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

[D2.2] The role of SOcial ecoNomY in Addressing social exclusion, providing quality jobs and greater sustainability (SONYA)

Document information			
Author(s)	Coordinated and elaborated by REN: Petya Puncheva, Ronald Clarke, Marco Michelotti, Imen Nouira. Adding specific content: Alexey Pamporov (IPS-BAS), Silvia Scaramuzza (FTC) Reviewers: the rest of SONYA Partners.		
Institution(s)	REN		
WP	2	Related task	2.1
Status	*V0.4*		
Date of publication	October 2025;		

PROJECT CO-FUNDED BY EUROPEAN COMMISSION		
DISSEMINATION LEVEL		
PU	Public	☒
PP	Restricted to other programme participants (including the Commission Services)	☐
RE	Restricted to a group specified by the consortium (including the Commission Services)	☐
CO	Confidential, only for members of the consortium (including the Commission Services)	☐

Executive Summary

This executive summary presents the key findings and recommendations from the SONYA project's Best Practice Guide, developed under Horizon Europe. The guide aims to support Social Economy Organisations (SEOs) in enhancing their role within rural social care ecosystems across Europe. Drawing on participatory research conducted in three Living Labs, Trentino (Italy), Alto Turia (Spain), and Ruzhintsi (Bulgaria), the guide explores governance, human resource management, service delivery, and logistics. It reflects the voices of carers, Managers, trade unions, public authorities, and older adults, offering an understanding of the challenges and opportunities in rural care provision. The recommendations are tailored to each country's context, yet they also reveal common themes such as fragmentation, underfunding, and workforce strain.

Main recommendations across countries

Italy

Governance: Strengthen multi-level governance, reform procurement laws, and institutionalise participatory councils.

HRM: Address turnover through mentorship, harmonise pay structures, and support mental health.

Services: Enhance participatory planning and improve data collection.

Logistics: Introduce smart scheduling, geographic clustering, and compensate commuting time.

Spain

Governance: Foster cross-sector collaboration, reduce bureaucracy, and promote digital inclusion.

HRM: Launch rural care residencies, standardise wages and develop blended training programs.

Services: Integrate preventive and compensatory services; promote accessibility and emotional support initiatives.

Logistics: Develop shared transport systems, optimise routes, and create reserve staffing pools.

Bulgaria

Governance: Empower advisory boards, improve transparency, and ensure inclusive representation.

HRM: Transition to stable contracts, implement comprehensive training, and recognise informal care networks.

Services: Scale up residential services, institutionalise civil society participation and ensure sustainability of innovations.

Logistics: Expand municipal transport, formalise scheduling, and align pay with workload.

Opportunities for cross-country knowledge exchange

The guide identifies several opportunities for cross-country learning and adaptation. Italy offers strong models in participatory governance and volunteer coordination. Spain excels in digital inclusion and emotional support initiatives. Bulgaria contributes valuable practices in grassroots civic engagement and informal care networks. These insights can be transferred, translated, or co-developed across contexts to strengthen rural care systems for social inclusion throughout Europe.

Table of Contents

Index of Tables

Index of Figures

1. Introduction and scope

SONYA is a project funded by the European Union under the programme Horizon Europe in the topic HORIZON-CL2-2024-TRANSFORMATIONS-01-09.

The project starts on the 01/11/2024 with a duration of 48 months.

The mission of SONYA is to evaluate the role of social economy organisations in attracting, retaining and supporting care workers. Its expected outcomes are to deliver innovative participatory models of social care, assessment methods and policy guidelines adapted to SEs with varying sizes, network development levels and national contexts with a focus on rural areas.

The deliverable (linked to Task 2.1) is a **guide** compiling the best practices used in SONYA to encourage the participation of Social Economy Organisations in multi-actor community networks. It includes relevant **data** to **pinpoint challenges and opportunities for innovation**, the effective use of networks, and how to address different governance structures, among others.

REN, in collaboration with IPS-BAS, UJI, and FIR, will develop a **knowledge-sharing best practice guide** to encourage the participation of SEs across different countries.

The report contributes to the achievement of research objective **RO1.2:** Identification of organisational barriers, enablers and capacities of social economy organisations (SEOs) in different stages of development.

2. Description of data collected informing the development of this guide

2.1 Overview and rationale

The data collection strategy employed a qualitative approach, informed by a multidisciplinary literature review, including methodological best practices in social research, and ongoing input from social economy partners. Drawing on Dwyer & Hardill (2011) and Cargo and Mercer (2008), our approach emphasised qualitative, user-centred participatory research, adapted to the realities of dispersed rural contexts and complex organisational and inter-organisational relationships. This strategy enabled the team to design an exploratory study that captured the complexity of social inclusion in rural care settings, integrating academic perspectives with practical insights from local stakeholders to ensure that the data collection and analysis were both contextually relevant and methodologically robust.

2.2 Analytical approach

The analytical approach employed for this study is a combination of thematic coding where data is continuously compared against emerging themes and categories throughout the analysis (Braun & Clarke, 2006). This iterative approach facilitated the identification of recurrent themes and patterns across interviews and workshops, allowing for continuous refinement of codes and categories as new insights emerged. This involved iterating between diverse stakeholder accounts to develop a comprehensive understanding of the challenges and enablers of the local social care ecosystem (Dwyer & Hardill, 2011). Initial coding was conducted independently by two researchers, followed by comparison and consolidation of codebooks to ensure intersubjective consistency.

The interviews explored a range of themes central to understanding social inclusion and care provision in rural contexts. Key topics included community-based interventions for social inclusion, participatory approaches to decision-making and governance involving multiple actors, human resource management (HRM) practices in social care, and the allocation of resources and logistics for care services in rural areas.

2.3 Data collection

Research Design and Rationale

In designing our data collection strategy, we recognised the value and flexibility of Key Informant Interviews (KII) (Akhter, 2022), which can be conducted with individuals, couples (dyads), or small groups. While our initial plan included traditional focus groups, practical constraints, such as the geographical dispersion of actors, mobility limitations, and the need to avoid power-relational barriers to open expression, led us to adapt this more flexible approach drawing on workshops, individual and mini-group interviews.

At times, we conducted interviews with two respondents who shared responsibilities for care service delivery, such as Managers and carers working closely together (e.g. in Spain and Italy). This format is well-supported in qualitative research for its analytic value and ability to capture shared experiences and interactions (Polak & Green, 2016; Szulc & King, 2022). Joint interviews allowed us to explore collaborative dynamics and gain richer insights into organisational practices and challenges.

Participants and Sampling

Fieldwork took place from February to September 2025 across remote rural locations in Alto Turia (Spain), Vidin (Bulgaria), and Trentino (Italy). Local social economy partners were engaged through participatory research process to select the Living Lab locations where data was collected. Each case study (Living Lab) region represents a distinct rural context: Alto Turia (Spain) characterised by dispersed villages and ageing population; Vidin (Bulgaria) as a peripheral border region with limited formal care infrastructure and low socio-economic development; and Trentino (Italy) as a mountainous area with strong cooperative traditions. A 'living lab' is a participatory, real-world environment where diverse stakeholders, including social economy organisations, public authorities, carers, care users and community members, collaborate to co-design, test, and refine innovative solutions for older adult social care and inclusion, particularly in rural settings.

Respondents for this study were selected to represent the full spectrum of stakeholders involved in rural social care and social inclusion. Interview guides and semi-structured questionnaires were design for four key groups were included: (1) Managers of social economy organisations (SEOs) and private providers with potential to deliver social services, even if not formally recognised as care service providers; (2) Managers of formal care workers from public and social economy organisations, including trade union leaders; (3) caregivers, both formal (paid employees) and informal (typically family members); and (4) older adults who are current or eligible care users.

Older adults in this study were defined as individuals aged 55 years and above, with further segmentation into groups such as 55–64, 65–74, 75+. This age range was chosen to capture the diversity of experiences and needs associated with ageing, including those transitioning to retirement, actively engaged in care roles, and those with increasing health and social care requirements, reflecting established classifications in gerontology and European policy frameworks (European Commission, 2019).

Sampling combined purposive, snowball, and convenience techniques to ensure diversity and relevance, with contextual adaptations to interview protocols based on local knowledge and input from SONYA social economy partners and the scientific team.

Interviewers included both local teams from social economy organisations (SEOs) and researchers from the SONYA consortium. All interviewers received training in respondent selection, ethical procedures, and the use of semi-structured questionnaires, with additional support provided through field shadowing and mock interview sessions to ensure methodological consistency and data quality.

In line with best practice for qualitative research, all participants were provided with clear information about the study aims, data use, and their right to withdraw at any time and informed consent and anonymity were maintained throughout. Data management followed EU GDPR and FAIR principles.

The data collected from different groups is summarised in Table 1 for each country. The informants across the three countries included Managers and directors responsible for public administration and coordination of social and health services, as well as leaders and volunteers from social economy organisations engaged in community-based and care-related activities. Additional groups comprised formal caregivers (paid professionals), informal caregivers, and older adults representing various age segments and care needs and union delegates of social care workers (Italy). Interviews were conducted face-to-face in the participants' native languages (Spanish, Bulgarian, Italian), transcribed verbatim, and where necessary translated into English for analysis.

Interviews lasted between 10 minutes (shorter with older adults) and 104 minutes (longer with Managers).

In Italy feedback was collected from SEO Managers, trade union representatives and public authorities with various responsibilities in the area of social care work. They took part in initial workshops to understand the local organisation of care work and individual or mini-group interviews. Responses were also gathered from formal carers (all female), some of which are migrant workers, and older adults mostly female, with representation across all age groups. No informal carers were interviewed in Italy, but some older adults performed carer functions or were former informal carers.

In Spain (Alto Turia), feedback was collected from municipal representatives, SEO Managers, formal and informal carers, volunteers, and older adults involved in rural social care. The participants represented the municipalities of Chelva, Aras de los Olmos, and Casas Bajas, where inter-municipal collaboration is essential to sustain basic services. Most formal carers were women employed in home assistance or residential care, while informal carers, mainly older women, provided long-term, unpaid support to relatives. Volunteers and NGO leaders contributed perspectives on community-led initiatives addressing isolation and mobility, and older adults reflected both active participation and social vulnerability. The fieldwork combined individual and small-group interviews with participatory discussions involving SEOs, local authorities, and community organisations such as Fundación El Olmo and Fundación Colisée.

In Bulgaria, feedback was collected from Managers with various responsibilities in the area of social care work, Managers of community centres ("Chitalishte") and other SEOs with some projects supporting older adult social needs. The formal and informal carers were exclusively women above the age of 50, except for one health mediator who was a male. The older adults interviewed were mostly women representing a population of all age groups. One workshop was conducted at the onset of the research (formal and informal carers, SEO leaders and local public authority representatives) to refine interview protocols and gain initial insights on the local context of social care work.

Table 1: Number of interviews and workshops conducted

Participant Group	Italy	Bulgaria	Spain
Older adults	11	19	7 (8)*
• 55–64	4	5	3
• 65–74	4	6	2 (3)*
• 75+	3	8	2
Formal carers (including past carers)	6(7)*	7	8 (10)*
Informal carers (including volunteers and past carers)	0**	4	2 (3)*
Managers (SEOs, public institutions, unions)	11(16)*	5	5
Managers – Organisations with service potential	-	5	4
Workshops	6**	1 **	-
Total	31 (≈ 50)**	41 (≈ 60)**	26 (30)

*Notes: *total number of informants as some were mini-group interviews (2-3people) **workshops with ~6-20 participants*

3. Social care challenges, strengths an opportunity for innovation: Living Lab – rural Trentino (Italy)

3.1 Governance and networks - Trentino

3.1.1 GOVERNANCE GUIDE, STRENGTHS, AND CHALLENGES IN TRENTINO

The aim of this section is to provide a guide for the living lab in Trentino to foster multi actor participation and improve social inclusion for older people and caregivers. The focus will be on governance challenges and opportunities that emerged during workshops and interviews in Trentino that were held from February through September 2025. The guide will make suggestions on how to develop a participatory model to engage multiple actors.

The governance model in Trentino is embedded in a strong collaboration between multiple stakeholders that include public authorities, social enterprises and an array of volunteering associations. Within this context, governance is characterised by a multi-level and territorial structure, where services are decentralised through the Comunità di Valle (valley community) and networked across cooperatives, consortia, and federations. This multi-layered structure fosters strong local anchoring and responsiveness to community needs. A notable strength is the public third-sector collaboration, where cooperatives are legally recognised and preferred over traditional procurement methods.

> *"The Province of Trento has always recognised an important role for these grassroot organisations… consistent with the principle of subsidiarity enshrined in the Constitution." (Manager[1] 14, SEO)*
>
> *"The only ones in Trentino who are 'licensed' to provide social and socio-assistance services on behalf of the public authority are third sector entities." (Manager 15, public authority)*

The region benefits from extensive legislative autonomy fostering collaboration between the public health sector and social cooperatives, enabling the enactment of policies and laws regulating and formalising the relationship between social cooperatives and the public sector.

> *"In 1988, the regional law on cooperatives was enacted… the first in Italy." (Manager 14, SEO)*

[1] We coded all informants with a leadership function as 'Managers' irrespective of their job title to preserve anonymity of the respondents.

> *"Authorization is a kind of first level… Accreditation means that the place has certain characteristics, so I can 'sell' it to the public." (Manager 14, SEO)*
>
> *"We have a multi-professional institutional network behind this framework, composed of the province and the health agency, the valley communities as local social services... the municipalities of Trento and Rovereto... public agencies for personal services... general practitioners, third and fourth sector entities, including cooperatives and the Demarchi Foundation, which focuses on social issues in Trentino. We have a provincial coordination structure, 16 local teams, and intermediate governance units. The challenge is to build organisational architectures that communicate with each other. The goal is to integrate pathways and ensure that One Place[2], the province, valley communities, and the health agency are all part of a unified system." (Manager 15, public authority)*

Furthermore, informal and formal networks of volunteers play a pivotal role, with models like the Family Desk, the Alpini and various other initiatives, highlighting the relevance of community-based engagement.

> *"We are an integral part of the population, of the community that lives in this territory. So we know what the needs are, the necessities, or the incidents that can occur, even at a local level... (Manager 4, SEO)*
>
> *"We have 13 employees and 120 volunteers. This large number of volunteers allows us to deliver many services for free." (Manager 4, SEO)*

However, this system of governance also faces several challenges. There is significant fragmentation between social and health services, leading to poor coordination and gaps in care continuity and social inclusion. Moreover, the health system is hierarchically superior to the cooperatives also dictating the type of tasks social workers are to perform.

> *"Social and health sectors don't talk. We need a unified case management system." (Manager 16, SEO)*
>
> *"…The challenge is to build organisational architectures that communicate with each other. The goal is to integrate pathways and ensure that One Place, the province, valley communities, and the health agency are all part of a unified system." (Manager 15, public authority)*
>
> *"Today the real issue is that there is the figure of the social Manager, who is part of the public administration and gives me orders. But I should have the power to interact directly with the user. You, public administration, just make Mr. Rossi available to me, then hand everything over: I'll do the assessment myself, with my own resources. Because I can organise a care coordination centre that stays open much longer than what you, as a public employee, can manage... Instead, everything here is fragmented." (Manager 16, SEO)*

Legal constraints, such as rigid procurement rules, and administrative burden also affect cooperative independence, volunteers' motivation and ultimately social inclusion effectiveness.

> *"Procurement contracts for socio-assistance services reserved for cooperatives cannot last more than three years… and the provider cannot be invited to the next tender." (Manager 16, SEO)*
>
> *"30% of my time goes to reporting and administrative tasks." (Manager 16, SEO)*
>
> *"That the bureaucracy is excessive is clear. It doesn't happen only here, but even in managing volunteers there's a huge responsibility. Even the ... if they go to set up a tent and don't follow the regulations, and then the tent collapses and someone gets hurt, the criminal liability falls on the station chief, who might be 70 years old. At some point, one says: "I won't do it anymore." (Manager 4, SEO)*

Moreover, some of the procurement rules in particular seem to disadvantage cooperatives rooted on the territory also favouring external health conglomerates that are pursuing a cost cutting strategy through underbidding and social dumping.

> *"Let me give you some news: yesterday there was a tender for the management of ASICS... we lost the bid because guess who won? xxx. They offered a 38% discount. It is a German multinational... this is Italy." (Manager 16, SEO)*

[2] The name of the project is changed to preserve the anonymity of respondents.

and

> *"Yes, I lose money. I am doing dumping. Of course, it is dumping! I am making an investment. I am saying: 'I am willing to take a loss, just to win the contract." (Manager 16, SEO)*
>
> *"I am xxx, I want to enter the Autonomous Province of Trento... I submit a bid, justifying why I am willing to lose 30% while still guaranteeing proper pay to employees." (Manager 16, SEO)*

Additionally, there seems to exist a lack of performance evaluation and data, particularly concerning older people needs, and some public programs like One Place are underutilised or poorly implemented.

> *"The project aims to map the resources available in the area, including associations, organisations, bars, and even entrepreneurs or private entities. Any actor that can offer support to the older people is part of the analysis... The ultimate goal is to create a physical support network..." (Manager 1, public authority)*
>
> *"In fact, the goal here is to bring order. We want to integrate everything... These are all local initiatives that need to be coordinated." (Manager 1, public authority)*
>
> *"... today does nothing... it is an empty box." (Manager 16, SEO)*

Finally, while volunteers are essential for the success of this system of governance, this group is rapidly ageing and the replacement rate is insufficient.

> *"The average age is 70, 65 this year." (Manager 4, SEO)*
>
> *"There is no generational turnover. There are no ... anymore." (Manager 4, SEO). "Our youngest members are the last ones who did the military service, today they're 50 years old." (Manager 4, SEO). "That spirit existed as long as there was the compulsory military service... today it is a completely different context." (Manager 4, SEO)*

In summary, the governance landscape in Trentino is rich in civic participation and cooperative innovation, yet constrained by structural fragmentation, legal rigidity, and resource limitations. Addressing these weaknesses requires integrated planning, legislative reform, and sustained investment in both the formal and informal care systems.

Governance strengths and challenges - Trentino

Table 2 summarises governance strengths and challenges in Trentino.

Table 2: Governance strengths and challenges – Trentino (IT)

Governance Strengths	Governance Challenges
Strong collaboration between public authorities, cooperatives, and volunteer networks	Fragmentation between social and health services
Multi-level and territorial governance structure (Province, Comunità di Valle, etc.)	Poor coordination and lack of unified case management
Legal recognition and preference for third sector entities in service provision	Hierarchical dominance of health sector over social cooperatives
Legislative autonomy enabling tailored policies and cooperative regulation	Rigid procurement rules limiting cooperative continuity and flexibility
Integrated networks like One Place and Family Desk	Underutilisation and poor implementation of 'One Place'
Historical commitment to subsidiarity and civic participation	Excessive bureaucracy affecting volunteers and cooperative staff
Accreditation system ensuring service quality and standards	Lack of performance evaluation and data on older people needs
Volunteer engagement enhances service reach and community responsiveness	Administrative burden reduces effectiveness and motivation

Governance Strengths	Governance Challenges
Coordinated provincial structure with local and intermediate governance units	Procurement rules favour external conglomerates, enabling social dumping
First-in-Italy cooperative law (1988) formalising third sector role	Local cooperatives disadvantaged by underbidding from multinational competitors

3.1.2 RECOMMENDED ACTIONS FOR ENGAGING STAKEHOLDERS FOR GOVERNANCE TRANSFORMATION

To address the multilayered governance challenges in the Trentino contexts, an inclusive and participatory approach to stakeholder engagement is recommended. Each actor plays a distinct role in shaping, delivering, and sustaining social services, and their involvement must be tailored to their capacities and responsibilities.

Local governments and Comunità di Valle are central to territorial coordination and policy implementation. Their engagement should focus on co-designing service models with other actors, reducing bureaucratic burdens, and supporting integrated care pathways. In Trentino, this includes facilitating joint planning workshops between local government (Provincia di Trento) and Comunita' di Valle representatives, establishing and monitoring the performance of innovation labs such as One Place. This should be achieved by a more direct communication between the local governments and the Comunita' di Valle.

Third sector organisations and cooperatives are vital for service delivery and innovation. Their engagement must go beyond operational roles to include strategic planning and advocacy. In both regions, these actors should be involved in co-design platforms, capacity-building initiatives, and legal reform efforts. Sharing best practices, mentoring new staff, and scaling successful models like relational centres are key to sustaining their impact. Any action for the living lab should include the creation of working groups between local governments, the Comunita' di Valle and third sector organisations and cooperatives.

Health authorities and social services must be brought into closer alignment with the social sector. Fragmentation between health and social care is a recurring issue. Engagement should focus on developing integrated care teams, shared digital records, and joint governance boards. Cross-sector training programs can foster mutual understanding and collaboration, ensuring continuity of care and responsiveness to complex needs ranging from health assistance to social inclusion. A critical issue here would be to overcome the hierarchical supremacy of the health service allowing greater freedom to social workers and cooperatives to determine the physical as well as the social needs of the recipients. This can be achieved by a closer engagement between the public authorities, the health services and the third sector.

Citizens, volunteers, and informal caregivers are the backbone of community-based care. Their engagement must be inclusive and empowering. Community forums, listening sessions, and digital platforms can facilitate their participation in service design and delivery. Volunteer networks should be supported with micro-grants, recognition, monetary and non-monetary incentives (i.e. providing financial support to obtain driver licenses or other qualifications) and flexible roles to address recruitment and retention challenges, especially post-COVID. Moreover,it is important to develop training programs that lead to the recognition of skills acquired through practical experience, including during employment in different sectors; provide online courses to allow participation by individuals working full-time who wish to improve their skills and qualifications or change professional fields as well as introducing training programs focused on digital literacy. Finally, it is recommended to engage and promote activities to volunteers; implement programs that encourage young people to volunteer within their communities and establish partnerships with schools to create volunteer programs that allow students to gain experience in the social sector and earn academic credits.

Provincial and national legislators hold the keys to systemic change. Their engagement should be focused on reforming procurement laws, enabling flexible contracting, and ensuring long-term funding mechanisms. It is proposed to revise the mechanisms for awarding contracts or projects based on the "lowest price," which fail to consider the experience of operators established in the area and the trust they have earned from their patients/beneficiaries. Legislative proposals must address rigid service models and promote performance-based approaches. Additionally, mandates for monitoring and evaluation can enhance transparency and accountability across the system. To address these challenges lawmakers should be engaged directly by third sectors representatives involved in the process of public tendering and the drafting of contracts.

Finally **multi-actor** governance councils sharing digital infrastructure, and participatory budgeting should be institutionalised to foster collaboration, data-driven decision-making, and citizen involvement. These councils and mechanisms can bridge gaps between sectors and ensure that governance is both participatory and adaptive. Table 3 summarises all the proposed actions.

Table 3: Governance actor(s) importance proposed engagement actions – Trentino (IT)

Governance Actor(s)	Importance	Proposed Engagement Actions
Local Governments and Comunità di Valle	Central to territorial coordination and policy implementation	Facilitate joint planning workshops, monitor innovation labs like One Place 2.0, improve direct communication
Social Economy Organisations	Vital for service delivery and innovation	Engage in strategic planning, co-design platforms, capacity-building, legal reform, mentoring, and scaling successful models
Health Authorities and Social Services	Need closer alignment with the social sector to ensure care continuity	Develop integrated care teams, shared digital records, joint governance boards, cross-sector training, and empower social workers
Citizens, Volunteers, and Informal Caregivers	Backbone of community-based care	Create inclusive forums, support volunteer networks with micro-grants and financial and non-financial incentives
Provincial and National Legislators	Hold keys to systemic change	Reform procurement laws, enable flexible contracting, ensure long-term funding, mandate monitoring and evaluation
Multi-Actor Governance Councils and Infrastructure	Foster collaboration and participatory governance	Institutionalise governance councils, shared digital infrastructure, and participatory budgeting

3.2 HR Guide, Strengths, and Challenges - Trentino

As for governance, the aim of this section is to provide a guide for the Trentino Living Lab (Italy). The focus here will be on HR challenges and opportunities. The guide will make suggestions on how to develop a participatory model to engage multiple actors with emphasis being placed on HR related issues.

In line with the multi-actor approach of this project, attention is drawn on themes, strengths, and weaknesses identified by carers, managers, and unions in the care sector that emerged during workshops and interviews in Trentino. Despite differing roles, all three groups express aligned concerns about workforce sustainability, compensation, and emotional well-being, while also recognising areas of resilience and collaboration.

It should be noted that the industrial relations context in Trentino is marked by a close collaboration between trade unions (at least some of them) managers and public authorities as expressed repeatedly by a trade union representative in a dyadic interview with a SOE manager.

> *"We have a lot of autonomy, and when needed, there is also collaboration." (Trade union rep 1)*
>
> *"Then it is clear that the union is the union of the people, the members, the employees, and so when it comes to major issues and major topics, like a contract, or a supplementary agreement, or whatever, it is common to join forces, sometimes even with the employer, to achieve economic recognition and other matters, and we move forward." (Trade union rep 1)*

Common themes that were shared amongst carers, unions and managers were centred on:

3.2.1 RECRUITMENT AND RETENTION

Recruitment and selection were common issues shared amongst the three groups, carers, managers and unions. Turnover rate, pay and carer progression were identified as issues of concern.

> *"We have a crazy turnover within our organisations… around 70%." (Manager 16, SEO)*
>
> *"To attract young people, you need better pay and contracts." (Trade union rep 1)*
>
> *"There's no progression. That's what's missing, personal gratification." (Formal carer 3)*

3.2.2 COMPENSATION AND PAY INEQUALITY

The interviews with carers, managers and unions reveal stark disparities in compensation between public and social economy sectors with public sector earnings being significantly higher.

