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SOSPHERE

D.1.1.1 Mapping and analysis report

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Table of contents

Introduction 3
About SOSPHERE 3
1. Mapping services of general interest across three Central Europe regions 4
1.1. Objective of the mapping and methodological framework 4
1.2. Desk research 5
1.3. Interviews 6
1.4. Focus group 8
2. Regional overview and key findings 9
2.1. Croatia 9
2.1.1. Key findings from the desk research 9
2.1.2. Key findings from the interviews 23
2.1.3. Key findings from the focus group 25
2.1.4. Integrated analysis and identification of main strengths and gaps 26
2.2. Italy 28
2.2.1. Key findings from the desk research 28
2.2.2. Key findings from the interviews 33
2.2.3. Key findings from the focus group 36
2.2.4. Integrated analysis and identification of main strengths and gaps 37
2.3. Slovenia 39
2.3.1. Key findings from the desk research 39
2.3.2. Key findings from the interviews 46
2.3.3. Key findings from the focus group 48
2.3.4. Integrated analysis and identification of main strengths and gaps 50
3. Cross-regional insights 51

3.1. Comparative analysis of key findings..... 52

3.2. Cross-cutting critical issues 55

4.Conclusion: cross-cutting systemic challenges and shifting socio-demographic patterns..... 57

Annex 1 A.1.1-Mapping local social services Template

Annex 2 A.1.1-Set of questions for the managerial figure/Set of questions for the operational figure

Annex 3 A.1.1- Script and question for conducting the focus group

Introduction

This deliverable presents the results of the mapping and needs assessment activities carried out within the framework of A 1.1- Mapping Local Services of General Interest and Assessing Citizens' Needs, which sets the groundwork for the set of activities constituting WP1- Assessing Needs and Identifying Multisectoral Services in Peripheral and Lagging Areas.

The mapping activity was specifically designed to provide an up-to-date overview of the social and healthcare services available across the territories involved in the project, namely the City of Labin (Croatia), the Santa Bona district in the Municipality of Treviso (Italy), and the Municipality of Beltinci, Slovenia

Complementing this, the needs assessment aimed at evaluating these services through the analysis of a set of domains that are crucial to measure their accessibility and usability for population groups most at risk of exclusion and marginalisation, including older people, frail individuals, and those at risk of frailty.

The document outlines the methodological framework underpinning the study and provides a comprehensive account of the data collected in each territory. It then proposes a comparative analysis intended to identify both shared characteristics and common critical issues across the investigated regional contexts.

The outcomes of this activity represent a crucial first step towards the development of the one-stop-shop model, which stands at the core of SOSPHERE. Indeed, within the scope of the project, locally implemented one-stop-shops are designed to facilitate access to and use of social and healthcare services for vulnerable population groups, thereby cto contribute to the overarching goal of ensuring that no one is left behind.

In this perspective, acquiring a thorough understanding of the locally available services, their characteristics, and the challenges they currently face, alongside a careful examination of the needs and barriers experienced by citizens in accessing them, it is essential to ensure that the one-stop-shops are firmly grounded in the local context and capable of delivering accessible, effective, and needs-driven solutions.

About SOSPHERE

The SOSPHERE project (Solutions for Optimal Service Provision and Health Equity in Remote Environments) addresses a long-standing challenge faced by many regions in Central Europe: the uneven and often inadequate access to essential health and social services in remote, peripheral, rural, and socio-economically disadvantaged areas. Although such services may formally exist, citizens frequently do not make use of them due to fragmented information, limited digital skills, a lack of coordinated support systems, complex administrative procedures, and, in some cases, low levels of institutional trust.

In response to this, SOSPHERE introduces a codesigned model of local one-stop shops, created in close partnership with public authorities, service providers, civil society organizations, and community members. The project seeks to reduce inequalities in access to services of general interest by offering tailored information, guidance, referral pathways, and a welcoming space where people can find clear answers and meaningful support. Additionally, SOSPHERE aims to reinforce the ecosystem of actors involved in health and social care, fostering transnational knowledge exchange and strengthening governance structures across regions.

1. Mapping services of general interest across three Central Europe regions

This chapter outlines the objectives and methodological approach adopted to carry out the mapping and needs assessment across the three pilot areas: the City of Labin in Croatia, the district of Santa Bona in Treviso (Italy), and the Municipality of Beltinci in Slovenia.

The first paragraph provides an overview of the overall methodological framework, presenting the rationale behind the choice of the approach adopted to carry out the activities, while the following ones offer a more detailed presentation of the specific methodologies adopted within each phase of the data collection.

1.1. Objective of the mapping and methodological framework

The overall objective of the mapping and assessment activities was to develop a comprehensive understanding of the provision and accessibility of health and social services in the pilot areas, while simultaneously bringing to light the needs of the project's target population groups, namely older people, frail individuals, and those at risk of frailty. In this perspective, achieving an extensive and multi-dimensional understanding of the structure and functioning of services at the local level was considered essential, not only to enable an accurate identification of critical issues requiring intervention, but also to detect and valorise existing strengths within the service system.

To pursue this objective, the methodological approach adopted was structured as a sequential and interrelated three-step process. It consisted, first, of an initial mapping of existing services aimed at establishing a comprehensive overview of the local service landscape; second, of a subsequent assessment of the mapped services, intended to examine their accessibility, quality, scope and effectiveness; and third, of a needs assessment designed to capture and articulate the perspectives and experiences of the target population groups

This approach was grounded on a qualitative and participatory-inspired perspective, to better capture the complexity of local service systems and the lived experiences of citizens. It reflected the recognition that, although in the pilot areas services may formally exist, they often remain underused due to barriers such as fragmented information, limited accessibility, and, in some cases, weak coordination among providers. Consequently, the methodological design prioritised the inclusion of multiple perspectives in order to identify not only what services are available, but also how they are perceived, accessed, and experienced in practice.

This choice was also closely linked to the strategic objective that stands at the root of the project, namely supporting the development of local one-stop shops, which are intended to function as orientation-point to the service systems. To fulfil this effectively, the development of the one-stop-shop model needs to be informed by a robust and multidimensional evidence base capable of highlighting both systemic gaps and user needs.

A qualitative and participatory posture in conducting mapping and assessment was therefore considered as a necessary condition for ensuring that the resulting solutions, first and foremost the one-stop-shop model, are responsive, inclusive, and adaptable to different territorial contexts.

Within this conceptual framework, the selected methodologies- desk research, interviews, and focus groups- were intended to operate in a complementary manner. Desk research constitutes the foundational step, allowing for systematic mapping of services operating at each pilot area, primarily conducted through the collection and examination of documentary sources. Its relevance lies in its capacity to generate a comprehensive overview of the institutional landscape, including service providers, types of support offered, and access modalities. However, while this method is effective in outlining the formal structure of

service provision, it does not allow to explore the concrete dynamics related to accessibility, quality, or actual use.

For this reason, the mapping phase was followed by an in-depth assessment based on interviews with service providers' representatives. This methodological choice reflected the need to move beyond surface-level descriptions and engage directly with the actors responsible for service planning and delivery. By involving in the interview both managerial and operational staff, the approach aimed at ensuring that different layers of service functioning were considered, from governance and organisational dynamics to day-to-day practices.

Finally, focus groups were utilised as a key step to carry out the needs assessment and to further enrich the analytical framework by incorporating the perspectives of service users. The decision to use this method is grounded in the recognition that citizens are uniquely positioned to articulate the practical challenges they face and to reveal discrepancies between the formal provision of services and their actual capacity to respond to citizens' needs.

A key feature of the methodological approach presented above is the adoption of standardised research tools and procedures, designed to ensure consistency in data collection across pilot sites while also enabling meaningful comparative analysis across diverse territorial contexts.

Such consistency is a fundamental prerequisite for developing a one-stop-shop model that is coherent and in its core features, yet sufficiently flexible to be adapted to the specific conditions of different pilot areas. In this respect, defining the model requires a clear identification of common elements and shared challenges related to the provision of health care and social services across the Central European pilot areas. These aspects contribute to form the foundation for establishing the model's essential structural components.

At the same time, the model's effectiveness at the local level depends on its ability to respond to context-specific conditions, including socio-institutional frameworks, local dynamics of service planning and delivery, and emerging population needs. Strong anchoring in the local context is therefore not only desirable but essential to ensure the relevance, sustainability, and overall impact of the proposed model.

Therefore, within this framework the adoption of standardised procedures serves not only to harmonise data collection but also to support a comparative analytical logic, enabling the identification of both recurring patterns and context-specific variations across pilot sites. This dual capacity is crucial for assessing the extent to which the model can be effectively transferred and adapted to other regions, thereby reinforcing its applicability within the broader Central European context.

1.2. Desk research

The mapping phase constituted the first step of the analysis, aimed at building a comprehensive overview of the health and social services available at the local level.

This activity was carried out through desk research, consisting of the systematic collection and analysis of information from a wide range of sources, including institutional documents, organisational websites, reports, and grey literature.

The mapping focuses on collecting information on crucial aspects of the service health and social care system at each pilot area, specifically:

- service providers operating within each pilot area;
- types of services offered and the needs they address;
- population target groups;
- access modalities, including both in-person and digital channels.

The mapping phase therefore serves as the foundational dataset for the subsequent analytical steps, enabling a first structured understanding of the breadth and variety of existing services.

To support this process, a standardised mapping template was developed to ensure that information was collected in a structured and harmonised way across all pilot sites, facilitating comparability and highlighting both local specificities and common patterns.

More specifically, the template was designed as a structured data collection tool to support the systematic identification and analysis of local health and social services targeting older adults and individuals in conditions of frailty, encompassing a set of analytical dimensions aimed at capturing both the organisational features of services and the factors influencing their accessibility and use, such as:

- service identification and governance, including the name of the service, the commissioning body, and the implementing provider;
- organisational characteristics, such as the type of provider, the geographical scope of service delivery, and the continuity of provision;
- service content and typology, covering objectives, activities, and classification of services (e.g. community-based, residential, telecare);
- target groups and access conditions, including beneficiaries, eligibility criteria, and potential user contributions;
- accessibility and access modalities, with particular attention to information channels, procedures for service activation, and the presence of logistical or physical barriers.

(For further information, see Annex 1- A.1.1 Mapping local services Template)

1.3. Interviews

The second step of the mapping and assessment process aimed to complement the initial desk research by providing in depth insights on the service mapped. This was reached through the conduction of interviews aimed at evaluating service accessibility, usage, quality, and effectiveness, while identifying gaps, barriers to access, and potential causes of underuse or inefficiency.

Two representatives from the services mapped were interviewed: one managerial figure and one operational figure. This approach was intended to capture two complementary perspectives on the same service: a managerial viewpoint offering a broader, strategic overview, more attuned to governance and policy aspects; an operational viewpoint grounded in the daily practices that are part of the service provision. This dual perspective was designed to identify areas of continuity and convergence, as well as discrepancies in how the two roles interpret the service, thus offering a more comprehensive understanding.

The interviews, developed in a semi-structured format, were primarily based on a qualitative approach. The majority of the questions were common to both respondent profiles, in order to ensure comparability of perspectives and only few role-specific ones were developed to capture insights unique to each function.

The design of the interviews was organised into five thematic domains:

1. **Effectiveness and efficiency**: With regard to effectiveness, the questions addressed to the managerial profile aimed to identify the factors that either undermine or enhance the service's overall performance. In parallel, the question directed at the operational profile focused on the effectiveness of daily practices, examining the extent to which routine activities adequately respond to the concrete needs encountered in everyday work. Efficiency was assessed through a single question posed to both respondent groups. In this context, efficiency was defined as the time elapsed between a user's request to access the service and the moment they are effectively taken

into care. This measure represents a key indicator of service performance and plays a significant role in shaping the relationship between the service and its users. Beyond their evaluative function, these questions were also aimed at providing valuable first-hand insights into the purpose and functioning of the service;

2. **Accessibility**: In order to remain aligned with the project's scope, accessibility was conceptualised along three main dimensions: a) the clarity, simplicity, and user-friendliness of information regarding the service and its access criteria; b) the effectiveness of the communication channels adopted by providers to disseminate such information; and c) the ease with which users can physically access the service premises.

   The questions explored both strengths and weaknesses associated with these dimensions. Most of them were addressed to both managerial and operational profiles, while a limited number of role-specific questions were included to capture distinct perspectives.

   Questions targeting the managerial profile primarily focused on the physical and digital reachability and accessibility of the service. In contrast, those addressed to the operational profile aimed to identify the main difficulties encountered by citizens/users when seeking information and attempting to access the service, also exploring their levels of digital literacy.

   This differentiation reflects the institutional context in which physical and digital accessibility are largely governed by national and European regulatory frameworks and therefore fall predominantly within the managerial domain. At the same time, everyday practical challenges and user-specific barriers are more readily observed by operational staff, who maintain direct and continuous contact with service users;

3. **Frequency of use and coverage**: Within this framework, frequency of use was defined as the number of individuals accessing the service within a given time period, whereas coverage referred to the proportion of the target population reached in relation to those who would potentially require the service. In this sense, coverage extends beyond the geographical scope of provision, encompassing the share of eligible users who are effectively reached among those meeting the relevant criteria.

   The questions were designed to explore these two dimensions in depth. In particular, where service coverage appeared insufficient relative to potential demand, they aimed to identify the underlying factors contributing to this gap. These may include limitations in the territorial scope of the service, insufficient organisational capacity to accommodate and respond to requests, or a low level of expressed demand despite the presence of eligible users. Given the complexity of service provision contexts, the determinants of limited coverage are often multifaceted, and additional factors may emerge depending on the specific characteristics and operational conditions of each service;

4. **Quality of service delivery**: The International Organisation for Standardisation (ISO) defines the quality as "the degree to which a set of inherent characteristics of a service fulfils requirements"[1], including customer, regulatory, and performance requirements. In other words, a service can be considered of high quality when it meets the actual needs of its users and operates in line with its purpose. Multiple factors contribute to the overall quality of service delivery. Some of these factors are explicitly addressed in other sections of the interview (e.g., service effectiveness, accessibility), while others fall outside the scope of the project. For this reason, questions focused specifically on one key determinant of service quality, that is user satisfaction. The questions for managers and frontline staff were therefore designed to explore the level of satisfaction among citizens and, particularly, among service users and their families.

[1] ISO 9001:2015 Quality management systems — Requirements, (Edition 5, 2015).

5. **Additional issues**: This section was intended to sound and record any further information or issues emerged during the interview which was not covered by the preceding sections and questions.

This structure was intended to ensure consistency across interviews while allowing flexibility to explore specific issues in depth, in line with the project's focus on improving citizens' access to services.

(For further information, see Annex 2- A. 1.1- Set of questions for the managerial figure/Set of question for the operational figure)

1.4. Focus group

The focus group constituted the final stage of the mapping and needs assessment process and was designed to capture the perspectives, experiences, and needs of the target population, namely older individuals, frail people, those at risk of frailty, and, where relevant, their formal and informal caregivers. Its primary objective was to complement the evidence gathered through desk research and interviews with service providers by incorporating the viewpoint of service users, thereby enabling a more comprehensive and multidimensional understanding of service provision. In this sense, the focus group aimed to:

- Identify barriers to access;
- Assess the adequacy and effectiveness of existing services;
- Highlight potential mismatches between service design and users' actual needs.

The structure of the focus group was organised into a sequence of interrelated phases to progressively guide participants from a general reflection on local services to a more focused discussion on specific issues.

- An introductory moment aimed at presenting the project, clarifying the objectives of the activity, and establishing a common understanding of the discussion framework;
- An exploratory moment, in which participants were invited to share general perceptions and experiences regarding the availability and functioning of services in their local context;
- An analytical moment, centred on selected services identified as particularly relevant or critical through prior mapping and interviews; in this phase, participants were encouraged to reflect on aspects such as coverage, accessibility- understood in its informational, digital, and physical dimensions- and perceived effectiveness;
- A conclusive moment, with an open-ended segment to allow participants to raise additional issues, unmet needs, or bring to the table experiences and difficulties encountered with services not previously considered.

(For further information, see Annex 3- A.1.1 Script and questions for conducting the focus group)

2. Regional overview and key findings

This chapter presents the results of the mapping and needs assessment activities conducted in the three pilot sites: the City of Labin, the Santa Bona district, and the Municipality of Beltinci. Specifically, for each pilot area, an overview of the mapping is provided, offering a set of core information regarding the types of services covering the territory, the target population groups they address, and their characteristics in terms of governance. This overview is followed by the presentation of the mapped services, each of them accompanied by a brief description. The information collected through interviews with institutional representatives is then presented, and finally, the findings emerging from the focus groups are outlined.

2.1. Croatia

In Croatia, the mapping and needs analysis activities were carried out by the **City of Labin**. Alongside services operating within the municipal area, the research also encompassed services located in neighboring municipalities, with which the City of Labin maintains close collaboration and synergy in service planning and delivery.

A total of **34 social and healthcare services** were mapped, addressing a **wide and diverse range of vulnerable population target groups**, including: older adults, persons with physical disabilities and mental health conditions, individuals and families experiencing financial vulnerability, children and children with disabilities, single parents, and women and children who are victims of violence.

A total of **19 interviews** were subsequently conducted with both managerial and operational staff from the majority of the service providers delivering the services mapped.

Finally, **three focus groups** were carried out, respectively involving **single parents and beneficiaries of social programmes**, **older people**, as well as **people with disabilities and parents of children with disabilities**.

2.1.1. Key findings from the desk research

The service landscape in the City of Labin is characterised by a diverse and composed system of social, health, and community-based services, delivered through a combination of public institutions, non-governmental organisations, and private providers. The services mapped are aimed to promote social inclusion, health, well-being and autonomy of the population, reserving a particular attention to vulnerable groups, such as older adults, disabled people, children with disabilities and developmental risks.

Presented below is a comprehensive overview of service typologies, target groups, and categories of providers.

Typology of services

The services mapped can be grouped into the following categories:

- **Healthcare and home-based care services**, including emergency medical services, home nursing care, rehabilitation, and early developmental interventions;
- **Social care and assistance services**, covering financial support, housing subsidies, food aid, and administrative assistance;
- **Community-based and non-institutional care**, with a high representation of home care, home help, and mobile support services, aimed at enabling beneficiaries to remain in their living environment while receiving assistance with daily living, personal care, and social participation;

- **Residential and semi-residential services**, including institutional accommodation for older adults and people with disabilities and mental disabilities, as well as day-care and half-day programmes;
- **Psychosocial support and counselling**, encompassing a wide range of services, from individual and group counselling to mental health support, and psychosocial rehabilitation, addressing issues such as addiction, emotional well-being, family difficulties, and social reintegration;
- **Preventive and educational activities** consisting in various programmes and activities focus on health promotion, awareness-raising, and prevention of gender-based violence and addiction.
- **Protection and crisis support services**, such as specialised interventions for victims of violence and crime, offering shelter, legal advice, and psychological support.

Population target groups

The service system targets a wide spectrum of population groups, with particular attention to vulnerable and at-risk individuals:

- **Older adults**, especially those with reduced autonomy or living alone and at risk of social isolation;
- **People with disabilities**, including physical, intellectual, sensory, and degenerative conditions;
- **Individuals with chronic illnesses or mobility limitations**, including palliative care patients;
- **Children and youth**, particularly those with developmental risks or exposed to social criticalities;
- **Families**, in particular those experiencing socio-economic or psychosocial difficulties;
- **People with addictions**, especially individuals recovering from alcohol dependency;
- **Victims of violence and crime**, in particular women and children;
- **Individuals at risk of poverty or social exclusion**, including unemployed people and low-income households;
- **Professionals in social and care sectors**, supported through targeted programmes addressing occupational stress.

Types of providers

Service provision in Labin is characterised by a multi-actor governance model, involving:

- **Public sector institutions**, including municipal departments in charge of social services, healthcare institutions, and residential facilities receiving public funding;
- **Non-governmental and third-sector organisations**, which play a key role in community-based service delivery, particularly in psychosocial support, home care, advocacy, and prevention;
- **Private providers** that offer limited but important contributions, in particular in the form of support provided by private practitioners in healthcare services, such as home nursing;
- **Collaboratively provided services**, based on the cooperation between municipalities and non-governmental and third-sector organisations.

