, motivation techniques, turnover levels etc.)

5. What would you say are the main challenges for your organisation in recruiting and retaining staff?

6. How do you deal with the process of salary reviews? (Probe: Is this formalised, a fixed amount, collective or individual agreements, negotiated with the union, employee groups or individually with staff).

6b. What processes are in place for evaluating employee performance? (Probe: Is this formalised, a fixed amount, collective or individual agreements, negotiated with the union, employee groups or individually with staff).

7. Moving on to how you manage staff on a day-to-day basis, are you personally involved in the process of allocating staff workloads and assigning caregivers to clients? (circle correct response)

Yes (skip to Q8)

No (ask Q7a and still ask Q8 based on their knowledge)

7a. Name and position of person responsible

8. Can you describe the process for organising and allocating staff workloads? (probe to collect as much detail as possible)

8a. Do you try to match clients to caregivers, and if so, how do you do this? (probe to collect as much detail as possible)

8b. Do you consider travel time visiting clients, seasonal

weather conditions or other factors when setting work schedules? If so, how are they incorporated into your decisions?

8c. Do you track logistical KPIs? (Logistic Key Performance Indicators? Such as number of visits per day, kilometres travelled, time per visit, etc.)

8d. Do you currently use or have you ever investigated

using computer software to help with functions such as route

optimisation, resource sharing, or integrated community planning?

9. Can you describe in detail any training provided to new employees? (probe: scope of training, time involved, delivery mode - online or in-person)

9b. What about training at other times during their employment? (probe to collect as much detail as possible)

10. Finally, I want to finish our conversation by asking about any systems that are in place for communicating with your employees. Specifically, how do you receive feedback from carers if they have suggestions for improvements or to improve job satisfaction etc. Is there a formal or informal process in place for giving and receiving feedback with employees, or does it involve a combination of both approaches?

10a. Can you explain the process in detail? (probe to collect as much detail as possible)

10b. Can you provide a recent example of an idea suggested by a staff

member that resulted in a change in how your organisation operates?

[Thank respondent for their time and ask classification questions]

[page 2]

Classification of respondents

Gender (circle response)
1. Male
2. Female

Years employed at organisation (circle response)
1. Less than 12 months
2. 1-5 years
3. 6-10 years
4. More than 10 years

Number of employees (circle response)
1. Below 10 employees

2. 11-50
3. 61-200
4. More than 200

Number of older-adult clients

1. Below 100
2. 100-500
3. 500-1000
4. More than 1000

Group 3a – Formal Carers

APPENDIX 4: QUESTIONNAIRE FOR GROUP 3A: FORMAL CARERS

SONYA Interview – Formal Carers

Country:
Date: / /2025
Interview start time: Interview finish time:
Respondent's name:
Interviewer's name:
Home address [only name or post code of place of residence]:

Introduction [*read out to respondent]*
Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve social care services for older adults in rural areas.

Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:

6. all information collected will remain anonymous, and personal data will be confidential.
7. you are free to withdraw from the project at any time and for any reason.
8. we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]

Would you mind if we record our conversation? [*start recording device]*

9. I would like to ask about your work. Can you describe what a typical working week involves for you? (*probe: ask how this organisation fits into the broader care system, does this organisation work closely with others, total number of employees, number of employees who report to the respondent, how long the person has been in the role*).
10. What do you think are the most important skills or personality traits for being a good care worker? *(separate personality traits such as caring, friendly from skills such as being well trained).*
11. What do you like the most about your job? (*probe: if not mentioned raise issues such as working with the clients, good colleagues, flexible working conditions, work environment, salary).*
12. What do you like the least about your job? (*probe: if not mentioned raise issues such as working with the clients, good colleagues, flexible working conditions, work environment, salary).*
13. What would you say are the three main challenges you face in doing your job? (*expand in detail any issues raised)*
14. Do you feel that your organisation provides you with adequate training to do your best? *(explore issues such as training, technical and moral support).*
15. What is the procedure for scheduling your client visits? *(probe whether the respondent has input into the decisions).*

7b. Do you think that the current system for scheduling client visits could be improved?

