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Regional profile reports Part II: mapping organisations addressing social exclusion in the selected case study regions

Deliverable 5.2

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I. Introduction

This joint report presents the results of task 5.2 within Work Package 5 (WP5) of the DICES project. The goal has been to map the regional organisational landscapes within specific fields of social exclusion in the nine case study regions to gain an overview on how issues of social exclusion are addressed in these regions. This report has hence to be seen in relation to deliverable 5.1. In D5.1, partners already identified the most pressing problems and fields of social exclusion within their selected regions. D5.1 (as well as D2.1) lays out the conceptual underpinnings with regard to social exclusion and left-behindness. Task 5.2 serves as first empirical foundation for case study selection, qualitative fieldwork (Task 5.3) and finally, a comparative assessment of initiatives (Task 5.4), which together inform the policy recommendations to be produced in Task 5.5.

This report maps different types of organisations (public, private for profit, social economy (SE)) tackling social exclusion. The report offers a glimpse into the institutional arrangements in the case study regions, the role of the different types of organisations and their scope in dealing with social exclusion. We focus here on the mapping exercise without presenting the individual regions. For detailed descriptions of the regions please see report D5.1. Both reports are complementary.

Proceeding of organisational mapping

DICES WP5 aims to get insights into a variety of fields of social exclusion and the way different types of organisations operate within these fields in selected "left-behind" places. In task 5.2, the focus is set on the respectively most important field of social exclusion in the selected regions. Selecting one field was a challenging task as social exclusion is a multidimensional phenomenon where different processes and fields of exclusion overlap (see D5.1). However, focusing on specific fields is a necessary step in the research design as this organisational mapping forms the basis for the selection of specific organisations as case studies in the next steps of WP5 research activities. Organisational mappings in each region are built on extensive desk research which was in most cases accompanied in most cases by exploratory interviews with experts in the field (see individual methodology chapters). In the end, the final selection is organised so that similar fields of exclusion are covered in at least two regions (see Table 1). The selection mostly focuses on the fields of social exclusion where future case studies are expected to be carried out. However, as future fieldwork also depends on accessibility of organisations, some partners chose to do the mapping for two fields of social exclusion in order to be able to change of field if it turns out to be necessary for accessibility reasons. These cases are indicated in Table 1 in brackets.

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NUTS2	NUTS3	Field
Severozapaden	Lovech District (Apriltsi Municipality, Ugarchin Municipality)	Youth/NEETs
Sachsen-Anhalt	Stendal	Youth/NEETs *(+ elderly)*
Carinthia	Klagenfurt-Villach	Elderly care, including informal care, neighbourhood help and combatting loneliness
Province Hainaut	Arrondissement of Thuin	Elderly isolation and care
Vidurio ir vakaru Lietuvos regionas	Panevėžio apskritis	Elderly care
Severozápad	Ústí nad Labem	Roma exclusion
Northern and Western	West incl. Galway, Mayo, Roscommon	Irish Travelers
North Aegean (Voreio Aigaio)	Lesvos	Social inclusion of migrants/refugees *(+ elderly care)*
Agder	Arendal	Social inclusion of migrants/refugees *(+ youth exclusion)*

Table 1 Regions and selected fields of social exclusion

Our innovative ambition in this work package has been to compare how different organisational forms (public, profit-oriented and social economy organisations) are active to tackle social exclusion. The mapping presented in this report aims to identify organisations, their aims, goals, topics and target groups. This includes:

1. Public organisations: e.g. social department of the municipality, such as in the case of public kindergartens
2. Private profit-oriented organisations: e.g. private hospitals, seniors homes
3. Social economy organisations
    a. Conventional Welfare organisation: e.g. church-related organisations such as Caritas, Red Cross organisations, DIAKONIE, Volkssolidarität, ...
    b. (Other) Social economy organisations: more participatory, potentially bottom-up, ideally including organisational democracy (based on economic democracy), participate in regional development)

The distinction between conventional welfare organisations and other, more progressive social economy organisations is relevant as it is expected that conventional welfare organisations are usually structured in a hierarchical and top-down way, with limited potential for the application of economic democracy principles. On the other side, we understand progressive social economy organisations as those which incorporate principles of organisational and economic democracy in their structure such as democratic decision-making by involving staff and target group members. It is of interest to see if and how non-conventional social economy organisations use organisational

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democracy to tackle social exclusion. This contributes to the overall research aim of DICES, analysing the impact of economic democracy in social economy governance on social inclusion.

This compendium only gives a summary of the mapping exercise as full lists of the organisations identified in each region are not included due to research ethics, data protection considerations, and readability. Short summaries have been prepared on the organisational landscapes within the selected fields, the methodology used to collect the information, and the specificities of the different types of organisations active in the field. The information provided for each of the regions varies in depth and detail; however, in each case it provides initial insights about how social exclusion is addressed across the selected regions.

Reflection on mapping results

The mapping provides, for each region, an overview of the organisational landscapes in the respective fields of social exclusion including details on the institutional arrangements and the contexts within which organisations operate as well as the number of organisations identified during the mapping (see Table 2). Out of the total number of existing organisations, partners mapped primarily those which they deemed to be of particular interest with regard to the research objectives preparing the ground for future case studies, hence, public, profit-oriented and social economy organisations which work in the most pressing field of social exclusion. On this basis, some tentative conclusions and reflections are drawn. In the following table (Table 2), we showcase the quantitative results of the mapping per region focusing on the fields of social exclusion where the future case studies will be positioned.

Case study region	No of public organisations	No of for profit organisations	No of SE (conventional) organisations	No of SE (non-conventional) organisations
Focus on Youth				
Lovech (BG)	54 schools, 95 libraries, 8 organisations providing care for children with disabilities or disadvantages	3 identified (social) enterprises	172 social economy organisations in total, 101 considered as conventional SE organisations - these organisations are active across a wide range of fields	
Listed in mapping:	*6*	*3*	*2*	*4*
Stendal (DE)	50 schools, 107 childcare facilities + around 10 other youth offers	10-15 services (mostly tutoring)	20 -25 organisations oriented on exclusion, additionally sports, culture and arts associations (nr not specified)	
Listed in mapping:	*17*	*6*	*13*	*9*

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Case study region	No of public organisations	No of for profit organisations	No of SE (conventional) organisations	No of SE (non-conventional) organisations
Focus on care for Elderly				
Villach-Klagenfurt (AT)	10 local care coordinators (53 in Carinthia in total), 18 publicly owned residential homes + local and provincial social administrations	37 out-patient care agencies, 1,764 live-in-carers[1] (in Carinthia (NUTS2): 37 private residential care homes, 3,264 live-in-carers, 69 agencies, 4 providers of residential "Green Care")	In Carinthia: 13 mobile care providers, 24 care homes, 4 Green Care providers, 3 self-help groups	
Listed in mapping:	6	8 (for total Carinthia)	15	6
Arrondissement of Thuin (BE)	Estimated around 15 (Public Social Welfare Centres and care services at supra-municipal levels)	20-30 organisations (private residential care homes, home care providers, mixed-service operators)	6-7 organisations (non-profit associations and community initiatives)	
Listed in mapping:	*16*	*10*	*5*	*2*
Panevėžio apskritis (LT)	21 (long term care - accredited or licenced providers)	38 (Home Care and Nursing - operational entities with legal personhood, accredited or licenced providers of social services)	Estimated around 44 organisations	
Listed in mapping:	*5*	*4*	*7 (no differentiation of SE organisations)*	
Focus on Ethnic Minorities				
Ústí nad Labem region (CZ)	5- 8 relevant organisations incl. municipal, regional and national agencies with local presence + municipal district offices	No private for profit organisations in the field	10-20 explicitly dealing with Roma inclusion	
Listed in mapping:	*7*	*-*	*3*	*13*

[1] Live-in carers are self-employed, however, their for-profit status can be questioned because of their precarious working conditions and vulnerability

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Case study region	No of public organisations	No of for profit organisations	No of SE (conventional) organisations	No of SE (non-conventional) organisations
West incl. Galway, Mayo, Roscommon (IRE)	10 relevant public bodies	No private organisations except of general practitioners	18-20 organisations relevant for social inclusion of Travellers	
Listed in mapping:	*10 (incl. different subunits)*	-	*2*	*12 + 7 local development companies (registered as charities)*
Focus on Migrants				
Lesvos (GR)	Approx. 6 organisations (incl. municipal services, regional welfare centres, hospital social services and internat. Organisations)	None in the field of care for migrants	Approx. 25 organisations (NGOs, not-for-profit organisations - partly branches of national or international organisations)	
Listed in mapping:	*6*	-	*21*	*2*
Agder (NO)	5 for migrants and refugees	None in the field of immigrant or refugee integration	10 organisations targeting refuges and migrants	
Listed in mapping:	*4 + municipalities*	-	*9 (no differentiation between SE organisations)*	

Table 2 Nr of identified organisations in selected fields of social exclusion in case study regions

As a result, it can be observed that activities of different types of organisations depend both on the field of inquiry, the regional context as well as overall national policy and institutional setups including funding arrangements (see WP2 and WP3 reports). For example, activities focusing on youth, migrants or ethnic minorities are rarely tackled by private, for-profit organisations. Only in the field of elderly care we could observe a higher share of private organisations, mostly in the field of long-term care. Public bodies still play an important role in all fields either by providing care services themselves or by assuming a coordinating and/or consulting role. Furthermore, there are a few large welfare organisations like Red Cross or religious organisations (Caritas, Diakonie, etc.) that are active across Europe or have respective national/regional branches and which are also active across the different fields of care we identified.