The following section presents the mapped services. For each service, a description is provided to offer a concise yet comprehensive overview of its purpose, specific features, and characteristics.

Rehabilitation and social reintegration of individuals affected by alcohol addiction

This set of services is delivered by the Association of Treated Alcoholics "Centar" Labin, a non-governmental organisation providing local support services aimed at the rehabilitation and social reintegration of individuals affected by alcohol addiction, as well as their family members. The service focuses on counselling, ongoing support to maintain abstinence, and assistance in overcoming addiction-related difficulties, functioning as a continuation of treatment following hospital or outpatient care.

Operating primarily at the local level, the association serves the Labin area as well as surrounding municipalities and is financed through public funding mechanisms and membership fees. These fees are relatively low and differentiated according to users' socio-economic status.

Activities are mainly delivered through in-person interactions, including weekly group meetings and individual consultations, ensuring continuous and long-term support.

Beneficiaries include individuals who have completed formal treatment, those considering entering treatment, and families coping with alcohol-related issues. The service is accessible by attending weekly meetings held at a fixed location, or by contacting the association via email or telephone for further information and initial engagement.

Home care and assistance service- Association for the Care of the Elderly and Disabled "Dodir nade" (Touch of Hope)

Home-care and assistance services are delivered by the Association for the Care of the Elderly and Disabled "Dodir nade" (Touch of Hope), a non-governmental organisation operating in the Labin area that provides services aimed at improving the quality of life, social inclusion, and autonomy of older adults, frail individuals, and persons with disabilities. Its activities are primarily oriented towards supporting vulnerable groups within their home environment, promoting non-institutional care, and fostering active aging through both care services and community-based initiatives.

Assistance is provided by a multidisciplinary team including caregivers, gerontohomemakers, and nurses. This service comprises a broad range of support, including personal care, household assistance, basic healthcare, psychosocial support, and help with administrative tasks, thereby enabling beneficiaries to maintain independence and remain in a familiar environment. It is targeted at individuals over the age of 65 and adults with disabilities who require assistance due to health or social conditions.

The service is offered free of charge to users with limited financial means, as it is funded through regional and local public authorities as well as donations. Access can be activated through direct contact with the association via telephone or website, or through local social services and public institutions.

"Silver Network" program - encouraging active aging

The Association for the Care of the Elderly and Disabled "Dodir nade" (Touch of Hope) also implements the "Silver Network" programme, which focuses on promoting active aging and reducing social isolation among older adults. This initiative includes social, cultural, and educational activities such as excursions, workshops, and community gatherings, aimed at enhancing participants' well-being and strengthening social connections. The programme is also provided free of charge and can be accessed through direct contact with the association.

Administrative support for people with disabilities- Association of People with Disabilities Labin

A wide range of support activities aimed at promoting the rights, inclusion, and well-being of persons with disabilities and their families are provided by the Association of People with Disabilities Labin, an NGO operating within the Labin area and surrounding municipalities. Its activities focus on offering administrative

assistance, facilitating access to rights and entitlements, providing disability aids and medical equipment, and organising educational initiatives such as lectures on health protection, rehabilitation, and prevention delivered by qualified external professionals.

The service is primarily targeted at association members and their families, and is financed through a combination of public funding, donations, and membership contributions. Access is therefore linked to membership in the association. Services are delivered both at the association's premises and, when necessary, directly at users' homes, ensuring a degree of flexibility in responding to individual needs.

Information about the service can be obtained by contacting the association directly at its premises in Labin or via telephone, and access is typically activated through in-person engagement with the organisation. Provision is continuous, allowing beneficiaries to receive ongoing support.

Social services for people with visual impairments- Association of the Blind of Istria County

The Association of the Blind of Istria County is a non-governmental organisation providing social services aimed at improving the quality of life of persons with visual impairments across the Istrian region. Its activities are oriented towards supporting the inclusion, well-being, and daily functioning of blind individuals, within a framework financed through public funding from national, regional, and local authorities.

The service is primarily targeted at individuals with severe visual impairments, defined by a very limited percentage of remaining vision, and is accessed through membership in the association. This entails an annual fee of approximately €20, which may vary according to the range of activities and users' financial conditions. Services are mainly delivered at the association's premises, although access to information and initial contact can also be established through multiple channels, including in-person visits, telephone, or email communication.

Support and cooperation network for victims and witnesses of criminal offenses

A variety of services aimed at supporting vulnerable individuals and promoting social awareness and prevention are offered by the Center for Civic Initiatives Poreč, a non-governmental organisation operating at the regional level in Istria County. Its activities are financed by a combination of national, regional, and local public authorities, and are delivered through a multidisciplinary team including psychologists, legal experts, and trained facilitators.

One of its core services is a support and cooperation network for victims and witnesses of criminal offences. This service offers comprehensive assistance, including emotional support, legal and psychological counselling, practical information on rights, and accompaniment during interactions with institutions such as courts, police, and social services.

The service is provided free of charge and is accessible through multiple channels, including telephone, email, online platforms, and in-person contact, ensuring flexibility and responsiveness to users' needs throughout all stages of the judicial process, from the period before reporting a crime to the phase following legal proceedings.

Preventive workshops for youth on gender-based violence

The Center for Civic Initiatives Poreč also implements preventive workshops focused on gender-based violence, targeting primarily young people but open to the wider population. These activities aim to raise awareness, promote education, and support the recognition and prevention of violence through structured training sessions delivered in various settings.

Access to these initiatives is facilitated through direct contact with the organisation, and the activities are generally funded by public institutions, making them free of charge.

Half-day stay

The Center for Inclusion and Support in the Community is a non-governmental organisation operating in the Labin area that provides social services aimed at supporting adults with intellectual disabilities. Its primary objective is to enhance beneficiaries' quality of life through the provision of structured daily activities and professional support, addressing both basic and additional needs that may not be adequately met within the family environment.

Its core service is a half day residential programme, consisting of organised activities delivered at the provider's premises for a duration of four to six hours per day. This service is designed to promote social inclusion, autonomy, and well-being through continuous assistance provided by qualified staff. It is implemented on a regular basis during weekdays and has been operating continuously since 2009, ensuring stability and long-term support for its users.

The service is funded through a combination of state and local government resources and is provided free of charge, thereby ensuring accessibility from an economic perspective.

Although specific access procedures and information channels are not explicitly detailed, the service is locally oriented and intended for residents of the Labin area and its surroundings, with participation typically activated through direct engagement with the organisation.

Administrative Department for Social Activities of the City of Labin

The Administrative Department for Social Activities of the City of Labin is a public service operated by the local government, responsible for implementing the municipal social programme and providing a wide range of welfare measures aimed at supporting individuals and families in situations of socio-economic vulnerability. Its activities are funded through the city budget and are intended to ensure access to essential services and financial support, thereby contributing to social protection and inclusion at the local level.

The service encompasses a broad spectrum of interventions, including financial assistance, subsidies for housing and utility costs, support related to education and childcare, home care services, healthcare support at home, and contributions to residential care for older people. Additional measures include emergency assistance, food support, and coverage of specific expenses such as transportation or medical aid. Access to these benefits is conditional upon meeting defined eligibility criteria, typically related to income level, disability status, or entitlement to other forms of social support. For eligible beneficiaries, services are provided free of charge.

Information about the programme and its components can be obtained through the official municipal website, by contacting the Administrative Department directly via telephone or email, or by visiting the city administration offices. Access to the service can be activated through multiple channels, including online applications, direct contact, or in-person visits, ensuring a relatively flexible approach to engagement.

"Medical Aid - Family Assistance" Program

The "Medical aid-Family assistance" program is a service that aims to support individuals with temporary or long-term health limitations through the rental of medical and assistive equipment for home use. The service is provided by the Croatian Red Cross - Red Cross City Society Labin.

It is accessible to the general population without strict eligibility criteria, although specific vulnerable groups-such as frequent blood donors, recipients of social assistance, and active volunteers-may benefit from free access. Costs vary depending on the type of equipment, with relatively modest monthly rental fees.

Information and access are ensured through multiple channels, including in-person contact, telephone, email, and the organisation's website. The service can be activated directly by users and is available on a continuous basis.

Social supermarket

The Croatian Red Cross - Red Cross City Society Labin also promotes the social supermarket, an important initiative aimed at addressing food insecurity and material deprivation among vulnerable individuals and families.

It provides free access to groceries and basic hygiene products, funded entirely through donations. Beneficiaries are selected based on socio-economic criteria, including low income, unemployment, and situations of social risk.

Access is granted following an initial assessment, typically conducted upon first contact. The service is accessible through direct engagement with the organisation, either in person or by phone, and includes the possibility of home delivery for individuals unable to travel. Operating on a regular schedule, the service ensures ongoing support until beneficiaries' needs are alleviated.

Psychosocial support, counseling and information, personal assistance service, organized transportation (and escort) for the needs of daily activities

Dystrophy Society of Istria provides a set of services of psychosocial support, counselling and assistance, designed to improve the psychological well-being and social inclusion of individuals affected by muscular dystrophy.

It includes psychosocial workshops, counselling sessions, personal assistance, and organised transportation to facilitate participation in daily and social activities. The interventions focus on strengthening emotional resilience, social skills, and peer support through both group and individual activities.

Access is typically activated through direct contact with the association via phone, email, or in person, and may also be mediated through institutional referrals. Costs may apply for certain activities, although they often depend on project funding availability. These services are generally time-limited, reflecting their project-based nature.

Emergency medical service

The emergency medical service is a public service, provided on a continuous basis and aimed at ensuring the delivery of urgent healthcare interventions and medical coverage. It is operationally implemented by a multidisciplinary team composed of emergency medicine specialists, physicians, nurses, and drivers.

Although primarily rooted in Labin, the service is characterised by a flexible territorial scope, extending its operations to other parts of Istrian County. This adaptability underscores its embeddedness within a broader regional healthcare system and highlights its contribution to strengthening inter-institutional coordination and emergency response capacity at the county level.

The service is provided free of charge to individuals insured by the Croatian Health Insurance Fund (HZZO), while non-insured users are subject to a regulated pricing scheme available at designated stations. Notably, access is not restricted to national residents but extends to all individuals present in the territory, including foreign visitors.

Due to its emergency-driven nature, the service can be delivered in different settings, depending on the necessity. It is accessible via phone, through a dedicated number. For information purposes, it is possible to make contact via email or by visiting the dedicated website.

Counseling and psychosocial support

Labin Healthy City, operating as a non-governmental organisation, provides a diversified set of psychosocial, educational, and professional support services primarily targeting the local community of the Labin area, with the possibility of extending participation to wider regional or national users depending on the specific initiative. Its activities are commissioned and funded through a combination of local government support - particularly from the City of Labin and neighbouring municipalities (Raša, Sveta Nedelja, Kršan and Pićan)-

project-based funding from national ministries and other sources, and, in some cases, user contributions regulated by internal decisions, although services may also be offered free of charge when covered by external funding.

A key area of intervention consists of counselling and psychosocial support services delivered by qualified professionals, including psychologists, social pedagogues, psychotherapy educators, and psychotherapists.

These services are primarily provided at the organisation's premises or through remote modalities, such as phone or online communication. They are aimed at families, children, young people, and adults, with the objective of improving quality of life, supporting the resolution of psychosocial difficulties, strengthening socio-emotional competencies, and promoting protective factors and responsible parenting practices.

Access to these services is open and can occur through self-referral, parental request in the case of minors, or referral by relevant institutions such as social welfare services or judicial bodies. Continuity of the service is ensured on a permanent basis. Information and activation are facilitated through the organisation's website, telephone contacts, and email communication.

Educational and preventive activities

Labin Healthy City is also responsible for the delivery of a broad range of educational and preventive activities, including training sessions, workshops, structured programmes, public lectures, participation in media initiatives, and the production of educational materials.

These activities, often carried out with the support of external collaborators, are oriented toward the promotion of mental health, prevention of risk behaviours and addiction, strengthening of professional competencies among helping professions, and raising awareness within the community regarding social and psychological challenges such as poverty, behavioural disorders, and marginalisation.

Service delivery is highly flexible, taking place at the provider's premises, remotely, in external locations, or within institutional settings such as schools or public bodies. Beneficiaries are typically defined by the objectives of specific projects, although participation may also be driven by expressed needs from institutions, professionals, or the community. These initiatives are generally temporary or occasional, reflecting their project-based nature.

POP- Helpers for helpers

Finally, Labin Healthy City is in charge of the POP – Helpers for helpers programme, which specifically targets professionals working in social welfare institutions and social service provision. This service is designed to support staff through group-based psychosocial workshops and, where necessary, individual support sessions, focusing on enhancing self-care, communication, teamwork, and coping strategies for occupational stress.

The programme is delivered by qualified professionals, including social pedagogues and psychotherapy educators, and may involve external supervision. It is primarily local in scope, although participation is open to individuals employed in relevant institutions within the Labin area regardless of residence.

Access is contingent upon expressed interest and the formation of a sufficient participant group, and the service is activated in collaboration with employing institutions. The programme is usually free of charge when funded by commissioning organisations or projects, but its availability is intermittent and dependent on demand.

Social assistance and support service- Municipality of Kršan

The Municipality of Kršan provides a comprehensive social assistance and support service implemented as part of its local Social Program, representing a public intervention delivered directly by the Unified Administrative Department. This administrative body is responsible for receiving and processing user

applications, assessing eligibility, managing decision-making procedures, and ensuring the disbursement of approved financial assistance, subsidies, and co-financing measures. Decision-making authority lies with the administrative department or the municipal mayor, with the involvement of the Committee for Social Affairs when required, while service implementation is supported through cooperation with educational, health, rehabilitation institutions, and non-profit organisations. The service is fully financed through the municipal budget.

The service operates primarily at the local level, targeting residents of the Municipality of Kršan, including Croatian citizens, foreign nationals, and stateless persons with permanent residence, although certain forms of support may extend beyond the municipal territory when required to ensure access to essential educational, health, or rehabilitation services. In general, users do not bear administrative costs, and the level of financial support provided depends on the specific type of right requested, the applicable regulatory framework, and the documentation submitted.

The scope of intervention is extensive and encompasses a wide range of financial and organisational support measures aimed at mitigating social, economic, health, family, and educational vulnerabilities. These include assistance with housing and utility costs, fuel subsidies, one-off financial aid, food vouchers, and targeted support for pensioners, unemployed individuals, and persons experiencing socio-economic hardship. Additional measures address the needs of families and children, including single-parent households, students, newborns and infants, as well as older people, persons with disabilities, and other vulnerable groups. The service also provides co-financing for medical aids, transportation, and other essential needs that contribute to users' well-being and quality of life.

Particular attention is paid to persons with developmental disabilities through a dedicated support mechanism that co-finances transportation costs to access educational, health, and rehabilitation institutions outside the municipality when such services are not otherwise covered. This component is contingent upon documented need, including proof of enrolment in treatment or professional recommendations. In addition, the Municipality finances preventive systematic examinations for four-year-old children, focusing on the early detection of speech and language disorders as well as reading and writing difficulties, and provides access to speech therapy services. These measures aim to ensure early identification of developmental challenges and timely inclusion in appropriate support pathways.

The service is delivered through multiple modalities, including in-person interaction at municipal offices, remote communication via email and other electronic means, and indirect provision through financial transfers or co-financing arrangements that enable access to external services. Beneficiaries must submit a formal application accompanied by the required documentation, such as proof of residence, income, family status, and other relevant conditions. Eligibility criteria vary depending on the specific measure but generally include residency requirements, income thresholds, and, where applicable, additional conditions related to social or health status.

Information about the service is accessible through the Municipality's offices, telephone contact, email communication, and the official website. The service operates on a continuous basis throughout the year, although specific forms of assistance may be time-bound depending on budgetary cycles, programme frameworks, or targeted initiatives, such as annual funding allocations or specific support schemes implemented in a given year.

Home assistance programme-Municipality of Pićan

The Municipality of Pićan provides locally oriented social support through two complementary services that aim to enhance the quality of life and care conditions of vulnerable residents, particularly older adults and persons with health or social care needs. These services are financed by the municipal and implemented in cooperation with external service providers.

The first service consists of a home assistance programme delivered directly in the beneficiaries' domestic environment. Operationally, it is provided through agreements with the Association for the Care of the

Elderly and Disabled “Dodir nade” and the Labin City Red Cross Society, while the Municipality assumes the financial responsibility for its implementation.

The service is available exclusively to residents of the Municipality of Pićan and is generally free of charge, with users only covering any actual material expenses incurred during service delivery, such as travel costs or purchased supplies. It encompasses a broad range of activities aimed at supporting daily living and maintaining autonomy, including assistance with personal hygiene, meal preparation, procurement and delivery of food, groceries and medicines, basic household tasks such as cleaning and laundry, organisation of transport for medical or other essential purposes, and continuous monitoring of the user’s health and social condition. Beneficiaries include older persons over the age of 65, individuals with disabilities, those with chronic illnesses or reduced mobility, and vulnerable persons living alone or in households unable to provide adequate care.

Access to the service requires the submission of a formal application accompanied by medical and administrative documentation, after which the municipal administrative department issues a decision based on the service provider’s assessment.

Information and access to the service is provided through the Municipality’s official communication channels, including its website, telephone contact, and email. The duration of support is flexible and determined according to individual needs, but the service is provided on continuous basis.

Co-financing of accommodation costs for beneficiaries residing in nursing homes-Municipality of Pićan

The Municipality of Pićan also provide a service involving co-financing of accommodation costs for beneficiaries residing in nursing homes. In this case, the Municipality does not directly provide care services but contributes financially to institutional care delivered by any eligible nursing home.

The target of this measure are older people (over 65 years of age) who have lived in the Municipality of Pićan for at least ten consecutive years prior to applying. The Municipality contributes up to 30% of the accommodation cost, while the remaining cost is borne by the beneficiary.

Access to this support requires a formal application, accompanied by documentation such as proof of residence, identification, confirmation of admission or contractual agreement with a nursing home, and a declaration regarding the absence of lifelong care contracts, which would otherwise exclude eligibility. The service is provided on a continuous basis.

Information and access to the service is through the Municipality’s official communication channels, including its website, telephone contact, and email.

Home care support

Home care health and nursing support is provided by the private practice of healthcare “Mladenka Cerin”. The service is delivered by nurses operating as private provider, while its financing is ensured through the Croatian Health Insurance Institute (HZZO), allowing eligible users to access care free of charge.

Operating within the territorial scope of the City of Labin, the service is specifically oriented towards individuals with significant mobility limitations, including immobile and bed-ridden patients and those requiring palliative care.

Access to the service is facilitated through informal and professional channels, including direct contact with private practice or referral through the family doctor. Activation occurs through direct communication with the service provider, typically by telephone, which enables timely and responsive engagement.

The service is provided on a continuous basis.

Early developmental support

Early developmental support and intervention for children is provided by the Special Hospital for Orthopedics and Rehabilitation "Martin Horvat" Rovinj-Rovigno. The service is delivered by qualified healthcare professionals and is financed through the Croatian Health Insurance Institute (HZZO) as well as through various project-based funding mechanisms, ensuring its sustainability and accessibility.

The service operates at a national level and is free of charge, as it is included within publicly funded healthcare provision.

The primary objective of the service is the provision of healthcare through early intervention activities targeting children from birth to 18 years of age, depending on their health condition. In particular, the service focuses on children with developmental risks (neuro-risk) and developmental disabilities, offering both diagnostic and therapeutic interventions tailored to their specific needs. These services may be delivered through outpatient modalities as well as through inpatient treatment, ensuring continuity and intensity of care when required.

Access to the service is mediated through the formal healthcare system, requiring referral by a paediatric specialist or family doctor, which ensures that beneficiaries are appropriately directed based on clinical assessment. Information regarding the service is available through the hospital's official website.

The service is provided on a permanent basis.

Accommodation for adults with disabilities and mental impairments

Accommodation for adults with disabilities and mental impairments is offered by the Home for Adults Nedešćina in the framework of a wider set of public social care services primarily aimed at supporting adults with mental disabilities. These services are funded by the Ministry of Labor, Pension System, Family and Social Policy, with an additional financial contribution from beneficiaries, and are operationally delivered by a multidisciplinary team comprising nurses, caregivers, cooks, cleaners, a social worker, a psychologist, a bus driver, and a meal delivery worker. Home for Adults Nedešćina operates at a national level, although there is a strategic orientation towards regional provision.