> *"€1,200 net per month is not a good salary (sarcastic tone)." (Manager 16, SEO)*
>
> *"There's a 25–30% gap in pay between public and private sectors." (Trade union rep 1)*
>
> *"Public sector workers earn about €400 more per month." (Formal carer 4)*

3.2.3 TRAINING

The need to hire and retain competent carers is a pivotal topic across the three groups and is associated with the necessity to provide specialised training.

> *"We provide training packages of around one hundred hours for each person." (Manager 16, SEO)*
>
> *"We offer training on payslips, provincial contracts, and public sector exams." (Trade union rep 1)*
>
> *"I received informal training — colleagues showed me how things are done." (Formal carer 3)*

3.2.4 WORKLOAD AND SCHEDULING

Workload and scheduling also figured prominently in the interviews. Split shifts seem to be particularly challenging and a source of concern.

> *"A worker might do 3 hours at one home, 2 hours at another… it becomes physically unsustainable." (Manager 16, SEO)*
>
> *"At 55, workers should be reassigned to less physically demanding roles." (Trade union rep 1)*
>
> *"I never liked split shifts, morning, break, then afternoon." (Formal carer 3)*

3.2.5 MENTAL HEALTH AND EMOTIONAL STRAIN

Burnout and work-related psychological health are also primary occupational health and safety risks identified by the three actors.

> *"We try to work with the person, support them, and if needed, refer them to a psychologist." (Manager 16, SEO)*

"We now face more psychological than physical challenges in users." (Trade union rep 1)

"Some colleagues take the job home with them. That leads to stress and anxiety." (Formal carer 3)

Strengths and challenges in HR – Trentino

Perceived strengths and challenges shared by unions, managers and carers include training and development and the existence of a supportive work culture as strengths, while recruitment, retention, fragmented scheduling, heavy workload and psychological and emotional strain figure prominently as challenges. Common themes, strengths and weaknesses are summarised in Table 4.

Table 4: Shared themes, strengths, and challenges across carers, Managers, and unions – Trentino (IT)

Shared Themes	Shared Strengths	Shared Challenges
Recruitment and Retention	Shared recognition of the need to attract and retain qualified staff.	High turnover, limited career progression, and difficulty attracting young workers.
Compensation and Pay Inequality	Consensus on the importance of fair and standardised pay.	Low wages and significant disparities between public and private sectors.
Training and Career Development	Commitment to training and professional development across all groups.	Uneven access to training and delays in career advancement.
Workload and Scheduling	Awareness of the need for manageable schedules and role distribution.	Fragmented shifts, physical strain, and unpredictable scheduling.
Mental Health and Emotional Strain	Acknowledgment of emotional well-being and support mechanisms.	Burnout, stress, and lack of systemic mental health support.

3.2.6 CARER-SPECIFIC ISSUES

In line with the aim of SONYA to improve the social inclusion of carers the following issues that are specific to carers also emerged (summary in Table 5):

Intrinsic motivation and personal fulfilment

Many carers emphasise that their commitment to the profession stems from intrinsic motivations such as personal satisfaction, rather than extrinsic ones such as the level of wages or more generally working conditions.

"Even if the salary is low, I wouldn't change jobs for the same pay." (Formal carer 4)

"I'd say 80% of my motivation comes from personal satisfaction, and 20% from salary." (Formal carer 3)

Peer learning and informal support

Support from colleagues plays a vital role in skill development, with many carers learning through informal, on-the-job guidance.

"I had great colleagues who taught me everything." (Formal carer 3)

"I received informal training, colleagues showed me how things are done." (Formal carer 3)

Frustration with bureaucratic blockages in care delivery

Formal carers express growing frustration with bureaucratic constraints and scheduling challenges that hinder effective care delivery.

"We are all in agreement, even the user, but if the social worker says no, everything is blocked." (Formal carer 3)

"Families sometimes demand specific times, which complicates scheduling." (Formal carer 3)

Emotional and psychological toll

The demanding nature of care work often leads to emotional strain, with carers reporting stress, anxiety, and physical exhaustion.

> *"Some colleagues take the job home with them. That leads to stress and anxiety." (Formal carer 3)*
>
> *"Getting 22 people up between 6:30 and 9:30 is impossible." (Formal carer 5)*

Self-reliance due to union ineffectiveness

Carers described a growing need to rely on themselves for support and information, reflecting frustrations with what they perceived as weak or ineffective union representation.

> *"The union didn't fight hard enough. Many decisions were just compromises." (Formal carer 5)*
>
> *"I downloaded the national contract myself to understand my rights." (Formal carer 3)*

Commuting and travel-related burdens

Carers consistently report that commuting demands, both in terms of time and cost, are a major source of stress and dissatisfaction, often extending their working hours far beyond what is contractually recognised.

> *"With the new contract, the first and last commute of the day is no longer paid." (Formal carer 3)*
>
> *"My car is five years old and has nearly 65,000 kilometres." (Formal carer 5)*
>
> *"Very simply, I was tired of constantly moving around every hour with the car." (Formal carer 5)*
>
> *"A 38-hour home care job means being out all the time, five days a week. You end up doing 60 hours because of all the commuting." (Formal carer 5)*
>
> *"The problem for everyone in home care is the commuting, everyone talks about it." (Formal carer 1)*
>
> *"I start here in Trento, then I have to go somewhere else, and the next hour I have to come back. That's really frustrating." (Formal carer 3)*
>
> *"I am in North Trento and have to go to South Trento, only to return to North Trento." (Formal carer 3)*
>
> *"If it were a company car, it would be different… every morning I have to go down to pick up the car." (Formal carer 3)*
>
> *"I am really fed up with the costs of commuting." (Formal carer 3)*
>
> *"It even bothered me to take the car for a bit of shopping. Just the thought of driving weighed on me." (Formal carer 5)*
>
> *"Up and down with the snow chains… because maybe you go uphill, and then the main roads are clean." (Formal carer 5)*

Table 5: Carer-Specific Issues – Trentino (IT)

Issue
Intrinsic motivation and personal fulfilment
Peer learning and informal support
Frustration with bureaucratic blockages in care delivery
Emotional and psychological toll
Self-reliance due to union ineffectiveness
Commuting and travel-related burdens

3.2.7 RECOMMENDED ACTIONS FOR HR TRANSFORMATION – TRENTINO LIVING LAB

This document outlines a series of actions for the Trentino Living Lab to address the HR-related concerns raised by carers, managers, and unions. The approach aims to foster fair, inclusive, and emotionally supportive working conditions in the care sector.

Strengthening recruitment and retention

To address the high turnover and limited career progression, the Trentino Living Lab should leverage the close relationship between managers, unions and public authorities and further encourage these actors to establish roundtables and workshops aimed at addressing the main issues affecting poor retention rates namely low pay, burnout, commuting time, lack of recognition and career progression. Retention efforts should also include mentorship programs and peer support systems to reinforce a sense of belonging and professional identity. A regional recruitment campaign, co-designed with carers and managers, should also be launched to improve the sector's visibility and attractiveness, especially among younger populations.

Promoting fair compensation and pay equity

The Trentino Living Lab should promote harmonised pay structures across public and private care providers. This includes initiating dialogue with regional policymakers to explore mechanisms for wage alignment and pattern bargaining with the public sector and the introduction of minimum standards in relation to pay, scheduling, physical and psychological risk and training. The use of temporary contracts should also be kept to a minimum. A participatory wage review process should be established, involving carers, unions, and managers, to ensure transparency and equity. Furthermore, the Trentino Living Lab should explore co-financing models with local institutions to support wage increases and reduce disparities. Also, seniority, experience and competence should be privileged over formal qualifications. Practical ways to achieve these objectives would include: financing the social economy and social care programs for older adults to increase staff salaries; promoting the introduction of a **minimum wage for social care workers** that is aligned with that of health workers to prevent **wage dumping**; introducing clauses that ensure equal treatment among workers operating in the same sector, with equivalent duties and qualifications, but employed by different organisations; creating co-financing systems involving local institutions and users based on income.

Enhancing training and career development

To ensure consistent and high-quality care, the Trentino Living Lab should coordinate the creation of a standardised training curriculum accessible to all carers, regardless of employer. This curriculum should integrate formal and informal learning as well as recognising the value of peer-to-peer knowledge transfer. The type of training should be determined by unions, public authorities, carers and cooperatives and should train caregivers also on emotional resilience, digital literacy, and to understand the social needs of the recipients. The lab should also establish a regional training fund if possible and encouraging the sharing of informal learning.

Reforming workload and scheduling practices

The Trentino Living Lab should address fragmented scheduling and physical strain by developing new models and techniques of organising shifts. These would include geographic clustering of assignments to reduce commuting time and the introduction of flexible scheduling tools that allow carers to express preferences and constraints. The involvement of logistic specialists and IT firms is strongly recommended. Caregivers and SOEs managers should have direct input in this process and be granted ample discretion on who to contact. The lab should also promote age-sensitive role reassignment policies, ensuring that older workers are transitioned into less physically and logistically demanding roles.

Supporting mental health and emotional well-being

Given the emotional toll of care work, the Trentino Living Lab should include mental health support into the core of HR practices. This includes providing access to psychological services, creating safe spaces for emotional debriefing, and training managers. Peer support networks should be formalised, and carers should be encouraged to participate in regular well-being check-ins. The lab should also explore the integration of mental health days and stress management workshops into the standard employment package. These initiatives should be coordinated with the direct input of caregivers, unions and SOE managers.

Addressing carer-specific issues

To improve the social inclusion of carers, the Trentino Living Lab must recognise and support their intrinsic motivation and informal learning practices. This involves creating recognition programs that celebrate personal fulfilment and dedication, and formalising peer mentoring systems. Bureaucratic blockages in care delivery must be addressed through the creation of a care coordination taskforce that includes carers, social workers, managers and unions to streamline decision-making and reduce delays. Public sector unions should be replaced by enterprise bargaining units' delegates elected directly by caregivers. National and public sector unions should provide training in negotiation and capacity building though the negotiation should occur at the enterprise level.

Tackling commuting and travel burdens

The Trentino Living Lab should prioritise mobility solutions for carers, including the piloting of company car schemes, carpooling, higher travel allowances, and software for route optimisation. Geographic scheduling should be implemented to minimise unnecessary travel, and partnerships with local transport providers should be explored to offer subsidised commuting options. The lab must also advocate for policy changes that recognise commuting time as part of paid working hours, especially in home care roles where travel is integral to service delivery. These recommendations are summarised in Table 6.

Table 6: HR and proposed actions for Trentino (IT)

Themes	Recommendations
Strengthening recruitment and retention	• Engage unions, public authorities, and carers in roundtables and workshops. • Address issues affecting retention: low pay, burnout, commuting time, lack of recognition, and career progression. • Implement mentorship programs and peer support systems. • Launch a regional recruitment campaign co-designed with carers and Managers.
Promoting fair compensation and pay equity	• Promote harmonised pay structures across public and private care providers. • Initiate dialogue with regional policymakers for wage alignment and pattern bargaining. • Introduce minimum standards for pay, scheduling, risk, and training. • Minimise use of temporary contracts. • Establish a participatory wage review process. • Explore co-financing models with local institutions. • Prioritise seniority, experience, and competence over formal qualifications.
Enhancing training and career development	• Coordinate creation of a standardised training curriculum accessible to all carers. • Integrate formal and informal learning and peer-to-peer knowledge transfer. • Determine training types with input from unions, public authorities, carers, and cooperatives.

Themes	Recommendations
	• Include training on emotional resilience, digital literacy, and social needs. • Establish a regional training fund. • Encourage sharing of informal learning.
Reforming workload and scheduling practices	• Develop new models for organising shifts to reduce physical strain. • Implement geographic clustering of assignments. • Introduce flexible scheduling tools. • Involve logistic specialists and IT firms. • Ensure direct input from caregivers and SOE Managers. • Promote age-sensitive role reassignment policies.
Supporting mental health and emotional well-being	• Include mental health support in core HR practices. • Provide access to psychological services and safe spaces for emotional debriefing. • Train Managers in mental health support. • Formalise peer support networks. • Encourage participation in regular well-being check-ins. • Integrate mental health days and stress management workshops. • Coordinate initiatives with input from caregivers, unions, and SOE Managers.
Addressing carer-specific issues	• Recognise and support carers' intrinsic motivation and informal learning. • Create recognition programs for personal fulfilment and dedication. • Formalise peer mentoring systems. • Create a care coordination taskforce to streamline decision-making. • Replace public sector unions with enterprise bargaining units elected by caregivers. • Provide training in negotiation and capacity building through national and public sector unions.
Tackling commuting and travel burdens	• Pilot company car schemes, carpooling, travel stipends, and route optimisation software. • Implement geographic scheduling to minimise travel. • Partner with local transport providers for subsidised commuting options. • Advocate for policy changes to recognise commuting time as paid working hours.

3.3 Social care service initiatives - Trentino Living Lab

The aim of this section is to review the challenges and enablers in the design, implementation and access to social care services and specific initiatives and projects that are currently under development in the Trentino Living Lab. We rely on interview and discussion workshops with key stakeholders (managers of SEOs, public authorities, formal and informal carers and older adults, older adults). The guide will make suggestions on how to develop a participatory model to engage multiple actors to provide better quality and more accessible social care services enabling the social inclusion of older adults in their community.

3.3.1 CONTEXT OF SOCIAL CARE SERVICES IN TRENTINO

Social cooperatives are a relatively recent but innovative part of the system serving community needs not only those of their members.

> *"The purpose of a social cooperative is not primarily to respond to the needs of members, but to the needs of the territory and the community…Type A are those cooperatives that manage social-health, educational... generally social assistance, social-health, educational, cultural services, etc." (Manager 14, SEO)*
>
> *"XXX [social consortium of cooperatives] acts as the collective innovation office for cooperatives." (Manager 20, social services sector)*

The involvement of the community takes different forms.

> *"In social cooperatives, we can have several categories of members... Members who benefit from the services offered by the social cooperative. Public or private legal entities can also be members... the presence of volunteer members, so in social cooperatives there can also be people who freely give their time..." (Manager 14, SEO)*

SEOs have strong social networks on local level.

> *"We are part of the population, part of the community that lives in that territory. So, we know what the needs are, the necessities or the incidents that can occur…like a simple fire." (Manager 20, SEO)*

Recognition of importance of local commerce as social safety nets.

> *"In 229 towns in Trentino, the cooperative's shop is the only economic presence..., 109 of these shops are classified as SIEG (Services of General Economic Interest), a category recognised by European law… not just a place to shop but a territorial outpost." (Manager 14, SEO)*

3.3.2 THE SEGMENTATION OF THE SUPPLY OF SOCIAL CARE SERVICES

Self-sufficiency as a criterion

In Trentino's social-health system, the concept of "non-self-sufficiency" is used as a threshold for accessing services and record keeping on social care needs. This classification typically refers to individuals who require substantial help with basic daily activities - an indicator of instrumental need.

> *"Of this 100%, ten older people are frail, and then there is a decoding system that defines them as frail only when they are unable to perform all basic activities on their own, but need some **instrumental** help with certain activities, such as using the telephone, cooking, or taking medication." (Manager 15, public authority)*

Information on the supply of social services is pre-defined by public authorities.

> *"In the province, social welfare services are already predefined by a catalogue of services. ... The province determines in detail the service you will offer, the opening hours, the professionals involved, and the activities you can do. So, everything is already predefined by a provincial catalogue in social welfare." (Manager 20, SEO)*

Support social participation of people with dementia.

> *"…the brand of dementia-friendly communities… even at the urban planning level…and the creation of parks or signage so that older people, perhaps with dementia, can feel safe… also to raise awareness among residents to pay attention to behaviours important for the safety of older people…" (Manager 1, public authority)*

If a person is self-sufficient, the uptake of the service is the responsibility of the older adult to request a service with the providers.

> *"Our target is not the self-sufficient older person, because they are free to organise themselves and participate in the numerous initiatives already present in the area, because we have nothing but organisations." (Manager 1, public authority)*

Active versus passive social inclusion

Local authorities in Trentino view social inclusion for older people as a multifaceted process, recognising both passive and active forms of participation. In their view, **passive** inclusion involves services delivered directly **to the home**, ensuring that even those unable to leave their homes remain engaged. **Active** inclusion, on the other hand, is driven by associations and relies on older people's willingness to participate in community events, educational programmes, and social activities.

> *"All these initiatives, both passive and active, aim to keep the older person not only busy but also involved. The Lifelong Learning Hub[3], for example, is an inclusion project…Everything that is active is managed by*

[3] The name of the project is changed to preserve the anonymity of respondents.

associations...[who] can request funds from municipalities or the Valley Community" (Manager 1, public authority)

Recognition that a social activity is not just about cultural output (e.g. choral performance), but essential for maintaining social ties.

"A concrete example is the choir: …Even if an older person reaches the age of 80 and potentially has a decline in their voice, meaning they are no longer useful to the choir, they continue to be part of it, participating in the evening activity and all social activities. This is an active initiative, which means that the choir can, for example, request funding from the province. Funding for this inclusion activities can therefore come from the municipalities, the valley community and the province." (Manager 1, public authority)

"Participation of all ages is an issue that falls within the sphere of associations." (Manager 2, public authority)

Challenges in the segmentation of supply of services for social inclusion

Lack of systematic data on social inclusion

Since social inclusion is not an instrumental need and can affect older adults who are classified as 'self-sufficient', public records on social inclusion needs are not systematically gathered, assessed, or acted upon in the same way as records concerning instrumental needs. This results in gaps in understanding and addressing the social isolation needs of older adults.

For example, our informants cite previous care responsibility as reasons to have weaker social network and engagement in social life,

"I tend to isolate myself… I haven not had time to cultivate friendships, because between family, my older mother, and my disabled brother, it was already a lot if I managed to walk the dog in the morning." (65-74, Older adult 4)

or a need to have someone to go out and enrol in social activities.

"I tend to isolate myself because of personal loss, but with Carla we made a group for playing cards, and we go to drawing classes. Itis a nice group, and I go willingly." (55-64, Older adult 3)

Thus, there are cases where people may have invisible psychosocial barriers to social participation not captured by social care services.

Passive versus active inclusion

There is a distinction between passive inclusion (services delivered to the home) and active inclusion (community-based activities). Active inclusion relies on the willingness and ability of older adults to participate, which may not be feasible for the most isolated or frail individuals.

Predefined service catalogue

The supply of social care services is determined by a provincial catalogue, which specifies the types of services, opening hours, and professionals involved. While this ensures coverage, it can limit flexibility and responsiveness to emerging or local social inclusion needs.

3.3.3 ACTIONS FOR PARTICIPATORY PROCESS TO PLANNING OF SOCIAL CARE SERVICES

A 'Provincial Round Table' is an experimental initiative with the objective to systematically gather, share information and guide planning for social care services for older adults identifying new needs that have not been met within the current social care service scope.

"With regard to older people in particular, an ad hoc round table has been set up, which includes all APSPs [Public agencies for personal services], RSAs - residential [healthcare] facilities for the older people - voluntary

organisations working on their behalf, associations and all entities involved in caring for older people. This round table is responsible for monitoring the needs of the local area, highlighting those for which no solution has yet been found and listing the needs that should be addressed." (Manager 1, public authority)

Challenges - Provincial round table

Limited direct user feedback in decision-making on planning of services

Inclusion of ordinary citizens or end users in the assessment of social needs and targeted services is weak.

"….We don't reach ordinary citizens because we don't yet have an adequate tool to involve them. We could improve in this regard, for example by saying: 'The committee meets x times, would you like to participate and have your say on the needs of the older people?" (Manager 1, public authority)

Older adults and formal carers cite problems with the process of accessing services, not in the lack of services.

"To access a relief therapy module, you first have to go through the physiatrist, then book an appointment. It is a very long process." (Older adult 6, 55-64)

"This procedure, in my opinion, could be improved, because there are missing steps, in the sense that the user is not aware of what goes on behind the scenes, of the mechanism by which a service is activated." (Formal carer 1)

Dependence on local authorities for the definition of user needs and services

Furthermore, even among the actors providing or supporting service provision, **information flows** can be incomplete or fragmented, leading to gaps in both understanding and response. Success depends on the engagement and sensitivity of local councillors, which is inconsistent.

"So, you depend on the resources of the 15 municipalities for this? (Interviewer)

*"No, not on resources, but **on information**, requests and needs, which are fundamental. The Valley Community responds to this, but without clear input or requests, it is difficult to intervene…" (Manager 2, public authority)*

Lack of preparation and training

Many local officials lack training in social policy.

"We are talking about very small municipalities, maybe with 100 inhabitants. In such a small context, finding councillors is not easy: it is not that everyone is graduated and trained in politics or social policies. It could happen that the mechanic becomes a councillor…We [regional level] have expertise in social policies, while the municipalities do not" (Manager 2, public authority)

Project-based vs. structural support

When it comes to social initiatives with social inclusion outcomes, the opportunities created are largely dependent on temporary, project-based funding.

"Currently, specific socialisation activities for older people are linked to ad hoc projects funded by the province. Therefore, we have not yet structured a more generalised socialisation activity." (Manager 1, public authority)

3.3.4 MULTI-ACTOR COORDINATION AND THE SOCIAL INCLUSION OF UNDERSERVED GROUPS

TERRITORIAL MAPPING PROJECT[4] is an ongoing project with the objective to serve older adults who experience barriers to live active social life due to geography, isolation, lack of opportunities, amongst others:

[4] The name of the project is changed to preserve the anonymity of respondents.

"Our target is the marginalised older people, those who are lonely or lack the skills and opportunities to participate in social life…those who, even if they want to, cannot participate, if only because of geographical isolation. These people may live in mountain huts, without a car or public transport available. That is our target." (Manager 2, public authority)

Challenges – "Territorial mapping project"

Need for human resources

The main challenge is not the availability of financial resources but finding and involving the right people and associations.

"No, what is needed are human resources. ... Associations, involvement of associations. If we manage to involve the right ones, the process becomes easier..." (Manager 1, public authority)

Methodological and technical gaps

Efforts to build integrated support networks for older people are often hindered by methodological and technical limitations, with stakeholders relying on basic tools and facing challenges in adapting approaches to diverse local contexts.

"… now we are in the process of mapping out the parties that could be involved. The project consists of mapping the resources available in the area, including associations, organisations, bars, and even entrepreneurs or private entities…Any entity that can offer support to the older people is included in the analysis…The aim is to create a network of people and human resources who can provide answers…

"At the moment, it is an Excel spreadsheet listing the associations with their references, telephone numbers, the activities they carry out and what they are willing to offer…Yes, in fact, I was hoping that by participating in this project [SONYA] we would be able to get some scientific help." (Manager 1, public authority)

"More than anything else, it is a question of context. The current situation is that we have 15 municipalities, including one larger one with about 22,000 inhabitants, while the community as a whole has 55,000 inhabitants. We have a large centre…So the smallest municipality has about 100 inhabitants. It is clear that mapping processes can work differently in a large municipality than in a small one." (Manager 2, public authority)

Sustainability and continuity

Informants highlight concerns about the sustainability and continuity of care initiatives, noting that many micro-projects lack coordination and end abruptly when funding ceases.

"We have some micro-projects, but they were not coordinated with each other or were funded by the province and ended once the funding ran out." (Manager 1, public authority)

ONE PLACE is a provincial initiative in Trentino created 3 years ago which, amongst other objectives, is designed to support older adults in accessing activities to enrich their social life.

"One Place centres work on integration between the various sectors. Operational management, therefore, agreements, planning activities, etc., a lot of communication, also in terms of prevention, social secretariat, guidance, services, case management and monitoring". (Manager 15, public authority)

"The main goal is... a single access point for all older persons' issues, considering both the older adults and their families... One Place informs, guides, and takes charge." (Manager 1, Public health authority).

"Each One Place... has its own project... which also includes activities to involve the older adults in animation or useful activities." (Manager 1, public authority).

Challenges – "One Place" initiative

Logistical and accessibility challenges

Informants point to logistical and accessibility challenges in service delivery, especially when centralised facilities are located far from those who need them most.

> *"If One Place is set up in the main town and an older person without a driving licence, who would need it, lives 30 kilometres away." (Manager 10, SEO)*

Fragmentation and coordination

Informants emphasise the persistent fragmentation and lack of coordination across public, private, and social economy actors, highlighting the need for an integrated organisational model that supports not only care but also active ageing and prevention.

> *"It is the entity that brings together all the other public service companies…, third and fourth sector organisations…The challenge is to create an organisational model that allows different areas to communicate with each other…The challenge is precisely this: that it is not just care but active ageing and prevention." (Manager 1, public authority).*
>
> *"...they don't talk to each other...The biggest problem is effective integration... it works at the professional level, but at the institutional level it is a little weaker…" (Manager 20, SEO)*
>
> *"…and this is also because, in my opinion, the public sector is not able to do it and because even social workers probably do not have such in-depth knowledge of the actors in their area. So they are not able to mix the different opportunities that can be found in the public and private social sectors and in associations… I think cooperatives could do this much more." (Manager 20, SEO)*
>
> *"One Place should, in theory, be present in every valley community. Right? However, One Place is not developed equally in all communities." (Manager 20, SEO)*

Funding continuity

Despite longstanding ambitions to establish integrated care models, concerns are raised that local initiatives remain stalled due to persistent funding gaps and the absence of dedicated case management structures.

> *"One Place today...it is an idea that was conceived in 2017... but to date there is no funding, so it is not true that it takes charge, it doesn't take charge, there are no case managers..." (Manager 20, SEO)*

3.3.5 ACTIVE AGEING THROUGH CONTINUITY IN EMPLOYMENT

ACTIVE NETWORK PLUS[5]

'Active Network Plus' is a local annual initiative funded by the province, for vulnerable individuals (over 50, long-term unemployed, referred by social services, people with disabilities).