Regarding **care for youth** which is the focus **in Lovech (Bulgaria) and Stendal (Germany),** it could be observed that most offers belong to the fields of formal and non-formal education. Only very few private for-profit offers target youth. In Stendal (DE), we found for example private tutoring and

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vocational trainings or workshops. In general, the German welfare sector has a strong tradition with big organisations like Diakonie, Caritas, Paritätischer Wohlfahrtsverband or Red Cross which dominate the care sector and are, at least partly, financed by public funds. Some of them also provide offers such as youth clubs, after school care, etc. Additionally, some alternative organisations like member-led associations could be found which are mainly providing youth clubs and consultation services regarding work integration. In Lovech (BG), there are some social enterprises which are working in the field of work integration and have primary social aims. Furthermore, NGOs including conventional social economy organisations such as the Red Cross have a strong role in community building, while the public sector provides mainly basic services like schools and libraries in the field of youth inclusion.

Elderly care is selected as the focus in **Villach-Klagenfurt (Austria), the Arrondissement of Thuin (Belgium) and in Panevėžio apskritis (Lithuania)**. Here, all partners stated that a major part of care work is provided informally by close relatives or other people. Most organisations identified in the mapping (social economy, public or private) provide either outpatient care services or residential homes. Additionally, there have been some community initiatives, consultation services for elderly or services which are not only directed towards elderly people but that are important for them such as the provision of mobility offers and sharing circles in Villach-Klagenfurt (AT). In all three regions, it was surprising that the public sector has a relatively big role in care delivery both in consultation and support services, but also in providing residential long-term care and care services on their own (in Thuin (BE) and Villach-Klagenfurt (AT) also including inpatient care homes, while in Panevėžio apskritis **(**LT) the public sector is rather engaged in outpatient services.

Care for ethnic minorities (Roma in Ústí nad Labem, Czechia and Irish travellers in Western Ireland) is exclusively carried out by either public or social economy organisations, mostly NGOs. No private for-profit organisations targeting ethnic minorities could be found neither in Ústí (CZ) nor Western Ireland. Czechia is the only country with a specific designation of socially excluded localities where primarily (but not only) Roma people live.

In both countries, public bodies are increasingly aware of the challenges of vulnerable groups and assume coordinative rules in the work with these groups. A lot of their activities focus on education, work integration and housing. In Czechia, it is notable that many SE organisations that are active in the field work operate on national or even international levels and have local and regional branches. Only a few of them were founded locally as bottom-up organisations, suggesting a higher participation of the local targeted group. Also in Ireland, most organisations are active on national level with regional branches. However, there are also a few regional organisations anchored in the regional Traveller communities.

Similar findings could be observed with regard to **care for migrants and refugees**. For profit organisations are totally absent in both **Agder** (**Norway) and Lesvos (Greece)** in this field. Norway has a very well-equipped public sector providing most of the services needed (at least in the fields of

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care for migrants and youth) which makes it also difficult to find social economy organisations taking over these services. However, some large social economy organisations can be also found here. In Greece, however, the social economy sector has a stronger role providing a wide range of services to migrants such as legal consultations, work integration, community integration, etc. Greece and the North Aegean region primarily are particularly concerned with questions regarding on migration as many refugees arrive here first. Additionally, demographic change makes care for the elderly a pressing issue in the region intersecting with care for refugees, e.g. in the field of health care. In Greece, international organisations concerned with refugees seem to play a stronger role than in other countries.

Proceeding for case selection and outlook

One result of this mapping exercise is the selection of two organisations per case study region as that will serve as organisational in-depth case studies for further research the future: one organisation which we labelled as "non-conventional" social economy organisation, ideally operating from within the community and displaying some features of economic democracy, and one more "conventional" (hierarchical and/or for profit) organisation (Milestone 4). It is our explicit aim to cover a range of different types of practices and organisational forms between more conventional hierarchical elements and more progressive hierarchical democratic, participatory and inclusive approaches. Each partner also provided a backup solution if access to the selected prioritised organisations will not be possible - a risk that needs to be taken into account as the field access is not yet established.

Public organisations	**Private for-profit organisations**
Conventional welfare organisations	**Community-based/bottom-up organisations**

Table 3 Types of organisations to be considered for case selection

For ethical considerations and to ensure anonymity, following DICES ethics protocol, the selected cases are not listed here. However, we want to make transparent the selection process and the criteria we set up for this purpose (see Tables 3 and 4).

The further research will include intensive fieldwork within the case study organisations and with the respective target groups. Extensive corresponding fieldwork guidelines will be made available. Outcomes will be a comparative report and an attractive, collectively conceived book by project team members as well as practitioners in our case study regions, including not only popular science essays, but also photographs and texts from organisations and target group members.

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CRITERIA FOR CHOOSING CASE STUDY ORGANISATIONS	
SOCIAL EXCLUSION MARKER	Organisation deals with beforehand identified major markers of social exclusion on the community level in the respective case study region (e.g. racism/Roma; youth poverty).
PROJECT VS. ORGANISATIONS	As case study, partners can either choose organisations or selected projects which follow an organisational structure. Organisation should explicitly focus on fostering social inclusion (e.g. mentioning that in their statute, mission statement, or demonstrated by online and offline activities, or similar). Alternatively, partners could select single projects that are run by an organisation working on a broader set of themes in general. In that case, partners should make sure that the organisations have a team that consistently works with the topic/community and have enough staff personal and organisational capacity in that field (so that it can be studied).
ORGANISATIONAL SIZE/STAFF COMPOSITION	Organisation (or single project) in question has at least 5 employees or active members that do the work and, hold responsibilities, etc. It doesn't necessarily need to be all full-time employees, but there needs to be enough active members to study the case.
ORGANISATIONAL DEMOCRACY	Selection should include: One organisation containing higher degree of org. democracy principles (e.g. structurally anchored substantive participation in strategic, tactical or organizational decision-making including direct or indirect joint consultation, co-determination or self-determination; fora for the direct participation. ("non-conventional org.") One organisation with rather hierarchical, top-down decision making that has no or less democratically organized functioning ("conventional organisation").
REPUTATION/RELEVANCE	To back-up selection, an assessment of the reputation and relevance should be made via media/asked local experts, especially in cases of doubt or where several options are possible (e.g. exploratory interviews).
ACCESS/CAPACITY	There should be good access to the field/organization in question. The organisation shows/confirms interest and capacity for working with the project. There are already contacts, or even confirmation of interest in participating in the research. Partners make an initial inquiry on interests/capacities within the one-year long fieldwork.
"GOOD VS. BAD" PRACTICES	The organisation is known for good practices in relevant contexts. The suggestion is to choose organisations that seem to be doing a lot of good work, are engaged, and are active in the since several years. Partners should also explore challenges and beware to not such great/successful practices.

Table 4 Criteria for organisational case study selection

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II. Regional mappings of organisational landscapes - Compendium of individual partner reports

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1. Mapping organisations addressing youth exclusion in Lovech region, Bulgaria

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Methodological remarks

The information presented in this report was recorded using desk research, which involved the following steps:

1. Analysis of the national and regional youth strategy, and study of activities considered priorities, alongside additional research focused on the youth group;
2. Identifying public institutions (municipalities, regional administrations and state subdivisions) operating in the Lovech region that are responsible for implementing youth policies;
3. A study of documents (plans and implementation reports) through which regional institutions implement youth policies;
4. Identification of organisations working with young people locally;
5. Review of the websites and social media profiles of organisations that implement youth policies directly or by delegating activities to other organisations;
6. Selecting organisations based on the data collected;
7. Description of organisations according to specified criteria.