Institutional accommodation includes nutrition, personal care, healthcare, social work, psychological support, occupational therapy, work-related activities, and opportunities for meaningful use of time, all tailored to the individual needs and preferences of users.

Access to the service is regulated through a formal application process submitted to the competent regional office of the Croatian Institute for Social Work. Admission is further assessed by an internal Commission for Admission and Discharge composed of professional staff, which evaluates applications and determines eligibility. The cost of the service is established in accordance with decisions of the competent regional authority.

While the duration of care depends on individual needs, the service may be provided on a permanent basis. Information is made available through the institution's official website.

Home help - meal delivery

Home for Adults Nedešćina also delivers a community-based home help service focused on meal provision. This service entails the preparation, purchase, and delivery of ready-made meals directly to beneficiaries' homes and is geographically limited to the municipalities of Sveta Nedelja, Kršan, and Pićan. It operates under a formal license issued on 28 June 2017, currently covering up to ten beneficiaries. Similar to the accommodation service, eligibility is restricted to adults with mental disabilities and access is granted through an application procedure managed by the Croatian Institute for Social Work, with final approval provided by the institution's internal commission.

The service is delivered directly in the user's home, reinforcing a community-oriented approach that supports independent living. Costs are determined according to the same regulatory framework applied to

residential care, and, depending on users' needs, the service may also be provided on a long-term or permanent basis.

Information and access modalities are consistent with those of the institutional service and are supported by the organisation's official communication channels.

Accommodation service - City of Labin

In Labin city area, the Home for the Elderly Labin provides a set of integrated public care services aimed at supporting older adults through both institutional and community-based interventions. These services are financed either directly by users and their families or, in specific cases, co-financed by the City of Labin, particularly for residents or beneficiaries of municipal social programmes. Operational delivery is ensured by a multidisciplinary workforce including medical staff, caregivers, physiotherapists, social workers, geronto-housekeepers, and meal delivery personnel, depending on the type of service provided.

The core institutional provision is the accommodation service, which is offered within the facility and is accessible to older people aged over 65 who do not present addictive or mental illnesses. While the service is open to all applicants, priority and potential financial co-financing are granted to residents of the City of Labin based on length of residence, whereas non-residents are required to pay the full cost. The service encompasses a comprehensive package of care, including housing, nutrition (three daily meals and two snacks), healthcare, personal care and hygiene assistance, support with daily living activities, maintenance of living spaces, care for personal belongings, and the organisation of work and leisure activities, as well as appropriate procedures following a user's death. The cost varies significantly according to the level of care required and the type of accommodation, ranging from residential (first level of care) to institutional and specialised Alzheimer's care (fourth level), with monthly prices differentiated by room type and level of support. Access is granted through a formal application procedure requiring medical and administrative documentation.

Home help service for older adults- City of Labin

Complementing residential care, the Home for the Elderly Labin provides a home help service designed to support older adults in maintaining their independence within their own homes. This service is targeted at individuals over the age of 65, particularly those included in the City of Labin's social programme, and is geographically focused on residents of the city, with some services extended to the broader Labin area. It includes a wide range of activities such as meal preparation or procurement and delivery, assistance with household tasks (e.g. cleaning, dishwashing, laundry, and procurement of groceries or firewood), purchase and delivery of medicines and other necessities, and direct support with personal hygiene. The service is delivered to the user's home and aims to provide non-institutional care tailored to daily needs. Costs are defined per service unit, with specific fees for meals, delivery, shopping, and hourly assistance. Access requires the submission of an application with supporting documentation.

In addition to these services, the home offers a full day stay programme intended for older individuals who are still independent and capable of self-care but require structured daily support. This service is available to residents of the Labin area and is financed directly by users or their families. It includes the provision of a bed in a shared room, meals, and organised daily activities supported by professional staff, aimed at addressing both basic and additional needs that may not be adequately met within the family environment.

All the services are available on a permanent basis. Information about all services is accessible through the institution's website, telephone contacts, email addresses, or direct in-person inquiries, ensuring multiple channels for user engagement.

Preparation and delivery of a hot meal and accommodation for the older adults

The Raša Home for the Elderly provides a set of public care services aimed at supporting older individuals through both residential accommodation and community-oriented nutritional support. These services are

financed either by beneficiaries themselves or, in certain cases, by the competent Ministry through the Croatian Institute for Social Work, depending on the basis of admission or referral.

One component of the service offer consists of the daily preparation and provision of hot meals, primarily targeting older individuals over the age of 65 in need of nutritional support. This service operates locally across the Municipality of Raša, the City of Labin, and the Municipality of Sveta Nedelja.

Access is granted through a formalised procedure that may be initiated verbally or via email, followed by the completion and submission of required forms and supporting documentation, including a medical certificate. The service is continuously available.

The core institutional service is the provision of long-term accommodation for older people who, due to changes in health or social conditions, require continuous care that cannot be adequately provided within their family or home environment. This service is not territorially restricted and is accessible to all persons aged over 65 who meet the relevant conditions. The Home accommodates up to 45 users and offers differentiated levels of care based on functional status and dependency.

The accommodation service includes a comprehensive range of provisions, encompassing housing, nutrition, health care and social work support, laundry services, and access to communal spaces and organised activities. Additional optional services may be provided at an extra cost.

Access to accommodation is regulated through a formal application process that may occur either via the decision of the competent social welfare authority or through a direct contractual agreement initiated by the user. The application requires extensive documentation, including personal, administrative, and medical records, as well as declarations concerning financial responsibility and data processing consent

Information about the service and application procedures is made available through the institution's website and telephone contacts, ensuring multiple channels of access.

Both services are delivered at the provider's premises and are continuously available, forming a stable component of the local care infrastructure.

Psychosocial, psychological and legal support, emergency accommodation and shelter accommodation for women victims of domestic violence and their children

This set of service is provided by Safe House Istria, a comprehensive, non-governmental support service aimed at addressing domestic violence through an integrated model of protection, assistance, and empowerment for women and their children in Istria County. The service is delivered by a multidisciplinary team including social workers, psychologists, legal professionals, and trained staff specialised in working with victims of domestic violence and is financed through a combination of support from the competent Ministry, Istrian County, and local government units.

The service encompasses a wide range of interventions designed to respond to both immediate and long-term needs. At its core, the service offers free psychosocial, psychological, and legal support, along with emergency and longer-term shelter accommodation for women and children who are forced to leave violent family environments and lack alternative resources. These services are provided entirely free of charge, ensuring accessibility regardless of the beneficiaries' economic situation.

The service is based within the organisation's premises, including shelters and counselling centres located across Istria County, and is thus primarily place-based, although access pathways extend beyond physical presence. The initiative further encompasses an SOS hotline and structured counselling activities, enabling both immediate crisis response and ongoing support. In addition to direct assistance, the organisation engages in preventive and awareness-raising activities aimed at increasing public sensitivity to domestic violence, particularly among young people, and strengthening community-level understanding of the issue. At the same time, it invests in the continuous professional development and supervision of its staff, as well as organisational learning and evaluation processes, thereby ensuring sustainability and quality of service provision.

Access to the service is facilitated through multiple channels, including direct contact via SOS telephone lines and email, as well as referrals from institutional actors such as social welfare services, police, health institutions, and family support centres. Information about the service is disseminated through diverse communication tools, including websites, media coverage, public campaigns, and promotional materials, ensuring visibility and outreach within the community.

It operates on a continuous basis and represents a critical component of the local support system, as it constitutes the only non-institutional and shelter-based service specifically dedicated to victims of domestic violence in Istria County.

Municipality of Sveta Nedelja

The Municipality of Sveta Nedelja provides a locally based public social support service aimed at addressing the needs of individuals experiencing socio-economic vulnerability through a structured system of financial assistance and in-kind support measures. This intervention is financed directly by the municipal budget and implemented by the local government, which serves both as the commissioning body and the provider.

The service encompasses a broad range of financial benefits and subsidies designed to alleviate essential living costs and support vulnerable residents. These include compensation for housing expenses, one-time financial assistance, support for water supply costs, contributions towards the purchase of medicines, coverage of funeral expenses, co-financing of medical equipment rental, and support for the inclusion of assistants in kindergarten and educational settings. Through this diversified set of measures, the Municipality seeks to respond to multiple dimensions of social need, ranging from basic subsistence and healthcare access to educational inclusion.

The scope of the service is strictly local, targeting exclusively residents of the Municipality of Sveta Nedelja, and access is conditional upon meeting defined eligibility criteria established within the municipal Social Program and national social welfare legislation. Beneficiaries must demonstrate a minimum residence period of 24 months within the municipality and satisfy a combination of social, income-based, and specific conditional requirements, depending on the type of assistance requested.

The service is delivered through a combination of remote and indirect modalities, including communication via phone or electronic channels and the provision of financial transfers or co-financing arrangements that directly support the beneficiary or cover specific services and expenses. Access is activated through the submission of a formal request to the Municipality, which evaluates the application in accordance with the established regulatory framework. Information regarding the service is made available through official municipal sources, including the Official Gazette, telephone contacts, and email communication, ensuring accessibility and transparency for potential users. The service is provided on a continuous basis.

Support and assistance service

The Assistance service is provided by the Association of People with Intellectual Disabilities of Istria, which is responsible both for commissioning and delivering the service as a non-governmental organisation. It operates locally in Labin and the surrounding area and is offered free of charge to users, as the costs are fully covered by the Ministry.

The service consists of support delivered either in the user's home or in a public environment, depending on arrangements agreed with the user or their family, reflecting a flexible and personalised approach. It is therefore primarily home-based, with additional provision in public settings, and does not include delivery at the provider's premises or through remote modalities.

Beneficiaries are identified according to legal provisions, meaning that eligibility is defined in accordance with the applicable law. Information about how to access the service can be obtained through the Croatian Institute for Social Work or directly from the Association of People with Intellectual Disabilities.

Access is activated through a written request submitted to the Croatian Institute for Social Work, following procedures established by law. The service is not time-limited but represents a permanent and ongoing form of support.

Workshop on digital literacy

Workshops aimed at enhancing older adults' digital literacy are delivered within the framework of the EDUCA 60+ information training programme in the Labin area. These activities are commissioned by the Pensioners' Union Croatia – Labin branch, a non-governmental-organisation, and are delivered by a computer science professor through a service contract. Participation is free of charge, as funding is secured through applications to local government tenders.

The workshops aim to develop participants' digital competences and their ability to use IT tools, enabling them to remain active and engaged in an increasingly digitalised society. Activities take place primarily at the user's home and in other settings, such as the Labin City Library.

The service is intended for pensioners and other elderly individuals who are members of the Union, with eligibility based on membership.

Information is shared through the Union's Viber community, and access is activated via phone calls or Viber messages. The initiative is not permanent, as the training is carried out over a defined period of time.

Health prevention

The Pensioners' Union Croatia – Labin branch also coordinates a service dedicate to preventive health examinations, which is delivered with the involvement of health professionals. It is also implemented at the local level in the Labin area.

The cost structure varies: some services, such as hearing checks, blood pressure measurement and blood sugar control, are free of charge, while others (e.g. dermatoscopic examinations and systematic check-ups) are paid by users, albeit at preferential rates negotiated for pensioners. Certain activities, including visits by medical staff for basic health checks, are financed by local authorities or occasionally by the Union itself.

The service includes a range of medical service and treatment, such dermatological visits, comprehensive health check-ups, hearing tests, and monitoring of blood pressure and glucose levels, with the overall objective of early detection and prevention of serious health conditions. Services are provided in spaces made available by the City of Labin.

Beneficiaries are members of the Pensioners' Union Labin branch, and information is again disseminated through the Viber community. Access is arranged by phone or Viber message. This service is not continuous but organised periodically.

Excursions

The Pensioners' Union Croatia – Labin branch organises excursion for Union members, which are carried out by private travel agencies, with costs fully covered by participants according to the selected travel offers, including transportation and accommodation. The service operates at a local level and is open to members of the Labin branch.

The excursions are designed not only to offer opportunities to discover new destinations, but also to foster social interaction, helping participants, especially those who may experience loneliness, to meet new people and build social connections. The service includes transportation to destinations, guided introduction to locations, and accommodation arrangements.

Access information is shared through the Union's Viber community, and participation is arranged via phone or Viber message. These activities are organised several times a year, making them a recurring but not continuous service.

2.1.2. Key findings from the interviews

The interviews, conducted with a diverse range of managerial and operational figures across social, health, and community-based services, highlighted a broadly coherent yet structurally strained local welfare system. While the figures interviewed emphasised the relevance, adaptability, and high quality of the services provided, they also converge in identifying recurring challenges related to limited resources, fragmented governance, and unequal accessibility. A shared narrative emerged, describing a system rich in professional commitment and community embeddedness, but constrained by structural and systemic gaps that affect its capacity to respond fully to evolving social needs.

Below is a synthesis of the findings that emerged, organised according to the domains investigated.

Effectiveness and efficiency

According to the interviews, the services generally demonstrate a **high degree of alignment with the heterogeneous needs of vulnerable populations groups**, including older adults, people with disabilities, individuals experiencing socio-economic disadvantages, and families at risk. Across the various sectors of intervention, ranging from home assistance and psychosocial support to employment integration, transport, and palliative care, services provided are described as generally tailored, multidimensional, and therefore able to respond to the everyday challenges faced by users. However, **the overall effectiveness of the system appears consistently constrained by structural limitations**. In this sense, the most recurrent issues include unstable and project-based funding mechanisms, insufficient human resources, and systemic fragmentation between health and social care domains. These constraints generate both operational inefficiencies and strategic instability, limiting the continuity and scalability of services and interventions. In several cases, in particular in residential care and specialised mental health services, demand significantly exceeds available capacity, resulting in prolonged waiting times and unmet needs. Additionally, the **lack of specialised professionals**, such as psychiatrists, rehabilitators, and the uneven territorial distribution of services, which leaves rural area underserved, further reduce the system's capacity to respond comprehensively to complex cases.

Accessibility

Accessibility emerges as a multifaceted dimension encompassing informational, physical, digital, and procedural aspects. Information about services is disseminated through **formal channels**, including websites, printed materials and local media, as well as **informal channels**, mainly word-of-mouth or professional referrals. While the clarity and transparency of access procedures are generally rated positively, the effectiveness of communication seems to vary significantly depending on the target population.

A prominent feature across interviews is the **central role of interpersonal communication**, particularly referrals from healthcare professionals, social workers, and community networks, as the primary entry points to services. Conversely, **digital communication channels show uneven effectiveness**: while they are increasingly relevant for younger and intermediary users such as family members of children or older adults, they remain less accessible and accepted by seniors or individuals with limited digital literacy.

Physical accessibility is considered a major barrier, particularly in rural or geographically dispersed areas. The **lack of reliable public transport** and the distance from services significantly reduce access, especially for individuals without family support. Additional **infrastructural limitations**, including buildings not fully adapted to people with disabilities, further exacerbate these disparities. Finally, **psychological and social barriers**, such as stigma, fear of institutional engagement, or lack of awareness, continue to obstacle access for certain population groups.

Frequency of use and coverage

From the information provided by respondents, the **frequency of use and coverage of services appears to vary considerably across sectors**, reflecting both the diversity of interventions and the uneven distribution of resources. Some services, particularly **psychosocial support, residential care and specialised interventions, are experiencing an increasing demand** that often exceeds their operational capacity. This results in **long waiting lists, reduced service intensity and delivery frequency**, and selective prioritisation of users. Conversely, other services, particularly **those based on voluntary seem to operate below their potential capacity due to logistical, cultural, or informational barriers**. In these cases, underutilisation is not indicative of a lack of need, but rather of constraints related to transport availability, family preferences, or social norms favouring home-based care.

Moreover, coverage gaps are further influenced by **restrictive eligibility criteria, administrative boundaries, and institutional fragmentation**, which can exclude individuals living outside specific jurisdictions or those who are unable to navigate formal procedures. In addition to this, **social stigma and reluctance to seek assistance**, especially among older adults or marginalised groups, contribute to the persistence of "hidden" needs.

Quality of service delivery

The **quality of service delivery is** consistently evaluated as **high** across the majority of services. This positive assessment is **largely attributed to the relational dimension of care**, characterised by empathy, trust, continuity, and personalised support. The establishment of stable, long-term relationships between professionals and users is particularly valued, as it enhances both the effectiveness and the perceived quality of interventions.

According to information collected, service quality is also reinforced **by flexibility and adaptability**, allowing providers to tailor interventions to individual needs while maintaining a level of standardisation. In addition, the integration of social, emotional, and practical support appears to contribute to a holistic approach that is especially appreciated by users and their families.

Nevertheless, **certain limitations affect perceived quality**. These include **resource constraints** that limit service frequency or scope, gaps in continuity, and infrastructural or organisational shortcomings. In institutional settings, tensions between standardised care and the promotion of autonomy are also evident. Furthermore, dissatisfaction may arise when expectations, sometimes derived from incomplete or inaccurate information, are not fully met due to systemic constraints.

Additional issues

A number of common and cross-cutting challenges and future-oriented priorities emerge from the interviews. At first, is the need for more **stable and sustainable funding models**, moving beyond short-term and project-based financing towards systemic and continuous support. Secondly, and strictly related to this, **strengthening human resources**, both in terms of quantity and specialised expertise, is identified as a crucial condition for improving service capacity and quality.

Another key issue concerns the fragmentation of the service system. The scarce coordination between institutions, the absence of integrated information systems, and the limited exchange of data contribute to inefficiencies and user disorientation. In this context, the **development of centralised information platforms and stronger inter-institutional networks** is considered a strategic priority.

Additional areas for development and improvement include the **expansion of transport services**, the introduction of **mobile teams** to reach remote or underserved populations, and the enhancement and **improvement of accessibility of digital tools** to facilitate information circulation and communication. Connected to this, **addressing the digital divide**, particularly among older adults, remains essential to ensure inclusivity.

Finally, broader socio-cultural factors, such as stigma, changing family structures, and demographic ageing, are recognised as re-shaping both demand and service utilisation. In the light of these changes and

connected challenges, future **strategies of service planning and delivery should combine organisational and policy-level interventions with community-based approaches** aimed at strengthening social cohesion, promoting active ageing, and fostering greater awareness and acceptance of support services.

2.1.3. Key findings from the focus group

The three focus groups conducted in Labin provided a rich and multifaceted account of citizens' experiences with local health and social services. Although the discussions involved distinct target groups, namely older adults, persons with disabilities, parents of children with developmental difficulties, and other vulnerable populations such as single parents and social programme beneficiaries, their perspectives converge on several key structural issues affecting the functioning of the local welfare system.

Perceived presence and awareness of services

From a general standpoint, participants across all groups **acknowledged the existence of a relatively broad spectrum of services** in the Labin area, including primary healthcare, emergency services, social welfare institutions, and a range of local programmes and civil society initiatives. Nonetheless, a clear distinction emerged between the formal availability of services and their effective accessibility and responsiveness. In practice, **services are often perceived as fragmented, unevenly distributed, and insufficiently tailored to the real needs of users**. This discrepancy is particularly evident in the case of specialised healthcare and social support services, which are frequently concentrated in larger urban centres such as Pula or Rijeka, thereby imposing additional burdens, of a financial, logistical, and emotional nature, on users.

With regard to the general level of information and awareness, information collected indicate a **systemic weakness in institutional communication**. Across all focus groups, participants highlighted that information about rights, services, and procedures is rarely provided proactively by institutions. Instead, **individuals must rely on informal networks**, including personal acquaintances, peer exchanges, and local associations. These intermediaries play an essential role in bridging informational gaps, especially for more vulnerable groups. However, at the same time, this strong reliance on informal channels contributes to unequal access to information, as those who are less socially connected or less engaged in community networks risk remaining unaware of their entitlements. Digital tools and online information sources are increasingly used, yet their effectiveness is constrained by scarce digital literacy of older populations, as well as by the lack of clear, locally relevant, and easily understandable content.

Coverage

Although participants reported having accessed a variety of services, these are often **used in response to acute or crisis situations rather than as part of a continuous and preventive support framework**. According to the majority of them, significant gaps persist in several key areas, including specialist healthcare, mental health services, long-term care, and support structures for families. Even when services are formally available, their actual provision is frequently hindered by **long waiting times, shortages of qualified personnel, or inadequate service organisation**. **Financial barriers** also play a role, particularly in the context of residential care for the older adults, which is often unaffordable without substantial family support or additional resources.