> *"Active Network Plus works in such a way that, every year, the province opens up the possibility of registration for certain vulnerable individuals in the area. These are people over 50… Every year, we select candidates from these lists and form teams that are active in various areas. One of these areas is socialisation. We organise passive interventions by these staff members at users' homes, for accompanying activities such as going to the post office, having a coffee, reading the newspaper, bringing wood to the house and lighting the stove. Very simple things." (Manager 1, public authority)*
>
> *"We proceed according to severity. First of all, our target is isolation. So, people who are unable to participate in social life independently… We see who can help us solve this problem, keeping an open mind to unexpected*

[5] The name of the project is changed to preserve the anonymity of respondents.

solutions. For example, a hairdresser's salon could offer a solution we hadn't considered… The idea is not to rule out particular, somewhat unexpected solutions." (Manager 1, public authority)

Challenges – "Active Network Plus" project

Integration and engagement

Managers from public authorities highlight the importance of integrating fragmented projects to bring structure and unity to local interventions.

"There are many projects. In fact, we want to bring some order here. We want to integrate everything… "All these interventions in the area need to be integrated." (Manager 1, public authority)

"I have noticed that when there is collaboration between municipalities, projects work because people get involved." (Manager 2, public authority)

Engagement of actors

Reflecting on the challenge of replicating grassroots enthusiasm, a public authority manager describes the challenge and complexities of transferring community-driven best grassroots know-how across contexts.

"We are trying to replicate artificially, through funding, what happened naturally from the bottom up in Baselega di Piné [another community in Trentino]. So, you have the keys, the volunteers and the enthusiasm. Here, on the other hand, we are trying to build it artificially." (Manager 1, public authority)

EMPLOYMENT PLUS PROJECT

Employment Plus is a large-scale local initiative for mature workers (over 55), especially those expelled from industries, to keep them employed until retirement by engaging them in socially useful work.

"This initiative, called Employment Plus, involves around 1,800 people. It was created in response to the manufacturing crisis of the 1980s, combining the need to open up new areas of employment, such as cycle paths and museums, with workers who had been laid off by industry but were still some way off retirement age…The province pays for this through cooperatives, which hire workers who are employed in activities of general interest…It is unique in Italy." (Manager 1, public authority)

"The round table has tasks related to information, learning and dissemination, but it also has tasks related to planning, experimentation and evaluation of results." (Manager, public authority)

"The thing that brings people together and works best is to go directly to a place with good external practices… last year we went to Finland." (Manager 2, public authority)

Challenges – "Employment Plus" project

Balancing public and private sector contributions to social inclusion

Highlighting the need for sustainable service provision, a SEO Manager reflects on the delicate balance between public interest and private sector involvement, especially in the context of ageing workers and labour market reintegration.

"…Today, in the absence of human capital, for the overall sustainability of the economic system and services, a balance must be found, with equal dignity and attention to what happens within ordinary organisations…Ordinary organisations, meaning industrial, craft and commercial organisations… make a substantial contribution to maintaining services of public importance, while private organisations continue to work on their own interests. There is this search for balance…the people we deal with in community service programmes are mainly mature, with an average age of 55-60, even with some hardships, so there is still a focus on keeping people in the regular labour market. That said, it is not so easy to retrain…" (Manager 1, SEO)

Managerial training on social inclusion by sector

Another SEO Manager underscores the sector-specific challenges of inclusion, noting that without proper training, integrating disadvantaged workers requires alternative approaches such as network-based collaboration.

> *"We employ some employees [in a SEO], but it is a completely different legal framework. If you, as an organisation, often told me to include disadvantaged workers tomorrow morning, I wouldn't have the skills to do so, so it would perhaps be easier to set up a network contract where I provide the context in which to include them." (Manager 20, SEO)*

3.3.6 SOCIO-CULTURAL INITIATIVES WITH SOCIAL INCLUSION DIMENSION

LIFELONG LEARNING HUB

The Lifelong Learning Hub (LLH) operates in 85 locations across Trentino, reaching even small and isolated communities.

> *"The offices are located throughout the province. If we consider that there are 160 municipalities, we cover 85 of them." (Manager 21, SEO)*

Empowering and participatory approach

Local "referenti di sede" (site coordinators) act as connectors and information gatherers.

> *"In the territory of the local representatives... there are people who frequent the area and who volunteer to help us. They are sentinels who capture and give us information..." (Manager 21, SEO)*

The 'referenti' are described as natural leaders, mostly women, who are recognised for their organisational skills and empathy. They help organise events, communicate with participants (often using WhatsApp groups), and sometimes initiate additional activities such as museum visits.

> *"...they are people who have an incredible capacity for empathy." (Manager 21, SEO)*

Course offerings are co-designed with participants.

> *"Every year, we visit all 85 locations and work with the people there to develop the training programme for the following year." (Manager 21, SEO)*

Empowering older women to gain social influence through knowledge.

> *"It is an initiative that has given space and redemption to many women, women of a generation who could not study because only the boys studied…at home they started saying, "No, I am going to university and I know this." (Manager 21, SEO)*

Diverse and relevant learning opportunities

Five thematic pathways, including health, humanities, citizenship, science/technology, and memory, address a wide range of interests and needs.

> *"We have five pathways that are centred precisely on the individual... self-care... the humanistic aspect... memory and beliefs... the vocabulary of citizenship... science, the environment, technology..." (Manager 21, SEO) Courses are adapted to local needs and interests, and practical feedback is used to refine offerings:*
>
> *"If a course doesn't work, we remove it." (Manager 21, SEO)*

Participation builds self-esteem, social networks, and intergenerational knowledge transfer.

> *"It is a generation that reaches other generations... they are vehicles for transmitting... good practices in society... they are active." (Manager 21, SEO)*

Blended and flexible delivery

Many courses are offered both in-person and online, increasing accessibility.

> *"90% of courses are blended, combining face-to-face and online learning." (Manager 21, SEO)*

During the pandemic, rapid adaptation included remote lessons, podcasts, and printed magazines delivered to homes.

> *"We have activated distance learning... we have made countless phone calls... we have created podcasts... we have organised everything ourselves." (Manager 21, SEO)*

Special attention is given to those with reduced mobility, with free access for accompanying persons and local support.

> *'If you need an escort, the companion is registered free of charge. (Manager 21, SEO)*

Challenges – "Lifelong Learning Hub"

Geographical and mobility barriers

Trentino's mountainous terrain and poor public transport make access difficult.

> *"Our area is difficult to reach even by public transport... to travel 60 kilometres on delayed trains, I had to change three times in two hours…It is not that there's a lack of transport, it is just poorly organised..." (Manager 21, SEO)*

In winter, snow and ice further limit movement, especially for older adults.

> *"In winter... people tend to move around less in that age group." (Manager 21, SEO)*

Yet, older adults share that they wish they had greater continuity and local presence.

> *"The Lifelong Learning Hub up there is really very little now. They do it once a week. I'll see this year if I enrol… It seems to end already in February, just four months, with holidays included." (65-74, older adult 4)*

Gender imbalance and participation patterns

Most participants and local coordinators are women, which can skew course selection and engagement.

> *'Almost all women…They [men] go to…the senior citizens' games club… and that's a problem...Because otherwise you end up always choosing things that only interest women. Instead, it is important to value both.' (Manager 21, SEO)*

Lack of theorisation for transferability

The approach is highly practical and local, but lacks a formalised, transferable model.

> *"What we lack is a theory of the method... we lack a structure, an organisation of this practice." (Manager 21, SEO)*

Local older adults who used the service have also noted and expressed this need.

> *"The University of the Third Age, I know it, I enrolled and did a course, it is nice but it ends there. Let's try to bring more of this knowledge into local centres." (55-64, Older adult 2)*

Lack of formal evaluation and impact measurement

There is little formal measurement of social or health impacts, though some projects have tried.

> *"We don't have a measure. Yes, we are working on a project... Ten years ago, we did a project... we measured in terms of pressure measurements..." (Manager 21, SEO)*

Strengths and challenges in social care services – Trentino Living Lab

Perceived strengths and challenges in the design, implementation, and access to social care services in rural Trentino were identified through interviews and workshops with managers of SEOs, public authorities, formal and informal carers, and older adults and are summarised in Table 7. Strengths include an established foundation of participatory planning and multi-actor collaboration, particularly through the involvement of public

authorities, social economy organisations (SEOs) and local volunteers. Social cooperatives, embedded in local communities, play a pivotal role in service delivery, coordination and local insight on user needs. Multi-actor coordination and inclusion efforts are supported by ongoing mapping projects, strong networking experience, and the mobilisation of older adult peer leaders through initiatives like the Lifelong Learning Hub, which is active in 85 locations. Strengths also include openness to innovation, such as recognising local commerce (shops, bars) as informal social safety nets. Active ageing and socio-cultural initiatives demonstrate potential through adaptable collaboration frameworks and specialised knowledge in lifelong learning.

Key resource needs include the development of inclusive classification frameworks and systematic data collection to better capture the social inclusion needs of older adults, particularly those who are functionally self-sufficient but still at risk of exclusion. To effectively address segmentation of service needs for social inclusion, capacity building is required to proactively reach and support older adults who may lack the motivation or confidence to seek services independently. There is also a pressing need for methodologies and clear functional responsibilities to align service demand with supply, ensuring that support reaches those who need it most. Additional gaps relate to tools for direct citizen involvement, training for local officials, and mechanisms for user feedback, which are essential for participatory planning. Challenges in human resources, technical coordination further hinder the scalability and sustainability of initiatives.

Table 7: Strengths and resources in social care services – Trentino (IT)

Category	Strengths	Resources in Need
Segmentation of service needs for social inclusion	- Both passive (home-based) and active (community-based) inclusion services recognised and supported - Service development to provide technical and informational support to locate and access services enabling social inclusion	- Inclusive classification frameworks of social inclusion needs - Systematic data collection on social inclusion needs capturing psychological or other 'invisible' barriers to social inclusion. - Development of methodologies and clear functional responsibilities for matching demand with supply of services supporting social inclusion
Actions for participatory process to planning of social care services	-Expertise in social policy and service planning within public authorities and SEOs -Facilitation of multi-actor round tables Projects on community engagement in service planning - Social cooperative management with local embeddedness - Sustainable, structural funding	- Tools and methods for direct citizen/end-user involvement - Training for local officials (especially in small municipalities) - Improved information flow and user feedback mechanisms
Multi-actor coordination and the social inclusion of underserved groups	- Projects on mapping and analysis of local actors and resources for social inclusion - Experience in networking and partnership building - Older adult peer leaders with coordination experience, local social network and insight (Lifelong Learning Hub) - Openness to innovation (including local commerce) Lifelong Learning Hub in 85 locations Local commerce (shops, bars) recognised as social safety nets and territorial outposts	- Human resources (finding and involving right people/associations) - Technical tools for mapping and coordination - Long-term funding and project sustainability - Inclusive classification frameworks to avoid exclusion of self-sufficient older adults from formal support - Systematic data collection on social inclusion needs - Development of methodologies and clear functional responsibilities for matching demand with supply of services supporting social inclusion
Active ageing through continuity in employment	-Project management of employment initiatives -Collaboration between municipalities, cooperatives, and local businesses -Flexibility and creativity in finding solutions -Province-funded annual initiatives for vulnerable and mature workers	Better integration and coordination across projects - Managerial training for social inclusion by sector - Mechanisms to balance public/private sector roles - Strategies to mobilise "bottom up" community engagement for social inclusion
Socio-cultural initiatives with social inclusion dimension	- Adult education and lifelong learning expertise - Empowerment and participatory programme design - Strengthening older adults' competence in digital tools for local leadership and programme coordination Blended (in-person/online) teaching skills adapted to older adult needs Organisational capacity in mobilising older adults as peer leaders and coordinators	- Solutions for geographical and mobility barriers - Strategies to address gender imbalance in user engagement - Formalisation/theorisation for transferability of know-how in initiatives co-design and older adult valorisation and empowerment - Impact measurement and evaluation tools

3.3.7 RECOMMENDED ACTIONS TO ENGAGE MULTIPLE ACTORS SUPPORTING SOCIAL CARE SERVICES

To improve the quality and accessibility of social care services that enable the social inclusion of older adults, it is essential to develop a participatory model that mobilises and coordinates multiple actors including public authorities, social economy organisations (SEOs), volunteers, carers, and community groups. Existing resources such as strong local networks, embedded social cooperatives, and ongoing mapping projects provide a solid foundation for action. Motivating factors include the recognition of community needs, established traditions of civic participation, and openness to innovation. Table 8 presents key recommendations based on the analysis of the data gathered from the Trentino Living lab.

Table 8: Key themes and recommended actions in rural social care services – Trentino (IT)

Theme	Recommendations
Peer leadership and empowerment	Mobilise older adults as peer leaders and local coordinators through the Lifelong Learning Hub; provide training, recognition, and flexible roles to sustain engagement and motivation.
Hybrid service models	Expand blended (virtual and in-person) service delivery to increase accessibility for those with mobility or geographical barriers; adapt programmes to local needs and feedback.
Multi-actor coordination and partnership	Build on ongoing mapping projects and local networks to identify and connect relevant actors and resources; facilitate regular multi-actor roundtables and forums for joint planning and feedback.
Local commerce and informal safety nets	Recognise and support local shops and bars as informal social safety nets and territorial outposts, especially in small towns.
Data collection and needs assessment	Systematically collect data on social inclusion needs, including psychological and 'invisible' barriers;
Capacity building and technical support	Invest in capacity building for local officials, volunteers, and coordinators; develop technical tools for mapping, coordination, and communication.
Sustainable funding and resource allocation	Advocate for long-term funding and structural support for multi-actor initiatives; encourage resource sharing and co-financing among stakeholders.
Accessible and flexible service delivery	Address logistical and mobility barriers through localised, blended, and flexible service models; provide free access for accompanying persons and local support.

Further progress depends on strengthening collaboration, building capacity, and ensuring that all actors, especially those with local insight and peer leadership experience, are empowered to contribute. This means leveraging the Lifelong Learning Hub's support for participatory design, hybrid service delivery, and its network of older adults' volunteers; enabling One Place to coordinate activities and learn from participatory and hybrid models; using the provincial round table as a venue for multi-actor service innovation and systematic data collection; integrating 'Active Network Plus' teams for flexible, locally adapted socialisation and support; applying territorial mapping to connect local actors and target outreach to isolated older adults; and mobilising the 'Active Network Plus' project for practical support and volunteer engagement. By recognising what each initiative can offer and gain, communities can create a more inclusive, responsive, and sustainable social care ecosystem.

Table 9 presents a summary of the opportunities for resource sharing and mutual support among social care initiatives for Trentino.

Table 9: Opportunities for resource sharing and mutual support among social care initiatives - Trentino (IT)

Resource/Initiative	Contributions to the network	Benefits from collaboration
Lifelong Learning Hub	- Support for participatory design of initiatives - Hybrid (virtual and in-person) service delivery - Local network of older adults' volunteers with coordination and peer leadership experience	- Enhanced reach and impact through collaboration with other actors - New ideas and feedback from multi-actor engagement
One Place	- Centralised access point for older adults and families - Potential to coordinate activities and information across sectors	- Opportunity to learn from the Lifelong Learning Hub's participatory and hybrid models - Strengthened local network and service integration
Provincial Round Table	- Venue for engaging multiple actors in service innovation - Platform for monitoring needs and sharing information	- Benefit from systematic data collection, user feedback, and best practices from other initiatives
'Active Network Plus' Project	- Annual teams for socialisation and support at home - Flexible, locally adapted interventions	- Integration with wider community mapping and multi-actor planning - Access to new partners and resources
Territorial Mapping Project	- Identification and connection of local actors, associations, and resources - Targeted outreach to isolated older adults - Mobilisation of volunteers and local resources	- Improved sustainability and effectiveness through collaboration and shared learning - Greater visibility and impact through integration with other service initiatives - Access to training and capacity building for mapping of local formal and informal social care actors

3.4 Allocation of resources and logistics in service delivery – Trentino

3.4.1 RESOURCE ALLOCATION AND LOGISTICS IN TRENTINO

This section addresses the operational challenges of scheduling, logistics and resource allocation for caregivers in Trentino. Drawing on interviews conducted between February and July 2025, it identifies key strengths, recurring issues, and proposes actionable recommendations. Programming and scheduling are central to care quality, caregiver satisfaction, and system efficiency, yet their implementation is often constrained by fragmented communication, unpredictable shifts, and inefficient use of resources. These limitations affect not only service delivery but also caregiver well-being and user satisfaction. The analysis therefore focuses first on the main strengths and challenges identified, before outlining recommendations to improve scheduling and resource allocation in the Trentino context.

Strengths and challenges in resource allocation and logistics

Multi-actor coordination infrastructure

Trentino benefits from an extensive multi-professional network that includes the province, the health agency, valley communities, municipalities, cooperatives, general practitioners, and foundations. This creates a strong foundation for integrated care pathways.

> *"We have a multi-professional institutional network behind this framework, composed of the province and the health agency, the valley communities as local social services... the municipalities of Trento and Rovereto... public agencies for personal services... general practitioners, third and fourth sector entities, including cooperatives and the xxx Foundation, which focuses on social issues in Trentino. We have a provincial coordination structure, 16 local teams, and intermediate governance units." (Manager 2, public authority)*

Efforts to map and integrate local resources

Some initiatives are actively trying to catalogue and connect community actors, showing a recognition that inclusion depends on more than institutional players.

> *"The project aims to map the resources available in the area, including associations, organisations, bars, and even entrepreneurs or private entities. Any actor that can offer support to the older people is part of the analysis... The ultimate goal is to create a physical support network." (Manager 1, public authority)*

As highlighted in the section on governance, and despite the presence of a wide range of institutional and community actors, Trentino's care system suffers from a lack of true integration and operational alignment. At a strategic level, coordination mechanisms exist, but in practice, actors often feel like they work in isolation with minimal communication and few shared processes.

> *"The challenge is to build organisational architectures that communicate with each other. The goal is to integrate pathways and ensure that xxx, the province, valley communities, and the health agency are all part of a unified system." (Manager 1, public authority)*

This **fragmentation** is particularly visible in the relationship between the healthcare sector and home-based social care providers. Caregivers working for social cooperatives often receive instructions from health professionals or through the social Manager employed by the public administration. However, the transmission of information is often unilateral and top-down, with no structured feedback loop in place.

> *"Today the real issue is that there is the figure of the social Manager, who is part of the public administration and gives me orders. But I should have the power to interact directly with the user... Instead, everything here is fragmented." (Manager 11, SEO)*

Home care workers report that instructions received from healthcare actors can sometimes be unclear, outdated, or ***inconsistent with the real conditions*** at the user's home. When clarification is needed or adjustments should be suggested, there is often no clear mechanism to report back, share observations, or co-update the care plan. In sum, caregivers are treated as service executors rather than partners in care, despite having first-hand knowledge of the user's day-to-day reality.

> *"In fact, the goal here is to bring order. We want to integrate everything... These are all local initiatives that need to be coordinated." (Manager 1, public authority)*

This operational disconnect leads to inefficiencies, duplication of efforts, and missed opportunities to deliver truly personalised, adaptive care.

Unpredictable scheduling and limited advance notice

Caregivers often receive their weekly schedule on a very short notice leaving little room for personal planning and contributing to stress and dissatisfaction.

> *"We find out our weekly schedule on Thursday for the following week." (Formal carer 1) "It would be better to know it monthly, so if I need to plan something personal, I could do it. Otherwise, I can't." (Formal carer 1)*
>
> *"Weekly rest, as a worker, I should have the right to know my working time and my non-working time within a certain timeframe, but I don't." (Formal carer 1)*

Frequent last-minute changes

Schedules, even when shared in advance, are subject to frequent revision due to staff illness or emergencies. This results in reactive planning and contributes to organisational fatigue.

> *"Even if they give us a month's schedule, if a colleague gets sick or something happens, it gets changed." "The coordinator has the full picture... even if someone hasn't signed up for availability, she might still call just in case." (Formal carer 2)*

Mismatch between planning, actual delivery, and user awareness

There is a persistent gap between what is planned on paper and what is actually executed in the field, often due to missing or outdated care plans and a lack of real-time communication between coordinators and caregivers. This disconnect creates inefficiencies and forces caregivers to improvise, frequently without guidance.

> *"Many times, we go to users with a work plan that's either missing or completely different from what we actually do." (Formal carer 1)*
>
> *"There's a lot of information that gets lost along the way." (Formal carer 1)*

This misalignment not only affects caregivers but also impacts service recipients, who are often left without a clear understanding of the care they are supposed to receive or the reasons behind scheduling decisions.

> *"The user isn't aware of what's behind the scenes, of how a service is activated, or why we do one thing and not another. It should be the social worker who goes to the user's home and explains: This is the service, this is why we come, this is what we can and can't do." (Formal carer 1)*

The combination of unclear or outdated plans and insufficient communication with users leads to confusion, unmet expectations, and a perception of disorganisation. Without systematic feedback loops and transparent user communication, both caregivers and recipients are left to navigate gaps in the system with little support.

Commuting inefficiencies and travel burden

The geographic and demographic characteristics of Trentino significantly exacerbate commuting challenges and logistical inefficiencies in the provision of home care. With over 70% of the territory located above 1,000 metres and a population that is both small and ageing, accessibility of services is particularly difficult in remote valleys and mountainous areas.

> *"Trentino is a geographically limited area... about 70% is above 1000 metres... The population is just over 540,000... the population is ageing... the old-age index measured in 2023 is 172.1, i.e., for every 100 people under 14, there are 172 over 65." (Manager 14, SEO)*

These structural conditions create long and complex travel requirements for caregivers while simultaneously increasing demand from an ageing population dispersed throughout the region.

This territorial dispersion results in continuous commuting, much of which remains unpaid and physically exhausting. Many caregivers reported that their assignments require them to travel across several districts in a single day without any logical route optimisation. The situation is further aggravated by weather conditions.

> *"A 38-hour home care job means being out all the time, five days a week. You end up doing 60 hours because of all the commuting." (Formal carer 5)*
>
> *"I start here in Trento, then I have to go somewhere else, and the next hour I have to come back. That's really frustrating." (Formal carer 5)*
>
> *"Up and down with the snow chains… because maybe you go uphill, and then the main roads are clean." (Formal carer 5).*

Beyond long commutes, caregivers are also expected to use their personal vehicles for work-related travel. This practice places some of the costs of fuel, insurance, and maintenance directly on workers.

> *"Very simply, I was tired of constantly moving around every hour with the car." (Formal carer 5)*
>
> *"My car is five years old and has nearly 65,000 kilometres." (Formal carer 1)*
>
> *"If it were a company car, it would be different… every morning I have to go down to pick up the car." (Formal carer 5)*

Mobility challenges also affect older adults directly. Many report a reduced capacity and confidence in driving, which limits their independence and increases reliance on caregivers.

> *"I'd like to start again, but I don't trust myself to go here, I might end up stranded, but I still try to come here on foot – it is about an hour's walk." (Older adult, 74+)*

These constraints highlight the dual burden of mobility: caregivers face long, unpaid travel times, while older adults themselves struggle to access services without assistance.

Table 10 and Table 11 present the summary of resource allocation and scheduling strengths and challenges.

Table 10: Resource allocation and scheduling strengths – Trentino (IT)

Strengths
Local teams are already present across the territory, providing a strong base for territorially anchored care delivery
The territorial organisation of services offers opportunities to develop geographic clustering and localised scheduling models
Caregivers demonstrate high adaptability and flexibility in adjusting to user needs and changing conditions, ensuring service continuity
Existing service networks represent an operational base that can be optimised to allocate staff and mobility resources more efficiently

Table 11: Resource allocation and scheduling challenges – Trentino (IT)

Challenges
Schedules are often communicated at very short notice (weekly), limiting personal planning for caregivers
Frequent last-minute changes to schedules
Care plans are often outdated or inconsistent with actual needs, leading to mismatches in service delivery
Users are often not informed about service scope or schedule changes, creating confusion and unmet expectations
High commuting burden: long, unpaid travel times across dispersed areas, aggravated by mountainous terrain and harsh weather
Caregivers must rely on personal vehicles for work-related travel
Lack of route optimisation and mobility planning results in inefficient use of time and staff resources
Absence of formal mechanisms for caregivers to provide feedback on unclear instructions or discrepancies in care plans
Authorities lack a shared system to track "who does what" across health services, cooperatives, and volunteers, creating overlaps and gaps

3.4.2 RECOMMENDED ACTIONS FOR PROGRAMMING AND SCHEDULING TRANSFORMATION

Advance and transparent scheduling practices

Caregiver schedules should be communicated at least one month in advance, with standardised shift planning. This would provide predictable daily and weekly structures while keeping a portion of shifts flexible for

emergencies. Clearer scheduling practices would minimise last-minute changes, reduce stress, and improve workforce efficiency.

Introducing smart scheduling tools

A digital scheduling system should be deployed to replace manual coordination. The tool should allow caregivers to access updated schedules in real time, coordinators to track staff availability and location, and managers to adjust shifts immediately when changes occur. Integrated mapping functions would reduce errors and ensure resources are allocated where most needed.

Establish contingency mechanisms for last-minute changes

Organisations should create backup systems to manage unexpected absences or emergencies without destabilising schedules. This can include reserve staff pools, flexible part-time workers, or on-call teams who are compensated for availability. These mechanisms would make resource allocation more resilient and reduce the burden of last-minute changes on caregivers.

Integrate geographic clustering

Scheduling should group assignments by territory to minimise long-distance travel. Localised clusters or neighbourhood-based teams would allow caregivers to work in smaller, defined areas, reducing commuting time and increasing service continuity.