In preparing this report, data from two exploratory interviews with organisations working with young people was used, as well as an interview with a representative of a cultural centre from another study. All respondents were informed about the objectives of the DICES project and signed an informed consent form prior to the interview. These interviews provided data and insights into these organisations' work and the degree of hierarchy in their relationships and decision-making processes.

Overall overview about the organisational landscape

Field of social exclusion to be addressed: youth

The 15-29 age group has been chosen studied for the following reasons: 1) It´s members are most likely to leave the region for education and employment. 2) The negative population change for the 20-24 age group is -8.14%, compared to -6.2% for the 15-19 age group. This group represents the lowest proportion of the regional population (4.05%), followed by the 15-19 age group (4.41%) and the 25-29 age group. The only ways in which policies address this group are by measuring officially registered youth unemployment (see report D5.1, p. 83), through the education sector (e.g. via

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schools) and by supporting children with different types of disabilities. According to a national representative study conducted by the Institute for Market Economics (IME) with the NEETs group in the north-west region, of which the Lovech region is part, 30% of young people fall into this group, which is one of the highest proportions in the country (IME, 2019).[2] When it comes to social exclusion, policies usually focus on Roma people, children with special needs, the elderly, and people in disadvantaged situations (across all age groups). Young people of school age or who have recently left the education system seem to be outside the scope of policies, as these are entirely voluntary. Meanwhile, other studies have shown that a lack of activities for young people is one of the main reasons why some regions are left behind, as is the case with Lovech (Popivanov et al. 2024).[3]

Field of activities

Organisations working with young people primarily carry out activities related to formal and non-formal education. These activities are carried out to achieve the objectives of the National Youth Strategy (2021-2030), issued by the Ministry of Youth and Sport, as well as the Strategic Educational Framework (2021-2030), issued by the Ministry of Education and Science. A large proportion of these activities is carried out through delegation, with various activities usually being delegated to organisations in the non-profit sector. For example, services such as sheltered housing for young people who have grown up without parents, inclusive education and retraining courses are assigned to associations and foundations by local authorities.

Organisational democracy principles

Publicly available sources do not always permit the principles of an organisation's internal management to be assessed. It is often possible for public organisations, but not for private entities such as social economy organisations. Moreover, the mere existence of such principles on a formal level does not imply actual relevance. In Bulgaria at least, organisational democracy is not a given, thus an issue that needs to be further analysed in terms of organisation case studies.

[2] Institute for Market Economics (IME) (2019). Assessment of the people not in employment, education and training (NEETs) in Bulgaria and policy measures to effectively address their integration (VC/2019/017). European Commission Directorate-General for Employment Social Affairs and Inclusion Directorate B – Employment. https://ime.bg/var/images/KE-01-19-716-EN-N.pdf

[3] Popivanov, B., Simeonov, P., Georgiev, S., Elenkova, L., Petkova, Y., Galyova, Y. (2024). A Study of Youth, Optimism About the Self, and Pessimism About Society: Bulgarian Youth in Times of Uncertainty. Friedrich Ebert Stiftung. https://bulgaria.fes.de/bg/vesti/default-92d4ff224c439b07360bad22e7d3b155.html

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Public organisations dealing with youth care

Best estimate of the number of organisations in the region: 54 schools, 95 libraries and about 8 organisations providing care for children with disabilities or disadvantage ones.

Fields of activity in general:

The first type includes organisations that are fully publicly funded and have a state or municipal status. They are part of the welfare state regime, as defined in DICES D3.1, and depend on public financing of social care services and infrastructures for different social groups to overcome social exclusion and provide support. These organisations, if owned by municipalities, are funded by the state budget through a subsidy paid to municipalities, which in turn pay for the organisations' activities. These organisations include schools, personal support centres, student residences, municipal and regional libraries. In the region, almost 160 such organisations have been identified, of which the non-school organisations (under less than 10) are of particular interest to us as they don't belong to the strongly regulated field of school education.

Private profit-oriented organisations dealing with social inclusion of youths

Best estimate of the number of organisations in the region: 3 enterprises are registered as social enterprises in the region of Lovech and no for-profit organisations that directly target young people exist

Fields of activity in general:

The second group of organisations is comprised of business organisations that are oriented towards generating profit, but want to also generate social and economic impact for the broader community. These are social enterprises, registered under the Act on the Enterprises of Social and Solidarity Economy (see D2.1 Country report about social enterprises in Bulgaria), i.e., business organisations that invest at least half of their profits in socially useful activities or employ staff and workers from vulnerable groups. There are three registered social enterprises in the region, which are business organisations that are registered as social because they invest at least half of their profits in socially useful activities or employ staff and workers from vulnerable groups. No for-profit organisations that directly target young people could be identified in the region.

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Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with social inclusion of youths

Best estimate of the number of organisations in the region: 172 NGOs are registered in the region of Lovech, among them non-conventional ones (associations, foundations) and conventional ones (cultural centres)

Fields of activity in general:

The third group of organisations encompasses new/alternative and conventional social economy organisations, which in the RPD 2 report are described as different types of NPO, such as foundations, associations and cooperatives. There is a total of 172 such organisations in the region, the majority of which (101) are conventional social economy organisations, primarily in the form of community centres (*chitaliste*), which are traditional in Bulgaria and date back to the end of the National Revival period. All of them provide trainings, non-formal education and support in very different fields.

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2. Mapping organisations addressing old age poverty and youth poverty in Stendal, Germany

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Methodological remarks

The mapping of organisations addressing social exclusion of youth and the elderly in Stendal was conducted mostly through online search and mainly in German. To get a comprehensive overview of **care offers for the elderly** key words used included: "Altenpflege Stendal", "Pflegedienste Stendal" (elderly care services Stendal) and "Stendal Angebote für Ältere" (Stendal offers for the elderly). **Targeting youth**, key words used included "projects against child poverty Stendal" "Vereine für Kinder Stendal" (associations for children Stendal), "kostenlose Angebote für Kinder Stendal" (free offers for children Stendal) "Nachhilfe Stendal" (private tutoring Stendal) "Weiterbildungsangebote Stendal" (further education offers Stendal) "Beratung Jugendliche Stendal" (counselling teenagers Stendal). Furthermore, **conventional welfare organisations and non- conventional SE actors** were included in the search, for example looking for "Wohltätigkeitsverbände Stendal" (social welfare organisations Stendal), "Diakonie Stendal", Bürgerinitiative Stendal (citizens' initiative Stendal). Finally, to make sure to include offers not only in the **Hanseatic city of Stendal but also in other municipalities** in the district, these were actively included in the search, for example through: "Angebote für Kinder Tangerhütte" (offers for children Tangerhütte), "Soziale Projekte Havelberg" (social projects Havelberg) or "Nachhilfe Tangermünde" (private tutoring Tangermünde).

Other key resources included the official websites and info materials of the district, of the Hanseatic city of Stendal and of other cities and towns of the district. Additionally, more general data about the number of care service providers and receivers in total was taken from the Regional-Monitor 2021 (Regional-Monitor, 2021).[4]

Overall overview about the organisational landscape

The region of Stendal is one of the German regions with the highest levels of poverty and social exclusion. Two groups that are especially affected by this are **young people** and **the elderly**. As social exclusion is a highly intersectional issue, it affects people in many areas of life, including education, care, employment, housing, and societal participation. The exclusion gets further aggravated by the

[4] https://www.landkreis-stendal.de/de/datei/anzeigen/id/804502,1037/gesamtpraesentation_regional_monitor.pdf

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dispersed settlement structure of the region, which makes access to care offers in rural areas more difficult. In the biggest city of the district, the quarter Stendal-Stadtsee has been identified as particularly affected.

There are several organisations in the region tackling the issue, including public, private and social economy organisations. Thereby, the social economy landscape can be divided into more conventional welfare organisations and non- conventional organisations. Overall, there exists no comprehensive registry monitoring all offers, thus no exact numbers on the amount of organisations can be given.