Moreover, participants consistently pointed out that services, while formally present, **do not sufficiently respond to the complexity of their needs**. Inflexible organisational arrangements, such as inconvenient appointment scheduling or limited-service hours, often render services practically inaccessible, especially for working parents or individuals with multiple care responsibilities. In some cases, crucial services exist only on paper, due to the **absence of available personnel or infrastructure**. This situation is particularly evident in the provision of personal assistance and specialised therapeutic services for persons with disabilities. Finally, for some groups, such as single parents, systemic shortcomings create paradoxical

situations in which policy requirements (e.g. labour activation measures) conflict directly with the absence of enabling conditions, such as accessible childcare.

Accessibility

According to participants in the focus groups, **accessibility issues permeate all stages of the service delivery process**. **Traditional communication and access channels**, including telephone and in-person contact, are widely used but **often ineffective**, with users reporting difficulties in reaching institutions, **limited availability of staff**, and **rigid and complex administrative procedures**, frequently requiring the coordination of multiple institutional actors involved in the provision of a single specific service. As a result, physically visiting offices, despite the time and effort required, remains the most reliable way to obtain information or services. **Digital channels** offer some potential for improvement, particularly in reducing bureaucratic burdens, but their adoption is uneven and often **hindered by usability issues, lack of skills, and distrust** among certain population groups. Moreover, according to participants, a significant gap often persists between information acquired online and its effective application within institutional settings.

The **clarity of information** represents an additional barrier. Participants described the system as **complex and opaque**, characterised by technical language, legal intricacies, and administrative fragmentation. This complexity not only discourages engagement but also reinforces dependence on informal intermediaries. In many cases, individuals become aware of their rights only by chance, rather than through systematic and transparent communication from public authorities.

Effectiveness

In terms of effectiveness, participants offered a nuanced assessment. On the one hand, the commitment and **professionalism of individual staff members** were often praised, particularly in healthcare and civil society organisations. On the other hand, these positive experiences are **overshadowed by systemic inefficiencies**, including administrative delays, inconsistent decision-making, and poor coordination between institutions. The overall perception is that the system prioritises formal compliance with procedures over the actual resolution of citizens' problems. This results in a situation where services exist and are formally delivered, but their impact on users' well-being risks remaining limited.

Infrastructure-related barriers further undermine effectiveness. Many public buildings and service locations are inadequately designed or maintained, posing significant challenges for people with reduced mobility. More broadly, deficiencies in urban infrastructure, in particular limited public transport options or inaccessible public spaces, compound the difficulties faced by vulnerable populations and restrict their ability to fully benefit from available services.

Additional issues

A recurring proposal across all groups was the **establishment of an integrated information point**, whether physical or digital, where users could access comprehensive and reliable guidance on services and rights. Such a one-stop shop is seen as a key mechanism **to reduce fragmentation and improve citizens navigation**. Participants also called for **stronger institutional proactivity in disseminating information**, **greater integration between services**, and **more flexible and user-centred approaches to service design**. Additional priorities included **improving transport and accessibility**, **expanding local provision of mental health and specialised services**, and **strengthening support structures for families and vulnerable groups.**

2.1.4. Integrated analysis and identification of main strengths and gaps

The main findings emerging from the mapping activities and the needs analysis are presented below from a comparative perspective. In particular, the first part of this section outlines the strengths and critical issues

that emerged transversally from the interviews and the focus group. Subsequently, discrepancies and differences in perspectives between service representatives and target population groups are highlighted.

Strength transversally emerged from the interviews and focus groups

- **Recognition of a broad and structurally diverse service offer**: both service representatives and citizens acknowledge the existence of a relatively wide spectrum of health and social services. Interviewees emphasise the system's capacity to provide multidimensional and tailored interventions across sectors, while focus group participants recognise the formal availability of services, including healthcare, social assistance, and community-based programmes. This convergence suggests that, at a structural level, the welfare system is perceived as comprehensive and articulated. However, it seems that the shared acknowledgement of service scope is primarily formal rather than experiential, indicating that the system's strengths mainly lie in its potential and in the institutional design rather than in uniformly in its practical delivery;
- **High valuation of professional commitment and relational quality**: both groups place significant emphasis on the quality of interpersonal relationships between professional and beneficiaries. Interviews highlight empathy, trust, continuity, and personalised care as defining features of service delivery, while focus group participants recognise the professionalism and dedication of individual staff members.

Challenges and weaknesses transversally emerged from the interviews and focus groups

- **System fragmentation and lack of coordination**: a central issue identified both through interviews and focus groups is the fragmentation of the welfare system. Interviewees refer to insufficient coordination between health and social care sectors and absence of integrated information systems. Focus group participants echo this perspective, describing the system as difficult to navigate, poorly coordinated, and characterised by administrative complexity. This convergence highlights fragmentation as a structural and systemic problem affecting both service provision and user experience. On the one hand, for providers, fragmentation generates inefficiencies and limits strategic planning. On the other, for users, it translates into disorientation, duplication and complexity of procedures, and reduced accessibility;
- **Resource constraints and capacity limitation**: both respondents to the interviews and participant to the focus groups underline the impact of insufficient resources on service effectiveness. Interviews highlights unstable funding, shortages of specialised personnel, and limited infrastructure, while focus groups report long waiting times, unmet needs, and service gaps, particularly in specialised and long-term care. The alignment of these perspectives demonstrates that resource scarcity is not only an internal organisational concern, but also a tangible barrier for users, affecting both the quantity and quality of services and undermining their continuity and responsiveness;
- **Accessibility barriers across multiple dimensions**: accessibility emerges as a multidimensional challenge, encompassing physical, informational, procedural, and digital aspects. The interviews mainly identify infrastructural limitations, transport deficiencies, and digital divides as main critical elements, while focus group participants provide concrete examples of these barriers, including difficulties in reaching services, especially for vulnerable individuals, ineffective communication channels, especially digital ones, and complex administrative processes;
- **Digital divide and uneven effectiveness of communication channels**: both groups recognise the growing role of digital tools, but also their limitations. Interviews describe digital communication as unevenly accessible, particularly for older adults, while focus groups emphasise issues related to lack of digital literacy, low usability, and lack of clear, updated and reliable information. This

convergence highlights a critical tension between the digitalisation of services and the persistence of socio-demographic inequalities, suggesting that technological innovation alone cannot ensure inclusivity without parallel investments in digital literacy and user-centred design.

Differences and divergences in perspectives from the interviews and focus groups

- **Perceived effectiveness**: significant divergence concerns the overall assessment of system effectiveness. Service representatives tend to describe services as broadly aligned with users' needs, emphasising adaptability and multidimensionality. In contrast, focus group participants adopt a more critical stance, arguing that services, although present, often fail to adequately respond to the complexity of real-life needs and are frequently just formally present but poorly concretely accessible. This discrepancy reflects a difference between a provider-oriented evaluation, centred on service planning and intention, and a user-oriented evaluation, grounded in lived experience and concrete effects in terms of assistance and support. While providers focus on what services are meant to achieve, users emphasise what they actually accomplish;
- **Information and communication:** interviews suggest that access procedures are generally provided in a clear manner and information dissemination mechanisms are multiple, active and diversified. However, focus group participants report a systemic lack of proactive communication and widespread reliance on informal networks rather than formal channels, especially digital ones. This divergence indicates a misalignment between institutional perceptions of transparency and active and consistent role in terms of communication and users' actual capacity to find and trust information;
- **Adequacy and flexibility of services**: while interviews emphasise the flexibility and adaptability of services, focus group participants frequently report rigid organisational arrangements, such as limited opening hours and inflexible procedures, which hinder effective access. This difference in interpretation suggests that flexibility may exist at a micro or professional level (e.g., individual adaptation by staff), but is constrained at the organisational or systemic level, where standardisation and administrative requirements limit responsiveness.

2.2. Italy

In Italy, the mapping and needs analysis activities were carried out by **EnEA**. The research focused on the area of **Santa Bona**, a peripheral district of the city of Treviso characterised by a high number of older residents living alone and in vulnerable conditions.

A total of **10 social and healthcare services were mapped**, addressing in particular **older adults**, **people with physical disabilities or psychiatric conditions**, and **individuals experiencing social and financial vulnerability**.

A total of **5 interviews** were subsequently conducted with both managerial and operational staff from the service providers considered strategical in relation to the provision of care and support for older adults, constituting the core business of EnEA.

Finally, **one focus group** was carried out, involving **older adults and informal carers**.

2.2.1. Key findings from the desk research

The service system in the Santa Bona district, reflects a structured healthcare and social care framework, combining municipal services, regional healthcare provision, third-sector organisations, and community-based initiatives. The overall system is strongly embedded in the Italian public welfare model, combining national, regional and local governance, with a high degree of coordination between social and healthcare

services. The services mapped are intended to provide support, assistance, and to maintain the autonomy of vulnerable individuals or those at risk of vulnerability, particularly older adults and people with physical and mental health conditions or in conditions of socio-economic disadvantage. Community and private initiatives aimed at promoting informal support, awareness raisin on older adults' rights, active aging and socialization are also identified.

Presented below is a comprehensive overview of service typologies, target groups, and categories of providers.

Typology of services

The mapped services can be grouped into the following main categories:

- **Home-based and integrated care services**, including home care support and integrated healthcare provided at home. These services deliver personal care, nursing, rehabilitation, and palliative support, ensuring continuity of care outside institutional settings and reducing institutionalisation and hospitalisation;
- **Specialised care and cognitive support services**, offering targeted interventions for people with cognitive impairments and their informal carers;
- **Residential and semi-residential care services for older adults** with varying degrees of dependency, offering a diversified range of assistance and structured support;
- **Primary healthcare** providing care and indication for treating illnesses, managing long-term and chronic conditions and providing preventive care;
- **Social support, advocacy, and administrative assistance** provided by trade unions helping older adults in accessing pensions, welfare benefits, healthcare services, and navigating administrative procedures, alongside broader advocacy activities;
- **Community-based and preventive initiatives** undertaken by senior clubs and active ageing programmes, which promote social participation, cultural engagement, and physical activity, contributing to prevention of isolation and decline;
- **Transport and accessibility services**, consisting in flexible social transport and accompaniment services aimed at ensuring access to healthcare, public services, and social life for individuals with mobility limitations;
- **Digital and remote care services**, encompassing telecare and remote assistance, such as monitoring and emergency response, designed to support independent living for older and vulnerable individuals.

Population target groups

The services primarily target older adults, but also extend to a broader population experiencing vulnerability:

- **Older people**, particularly those who are non-self-sufficient or at risk of isolation;
- **Frail individuals and people with chronic conditions**, requiring ongoing monitoring and care;
- **People with cognitive impairments**, including dementia and Alzheimer's disease;
- **Individuals with physical disabilities or mobility limitations;**
- **Socially or economically vulnerable persons**, including those in need of administrative or welfare support;
- **Caregivers and family members**, indirectly supported through relief and advisory services.

Types of providers

The service system in the Santa Bona district is characterised by a multi-level and multi-actor governance structure:

- **Public providers**, such as the municipality, the local health authority, and care providers;
- **Third-sector organisations** offering complementary services, particularly transport, social participation, and community support;
- **Private and semi-private organisations and publicaffiliated private providers**, delivering advocacy, advisory, and welfare access services.
- **Collaborative services delivery** models based on partnerships between municipalities, health authorities, and non-profit organisations, ensuring coordination between social and healthcare sectors.

The following section presents a list of the mapped services. For each service, a description is provided to offer a concise yet comprehensive overview of its purpose, specific features, and characteristics.

Home care assistance service

This territorial home-care service, SAD- Servizio Assistenza Domiciliare, is commissioned by the Municipality of Treviso and delivered by EnEA as a public provider. It operates within a regional framework (Veneto Region), although it is activated and delivered locally. The service might require a user contribution based on the evaluation of the economic conditions of the person who receive it, which is defined by municipal regulations.

The service supports people of any age experiencing physical, social, or health-related dependency, with the aim of maintaining autonomy and reducing the burden on families. It includes personalised home-care interventions such as hygiene support, dressing and mobility assistance, household tasks, such as laundry and meal preparation, and possibly accompaniment to appointments and essential transport.

Access is ensured through the municipal social service office, primarily in person, where a social worker performs the initial assessment. However, accessibility limitations have been reported, such as limited public transport and parking constraints around the premises of the service. The service is continuous and part of ongoing municipal provision.

Integrated home healthcare service

The ADI- Assistenza Domiciliare integrata, is a public service of integrated healthcare delivered at home, funded and organised by the local health authority, AULSS2 Marca Trevigiana, and recently partly supported by the National Recovery and Resilience Plan (PNRR), which contributed additional resources enhancing the overall capacity of the ADI system.

The service is free of charge as part of the national essential levels of care. ADI provides integrated clinical, nursing, rehabilitative, and palliative care at home, delivered by a multidisciplinary team. The service includes the support from general practitioners, specialist visits, nursing care, rehabilitation, and psychological support, and it is often integrated with the home care service or other social services provided by the municipality.

The ADI is aimed at non-autonomous individuals who cannot leave their homes and require care outside hospital settings, as well as frail persons requiring monitoring and prevention.

Access is activated through the general practitioner referral or hospital discharge process, via the district home-care access point. The service is continuous and part of the health system's ongoing provision.

Specialised dementia service

This public, locally delivered service provides specialised support to persons suffering of dementia and cognitive impairments, combining information provision, assessment, care interventions and psychological support. The service is operated by and are operated by EnEA's CSD- Centro Specialistico per le Demenze.

Activities include an information desk, cognitive-motor stimulation, Alzheimer Café, specialist consultations, home support, and diagnostic. Costs vary depending on the intervention, with some services, such as home support, provided for free.

Access is set through direct contact via phone, email, or in person. However, the local health authority may directly refer individuals whom it considers likely to require or benefit from the service. In such instances, the access procedure is facilitated and mediated by the agency. The service is ongoing and part of EnEA's and local health authority stable offer.

Pensioners' Support and Advocacy Services

Support and advocacy services are provided by the SPI-CGIL, Sindacato Pensionati Italiani, a private, trade union-based organization that supports pensioners and older adults by protecting their rights and offering social, legal, and welfare assistance.

The services offered by the trade union are usually free or discounted for members. It operates across local, regional, and national levels.

The union provides a differentiated range of services, including assistance with pension-related matters, such as applications, recalculations, and benefits, as well as support in accessing social and healthcare services. SPI-CGIL also offers guidance on taxation, welfare entitlements, and administrative procedures through affiliated service centers.

In addition to individual assistance, it plays an advocacy role at local, regional, and national levels, engaging in collective bargaining and policy dialogue to promote equitable pension systems, social protection measures, and age-friendly public services. Furthermore, it fosters community engagement through cultural, social, and volunteer initiatives aimed at enhancing the quality of life and active participation of older adults.

Access can be made through website navigation, phone, email, or in-person visits. The premises are accessible and well connected by public transport, although parking may be limited.

The service is ongoing and continuously available.

Senior club

The GAT (Gruppo Anziani Treviso) senior club is a non-profit social association aimed primarily at older adults, typically retirees and people aged 60 and above. It functions as a community-based centre promoting active ageing, social inclusion, and the well-being of the elderly population.

The club operates as an association of social promotion (APS) and is partly supported through membership fees and contributions, while also benefiting from public support such as the provision of premises by the municipality (e.g., spaces granted for community use).

Access to the club requires membership: older people who wish to join must register and pay an annual fee, which is relatively low, making participation broadly accessible.

The club offers a wide range of recreational, cultural, and social activities designed to encourage active lifestyles and social interaction. These include physical exercise sessions (e.g., gymnastics), card games and

social games, cultural meetings and guided visits, group trips and holidays, music and dance activities, as well as social events such as celebrations and community gatherings.

Information about the club, including activities, membership procedures, and contacts, can be accessed through its website, social network and local communication channels. The main venue is accessible. The club operates on an ongoing basis.

Social Transport and Accompaniment Service

The Social Transport and Accompaniment Service is managed by the third-sector organization Anteas and operates locally and provides transport for people with mobility difficulties.

It enables access to healthcare, social services, shopping, and social participation, using volunteer drivers and sometimes equipped vehicles (e.g. wheelchair lifts). It functions as an on-demand flexible service.

Costs are minimal (mainly based on voluntary contribution), and some programmes are free.

Access to the service can be made mainly via phone booking, typically a few days in advance. It is a continuous service and part of broader community support initiatives.

Residential Care

Residential care is provided by RACT- Residenze per Anziani Città di Treviso, a public residential service delivered by EnEA as part of the National and Regional Health Service. Healthcare costs are covered publicly, while accommodation costs are shared between user, municipality (in specific cases), and, in some cases, family members.

The service targets individuals aged 65+ who are partially or fully dependent or require a protected living environment. It provides care in residential facilities based on personalised care plans following multidisciplinary assessment.

Access requires a SVaMA, that consists of a multidimensional assessment of the person aimed at evaluating their level on need moving from specific criteria. The access process is initiated through the general practitioner and processed by municipal social services, which then include the person on waiting lists. Activation involves both in-person interactions and formal procedures.

Information on the service can be reached through the general practitioner, via phone, making contact with EnEA's or the municipality's social workers, or via institutional websites.

It is a permanent, ongoing service within the socio-health system.

Day Care Centre

This public semi-residential service is offered by EnEA and provides daytime care for non-self-sufficient older adults and is regulated in the framework of the regional and local health authority legislation for semi-residential services for non-self-sufficient older adults support provision. The service offers structured care in a protected environment and consists of a specialised Alzheimer day centre, operating daily from 7:00 to 19:00.

It provides integrated and personalized support tailored to the complex needs of people living with dementia by delivering a multidimensional set of services that address both health and social needs such as basic care and assistance, cognitive and functional stimulation, social and recreational activities and motor activities.

Costs include a user contribution, with healthcare expenses covered through regional funding. Access requires an evaluation via the SVAMA procedure, followed by application to EnEA.

Information can be found on the EnEA pages dedicated to "Il Centro diurno", "Residenza Anziani Città di Treviso", and "Regolamento di accesso". Additional contact points are the EnEA social service office.

The service is of an ongoing nature and is integrated into the long-term care system.

Remote assistance and telecare

The Remote assistance and telecare is a public service that operates regionally under the coordination of the Local healthcare authority and is free of charge. It offers remote monitoring and emergency response for older and frail people living at home.

Beneficiaries receive a device linked to a 24/7 operations centre, which can be activated in case of emergencies. The service targets older adults, isolated individuals, and people with chronic conditions. Access is made via municipality or health authority, with application forms also available online.

Information can be accessed by contacting the social worker of the Social service department of the Municipality of Treviso. General information about the service can also be found at Veneto Region and Local health authority website.

The service is always active and provided on an ongoing basis.

General practitioner

The Santa Bona Group Medical Practice - Medicina di Gruppo Santa Bona is group of general practitioners providing general medical care. Such service of primary healthcare is part of the Italian National Health Service (SSN), overseen locally by the Local health authority- Azienda ULSS 2 Marca Trevigiana and delivered by professionals working under agreement with the public system. The service is therefore publicly funded but operated by conventional healthcare professionals.

The service is generally free of charge for users registered with the SSN and enrolled with a general practitioner, although some specific services, such as non-standard medical certificates, may require payment.

General practitioners serve as the first point of access to healthcare, offering consultations, diagnosis and treatment of common conditions, prescriptions, referrals to specialist care, preventive services, management of chronic diseases, and the issuing of certificates. The group practice model allows several doctors to work in the same location, ensuring broader availability and continuity of care. Access is typically organised through appointments and telephone contact with the practice.

While universal in nature, the service is particularly important for older adults and individuals with complex or chronic conditions, as it plays a key role in identifying needs and activating further care pathways.

Information about the service and how to access it can be obtained through the Veneto Region's online platforms and the local health authority website. Access can be activated either online, using digital identity systems, or in person at local administrative offices.

The service is ongoing, as it constitutes a permanent component of the public healthcare system, although organisational aspects such as doctor's availability may change over time.