Recognise and compensate commuting time

Contracts should be revised to ensure that commuting time is considered part of working hours, or that appropriate compensation mechanisms are introduced. These could include mileage reimbursement, travel allowances, or additional paid time for long-distance travel. Acknowledging commuting as a work-related responsibility ensures that staff time and resources are allocated in a way that reflects the actual demands of home-based care.

Provide institutional support for work-related transportation

Mobility should be treated as a shared logistical resource rather than an individual burden on caregivers. Institutions should provide mobility support through company car schemes, cooperative vehicle fleets, or subsidised transport services. Beyond reducing the financial and physical strain on caregivers, these measures would also improve service accessibility for older adults with reduced driving capacity or limited confidence in using personal transport.

Align care plans with service delivery and user expectations

Care plans should be updated regularly to reflect actual needs and the resources available. Caregivers should be systematically involved in this process so that plans match field conditions. At the same time, users should be informed clearly about what services they will receive and when, reducing confusion and avoiding mismatched expectations.

Build a coordinated resource management framework

Instead of each institution working independently, a joint resource management framework should be established across health services, social cooperatives, and municipalities. This would include shared scheduling protocols, coordinated workforce planning, and agreements on how to allocate staff to priority cases. Such a framework would reduce duplication and ensure resources are distributed more effectively.

Develop a central information system for allocation and feedback

A centralised platform should be created to track who is delivering which services, where, and with what resources. This would give public authorities visibility on workforce distribution and allow them to reallocate resources quickly when needed. It should also include a structured feedback channel so caregivers can flag

gaps or inefficiencies in real time. The organisation of SE entities would improve by developing, for example, software or guidelines for management aspects such as work and shift planning, considering the worker's age, place of residence, and the complexity of patients' conditions and locations. In particular, steps should be taken to encourage planning that minimises workers' travel within the territory.

Use data for forecasting and workforce planning

Data on demographics, geography, and service demand should be systematically analysed to anticipate future needs. Predictive tools can be used to forecast where and when staffing shortages may occur, to identify high-need zones, and to design recruitment strategies accordingly. This would shift resource allocation from reactive problem-solving to proactive planning.

Table 12: Programming, scheduling, and resource allocation – recommendations summary Trentino (IT)

Recommendations	Description
Advance and transparent scheduling practices	Publish monthly schedules using standardised shift frameworks with buffer hours for emergencies to improve predictability and reduce stress.
Introduce smart scheduling tools	Implement digital platforms for real-time scheduling, staff availability tracking, and route mapping to reduce errors and optimise resource use.
Integrate geographic clustering	Organise assignments by territory, creating localised caregiver teams to cut commuting time, increase efficiency, and improve service continuity.
Recognise and compensate commuting time	Revise contracts to count commuting as working hours or introduce fair compensation models such as mileage reimbursement, stipends, or time credits.
Provide institutional support for work-related transportation	Reduce reliance on personal vehicles by introducing shared fleet systems, company cars, or subsidised transport solutions adapted to mountainous areas.
Establish contingency mechanisms for last-minute changes	Create reserve staff pools, flexible part-time backup, and compensated on-call teams to handle unexpected absences without destabilising schedules.
Align care plans with service delivery and user expectations	Regularly update care plans with caregiver input and ensure users are clearly informed about the services and schedules they can expect.
Build a coordinated resource management framework	Develop shared protocols for workforce planning and resource allocation across health services, cooperatives, and municipalities.
Develop a central information system for allocation and feedback	Create a platform to map interventions, track responsibilities, and enable caregivers to flag gaps or inefficiencies in real time.
Use data for forecasting and workforce planning	Apply demographic, geographic, and service usage data to predict care demand, identify high-need zones, and plan staffing proactively.

4. Social care challenges and resource strengths - Alto Turia Living Lab (Spain)

4.1 Governance Guide - Alto Turia Living Lab

This section provides an overview of the governance framework, challenges, and strategic opportunities within the Alto Turia Biosphere Reserve. It aims to support participatory, sustainable, and inclusive models of care for older adults and caregivers in rural Spain.

4.1.1 INTRODUCTION: FOSTERING INCLUSIVE GOVERNANCE AND MULTI-ACTOR PARTICIPATION

The Alto Turia Living Lab represents a model for community-based innovation in the field of social and health care. Located within the Alto Turia Biosphere Reserve, the lab focuses on multi-actor participation, integrating the voices of local authorities, regional institutions, social economy organisations (SEOs), universities, and volunteer associations. The selected municipalities, Chelva, Aras de los Olmos, and Casas Bajas, illustrate the diverse challenges and opportunities faced by small rural communities experiencing demographic decline, ageing populations, and limited access to centralised services.

Chelva acts as a semi-centralised hub for replicable initiatives; Aras de los Olmos serves as a testing ground for sustainable care solutions in low-density areas; and Casas Bajas provides insights into care innovation under conditions of severe depopulation. These localities demonstrate the potential for governance models rooted in subsidiarity, collaboration, and digital inclusion.

4.1.2 GOVERNANCE OF SOCIAL AND HEALTH CARE IN ALTO TURIA: STRUCTURE AND COORDINATION

The governance model in Alto Turia operates within the broader framework of the Valencian Community, characterised by multi-level coordination between the Generalitat Valenciana, local municipalities, and *Mancomunidades* (inter-municipal associations). Chelva and Aras de los Olmos form part of the *Mancomunidad del Alto Turia*, together with three other municipalities, while Casas Bajas belongs to the *Mancomunidad del Rincón de Ademuz*, which brings together six neighbouring municipalities. This structure enables local adaptation and proximity-based service delivery while also revealing persistent coordination gaps.

As one public health Manager explained:

> *"The General Directorate of Health Care provides medical assistance to the entire population covered by the SIP card (Spanish social security system) ... From there, we have a portfolio of primary care services that does not include social care, because in Spain there are two different systems: the social welfare system, managed by municipalities, and the health system." (Manager 2, public authority)*

This duality creates both opportunities for subsidiarity and obstacles for integration. Local authorities often assume multiple roles under limited resources. As a mayor noted:

> *"Being a mayor in a small town like Casas Bajas, with 170 inhabitants, means being a multi-tasker, you have to maintain infrastructure and services with one hundred times fewer resources." (Manager 5, public authority)*

4.1.3 COORDINATION BETWEEN SOCIAL AND HEALTH SYSTEMS

Coordination between social and health systems remains one of the most critical governance challenges in Alto Turia. A regional official emphasised:

> *"Coordination is an eternal problem... At the municipal level, it is easier, but as you go up the levels, things become more complicated." (Manager 2, public authority)*

Innovative local initiatives are emerging to address this gap. In Aras de los Olmos, the new Day Centre integrates social and medical care.

> *"In the Day Centre, there will be a doctor and a nurse monitoring diets... We have to work together; the systems cannot function in parallel." (Manager 3, public authority)*

This reflects a broader aspiration for deinstitutionalisation, 'the village becomes the residence', a concept echoing European trends toward community-based ageing.

4.1.4 THE ROLE OF SOCIAL ECONOMY ORGANISATIONS AND VOLUNTEERS

Social economy organisations (SEOs) such as Cruz Roja, Fundación El Olmo, and Colisée play a pivotal role in bridging institutional gaps, providing services where public structures are insufficient, and mobilising community resources. As one SEO Manager explained:

> *"One of our main projects is addressing unwanted loneliness... We include this issue across all our projects and target groups." (Manager 7, public authority)*

These organisations also collaborate with academic institutions to support evidence-based innovation.

> *"We work with the University of Valencia to study the incidence of unwanted loneliness in the Rincón de Ademuz region... We wanted to base our work on scientific data." (Manager 4, public authority)*

This research-driven collaboration highlights the strategic role of SEOs as agents of both care and innovation.

Volunteers are essential to the resilience of rural care systems. As one local volunteer leader noted:

> *"We are people from the community doing the same work as professional firefighters... We also help older adults." (Manager 8, public authority).*

Yet, sustaining this system is increasingly difficult.

> *"We used to be thirty volunteers, but now we're only sixteen... Training for new recruits has been requested for years, but it hasn't happened yet." (Manager 8, public authority)*

4.1.5 BUREAUCRATIC RIGIDITY, TRAINING, AND DIGITALISATION

Excessive bureaucracy continues to hinder timely interventions.

> *"The Dependency Law is overly bureaucratic and not flexible... It slows down and prevents adequate care." (Manager 1, public authority)*

The scarcity of trained caregivers in rural areas further exacerbates these challenges.

> *"Training programs in rural zones haven't been established, so men and women can't professionalise their work." (Manager 1, public authority)*

Nonetheless, there exist promising examples of local initiatives linking training with employment.

> *"A vocational training cycle in auxiliary nursing care has been launched, and those who graduate are finding jobs in the area." (Manager 6, public authority)*

This model strengthens both employment opportunities and the quality of care in rural communities.

Digitalisation has become a key lever for improving accessibility and continuity of care. Health professionals highlight the expansion of teleconsultation services after the pandemic, while SEOs implement projects such as *Voces en Red*, which combines Alexa devices with traditional tele-assistance to reduce isolation among older adults.

Table 13 presents a summary of governance strengths and challenges, Alto Turia (Spain).

Table 13: Governance strengths and challenges - Alto Turia Living Lab (ES)

Governance Strengths	Governance challenges
Strong subsidiarity principle allowing local adaptation of services	Fragmentation between social and health systems
Active role of mancomunidades in pooling resources and delivering services	Limited coordination mechanisms across governance levels

Governance Strengths	Governance challenges
Committed SEOs and NGOs supporting community resilience	Bureaucratic rigidity and slow administrative processes
Volunteer networks sustaining local care systems	Ageing volunteer base and declining participation
Integration of digital tools such as RurActiva and Alexa projects	Digital divide and limited infrastructure in remote areas
Local training initiatives linking care and employment	Lack of professionalisation in rural caregiving
Community-based innovation (e.g., Aras de los Olmos Day Centre)	Underfunding and limited sustainability mechanisms

4.1.6 RECOMMENDED ACTIONS FOR GOVERNANCE TRANSFORMATION

To consolidate Alto Turia's position as a model for innovative rural care, governance must evolve from fragmented management to coordinated, evidence-based, and participatory leadership. Interviews and field observations reveal both the region's strong civic fabric and the institutional challenges that limit long-term strategic alignment. As one mayor observed:

> *"We do everything, health, culture, care, but coordination is what we lack." (Manager 5, public authority)*

Another local authority added:

> *"If we want continuity, we must work together beyond our borders." (Manager 2, public authority)*

Addressing these governance gaps requires a multi-actor engagement strategy that leverages local trust networks while fostering professional capacity, technological integration, and sustainable financing. This strategy should reflect Alto Turia's dual identity: deeply rooted in community values yet open to innovation and external collaboration.

Cross-regional collaboration and knowledge exchange

A key recommendation is the development of a structured cooperation platform between Alto Turia and other European rural Living Labs such as those operating in Trentino (Italy) or Ruzhintsi (Bulgaria). This would enable peer-to-peer learning across regions facing similar demographic, geographic, and governance challenges. By exchanging practices on social innovation, care coordination, and participatory models, Alto Turia could both learn from and contribute to a broader European framework of rural transformation.

As one local professional reflected:

> *"We are small, but we can be an example if we connect with others like us." (Formal carer 5, public service)*

Sustainable funding mechanisms

Long-term sustainability depends on diversified and predictable funding streams. Current projects often rely on short-term grants or municipal budgets that fluctuate annually. This instability hampers strategic planning and staff retention. A social services coordinator noted:

> *"Every year, we start from zero, funding arrives late, and projects lose momentum." (Formal carer 2, public service)*

To address this, the *Mancomunidad* should advocate for integrated funding frameworks that align EU rural development programmes (LEADER, Horizon Europe, Interreg) with national and regional social care budgets.

Digital inclusion and intergenerational training

Governance innovation in Alto Turia should also prioritise digital inclusion as a foundation for social participation. Interviews consistently highlight that while teleassistance systems and digital infrastructure exist, many older residents lack the skills or confidence to use them.

> *"We have the tablets, but people don't come. They think it is too late to learn." (Manager 5, public authority)*

Another caregiver explained:

> *"Older adults want to learn, but they're afraid of technology; they need someone from here to guide them step by step." (Formal carer 2, public service)*

To bridge this divide, intergenerational learning hubs should be established in collaboration with Fundación El Olmo and local schools. These hubs could serve as "digital cafés" where young mentors help seniors learn to use smartphones, health apps, and telecare devices. Beyond technical training, these spaces would strengthen intergenerational solidarity and reinforce Alto Turia's tradition of mutual support.

Integrated data and evaluation systems

Currently, data on rural ageing, care provision, and volunteer engagement remain fragmented across municipalities and NGOs. This limits the ability to assess needs or demonstrate program impact.

A municipal social worker remarked:

> *"We all collect data, but no one puts it together; we need one place to see the full picture." (Formal carer 3, public service)*

By consolidating information through a common dashboard accessible to all municipalities, decision-making would become more efficient and responsive.

Capacity building for local governance

Sustaining innovation requires capable, confident, and well-trained local leadership. Many municipal and *Mancomunidad* staff members in Alto Turia and Ricon de Ademuz juggle multiple roles, often without formal training in EU project management, cross-sector collaboration, or participatory governance. As one official admitted:

> *"We improvise because we care, not because we are trained for it." (Manager 7, public authority)*

To strengthen institutional capacity, a structured training program for local officials and NGO coordinators should be launched, focusing on topics such as:

- participatory governance and citizen engagement;
- cross-municipal coordination and shared budgeting;
- management of EU projects and funding compliance;
- digital administration and data ethics.

A regional partnership with the University of Valencia or Polytechnic of Valencia could provide accredited courses combining theoretical learning and practical mentorship. Additionally, establishing a rural governance fellowship, offering short residencies for young professionals in local administrations, would help renew the leadership base and introduce new competencies to the territory.

Implementing a collaborative governance model

Ultimately, these actions should converge into a living lab governance model that is both participatory and adaptive. This model envisions the *Mancomunidad* as the coordinating backbone, facilitating dialogue among municipalities, foundations, SEOs, and citizen groups while ensuring strategic alignment with EU priorities.

As one community leader stated:

> *"The strength of Alto Turia lies in how people come together when there's a problem." (Manager 4, public authority)*

By institutionalising this collective spirit through transparent processes, shared knowledge, and long-term funding, Alto Turia can consolidate its identity as a living laboratory of rural care innovation, where governance is not only about managing resources, but about nurturing relationships, trust, and shared purpose.

Table 14: Governance Actor(s) importance proposed engagement actions - Alto Turia Living Lab (ES)

Governance Actor(s)	Importance	Proposed Engagement Actions
Local Governments and Mancomunidades	Central to service delivery and territorial coordination	Establish joint planning bodies; reduce bureaucratic burdens; co-design care models with SEOs and citizens
Social Economy Organisations (SEOs)	Key providers of care and innovation	Involve in strategic planning; support legal reform; scale digital and community-based care models
Health Authorities and Social Services	Essential for integrated care and continuity	Develop shared protocols; create joint governance boards; implement cross-sector training and digital records
Volunteers and Informal Caregivers	Backbone of rural care systems	Provide training, recognition, and incentives; create flexible roles; support generational renewal
Regional and National Legislators	Enable systemic change through policy and funding	Reform procurement laws; ensure long-term funding; mandate monitoring and evaluation frameworks
Universities and Research Institutions	Support evidence-based policy and innovation	Collaborate on impact studies; develop training curricula; evaluate care models and digital tools
Digital Infrastructure Providers	Facilitate hybrid care models and reduce isolation	Expand broadband access; co-develop user-friendly tools for older adults and caregivers

4.2 HR Guide, Strengths, and Challenges - Alto Turia Living Lab

The Alto Turia Living Lab is situated in the inland Region of Valencia (Spain), encompassing a network of small municipalities that face structural challenges related to ageing, depopulation, and limited human resources in health and social care. Despite these constraints, the area demonstrates strong civic engagement, inter-municipal collaboration through the *Mancomunidad*, and a tradition of volunteerism that sustains local welfare systems. This HR Guide identifies key strengths, weaknesses, and actionable recommendations to strengthen the human resource base, professional capacity, and well-being of carers and volunteers in Alto Turia. It draws exclusively on interviews with local public authorities, SEOs, carers, and older residents.

Recruitment and retention challenges

Recruitment and retention have emerged as the most persistent human resource issues in Alto Turia's care system. Municipal and social service Managers repeatedly emphasised the difficulty of attracting and retaining young professionals in rural care roles due to low salaries, limited career advancement, and geographic isolation. The problem is structural: the population's ageing profile increases demand for care while simultaneously reducing the potential local workforce. A social worker explained:

> *"We have a home assistance program with decentralised auxiliaries… they cover the need to help older people stay at home." (Formal carer 3, public service).*

This model functions only because of the dedication of a small number of professionals who often manage wide territories. In some municipalities, care services rely almost entirely on part-time contracts, seasonal staff, or volunteers. As one mayor described,

> *"Being a mayor in a municipality like Casas Bajas with 170 inhabitants means being multi-employed, everyone has to do several jobs." (Manager 5, public authority).*

Such multitasking reflects the creativity and resilience of rural administration but also its limitations. Two local coordinators highlighted the recruitment crisis bluntly:

> *"We've had vacancies open for months; young people don't want to move here for a minimum wage and unstable hours." (Formal Carer 2, Public Service).*

Another professional noted the reliance on older, semi-retired workers who fill essential gaps but cannot ensure long-term continuity:

> *"Most of our volunteers are over 60; they're committed, but we can't build a sustainable service around them." (Manager 4, public authority).*

This generational imbalance poses a serious challenge for succession planning and institutional memory. Without targeted incentives, housing assistance, transport subsidies, or rural career advancement pathways, Alto Turia risks losing its limited human infrastructure. Strengthening the link between volunteer engagement and professional development, offering mixed roles that blend formal and community-based care, and promoting digital upskilling programs could help transform the current model from one of survival to one of sustainable growth.

Compensation, pay inequality and administrative bottlenecks

Low and uneven wages, delayed dependency payments, and rigid procurement regulations have become significant obstacles to workforce motivation and stability across Alto Turia's social care system. Both public Managers and caregivers described a bureaucratic environment that frustrates even the most committed professionals. Funding mechanisms tied to the Dependency Law and local procurement processes often delay the implementation of assistance programs for months, leaving families without timely support.

A public authority summarised the issue succinctly:

> *"The Dependency Law is excessively bureaucratic and not at all flexible… it slows down and makes it impossible for the person to be properly attended to." (Manager 1, public authority)*

These bureaucratic delays directly affect the quality of care and workers morale. As one caregiver shared:

> *"Social aid doesn't arrive… and when it does, it comes late." (Older adult 5, volunteer in SEO)*

The unpredictability of payments and the lack of financial continuity make it difficult for workers to plan or commit to long-term positions. Several staff members reported that salaries vary depending on which municipality or service contract they are attached to.

> *"Two people doing the same job can earn very different wages, depending on which town hall signs their contract." (Formal carer 1, public service)*

This inconsistency fuels turnover and reinforces the perception that care work in rural contexts is undervalued. Another auxiliary noted how administrative rigidity undermines motivation:

> *"We spend more time filling out forms than visiting people, the system demands reports but doesn't give resources." (Formal Carer 2, Public Service)*

Such inefficiencies create a cycle of frustration and attrition: professionals experience burnout from excessive paperwork, while users suffer from delayed responses and fragmented assistance. The result is a two-tiered

system where those with patience and persistence eventually receive care, and those without fall through the cracks.

To break this cycle, Alto Turia's care infrastructure requires not only more funding but also greater administrative flexibility and responsiveness. Streamlining dependency assessments, harmonising salaries across municipalities, and simplifying procurement rules would release staff time for actual service delivery. Integrating digital case management through Fundación El Olmo's *RuralTEC* platform could further reduce paperwork, track payments, and restore worker confidence that their efforts are matched by institutional responsiveness.

4.2.1 TRAINING AND CAREER DEVELOPMENT

Training is widely viewed in Alto Turia as both a pressing need and a strategic opportunity. Actors across the public, private, and third sectors agree that the lack of specialised and continuous training for care professionals limits the system's capacity to adapt to new demographic and technological realities. Many carers enter the profession without formal preparation in geriatric care, dementia management, or the use of digital tools increasingly required for coordination and reporting.

One care worker emphasised the urgency of strengthening expertise in age-related diseases:

> *"We would like to have more specific training in dementia, because there are more and more cases and we don't always know how to deal with them." (Formal carer 1, public service)*

Municipal representatives highlighted promising efforts to address this gap through vocational programs:

> *"A training cycle in nursing assistance has been created… those who complete it are finding work in the area." (Manager 6, public authority)*
>
> *Yet, despite these positive developments, the availability of specialised courses remains limited and irregular. Training sessions often depend on temporary grants or short-term regional funding. One local coordinator explained:*
>
> *"We get courses once in a while, but there's no continuity; after six months, everything stops until someone finds another subsidy." (Formal carer 2, public service)*

For caregivers, both professional and informal, the absence of digital skills is an additional barrier. Administrative procedures, teleassistance systems, and new care technologies increasingly require digital literacy that many older staff lack. As one social worker observed:

> *"We've gone digital faster than we've trained people to use it; many auxiliaries don't feel confident with phones or tablets." (Formal carer 1, public service)*

Training therefore emerges as a key aspect for both service quality and workforce motivation. Continuous learning can improve job satisfaction, reduce errors, and enhance the sense of belonging among dispersed professionals. It also creates bridges between generations: digital mentoring programs like Kit Digital Senior Alto Turia, where young volunteers teach older carers how to use communication and monitoring apps, exemplify how training can simultaneously modernise care practices and strengthen community ties.

To make training a pillar of Alto Turia's care strategy, stakeholders should establish a Rural Care Training Network, jointly managed by the *Mancomunidad*, Fundación El Olmo, and Cruz Roja. Such a structure could offer blended learning modules, combining online sessions with in-person workshops, ensuring that every caregiver, regardless of location or status, has access to updated skills and support for lifelong learning.

4.2.2 WORKLOAD AND SCHEDULING

Fragmented schedules and excessive workloads are recurring challenges across Alto Turia's social care ecosystem. The small number of available workers forces both professional carers and family members to juggle multiple responsibilities, often combining paid and unpaid care duties. This dynamic leads to fatigue, irregular coverage, and growing emotional strain. The problem is compounded by the region's rugged geography and long travel distances, which extend working days and reduce the time available for direct care.

As one mayor noted, the disparity in resources between Alto Turia and other areas is dramatic:

> *"You work with a hundred times fewer human, logistical, and financial resources than other municipalities." (Manager 5, public authority)*

This chronic shortage creates instability and constant improvisation in service delivery. One auxiliary explained the daily struggle of fragmented scheduling:

> *"We start early in one village, drive 30 minutes to another, and end up skipping lunch, the route changes every day." (Formal Carer 2, Public Service)*

For many caregivers, these conditions have personal and emotional consequences. Long travel hours, unpredictable shifts, and lack of support push them toward burnout.

> *"I go from house to house without time to rest or even think; sometimes I feel I am on autopilot." (Formal carer 2, public service)*

Family carers face similar challenges. They provide around-the-clock attention with little external relief, blurring the line between professional and personal life. One participant summarised the exhaustion that results from constant multitasking:

> *"Between looking after my mother, volunteering, and working part-time, I am never off duty." (Informal carer 2)*

This fragmentation has systemic consequences. Service coordination becomes reactive rather than preventive, leaving gaps when emergencies or unexpected absences occur. It also affects job retention, as workers perceive care roles as unstable and unsustainable.

4.2.3 MENTAL HEALTH AND EMOTIONAL STRAIN

Emotional fatigue and psychological stress are pervasive across Alto Turia's care landscape, particularly among family caregivers and isolated frontline workers. Many carers operate without formal psychological support or structured respite mechanisms, enduring a constant cycle of physical exhaustion and emotional pressure. This silent crisis, often hidden behind rural stoicism, reveals the human cost of an under-resourced care system.

One caregiver described the overwhelming sense of helplessness that accompanies continuous care responsibilities:

> *"There are times when all you want to do is cry, from sheer helplessness. Until you accept that your life is going to be like this, 24/7." (Informal carer 1)*

Another reflected on the emotional complexity of witnessing prolonged suffering:

> *"Sometimes I think I am a bad person for wishing their suffering would end… it is very hard to watch them like that." (Informal carer 2).*

Such testimonies illustrate the profound emotional toll of long-term caregiving, where guilt and fatigue coexist with compassion and duty. In Alto Turia, where support services are limited and professional psychological counselling is rare, emotional resilience becomes a survival skill rather than an institutional safeguard. As one auxiliary noted:

> *"We don't have anyone to talk to after tough cases; you go home carrying other people's pain." (Formal carer 2, public service)*

This isolation is amplified for those working alone in dispersed rural areas. Without peer networks or group supervision, carers often internalise stress and develop symptoms of burnout or anxiety. A municipal social worker highlighted this chronic strain:

> *"People think we're strong, but the truth is we also break down, we just do it quietly." (Formal carer 1, public service)*

These accounts underscore the urgent need to integrate mental health and emotional well-being into Alto Turia's social care strategy. Programs like Cuidar al Cuidador 360 could be expanded to include regular psychological check-ins, peer support groups, and mobile counselling services for isolated areas. Furthermore, partnerships with Fundación El Olmo's *RuralTEC* platform could explore digital companionship and tele-counselling options, ensuring emotional support reaches even the most remote caregivers.

Ultimately, addressing emotional strain is not only a matter of individual well-being but also of systemic sustainability: without care for the caregivers, the entire network risks collapse under the weight of silent exhaustion.

4.2.4 CARER-SPECIFIC ISSUES

Interviews conducted in Alto Turia reveal a distinct set of challenges faced by both professional carers and volunteers, challenges that go beyond logistics and funding to touch on identity, gender, and sustainability. These issues include the feminisation of caregiving roles, bureaucratic rigidity in volunteer management, the progressive ageing of the volunteer base, and the lack of generational renewal within the sector.