Regarding the elderly, the services provided are mainly **outpatient care, day care and social activities and care homes.** Here, public institutions play a marginal role, as most care services are provided either by private organisations or by the biggest German welfare organisations, such as Caritas or Diakonie. In total, there were 31 outpatient care service providers in the region in 2023 (with 648 employees and 2,069 care receivers) and 42 inpatient care homes (1,355 employees and 1,572 places).[5] In the past years, the number of care services increased, while also the number of people in need of professional care grew. In 2023, 10,082 people in Stendal were in need of care. Out of this total number, people in outpatient care were 2,069 while those under in-patient care were 1,453 (1,417 in need of long-term care).[6]

Regarding youth, one important area is **education**. In the region, in 2021, there were 50 schools, of which 26 are elementary schools. Additionally, there were in total 107 childcare facilities (kindergartens and after-school centres, of which 30 were located in the Hanseatic city of Stendal (Regional-Monitor, 2021, p. 193). Next to these public education offers, there are several other offers focused on youth in the region. Regarding the private sector offers, these are mainly limited to private education and tutoring offers for children. Additionally, for young adults, there are several private organisations offering for vocational training and workshops. Public organisations offer, next to schools and kindergartens, mostly **counselling services** for young people and some municipalities run **youth clubs and community centres.** However, the majority of youth clubs, after-school activities and non-educational offers for children and teenagers are provided by social economy organisations. Thereby, both conventional as well as non- conventional actors play an important role. The offers are mainly concentrated in the Hanseatic city of Stendal and in the other towns of the district, while offers in more rural parts are very limited. However, there are some efforts to foster the inclusion of youth living in more remote places either through starting initiatives there, supporting teenagers to start their own projects or through improving the accessibility of other offers via collective transport.

[5] https://statistik.sachsen-anhalt.de/themen/bildung-sozialleistungen-gesundheit/gesundheitswesen/tabellen-gesundheit#c166107
[6] https://statistik.sachsen-anhalt.de/themen/bildung-sozialleistungen-gesundheit/gesundheitswesen/tabellen-gesundheit#c258973

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Public organisations dealing with old age poverty and youth poverty

Best estimate of the number of organisations in the region: apart from schools and kindergartens, around 10 specifically for youth; 2 for the elderly

Fields of activity in general:

For children and teenagers there are several public organisations in the district. The district (Landkreis) itself finances counselling services, the Youth Welfare Office, the Social Welfare Office and the Office for Schools and Culture. School administration is partly in the responsibility of the district (secondary schools, vocational schools), partly in the responsibility of municipalities (elementary schools). The district has 50 schools, of which 26 are elementary schools. In 2020, there were 13 vocational schools with 2,454 pupils (Regional-Monitor, 2021, p. 193). Furthermore, the district coordinates the social work at schools, supported by the Land Saxony-Anhalt.[7] The social work itself is carried out by different welfare organisations. Most other educational offers are financed by the different municipalities, consisting mainly of kindergartens and after-school centres. Apart from that, there are some other public education offers targeting youth, for example organised by the university. Additionally, some municipalities offer youth clubs and community centres. Some of them are run completely by the respective municipality while some others are cooperations of municipalities with local social economy organisations (e.g. by creating a joint association or other kind of organisation). While there are some incentives to strengthen community spaces in rural areas, most offers can still be found in the Hanseatic city of Stendal.

There are few public organisations targeting elderly people, the only organisations identified are a political representation council of seniors in the city council in Stendal and an intergenerational house financed by the federal government, which offers different activities, counselling and serves as a meeting place. There are no public care services for elderly people in the region as this task is typically fulfilled by welfare organisations or private service providers in Germany.

[7] https://www.landkreis-stendal.de/de/netzwerkstelle_schulsozialarbeit.html

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Private profit-oriented organisations dealing with old age poverty and youth poverty

Best estimate of the number of organisations in the region: for youth there are 10-15 services; for the elderly 15-20

Fields of activity in general:

For children, the only private organisations identified are one **private school and several private tutoring services.** Otherwise, no private for-profit organisations targeting children in this field could be identified through the mapping. Even though there are a few private schools, most of them are legally organised as non-profit limited liability companies, thus belonging to the social economy. Regarding teenager and (young) adults, there are several private **organisations offering vocational training** or workshops active in the region. Many of these are big corporations, which are active all over Germany or Saxony-Anhalt, with one or more regional offices in the district of Stendal.

For the elderly there are several care services offered by private for-profit organisations. These include **outpatient care services, day care services and care homes** for elderly people. It is difficult to assess their exact number as no comprehensive list of all private care services exists; but it can be assumed that there are more than a dozen private for-profit organisations active in the provision of outpatient elderly care and a handful of private inpatient care homes. It can be roughly estimated that the number of private for-profit and social -economy organisations in this field is fairly balanced.

Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with old age poverty and youth poverty

Best estimate of the number of organisations in the region: for youth, around 20 directly focused on exclusion; additionally, sports, culture and arts associations. For the elderly more than a dozen care services offered.

Fields of activity in general:

For children and teenagers, there are several offers by conventional and non-conventional social economy organisations in the regions. Identified as non-conventional SE organisations, there are several **youth clubs** in the region, which offer after-school activities and a social meeting point. Many of them are located in Stendal-Stadtsee, which is a quarter of the Hanseatic city of Stendal with particularly high rates of poverty and social exclusion. Additionally, there are several **sports, theatre and arts clubs** as well as some **counselling services** offered. Most offers are in the Hanseatic city of Stendal and even though there are efforts to reach more rural areas, the number of services there is very limited. A similar pattern can be identified for the more conventional SE organisations. Most

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offers are provided by the big German welfare organisations and include youth centres, counselling services and further educational offers. Many kindergartens as well are run by welfare organisations. Some of them (also public kindergartens) are supported by particular support associations (Fördervereine) often run by parents. Again, most offers are located in the Hanseatic city of Stendal or in the other towns in the district and only very few offers are in more rural areas.

Regarding the elderly, mostly the same big German welfare organisations are active in the region as for youth, these are namely: Diakonie, DRK, Caritas, Paritätische, AWO. Furthermore, the Volkssolidarität and Johanniter. It can be roughly estimated that the number of conventional social economy organisations active in care provision for the elderly is fairly balanced with private for-profit offers. The care services provided include **outpatient care services, day care offers and care homes.** Additionally, there are some offers that provide a meeting and exchange space for elderly. There are also several non- conventional SE organisations targeting elderly people, offering a similar range of services as the more conventional welfare organisations.

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3. Mapping organisations addressing social exclusion in Klagenfurt-Villach, Austria

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Methodological remarks

This mapping is based on desk research involving online searches, use of policy papers, reports and information on the province and the region, and on two interviews with three regional experts, two of which work at the University of Applied Sciences in Carinthia and have long experience in social innovation and the social economy, and one is the author of the poverty report commissioned by the NGO poverty network in Carinthia. Cases mentioned by these experts were also explored online. Since the province is small and its administration provides ample information, the location of providers of mobile care and care coordination services in the Klagenfurt-Villach region or elsewhere could be identified manually. However, an overall list of residential care facilities was unavailable, and the locations of the more than 1,000 live-in carers or live-in care intermediaries were not identified.

Overall overview about the organisational landscape

This mapping exercise focuses on the subject of **elderly care and long-term care** in a wide sense, including **informal and family care**, **neighbourhood help**, **support in everyday activities**, and **combatting loneliness** and **improving social inclusion**.

As further elaborated in DICES 3.1, Austria was among the first countries in Europe to establish a distinct long-term care system in its welfare state from 1993 onwards. The system continuously relies on family care, cash-for-care and a range of services that are provided by non-profit, public or for-profit organisations (in that sequence, Trukeschitz et al., 2022). Legally and institutionally, in professional functions there is a distinction in Austria between healthcare ("Pflege" provided by healthcare professionals, that is doctors or nurses who may delegate some functions to other staff) and social care and domestic support ("Betreuung", provided by staff with more limited training or by volunteers).

In Austria generally, some **800,000 people provide informal care to recipients at their home** and another ca. **150,000 support people in residential care**. Informal carers have an interest organisation established in 2009, IG Pflege, which also has a regional coordinator in Carinthia. They demand improved and targeted support for the various groups of informal carers, also those who are employed or self-employed, young carers, or caregivers with a migration background, and for varied

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care situations such as dementia, post-Covid and ME/CFS conditions, and legal rights of carers and care recipients to that support (IG Pflege, 2024).

In 2025, 501,237 people in Austria received a **care allowance** which is conditional on an assessed need for care and support of at least 65 hours per month.[8] In 2024, 140,149 people used mobile care services in Austria, of whom 11,235 lived in Carinthia.[9] Stationary care, including both residential and day care, short-term and respite care and sheltered housing offered 85,950 places in Austria and 6,183 in Carinthia.