The general practitioner service plays a crucial coordinating role within the local care system, acting as a gateway to a wide range of health and social services, including home care, specialist consultations, and integrated support pathways, particularly for vulnerable and older populations.

2.2.2. Key findings from the interviews

The interviews conducted with both managerial and operational figures revealed a system of care that is widely perceived as responsive, personalised, and grounded in strong professional commitment. At the same time, they highlight a shared awareness of structural constraints related to limited resources, complexity of access procedures, and increasing demand, which hinder the system's capacity to ensure equitable and timely support for all those in need.

Below is a synthesis of the findings that emerged, organised according to the domains investigated.

Effectiveness and efficiency

According to the representatives interviewed, services demonstrate a **strong alignment with the needs of an ageing population and individuals experiencing conditions of vulnerability**. In particular, a progressive approach to care pathways, moving from lighter forms of assistance to more intensive and residential solutions, emerges as a key factor for enhancing their effectiveness. A gradual transition is considered as supportive to both individuals in need of care and their families in adapting to the evolving needs of the person, reducing resistance and facilitating the acceptance of more structured interventions.

At the same time, **effectiveness is considered significantly constrained by limitations of systemic nature**. In this sense, the most relevant issues concern insufficient staffing, increasing complexity of needs, and a growing demand that exceeds available resources. Waiting times, in particular for residential care, are often considerable, in some cases extending to several years, thus limiting a timely responsiveness of the system.

Finally**, socio-demographic changes of a broader nature are reported as having a relevant impact on services planning and provision**. The increase in the older population, which reflects greater longevity, entails not only a rise in the demand for care and assistance, but also a growing complexity of the needs that services are required to address. This is further compounded by changes in family structures and the weakening of informal support networks, which, in turn, result in an increased demand for formal care provision.

Accessibility

Accessibility represents one of the most critical dimensions highlighted. According to respondents, access to information is **often mediated by** the different **professionals figures** within the social and healthcare system, such as general practitioners, but most frequently social workers, and, in some cases, institutional networks.

Digital channels, although increasingly present, are frequently **perceived as inadequate in terms of clarity and usability**, particularly for older users and their families. Information available online is often fragmented, difficult to navigate, and not easily interpretable in relation to individual situations, which makes it difficult for individuals to understand whether the service is suited to their specific needs and conditions. Consequently, direct contact, especially via telephone or in-person interaction, remains the primary and most effective mode of communication.

Procedural accessibility, as referred above, is also **considered hindered by the complexity of access criteria and evaluation processes**, which are often insufficiently transparent. Families frequently struggle to understand eligibility requirements, assessment mechanisms, and waiting list dynamics. This complexity is exacerbated by the involvement of multiple institutional actors, leading to a fragmented user experience.

Additionally, respondents also highlight that **older adults living alone**, therefore lacking informal support from children or other family members, and **individuals experiencing vulnerability** connected to socio-economic difficulties are particularly exposed to the risk of exclusion within a service system characterised by fragmented and difficult-to-access information channels, complex access procedures, and increasing digitalisation.

Frequency of use and coverage

Interviews highlight a **significant mismatch between demand for services and their effective coverage**. Indeed, services are generally considered unable to reach the entire population in need, primarily due to **limited capacity and structural constraints**. For example, residential care is characterised by a chronic shortage in places availability, while home care services are restricted by limited staff resources.

Socio-economic factors play a decisive role in shaping access. The costs of public services, that may be quite substantial, especially for residential care, exclude a portion of the population who may require support but do not have enough economical resources, while private alternatives remain financially inaccessible for many families.

In addition, **demographic and social transformations**, such as the increase in single-person households, social isolation and vulnerabilities, and the weakening of family care networks**, are contributing to a growing demand for services**. Moreover, segments of potential users remain excluded from service provision due **to lack of awareness on the existing service, insufficient awareness of one's health and psychological well-being, cultural resistance and refusal to accept external support for the fear of being stigmatised**. The coverage of services is therefore considered partial and uneven, reflecting both structural limitations and socio-cultural barriers.

Quality of service delivery

Despite structural challenges, the perceived **quality of service** delivery is generally **high**. Respondents report that beneficiaries and their families express high levels of satisfaction with the relational and human aspects of care, particularly the attention to individual needs, the respect for personal dignity, and the personalised approach adopted by professionals. Moreover, all agree on the fact that the ability to establish trust-based relationships and to involve families in shared care pathways is a key strength across services.

In addition, **interdisciplinary collaboration** and the **integration of services** into broader care networks contribute to enhancing the overall user experience.

However, some limitations affecting quality are reported, including insufficient service delivery frequency, often linked to staff shortages. This, in turn, increases the **risk of over-standardisation** in care and support interventions, potentially undermining a personalised approach. In addition, **mismatches between user expectations and the actual scope** of services are noted. In particular, gaps in communication during the service activation phase can lead to misunderstandings about the type and extent of support provided, especially in the home care sector.

Additional Issues

Several cross-cutting issues emerge from the interviews. **A central concern relates to the sustainability of the system**, particularly in terms of human and financial resources. Budget constraints and staffing shortages limit both the expansion of services and their capacity to respond effectively to increasing demand.

Another key issue concerns the **fragmentation of information and service provision**. The lack of integrated communication channels and centralised information systems creates confusion for users and places an additional burden on professionals, who often act as intermediaries and are increasingly required to provide support on formal and administrative matters that fall beyond their primary responsibilities.

Moreover, the **growing complexity and evolution of users'** needs calls for new organisational models, including stronger integration between social and healthcare services and the development of intermediary professional roles that can facilitate coordination.

Finally, **broader socio-demographic dynamics**, such as ageing populations, increased longevity in conditions of vulnerability, and the erosion of informal care networks, are reshaping the demand for services and require a strategic rethinking of care systems to ensure long-term sustainability and inclusiveness.

2.2.3. Key findings from the focus group

The focus group conducted in Santa Bona provided an articulated insight into the organisation and functioning of local health and social care services, highlighting both the structural assets of the system and a number of persistent criticalities. The discussion, grounded in citizens' direct experiences, revealed a system that is formally comprehensive but often difficult to navigate, particularly in the absence of timely information, coordination between providers and guidance.

Perceived presence and awareness of services

As a general consideration, participants emphasised that **interaction with health and social services is** predominantly **reactive**, typically occurring in response to acute or crisis situations rather than through anticipatory planning. This dynamic reduces individuals' ability to prepare for future care needs and often results in decisions being taken under conditions of urgency. The **general practitioner** is widely recognised as the **primary entry point** into the service system, playing a central role in initial orientation. However, this **function is not always exercised in a systematic or consistent manner**. The Local health authority represents a second level of access, yet the pathway connecting these levels remains insufficiently structured.

Another relevant issue highlighted concerns the **fragmentation of information** which is frequently dependent on the availability, competence, and initiative of individual professionals or by word-of-mouth rather than being provided through coordinated institutional channels.

Particular risks and vulnerabilities were identified **for individuals who live alone and lack family or financial support,** as well as for those confronted with regulatory uncertainty, especially regarding cost coverage and eligibility criteria.

Coverage

In terms of coverage, participants confirmed the **presence of a range of diverse services**, including home care, and residential care facilities. However, access to these services is often characterised by complexity and procedural burdens. While some reported successful access, this is typically achieved only after navigating demanding administrative processes. A significant **disparity** emerges between individuals who are already integrated into the system, often following hospitalisation, and those approaching it for the first time, with the latter encountering considerably greater difficulties.

Residential care, in particular, is **affected by structural shortages**, including long waiting lists and a limited number of available places. **Eligibility criteria** further restrict access. The increase in demand for access, combined with the shortage of available places and restriction in financial resources, has led to a rise in the eligibility threshold for services in the public sector, but increasingly also in the private sector: access is now granted only in cases of severe clinical conditions and situations of near-total dependency. This situation results in many individuals with less severe impairments, but still significant needs, being excluded.

Accessibility

Accessibility represents another critical dimension. Participants described **channels for obtaining information as poorly organised and lacking clarity**. **Direct contact** via phone call or in person with general practitioners and municipal social workers is considered the **most reliable one**. **Digital channels are perceived as inadequate**, offering limited and often unclear information, and serving primarily as a means to retrieve contact details rather than to facilitate comprehensive understanding.

Economic constraints further affect accessibility, as the costs associated with services can be prohibitive for certain groups, particularly when information about available financial support is not clearly communicated.

Participants also raised concerns about a possible **systemic opacity**, suggesting that unclear information may inadvertently **contribute to inequalities in access**. Indeed, such opacity disproportionately affects the most vulnerable ones, particularly those who lack informal support networks and guidance figures capable of assisting them in accessing information and navigating administrative procedures.

Finally, a **lack of information and awareness-raising initiatives on services directed to the older population** is also reported, resulting in individuals becoming aware of these services only in situations of acute need. This undermines a gradual, informed, and proactive engagement with available services, as well as limiting the ability to plan and make informed decisions about one's own ageing or that of one's family members. To address these challenges, several proposals are advanced, including the development of clear and concise access guides, the organisation of open days in residential facilities, and the promotion of awareness raising initiatives to inform and empower citizens before the onset of need.

Effectiveness

Participants generally assessed the **quality and effectiveness of care as adequate**, although some reported a decline compared to the pre-pandemic period. The most significant factor affecting performance is the **shortage of staff**, which impacts both the quality and continuity of services. The **COVID-19 pandemic** has further altered the functioning of care systems, in particular by **reducing family involvement in residential facilities and weakening informal support** networks that previously complemented formal care provision.

Participants also highlighted the importance of **trust-based relationships** between service users, caregivers, and professionals. Where such relationships are established, they facilitate communication, enhance flexibility, and support more participatory decision-making processes.

In addition to this, the **emotional dimension of care** also emerged as a significant factor: family members often experience feelings of guilt or inadequacy when transitioning a loved one to residential care, which may lead to more critical attitudes towards service providers. Nonetheless, it was recognised that professional care can have a positive impact on the quality of life of both the individual and their caregivers, particularly in situations where the care provided by families at home is no longer sustainable.

Additional issues

The discussion highlighted several additional issues and potential areas for improvement. Participants emphasised the need **for stronger and more inclusive information strategies**, particularly aimed at older populations and implemented through non-digital channels.

They also suggested **fostering greater community engagement** by involving active citizens in volunteering activities within residential care facilities. Such initiatives could contribute to strengthening the relationship between services and the local community while raising awareness of the challenges associated with ageing.

Finally, participants strongly express the **need for a single, centralised point of reference** capable of guiding citizens through available services, supporting through administrative procedures, and ensuring coordination across sectors.

2.2.4. Integrated analysis and identification of main strengths and gaps

The main findings emerging from the mapping activities and the needs analysis are presented below from a comparative perspective. In particular, the first part of this section outlines the strengths and critical issues that emerged transversally from the interviews and the focus group. Subsequently, discrepancies and differences in perspectives between service representatives and population target group are highlighted.

Strength transversally emerged from the interviews and focus groups

- **Acknowledgement of a comprehensive service system**: both service representatives and citizens recognise the formal existence of a broad range of services, including home-based care, residential facilities, and integrated health and social interventions. Interviewees describe a structured continuum of care, while citizens confirm the presence of multiple service options within the local system. However, both target groups report that this strength is more of a structural and potential nature rather than fully realised in practice. While the system is considered comprehensive in design, both perspectives implicitly acknowledge that its operatively realised in an uneven manner, thereby limiting the translation of availability into effective and timely support;
- **Recognition of the presence and importance of a personalised and relational approach to care**: both service representatives and citizens converge in highlighting the centrality of the relational dimension in service provision. Interviewees emphasise that there is a growing trend towards the personalisation of care pathways, attentive to evolving needs, particularly in the context of ageing and vulnerability. Focus group participants underscore the importance of trust-based relationships with professionals, noting that empathy, proximity, and trust enhance the care experience for the individual and families.

Challenges and weaknesses transversally emerged from the interviews and focus groups

- **Resource constraints and growing and evolving demand**: a challenge commonly recognized is the imbalance between increasing demand of care and support and the limitation of resources. Interviewees explicitly refer to staffing shortages, financial constraints, and rising complexity of needs of the population, while focus group participants experience these limitations in the form of long waiting times, restricted service availability, and reduced continuity of care;
- **Fragmentation of information**: both groups identify fragmentation as a major issue. Service representatives refer to the lack of integrated communication systems and coordination between institutional actors and recognise the fact that communication and information provision ultimately proves to be uneven and scarcely effective, especially with regard to digital channels. Citizens describe a fragmented and opaque system in which information is inconsistent, difficult to access, and often dependent on individual professionals. Such fragmentation, which manifest itself in the information and access channels, reflects an inherent organizational fragmentation within the service system that ends up generating inefficiencies, reinforcing the risks of inequalities in access;
- **Barriers to accessibility and complexity of procedures**: accessibility emerges as a shared concern, particularly in relation to procedural and informational aspects. Interviewees highlight the complexity of eligibility criteria and administrative procedures, while focus group participants provide concrete accounts of the difficulties encountered in navigating such procedures. This convergence demonstrates that accessibility is not merely a question of service presence but also of usability. Complex bureaucratic structures and unclear processes act as significant deterrents, particularly for first-time users, vulnerable individuals or those lacking a support networks
- **Limitations of digital communication and persistent digital divide**: both interviews and focus groups highlight the limited effectiveness of digital channels. While digital channels are getting increasingly relevant in the healthcare sector, they are often perceived as unclear, fragmented, and not user-friendly, particularly for older and vulnerable population groups.

Differences and divergences in perspectives from the interviews and focus groups

- **Perception of information accessibility**: Interviewees suggest that access to information is facilitated through professional mediation, particularly by social workers. Conversely, even though they recognize the effectiveness of direct communication with professional as a precious means to

receive information, citizens describe a system characterised by informational opacity and difficulties in reaching key contacts. They also stress the fact that clarity depends heavily on the initiative and competence of intermediaries and the presence of an informal network that can support the individual. This indicates that the reliance on interpersonal mediation, while effective in some cases, creates great variability and inequity;

- **Care organization and delivery**: service representatives emphasise the flexibility and personalised nature of care and assistance provision. However, focus group participants frequently report rigid organisational arrangements, burdensome administrative procedures, and limited adaptability to individual circumstances. This contrast suggests that personalisation may be achieved at the micro level of professional practice but is constrained at the macro level by institutional rules and resource limitations;
- **Access pathways**: professionals tend to highlight the gradual and progressive approach to accessing and moving through the network of services as a key strength of the system, emphasizing how this framework supports the acceptance of care by both the family and the beneficiary, particularly in light of the expected progression of the individual's condition. In contrast, focus group participants point out that this model remains largely ideal and difficult to implement in practice, where current conditions instead lead to patterns of access driven by crisis and urgency;
- **Understanding of access inequalities**: interviewees frame access issues in terms of systemic factors, such as demographic changes, socio-economic inequalities, and organisational constraints. Focus group participants, while recognising these phenomena, nevertheless tend to emphasise as a decisive factor the central role of personal resources and informal support networks surrounding the person in need;
- **Role of economic barriers**: while service representatives recognise the impact of financial constraints on access, focus group participants attribute a more central and decisive role to economic factors. Costs associated with care, particularly residential services, are described as prohibitive, and the lack of clear information on subsidies further exacerbates the problem.

2.3. Slovenia

In Beltinci, the mapping and needs analysis activities were carried out by the **Municipality of Beltinci**. The research focused on health care and social services operating within the municipality and surrounding areas.

A total of **20 social and healthcare services were mapped,** addressing a **diversified range of population target groups and vulnerable target groups**, including older adults, people with chronic diseases and long-term care needs, people with disabilities and experiencing financial and social vulnerability.

A total of **6 interviews** were conducted with both managerial and operational staff. Finally, **one focus group** was carried out, involving **older adults**.

2.3.1. Key findings from the desk research

The service system in the Municipality of Beltinci is characterised by a comprehensive and multi-layered framework of long-term care, healthcare, and community-based support, combining public institutions, concession-based private providers, non-governmental organisations, and strong volunteer networks. It reflects a well-developed long-term care framework supported by national legislation and local implementation, with a strong emphasis on ageing in place, social cohesion, and accessibility in a rural context.

Presented below is a comprehensive overview of service typologies, target groups, and categories of providers.

Typology of services

The mapped services can be grouped into the following main categories:

- **Long-term care and residential services**, including institutional residential care for older adults and day care centres, offering comprehensive nursing, social care, and daily support;
- **Home-based and community care services,** such as home care and home help services, including personal care, household support, and assistance with daily living;
- **Primary healthcare and prevention services** focused on health promotion, chronic disease management, and healthy ageing, combining individual consultations and group-based interventions;
- **Social welfare services**, such as counselling, financial benefits, and long-term care needs assessment system, acting as a central gateway for access to services, ensuring coordinated and needs-based allocation of care;
- **Humanitarian, charitable, and informal support** services delivered by non-governmental organisations and volunteer-based initiatives, providing food, clothing, emotional support, and outreach to isolated individuals, particularly in rural settings;
- **Mobility, nutrition, and practical support services**, such as volunteer transport services and meal delivery, addressing essential daily needs and compensating for gaps in accessibility and service coverage;
- **Social participation and active ageing initiatives** aimed at promoting social inclusion and active ageing, peer-support programmes, recreational and cultural activities, intergenerational initiatives, and physical activity programmes;
- **Inclusion and employment services** aimed at empowering individuals by fostering social integration, providing non-formal education, supporting employment, and helping vulnerable groups improve skills, access the labour market, and participate in community life;
- **Disability support services**, such as personal assistance programmes for individuals with severe disabilities, designed to promote autonomy and independent living through tailored, user-directed support;
- **Pharmaceutical and health-support services** provided by the community pharmacy service, which ensures access to medications, counselling, and chronic disease management support, forming part of the local health infrastructure.

Population target groups

- The service system addresses a broad population, with a strong focus on vulnerable groups:
- **Older adults**, particularly those who are non-autonomous or living alone;
- **People with chronic diseases and long-term care needs**;
- **People with disabilities**, including severe disabilities requiring personal assistance;
- **Individuals in situations of social or economic vulnerability**, including low-income households and unemployed persons;
- **Family caregivers**, who benefit from respite services and structured support;

- **Broader community groups**, including younger generations, through intergenerational and social participation initiatives.

Types of providers

The Beltinci service system is characterised by a pluralistic and collaborative governance model, involving:

- **Public sector institutions** such as ministries responsible for policy, funding, and system design, social care and healthcare providers, and municipalities;
- **Private providers** under public concession;
- **Non-governmental and third sector organisations**, that provide essential charitable and outreach services, especially for the most vulnerable populations often supported by EU and municipal funding;
- **Volunteer networks and community associations**, playing a critical role in fostering social cohesion, early detection of needs, and informal care provision;
- **Private market providers**, complementing publicly supported services.

The following section presents a list of the mapped services. For each service, a description is provided to offer a concise yet comprehensive overview of its purpose, specific features, and characteristics.

Residential institutional care for older adults

Residential institutional care for older adults is commissioned by the Ministry of Solidarity-Based Future and delivered by Dom Janka Škrabana, a private institute operating under public concession. The service covers the Municipality of Beltinci and the wider Pomurje region. The cost structure consists of partial public funding combined with a co-payment calculated on the basis of the residents' income and family means.

The service provides comprehensive residential care, social care and nursing, including accommodation, personal care, nutrition, recreational and daytime activities, as well as spiritual support, and targets older adults who can no longer live independently.

Access to information is available via website, phone, email, and in the physical premises of the service, with good accessibility thanks to the presence of parking, access to wheelchairs and the nearby bus stop). The access to the service submitting an application to the home's social department or via the Social Work Centre Pomurje, either in person or by post, and the frequent presence of waiting lists indicates high demand relative to capacity.

The service continuity is permanent, operating 24 hours a day, 7 days a week, making it a stable pillar of the long-term care system.

Day care and day activity centre for older adults

This service is commissioned by the Ministry of Solidarity-Based Future and delivered by Dom Janka Škrabana as a private provider under public concession, maintaining continuity with residential care services while diversifying the care offer. The service scope is local, focusing specifically on the Municipality of Beltinci. The cost is partly publicly funded with income-based co-payment, ensuring affordability while maintaining shared responsibility.

The service provides day care for older adults living at home who require daytime supervision and structured support, including meals, personal care assistance, and recreational activities. It indirectly offers respite for family carers.