A community health worker observed how care responsibilities remain deeply gendered in Alto Turia:

> *"Care work always falls on women." (Formal carer 2, public service)*

Across municipalities, the majority of both formal and informal carers are women over the age of 50, many of whom balance household responsibilities, part-time jobs, and unpaid care. This pattern not only limits women's economic participation but also reinforces social expectations that caregiving is a natural female duty rather than a shared community task. As one family caregiver admitted:

> *"If a man helps his parents, it is seen as generous; if a woman does it, it is just expected." (Informal carer 2)*

Volunteer networks face parallel challenges. The Cruz Roja and municipal volunteer groups have seen a steady decline in membership and an increase in the average age of active participants. As one volunteer chief explained:

> *"We used to be 30, but now there are only 16 of us left… we've been asking for new training courses for years to bring in new people." (Manager 8, public authority)*

The ageing of the volunteer base makes service continuity increasingly fragile. In smaller towns, the same individuals perform multiple roles, delivering meals, assisting with transport, or checking on older neighbours. A long-term volunteer summarised the fatigue that comes with such overlap:

> *"We do what we can, but there's no replacement generation coming behind us." (Formal carer 5, public service)*

Compounding these demographic and social issues is a bureaucratic rigidity that hinders recruitment and engagement. The administrative procedures for joining formal volunteer programs or becoming certified carers are often too complex or slow for small municipalities to manage efficiently. Two social workers described the dilemma:

> *"There is interest among young people, but the paperwork kills their motivation, it takes months to approve a simple volunteering request." (Formal carer 1, public service)*

These findings reveal a pressing need for a dual approach: redefining care as a community-wide responsibility and revitalising the volunteer structure through incentives, training, and simplified onboarding processes. Programs like *Compostar Juntos*, *Cuidar Juntos* could be expanded to attract younger participants by linking care with environmental and social innovation projects. Meanwhile, formal recognition of caregiving, through training certification, stipends, or digital participation credits, would not only strengthen the professional identity of carers but also promote intergenerational continuity in Alto Turia's social care network.

4.2.5 TACKLING COMMUTING AND TRAVEL BURDENS

The geography of Alto Turia, characterised by winding mountain roads, scattered hamlets, and limited public transport, creates persistent logistical challenges for both care professionals and users. Travel inefficiencies consume a substantial portion of working time, increase costs, and exacerbate inequalities between central and peripheral villages. Tackling commuting and travel burdens has therefore become one of the region's most urgent priorities for improving service equity and staff well-being.

As one municipal employee explained, the simple act of reaching a beneficiary can require extensive travel:

> *"From a hamlet, you're 45 minutes away without your own car." (Manager 3, public authority)*

This physical distance translates into service delays, reduced visit frequency, and greater exhaustion among staff. Several carers emphasised that transportation is as crucial as personnel availability.

> *"Sometimes I spend more time driving than actually helping." (Formal carer 2, public service)*

In small towns, where buses are infrequent or non-existent, many carers rely on personal vehicles and unpaid fuel costs to maintain their routes. This has become an informal expectation rather than an institutional provision. A care worker described the situation candidly:

> *"We share cars or use our own, but the kilometres add up, there's no reimbursement, no official transport plan." (Formal carer 1, public service)*

The challenge also affects older residents and volunteers who depend on community solidarity to reach essential services. During fieldwork, participants often mentioned Traslado Amigo, a volunteer-based transport initiative that provides occasional mobility support for seniors and isolated residents. However, the program's funding and coordination remain precarious. As one municipal employee noted:

> *"Traslado Amigo works when we have fuel and free time, but it is not something we can count on every week." (Manager 5, public authority)*

Addressing these mobility constraints requires a combination of infrastructure planning, financial support, and digital coordination. A care mobility card system could provide fuel compensation or shared vehicle access for carers and volunteers. At the same time, integrating transport scheduling into a shared care calendar, accessible to municipalities, Fundación El Olmo, and Cruz Roja, would reduce redundant trips and optimise staff routes.

Investing in community-based mobility solutions, such as inter-municipal shuttle services, electric vehicle sharing, or digital ride-matching platforms, would also strengthen social cohesion.

Strengths and challenges in HR – Alto Turia

Table 15 presents a summary of shared themes, strengths, and challenges, Alto Turia Living Lab (Spain).

Table 15: Shared Themes, Strengths, and Challenges - Alto Turia Living Lab (ES)

Shared Themes	Shared Strengths	Shared Challenges
Recruitment and Retention	Strong local commitment, community engagement, and volunteer culture sustain essential services despite limited resources.	Difficulty attracting and retaining young or qualified staff due to low wages, limited housing, and rural isolation.
Compensation, Pay Inequality and Administrative Bottlenecks	Shared awareness among municipalities of the need for fair remuneration and consistent dependency payments.	Persistent pay gaps across municipalities; late payment of dependency aid and rigid procurement rules undermine morale.
Training and Career Development	Emerging partnerships with SEOs, vocational schools, and Fundación El Olmo's RuralTEC project promote professionalisation.	Uneven access to specialised training in dementia, geriatric care, and digital literacy; lack of ongoing certification.
Workload and Scheduling	Flexibility and solidarity among small teams; informal cooperation between neighbouring municipalities allows coverage continuity.	Fragmented shifts, long commutes, and high workloads lead to fatigue and inefficiency.
Mental Health and Emotional Strain	Informal peer support networks and family cohesion serve as emotional anchors for carers.	Burnout, chronic stress, and lack of professional psychological support.
Caregiver-Specific Issues	Deep-rooted caregiving culture and intergenerational solidarity reinforce social responsibility.	Persistent gender imbalance in care work; ageing volunteer base and lack of generational renewal.
Tackling Commuting and Travel Burdens	Shared understanding of mobility as a collective responsibility; strong volunteer spirit supports programs like Traslado Amigo.	Long travel times, limited public transport, and fuel costs reduce service equity.

4.2.6 RECOMMENDED ACTIONS FOR ENGAGING STAKEHOLDERS FOR HR TRANSFORMATION IN ALTO TURIA LIVING LAB

4.2.6.1 STRENGTHENING RECRUITMENT AND RETENTION

Strengthening recruitment and retention in Alto Turia's social care sector requires a coordinated, forward-looking strategy that combines human resource planning, community engagement, and territorial innovation. Interviews consistently revealed that low pay, long commutes, and limited professional visibility discourage young people from entering care work, while ageing professionals and volunteers shoulder increasing responsibilities. As one municipal worker noted:

> *"We've had vacancies open for months; young people don't want to move here for unstable hours" (Formal carer 2, public service)*

The result is a fragile system that depends heavily on personal dedication rather than structured incentives.

A coordinated human resources action plan should be developed between the *Mancomunidad*, local municipalities, and social economy organisations (SEOs). This plan would establish a clear framework for recruitment, training, and retention across the territory, aligning staffing priorities with demographic needs and funding opportunities. Regular rural recruitment fairs and job expos, in collaboration with the Valencian Employment Service (LABORA), could help to promote the care profession.

To attract young professionals, Alto Turia could pilot rural care residency programs, offering six-month paid internships to graduates of nursing assistance, social work, and gerontology programs. These residencies would provide real experience in rural care environments while addressing short-term staff shortages.

Beyond recruitment, retention hinges on improving quality of life and recognition for care workers. Housing incentives, such as rent subsidies or access to co-living arrangements, could help offset rural relocation barriers, especially for younger professionals or those moving from urban centres.

4.2.7 PROMOTING FAIR COMPENSATION AND PAY EQUITY

Across interviews, carers, volunteers, and municipal staff consistently expressed frustration with low wages, irregular payments, and bureaucratic delays that undermine morale and service continuity. As one caregiver noted:

> *"Social aid doesn't arrive… and when it does, it comes late" (Older adult 5, volunteer in SEO)*

Another public official highlighted the structural problem more bluntly:

> *"The Dependency Law is not flexible; it slows down care" (Manager 1, public authority)*

These voices underscore how procedural rigidity translates directly into human fatigue and systemic inefficiency.

To address these gaps, Alto Turia should establish a wage 'observatory' for the social care sector, that could be managed jointly by the *Mancomunidades* (Alto Turia and Rincón de Ademuz) and the Province of Valencia. This observatory would benchmark salaries, benefits, and travel reimbursements across municipalities, creating an evidence base for policy alignment.

In parallel, contractual reforms are needed to guarantee timely and predictable payments. The introduction of standardised clauses mandating a maximum 30-day payment period would protect both public and private care providers from cash flow disruptions. Late payments currently described by staff as:

> *"A constant waiting game." (Formal carer 2, public service)*

Failing to pay on time undermines trust and discourages professional involvement. Prompt payment by Alto Turia would demonstrate reliability and respect for care work.

At a broader scale, the *Mancomunidad* should advocate for uniform rural pay scales and the inclusion of paid commuting time in regional employment frameworks. Several interviewees emphasised that travel is integral to care delivery, not an optional expense. One auxiliary explained:

> *"We share cars or use our own, but the kilometres add up, there's no reimbursement." (Formal carer 1, public service)*

Aligning rural compensation standards with those of metropolitan Valencia through the Generalitat Valenciana would correct structural inequities that penalise workers simply for serving dispersed populations.

Contractual processes also require reform. Current one-year service contracts generate uncertainty and hinder staff retention. Simplifying tender procedures and extending contract durations to a minimum of three years would promote stability, enable professional development, and facilitate quality monitoring. This approach would also allow SEOs and local NGOs to invest in long-term workforce planning rather than short-term survival.

Moreover, the *Mancomunidad* could potentially initiate dialogue with the Generalitat Valenciana to negotiate a regional wage framework that defines minimum standards for pay, travel compensation, and working hours across all care services in rural municipalities. Such harmonisation would strengthen labour rights, improve job attractiveness, and contribute to the professionalisation of rural care work.

4.2.8 ENHANCING TRAINING AND CAREER DEVELOPMENT

The development of human capital stands at the heart of Alto Turia's capacity to deliver high-quality, social care. Interviews across the territory reveal both the enthusiasm and frustration of care professionals who want to improve their skills but lack structured opportunities to do so. As one staff member explained:

> *"We'd like more specific training in dementia, because cases keep increasing, and we don't always know how to deal with them." (Formal carer 1, public service)*

Another local authority described the emerging progress:

> *"A training cycle in nursing assistance has been created… those who complete it are finding work in the area." (Manager 6, public authority)*

These voices illustrate the coexistence of ambition and limitation, a desire for re-skilling and upskilling constrained by geography, funding, and continuity.

To meet this challenge, Alto Turia should seek to integrate a blended learning system that combines online instruction with practical, community-based workshops. Mobile training units, equipped to deliver short modules, could circulate among remote towns, ensuring equitable access to professional development.

Leadership development should also be a priority. Many senior carers expressed the wish to transition from fieldwork to coordination roles but lack formal leadership training. A dedicated programme on rural leadership for care could quip experienced workers with managerial, communication, and digital coordination skills, preparing them to supervise teams or lead pilot projects.

In addition to technical skills, all training should incorporate modules on emotional resilience, digital literacy, and care ethics. As one social worker reflected:

> *"We don't have anyone to talk to after tough cases; you go home carrying other people's pain." (Formal carer 2, public service)*

Digital literacy is essential for navigating teleassistance, data management, and coordination platforms like *RuralTEC*. Training must empower workers to use digital tools confidently.

Crucially, informal caregivers, mostly older women, must be included in this upskilling process.

Finally, to promote transparency and portability of skills, the *Mancomunidad* could introduce a digital credentialing tool recording completed modules, certifications, and skill updates. This would enable cross-recognition between municipalities, SEOs, and regional authorities, simplifying career mobility and ensuring that training achievements are visible, transferable, and rewarded.

4.2.9 REFORMING WORKLOAD AND SCHEDULING PRACTICES

Managing workloads and schedules effectively is one of the greatest operational challenges facing Alto Turia's social care system. Interviews reveal a pattern of overextension, fragmented shifts, and unpredictable routes, where both professional carers and volunteers often compensate for systemic gaps through personal sacrifice.

As one auxiliary explained:

> *"We start early in one village, drive 30 minutes to another, and end up skipping lunch, the route changes every day." (Formal carer 2, public service)*

Another added;

> *"I go from house to house without time to rest or even think; sometimes I feel I am on autopilot" (Informal carer 2).*

These testimonies illustrate how irregular scheduling and excessive travel drain both morale and efficiency. The problem is not merely logistical but structural, reflecting the difficulty of managing care provision across multiple municipalities with limited human resources.

The introduction of a shared digital scheduling platform across all municipalities would represent a major step toward modernisation. Integrated within Fundación El Olmo's *RuralTEC* infrastructure, this platform would allow coordinators to assign home visits, track real-time availability, and adjust for emergencies. The use of geographic scheduling algorithms, already tested in other European rural regions, could optimise daily routes. This innovation would free up hours currently lost in transit, enabling staff to focus on direct care while reducing fatigue.

Given the small size of local teams, every absence disrupts service continuity. To counter this, Alto Turia should establish a shared human resources pool managed by the *Mancomunidad*. This inter-municipal reserve would include part-time staff, substitute carers, and trained volunteers who can be rapidly deployed to cover emergencies, sick leave, or seasonal peaks.

In parallel, municipalities could also implement rotational planning models that monitor workloads monthly and ensure fair distribution of hours. Coordinators could use digital dashboards to track total working time, both paid and unpaid, capping it at a threshold of 40 hours per week. This would protect workers from burnout while allowing administrators to identify early signs of overload.

To retain experienced staff, Alto Turia could introduce flexible shorter shift models for workers aged 55 and above. These reduced-hour contracts would allow senior carers to continue contributing without excessive physical or emotional strain.

The creation of geographically clustered service areas could further enhance efficiency. By grouping neighbour in hamlets under coordinated service zones, planners can reduce travel time and ensure consistent care delivery even during staff shortages. These clusters could also serve as training and peer-support units.

Finally, Alto Turia could pilot shared-care models between municipalities to manage absences collaboratively. In these models, two towns could share responsibility for a specific set of users or services, ensuring coverage continuity when one municipality faces temporary resource constraints.

4.2.10 SUPPORTING MENTAL HEALTH AND EMOTIONAL WELL-BEING

Emotional fatigue has become one of the defining challenges of Alto Turia's social care system. While dedication and empathy are its greatest assets, they are also the source of vulnerability for a workforce exposed daily to suffering, isolation, and loss. Many carers operate without structured psychological support, formal supervision, or time to recover emotionally. As one caregiver confided:

> *"There are times when all you want to do is cry, from sheer helplessness. Until you accept that your life is going to be like this, 24/7." (Informal carer 1)*

Another admitted:

> *"Sometimes I think I am a bad person for wishing their suffering would end… it is very hard to watch them like that." (Informal carer 2)*

These accounts reveal the moral and emotional weight carried by both professionals and family carers, often in silence.

To build a sustainable care ecosystem, Alto Turia must recognise mental health and emotional well-being not as individual weaknesses but as shared institutional responsibilities. Each municipal HR policy should therefore include a mandatory mental health risk assessment as part of staff welfare planning. This would ensure that stress factors, such as overwork, emotional exposure, or isolation, are systematically identified, discussed, and addressed before they escalate into burnout.

Recognising emotional resilience as a professional asset is equally important. Municipalities and SEOs could integrate emotional care contributions into annual HR evaluations, formally valuing empathy, patience, and relational skills alongside technical competence. This symbolic but powerful shift would legitimise the emotional dimension of care work as a key component of professional performance rather than an invisible burden.

Each municipality could also designate a "mental health first aider", a trained member of the social services team equipped to identify early signs of stress, provide basic psychological support, and connect colleagues with specialised assistance when necessary. This role would complement existing health structures and foster a proactive culture of well-being within small teams.

By combining preventive assessment, structured peer support, psychological supervision, and formal recognition, Alto Turia can move from reactive crisis management to proactive emotional care.

4.2.11 ADDRESSING CARER-SPECIFIC ISSUES

Carer-specific challenges in Alto Turia reveal the intersection of gender, generational change, and structural imbalance. The social fabric of the region still depends heavily on unpaid or underpaid caregiving, a task overwhelmingly borne by women. As one community health worker observed:

> *"Care work always falls on women" (Formal carer 2, public service)*

This enduring gendered expectation has shaped the region's care model for decades, embedding inequality within an otherwise generous tradition of solidarity.

Most family carers in Alto Turia are women aged between 50 and 70 years old who combine domestic duties, informal care, and sometimes part-time employment. This triple burden produces chronic fatigue and economic vulnerability yet remains largely invisible in policy frameworks. As one long-term caregiver reflected:

> *"You do it out of love, but it takes everything from you, time, money, and energy." (Informal carer 1)*

Formal recognition and support for these contributions are therefore essential to prevent burnout and ensure continuity of care.

To begin transforming this reality, caregiving must be reframed from a private obligation to a recognised civic and professional contribution. The *Mancomunidad* could lead the creation of an Inter-Municipal Carer Recognition Scheme, granting formal certificates and small stipends to informal carers. These certificates would acknowledge caregiving as skilled labour, granting pension-linked credits or training exemptions for

those transitioning to formal employment. Such recognition would help correct the gendered invisibility of unpaid work while dignifying the efforts of thousands of residents who sustain their communities through care.

Parallel to this, gender-balanced caregiving initiatives should be introduced to actively encourage men's participation in both professional and voluntary roles. Campaigns showcasing male carers and community role models, under slogans such as "Caring Is Everyone's Work", could help reshape social perceptions and reduce stigma. As one municipal worker explained:

> *"If a man helps his parents, it is seen as generous; if a woman does it, it is just expected." (Manager 4, public authority)*

Breaking these cultural patterns requires consistent visibility and education.

A second structural challenge concerns the ageing and shrinking volunteer base. As one volunteer leader remarked:

> *"We used to be 30, but now there are only 16 of us left… we've been asking for new training courses for years to bring in new people" (Manager 8, Public Authority).*

Without renewal, the network of volunteers who provide essential mobility and companionship will gradually erode. To address this, municipalities and SEOs could implement succession and youth engagement strategies, offering mentorship programs that pair older volunteers with local students or young adults. Intergenerational initiatives such as Compostar Juntos, Cuidar Juntos could expand beyond environmental activities to include social interaction, digital mentoring, and community care visits, reinforcing continuity between generations.

Administrative simplification is also critical. Caregivers repeatedly expressed frustration over delays in dependency aid and bureaucratic complexity.

> *"The social aid doesn't arrive, and when it does, it comes late." (Older adult 5, volunteer in SEO)*

These delays amplify the emotional and financial strain on families. A unified digital care portal, managed by the *Mancomunidad* in coordination with the regional authorities, could streamline dependency applications, monitor case progress, and enable direct communication between families, professionals, and institutions. Integrated with Fundación El Olmo's RuralTEC platform, the system could provide transparency and reduce redundant paperwork, while allowing local staff to track pending cases and anticipate resource needs.

Finally, encouraging youth participation and civic renewal is vital for long-term resilience. Local associations, like the one described by a resident who said:

> *"The association was born to do things for others, not only for the older people, but for the whole town." (Formal carer 5, public service)*

This ethos should be cultivated through educational outreach, service-learning projects, and volunteering credits for students. By linking care with civic pride, Alto Turia can ensure that future generations inherit not only a system of care, but a culture of solidarity.

4.2.12 STRATEGIES TO REDUCE COMMUTING AND TRAVEL BURDENS

Distance and mobility constraints are among the most persistent operational barriers in Alto Turia's social care network. The region's mountainous terrain, scattered settlements, and limited public transport infrastructure translate into long commutes, unpredictable schedules, and high physical and emotional costs for care workers.

To address these constraints, mobility must be treated not as a peripheral logistical issue, but as a central human resources and equity concern. Municipalities and SEOs within the *Mancomunidad* should collaborate to develop an integrated care mobility strategy, combining coordinated transport, digital scheduling, and fair compensation.

By pooling resources, municipalities could reduce redundant trips and operational costs while ensuring coverage for remote households. Volunteer drivers, already active through initiatives such as Traslado Amigo, could be integrated into this system through modest stipends or fuel vouchers, recognising their contribution to service continuity.

One auxiliary summarised the strain caused by current arrangements:

> *"Sometimes I spend more time driving than actually helping." (Formal carer 2, public service)*

To attract and retain workers, Alto Turia could also pilot company car-sharing programs for professional carers and create commuting partnerships with regional transport providers. Joint shuttles operating on fixed routes could connect central towns like Chelva, Titaguas, and Ademuz with smaller villages on designated care days. These initiatives would reduce isolation among workers, strengthen professional networks, and lower environmental impact through shared mobility solutions. Table 16 presents proposed actions in HR of social care services for Alto Turia Living Lab.

Table 16: HR and proposed actions - Alto Turia Living Lab (ES)

Themes	Recommendations
Strengthening Recruitment and Retention	• Launch a coordinated HR action plan across SEOs, municipalities, and the Mancomunidad. • Organise rural job expos and recruitment fairs twice yearly. • Implement six-month Rural Care Residency Programs for young workers. • Create digital storytelling campaigns to improve care sector visibility. • Offer housing incentives and mentoring for new recruits.
Promoting fair compensation and pay equity	• Establish a Wage Observatory to benchmark salaries and monitor equity. • Enforce 30-day payment terms and align rural pay with regional standards. • Simplify procurement for multi-year care contracts (minimum 3 years). • Introduce micro-grants for family carers awaiting dependency aid. • Recognise travel time as paid work and reimburse mileage.
Enhancing training and career development	• Develop blended learning combining online and in-person modules. • Partner with universities to accredit local training programs. • Create a shared €50,000 annual fund for continuous upskilling. • Provide leadership training for senior carers moving into coordination roles. • Launch a training 'passport' for credential recognition across municipalities.
Reforming workload and scheduling practices	• Use geographic algorithms to optimise routes. • Maintain at least one reserve worker per town for emergencies. • Implement a shared HR pool across municipalities to manage absences. • Introduce flexible shorter shifts and monthly care recovery days. • Monitor workloads and cap combined weekly hours.
Supporting mental health and emotional well-being	• Include mental health risk assessments in all municipal HR policies. • Offer an annual Mental Health Retreat Day for care professionals. • Establish peer support circles and quarterly group debrief sessions.

Themes	Recommendations
	• Create a confidential helpline for carers (8 a.m.–10 p.m.). • Train one Mental Health First Aider per municipality.
Addressing carer-specific issues	• Promote gender-balanced care programs and normalise male participation. • Recognise informal carers through certificates and pension-linked credits. • Simplify dependency aid processes via a unified digital portal. • Launch intergenerational volunteering and youth engagement programs. • Create a Carer Support Network offering emotional and peer mentoring.
Tackling commuting and travel burdens	• Establish shared vehicle pools and car-sharing programs across towns. • Provide fuel vouchers or mileage compensation. • Partner with transport providers for weekly care shuttles. • Integrate travel time into paid working hours. • Expand telecare and route optimisation through RuralTEC.

4.3 Social care initiative – Local Dynamics of Care, Inclusion, and Innovation - Alto Turia

This section provides a detailed description of the organisation, dynamics, and perspectives of social care and inclusion services in the Alto Turia region. It presents a narrative based on interviews, field data, and the experiences of local institutions such as Fundación El Olmo, Fundación Colisée, and Cruz Roja.

4.3.1 INTRODUCTION AND TERRITORIAL BACKGROUND

Alto Turia, is characterised by low population density, significant geographical dispersion, and a rapidly ageing population. The region includes several small municipalities that share administrative and social services through a *Mancomunidad* structure. As one social worker noted:

> *"Eight assistants for seven villages." (Formal carer 1, public service)*

Underscoring the limited capacity of the region's home care service.

Despite limited resources, the social model of Alto Turia is grounded in proximity and mutual support. Local leaders emphasise the goal of transforming the entire territory into a space of care:

> *"The residence is the village… Day Center… and they return home; teleassistance for emergencies." (Formal carer 1, public service)*

This reflects a philosophy of ageing in place, seeking to maintain autonomy and community connection.

4.3.2 SEGMENTATION OF CARE SERVICES

Social care in Alto Turia is characterised by a hybrid model that combines formal professional services with a rich network of informal community-based support. This dual structure reflects both necessity and tradition: limited institutional capacity is complemented by strong interpersonal solidarity and civic responsibility. Across the interviews, stakeholders consistently emphasised the moral and cultural fabric that sustains care in this rural region. As one mayor explained:

> *"In the countryside, if you don't help each other, things just don't work." (Manager 4, public authority)*

The care ecosystem in Alto Turia can be broadly divided into three interconnected categories, preventive, support, and compensatory services, each contributing to the overall continuum of care from autonomy to dependency.

Preventive services: promoting independence and well-being

Preventive services aim to maintain independence and prevent dependency by fostering physical, cognitive, and social well-being. This category includes community-led and NGO-supported initiatives such as *RuralTEC*'s digital literacy programs, intergenerational education efforts, and Fundación El Olmo's ecological volunteering projects under the motto "*Compostar Juntos, Cuidar Juntos*" ("Composting Together, Caring Together"). These programs merge environmental sustainability with social participation, reflecting the local ethos of reciprocity.

Interviewees repeatedly underscored the importance of such activities for emotional resilience.

> *"When I learned to use WhatsApp and video calls, I felt like I was part of life again." (Older adult 6, volunteer in SEO)*

Another participant noted:

> *"Volunteering gives you a reason to get up in the morning; we help the environment, but it also helps us feel useful." (Older adult 2, volunteer in SEO)*

These experiences reveal that prevention is not only about avoiding illness or dependency but also about strengthening identity, belonging, and self-esteem among older residents.