8. As a frontline care giver, do you believe that you receive adequate support from your immediate supervisor to do your best? *(If the answer is 'no' ask what more they could do).*

8a. And the same question but this time thinking about your organisation - do you believe that you receive adequate support from your organisation? *(If the answer is 'no' ask what more they could do).*

16. How is your work performance evaluated? *(ask how often the respondent is evaluated)*

9a. Do you believe that the process of performance evaluation is fair and reasonable? (*expand in detail any issues raised)*

9b. What, if anything, could be done to improve the employee performance evaluation process? *(expand in detail any issues raised)*

17. Who would you normally contact if you have a problem or want to make suggestions for improving the system?

10a. Do you feel that you are encouraged and supported to provide feedback to your organisation?

10b. Can you recall an example where your feedback resulted in a change of practice?

10c. Do you think existing representative bodies (i.e. trade unions) effectively protect of people like you? If not, why?

18. Overall, how satisfied are you in your current job? *(Whatever the response, ask why do you say that?)*

19. If you were the senior manager in your organisation and could make one change to improve how the organisation functions, what change would that be? *(Try to obtain more than one reponse)*

[Thank respondent for their time and ask classification questions]

[page 2]

Classification of respondents

Gender (*circle response*)

20. Male
21. Female
22.

Number of employees in organisation (*circle response*)

23. Below 10 employees
24. 11-50
25. 61-200
26. More than 200

Years employed at this organisation (*circle response*)

27. Less than 12 months
28. 1-5 years
29. 6-10 years
30. More than 10 years

Years employed in the health care industry (*circle response*)

31. Less than 12 months
32. 1-5 years
33. 6-10 years
34. More than 10 years

Do you mainly work alone or with others?

35. Alone
36. With others

Group 3b: Informal Carers

APPENDIX 5: QUESTIONNAIRE FOR GROUP 3B: INFORMAL CARERS

SONYA Interview – Informal Carers

Country:
Date: / /2025
Interview start time: Interview finish time:

Respondent's name:
Interviewer's name:
Home address: [place of residence]

Introduction [read out to respondent]

Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve care services for older adults.
Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:
- all information collected will remain anonymous, and personal data will be confidential.
- you are free to withdraw from the project at any time and for any reason.
- we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]

Would you mind if we record our conversation? [start recording device]

1. We are talking with you today because you provide full or part-time care for someone. Can you tell us about who you look after and what services you provide? (probe: ask how many people they care for and who, how long they have been providing these services).

2. Have your care responsibilities affected your ability to undertake the amount of paid work you would like? (ie can no longer work full time or can only work limited part time hours).

3. Why is it that you are the person responsible for providing these care services? (probe if not mentioned by respondent – lack of or perceived quality of government services, no one else is available etc.).

4. Do you receive any financial support from government for care support?

5. How much do you receive?

6. Do you receive any other support from government for providing care services, such as training, advice, monitoring etc?

7. Just to explore your role as a carer, do you work independently or are you supervised or connected to an association or government agency? (probe: if linked to an organisation explore in detail the nature of the relationship, what services and resources do they provide, whether they monitor their performance etc). (If the answer is NO, or the government role is only paying money, skip to Q12.)

8.Would you be interested in being supported/associated with an agency that manages other carers like you, for instance to provide you with training, allow you to network with other carers, or offer advice etc? (probe: what assistance would they require).

9. What is the nature of your relationship with this association/agency? (probe: name of the agency, what services or support do they provide, etc.).

10. Do you feel that your sponsoring organisation/government agency provides you with adequate training to fulfill your function as a carer? (explore issues such as training, technical and moral support).

11. Do you feel that your sponsoring organisation/government agency provides you with adequate support and contact to fulfil your function as a carer? (If the answer is 'no' ask what more they could do).

12. Does this organisation/government agency give you feedback on your performance? (ask how often the respondent is evaluated and the nature of feedback)

13. What do you like the most about your being a carer? (probe: if not mentioned raise issues such as working with the clients, good colleagues, flexible working conditions, work environment, salary).