The access information includes website, phone, email and physical address, while the activation modality requires application through the social department or Social Work Centre with a mandatory needs assessment, ensuring targeted access.

The service is provided on a continuous basis.

Family medicine- general practice with reference function

This primary healthcare service is commissioned and funded by the National Health Insurance Institute of Slovenia and delivered by the Health Centre Murska Sobota, ensuring universal coverage. The service scope is local, covering registered patients in Beltinci. Access is free under compulsory health insurance.

The service offers diagnosis, treatment, referrals, preventive screening, and chronic disease management, with a “reference function” specifically enhancing preventive care for older adults, such as cardiovascular risk screening and health coaching.

Information on the service and access modalities are available through the website, via phone, email, and online booking. The facility is fully accessible. The activation of the service requires selecting a general practitioner and booking appointments via phone or online, while the service provision is permanent, according to clinic schedules.

Community nursing and home health visits

This service is commissioned and funded by the National Health Insurance Institute and delivered by the Health Centre Murska Sobota, functioning as a public outreach extension of primary care and covering all villages in the Municipality of Beltinci. The cost is free under health insurance.

The service foresees scheduled and on-demand home visits, providing wound care, medication management, chronic condition monitoring, post-hospital support, neonatal visits, and welfare checks for isolated individuals, showing a strong integration between health and social care. The beneficiaries include older adults, chronically ill patients, discharged patients, and new mothers.

Information is ensured via the website, telephone numbers, and the service address, while access is activated through GP referral or direct contact, with a weekend on-call service available for urgent cases. Service provision is continuous.

Health promotion and disease prevention programmes for older adults

This preventive health service is commissioned by the National Institute of Public Health and the National Health Insurance Institute and delivered by the Health Centre Murska Sobot, a public provider. The scope of the service is regional, covering the Pomurje region. The cost is free under health insurance.

The service offers consultations and workshops on physical activity, nutrition, mental health, stress management, smoking cessation and chronic disease self-management, combining group and individual interventions. The typology is territorial, and the beneficiaries are adults, especially those aged 55+ or with chronic conditions.

The access information includes website, phone, email, and address, though accessibility may be limited due to distance and lack of direct transport connections. The activation modality allows both self-referral and GP referral, while the continuity is permanent through annual programming.

General social welfare, counselling, rights navigation and adult guardianship

This service is commissioned by the Ministry of Labour, Family, Social Affairs and Equal Opportunities and delivered by the Social Work Centre Pomurje, a public social welfare institution that represents the central

access point to social protection mechanisms. The service scope is local, with the Murska Sobota unit covering the Municipality of Beltinci. The service is free of charge, ensuring universal access for individuals in need.

The service provides comprehensive social work functions, including needs assessment, counselling, and assistance in accessing social entitlements such as social assistance, disability benefits, care supplements, and housing subsidies, as well as referrals to specialised services. It also provides adult guardianship functions, ensuring legal protection for individuals with diminished capacity due to dementia or cognitive decline. The beneficiaries include all persons in social need, particularly older adults, people with disabilities and those in financial hardship.

The access information can be retrieved via website, telephone, email and at the service premise, which is barrier free and served by good transport connections. The activation modality is through in-person visits or telephone appointments, with forms available online or at the office, ensuring both digital and physical entry points. The service continuity is permanent, operating year-round according to official hour.

Long-Term Care Needs Assessment and Entitlement Gateway

This service is a statutory gateway established under the Long-Term Care Act and commissioned by the Ministry of Solidarity-Based Future, with operational responsibility assigned to the Social Work Centre Pomurje. The provider type is public, and the scope is both local and regional, covering the Pomurje region. The cost structure includes free assessment, while subsequent services involve co-payment based on income and assigned care category, reflecting a regulated entitlement system.

The service consists in professional assessment of long-term care needs, assigning care levels and coordinating referrals to appropriate providers, thereby functioning as the official entry point to long-term care services. The typology is territorial with an additional system-gateway function, and the beneficiaries include older adults, people with disabilities and individuals with chronic illness requiring long-term care.

Information is made available via the website, a dedicated phone line, helpline, e-government portal, and physical address, offering multiple access routes. Service activation can take place online, in person, or through referral from healthcare or social care professionals, ensuring flexibility. Service provision is continuous.

Home-based personal and social care/Long-term care-help at home

This service is commissioned and co-financed by the Municipality of Beltinci and the Ministry of Solidarity-Based Future and delivered by Dom Starejših Rakičan, a public social care institution. The cost is subsidised with income-based co-payment, with prices approved by the municipal council.

The service includes practical assistance and personal care at home, such as hygiene, household tasks, meal preparation, medication reminders and administrative support, enabling independent living. The typology is territorial, and the beneficiaries include older, people with disabilities and chronically ill individuals lacking family support.

Information can be found on the website, via phone contact and email, and the activation modality requires application through the Social Work Centre or directly with the provider. The service operates permanently, including weekends for essential care. Its role in enabling ageing in place and its connection to the long-term care system is considered crucial.

Humanitarian aid, social networking and community support

This service is delivered by a voluntary humanitarian organisation operating under the national Red Cross Slovenia framework, with local implementation by the Murska Sobota regional association and Beltinci branch. The service is free of charge, reflecting its charitable nature.

The service offers food and clothing distribution, home visits to isolated older adults, peer support programmes, and emergency social assistance. The beneficiaries are vulnerable individuals, particularly older adults living in Beltinci area with low income or limited social networks.

Information is granted via the website, phone, email, and local branch contacts, while the activation process involves direct contact with the association, reflecting a low-threshold access model. Service provision is continuous and represents a core pillar of local social cohesion and outreach.

Charitable social support and pastoral care

This service is provided by Parish Caritas Beltinci and Dokležovje, operating under the Caritas network. The service is free.

It includes visits, emotional support, and material aid, often acting as the only support network in remote areas of the territory of Beltinci. The beneficiaries are older adults, low-income individuals and people in distress.

The access information includes parish contacts and websites, and the activation modality is direct contact through parish networks. The service operates permanently, representing an informal pillar of the rural care systems.

Volunteer transport service for older and mobility-impaired adults

This service is commissioned and coordinated by the Municipality of Beltinci in partnership with Zavod Zlata mreža and implemented by the Prostofer programme. It is free and provides transport to health and social services, shops and activities, addressing rural areas at the local level. The beneficiaries are adults aged 65+ and people with mobility impairments lacking transport.

Information is facilitated through municipal contacts, while service activation takes place via phone booking, ensuring accessibility for older users. Service provision is continuous, although it depends on the availability of volunteers.

Peer support home-visiting programme for isolated older adults

This service is part of a national programme coordinated by the Slovenian Federation of Pensioners' Associations and locally implemented by the Pensioners' Society Beltinci. The service is free.

It is operated by trained older volunteers, addresses isolated older adults and offers conversation, emotional support, assistance and orientation in the service system, and identification of unmet needs and risks, playing a key role in early detection of needs and in fostering social cohesion.

Access is mediated by the Union of Pensioners' Societies or local Pensioners' Society through social workers, health workers, or direct self-referral.

Social, cultural and recreational activities for retirees and older adults

This service is provided by the Pensioners' Societies Beltinci and Melinci, with the support of the Municipality of Beltinci. The cost involves low membership fees with mostly free activities.

The service includes excursions, educational activities, clubs and intergenerational events, supporting active ageing. The beneficiaries are older adults.

Information is accessible through online and municipal contacts, while service activation occurs through voluntary membership and participation. Service provision is continuous.

Social integration, non-formal education and supported employment for vulnerable groups

This service is co-funded by the Municipality of Beltinci and EU funds and delivered by ZRIRAP Social Enterprise, Employment and Integration Centre Prijlika (Zaposlitveni center Prijlika), and Association Prijlika (Društvo Prijlika). The cost is mostly free or symbolic.

It offers skills training, employment support and social integration activities, targeting vulnerable groups. The typology is territorial with additional employment focus, and the beneficiaries include unemployed persons, retirees and those at risk of exclusion.

Information is reachable via website and local centres, while service activation occurs through direct registration. Service provision is regular and operates year-round.

Leisure, cultural and intergenerational activities for all generations

This range of services is provided by multiple voluntary associations supported by the municipality. The cost is low and most of the times, participation is free of charge.

The activities, addressing all generations, but particularly focused on older adults and youth in intergenerational settings, include cultural events, sports and intergenerational programmes, fostering community cohesion.

Information is accessible via the various municipality channels, with open participation. The activities are operated permanently.

Free group outdoor exercise for older and inactive adults

This service is part of the programme of Šola zdravja, a national non-governmental organisation with local facilitation. The service is free and open access.

It provides group exercise sessions adapted for older adults, combining physical activity with social interaction.

Information on the programme are available on the Municipality website. Access is direct, without registration, and the service operates on year-round basis.

Personal assistance for people with severe disabilities

This service is fully commissioned and funded by the Ministry of Labour under the Personal Assistance Act and delivered by authorised providers, mainly private or NGOS, such as Maja Tkalec and Zavod Kajlan. Its scope is local and regional. The service is free for eligible users.

It provides personal care and hygiene, accompaniment, administrative guidance and support for participation, targeting people aged 18–65 with severe disabilities. The service is operated by personal assistants who work under the direction and instruction of the person they support, maximising their autonomy.

Access is ensured through Ministry application, followed by provider selection, and the service operates permanently.

Daily hot meal delivery to older adults at home

This service is provided by private commercial providers, with a local scope, and operates at market price without municipal subsidy.

It offers daily meal delivery to older adults unable to cook, addressing a key functional need.

Information on the services are offered in the website, via email or phone contact. Access is through provider contacts, with direct booking. The service operates regularly.

Community meal collection for older adults from institutional kitchens

This service is provided by Beltinci Primary School and Dom Janka Škrabana through agreements with the municipality, combining public and private provision. The scope is local, and the cost is low market price.

The service provides daily prepared meals that older adults or their family members can pick up in person from the facility’s kitchen, located at the primary school or the care home. The service complements home delivery in cases where delivery is not feasible or accessible.

Information is available at the providers websites, email and phone contacts.

Access is granted through direct arrangement with providers, and the service operates permanently on working days.

Community pharmacy

This service is provided by Lekarna Beltinci (Pomurske Lekarne) pharmacy network, co-established by the municipality. The cost includes free or co-paid prescriptions and market-priced over the counter products.

It delivers medication dispensing and counselling, supporting chronic disease management. The typology is territorial, and the beneficiaries include all residents, especially older adults.

Information is granted through the pharmacy website, email and via phone.

Access is direct walk-in without appointment, and the service operates permanently according to opening hours.

2.3.2. Key findings from the interviews

The interviews, conducted with a diverse range of institutional, community-based, and voluntary actors, highlight a well-developed local support system characterised by cooperation, an orientation towards prevention, and a high level of commitment to user well-being. At the same time, they reveal transversal challenges related to limited resources, difficulties in reaching the most vulnerable groups, and the need to strengthen long-term sustainability and outreach.

Effectiveness and efficiency

The interviews conducted show a general **strong orientation of the services towards addressing the needs of vulnerable populations**, including older people, individuals with chronic conditions, socially disadvantaged groups, and families at risk. Across the different domains covered by the diverse services, such as health promotion, social welfare, voluntary support, and community-based initiatives, interventions are generally tailored, preventive in nature, and aimed at maintaining autonomy, improving well-being, and reducing social exclusion.

A key strength emerging from the interviews is the emphasis on **multidisciplinary cooperation and a community-based approach**. Services often operate in close collaboration with municipality, healthcare providers, non-governmental organisations, and local associations, which enhances their responsiveness and ability to detect needs early. Preventive programmes, on the ground activities, and personalised support contribute to improved outcomes, particularly in strengthening health literacy, encouraging healthier lifestyles, and stabilising vulnerable family situations.

However, effectiveness is constrained by **several structural limitations**. These include **insufficient staffing, limited financial resources**, and challenges in reaching certain vulnerable or less motivated groups. In some cases, the sustainability of interventions is affected by the availability of volunteers or project-based funding. Additionally, the growing complexity of the population's needs, strongly connected to demographic ageing and social changes and challenges, places further pressure on service capacity.

Accessibility

Accessibility is generally **assessed positively**, particularly in relation to physical proximity and availability of services within the local context. Many services adopt flexible and proactive approaches, including home visits, and community-based activities, which significantly improve access for individuals with mobility limitations or reduced autonomy.

According to respondents, **information is disseminated through a combination of formal and informal channels**, including institutional networks, printed materials, digital tools, and personal communication.

While **digital channels are increasingly used** and represent an effective tool for more technologically literate users, **personal contact remains the most important and effective means of communication**, especially for older and vulnerable populations.

Despite these strengths, **several barriers** are reported. **Lower digital literacy** among older users, **limited awareness** of available services, and the **complexity of administrative procedures** can hinder access. In addition, geographical factors and **limited public transport** may affect people living in more remote areas.

Frequency of use and coverage

Interviews reveal a generally **good level of engagement, access and participation in services and activities**, particularly where they are well promoted and embedded within the local community. Certain initiatives, in particular those provided by associations and community organisations, show high level of participation and strong territorial reach, reflecting their relevance and responsiveness to local needs.

Nevertheless, respondents report that **services do not fully reach all individuals** who could benefit from them. Coverage gaps are primarily attributed to **unexpressed or hidden needs, limited awareness** among potential users, and personal or **social barriers such as reluctance to seek help**. Vulnerable individuals, particularly older people living alone or in isolated conditions, may remain outside the system despite existing support structures.

Active presence at the territorial level, cooperation with local stakeholders, and personal invitations are indicated as **key strategies for improving outreach and inclusion**. Indeed, because of the limitations and barriers mentioned above, in several cases the identification of needs relies more on proactive engagement by service providers and volunteers than on spontaneous user demand, highlighting the importance of a community-oriented approach.

Quality of service delivery

The interviewees report that **professionalism, dedication, and empathetic approach** of service providers are appreciated and recognized by users and their families, as well as the **value of personalised support** and the relational dimension of care.

Moreover, the availability of practical advice, the opportunities for social interaction, continuous support, and the respectful and compassionate treatment of users are particularly appreciated. Indeed, **in many cases, services contribute not only to addressing material or health-related needs but also to improving psychological well-being and fostering a sense of belonging and security**.

However, some areas for improvement are identified. These include the **need to expand service capacity, ensure greater continuity** of activities, **strengthen user motivation for long-term engagement**, and **address infrastructural limitations** such as inadequate premises.

Additional issues

Several cross-cutting issues and strategic priorities emerge from the interviews. A central theme is the **importance of preventive and community-based approaches**, which are considered more effective, less burdensome for users, and more sustainable in the long term compared to reactive interventions.

The **role of interinstitutional cooperation** is also highlighted as a key factor for success. Strong partnerships between municipalities, healthcare institutions, non-governmental organisations, and community groups are considered key to enhance both service effectiveness and coverage.

At the same time, the **need for sustainable funding and sufficient staffing** is repeatedly emphasised as a prerequisite for maintaining and expanding services. Additional priorities include **strengthening health literacy, reducing inequalities in access, improving outreach to hard-to-reach groups, and enhancing infrastructure and operational capacities**.

Finally, the interviews underline the **importance of maintaining a user-centred approach**, based on respect, dignity, and personal contact, as a cornerstone of effective and high-quality service provision within the local community.

2.3.3. Key findings from the focus group

The focus group conducted in Beltinci offered a comprehensive overview of the perceptions, experiences, and needs of older individuals in relation to local health and social services. The discussion reflected a nuanced understanding of both the strengths and shortcomings of the existing support system, highlighting the centrality of community-based initiatives alongside persistent structural challenges. Participants were predominantly active members of a local pensioners' association, which provided them with both direct experience and indirect insight into the needs of the wider older population.

Perceived presence and awareness of services

The **local pensioners' association** emerged as a well-known and **pivotal actor in the local social ecosystem**, fostering social cohesion, preventing isolation, and promoting active and healthy ageing through a broad range of activities. **Social interaction** was identified as particularly **crucial**, especially in a context where many older individuals live alone and rely on organized activities as a primary source of engagement. Volunteering constituted another key dimension of community life. According to participants, **structured initiatives based on peer support enable** regular **contact with more vulnerable individuals, facilitating early detection o**f loneliness, neglect, or even abuse.

At the institutional level, **a variety of service providers is acknowledged**, including healthcare, social, and charitable organizations. While cooperation among these actors was generally perceived as positive, participants stressed the need for stronger coordination and more systematic information exchange. A significant concern consists in the lack of clear and accessible information about available services and entitlements. Traditional communication channels, particularly printed local newsletters and interpersonal networks, were considered far more effective than digital platforms, which remain underutilized among older populations.

Coverage

The overall **availability of services was assessed as relatively broad**, encompassing healthcare, social support, and community-based initiatives. Certain services were highlighted as particularly effective, including pharmacy services, which were praised for their efficiency and user-oriented approach, and charitable organizations providing material and financial assistance. Preventive health initiatives implemented locally were also valued for reducing the need for travel to more distant urban centres.

Transport services specifically designed for older individuals were recognized as essential in enabling access to healthcare and daily activities. Similarly, **health promotion initiatives were appreciated** for addressing preventive care needs within the community.

However, **significant gaps** in coverage were identified. **Long-term care and home-based assistance** were considered **insufficient**, primarily due to staffing shortages and increasing demand. Immobile individuals were identified as particularly disadvantaged, due to the fact that some essential services, such as dental care, are not available in domiciliary form.

Participants also emphasized the **absence or unaffordability of support for everyday domestic tasks**, including maintenance work and household assistance. Furthermore, there was an expressed **need for expanded housing solutions** tailored to older persons, as well as **indoor spaces for social interaction**, especially during colder seasons. Overall, while the scope of services is relatively extensive, important areas remain underdeveloped or inaccessible to those most in need.

Accessibility

Accessibility emerged as a major area of concern, with multiple barriers limiting effective use of available services. **Administrative inefficiencies, long waiting times, and difficulties in communication**, particularly with healthcare institutions, were frequently reported. **Telephone access and appointment scheduling** were described as **problematic**, while **perceived poor flexibility in service organization** further discouraged utilization.

The quality of interpersonal interactions also influenced accessibility. **Negative experiences with staff attitudes and behaviours** eroded the trust in public healthcare institutions, leading some individuals to seek care from private providers, which are perceived as more responsive and more inclined to adopt a user-centred approach.

Information barriers were particularly salient. Many older individuals lack awareness of existing services and procedures, a situation exacerbated by increasing digitalisation. **Limited digital literacy** and restricted access to online tools significantly hinder independent navigation of the system.

Mobility constraints further compound these challenges. Although specialized transport services exist, they are not sufficiently comprehensive to cover all practical needs. Financial limitations additionally restrict access to certain services, especially those not publicly funded.

Effectiveness

The effectiveness of services was **perceived as uneven**, with some **community-based initiatives demonstrating high levels of impact**, while others, particularly **institutional services**, were **viewed more critically**.

Local associations and volunteer-based programmes were widely **regarded as highly effective**, particularly in promoting social inclusion, mutual support, and early identification of needs. These initiatives were valued not only for their direct services but also for their role in bridging gaps between individuals and formal systems. Charitable organizations and transport services were similarly commended for their responsiveness and alignment with user needs.

In contrast, **public healthcare services were often perceived as less effective** due to communication shortcomings, organisational inefficiencies, and limited engagement with the local community. Preventive group activities and counselling services were considered insufficiently developed, leaving individuals to navigate complex health issues independently.

A recurring issue concerned the **lack of coordination among service providers**. Instances of duplicated support alongside unmet needs pointed to inefficiencies in resource allocation.

Additional issues

Participants identified several emerging priorities requiring further attention. Among these, the issue of **violence and neglect affecting older individuals** was highlighted as particularly concerning, yet often underreported. **Strengthening mechanisms for anonymous reporting and** providing **targeted support** for victims were considered essential steps.

The importance of enhanced cooperation among all stakeholders, public institutions, civil society organizations, and volunteers, was reiterated as a cross-cutting priority. Improved coordination was viewed as a prerequisite for more efficient and equitable service delivery.

Social infrastructure also emerged as a key theme. The need for accessible spaces enabling social interaction and intergenerational engagement was emphasized, alongside small-scale infrastructural improvements such as additional seating and waste facilities in public areas.