Preventive care in Alto Turia also depends on partnerships between municipalities and foundations. Fundación El Olmo's *RuralTEC* project has enabled hundreds of seniors to acquire basic digital skills, facilitating access to online health services and social networks. Similarly, intergenerational workshops in local schools foster empathy and continuity across generations, bridging the social gap between youth and the older people.

> *"When the children come to visit, it changes the day; you forget your age for a moment." (Older adult 5, volunteer in SEO)*

This kind of active engagement reduces loneliness and sustains a sense of community inclusion, key ingredients for healthy ageing in rural environments.

Support services: Strengthening semi-autonomous living

Support services represent the backbone of daily care delivery in Alto Turia. They include the *SAD*, *Aula de Respiro*, and municipal day centres that provide regular assistance, social contact, and therapeutic activities for seniors who retain partial autonomy. These programs are crucial not only for users but also for family caregivers who depend on structured respite opportunities to recover from chronic fatigue. One caregiver shared:

> *"I left my job at the pharmacy to care for my parents; I lack emotional preparation." (Informal carer 2)*

Professionals also reported challenges in balancing workload and logistics.

> *"We must coordinate because everything overlaps and we can't reach everyone." (Formal carer 2, public service)*

This statement reflects broader systemic issues, insufficient staffing, fragmented scheduling, and the vast geographic dispersion of the region. Despite these obstacles, staff dedication remains remarkable. In one municipality, carers described reorganising their shifts informally to ensure no user was left unattended, demonstrating exceptional commitment and adaptability.

To reinforce the sustainability of these services, a formal mechanism for inter-municipal coordination should be institutionalised under the *Mancomunidad*. This would allow resource pooling, shared scheduling systems, and workforce mobility between towns. Expanding Aulas de Respiro into multipurpose "care hubs" could further integrate activities such as cognitive stimulation, physical exercise, and social gatherings, making them centres of community vitality rather than simple relief services.

Compensatory services: Protecting vulnerable and dependent populations

Compensatory services ensure continuity and safety for those who have lost functional autonomy or live in isolation. The *Voces en Red* program, implemented by Cruz Roja, uses smart speakers to provide companionship and emergency support to older adults living alone. As one user described:

> *"At night, when I can't sleep, I talk to the device; it feels like someone is listening." (Older adult 1, volunteer in SEO)*

This simple yet effective technological innovation mitigates loneliness while improving response times in emergencies.

4.3.3 ORGANISATION OF THE LOCAL WELFARE SYSTEM

The welfare system of Alto Turia is sustained by municipal social departments, the *Mancomunidad*, volunteer organisations, and local associations. Municipalities manage first-line services, while the *Mancomunidad* coordinates SAD and psychological support. Fundación El Olmo contributes innovation through ecological and digital initiatives. Fundación Colisée supports training, professionalisation, and future care models. As one worker stated:

> *"Interviewed, assessed, accompanied… all in one morning." (Formal carer 2, public service)*

Expressing both dedication and strain within limited structures.

Table 17: Ecosystem and Coordination - Alto Turia (ES)

Actor	Current Function	Next Step
Mancomunidad/ assessment psychology	Home assistance; active auxiliary staff pools; referrals.	Monthly "Local Care Pact" committee with Municipalities, Aula, Fundación El Olmo, Cruz Roja, Residential Homes, Firefighters, and associations. Short public record.
Municipalities	Regulations, public spaces, new Day Centre (Aras/Chelva).	"Punto Mayor" desk at the social centre concierge + updated bulletin board; micro-financing for associations (mini-grants €500–1,500).
Aula Respiro / Community Centre	2h/day of activities and respite.	Transition to the "3×3 Model": (1) social + cognitive, (2) physical movement, (3) digital/Voces; three weekly repeatable blocks.
Cruz Roja	Health, "Care for the Caregiver," Voces en Red (Alexa + companionship).	Integrate referral system via Punto Mayor; "Practical Alexa" workshops at Aula; monthly panel of active users.
Fundación El Olmo / RuralTEC	Social innovation and ICT; scientific culture; circular economy; community composting project.	Co-design the Kit Digital Senior Alto Turia; use Fundación El Olmo's event/course network to engage older adults.
Associations (Aras Convive, Amas de Casa, Banda…)	Community cohesion, "No One Alone" events, mixed groups.	"No One Alone" Fund (mini-grants, room loans, municipal communication support).

Volunteer Firefighters	Emergencies, rescue, logistics, and training.	"Traslado Amigo" protocol (chairs/technical aids) and simulation drills in care homes and centres.

4.3.4 FORMS OF INCLUSION IN ALTO TURIA

In Alto Turia, social inclusion operates through a dual dynamic that reflects both the strengths and the structural limitations of its rural environment. The territory's approach to inclusion can be understood in two complementary dimensions: active inclusion, which promotes participation, volunteering, and social interaction; and passive inclusion, which relies on formal, needs-based support systems designed to alleviate vulnerability without necessarily fostering engagement. Both forms coexist and often overlap within the same community networks.

Active inclusion: Participation and belonging

Active inclusion manifests through community initiatives, volunteering, and intergenerational projects that cultivate a sense of belonging and shared purpose. These activities sustain Alto Turia's strong tradition of civic cooperation and mutual aid. Programs such as *Aras Convive*'s communal celebrations and Fundación El Olmo's environmental volunteering *(Compostar Juntos, Cuidar Juntos*) exemplify how environmental stewardship and social well-being intertwine. As one local volunteer explained:

> *"We started planting trees, but what grew was friendship. We take care of nature, and it takes care of us." (Older adult 4, volunteer in SEO)*

Such initiatives represent more than leisure, they are mechanisms of social resilience, preserving emotional health and collective identity in sparsely populated areas. Interviewees consistently linked participation to personal fulfillment. A senior participant reflected:

> *"If I stay at home, I think too much; when I go out and see people, I feel alive again." (Older adult 3, volunteer in SEO)*

This statement captures the transformative power of engagement, especially in contexts where geographic isolation and demographic ageing threaten social cohesion.

Active inclusion also depends on intergenerational connections. Municipal workshops that bring together students and older residents foster understanding, skill exchange, and empathy. One teacher noted:

> *"When children listen to older people' stories, they begin to see them not as old people, but as teachers of life." (Manager 7, public authority)*

This kind of dialogue strengthens community bonds and reduces age-related stereotypes, reinforcing the social continuum that defines rural life in Alto Turia.

Passive inclusion: protection without connection

By contrast, passive inclusion focuses on ensuring that essential support, financial, health, or social, reaches those in need, often through formal channels such as Servicio de Ayuda a Domicilio (SAD), teleassistance *(Voces en Red*), or dependency subsidies. These programs are vital for safety and survival, particularly for older adults with limited mobility or family support. However, interviews reveal that while they meet functional needs, they often fail to address emotional isolation. As one older woman expressed poignantly:

> *"When night falls, my thoughts emerge… I have no one to talk to." (Older adult 6, volunteer in SEO)*

This quote embodies the silent gap between protection and connection, the space where passive inclusion delivers assistance but not presence. Several respondents spoke of the paradox of being *"helped but alone."* A local caregiver explained:

> *"We visit to clean and cook, but sometimes what they need most is someone to stay a little longer." (Formal carer 3, public service)*

This sentiment highlights the tension between efficiency-driven service delivery and the human need for companionship.

Moreover, reliance on passive systems can inadvertently discourage participation if individuals perceive themselves as recipients rather than contributors. A retired volunteer observed:

> *"Many people think that once they receive aid, their role is to wait. But we all have something to give, even if it is just company." (Older adult 2, volunteer in SEO)*

This reflects the challenge of reorienting social care from a model of dependency to one of empowerment and reciprocity.

Bridging the two dimensions

For Alto Turia, the key challenge lies in integrating active and passive inclusion into a coherent system where social support also promotes participation. Formal services should be designed not as endpoints but as gateways to engagement. For instance, SAD visits could include a "participation check", asking clients about interests or suggesting activities at local centres. Teleassistance users could be connected to volunteering opportunities or group calls to reduce isolation.

Equally, programs like *Aras Convive* and Fundación El Olmo's initiatives could serve as platforms for identifying at-risk individuals and connecting them with formal assistance. This reciprocal model, where community projects detect needs, and professional services sustain participation, embodies a holistic approach to inclusion that is both compassionate and efficient.

A municipal representative summarised this aspiration succinctly:

> *"Inclusion should mean more than receiving help; it should mean feeling part of something bigger." (Manager 5, public authority)*

To achieve this, Alto Turia must invest in flexible, cross-sector collaboration that values both community initiative and institutional support, ensuring that no one is merely cared for, but that everyone is truly included.

4.3.5 CHALLENGES IN SOCIAL CARE

Fieldwork and stakeholder interviews reveal a series of persistent and interrelated challenges shaping the quality, accessibility, and sustainability of social care provision in Alto Turia. These challenges span across institutional, logistical, and emotional dimensions, reflecting both structural limitations and human consequences.

Family caregiver overload and long waiting times for resources

Family caregivers shoulder the majority of long-term care responsibilities in Alto Turia, often without adequate respite or formal support. Prolonged waiting times for services such as day centres or dependency aid contribute to exhaustion and emotional strain.

> *"Eight years, 24/7 caring for my father… three years waiting to get into the day centre." (Informal carer 2)*
> *"I left my job at the pharmacy to take care of my parents; I lack emotional training." (Informal carer 2)*

Caregivers frequently expressed feelings of guilt, frustration, and isolation. As one participant explained:

> *"Sometimes you feel invisible; people thank you, but you're always on your own." (Informal carer 1)*

Another noted:

> *"There are no spaces to rest or to talk about what we go through." (Informal carer 2)*

These testimonies underline the need for structured psychological support, respite programs, and public recognition of caregiving as skilled, essential work.

Lack of information and understanding of the system

Many residents report difficulties navigating the social care system due to unclear communication, bureaucratic complexity, and a lack of outreach.

> *"There's a lack of information about available services; the home assistance (SAD) arrives late or doesn't arrive at all." (Older Adult 3, Volunteer in SEO)*
> *"I don't know where to go for cultural, health, or companionship activities." (Older adult 3, volunteer in SEO)*

Local staff also confirmed that information dissemination is uneven, particularly across remote villages.

> *"We often learn about new programs through word of mouth instead of official channels." (Formal carer 2, public service)*

This lack of clarity undermines trust in public institutions and prevents vulnerable residents from accessing timely care. Improved coordination, communication, and public information campaigns are essential to rebuild confidence and awareness.

Geographical dispersion and seasonality

The vast geography of Alto Turia and the fluctuating population pose serious logistical challenges. Small, scattered villages often depend on limited staff and vehicles, making equitable service delivery difficult.

> *"Our population triples in the summer; many services collapse." (Manager 5, public authority)*
> *"From a small hamlet, you're 45 minutes away if you don't have your own transport." (Manager 3, public authority)*

Geographical isolation magnifies the risk of exclusion, especially for older adults without private transportation. As one local official observed:

> *"If your car breaks down, you're cut off from everything - from health care to social life." (Manager 5, public authority)*

The **seasonal surge in visitors** further strains infrastructure and staffing, requiring flexible workforce planning and inter-municipal collaboration to maintain continuity of care throughout the year.

Shortage of stable personnel and lack of rural incentives

Workforce instability remains one of Alto Turia's most pressing issues. Rural care positions are difficult to fill and retain due to low pay, irregular schedules, and long commutes.

> *"Public tenders don't allow decent wages; it is not worth coming to the village to work on Sundays." (Formal carer 1, public service)*
>
> *"Many SAD assistants rotate between towns; there's no continuity." (Formal carer 2, public service)*

Professionals often juggle multiple responsibilities, leading to fatigue and turnover.

> *"We do everything - interview, assess, accompany - all in one morning." (Formal carer 2, public service)*

Another remarked:

> *"It is not that people don't want to work in care, it is that they can't make a living from it." (Formal carer 4, public service)*

These conditions highlight the need for better contracts, rural wage incentives, and collective agreements that recognise the challenges of care work in geographically dispersed territories.

Unaddressed emotional loneliness

Emotional isolation among older adults remains an acute but often invisible problem. Many older adult residents live alone, with limited family contact or mobility, leading to depression and loss of motivation.

> *"When night falls, my thoughts start to surface… I have no one to talk to." (Older adult 6, volunteer in SEO)*
> *"Older people tell me, 'if I don't go out, I get depressed'. But many times, we don't even know that there are local groups." (Older adult 5, volunteer in SEO)*

In interviews, several carers and volunteers also identified loneliness as an indirect burden on their work.

> *"Sometimes, being the only visitor of the week means you're not just a helper, you're their only friend." (Formal Carer 5, Public Service)*

A municipal staff member added:

> *"We have resources for cleaning and food, but not for conversation." (Manager 6, public authority)*

Addressing loneliness requires more than service provision; it demands sustained social engagement through peer networks, volunteering, and intergenerational programs.

4.3.6 INNOVATION AND GOOD PRACTICES

Despite limited resources and persistent logistical barriers, Alto Turia demonstrates a remarkable capacity for innovation through community-led initiatives. These projects blend institutional coordination with grassroots engagement, illustrating how local actors creatively respond to complex demographic and geographic challenges. Each initiative reflects a pragmatic and human-centrered approach to care, one that values proximity, participation, and solidarity as key tools for inclusion.

Punto mayor Alto Turia

The *Punto Mayor Alto Turia* initiative functions as an integrated information and coordination desk, bringing together home assistance (SAD), teleassistance, and volunteering services under one accessible hub. It emerged as a response to widespread confusion and fragmentation in service access.

> *"There's a lack of information about available services; the home assistance (SAD) arrives late or doesn't arrive at all." (Older adult 3, volunteer in SEO)*
> *"I don't know where to go for cultural, health, or companionship activities." (Older adult 3, volunteer in SEO)*
> *"People don't know there are aids or programs; if everything were in one place, it would be easier." (Formal carer 2, public service)*

The *Punto Mayor* provides a single contact point for both professionals and residents, simplifying bureaucratic processes and ensuring timely responses. A municipal staff member added:

> *"Sometimes just knowing who to call makes all the difference; now we can give clear answers." (Manager 4, public authority)*

This model has also improved data sharing among municipalities, enabling more efficient allocation of care resources and volunteer efforts.

Cuidar al Cuidador 360

The *Cuidar al Cuidador 360* program addresses the chronic emotional and physical exhaustion of family caregivers. It combines psychological support, respite activities, and training in emotional management to strengthen carers' resilience and well-being.

> *"I left the pharmacy to care for my parents; I lack emotional training." (Informal carer 2)*
> *"The emotional burden is very high; we need psychological support." (Formal carer 2, public service)*

Carers consistently express a need for recognition and structured rest.

> *"Sometimes we just need to stop and breathe; we love them, but we also need a life." (Informal carer 1)*

The program's holistic approach, combining counselling, group sessions, and practical workshops, has begun to shift the narrative around caregiving from isolated obligation to shared community responsibility.

Voces en Red (Cruz Roja)

Cruz Roja's *Voces en Red* is a pioneering teleassistance and companionship program that uses smart speaker technology to provide emotional support to seniors living alone.

> *"Teleassistance… the button… and health companionships; now we launch Voces en Red." (Formal carer 1, public service)*
> *"When night falls, my thoughts emerge… I have no one to talk to." (Older adult 6, volunteer in SEO)*
> *"I am afraid to live alone, but with the button I know someone hears me." (Older adult 5, volunteer in SEO)*

The system fosters a sense of connection, offering safety and reassurance to isolated residents.

> *"It is not just technology, it is company," (Formal carer 5, public service)*

By combining digital innovation with human empathy, Voces en Red redefines teleassistance as both a practical and emotional lifeline.

Compostar Juntos, Cuidar Juntos

Developed by Fundación El Olmo, *Compostar Juntos, Cuidar Junto*s links environmental care with intergenerational socialisation. It encourages seniors, volunteers, and children to collaborate in ecological projects such as gardening and composting, blending sustainability with inclusion.

> *"In the garden workshop, children and older people come together; they help each other and share stories." (Manager 4, public authority)*
> *"Fundación El Olmo connects environment and people; it is not just planting trees, it is caring together." (Formal carer 1, public service)*

Participants report increased motivation and social satisfaction.

> *"When I am outside working with the kids, I forget my pains; it makes me feel young again." (Older adult 3, volunteer in SEO)*

Another volunteer added:

> *"The land brings us together; it reminds us that every generation can nurture life." (Older adult 2, volunteer in SEO)*

Through such projects, environmental sustainability becomes a vehicle for emotional well-being and community renewal.

Traslado Amigo

Traslado Amigo is a volunteer-based transport and mobility assistance program designed to address the severe commuting barriers faced by rural residents.

> *"From a hamlet, you're 45 minutes away without your own transport." (Manager 3, public authority)*
> *"Many older people don't go to the doctor because they have no way to get there." (Formal carer 2, public service)*
> *"If there were a shared car with volunteers, it would be a great help." (Older adult 3, volunteer in SEO)*

The initiative promotes solidarity-based mobility, pairing volunteer drivers with residents in need of transportation for medical visits, errands, or social activities. One participant shared:

> *"Thanks to Traslado Amigo, I can visit my sister again; it gave me back my freedom." (Older adult 6, volunteer in SEO)*

This model not only enhances accessibility but also strengthens intergenerational ties and reduces isolation across the region.

Nadie Solo en Nochevieja (Aras Convive)

Organised by Aras Convive, Nadie Solo en Nochevieja is a community celebration that ensures no resident spends New Year's Eve alone.

> *"No one alone on New Year's Eve… people who were alone had a great time." (Manager 4, public authority)*
> *"During those days people feel very sad; this dinner lifted their spirits." (Manager 4, public authority)*
> *"The whole village collaborated; it was a night of companionship for everyone." (Manager 4, public authority)*

This simple yet powerful initiative demonstrates the impact of collective empathy in combating loneliness. As one older attendee expressed:

> *"That night, I didn't feel old, I felt part of the village again." (Older adult 1, volunteer in SEO)*

The event has since inspired similar gatherings in neighbouring towns, symbolising Alto Turia's capacity for shared care and social imagination.

Kit digital senior Alto Turia

The Kit Digital Senior Alto Turia program provides mentorship and digital literacy training for older adults in rural areas. It strengthens technological confidence and fosters inclusion in an increasingly digital society.

> *"Teleassistance is essential for emergencies; but many people don't even know how to use the devices." (Formal carer 1, public service)*
>
> *"Older adults want to learn, but they're afraid of technology. They need someone from the area to guide them step by step." (Formal carer 2, public service)*
> *"We have the computers and even tablets, but people don't come because they think it is 'too late' to learn." (Manager 5, public authority)*

The project's mentorship model pairs young digital volunteers with senior learners, creating mutual trust and continuity. One participant proudly stated:

> *"Now I can send photos to my grandchildren and check the doctor's portal myself." (Older adult 5, volunteer in SEO)*

Through small but meaningful steps, digital access becomes both a tool of empowerment and a bridge between generations.

Table 18: Seven concrete programs ready to launch - Alto Turia (ES)

Program	Description	Leads	Resources	Metrics
Punto Mayor Alto Turia	Physical desk + phone + WhatsApp + micro-website; single form and direct referral to SAD, Aula, Voces en Red, volunteering, and aid programs.	Municipality + Social Services of the Mancomunidad; ICT and content support by Fundación El Olmo / RuralTEC.	0.2 FTE administrative; mobile line; basic landing page (WordPress) and QR.	150 inquiries; 60 effective referrals; average consultation → service time <14 days (target: 90 days).
Cuidar al Cuidador 360	8 practical workshops + peer support line + 4h/week micro-respite through SAD/Aula.	Mancomunidad + Cruz Roja + Aula.	Trainers; space; helpline; SAD availability.	Reduction in Zarit scale; respite use; caregiver employment continuity.
Voces en Red – Alto Turia	50–80 smart speaker kits with custom routines + volunteer visits and CRM system (Cruz Roja).	Cruz Roja + Municipality / Mancomunidad; integration with Aula.	Smart speaker kits; volunteers; technical support.	% active users >2 days/week; improvement in GDS-5 and UCLA-3 at 3 and 6 months; user stories.

Program	Description	Leads	Resources	Metrics
Compostar Juntos, Cuidar Juntos	Community Composting Centre as an intergenerational space (gardens, coffee, walking routes).	Fundación El Olmo / RuralTEC + Municipality / Associations.	Composting centre; materials; facilitators.	Sessions/month; attendance >55; reported new friendships.
Traslado Amigo + Home Safety	Mixed team trained for safe mobility, home risk checklist, and local transport assistance.	Volunteer Firefighters + Mancomunidad.	Training; technical aids; logistical coordination.	Avoided incidents; response times; caregiver satisfaction.
Nadie Solo en…	Replicate shared celebrations (Christmas, Fallas, summer) with dinner, on-demand transport, and neighbour "sponsorship."	Associations + Municipality (logistics / venues).	Municipal venues; transport; volunteers.	Attendance per event; % of return participants; new volunteers recruited.
Kit Digital Senior Alto Turia	Three hands-on sessions on WhatsApp, Alexa/Voces, and online medical appointments; intergenerational volunteers; mobile program across villages.	Fundación El Olmo / RuralTEC + Aula / Associations.	Educational materials; volunteers; digital devices.	200 participants/semester; 70% maintain digital use at 60 days.

4.3.7 MULTI-ACTOR ACTION PLAN

The proposed 'Pacto Local de Cuidados' would formalise cooperation among municipalities, Fundación El Olmo, Cruz Roja, Fundación Colisée, and local associations. This pact would coordinate service delivery, shared funding, and volunteer networks. The model reflects a participatory governance approach, adapting the 'Round Table' method observed in Trentino to the Alto Turia scale. Table 19 presents key strategic actions to strengthen social care service in Alto Turia Living Lab. Table 20 presents SWOT analysis for Alto Turia social care system.

Table 19: Key strategic actions to strengthen social care service - Alto Turia (ES)

Theme	Strategic Action	Key Partners	Timeline
Mancomunidad /assessment psychology	Home assistance; active auxiliary staff pools; referrals.		Monthly "Local Care Pact" committee with Municipalities, Aula, Fundación El Olmo, Cruz Roja, Residential Homes, Firefighters, and associations. Short public record.
Peer leadership	Train community mentors (RuralTEC)	FO, Municipalities	2025–2026
Hybrid service	Combine SAD + Voces en Red	Cruz Roja, FO	2025
Data collection	Develop loneliness index	Mancomunidad	2026

Table 20: SWOT Analysis of the social care service - Alto Turia (ES)

Strengths	Weaknesses	Opportunities	Threats
Active local networks, innovative foundations, volunteer participation, and intergenerational solidarity.	Limited staff, fragmented coordination, and caregiver overload.	EU funding, digital inclusion projects (RuralTEC), and potential collaborations with Fundación Colisée.	Depopulation, ageing, funding uncertainty, and burnout among professionals.

4.3.8 FUTURE PERSPECTIVES AND DEVELOPMENT DIRECTIONS

The evolution of social care in Alto Turia will depend on continued coordination, technological integration, and investment in human resources. Fundación El Olmo's digital and ecological programs represent a foundation for inclusive innovation.

> *"People want to grow old here, but we need more hands, more coordination." (Manager 5, public authority)*
>
> *It summarises both the aspiration and the need for policy reinforcement.*

Table 21: Opportunities for Resource Sharing - Alto Turia (ES)

Actor	Contribution	Potential joint initiative
Fundación El Olmo	Digital inclusion, composting	Kit Digital Senior
Cruz Roja	Teleassistance, Voces en Red	Integrate in Punto Mayor
Fundación Colisée	Training for carers	Joint capacity program

4.4 Allocation of resources and logistics in service delivery

This section analyses the logistical and resource allocation challenges in care delivery across Alto Turia. Based on interviews with caregivers, social workers, municipal actors, and residents, it explores how territorial dispersion, workforce shortages, and fragmented coordination affect service continuity and equity. Despite strong community engagement and inter-municipal collaboration, operational fragilities persist. The section identifies key strengths and challenges, followed by concrete recommendations to enhance workforce planning, mobility, and cross-institutional coordination.

Strengths and challenges in services

Community commitment and inter-municipal collaboration

Resource distribution in Alto Turia depends heavily on inter-municipal collaboration through the *Mancomunidad*, which coordinates home assistance (SAD), social assessments, and psychological support across several municipalities. This shared governance model has enabled continuity of essential services in an area marked by depopulation and geographic isolation. While fragile, this model remains functional due to strong relational dynamics and local commitment between staff and institutions.

> *"The Mancomunidad allows us to keep services running in villages that would otherwise be completely cut off. We coordinate visits, share available staff, and make sure that at least the basics are covered." (Manager 5, public authority)*
>
> *"Without the inter-municipal collaboration, we wouldn't have the minimum critical mass to maintain services. Alone, each municipality would collapse." (Manager 6, public authority)*

High dedication of care staff

In the absence of adequate structural and logistical support, the resilience of Alto Turia's care system depends heavily on the personal commitment of frontline professionals. Caregivers and social workers frequently go beyond their contracted roles, multitasking, extending their hours, and assuming responsibilities that would normally be distributed across different staff profiles. This is particularly true in geographically remote areas where personnel shortages are most acute.

Staff regularly adjust their schedules to ensure no user is left unattended, even in difficult conditions. The boundaries between professional duties and personal goodwill often blur, reflecting both a strong community ethic and a system under chronic pressure.

> *"We do it because people depend on us, but it is not sustainable." Formal carer 2, public service)*

Informal coordination and volunteer-based logistics

To maintain basic coverage despite structural constraints, municipalities in Alto Turia rely heavily on informal arrangements. Local actors rotate staff, share vehicles, and coordinate visits across municipalities without formal protocols or guaranteed funding. Volunteer initiatives such as Traslado Amigo and the support of local firefighters provide critical transport assistance to residents in isolated villages, particularly for medical appointments or social participation.