14. What do you like the least about being a carer? (probe: if not mentioned raise issues such as working with the clients, good colleagues, flexible working conditions, work environment, salary).

15. What would you say are the three biggest challenges you face in being a carer? (expand in detail any issues raised)

16. Overall, how satisfying is it for you in your role of social carer? (Whatever the response, ask why do you say that?)

17. If you were able to make one change to improve your life as a social carer what change would that be? (Try to obtain more than one response)

[Thank respondent for their time and ask classification questions]

[page 2]

Classification of respondents

Gender (circle response)
1. Male
2. Female

Current work situation (circle response)
1. Full time
2. Part-time
3. Unemployed
4. Retired

How many people do you provide full-time care for? (circle response)
1. 0
2. 1
3. 2
4. 3 or more

How many people do you provide part-time care for? (circle response)
1. 1
2. 2
3. 3 or more

What is your relationship with the person or people that you care for, either full or part-time?
1. Parent
2. Spouse
3. Other family member
4. Neighbour
5. Other _____

Number of years working as a carer (circle response)
1. Less than 12 months
2. 1-5 years
3. 6-10 years
4. More than 10 years

Do you mainly work alone or with others?
1. Alone
2. With others

Group 4a: Older adults 55-64

APPENDIX 6: QUESTIONNAIRE FOR GROUP 4A: OLDER ADULTS 55-64

SONYA Interview – Older adults 55–64 years
Country:
Date: / /2025
Interview start time:
Interview finish time:
Respondent's name:
Interviewer's name:
Introduction [read out to respondent]
Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve care services for older adults.
Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:
- all information collected will remain anonymous, and personal data will be confidential;
- you are free to withdraw from the project at any time and for any reason.

- we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]
Would you mind if we record our conversation? [start recording device]
1. Could you tell me about your current employment situation? Are you working, retired, etc? (Probe whether full time, part-time, would like more work, unemployed, retired) (Please check box in classification section. Explore main employment role current or past if retired)

2. Do you provide care services to family or neighbours? If yes, are you the main carer? (circle response)
I. No (skip to Q 4)
II. Yes – Main carer
III. Yes – Part-time carer

3. What services do you personally provide and for which people? (prompt if necessary – shopping, medical visits, seeing friends, family, neighbours etc.)

4. In making the transition from full employment to retirement, what would you say are the main challenges? (if response is no, what would you like to be different?)

5. Would you say that you have the right balance of social interactions for your current needs? (if response is no, what would you like to be different?)

6. Do you personally receive any services from the government or associations for things such as meals, house cleaning, regular visits from nurses etc?

7. Awareness, trial, and use of care services
I would like to read to you a list of different services that are available to older adults in your region. Some of them you have just mentioned that you currently receive. As I read them out to you, could you tell me whether you have heard of the service before, currently receive it or whether you have used it in the past.

Services available	Heard about	Currently Receiving	Tried before	Reasons for no longer using/receiving
Social assistant				
Home helper				
Social patronage				
Social/cultural activities				
Psychological support				
Help finding occasional work				
Social engagement				
Educational programmes				
Adapted sports activities				
Access to social rights (social security support)				
Advocacy/mediation				
Respite care				

8–9. Satisfaction and suggestions for service improvements
Refer to the services from the list above that you checked as currently being used, then, one by one, ask how satisfied they are with the service. Then prompt respondent about whether there is anything that could be improved, especially services where respondent is dissatisfied or has stopped using.

Services	Satisfied	Not satisfied	Suggestions for improvement
Social assistant			
Home helper			
Social patronage			
Social/cultural activities			

Psychological support
Help finding occasional work
Social engagement
Educational programmes
Adapted sports activities
Access to social rights
Advocacy/mediation
Respite care

10. Improvements to daily life
If you could ask for one thing that could improve your daily life, what would that be? (probe to generate as many responses as possible)

[Thank respondent for their time and ask classification questions]

[page 2]

Classification of respondents
Age group (circle one response)
1. 55–64
Gender (circle one response)
1. Male
2. Female
Number of people living in household (circle one response)
1. Living alone
2. Two people
3. Three or more people
Employment status (circle one response)
1. Full time
2. Part-time
3. Retired