Additionally, they stressed the necessity of **expanding support for administrative procedures and documentation**, an area in which many older individuals require assistance. Reinforcing volunteer capacities and developing integrated support systems were proposed as practical measures to improve access and responsiveness.

Finally, participants proposed the creation of an **integrated support mechanism functioning as a single access point** for information, administrative assistance, and service coordination. Such a structure, supported by collaboration among institutional and community actors, was seen as essential for improving accessibility and ensuring continuity of care.

2.3.4. Integrated analysis and identification of main strengths and gaps

The main findings emerging from the mapping activities and the needs analysis are presented below from a comparative perspective. In particular, the first part of this section outlines the strengths and critical issues that emerged transversally from the interviews and the focus group. Subsequently, discrepancies and differences in perspectives between service representatives and population target group are highlighted.

Strength transversally emerged from the interviews and focus groups

- **Centrality of community-based and relational approaches:** both service representatives and citizens consistently emphasise the importance of community-based interventions and the relational dimension of care. Interviewees describe a system strongly oriented towards prevention, early intervention, and personalised support, grounded in cooperation among institutional and community actors. Focus group, on the other hand, highlight the crucial role played by local associations, volunteer networks, and peer-support initiatives in fostering social inclusion, preventing isolation, and identifying emerging needs at an early stage;

- **Recognition of a broad and diversified service offer:** respondents to interviews and focus group participants acknowledge the existence of a relatively extensive set of services, including healthcare provision, social support, community initiatives, and charitable programmes. Interviewees underline the diversity of interventions, particularly in the fields of prevention and health promotion, while citizens recognise the availability of multiple forms of community-based support, including transport services, pharmacy care, and local initiatives.

Challenges and weaknesses transversally emerged from the interviews and focus groups

- **Resource constraints and sustainability issues**: a major point of convergence concerns the limitations imposed by insufficient financial and human resources. Service representatives refer to staffing shortages, reliance on volunteer engagement, and project-based funding models that undermine continuity. Focus group participants report experiencing these constraints through gaps in service provision, particularly in long-term care and home-based assistance, and through the limited availability of certain essential services;

- **Difficulties in reaching the most vulnerable and hidden needs**: both interviews and focus groups highlight the persistence of unmet and unexpressed needs, especially among isolated or less visible populations. Interviewees stress the challenge of engaging individuals who are reluctant to seek help or are unaware of available services, while focus group participants confirm that many older individuals, particularly those living alone, remain outside formal support networks;
- **Fragmentation of information and coordination gaps**: both groups identify fragmentation as a critical issue. Service representatives refer to the need for stronger interinstitutional cooperation and improved information systems, while citizens report a lack of clear, accessible, and coordinated information about services and entitlements;

- **Accessibility barriers and digital divide**: accessibility challenges are recognised in both perspectives, particularly in relation to information and communication. Interviewees acknowledge that digital tools, while increasingly used, are not fully accessible to older populations, who rely more on personal contact. Focus group participants confirm this limitation, emphasising difficulties in using digital platforms and the inadequacy of online information.

Differences and divergences in perspectives from the interviews and focus groups

- **Assessment of accessibility**: a notable divergence concerns the evaluation of accessibility. Service representatives describe a system that actively promotes access through flexible approaches, such as home visits and community-based activities. In contrast, focus group participants report significant barriers, including administrative inefficiencies, long waiting times, and communication difficulties with institutions;
- **Perception of effectiveness**: interviewees stress the preventive and proactive nature of services, presenting them as effective and trustworthy in offering proper support, maintaining autonomy and reducing risks. Conversely, focus group participants offer a more differentiated evaluation, recognising the effectiveness of community-based and volunteer initiatives while expressing more critical views and lack of trust in services provided by institutional actors, particularly those belonging to the healthcare sector;
- **Role of volunteers and informal networks**: service representatives present volunteer engagement as a complementary resource that enhances outreach and community integration. In contrast, citizens describe volunteer networks as a necessary substitute for gaps in formal service provision, particularly in identifying needs and supporting vulnerable individuals. This difference highlights a divergence in the perceived function of informal support: what providers consider an added value is experienced by users as a compensatory mechanism for systemic insufficiencies;
- **Understanding of information provision**: interviewees describe a diversified and rich communication strategy that combines formal and informal channels. However, focus group participants emphasise the lack of clear, consistent, and accessible information, noting that awareness of services is often limited and dependent on personal networks or chance encounters;
- **Interpretation of coverage**: service representatives report generally good participation levels in community-based services and highlight proactive strategies to engage users. In contrast, citizens point to significant gaps in coverage, particularly in long-term care, domiciliary services, and support for daily activities, as well as financial and infrastructural barriers limiting access.

3. Cross-regional insights

This chapter provides a comparative analysis of the data collected through mapping and needs assessment activities conducted in the three pilot areas of Labin, Santa Bona district, and Beltinci. Its primary objective is to identify cross-cutting elements that have emerged across the different sites, while simultaneously highlighting the specific ways in which these elements are articulated and embedded within the respective local contexts.

The first section focuses on the key findings, which are presented according to the thematic domains, in coherence with the analytical framework adopted at the regional level for the interviews and the focus groups. The second section, by contrast, aims to systematically outline the critical issues that have transversally emerged organised according to the same thematic criteria.

Assessing existing challenges and systematically identifying areas for improvement is of paramount importance, as these dimensions delineate key domains for potential intervention through the one-stop shop model at both transregional and local levels. Crucially, they also constitute the shared transnational foundations upon which a common one-stop shop framework can be developed. Accordingly, the model will be characterised by a harmonised structural architecture, grounded in shared principles, while simultaneously maintaining a sufficient degree of flexibility to allow for context-sensitive adaptation. This dual orientation ensures that the model attains general validity to be applied across diverse contexts and, while simultaneously being effectively tailored to address the specific configurations of challenges observed in local settings.

3.1. Comparative analysis of key findings

The following section provides a systematic overview of the key findings identified across the three pilot areas, organized according to thematic domains.

Effectiveness and efficiency

Across the three pilot areas, service effectiveness is generally perceived as **positively oriented towards addressing the needs of vulnerable population groups**, although characterised by distinct structural configurations and operational approaches. The sites show **good availability and differentiation of services**, offering response to the diverse needs of older people and individuals who are vulnerable or at risk of vulnerability.

More specifically, in Labin, effectiveness emerges as relatively high in terms of alignment of service provision with the diverse needs of users and the consequent multidimensional nature of interventions required. However, it is significantly constrained by systemic fragmentation, resource instability, and capacity shortages. Furthermore, while the presence and diversity of services are generally recognised by different social actors, citizens tend to perceive them as largely formal, criticising the effective possibility of accessing and systematically and continuously benefiting from these services.

In Santa Bona, effectiveness of services is generally recognised as high, and closely associated with a progressive and structured approach to care pathways, enabling gradual transitions across the different levels of assistance. This model is aimed at supporting continuity of care and tailored assistance based on the evolving of needs. Nevertheless, as in the case of Labin, increasing demand of care and support, workforce shortages, and long waiting times constitute a limit to its responsiveness. This leads to a situation in which, in many cases, needs are addressed when the individual's condition has reached very acute levels of severity, ultimately undermining in practice a model oriented towards a progressive, gradual and tailored approach.

Beltinci presents a somewhat distinct configuration, where effectiveness is strongly associated with preventive, community-based, and collaborative programmes and practices. The integration between institutional and non-institutional actors enhances early detection of needs and promotes user well-being. Nevertheless, as is the case for the other two pilot areas, constraints related to limited resources and difficulties in reaching the most vulnerable groups reduce the system's overall impact.

Across all contexts emerge a tension between individual professional commitment, often positively evaluated, **and systemic inefficiencies**, including administrative complexity and insufficient coordination. This tension results in a situation where services may be formally delivered, yet only partially effective in responding to users' specific conditions and needs.

In addition to this, the three pilot areas report an ongoing **demographic transformation** mainly consisting in a structural ageing of the population and a progressive rise in their average age. This dual trend has significant implications for service systems, as it contributes both to the **expansion of demand and to the intensification of its complexity**. Needs are becoming increasingly multidimensional, combining health-

related, social, and psychological components that require new and more integrated responses from services.

These dynamics are further compounded by **changes in the demographic profile and social conditions of the population** connected to broader social phenomena. As an example, the growing demand of psychological support reflects **evolving patterns of vulnerability**, while the **gradual erosion of informal support networks**, traditionally a key pillar of care and support, reduces the system's capacity to rely on family or community-based resources. These trends point to a growing misalignment between emerging needs and existing service configurations.

Accessibility

Accessibility represents a **critical and problematic dimension across all three sites**, though with varying manifestations, ranging from availability and accessibility of information through digital channels and complex access procedures to physical limitations related to transportation and infrastructural reasons.

In Labin, accessibility is hindered by a combination of informational, physical, and social barriers. Access procedures are inherently complex, as they frequently involve coordination with multiple institutional actors. Disparities in communication effectiveness and significant infrastructural constraints, such as the lack of effective public transportation, particularly in rural areas, limit equitable and continuous access. Additionally, digital channels are perceived as scarcely user-friendly and reliable, with a tendency to place more trust on informal communication channels, such as word-of-mouth.

In Santa Bona, accessibility issues are associated with procedural complexity and fragmented information systems. Digital channels are perceived as insufficiently clear and scarcely user-friendly. Consequently, effective navigation of the system is often contingent upon informal support networks or on the involvement of committed professionals, rather than on formal information and access channels.

Beltinci displays comparatively stronger accessibility at the local level, supported by proximity, outreach activities, and service delivery models such as home visits. However, barriers related to digital literacy, administrative complexity, and transport limitations persist, particularly for older and more isolated individuals.

Across all three sites, **a consistent reliance on interpersonal communication as the primary channel of access** emerges, alongside widespread **dissatisfaction with, and mistrust of, digital communication, information delivery systems, and institutional accessibility**.

Moreover, the **fragmentation and limited clarity of information and access** mechanisms, coupled, in certain contexts, **with physical barriers** related to distance and inadequate transport infrastructure, **contribute to the exacerbation of health inequalities**. Vulnerable population groups, particularly older individuals living alone or in conditions of social isolation, as well as those experiencing socio-economic disadvantages, are disproportionately affected. In the absence of support networks capable of mediating access and facilitating navigation, these groups face an increased risk of exclusion and are less likely to benefit from available services.

Coverage

All three contexts show a **mismatch between service availability and actual coverage**.

In Labin, this mismatch is characterised by a pronounced over-demand for specialised services, which the current system is unable to adequately absorb. This situation, combined with persistent staff shortages and structural and financial constraints, results in significant operational pressures. These pressures manifest in extended waiting times, reduced continuity and frequency of service provision, and a limited capacity to scale interventions in response to growing needs. At the same time, while certain services provided by institutional actors are overstretched, others, particularly community-based and preventive initiatives, remain underutilised. This underuse is not indicative of a lack of need, but rather reflects the presence of logistical barriers, such as limited transport availability, as well as socio-cultural factors that influence

service uptake, including a preference for informal care arrangements or limited awareness among potential users.

Santa Bona similarly exhibits patterns of insufficient service coverage, particularly in the domains of residential and home-based care, where demand systematically exceeds available capacity. This imbalance is exacerbated by structural constraints, including persistent staffing shortages and the progressive reduction of financial and infrastructural resources, which collectively undermine the system's ability to respond in a timely and comprehensive manner. In addition, access to services is strongly mediated by socio-economic factors. On the one hand, the costs associated with care provision, especially in the case of residential services, constitute a significant barrier, limiting access for segments of the population with fewer financial resources. On the other, loneliness, lack of informal support and awareness, limit access of older people and people experiencing social disadvantage that could highly benefit from intervention aimed at providing care and support. This situation contributes to the emergence and amplification of inequalities, whereby individuals in need may be excluded or may delay access to care due to socio-economic constraints.

In Beltinci, service coverage appears, in formal terms, relatively extensive, particularly with regard to community-based and preventive interventions, which are well embedded within the local context. However, this apparent breadth coexists with significant structural gaps. These are especially evident in the domains of long-term care and home-based assistance, where the availability and intensity of services remain insufficient to meet growing demand. Furthermore, limitations in outreach capacity hinder the system's ability to effectively identify and respond to latent or unexpressed needs. This is particularly relevant for vulnerable population groups residing in rural and geographically remote areas, where spatial dispersion, mobility constraints, and weaker social networks contribute to reduced visibility within the service system.

Despite context-specific differences, the three cases reveal a **consistent pattern of misalignment between the formal availability of services and their effective accessibility and capacity to meet the demand**. In all contexts, **structural constraints**, such as staffing shortages, financial limitations, and organisational rigidity, **combine with socio-economic and territorial barriers** to produce uneven service utilisation and persistent gaps in coverage. These circumstances result not only in **unmet or delayed care needs**, but also in the **reinforcement of existing inequalities**, particularly among more vulnerable population groups.

Quality of Service Delivery

Across all three sites, the **quality of service delivery is consistently evaluated as high**, particularly with regard to the relational dimension of care, which emerges as a central determinant of user satisfaction and perceived effectiveness.

In Labin, quality is primarily associated with personalised support, empathy, and the continuity of relationship between professionals and users, which contribute to fostering trust and ensuring tailored responses to individual needs. However, these strengths are partially hindered by structural constraints, including limited resources and organisational shortcomings, which affect service continuity and scope.

A similar pattern is observed in Santa Bona, where quality is closely linked to trust-based relationships, active involvement of families, and interdisciplinary collaboration. At the same time, tensions emerge between the need for standardisation -aimed at ensuring equity and consistency but at the same time forced and intensified by a structural scarcity of human and financial resources- and the capacity to adequately respond to individual needs. In particular, insufficient service intensity, often associated with resource limitations, may constrain the effectiveness of otherwise well-functioning care pathways and bring to an over-standardisation based on lack of resource rather than on equity-oriented approaches.

In Beltinci, emphasis is placed on professionalism, staff dedication, and a holistic approach to the person. Quality is not only associated with the provision of health and social services, but also with attention to psychological well-being and social inclusion. In this context, community-based initiatives play a key role in enhancing perceived quality, by fostering a sense of belonging and strengthening social cohesion.

The three sites show a convergent understanding of **quality of service delivery as fundamentally rooted in the relational dimension of care**, with trust, continuity, and personalisation emerging as shared core elements. In all cases, the high quality perception is **closely associated with the ability of professionals to establish meaningful, trust-based relationships and to adopt holistic approaches** that address not only clinical needs but also social and psychological well-being. At the same time, these **strengths are consistently constrained by structural limitations**, particularly the scarcity of human and financial resources, which tends to reduce service intensity, continuity, and adaptability. This **often generates tensions between the aspiration to provide personalised**, responsive care **and the need for standardisation**, which, while intended to ensure equity, is frequently driven by resource constraints.

3.2. Cross-cutting critical issues

The following section presents the issue of a critical natures and areas for improvement identified across the three pilot areas, organized according to thematic domains.

Effectiveness and efficiency

A fundamental cross-cutting issue concerns the **tension between the strong professional commitment embedded in service provision and the structural limitations** that undermine overall effectiveness. Across contexts, services are generally aligned with the needs of vulnerable populations and are often characterised by personalised and multidimensional approaches. However, their capacity to produce sustained and systemic impact is constrained by recurring factors, including insufficient human resources, unstable or inadequate funding, and increasing demand associated with demographic and social changes.

Another critical issue relates to the **persistence of systemic inefficiencies, particularly administrative complexity and weak inter-institutional coordination**. These factors limit continuity of care and reduce the capacity of services to respond effectively to complex and evolving needs. Furthermore, a gap emerges between formal service provision and actual outcomes, indicating that effectiveness is often achieved at level of individual interactions but remains fragile at the system level.

Accessibility

Accessibility presents pervasive and multidimensional criticalities across all sites. A key issue concerns the **fragmentation and inadequacy of information systems, which results in limited transparency and weak user orientation.** Access to services is frequently mediated by informal networks or individual professionals, rather than supported by clear, standardised, and proactive communication mechanisms.

Digitalisation, while potentially beneficial, **introduces additional inequalities** due to uneven levels of digital literacy, particularly among older populations. At the same time, traditional channels such as telephone and in-person contact are often inefficient or difficult to navigate, further complicating access.

Physical and geographical barriers, including limited transport infrastructure and uneven territorial distribution of services, exacerbate disparities, especially in rural or peripheral areas.

Administrative complexity and lack of clarity in procedures also constitute significant obstacles, contributing to a system that is perceived as opaque and difficult to navigate. Overall, accessibility is strongly influenced by individual capacities and social capital, rather than ensured through inclusive system design.

In all three contexts, **these factors further exacerbate inequalities**, constituting an even greater barrier for older people, especially those who are more vulnerable and lack informal support network.

Coverage

A consistent cross-cutting issue concerns the **mismatch between the availability of services and their effective coverage**. Despite the presence of a relatively broad range of interventions, services frequently

fail to reach all individuals in need. This is **due both to capacity constraints**, such as shortages of staff and limited service places, **and to structural and socio-cultural barriers** that hinder access.

Demand often exceeds supply, particularly in specialised and long-term care services, resulting in waiting lists, reduced service intensity, and selective prioritisation. At the same time, certain services remain underutilised due to a mix of diversified but interrelated factors, such as **logistical constraints, lack of awareness, or fear of stigmatisation and connected refusal to ask for help**, indicating inefficiencies in service outreach and engagement.

A further critical issue relates to the presence of **hidden needs**, particularly among socially isolated or vulnerable individuals who do not actively seek support. **Socio-economic inequalities** also play a decisive role, as financial barriers and eligibility criteria can exclude segments of the population.

Overall, **coverage is uneven and reactive**, with services, especially those provided by institutional actors, often accessed only in crisis situations rather than as part of preventive and continuous support pathways.

Quality of Service Delivery

The **quality of service delivery** is affected by structural weaknesses that limit access, consistency and sustainability across the three pilot areas.

Staff shortages and resource constraints reduce service intensity and continuity, affecting the overall user experience. **Organisational limitations, including rigid procedures and infrastructural inadequacies**, can further compromise quality. In addition, a gap is observed between user expectations and the actual scope of services, often due to insufficient or unclear communication.

A further critical issue concerns the **tension between standardisation and personalisation**. While standardisation is necessary to ensure equity and efficiency, it may limit the flexibility required to fully address individual needs. Thus, quality remains strongly dependent on individual professionals rather than being systematically embedded in organisational structures.

Additional issues

Across the three areas, there is a shared recognition of the **need to establish a local reference point** where citizens can access up-to-date, consistent, and reliable information. Such a point should provide structured guidance in navigating existing services, tailored to the needs and resources of individuals and their families, while also offering support in managing access procedures and the various formal processes associated with service use.

Furthermore, there is a broadly acknowledged necessity to **strengthen community-based actions** aimed at raising awareness, promoting prevention, and fostering informed access to services. However, for these actions to be effective, they must be embedded within a continuous and structured dialogue with institutional actors. This interaction represents a crucial precondition for reconciling the crisis- and urgency-driven patterns of service access currently reported by citizens with a gradual, proactive, and needs-oriented approach to care and support that services strive to attain.

4.Conclusion: cross-cutting systemic challenges and shifting socio-demographic patterns

Despite differences in the institutional arrangements and organizational structures of service provision, the three pilot areas exhibit a set of shared systemic challenges that, as described in the previous chapter, give rise to convergent criticalities.

A first key issue pertains to the **sustainability of services**, particularly with regard to financial stability and workforce capacity. Persistent staffing shortages, coupled with a strong reliance on short-term or project-based funding streams and constraints or reductions in public funding within the health and social care sector, undermine service continuity and the ability to engage in long-term and strategic planning. This structural precariousness not only risks affecting the quality and reliability of provision but also limits opportunities for innovation and adaptation of the type of services offered based on the changing needs of the population and, in more general terms, for development at a system-level.

A second major challenge lies in the pervasive **fragmentation of service systems**, which cuts across multiple dimensions of provision. Weak inter-institutional coordination, the absence of integrated information infrastructures, and limited mechanisms for data sharing contribute to inefficiencies, duplication of efforts, and a lack of coherence in service delivery. These shortcomings, in turn, generate disorientation among users and place additional burdens on professionals, thereby further reducing overall system effectiveness.