These stopgap measures reflect strong community solidarity, but they also highlight the absence of institutional frameworks to support sustainable service delivery. The logistical burden often falls on individuals, and coordination depends largely on goodwill and improvisation.

> *"We share cars and staff when we can, but it is always informal, never planned." (Formal carer 1, public service)*
>
> *"We rely on goodwill; there's no fixed system for who drives, when, or how costs are covered." (Formal carer 1, public service)*

Chronic staff shortages

Staffing levels in Alto Turia remain consistently below the level required to guarantee continuity of care, particularly across the region's seven dispersed municipalities. The home assistance service (SAD) and municipal social services rely on a very small workforce to cover a large and geographically fragmented territory.

> *"Eight caregivers for seven towns." (Formal carer 1, public service)*

This simple statement, echoed by several interviewees, illustrates the fragility of the system. Even minor absences or sick leaves have an immediate cascading effect, resulting in missed visits and delayed assistance.

> *"If one auxiliary is off sick, three people go unattended that day." (Formal carer 2, public service)*

Caregivers also highlighted that the shortage pushes them to work longer hours, cover additional routes, and take on multiple functions simultaneously.

Unpredictable scheduling and last-minute adjustments

The chronic shortage of staff is compounded by the absence of robust scheduling tools and coordination protocols. In many cases, caregivers and social workers receive their assignments the night before, with little time to plan or adapt. When an unexpected event arises, such as a sick leave or emergency, the entire schedule must be reorganised *manually* and in haste.

> *"If someone calls in sick, we have to reassign everyone - visits, meals, cleaning - within an hour." (Formal carer 1, public service)*
>
> *"I get my schedule the night before; if someone cancels, I have to reorganise everything." (Informal carer 2)*

"Interview, assess, accompany… all in one morning." (Formal carer 2, public service)

This lack of anticipatory planning leads to reactive, crisis-driven logistics reduces service efficiency. Staff may be assigned routes that are not geographically optimised or include last-minute additions without sufficient context. Without digital coordination tools or shared calendars, staff must rely on phone calls, handwritten notes, and personal knowledge to manage complex daily operations.

Geographic dispersion and travel time

Alto Turia's mountainous geography and scattered rural settlements create substantial logistical challenges for care delivery. Many villages and hamlets are connected by narrow, winding roads that significantly extend travel times between appointments. In this context, caregivers and social workers often spend more time commuting than providing actual care.

"From a hamlet, you're 45 minutes away without your own car." (Manager 3, public authority).

"Sometimes I spend more time driving than actually helping." (Formal carer 2, public service)

These extended travel requirements reduce the number of clients a caregiver can reach in a day and contribute to physical and mental fatigue. Inefficiency also affects equity: residents in more remote locations receive care less frequently or with greater variability, depending on weather conditions and vehicle availability. Moreover, the burden of managing these distances often falls on individual staff, who must use personal vehicles to navigate the territory without institutional support.

The lack of geographic clustering in scheduling further amplifies the issue. Assignments are not always organised based on proximity, resulting in back-and-forth travel across distant areas.

Inadequate mobility infrastructure

While volunteer-led transport schemes such as Traslado Amigo and support from local firefighters offer some relief, the overall mobility system remains improvised, informal, and under-resourced. There is no institutional mechanism that coordinates or funds these initiatives at scale. As a result, coverage is inconsistent and dependent on personal availability and goodwill.

"We rely on goodwill; there's no fixed system for who drives, when, or how costs are covered." (Formal carer 1, public service)

Care staff and volunteers are often left to organise their own transport, using private cars and paying out of pocket for fuel and maintenance. This model creates disparities between caregivers with access to vehicles and those without, and between users in central areas and those in peripheral villages. In times of bad weather or peak demand, mobility gaps become critical bottlenecks in the care delivery chain. Without a coordinated approach and financial backing, current mobility efforts remain fragile.

Lack of shared information systems

Communication between institutions involved in care delivery, such as municipalities, Cruz Roja, and SAD services, is hampered by the absence of a shared information system. Each actor maintains its own records, usually on paper or in isolated digital formats, making it difficult to track interventions, plan services, or identify coverage gaps.

"There's no system to track who is receiving help and who isn't; everyone keeps their own notes." (Formal carer 2, public service)

"If we could see what Cruz Roja or the municipality is doing, we could plan better." (Formal carer 1, public service)

This fragmentation leads to duplication in some areas where multiple services visit the same user on the same day and neglect in others, where no one intervenes because everyone assumes another actor is responsible. Frontline workers are forced to rely on personal relationships or phone calls for updates, leaving the system vulnerable to miscommunication and inefficiencies. A centralised data platform could significantly improve coordination, planning accuracy, and equitable service distribution.

Impact of logistical strain on caregiver well-being

While not a logistical challenge, emotional strain among caregivers emerged repeatedly during interviews as a direct consequence of understaffing, unpredictable schedules, and long travel times. Both professional and informal caregivers often described working beyond their contractual hours, lacking rest periods, and feeling isolated in their responsibilities.

> *"Eight years, 24/7 caring for my father… three years waiting for a day centre." (Informal carer 2)*
>
> *"I left my job at the pharmacy to care for my parents; I lack emotional preparation." (Informal carer 2)*

Although this issue extends beyond the operational focus of this report, it reinforces the importance of stable workforce planning, flexible scheduling, and adequate mobility support. Without addressing these upstream logistical barriers, emotional fatigue will continue to threaten the continuity and quality of care delivery in Alto Turia.

Strengths and challenges in resource allocation and logistics

The key strengths and challenges are summarised in Table 22 and Table 23.

Table 22: Strengths in resource allocation and logistics - Alto Turia (ES)

Strengths
Inter-municipal partnerships allow shared staffing and service continuity
Staff adapt through informal sharing of vehicles and tasks
Existing volunteer schemes show potential for scalable mobility support
Staff go beyond contract to maintain care quality despite systemic gaps

Table 23: Challenges in resource allocation and logistics - Alto Turia (ES)

Challenges
Chronic staff shortages make it impossible to guarantee continuous and equitable care delivery across the territory.
Schedules are unpredictable and frequently reorganised at the last minute due to staff absences, leading to daily disruptions.
Long travel distances between dispersed villages significantly reduce the number of visits per day and increase fatigue.
The lack of coordinated mobility infrastructure forces caregivers and volunteers to rely on personal vehicles and goodwill.
There is no shared system for tracking users or coordinating between institutions, resulting in duplication and coverage gaps.
Emotional fatigue and caregiver overload emerge as consequences of logistical strain, compounded by the absence of support mechanisms.

4.4.1 RECOMMENDED ACTIONS FOR RESOURCE ALLOCATION, LOGISTICS AND SCHEDULING TRANSFORMATION – ALTO TURIA

Building on the challenges identified across Alto Turia, particularly staff shortages, irregular scheduling, transport inefficiencies, and fragmented coordination, this section proposes a set of operational recommendations aimed at improving logistics, resource allocation, and workforce sustainability.

Establish a local care logistics pact

Create a formal coordination mechanism focused on the territorial organisation of care services. A permanent coordination mechanism should be created between municipalities, SAD services, Fundación El Olmo, and Cruz Roja to formalise existing cooperation.

Develop a shared scheduling and care calendar

Introduce a digital tool that enables all actors (public and third sector) to view, update, and coordinate care visits in real time. This shared platform, managed by the *Mancomunidad*, would reduce schedule overlaps and improve coverage predictability. It would also allow for better geographic clustering of visits, reducing unnecessary travel and optimising caregiver time.

Introduce geographic clustering in scheduling

To reduce inefficiencies caused by scattered assignments, staff should be organised into geographically defined service zones. By grouping home visits based on proximity, travel time would be minimised and the number of daily visits increased. This territorial approach would also promote stronger relationships between caregivers and users while ensuring that isolated villages receive consistent service coverage.

Strengthen and institutionalise mobility support

Consolidate current volunteer-led efforts such as Traslado Amigo into a coordinated transport system with institutional support and stable funding. This could include vehicle sharing pools, mileage reimbursement, and a roster system for transport volunteers. Municipalities and the *Mancomunidad* could jointly manage this infrastructure to ensure fair access for caregivers and users in all areas.

Introducing a centralised information system

A unified data platform should be established to improve coordination between municipalities, SAD, and Cruz Roja. This system would allow institutions to record and share user information, service plans, and visit logs in real time. A centralised database would also enable better monitoring of service equity across municipalities.

Create flexible and pooled staffing models

To address staff shortages and ensure service continuity, municipalities should adopt a dual strategy:

1. develop local reserve pools of on-call or part-time caregivers to respond to emergencies and absences, and
2. establish cross-municipal agreements that allow staff to be temporarily reassigned during high-demand periods. These mechanisms should include pre-defined compensation rules, coverage protocols, and planning tools to avoid last-minute improvisation.

The following Table 24 presents summary of the recommendations.

Table 24: Programming, scheduling, and resource allocation – recommendations summary (Alto Turia, ES)

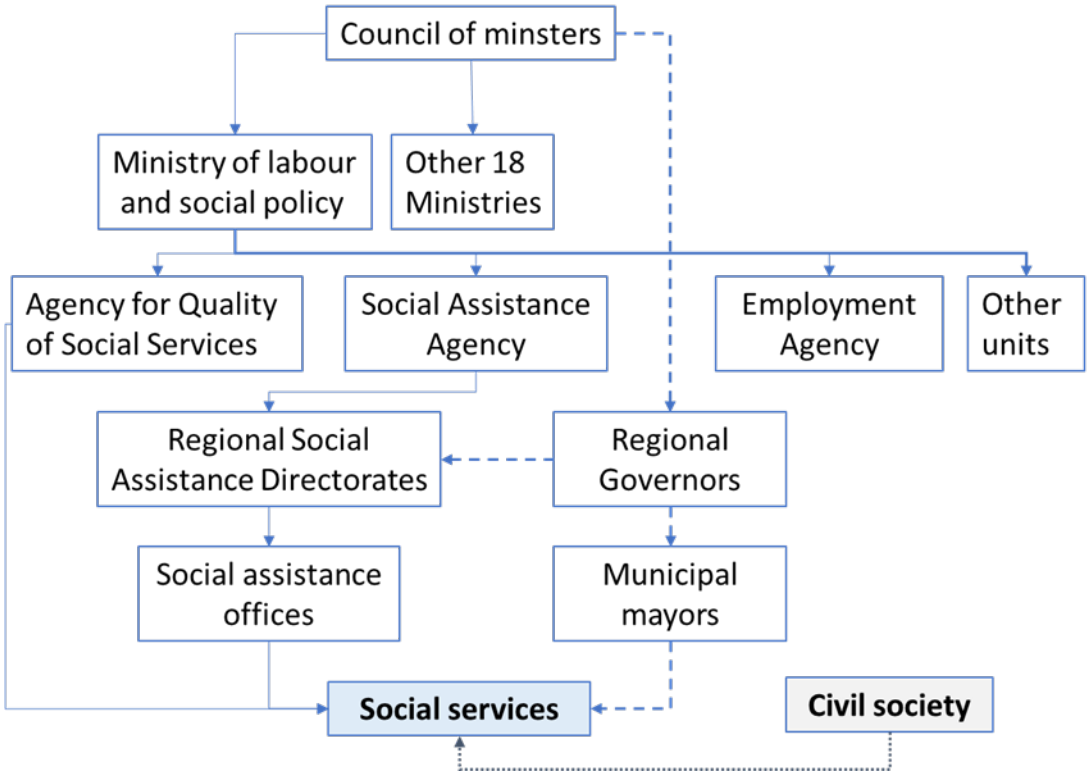
Recommendations	Description
Establish a Local Care Logistics Pact	Create a formal coordination framework between municipalities, SAD services, Fundación El Olmo and Cruz Roja to jointly plan logistics, staffing, and service delivery.
Develop a Shared Scheduling Calendar	Implement a real-time digital calendar to coordinate staff assignments, reduce overlaps, and enable anticipatory scheduling across actors.
Introducing Geographic Clustering in Scheduling	Group home visits geographically to minimise travel time, improve efficiency, and ensure equitable access for users in remote areas.
Institutionalise Mobility Support Systems	Consolidate volunteer transport efforts and provide structured mobility solutions such as shared vehicles, fuel reimbursement, or driver rotation systems.
Create Reserve Staffing Pools and Emergency Backups	Establish on-call and part-time staff reserves to respond to sudden absences and reduce the burden of last-minute schedule changes.
Develop a Centralised Information System	Build a shared data platform to coordinate services, reduce duplication, and track user coverage across municipalities and service providers.
Enable Flexible Cross-Municipal Staffing	Allow for workforce sharing between municipalities during seasonal peaks or staff shortages through pre-agreed mobility protocols.

5. Social care challenges and resource strengths - Ruzhnitsi Living Lab (Bulgaria)

5.1 Governance and networks - Ruzhintsi Living Lab (Bulgaria)

Thirty-five years after the fall of the totalitarian communist regime, and nearly two decades into its EU membership, Bulgaria remains a highly centralised country, despite formal decentralisation policies. The institutional and hierarchical structures are depicted in Figure 1. It is crucial to highlight that the Council of Ministers holds overarching control: it manages both local authority budgets and regional development plans, as well as the delegated budgets for social services and the national mapping of those services. In practice, grassroots (or local) social services are subordinate to all higher-level stakeholders.

Figure 1: Social services in the hierarchy of governance - Ruzhintsi (BG)



However, at the local level, the municipal mayors and municipal Council play a major role.

> *"The local authority takes on the methodological functions of creating a network of non-governmental organisations that have the right to apply for non-profit or business Council activities." (Informant, local project workshop on social care)*

During the initial meeting with the local community, participants expressed strong appreciation for the mayor's role in local development. This sentiment was echoed in several interviews, where stakeholders consistently acknowledged the mayor contributions. While this centralised leadership has facilitated investment and infrastructure improvements, it also highlights the need for broader participatory governance. This dynamic presents both opportunities and challenges: the mayor's active engagement is a strength, but reliance on a single individual underscores the importance of institutional resilience and inclusive decision-making structures.

> *"Municipalities handle virtually all aspects of local life, from basic infrastructure such as street lighting and waste management to social care and public services. They are responsible for administrative duties assigned by the state, including civil registration, land management, and agricultural coordination. The local authority also manages social services, including homes for the older people and Hot meal programmes for vulnerable residents. Considerable investment has been directed toward improving local infrastructure, notably through EU-funded projects for rural development. For instance, recent programmes have enabled the renovation of several kilometers of municipal roads. Currently, 550 residents receive a daily hot meal through the municipal "Warm Lunch" service" (Manager 1, public authority)*

In order to empower informally some civil society activists, a community advisory board, composed of seven members, has been established. Unlike the municipal council, composed of eleven persons which are legally governing the local authority as a kind of a local micro parliament, the community advisory board serves only as a consultative body offering ideas and proposals to the municipal administration.

The community advisory board can be seen as both a strength and a weakness. On the one hand, it serves as a conveyor for bottom-up initiatives and provides valuable feedback on local governance. On the other hand, its active role raises concerns, as such responsibilities should ideally be carried out by the elected municipal council. Some stakeholders argue that the council tends to consistently support the mayor's initiatives, functioning more as a formal endorser than an independent governing body.

The local authority is small but socially engaged, with educated members often taking on multiple roles. During the field study, one civil activist, for example, was found to be simultaneously serving as a village mayor, a teacher, and a member of the social economy board. It is also worth noting that in Bulgaria, mayors frequently hold voluntary positions as presidents of local community cultural centers, known as *chitalishte*. These are country-specific forms of SEOs financed by the Ministry of Culture (Ministry of Culture, 2024). Thus, even though there is no formal social economy organisational network, branded as such, a certain level of active collaboration between villages and civil society occurs through informal contacts and networking within the community advisory board.

The national network of healthcare mediators is represented at the municipal level, with offices in the two biggest villages. There is a discrepancy between fieldwork data and official information. A local representative speaks about three mediators, but the official members of the national network are only two, so this data needs further validation. The interview with the health mediator (formal carer) shows clear positive institutional alignment, including effective national coordination, strong local support and task distribution, and established community trust.

> *"Yes, I can rely on everything... For example, a priest brings clothes every month as donations, and we distribute them... I help the municipality... From the organisation, from the municipality itself, do you receive adequate support, training, everything you need? - I do. Yes. - Categorically? - Yes..." (Formal carer 2)*

However, there are some concerns about the underrepresentation of minorities and the Roma population in particular. Governance strengths and weaknesses are summarised in Table 25.

Table 25: Governance strengths and challenges – Ruzhintsi (BG)

Governance Strengths	Governance Challenges
Strong role of municipal mayors in local development and infrastructure improvements	Over-centralisation of governance; strong dependence on the Council of Ministers
Appreciation and trust in local leadership by community members	Municipal Council perceived as politically dependent and lacking autonomy
Active Community Advisory Board enabling bottom-up feedback	Limited influence of the Advisory Board; some proposals remain unimplemented
Informal collaboration among civil society actors (e.g., activists holding multiple roles)	Lack of formal NGO network and institutionalised civil society engagement
Successful implementation of EU-funded infrastructure projects	Lack of inclusive representation (e.g., Roma community excluded from key meetings)
Presence of National Network of Healthcare Mediators at local level	Discrepancy between field data and official records;
Local authority manages a wide range of services effectively	Reliance on individual leadership rather than institutional resilience
Established Centre for social and health care services for marginalised communities	Lack of visibility and integration of such initiatives in governance narratives

5.1.1 RECOMMENDED ACTIONS FOR ENGAGING STAKEHOLDERS FOR GOVERNANCE TRANSFORMATION

To address the governance challenges in Ruzhintsi local authority, a participatory and inclusive multi-actor engagement strategy is essential. The following actions are recommended, grounded in field observations and interview data:

Strengthen the role of the community advisory board

The advisory board, composed of 7 members, is a promising mechanism for bottom-up feedback. However, its influence is limited. One member noted:

> *"Some recommendations have been implemented, while others remain pending, unfortunately those, focused on establishment of sustainable jobs for local residents" (Manager 1, SEO)*

Formalising its role in municipal planning and ensuring follow-up on its proposals would enhance civic participation.

Empower civil society and local activists

Despite the lack of a formal non-governmental organisation network, informal collaboration exists. A civil activist was identified as simultaneously a village mayor, teacher, and non-governmental organisation board member. Supporting such actors with training and resources can foster sustainable civic initiatives.

Promote participatory planning and transparency

The municipal council is perceived as politically dependent, acting as a formal endorser of the mayor's decisions. As one interviewee described:

> *"Thanks to the mayor. It wouldn't be possible without him." (informant in a local community meeting)*

Introducing participatory budgeting and public forums can counterbalance centralised decision-making and build trust.

Ensure inclusive representation

Roma residents make up approximately 15% of the population, yet they tend to be underrepresented in local community meetings. Future stakeholder engagement should include marginalised groups to ensure equitable governance.

Improve coordination between municipal and civil actors

The local authority handles nearly all aspects of local life, from infrastructure to social care. As stated:

> *"Municipalities handle virtually all aspects of local life, from basic infrastructure… to social care and public services." (Manager 1, Public authority)*

Establishing a multi-actor governance Council with representatives from civil society, health mediators, and municipal staff would improve coordination and responsiveness.

Build capacity of local officials

Given the small size of the local authority (3,299 residents), many officials hold multiple roles. Training in inclusive governance and social policy would help local leaders better serve their communities and reduce reliance on individual leadership.

Leverage EU and national programmes for governance innovation

The local authority has successfully implemented EU-funded infrastructure projects. This capacity should be extended to governance innovation, applying for programmes that support digital transparency, civic engagement, and inclusive planning.

5.2 HRM practices – Ruzhintsi Living Lab (Bulgaria)

A brief summary of the conducted interviews shows that there is a systematic problem in the management of social care workers. Similarly to the centre for social and health care services in Drenovets, most carers are hired through temporary project-based contracts with minimal employment stability and pay equal to the national minimum wage. Most of the carers are women over the age of 50.

> *"They are associated with the unemployment office. That's where we get the manpower to hire the assistants. A request is submitted, and if we have a programme, they tell you that... I write a letter to the labour office that we are looking for two domestic helpers and personal assistants that meet the following conditions. A four-hour day for example, the project is for six, eight or 12 months." (Manager 1, public authority)*
>
> *"Because, for example, the other colleague who is in the programme is retired, but since there is no one else, she works." (Formal carer 5)*

It was reported that training of the newly recruited personnel is often limited, with informal peer-to-peer learning compensating for the lack of formal instruction or one-off training while mentorship on the job is not part of the learning process.

> *"Although in every project sometimes there is an introductory training, within an hour, two, three…we have sent them to Sofia, to the local authority. People who are going to work this and need to get to know at least a little bit of a bit. The bad thing is that you go there with zero knowledge. You're confronted with new matter, you take notes, you listen to what they explain. A lot of questions are asked in these trainings and presentations, and a lot of answers come out in the many questions. Then you start getting some phone calls with questions - 'How was that?', 'how do we do that'."(Manager 1, public authority)*
>
> *"The personal assistant is incompetent in the most basic matters… I fear, because I am afraid, because he is my relative. If it were someone else, what would I do? This is what was offered to me. This is what I was given, this is what I did. We had completed a two-day course of two hours each for personal assistants." (Formal carer 1)*
>
> *"No, there isn't any assessment". (Formal carer 4)*

One of the most pressing challenges, deeply rooted in the national context, is the shortage of medical personnel, which remains difficult to resolve. In some cases, a single nurse is responsible for covering multiple locations within a radius of 10 kilometres or more. For example, one nurse works part-time at the social services centre in Drenovets, while also serving part-time at a kindergarten and an elementary school in the nearby village of Belo Pole.

> *"Today I am here, tomorrow I am in Belo Pole. Tuesday and Thursday I am in Belo Pole, Monday, Wednesday and Friday I am here and in Ruzhintsi, and when I am here, I visit all the grandmothers." (Formal carer 5)*

This fragmentation strains the system. The state recently introduced incentives for nursing education, offering free tuition to increase the number of qualified professionals but the lower level of the salaries at the local authority of Ruzhintsi is a barrier for the recruitment of new social care personnel.

> *"…If there are funds, more people will be founded, I suppose. … It is difficult to find nurses these days…now, according to my contract, I get 6.49 leva per hour, and I have about three hours a week or something like that. Although sometimes I work more, because when someone starts talking, I can't say: 'Stop, I have to go. Your time is up…" (Formal carer 5)*

Another significant challenge is the lack of systematic accountability. Currently, only health mediators are required to submit daily online reports via a national ministry of health portal, ensuring transparency and enabling external monitoring. In contrast, other municipal caregiving staff are evaluated only twice a year, following guidelines similar to those used for civil servants. However, this evaluation process is largely formal and superficial, much like the training, since a more rigorous approach could jeopardise the continuation of state-funded projects.

> *"…the bureaucracy is very simple because we have a website linked to the ministry of sealth where each mediator logs in with their personal profile and fills out an electronic report for the day, week and month. We have laptops provided by the Ministry of Health and we fill in the monthly, weekly and daily reports on the website, and they can be checked in a completely transparent manner at any time by external parties" (Formal carer 1)*

"Patience and Trust" are underlined as the best workplace values for social workers. Patience is considered the most critical skill in dealing with complex social cases. Building trust with clients takes time and patience, but once established, it facilitates cooperation and adherence to care procedures.

> *"Patience is the most important thing in order to respond appropriately to cases. Because there are many hot-headed people, and some are even capable of lying to get away with it. ... Patience, patience is important." (Formal carer 1)*
>
> *"Patience. In my opinion, patience and love for this work, for them. Otherwise, how will they cope? ... It may sound harsh, but it is not the diploma that determines the attitude. Just because you have a diploma doesn't mean you'll be strong. If it doesn't come from within, you can't do it. There are people who haven't had the opportunity to study, but that doesn't mean they can't cope. They don't have a certificate, but at the same time they cope very well with the residents." (Formal carer 3)*

Further intrinsic motivation, positive feedback from users and empathy were cited as factors in performing work tasks.

> *"If you have heart, compassion for these people, and respect, if you are a conscientious person (and I consider myself as such), then you will strive to do your job as it should be done. I told you; I have accepted them as my own parents."(Formal carer 4)*
>
> *"Maybe the joy and peace of the people, knowing there is someone who cares for them." (Formal carer 1)*
>
> *"Because this is my mission – to work only with older people... I am very satisfied." (Formal carer 6)*

The evidence from formal carers highlights that positive feedback and a sense of support from managers, particularly from the municipality that is in most cases their employer, are important motivators for staff:

> *"Everyone would be pleased to hear a compliment or to be told that they are doing an excellent job." (Formal carer 4)*
>
> *"The municipality itself helps and enables the health mediator to do their job well, because we have colleagues who are also health mediators, but for themit is completely different. They have to stay in the office, in one place. They hardly ever go out in the field... Whereas our municipality is open to the people, not just regarding their health, but open to the people themselves." (Formal carer 1)*

The advantage of the small local authority is that there are natural informal care and mutual support networks. In rural communities, informal care often relies on mutual assistance. For instance, school nurses may voluntarily support families by offering basic medical help or donations. Typical informal carers are older women, often widows or retirees, providing continuous assistance to relatives or neighbours with chronic illnesses, despite having limited financial means themselves.

> *"In small settlements, there are natural informal networks for care and mutual support." (Formal carer 4)*

By contrast, older care institutions are adequately staffed, and care is provided around the clock through a structured shift system.

> *"There are 24 of us in total… Director, orderlies. We have a driver, night orderlies, people who are present at night. Four nurses, a director, a social worker, a housekeeper, an accountant. When we go on night duty, we go around all the rooms. I go through all the rooms, talk to people, see if anyone needs anything. If they need any medication, we organise for it to be purchased, because we buy medication for those who have prescription books." (Formal carer 2)*

The most significant challenges in HRM include the shortage of qualified carers, bureaucratic complexity in reporting, and low pay. Many carers lack medical training, limiting their ability to provide first aid or recognise health risks promptly. Respondents recommended integrating first-aid courses into carer training programmes.