Since Austria is a federal country, elderly care is organised on **several levels** with roles divided between the federal, **provincial and district or municipal level**. The federal level provides framework legislation and minimum standards, but the provinces both regulate and fund long-term care and ensure its quality. In elderly care, Carinthia is taking an advanced role in **building local capacities beyond residential care**, increasingly offering complementary support arrangements to the elderly and their informal carers. They implement national initiatives such as community nursing and municipal health promotion ("Gesunde Gemeinde") that in some places also involve volunteers and neighbourhoods. Districts and municipalities also play a part, and municipalities form associations for particular issues such as social services ("Sozialhilfeverbände"). The programme of the current Carinthian government for the period from 2023 to 2028 prioritises **"care at home"** and **"care in the community"** over residential care. Care at home is to be supported by expansion of daycare, support of transport and for informal carers, lowering clients' fees for longer-hour mobile care, and further support for live-in care. "Care in the community" is to be supported by municipal coordination, models for volunteering, and facilities for "ageing in the centre" (SPÖ Landtagsklub Kärnten & ÖVP Landtagsklub Kärnten, 2023). Dementia is addressed by a separate federal strategy and provincial and municipal initiatives, partly integrated into general local care provision and with separate offers in specialised health and social care.[10]

There is a range of **offers to support informal and family carers coordinated on the provincial level**: a phone hotline to provide advice and support, online and in-person training offers to informal carers by care professionals on varied subjects, such as availability of support, legal aspects, dementia, first aid, changing relationships, stress management for carers, end-of-life care, and more. There are also **informal gatherings of family/informal carers facilitated by professionals** ("Pflegestammtische") in 34 small towns in Carinthia, five in the Villach-Land and 7 in the Klagenfurt-

[8] https://www.statistik.at/statistiken/bevoelkerung-und-soziales/sozialleistungen/bundespflegegeld
[9] https://www.statistik.at/statistiken/bevoelkerung-und-soziales/sozialleistungen/betreuungs-und-pflegedienste
[10] https://www.ktn.gv.at/Themen-AZ/Details?thema=131&detail=868, https://www.ktn.gv.at/Themen-AZ/Details?thema=131&subthema=180&detail=1121

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Land district.[11] For care recipients with dementia, there are five "dementia cafés" hosted by professionals and offering social activities in the province of which three are in the region, in Klagenfurt, Villach, and Moosburg. There are also four dementia self-help groups in Carinthia, of which one each is located in Villach and Klagenfurt.

Mobile care in Carinthia is currently (in April 2026) provided by 14 organisations.[12] All of these are non-profits, either the provincial branches of large welfare providers, or more regional associations or companies owned by associations. In 2024 the Provincial Court of Audit (Landesrechnungshof) assessed daycare and mobile care services. Then mobile care was provided by 18 providers which delivered slightly below one million hours in 2023. Since the government plans for 1.24 million hours to be delivered in 2030 and providers face staff shortages, the Court of Audit strongly recommended to start the offensive in training foreseen in the government's programme as soon as possible.

Live-in care, has been formalised in Austria in 2007 and is subsidised by payments to recipients with some income limitations. In 2025, 3,264 self-employed live-in carers worked in Carinthia. 933 agencies were in operation in the country, and 69 in Carinthia (WKO, 2026). Figures in recent years have been decreasing, and staff shortages in the sector are noted (Holtgrewe & Wolter, 2024).

Residential care is on offer in 79 long-term care facilities and four hospital departments for the chronically ill, with some 6,000 places in sum. Of the care homes, 37 are in the private sector, 24 are run by non-profit organisations such as Diakonie de la Tour, Caritas, Red Cross, Volkshilfe, and Hilfswerk, and 18 are run by municipalities or associations of municipalities.

Green Care services in Carinthia cover a spectrum in between tourism, education, care and therapy: farm holidays enhanced by "alternative" health offers, guided walks, and education and participation in farming, working with animals, foraging, or food preparation; educational offers of "days at the farm" for schools; "hippotherapy", that is, specialised physiotherapy with horses for children with disabilities or learning difficulties; daycare, activities and even introductory vocational training for people with disabilities, or residential elderly care. In all of Carinthia, three farms offer residential care to the elderly, all of which are outside the Klagenfurt-Villach region, in the districts of St. Veit an der Glan. Another one in the Völkermarkt district offers farm afternoons with some activities.

In summary, long-term care in Carinthia is in the hands of private households (informal carers). The public sector focuses, on care coordination, support to informal carers, and healthcare delivery. Residential care is provided by for-profit, non-profit and public sector organisations with a total of 79 care homes in Carinthia. Mobile care is run by non-profit associations. Live-in care is largely a for-

[11] https://www.ktn.gv.at/DE/repos/files/ktn%2egv%2eat/Abteilungen/Abt5/Dateien/UA%5fPflegewesen/Demenz/Pflegestammtisch%5faktuell/18032026/Pflegestammtische%5f03%5f2026%2epdf?exp=1776221&fps=1a3240025018f7615222d3944277243cb9d106ed

[12] https://gps-ktn.at/pflege-und-betreuung/pflege-und-betreuung-zu-hause/mobile-dienste/

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profit activity, however, mostly provided by precariously self-employed carers (partly funded by public subsidies to recipients).

Public organisations dealing with long-time care

Best estimate of the number of organisations in the region: 53 local care coordinators in Carinthia, 10 in the Klagenfurt-Villach region, 18 publicly owned residential homes (owned by municipalities or associations of municipalities), local and provincial social administrations

Fields of activity in general:

The main fields of activity for public organisations in the field of care are it´s **coordination** and **health promotion**. Furthermore, there are 18 **residential homes** run by municipalities or associations of municipalities .[13] Finally, there are four **hospital** departments for the chronically ill, with some 6,000 places in sum.

Regarding the coordination of care, in recent years services and responsibilities for long-term care have been shifted between administrative levels in Carinthia. The functions of districts' and regional social administrations as well as the province-wide health and care services have been consolidated into the Carinthian Health, Care and Social Service which provides advice on the district level. In early 2026, across Carinthia 53 municipalities (of 132) have **local care coordinators** ("Pflegenahversorgung"). In the districts of Klagenfurt-Land and Villach-Land, 10 municipalities each have coordinators. In Villach-Land, they work for Gemeindeservicezentrum, a public body providing HR, IT and other services for Carinthian municipalities and associations of municipalities.[14] The district Klagenfurt-Land has its own association of municipalities to provide care services, Sozialhilfeverband Klagenfurt-Land, which also runs two residential care homes.

Private profit-oriented organisations dealing with long-term care

Best estimate of the number of organisations in the region: in Carinthia there are 37 private-sector residential care homes (60 according to WKO), 3,264 active live-in carers and 69 agencies, 4 providers of residential "Green Care". In AT211, 1,764 active live-in carers in March 2026 and 37 active agencies.[15]

[13] https://gps-ktn.at/pflege-und-betreuung/pflege-und-betreuung-in-einrichtungen/altenwohn-und-pflegeheime/

[14] They also run digital flagship projects ("Digitale Leuchttürme") with municipalities or a resource pool to overcome staffing shortages in municipal nurseries.

[15] https://firmen.wko.at/personenbetreuung/k%C3%A4rnten/

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Fields of activity in general: residential care, live-in care

The private for-profit sector is mainly active in two fields regarding long-term care. Firstly, there are 37 **private care homes**, which offer residential care (of a total of 83 care homes in total, including public and SE). The second sector is **live-in care**, in Austria known as "24-hour care". It has been formalised in Austria in 2007 and is subsidised by payments to recipients with some income limitations. It is mostly provided by middle-aged women from Eastern European countries (the majority from Slovakia and Romania) who are hired by elderly people or their families. The large majority of them are self-employed and most work in a "rotational model" in which two carers per recipient alternate turns every two or three weeks and commute home in between (Holtgrewe & Wolter, 2024). Carers' tasks, location and working hours are chiefly determined by their client's needs. Their work is often provided through agencies that connect clients and carers and assess clients' needs. Such agencies may be small, local or large for-profit companies or run by non-profits, and may offer services such as advice to both clients and carers, transport for carers' commutes, or handling of contracts and fees for carers - and some have been known to exploit carers' uncertainties over their rights and employment status. In 2025, there were 3,264 active self-employed live-in carers registered in Carinthia. Live-in care is, formally considered, largely a for-profit activity (partly funded by public subsidies to recipients) although the terminology appears inappropriate in the case of the precariously self-employed carers who do not gain much profit from their work (i.e. income exceeding their expenses).

In addition, there are "**alternative living spaces**",[16] that is private residential facilities with up to nine residents that take in people with lower care needs and offer a daily routine that cultivates or recovers residents' abilities. This appears to be a niche arrangement employing some 52 people in Carinthia, amounting to 22.2 full-time equivalents. However, they appear to be of interest in some rural areas as some offer **"Green Care"**, a comparatively new concept in Austria, promoted by a dedicated consultancy in collaboration with the provincial and local Chambers of Agriculture, and a provider of certification services. Green Care entails farms and forestry enterprises offering social services and activities to varied target groups such as children, people with disabilities, the elderly, unemployed people and/or people with mental health conditions or needing a break. Even though several "green care" offers exist in Carinthia, none are currently present in the Klagenfurt-Villach region.