Group 4b: Older adults 65+

APPENDIX 7: QUESTIONNAIRE FOR GROUP 4B: OLDER ADULTS 65+

SONYA Interview – Older adults 65+

Country:

Date: / /2025

Interview start time:

Interview finish time:

Respondent's name:

Interviewer's name:

Introduction [read out to respondent]

Thank you for agreeing to participate in our important study commissioned by the European Union to find ways to improve care services for older adults.
Before we begin, we kindly ask you to review and sign a consent form, which outlines your rights as a participant and confirms your voluntary involvement in the study including:

- all information collected will remain anonymous, and personal data will be confidential;
- you are free to withdraw from the project at any time and for any reason.
- we will leave with you an information sheet describing the project which contains contact details of the project managers. [leave information sheet]

Would you mind if we record our conversation? (start recording device)

1. I would like to ask you about a typical week for you. What activities do you do, and which people do you meet? (prompt if necessary – shopping, medical visits, seeing friends, family, neighbours etc.)

2. Would you say that you have the right balance of social interactions with other people for your needs? (if response is no, what changes would you make?)

3. Do you personally receive any services from the government or associations for things such as meals, house cleaning, regular visits from nurses etc?)

4. I would like to read to you a list of different services that are available to older adults in your region. Some of them you have just mentioned that you currently receive. As I read them out to you, could you tell me whether you have heard of the service before, currently receive it or whether you have used it in the past.

Table: Awareness, trial, and use of care services

Services available	Heard about	Currently Receiving	Tried before	Reasons for no longer using/receiving
Social assistant				
Home helper				
Social patronage				
Social/cultural activities				
Psychological support				
Help finding occasional work				
Social engagement				
Educational programmes				
Adapted sports activities				
Access to social rights				
Advocacy/mediation				
Respite care				

5. Going back to the social services that you currently receive, how happy are you with (insert name of service)?

6. Thinking about each service, is there anything you would suggest that could improve your experience?

Table: satisfaction and suggestions for service improvements

Services	**Satisfied**	**Suggestions for improvement**
Social assistant		
Home helper		
Social patronage		
Social/cultural activities		
Psychological support		

Help finding occasional work

Social engagement

Educational programmes

Adapted sports activities

Access to social rights

Advocacy/mediation

Respite care

7. If you could ask for one thing that could improve your daily life, what would that be? (probe to generate as many responses as possible)

[Thank respondent for their time and ask classification questions]

Classification of respondents

Age group (circle response)
1. 65–74
2. 75+

Gender (circle response)
1. Male
2. Female

Number of people living in household (circle response)
1. Living alone
2. Two people
3. Three or more

APPENDIX 8: INTERVIEWER TRAINING CONTENT

WP2: Training session

TRAIING ON COMMUNITY ENGAGEMENT & DATA ENTRY

19.06.2025

Alexey Pamporov, PhD
Associate professor, IPS-BAS

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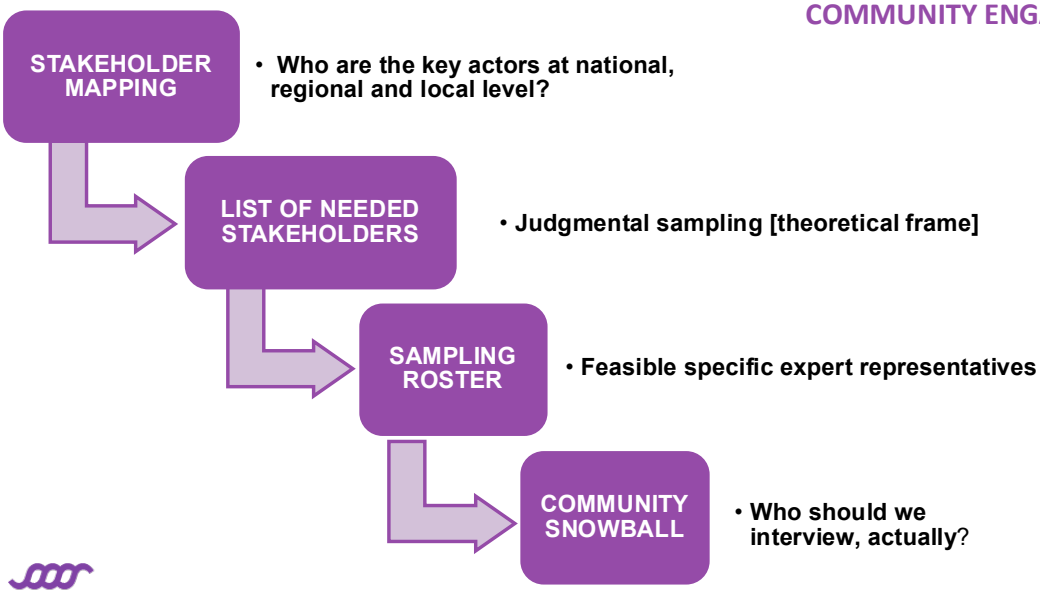
Funded by the European Union