> *"A first aid course, first medical aid. They should have at least one such course. It is like when someone swallows their tongue and you put your finger in their mouth to pull their tongue out. How are you going to put your finger in their mouth when they're going to bite your finger off? It is mandatory. If people are at risk and something happens, and you can't react in time, what do you do? Call 112 and ask what to do?! There should be at least one such course on first aid." (Formal carer 1)*

and:

> *"Since I have been here, there has been no additional training or any offers. The director [residential care centre] attends training courses, but I do not know on what topics. Psychologists used to come to the home to teach us how to work with users..., but since I've been here, they haven't. They trained the staff on how to work with such people, and the meetings were very useful. These meetings have been remembered for many years. The staff was very impressed, and people still talk about what the psychologist told them, how to behave with people and how to talk to them. There should be at least one or two a year. Someone should come and help us focus and teach us how to do our job even better." (Formal carer 2)*

and:

> *"This training was about things that we know and do every day. You can choose not to do them and not to know them if you don't want to. Just because you want to, it doesn't mean that I do exactly what I am told to do. I read it, but I do a lot more than that. Then I told the woman who was leading the training that I work irregular hours. When my food arrives at 12:00, 12:30, while I go around to the women, and they live far apart from each other, I end up getting home at 13:30, and I left at 8:00. Do the math on how many hours I've been at work. I don't come here to sit and wait for time to pass." (Formal carer 4)*

Strengths and weaknesses of HR practices are summarised in Table 26.

Table 26: HR strengths and weaknesses – Ruzhintsi (BG)

HR Strengths	HR Weaknesses
Patience and trust valued as key workplace attributes	Temporary project-based contracts with minimal stability
Emotional commitment and practical experience recognised	Low wages, often equal to national minimum
Presence of informal care networks in rural communities	Limited formal training; reliance on peer-to-peer learning
24/7 care provided in older institutions with sufficient staff	Shortage of qualified medical personnel
Health mediators use transparent online reporting systems	Weak feedback mechanisms and lack of systematic evaluation
Past psychological training sessions were impactful	Fragmented work schedules for nurses across multiple sites
School nurses and informal carers provide voluntary support	Lack of first-aid training for carers

5.2.1 RECOMMENDED ACTIONS FOR HUMAN RESOURCE MANAGEMENT TRANSFORMATION

Transition to stable employment contracts

Most carers are hired through temporary project-based contracts with minimal employment stability. To improve retention and service quality, municipalities should transition to longer-term contracts. As one manager noted:

> *"The project is for six, eight or 12 months." (Manager 1, public authority)*

Stable employment will attract more qualified personnel and reduce turnover.

Implement comprehensive training programmes

Training is currently limited to brief sessions. One carer stated:

> *"We had completed a two-day course of two hours each for personal assistants." (Formal carer 1)*

Authorities should develop structured training curricula, including first aid and psychological support, to ensure carers are equipped for their roles.

Establish formal feedback and evaluation systems

Feedback mechanisms are weak but valued by caregivers. As it stands, some receive feedback and support, but comment that this is dependent on the manager rather than an established institutional practice.

Municipalities should introduce regular staff appraisals and client assessment forms to monitor service quality and identify areas for improvement.

Address staff shortages through incentives

A single nurse often covers multiple sites with additional hours for travel not counted into their workload. Municipalities should offer competitive salaries and recruitment incentives to attract qualified staff.

Support informal care networks

Informal networks play a vital role in rural communities.

> *"In small settlements, there are natural informal networks for care and mutual support." (Formal carer 4)*

Local governments should recognise and support these networks through community grants and training.

Value emotional commitment and practical experience

Carers emphasise patience and intrinsic motivation to do a job well and a feeling of having a mission. Recruitment should prioritise personal commitment and practical experience alongside formal qualifications.

Reinstate psychological support training

Carers recalled past training by psychologists as highly beneficial:

> *"They trained the staff on how to work with such people... The staff was very impressed." (Formal carer 2)*

Municipalities should reinstate regular psychological training to improve emotional resilience and care quality.

5.3 Social care initiatives – Ruzhintsi Living Lab (Bulgaria)

The Ruzhintsi local authority was significantly impacted by the national mapping of social services. Initially, the mayor had an ambitious plan to establish 16 residential social service facilities. However, meeting the required quality standards would have necessitated hiring 80 qualified social workers, a goal that proved unattainable in the region. As a result, the number of services was reduced to eight, some of which require only one or two staff members. Despite these constraints, new facilities are being developed in Ruzhintsi to provide care for older adults, support for individuals with dementia, and integrated health and social services.

> *"National programme 'Retirement Assistance' - two persons, National programme 'Employment and Training of Persons with Permanent Disabilities' - one-person, National programme 'Activation of Inactive Persons' - two persons, 'Youth Employment+' - 108 persons, regional employment programme - 21 persons, emergency group - 25 persons. Under the 'Horizon 9' project, two persons for painters, under the 'Accept Me' project, three families. State-delegated activity 'Assistant Support' 20 persons. Here we identified that nine persons are assistants. Under the 'Personal Assistance' Mechanism, we have 50 persons. 'Home Care' for the local authority of Ruzhintsi there are 20 persons who are cared for… I will go back quite a long way, to when the social services map was being*

prepared…Yes, the famous map. A voluminous analysis is prepared for each local authority. Then the local authority prepares what it could do. After that, we meet with the regional governor, where we see how many of the respective social services we have and whether we can implement them. Regarding residential care homes for the older people, let's say we have one. Other municipalities have other numbers but seeing what resources we have in terms of buildings, each local authority says whether it can take it on or not. For example, one has ten, the neighbouring one has ten, and for one service...3 (Manager 1, Public authority)

Table 27: Map of social and integrated health-social services by the state budget – Ruzhintsi (BG)

Social service	Maximum beneficiaries
1. Information and counselling (specialised service)	14
2. Assistant support	40
3. Residential care for adults with physical disabilities	51
4. Residential care for adults with dementia	15
5. Residential care for older people of working age without disabilities	23
6. Integrated health-social service for residential care of older people unable to self-care and in need of continuous medical care	27
7. Providing shelter for people in crisis situations	15
8. Providing shelter for adults affected by domestic violence and victims of trafficking	10

Source: Appendix No. 5 of the National Map of Social Services

The municipality operates also three delegated state programmes: “Hot Lunch,” serving 550 people, and employment initiatives such as “Retirement Assistance” and “Youth Employment+.” These programmes are co-financed by the European Social Fund Plus (ESF+).

Moreover, the local authority manages social services, including homes for older people and “hot meal” programmes for vulnerable residents. Considerable investment has been directed towards improving local infrastructure, notably through EU-funded projects for rural development. For instance, recent programmes have enabled the renovation of several kilometres of municipal roads. Currently, 550 residents receive a daily hot meal through the municipal “Warm Lunch”.

“‘Warm Lunch’ service… We also participate in the labour office's ‘support for retirement’ programme. Separately, there is ‘youth employment’ and other programmes. But we work in almost all areas. This programme ‘support for retirement’ is under the Employment Promotion Act. The numbers are very small. They count how many years a person has left until retirement and that is how long they work. For this purpose, I apply to the Labour Office, they approve us and we hire the people. The salary and social security contributions come through the labour offices, i.e. from the Employment Agency, through the labour offices.” (Manager 1, public authority)

Because of the establishment of the community advisory board at local level, there are very active civil society initiatives. From the collected interviews, the SEO ‘Dignified Life 22’ stands as the best example. It operates on a volunteer basis, providing cultural, educational, and recreational activities for seniors. Its mission is to restore dignity and social engagement among older citizens through sports, excursions, lectures, and intergenerational events.

Technologically innovative initiatives in social care

Despite the promise of new, technologically driven initiatives, their sustainability is often undermined by a lack of long-term planning for integration into local community practice. Many pilot projects are launched without clear strategies for ongoing training or for designating who will manage the newly created processes and infrastructure. As a result, these innovations frequently remain isolated experiments rather than becoming permanent, effective solutions for rural and small municipalities.

"This bracelet is a simple black one. … We tested them for almost a month on ourselves, the staff, to see how long they last, how to charge them…Unfortunately, the Norwegian programme, which was pilot-funded, ended. We finished within a month. In fact, the state funded it for a few months at the end of last year. So it ended around the middle of the year, and the state provided additional funding until the end of May." (Formal carer B)

"But now the mayor will say that in Ruzhintsi local authority there is only one bracelet and no one to monitor it, right. ... Those who were there around the clock... They were there during working hours, 8 hours, but at other times there were people on duty in XXX who monitored what was happening. And this is a whole infrastructure, which is now literally shut down for a year. These are people who were trained."(Manager 1, public authority)

5.3.1 RECOMMENDATIONS FOR ENHANCING SOCIAL INITIATIVES IN RUZHINTSI THROUGH COLLABORATIVE APPROACHES

The implementation of the national mapping of social services in Ruzhintsi has revealed both the ambition and the structural challenges faced by local authorities in delivering comprehensive social care. While significant progress has been made, particularly in establishing residential services and community programmes, future success depends on adopting a more collaborative and sustainable approach. The following actions are recommended to strengthen the impact and longevity of social initiatives in the municipality.

Establish regional resource-sharing agreements

The initial plan to open 16 residential social services was scaled down due to the lack of qualified personnel, particularly graduate social workers. To overcome such limitations, Ruzhintsi should initiate formal agreements with neighbouring municipalities to share human resources and infrastructure. This would allow for joint operation of services and more efficient use of regional capacities.

Institutionalise community advisory boards and civil society participation

The success of the Community Advisory Board and the volunteer-led initiative "Dignified Life 22" demonstrates the value of civil society engagement. This organisation provides cultural, educational, and recreational activities for seniors, aiming to "restore dignity and social engagement among older adult citizens." Ruzhintsi should formalise the role of such boards in the planning and implementation of social services, ensuring that future initiatives are community-driven and reflect local needs.

Integrate technological innovations into long-term service frameworks

Technological pilot projects, such as the health-monitoring bracelet initiative, have shown potential but lacked sustainability. Future innovations must be supported by long-term funding, clear operational responsibilities, and integration into existing service structures. Training local staff and ensuring continuity beyond pilot phases will be essential for success.

Create joint planning committees across governance levels

The current process of mapping and implementing social services involves multiple layers of governance, often resulting in fragmented decision-making. A more coordinated approach is needed. Establishing joint planning committees that include representatives from local authorities, regional governors, and national agencies would streamline decision-making and ensure alignment between strategic goals and local capacities.

Expand and diversify employment programmes through multi-sector collaboration

While Ruzhintsi participates in various employment programmes, such as "Youth Employment+" and "Retirement Assistance," their limited scale restricts impact. To enhance these programmes, the municipality should collaborate with local businesses, educational institutions, and NGOs to co-design employment initiatives that reflect local economic conditions and provide broader opportunities for residents.

5.4 Allocation of resources and logistics in service delivery - Ruzhintsi Living Lab (Bulgaria)

The local authority provides transport for mediators and beneficiaries, though physical access remains difficult for older people, especially during extreme weather conditions.

> *"We have transport provided by the local authority. If someone needs to go somewhere, we accompany them, we have transport. If someone wants to do some purchasing essentials, if someone needs medical care, appointments are made. If necessary, we go to the GP to book an appointment with a medical specialist. Medicines are bought and so on. ... But for older people, getting around remains difficult, especially in bad weather."(Formal carer 2)*
>
> *"There needs to be a way, specialised transport for people with mobility difficulties... Not just individual wheelchairs, you can't have everyone in a wheelchair…" (Formal carer 3)*
>
> *"The transport problem is a major one. It is entirely underwritten and carried out by the local authority. We have purchased one van and one battery-powered car for use because the cost of fuel, the cost of the trip itself, has become too much…No, nobody uses their own transport, nobody is wealthy enough to afford such a thing. It is with us, and if I have a car or a driver, I go, if I don't have a car or a driver, nobody goes, they go the next day." (Manager 1, public authority)*

Another issue is the manual planning of schedule by carers themselves, who work several jobs across several villages. The carers did not cite any formal procedure for input of rostering of care services from care beneficiaries:

> *"I make my own schedule, who else would do it? I go to XXX every month, report, and it gets sent to the local authority. ... I plan the day before. Today at this house, with this woman, and this needs to be done…" (Formal carer 4)*

Another concern raised by caregivers is the lack of fair compensation for the demanding nature of their work. Many report that their efforts are not adequately reflected in their wages. The term *"systemic deficits"* has become a commonly accepted national standard, yet it often overlooks the real needs of care provision. This results in insufficient financial support and poorly aligned working hours. A particularly troubling issue is that many caregivers are officially registered for part-time weekday shifts, despite actually providing continuous, 24-hour care, seven days a week.

> *"The financial deficit and the people who assess a person's needs. 95 per cent of external assistance was for six hours instead of eight. 95 with external assistance, how much should it be at 100 with external assistance to be eight hours?... The incorrect assessment of the people who make the assessments themselves." (Formal carer 1)*
>
> *"One thing is the money. I will never get tired and I will do my job properly. But I think that the pay, even thoughit is for four hours, I have done this job for eight hours, but I've been with more people. But I think that the pay shouldn't be... Well, dear, what is 380levs? Yesterday I spent 250 on medicine, and what about the bills and food? No way! The hardest part of my job is in winter with the wood. The wood is raw and very heavy…" (Formal carer 4)*

The main bottom-up development suggestion is the need for small-scale social enterprises to create jobs and stimulate the local economy, as well as subsidised municipal transport on market days to improve accessibility for rural residents. Resource allocation strengths and weaknesses are summarised in Table 28.

Table 28: Resource allocation strengths and weaknesses – Ruzhintsi (BG)

Strengths	Weaknesses
Local authority provides transport for carers and beneficiaries	Physical access remains difficult for older people in bad weather
Municipal investment in vans and battery-powered vehicles	Transport dependent on vehicle and driver availability

Caregivers show initiative by self-planning schedules	No formal scheduling system for caregivers
Community suggestions for subsidised transport on market days	Caregivers often underpaid for actual workload
Bottom-up proposals for small-scale social enterprises	Incorrect assessment of care needs leads to underfunding

5.4.1 RECOMMENDED ACTIONS FOR RESOURCE ALLOCATION AND LOGISTICS TRANSFORMATION – RUZHINTSI

Expand municipal transport services

To address mobility challenges for older adults, the local authority should invest in specialised transport options. As one carer noted:

> *"Getting around remains difficult, especially in bad weather." (Formal carer 2)*

Providing accessible vans and rostering transport on market days can improve access to services and reduce isolation.

Introduce specialised mobility support

The local authority should pilot wheelchair-accessible vehicles and community transport schemes allowing for more independent mobility and access of services and social events for older adults. These services should be prioritised for those with limited mobility.

Improve transport reliability and coverage

Current transport is dependent on vehicle and driver availability in municipalities, often not accessible on short-term notice. A dedicated transport coordinator should be appointed to ensure timely and reliable service delivery.

Formalise scheduling procedures

Caregivers currently plan their own schedules across multiple villages. A centralised rostering system should be introduced to optimise routes and ensure equitable workload distribution.

Align pay with actual workload

Caregivers often work beyond their contracted hours. Pay structures should reflect actual hours worked and include compensation for overtime, travel and physical labour.

Review assessment criteria for care needs

Incorrect assessments lead to **underfunded** care. Assessment protocols should be revised to better match care needs with support levels and allow for carer feedback and input into planning of care services

Support local social enterprises

To stimulate the local economy and create jobs, small-scale social enterprises should be supported. The main bottom-up development suggestion is the need for small-scale social enterprises. Municipal grants and training programmes can help launch these initiatives.

Provide subsidised transport on market days

To improve accessibility, the local authority should offer subsidised transport on market days. This would enable rural residents to access essential services and participate in community life.

6. Cross-country knowledge exchange opportunities

Table 29 presents an initial mapping of practices with potential for cross-country transfer, adaptation, or co-development within the SONYA Living Labs. The analytical approach draws on established innovation models that examine how knowledge and practices circulate across organisational and sectoral boundaries (Braun & Clarke, 2006; Carlile, 2004; Tortoriello et al., 2012). These perspectives highlight that the movement of know-how may take several forms: *transfer*, when codified practices can be replicated across contexts; *translation*, when practices are reinterpreted to fit local institutional or cultural settings; and *transformation*, when new solutions emerge through collaboration and co-design. More recent research on social innovation expands this view by emphasising participatory, user-centred experimentation as a source of systemic learning and value creation (Baran, 2020).

Applying this approach to SONYA's network allows early identification of *who possesses* relevant know-how (knowledge holders) and *who may benefit from it* (potential adopters), before specifying whether exchanges will occur through direct transfer, contextual translation, or co-designed transformation. Table 29 highlights preliminary opportunities where experience or technical know-how developed in one Living Lab, such as participatory governance tools or volunteer coordination models, could inform and strengthen initiatives elsewhere. It also points to practices that are not yet formalised and may therefore require joint experimentation. By linking practices to the actors who could lead or adopt them, the table provides an early overview of emerging knowledge flows and collaboration pathways within the SONYA network.

Overall, the preliminary mapping provides a foundation for understanding how know-how and practices may circulate across the SONYA Living Labs. Further reflection with partners will help refine the picture of existing and emerging practices, their potential for transfer or adaptation, and the roles different actors may play in these exchanges. The analysis also points to the importance of considering contextual factors, such as governance settings, cultural norms, and resource availability, that influence how learning and collaboration unfold across countries.

Table 29: Cross-country knowledge exchange opportunities

Practice / Initiative	Knowledge Holder	Knowledge Seeker	Level of Dev.	Notes / Examples
1 Governance				
Leadership of multi-actor consortia in social care	IT, Scientific partners	ES +BG	Emergent	Existing practice in IT, SEOs; Leadership training modules;
Joint workshops planning for innovation with public-private actors	ES, IT, Scientific partners	IT, ES +BG	Emergent	Existing practice in IT and ES, SEOs with public authorities; Improve engagement of carers and users;
Multi-actor governance councils for social care	IT, Scientific partners	IT+ES +BG	Emergent	Existing practice in IT, SEOs
Shared digital infrastructure for governance and service coordination	IT, ES, Scientific partners	IT+ES+BG	Not yet developed	

Practice / Initiative	Knowledge Holder	Knowledge Seeker	Level of Dev.	Notes / Examples
2 HRM Practices				
Training and recognition of older adults as volunteer peer leaders and local coordinators	IT, Scientific partners	IT+ES+BG	Emergent	Digital training to use tools for class enrolment, SEO (socio-cultural sector), IT
Mental health/training support for carers	IT, ES, Scientific partners	IT+ES+BG	Emergent	Existing training in SEOs, IT, ES
Feedback mechanisms for decent work and quality of care service delivery	IT, Scientific partners	IT+ES+BG	Emergent	
Programmes that encourage young people to volunteer within their communities	IT, ES, Scientific	IT+ES+BG	Emergent	Programmes exsist, but weak connections with social care service SEOs with deep knowledge of older adult needs
3 Social Care Initiatives				
Mountain/rural outreach with participatory co-design of socio-cultural initiatives	IT, Scientific partners	IT+ES+BG	Emergent	Participatory co-design practices of adult education services - SEO (socio-cultural sector), IT
Methods for territorial mapping of services to connect local actors with prospective users	IT, Scientific partners	IT+ES+BG	Not yet developed	Practice of sharing of records of potential users between public authorities and SEOs (IT); Project funding in IT (now at planning stage)
Hybrid (virtual and in-person) service delivery for social inclusion of older adults	IT, Scientific partners	IT+ES+BG	Emergent	Hybrid mode older adult classes in Trentino, SEO (socio-cultural sector)
Maintenance of social services with local cooperative shops as (SIEG) under EU law	IT, Scientific partners	IT+ES+BG	Emergent	Present in some local communities in Trentino
Visibility of public, private and SEO age-friendly	ES, Scientific partners	IT+ES+BG	Not yet developed	

Practice / Initiative	Knowledge Holder	Knowledge Seeker	Level of Dev.	Notes / Examples
intergenerational services				
Digitally-driven local social safety net	ES, Scientific partners	IT+BG	Emergent	RuralTec project - SEO (FO), ES
Sustainability and impact assessment of services	Scientific partners	IT+ES+BG	Not yet developed	
Training and support for older adults to access social care services and aids	BG,IT Scientific partners	IT+ES+BG	Emergent	Legal and practical help to access services, SEO (ASA) in BG
Mapping of user socio-emotional needs for social inclusion	ES, Scientific partners	IT+ES+BG	Emergent	Psychological expertise and experience in SEO in ES
4 Allocation of resources & logistics in service delivery				
Geographic clustering and localised scheduling	IT, Scientific partners	IT	Emergent	Analysis of distance between user and carer
Smart scheduling tools and digital platforms	Scientific partners	IT	Not yet developed	
Coordination of public collective transport with care transport for ad-hoc service delivery	IT, Scientific partners	IT+ES+BG	Emergent	Analysis of public transport schedule in planning of service, SEO (socio-cultural sector)
Assessment methodologies for logistical planning	IT, Scientific partners	IT+ES+BG	Emergent	Analysis of travel time, SEO (care service sector), IT

Legend:

Knowledge holder: *Knowledge holder who owns deep contextual or technical know-how.*

Knowledge seeker */ potential adopter: Wants to apply that know-how in a new setting, potential adopter of existing know-how through adaptation.;* ***IT****: Trentino Living Lab led by FTC (Consolida);* ***ES****: Alto Turia Living Lab led by FO;* ***BG****: Ruzhintsi Living Lab led by ASA*

Level of development of practice: Emergent *- emergent in some contexts, but needs refinement to scale up, improve effectiveness and adapt for other contexts; Not yet developed and requires collaboration for co-design*

7. Conclusion

This guide, developed within the framework of the SONYA project, serves as a resource to support the participation of Social Economy Organisations (SEOs) in rural social care ecosystems across Europe. Its primary aim was to identify and promote best practices that enhance the inclusion, sustainability, and effectiveness of social care services in geographically dispersed and demographically ageing communities. Drawing on fieldwork conducted in Trentino (Italy), Alto Turia (Spain), and Ruzhintsi (Bulgaria), the guide offered a comparative analysis of governance structures, human resource management, service delivery logistics, and community engagement strategies.

Across these three national contexts, several shared recommendations emerged. One of the **most consistent themes** was the need for integrated **governance** models that bring together public authorities, SEOs, health services, and community actors. In all three countries, fragmentation between health and social care systems was a persistent challenge, and the guide encouraged coordinated planning and joint decision-making to overcome these divides. Similarly, the recruitment, retention and training of care workers were pressing issues across the three national contexts. The guide recommended harmonising pay structures, improving working conditions, and recognising informal learning as key strategies to build a more stable and motivated workforce.

Volunteers and informal carers play a vital role in sustaining rural care systems, and their contributions should be acknowledged and supported through proposed incentives, training programmes, and recognition mechanisms. Mobility and scheduling challenges, particularly in mountainous or remote areas, are also common across the three Living Labs. The guide suggested practical solutions such as geographic clustering of care assignments, digital scheduling tools, and institutional support for transport to reduce commuting burdens and improve service efficiency.

Participatory planning and feedback mechanisms were also another area of convergence. In each country, there is a growing recognition of the importance of involving end-users, carers, and community members in the design, evaluation, and adaptation of care services. Whether through advisory boards, community forums, or digital platforms, the guide emphasised the value of inclusive and responsive governance.

In terms of best practices, each Living Lab offers unique contributions. Trentino stands out for its cooperative governance structure and the Lifelong Learning Hub, which empowers older adults as peer leaders and supports an array of different service delivery. The region’s legislative autonomy has enabled tailored policies that strengthen the role of SEOs in care provision. Alto Turia, meanwhile, demonstrates the power of community-based innovation through initiatives like Punto Mayor, Cuidar al Cuidador 360, and Voces en Red. These programmes integrate digital tools, emotional support, and volunteer networks to create a resilient and inclusive care system. In Bulgaria, Ruzhintsi showcases the potential of grassroots engagement through its community advisory board and informal care networks. Despite limited resources, the municipality has implemented a diverse array of social services and employment programmes, reflecting a strong civic commitment and adaptability.

Taken together, these insights form a rich multi-disciplinary knowledge and experience, which should inform policy and practices across Europe. The guide not only documents what works but also encourages cross-country learning and adaptation. It highlights that while successful models must be contextually grounded, they can inspire transformative changes when shared thoughtfully and collaboratively by fostering a culture of mutual learning and innovation.

***

References

Akhter, S. (2022). Key informants' interviews. In *Principles of social research methodology* (pp. 389–403). Springer.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: Strengthening its practice. *Annual Review of Public Health, 29*(1), 325–350.

Dwyer, P., & Hardill, I. (2011). Promoting social inclusion? The impact of village services on the lives of older people living in rural England. *Ageing & Society, 31*(2), 243–264.

European Commission. (2019). *Active Ageing Index: Analytical report* (p. 80). European Commission.

Polak, L., & Green, J. (2016). Using joint interviews to add analytic value. *Qualitative Health Research, 26*(12), 1638–1648.

Szulc, J., & King, N. (2022). The practice of dyadic interviewing: Strengths, limitations and key decisions. *Qualitative Research in Psychology, 23*(2).

Tortoriello, M., Reagans, R., & McEvily, B. (2012). Bridging the knowledge gap: The influence of strong ties, network cohesion, and network range on the transfer of knowledge between organisational units. *Organisation Science, 23*(4), 1024–1039. https://doi.org/10.1287/orsc.1110.0688