[16] https://www.ktn.gv.at/Themen-AZ/Details?thema=131&subthema=134&detail=590

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Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with long-time care

Best estimate of the number of organisations in the region: 13 mobile care providers, 24 care homes, 4 Green Care providers (3 in hippotherapy), 3 self-help groups and several others.

Fields of activity in general:

Social economy organisations are mostly active in the provision of **mobile care** or as providers of **general social services**, which also touch long-term care. Furthermore, there are 24 **care homes** run by non-profit organisations and some large non-profits also run **live-in care intermediaries.**

Mobile care is provided by non-profits only, with 14 organisations in Carinthia and 13 in the region. These organisations are either the provincial branches of large welfare providers, or more regional associations or companies owned by associations. This includes the five large NGOs (plus national MOKI which specialises in mobile care for children and young people) whose Carinthian branches are based in Klagenfurt but which have local/regional bases, and some local or regional organisations, run by associations close to municipalities.

In the strongly and complexly regulated and professionalised landscape of long-term care there is little space for newer, bottom-up social economy actors. These can be found among initiatives and social enterprises that do not provide care as such but offer complementary services that support social inclusion, access to goods and services in rural areas, such as mobility services, food or time banks that reach older people as well as others with low incomes, without cars, or with an interest in sustainable, local and "alternative" ways of meeting needs and enjoying neighbourhood contacts. Self-help groups also play a role, one for informal carers and several for families of people with dementia. Outside a narrow definition of long-term care among the "Green Care" initiatives in Carinthia (of which residential care providers are outside the region), we have included "Birkenhof"[17] and "Wurzerhof",[18] a Demeter social farm that offers labour market inclusion and supported housing to young people with disabilities, mental health conditions and other difficulties in the labour market.

[17] https://www.lebensraum-birkenhof.at/
[18] https://wurzerhof-leben.at/

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4. Mapping organisations addressing elder isolation in the Arrondissement of Thuin, Belgium

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Methodological remarks

The mapping of organisations and stakeholders in the field of elderly care and social isolation was carried out using a collaborative and exploratory approach, combining internal discussion and desk research.

Firstly, internal meetings and brainstorming sessions were organised within the team to collectively identify the relevant sectors, types of organisations and potential sources of information. These discussions helped to define the scope of the mapping exercise and to prioritise key stakeholders working with older people, particularly those addressing issues related to isolation.

Next, the mapping drew on existing knowledge and data from previous projects and research activities carried out by team members in the field of elderly care. This provided a solid starting point for identifying relevant stakeholders.

Finally, targeted desk research was carried out using official and publicly available sources, including municipal websites and the regional authorities' database listing accredited care homes for older people. These sources ensured the reliability and accuracy of the information gathered in preparation for the fieldwork.

Overall overview about the organisational landscape

The Arrondissement of Thuin is characterised by a relatively stable yet ageing population, with household dynamics that reflect this demographic trend (Charlier, J., Debuisson, M., & Reginster, I., 2025). For instance, the municipality of Thuin displays a high ageing index: The dependency ratio measuring the proportion of the inactive population relative to the active population (aged 15-64) stands at 0.61 for the municipality of Thuin, higher than the averages for both Hainaut and Wallonia (0.56). In practical terms, this means there are 61 inactive persons (children and older adults) for every 100 active persons, indicating a higher social and economic dependency burden than the

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regional average (Hainaut Développement, 2023). The attribution of the GRAPA[19] public financial support for poor elderly persons (above 65 years) is also higher in the Thuin Arrondissement than in Wallonia.

The prevalence of chronic illness is rising steadily across Wallonia, reaching 5.4% in Hainaut (above the regional average). These conditions generate significant dependency and demand for long-term care. Yet, the supply of residential and nursing homes (MRS) remains insufficient: Thuin counts only one officially registered facility offering in total 1,125 beds in elderly facilities and elderly care facility, equivalent to a ratio of 234 beds/1,000 inhabitants ages 80 years old and beyond. The saturation of care homes and community services highlights the difficulty of aligning medical and social needs with available infrastructures.

According to the official database of the regional authority responsible for the accreditation and regulation of care homes for the elderly, there are 13 accredited care homes in the district of Thuin.[20] Of these establishments, one is run by a local public social welfare centre (CPAS) and two are run by an an intermunicipal entity, whilst the other ten are run by the private sector, either by non-profit organisations or by private companies. In total, these establishments account for 956 accredited beds, of which 187 are in the public sector and 769 in the private sector.

Furthermore, the district of Thuin is characterised by a relatively low density of doctors. Available data indicate that the shortage of general practitioners remains a structural problem in many Walloon municipalities and even more in the district of Thuin where a significant number of doctors are expected to retire in the coming years, which could further exacerbate difficulties in accessing care in the near future.[21]

Public organisations dealing with elder isolation and care

Best estimate of the number of organisations in the region: around 15

The Arrondissement of Thuin comprises 11 municipalities, each of which has its own Public Social Welfare Centre (CPAS), which is the main public body responsible for social assistance and services for the elderly.

In addition to municipal social services (CPAS), certain care services for the elderly are organised at a supra-municipal level through inter-municipal cooperation. These arrangements enable

[19] The Guaranteed Income for the Elderly (GRAPA) is a benefit granted to elderly people whose income is too low to cover their living expenses.
[20] Agence pour une Vie de Qualité (AViQ). (n.d.). *Liste des maisons de repos agréées*. Retrieved April 2, 2026, from https://www.aviq.be
[21] Agence pour une Vie de Qualité (AViQ). (2026). *Cadastre des médecins généralistes actifs en Wallonie: période 2016–2024*. Retrieved April 2, 2026, from https://www.aviq.be

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municipalities to pool their resources in order to manage residential care homes and ensure access to long-term care for dependent elderly people.

The region is also part of a wider inter-municipal public hospital system. Certain hospital services operate under public governance structures coordinated at the inter-municipal level. Although these establishments are often legally constituted as non-profit entities, their organisation, funding and objectives are defined by the public authorities, which ensures a public service mission in the provision of healthcare, including geriatric care.

Fields of activity in general:

Public organisations working to combat isolation and provide care for older people in the Arrondissemnt of Thuin are committed to preserving independence and improving the quality of life of older people. Their activities include social support for vulnerable older people, preventing social isolation through psychosocial support, and setting up home care services to enable older people to remain in their own homes for as long as possible.

They are also involved in the management of residential care homes for older people who can no longer live independently, often through the Public Social Welfare Centres (CPAS) or inter-municipal bodies. Finally, they cooperate with the public hospital system to ensure continuity of care, particularly in cases of chronic illness, loss of independence or the need for post-hospital support.

Private profit-oriented organisations dealing with isolation of older people

Best estimate of the number of organisations in the region:

There are between 20 and 30 private, for-profit organisations operating in the field of care for the elderly in the Arrondissement of Thuin. These are mainly private residential care homes (nursing homes/assisted living facilities), private home care providers and private mixed-service operators offering support to the elderly.

In the dataset used for this study, only residential care facilities officially approved and accredited by the Walloon Agency for Quality of Life (AVIQ) have been included in the table. This means that the list is not exhaustive, but is limited to regulated and officially recognised nursing homes and care homes.

However, in reality, the private sector for elderly care is broader. In addition to the care homes approved by the AVIQ, there are also other private organisations active in home help, complementary care services and specialised support for the elderly. Some of these may not appear on the official lists of residential care homes, but nevertheless contribute to the support of older people, particularly in areas such as daily assistance and non-medical care services.

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Fields of activity in general:

In the Arrondissement of Thuin, private for-profit organisations are primarily dedicated to providing residential care and daily support services for older people, often competing with or complementing public and non-profit providers.

Their activities generally include the management of private care homes and sheltered accommodation, where they provide accommodation, nursing care and assistance with daily living for elderly residents. Many of these establishments also offer social and leisure activities aimed at maintaining well-being and reducing isolation.

In addition to residential care, private providers are also active in-home care and personal support services, such as domestic help, meal preparation, assistance with personal hygiene and companionship services for older people living at home.

Overall, the private sector plays a complementary role in the care system for older people by increasing care capacity and offering more diverse or flexible service options, particularly for families seeking rapid access or bespoke care solutions.

Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with isolation of older people

Best estimate of the number of organisations in the region:

There are approximately 6 to 7 social economy organisations active in the Arrondissement of Thuin in the field of combating social isolation among older people and providing care for them.

These organisations are mainly non-profit associations (ASBLs) and community initiatives operating on the principles of solidarity. They combine the provision of professional care with governance structures based on voluntary work or community involvement.

A small number of them can be considered closer to the principles of economic democracy, particularly those based on participatory governance, member involvement or a bottom-up community organisation, although most remain hybrid structures benefiting from professional management and public financial support.