Finally, as mentioned above, **broader socio-demographic transformations,** including population ageing, increase in the average age of the older people driven by rising longevity, evolving family structures, and expanding levels of social vulnerability, are reshaping patterns of demand and placing growing pressure on existing service systems. These dynamics call for a profound reconfiguration of current models of service provision, orienting them towards more integrated, community-anchored, proactive, and user-centred approaches. Such a shift is essential to adequately respond to the increasing scale and complexity of emerging needs, while ensuring both accessibility and sustainability in the long term.

Addressing these challenges and transformations requires an approach capable of operating across multiple levels of governance, alongside a simultaneous reconsideration of the traditional paradigm underpinning the planning and delivery of health and social care services. This shift necessarily entails engagement with issues that extend beyond the technical domain, encompassing, in an equally significant manner, cultural and social dimensions.

This shared need to reconfigure services, shifting toward a multidimensional and holistic approach, must be firmly anchored in local, regional, and national contexts, reflecting the diversity of governance frameworks that shape service delivery. Accordingly, it should begin with an understanding of how such challenges are experienced in practice by both service providers and citizens within specific contexts.

At the same time, however, the transregional nature of the transformations and challenges underlying this need for reconfiguration, creates a significant opportunity to define shared intervention trajectories, grounded in commonalities and analogies across different contexts.

Such joint action should not aim at the standardisation of responses; rather, it should promote the co-definition of overarching approaches through collaborative processes that pool innovative practices and insights, to be then flexibly adapted to local contexts. Within this perspective, the development of the one-stop shop model at the core of the SOSPHERE project should be understood as a contribution to this broader collective effort, with the specific aim of promoting health equity through improved access to health and social care services.

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Annex 1- A.1.1 MAPPING LOCAL SERVICES

Template

Version 1

02 2026



Instructions for completing the template

This template is provided within the framework of Activity 1.1 "Mapping local services of general interest and assessing citizens' needs". Its purpose is to support the mapping of services of general interest at the local level in peripheral areas, specifically Treviso, Beltinci, and Labin.

Each pilot site is required to carry out desk research to identify existing health and social care services addressed to older adults, frail people, or people at risk of frailty. The result of this desk research will serve as the foundation for subsequent investigations. Indeed, the services identified through this mapping will later be assessed together with key stakeholders (i.e., service managers, professionals, and older people) through interviews and focus groups.

When conducting the mapping activity, please consider the following:

1. **Remain focused on the geographical area identified** for your pilot site, including only services that are available within that specific local area.
2. Map only health and social care services that are specifically **aimed at older adults, frail people, or people at risk of frailty,** prioritising those services that address the population group(s) you intend to focus on (if any).

For each identified service, complete one table (see the example below). If more than one service is mapped, duplicate the table and complete a new one for each additional service.

The completed template must be sent via email to EnEA team (coldebella.giorgia@israa.it; faber.destefani@israa.it; tuis.davide@israa.it) by **10th March 2026**.

For any questions do not hesitate to contact us!

EnEA Team

Here's an example

SERVICE	*EXAMPLE*
NAME OF THE SERVICE	*Servizio di Assistenza Domiciliare (SAD)* *[ENG: Home Care Service]*
***COMMISSIONING BODY** (who funds/oversees the service) **and SERVICE PROVIDER** (who delivers it operationally)*	*The service is commissioned by the Municipality of Treviso and EnEA is the service provider.*
TYPE OF PROVIDER (public, private, other)	*Public provider*
SERVICE SCOPE (local, regional, national)	*Regional* *The service is delivered locally by the Municipality of Treviso, but the Home Care Service (SAD) is a standardised service available across the entire Veneto Region. Therefore, SAD can be considered a regional-level service model, even though activation and operational delivery is local.*
COST OR USER CONTRIBUTION	*A user contribution may be required based on the municipal regulations. The contribution is generally determined according to the economic situation.*

SERVICE DESCRIPTION (objectives and activities)	*The SAD is designed to assist people (of any age) with physical, social, or health-related dependency. Its primary objective is to maintain and promote people's autonomy while reducing care burden on families.* *It provides a set of personalised home-care interventions. The main activities include hygiene, support with dressing and mobility, and house-related tasks such as laundry services, meal preparation. Additional assistance may involve accompanying people to medical appointments and providing essential transport where needed.*
SERVICE TYPOLOGY	*☒ Territorial (community/home) service* *☐ Residential service* *☐ Telecare* *☐ Others (please specify): _____*
BENEFICIARIES AND ELIGIBILITY CRITERIA	*Beneficiaries are people of any age who experience physical, social, or socio-health fragility and require support in daily living. Eligibility is assessed by the social worker of the Municipality, who evaluates the needs and defines a personalised care plan.*
ACCESS INFORMATION SOURCE (provide link, addresses or contact points where the information can be obtained)	*Information can be accessed by contacting the social worker of the Social Service Office of the Municipality.* *General information about the SAD service can be found on the web across various web pages, including EnEA website (https://www.israa.it/ae03223/zf/index.php/servizi-aggiuntivi/index/index/idtesto/34), Veneto Region website (https://salute.regione.veneto.it/assistenza-sociosanitaria-/anziani-non-autosufficienti/domiciliarit%C3%A0-%28sad%29---servizio-di-assistenza-domiciliare). However, all sources ultimately refer to the municipal Social Service Office. On the Municipality of Treviso's website, there is a page dedicated to the Social Service Office providing office address and contact details (https://www.comune.treviso.it/home/dettaglio/amministrazione-info/servizi-sociali), but services are not detailed.*
ACCESS ACTIVATION MODALITY (how can users activate the service: online or in-person? If access is in-person, is the location easy to reach by public transportation, and are there any physical or logistical barriers?)	*People can active the service by contacting the Municipal Social Service Office. Access is primarily in person, as the initial assessment is carried out by the social worker at the Social Service premises.* *Regarding accessibility, some residents from the Santa Bona area have reported that public transportation to the location is limited and does not always provide convenient connections. In addition, the on-site parking area is relatively small and can only accommodate a limited number of cars.*
SERVICE CONTINUITY (specify if it is an ongoing or time limited initiative)	*Continuous, it's part of the municipality's ongoing service provision.*
ADDITIONAL NOTES	*/*

Name of the partner organisation: [*insert name*]

SERVICE	**#1**
NAME OF THE SERVICE	
COMMISSIONING BODY (who funds/oversees the service) and **SERVICE PROVIDER** (who delivers it operationally)	
TYPE OF PROVIDER (public, private, other)	
SERVICE SCOPE (local, regional, national)	
COST OR USER CONTRIBUTION	
SERVICE DESCRIPTION (objectives and activities)	
SERVICE TYPOLOGY	☐ Territorial (community/home) service ☐ Residential service ☐ Telecare ☐ Others (please specify): _____
BENEFICIARIES AND ELIGIBILITY CRITERIA	
ACCESS INFORMATION SOURCE (provide link, addresses or contact points where the information can be obtained)	
ACCESS ACTIVATION MODALITY (how can users activate the service: online or in-person? If access is in-person, is the location easy to reach by public transportation, and are there any physical or logistical barriers?)	
SERVICE CONTINUITY (specify if it is an ongoing or time limited initiative)	
ADDITIONAL NOTES	

SERVICE	**#2**
NAME OF THE SERVICE	
COMMISSIONING BODY (who funds/oversees the service) and **SERVICE PROVIDER** (who delivers it operationally)	
TYPE OF PROVIDER (public, private, other)	
SERVICE SCOPE (local, regional, national)	
COST OR USER CONTRIBUTION	
SERVICE DESCRIPTION (objectives and activities)	
SERVICE TYPOLOGY	☐ Territorial (community/home) service ☐ Residential service ☐ Telecare ☐ Others (please specify): _____
BENEFICIARIES AND ELIGIBILITY CRITERIA	
ACCESS INFORMATION SOURCE (provide link, addresses or contact points where the information can be obtained)	
ACCESS ACTIVATION MODALITY (how can users activate the service: online or in-person? If access is in-person, is the location easy to reach by public transportation, and are there any physical or logistical barriers?)	
SERVICE CONTINUITY (specify if it is an ongoing or time limited initiative)	
ADDITIONAL NOTES	

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Annex 2-A.1.1 Set of questions for the managerial figure

Version 1

03 2026



Effectiveness and efficiency

1. What is the purpose of this service? Does the service effectively meet the need for which it was created? If not, in your opinion, what factors contribute to reducing its effectiveness? If so, in your opinion, what factors contribute to its effectiveness?
2. On average, how long does it take from submitting an access request to having it approved? In your opinion, is this timeframe adequate?

Accessibility

3. Through which channels does the service provide information to end-users and/or their families? Which do you think is the most used by end-users and/or their families? Why? Which is the least used? Why?
4. Is the information easily accessible? Could you please rate the accessibility of information on the service on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
5. Is the information provided in a clear, simple and comprehensive manner? Could you please rate the clarity, simplicity and comprehensiveness of the information on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
6. Are the criteria and the procedures for accessing the service comprehensible and transparent for end-users and/or their families? Could you please rate comprehensibility and transparency of the criteria and procedures from 1 to 5, where 1 is the lowest level and 5 is the highest?
7. Is the service location easily reachable and accessible to people with disabilities or those who are unable to drive? Could you please rate the reachability and accessibility of the service on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
8. Are the digital channels through which information about the service is provided easily accessible? Could you please rate the accessibility of service digital channels from 1 to 5, where 1 is the lowest score and 5 is the highest?

Frequency of use and coverage

9. How many people access the service in a year? Is there any data on the access rate, or would you be able to provide an estimate?
10. Does the service reach all people who need it? If not, why? Would you say the main limitation is low demand or insufficient service capacity?
11. If the reason is that people do not apply for the service, what are, in your opinion, the causes?

Quality of service delivery

12. In general, are end-users and/or their families satisfied with this service? If so, what in particular is most appreciated? If not, what causes the most dissatisfaction? Could you please rate users/families' satisfaction on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?

Effectiveness and efficiency

1. What is the purpose of this service? Are the tasks you perform as part of this service appropriate to the needs of the person you encounter in your daily work?
2. On average, how long does it take from submitting an access request to having it approved? In your opinion, is the timing adequate?

Accessibility

3. Through which channels does the service provide information to end-users and/or their families? Which do you think is the most used by end-users and/or their families? Why? Which is the least used? Why?
4. Is the information easily accessible? Could you please rate the accessibility of information on the service on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
5. Is the information provided in a clear, simple and comprehensive manner? Could you please rate the clarity, simplicity and comprehensiveness of the information on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
6. Are the criteria and the procedures for accessing the service comprehensible and transparent for end-users and/or their families? Could you please rate comprehensibility and transparency of the criteria and procedures from 1 to 5, where 1 is the lowest level and 5 is the highest?
7. What are the difficulties that end-users and/or their families most often encounter when looking for information about the service and in relation to access?
8. In your opinion, on average, do end-users and/or their families have the digital skills necessary to access the service's digital channels? If not, what specific skills are most lacking?

Frequency of use and coverage

9. Does the service reach all the people who need it? If not, why? Would you say the main limitation is low demand or insufficient service capacity?
10. If the reason is that people do not apply for the service, what are, in your opinion, the causes?

Quality of service delivery

11. In general, are end-users and/or their families satisfied with this service? If so, what in particular is most appreciated? If not, what causes the most dissatisfaction? Could you please rate end-users/families' satisfaction on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?

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Annex 2- A.1.1 Set of questions for the operational figure

Version 1

03 2026



Effectiveness and efficiency

13. What is the purpose of this service? Are the tasks you perform as part of this service appropriate to the needs of the person you encounter in your daily work?
14. On average, how long does it take from submitting an access request to having it approved? In your opinion, is the timing adequate?

Accessibility

15. Through which channels does the service provide information to end-users and/or their families? Which do you think is the most used by end-users and/or their families? Why? Which is the least used? Why?
16. Is the information easily accessible? Could you please rate the accessibility of information on the service on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
17. Is the information provided in a clear, simple and comprehensive manner? Could you please rate the clarity, simplicity and comprehensiveness of the information on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?
18. Are the criteria and the procedures for accessing the service comprehensible and transparent for end-users and/or their families? Could you please rate comprehensibility and transparency of the criteria and procedures from 1 to 5, where 1 is the lowest level and 5 is the highest?
19. What are the difficulties that end-users and/or their families most often encounter when looking for information about the service and in relation to access?
20. In your opinion, on average, do end-users and/or their families have the digital skills necessary to access the service's digital channels? If not, what specific skills are most lacking?

Frequency of use and coverage

21. Does the service reach all the people who need it? If not, why? Would you say the main limitation is low demand or insufficient service capacity?
22. If the reason is that people do not apply for the service, what are, in your opinion, the causes?

Quality of service delivery

23. In general, are end-users and/or their families satisfied with this service? If so, what in particular is most appreciated? If not, what causes the most dissatisfaction? Could you please rate end-users/families' satisfaction on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest?

Interreg CENTRAL EUROPE

Co-funded by the European Union

SOSPHERE

Annex 3- A.1.1 Script and questions for conducting the focus group

Version 1

03 2026



	SESSION 1: OPENING AND INTRODUCTION (10 mins)
This session aims to present the SOSPHERE project, explain the value of gathering citizens' perspectives, and outline how the session will unfold. It also establishes basic participation rules and includes a brief ice-breaker to create a welcoming and collaborative atmosphere.	
PRESENTING SOSPHERE AND THE PURPOSE OF THE FOCUS GROUP	*Consider the following introduction as a mere guide. Feel free to adapt or modify it to better respond to your local context specificities and based on the profile of participants in the focus group.* Today's meeting is part of the SOSPHERE project, which we are implementing in collaboration with partners from Croatia, Italy, and Slovenia. SOSPHERE stands for Solutions for Optimal Service Provision and Health Equity in Remote Environments. The project addresses a long-standing challenge: many people, especially older adults and those in vulnerable situations, struggle to access health and social services. Even when services are available, they often remain underused for several reasons. These may include a lack of awareness that the services exist, difficulties finding clear and comprehensive information, uncertainty about the criteria and procedures for accessing them, limited digital skills, or the need to travel long distances to reach them in person. To help address some of these difficulties, particularly those related to the availability of information and clarity around access pathways, SOSPHERE aims to introduce the local one-stop shop, a physical point of reference where citizens can obtain information, guidance, and support. To ensure these one-stop shops effectively respond to real, grounded needs, it is essential to understand the main challenges citizens face when searching for information or trying to access services. As a first step, we've conducted a mapping of the services available in this area, including interviews with service providers. Through these interviews, we've gathered key insights on aspects such as accessibility, the number and types of citizens they serve, and the difficulties that most frequently emerged. Today, we would like to hear your views, as citizens, on some of these services. Your input will help us identify the areas where a one-stop shop could insist to support understanding and improve accessibility. It is important to note that the project will not be able to solve every issue identified as problematic. However, based on the findings from this meeting and the interviews already conducted, we will work to define a set of priority issues where action is most urgently needed.

DESCRIBING THE STRUCTURE OF THE FOCUS GROUP and OTHER INFORMATION	The meeting will last approximately one and a half hours and will be divided into three sessions. In the first session, we will ask a few general questions to understand your level of perceived knowledge and confidence on the healthcare services available in your area. In the second session, we will present some of the services we have mapped and explore your experiences with them. The final session will focus on gathering your input on any services you have found particularly challenging. Before we begin, we kindly ask you to sign the informed consent form, which is essential for your participation. The document explains that the information and data collected during this meeting will be used in an aggregated and anonymous manner. Therefore, nothing that emerges will be traceable to you personally. The project complies with both European and national GDPR regulations. We also inform you that we may take some photos during the meeting. If anyone does not wish to appear, please let us know immediately so that we can avoid including you in the frame.
SHARING BASIC RULES	We ask you to please raise your hand if you wish to speak, not to interrupt the person who is speaking, and try to keep your comments brief so that everyone has a chance to have their say.
GETTING TO KNOW EACH OTHER	*Before starting, you may consider inviting participants to present themselves by saying their name and the reason why they choose to attend the focus group.*

SESSION 2: SETTING THE FRAMEWORK (20 mins)	
The aim of this session is to gain a general overview of participants' perceptions of the services in the area where they live	
GENERAL INTRODUCTORY QUESTIONS	1. Are there social and healthcare services in the area where you live? a) If so, are they easily accessible? b) If not, how far away are they? 2. Do you feel you have a good knowledge of the social and health services available in the area where you live? How did you come to have this information? 3. Have you ever found yourself, or a loved one, in need of a specific type of support but unsure which service to turn to? What do you think this might depend on?

SESSION 3: GATHERING POINT OF VIEW ON THE MAPPED SERVICES (45 mins)

<table>
<tr><td colspan="2">The aim of this session is to gain participants' point of view on the services you've chosen to investigate based on previous mapping.

Before proceeding with the questions, briefly present the services you would like to explore.

If none or very few of the participants have used (for themselves or for their loved ones) or heard of these services, ask them to answer based on their general experience

If they have never heard of them, this lack of knowledge is very meaningful, so it is recommended to investigate it. Below is a question you can take inspiration from to this aim.</td></tr>
<tr><td colspan="2">Why do you think you haven't heard of them? Is it because you've never needed these services, you haven't really looked into what's available in your area, or maybe because there hasn't been much official communication about them, or are there any other reasons?</td></tr>
<tr><td>COVERAGE</td><td>1. Have you or a loved one ever needed any of these services? If so, were you able to access them?
2. Did the service provide a level of support that adequately met your needs? To what extent did it address those needs, and what, if anything, was missing?</td></tr>
<tr><td rowspan="3">ACCESSIBILITY</td><td>REALIABLITY AND ACCESSIBLITY OF THE INFORMATION SOURCE</td></tr>
<tr><td>3. Do you know which channels you can use to obtain information about these services?
4. In your opinion, are these channels easy to find and use?
a) If yes, what makes them easy to access or use?
b) If not, what are the main obstacles, and what could be done to overcome them?
5. Which of these channels do you usually rely on? Why?</td></tr>
<tr><td>DIGITAL ACCESSIBILITY</td></tr>
</table>

	6. Have you ever used apps, websites, or other digital channels to get information about these services or to complete the procedures needed to access them? 7. In your opinion, are they easy to use? a) If yes, what makes them easy to use? b) If not, what are the main difficulties you encounter, and what could be done to overcome them? c) If you had to give a score from 1 to 5 (where 1 is the lowest and 5 is the highest) for how easy these tools are to use, what score would you give?
	CLARITY AND TRANSPARENCY OF THE INFORMATION
	8. Overall, are the information provided through the channels you mentioned clear, comprehensive, and easy to understand? a) If yes, what contributes to making them so? b) If not, what could be improved? c) If you had to give a score from 1 to 5 (where 1 is the lowest and 5 is the highest) for clarity, completeness, and comprehensibility, what score would you give? 9. Overall, are the criteria and procedures required to access the service explained clearly and transparently/comprehensively? a) If yes, what contributes to making them so? b) If not, what is missing? What could be improved? c) If you had to give a score from 1 to 5 (where 1 is the lowest and 5 is the highest) for clarity and transparency/completeness, what score would you give?
	PHYSICAL ACCESSIBILITY
	10. Think about the last time you went to the service location(s). a) Which means of transportation did you use (bicycle, on foot, car, bus…)? Why? b) Do you know of any other ways to reach it easily? c) Was the place you visited welcoming? (For example: Were there ramps at the entrance as an alternative to stairs? Were there chairs, restrooms, or an elevator if there were stairs inside?) If yes, what contributed to making it welcoming? If not, what could be done to make it more welcoming? d) If you had to give a score from 1 to 5 (where 1 is the lowest and 5 is the highest) for the accessibility and overall welcoming nature of the service location(s), what score would you give?

EFFECTIVENESS	11. In general, do you believe that the support offered by these services is effective? In other words, was the quality of the activities carried out satisfactory? a) If yes, why? b) If not, why?

SESSION 4: ADDITIONAL ISSUES OR SERVICES TO BE CONSIDERED (20 mins)
The aim of this session is to explore whether there are additional issues or services that participants would like to highlight and discuss
Is there any other services we have not considered untill now that, for some reasons, presented to you some challenges or any other issue that you would like the address connected to the services explored?