COMMUNITY ENGAGEMENT



1

SAMPLING RISK MITIGATION

„Here we all know each other and are even a kind of relatives"

Small settlements and remote municipalities represent a densely knitted social network with clearly defined statuses, hierarchy and relationships between all members of the community!

☑ With a "snowball" you can quickly reach the people you need according to the theoretical sample

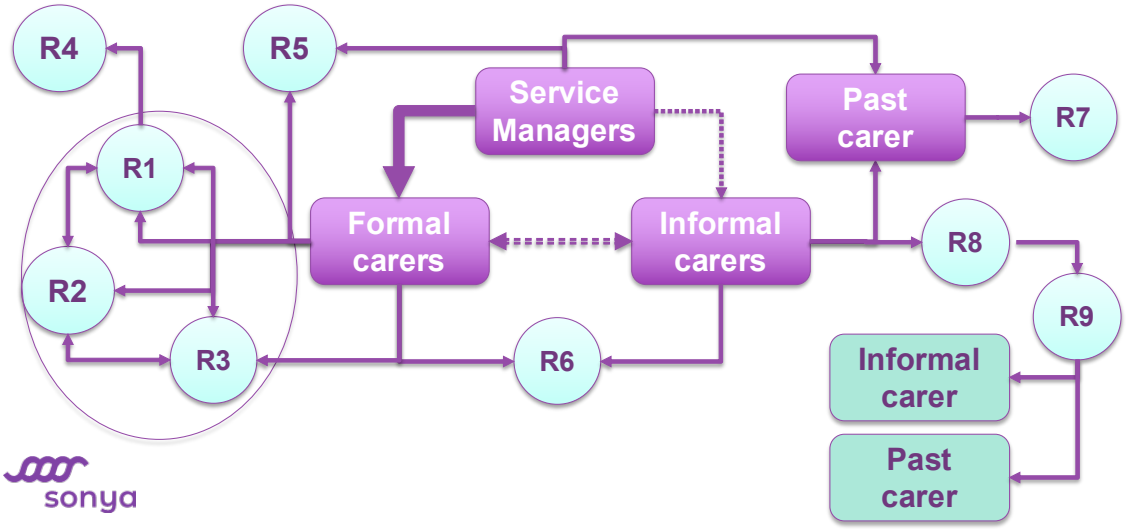
🕸 You may get stuck in an opinion leader's personal circle.

→ You should seek different “entry points” to respondents
→ You should seek “maximum variety” of respondents

5

COMMUNITY SNOWBALL: SONYA CASES

Multiple entry snowball sampling



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MAXIMAL VARIETY MATRIX [an example]

	55-64				65-74				75+			
	male		female		male		female		male		female	
	♿	☺	♿	☺	♿	☺	♿	☺	♿	☺	♿	☺
Municipal center, majority	✓					✓					✓	
Municipal center, minority				✓			✓		✓			
Largest village, majority			✓					✓		✓		
Largest village, minority		✓			✓							✓
The remote outlier				✓			✓			✓		

60 purposive cases → **15 respondents**

LOG FILE [protocols in excel]

SONYA_Documentation of fieldwork_Codebook_v3