The number of social economy organisations specifically dedicated to tackling social isolation among older people in the borough appears to be relatively limited, as many activities in this field are likely to be integrated into public (CPAS) or inter-municipal structures rather than existing as fully independent organisations.

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Fields of activity in general:

Social economy organisations in the region focus primarily on reducing social isolation among older people and promoting ageing with dignity. Their activities include home help, daily support, psychosocial support and preventing the need for residential care through community-based services.

They also play an important role in community life and social participation, organising group activities, voluntary support initiatives and local projects that strengthen social ties among older people.

Overall, the sector is characterised by a non-profit orientation, heavy reliance on voluntary organisations, and a combination of professional and voluntary commitment, contributing both to the provision of care and to social cohesion within the region.

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5. Mapping organisations addressing social exclusion in Panevėžys Region, Lithuania

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Methodological remarks

In Lithuania, the information about the field of LTC and other social services for the elderly is extremely fragmented because of the ongoing reforms in the areas of social care, integration/inclusion and other related social services.[22] No unified national or regional register exist for either social economy entities or organisations servicing the fields of most severe social exclusion as identified in DICES 5.1. This limitation meant that we had to rely on a variety of sources. We have identified three reliable sources of information. First, there are lists of accredited and licenced social services providers available on each municipality's website. Second, the list of healthcare providers contracted by the main public health insurer is publicly available on the website of Ministry of Healthcare. Third, EIMIN operated Innovation agency (*Inovacijų agentūra*, in Lithuanian) administrates the list of "Social Business Status Holders".[23]

Additionally for Panevėžys region-specific information we relied on the results of the analysis of Social Innovators published under the Interreg Lat-Lit-funded project "RE:Impact"[24] because it is a recent analysis published in 2024 which focused exclusively on Panevezys Region. Social Entrepreneurs and Social Innovators always act to solve social problems on the local scale. Combined, the publicly available lists and third-party social economy, social entrepreneur and social enterprise mapping efforts served as the basis for identifying the relevant organisations in Panevėžys Region. We drew up three Excel workbooks listing all organisations deemed relevant (part of the information in the said Excel files is in Lithuanian). Finally, Interview 4 (group interview) was conducted on the topic of social economy organisations operating or being incorporated in the region in addition to the Part I exploratory interviews (1-3) with Panevėžys District Municipality (Social services and Strategic planning departments) and PRPT representatives.

[22] Lietuvos Respublikos Socialinės apsaugos ir darbo ministerija (SADM). (2025). *Savivaldybių socialinių paslaugų išvystymo normatyvų įgyvendinimo 2024 m. ataskaita* [2024 report on the implementation of municipal social service development norms]. Lietuvos Respublikos Socialinės apsaugos ir darbo ministerija.

[23] https://socialinisverslas.inovacijuagentura.lt/en/businesses/

[24] https://www.zemgale.lv/lv/media/6530/download?attachment

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Overall overview about the organisational landscape

The organisational landscape addressing social exclusion in Panevėžys Region is a complex, multi-pillar system dominated by public-sector institutions, supplemented by a fragmented and evolving third sector. Despite the governmental mandate aimed at transferring at least 30% of public services, especially social services, to the NGO and the private sector by 2030,[25] the dominant players are unequivocally the public, municipal-level institutions, so their field of operations is 'fully local', e.g. Panevėžys City Social Services Centre and the Panevėžys District Social Services Centre. The rural (district) municipalities which are the focus of this report are impacted by the Panevėžys City which acts as the central hub for the urban core, organising a comprehensive range of services mandated by laws and regulations, including home help, temporary accommodation, crisis support, and extensive day care programmes for children, the elderly, and persons with disabilities.[26] This public and urban hub dominance is reinforced by a key regional specificity identified in exploratory interviews: a cultural scepticism among some municipal civil servants who reportedly "consider it shameful to conduct business in the area of social services" (Interview 2). This perception creates a challenging environment for the social economy. In the Lithuanian context, the discourses revolves mainly around market-based social enterprises (referred to as 'social businesses' or 'community-led businesses' depending on size, context, scale and scope of operations, and target groups). The "private profit-oriented" sector is ambiguous and requires fieldwork to reveal the patterns and trends in their operations: there is not official monitoring or information reporting framework, so their commercial statistics need to be inquired on individual organisation basis. Finally, most organisations providing the LTC to the elderly in the rural areas in practice operate as non-profits that use market mechanisms for generation of income but reinvest 100% of their gains (legally they do not declare profits as they are non-for-profit), rather than operating as true for-profit ventures.

The social economy sector is a less visible component of the region's inclusion framework comprising both conventional welfare bodies and social innovators.[27] Social innovators are social economy organisations which create value (commercial, income-generating goals) and impact (environmental and (or) social mission) aiming to transform communities and the society by leveraging private (mostly donations) and public (mostly ESFA+ SII++) funding destined for 'social innovation'. Analysis

[25] Lietuvos Respublikos Vyriausybė [Government of the Republic of Lithuania] (2021). Lietuvos 2021-2030 metų nacionalinis pažangos planas. [Government Decision N$_o$. 797 dated 2021-10-09] Amended by Government Decision N$_o$. 938 dated 2024-10-30 (valid as of 2024-11-09).

[26] Panevėžio socialinių paslaugų centras (2024). Institutional website. https://www.paneveziospc.lt/

[27] Žebrytė, I. & Bražiūnaitė, V. (2024). Lithuanian National Report of the European Social Enterprise Monitor 2023-2024. LiSVA & ISM University. http://lisva.org/wp-content/uploads/2024/12/LiSVA-ataskaita-2023-2024_EN.pdf

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published by the Interreg Lat-Lit project "RE:Impact"[28] confirms the existence of an active, albeit nascent, social innovation and entrepreneurship ecosystem. However, Zeiļa et al. (2024) also highlight significant systemic hurdles, including challenges in "financial sustainability" and a "lack of a common [shared] understanding of social innovation" (p. 68), which resonates with the cultural scepticism noted in the DICES T.5.1. exploratory interviews (Interviews 2 & 4). This SE sector is vital for addressing the severe exclusion gaps identified in Part I of this report, such as labour market integration for at-risk youth and developing community-based care to combat the isolation of seniors and persons with disabilities. This pillar is also visibly represented by "conventional welfare organisations", such as Caritas (n.d.) and Malteser Relief Organisation (Maltos ordino pagalbos tarnyba). The Maltesers are active in Panevėžys, running programmes like "Meals on Wheels" and social support projects for isolated seniors, directly targeting the demographic and social exclusion crises highlighted in Part I of this report.[29] A notable private sector nation-wide organisations (with approximately 6000 individual clients - elderly persons - in all of Lithuania) operating in Panevėžys Region is VšĮ „Nacionalinis socialinės integracijos institutas". Its brand SENJORO is known for its „SenjoroGO" mobile app.[30]

A comparison of the organisational landscape across the five rural municipalities (Panevėžys, Rokiškis, Biržai, Pasvalys, and Kupiškis Districts) reveals a structural divide defined by the region's monocentric geography. The gap in the rural areas is precisely where the social economy organisations are most relevant and where small for-profit organisations are being incorporated after starting up as projects, mostly EU-funded. There is still a limited understanding of the social economy, and the social enterprise concept more particularly, among municipal officials and the public leads to bureaucratic barriers in the provision of LTC for the elderly services because of the lack of trust. The civic, community and (or) social grassroots umbrella organisations like the Panevėžys District Community Union (*Panevėžio rajono bendruomenių sąjunga*), whose stated mission is to "unite and represent the interests of rural communities" and "promote rural development," positioning it as a

[28] Zeiļa, R., Ivanova, L., Švarce, L., Bražiūnaitė, V., Atkočienė, V., Paula, L., Līcīte-Ķurbe, L., & Žebrytė, I. (2024). *Comparative Analysis of Social Innovators in the Zemgale Region and Northern Lithuania*. RE:IMPACT of Interreg Lat-Lit. https://latlit.eu/wp-content/uploads/2024/02/for-publicity_COMPARATIVE-ANALYSIS-OF-SOCIAL-INNOVATORS-IN-ZEMGALE-REGION-AND-NORTHERN-LITHUANIA_2024_ReImpact_ENG.pdf

[29] Maltos ordino pagalbos tarnyba (2024) *Maltos ordino pagalbos tarnybos veiklso ataskaita 2024 m*. https://maltieciai.lt/veiklos-ataskaitos-dokumentai/

[30] Inovacijų agentūra (2025, October). Pirmoji Socialinės ekonomikos diena – bendruomenę subūręs dialogas apie prasmingus pokyčius https://inovacijuagentura.lt/news/2025/10/pirmoji-socialines-ekonomikos-diena---bendruomene-subures-dialogas-apie-prasmingus-pokycius.html?lang=lt

key non-state actor addressing the specific isolation and exclusion of the rural population.[31] As highlighted in Part I, LAGs are common across all of LEADER programme territories, namely in rural areas with and without care deficits. However, they require further strengthening in municipal areas, such as Biržai District (Interview 4).

Unions of social services and health sectors' worker are intertwined in Lithuania.[32] Both private and public sector organisations place a lot of emphasis on staff's lifelong learning, professional training and competence expansion as recruitment and retention measure, marketing message and employee engagement or well-being measure.[33]

Public organisations dealing with social exclusion, poverty or care

Best estimate of the number of organisations in the region: 21 (accredited or licenced providers of social services)

Fields of activity as to the LTC of the elderly: General and specialised social services, including day centres, home help, and support for at-risk individuals and families. Long-term residential care for the elderly, including supportive healthcare and specialized care for persons with disabilities, excluding specialised nursing and healthcare. "Social taxi" (transportation) services.

Private profit-oriented organisations dealing with social exclusion, poverty or care

Best estimate of the number of organisations in the region: 38 (operational entities with legal personhood, accredited or licenced providers of social services).

Fields of activity as to the LTC of the elderly: Home Care and Nursing. Providing long-term and short-term nursing, personal care, and domestic in-home assistance (community-based care). Operating social care homes that provide long-term and short-term residential care. Providing

[31] Panevėžio rajono savivaldybė (2026) Regionų kronika. Bendruomenės. https://www.panrs.lt/panevezio-rajono-bendruomeniu-sajunga-igyvendins-bendruomeniskuma-ir-tvaruma-skatinanti-projekta/

[32] World Health Organization. (2024). State of long-term care in Lithuania (No. WHO/EURO: 2024-10368-50140-75517 (PDF)). World Health Organization. Regional Office for Europe. https://www.who.int/europe/publications/i/item/WHO-EURO-2024-10368-50140-75517

[33] Esfa (2025, November) 163 socialinių paslaugų įstaigos sustiprino kompetencijas, būtinas gerinti jų teikiamų paslaugų kokybę. https://www.esf.lt/163-socialiniu-paslaugu-istaigos-sustiprino-kompetencijas-butinas-gerinti-ju-teikiamu-paslaugu-kokybe/

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physiotherapy, occupational therapy, and kinesitherapy to aid in social and functional rehabilitation to the elderly. Medical transportation, meal delivery, and other services that reduce social isolation and improve access to care.

Social Economy Organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with social exclusion, poverty or care

Best estimate of the number of organisations in the region: 44 (see DICES WP2, T.2.2. report on Lithuania for SEOs and CSOs nomenclature)

Fields of activity as to the LTC of the elderly: Rural and urban community centres, and local action groups are fostering local initiatives, and community building for the elderly. Day centres, social workshops, advocacy, social rehabilitation, and integration activities. Educational and cultural programmes for the elderly (seniors), home help, and social care. Food banks, charity work, support for the poor, and crisis intervention. Social care homes, group living homes, and independent living support.

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6. Mapping organisations addressing social exclusion of Roma people in Usti nad Labem Region, Czechia

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Methodological remarks

The mapping of organisations addressing Roma social exclusion in the Ústí nad Labem region employed multiple complementary approaches to ensure comprehensive coverage across public, private, and social economy sectors.

Primary methods included:

1. Online search of Czech and English sources, including academic publications, government reports, media outputs, and NGO databases;
2. Consultation of the national social economy portal TESSEA (Thematic Network of Social Economy) and the EU Social Economy Gateway for registered social enterprises in the Ústecký region;
3. Analysis of Government Agency for Social Inclusion (Agentura pro sociální začleňování) locality profiles and strategic documents specific to Ústí nad Labem;
4. Review of national Roma NGO networks, particularly RomanoNet member organisations operating in the region;
5. Brief media analysis of Czech Roma news portal Romea.cz and regional press coverage of social inclusion initiatives;
6. Examination of EU-funded project databases (OP Lidské zdroje a zaměstnanost, AMIF) to identify potential active implementers;
7. Cross-referencing of organisational registers (Justice.cz, ARES business registry) for legal form and founding information.

Overall overview about the organisational landscape

The Ústí nad Labem region (Ústecký kraj) represents one of the most challenging contexts for Roma social inclusion in the Czech Republic. In almost all municipalities (except of Most) we can find Roma communities. The biggest communities are located in Ústí nad Labem city (20.000 residents counted as Roma - around a fifth of the total number of residents), Teplice (13.296 residents counted as Roma - almost a quarter of the total number of residents) and Chomutov (8.000 residents counted as Roma - approx. a sixth of the total population). In Ústí nad Labem city, 6.500 Roma are classified as socially

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excluded. These are predominantly concentrated in four *socially excluded localities* - Předlice/Nové Předlice, Nový svět/Krásné Březno, Mojžíř, and Střekov. In Teplice, 9.857 of Roma residents are classified as socially excluded. Throughout the whole region (Ústecký kraj), we can find socially excluded localities comprising of Roma residents in 32 towns and villages. The region exhibits deep-rooted patterns of spatial segregation, housing discrimination, and multidimensional social exclusion.

The organisational landscape comprises public institutions, private actors, conventional welfare organisations, and social economy initiatives, though no comprehensive registry exists. It is especially difficult to account for the number of private actors as they most commonly have profit as the main goal and do not have social inclusion as a goal. The organisational landscape addressing Roma social exclusion is characterized by a limited number of actors (approximately 15-20 active organisations), dominated by large professional NGOs and conventional church-based welfare organisations. The dominant players include Člověk v tísní (People in Need), one of the largest Czech NGOs providing comprehensive field programs, low-threshold facilities, and family activation services across all major excluded localities; Oblastní charita Ústí nad Labem (Regional Caritas), operating multiple community centres and providing traditional church-based social services; and Romano Jasnica, the region's primary Roma-led organisation, though professionalized over its 26-year history.

Main fields of organisational activity cluster around:

1. field social work (terénní programy) in segregated localities;
2. low-threshold facilities for children and youth (nízkoprahová zařízení);
3. family activation services;
4. legal and social counselling, particularly regarding housing discrimination and debt;
5. pre-school preparation programs; and
6. emergency assistance and food distribution.

Notably absent are employment-focused social enterprises (WISEs), housing cooperatives, or community-controlled economic initiatives. Despite WISEs being one of the most clearly legally defined social enterprise models (also considered part of SE in CZ), no WISEs specifically creating employment opportunities for Roma in Ústí nad Labem region were identified during this mapping exercise. This represents a significant gap given that employment integration is one of the primary means of combating social exclusion.

Broadly, the regional specificities include:

(a) the historical legacy of the 1999 Matiční Street wall, which physically segregated Roma residents and galvanized both local activism and international attention;

(b) implementation of city-wide housing benefit-free zones since 2019, creating unique policy barriers to Roma housing access;

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(c) heavy concentration of predatory private landlords profiting from the 'housing poverty trap';

(d) relative weakness of social economy infrastructure compared to regions like Moravia; and

(e) significant EU funding flows, particularly through Operational Programme Human Resources and Employment and Asylum, Migration and Integration Fund, which shape organisational priorities and sustainability.

The multidimensionality of Roma social exclusion is evident in the intersection of multiple disadvantages: housing exclusion and homelessness (with discriminatory access to social and private rental markets), poverty and over-indebtedness (with usurious lending practices targeting Roma families), unemployment and labour market discrimination, educational segregation and underachievement (particularly affecting Roma children), health disparities (including substance abuse and mental health issues in excluded localities), and exposure to racism and hate crimes. Organisations must therefore address overlapping fields of exclusion simultaneously, though most lack integrated approaches spanning housing, employment, education, and health. The organisational landscape remains fragmented, project-dependent, and characterized by top-down service delivery rather than community empowerment or democratic governance models, although this will be further investigated during the fieldwork.

Public organisations dealing with social exclusion of Roma people

Best estimate of the number of organisations in the region: 5-8 that are relevant (including municipal, regional, and national agencies with local presence)

Fields of activity in general:

Social work and case management; administration of social benefits and material distress support; child protection (SPOD - social and legal protection of children); employment mediation and public service work programs (veřejně prospěšné práce); social services planning and coordination; monitoring of socially excluded localities; implementation of EU-funded integration projects; crisis intervention; housing policy (including discriminatory benefit-free zones).

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Private profit-oriented organisations dealing with social exclusion of Roma people

Best estimate of the number of organisations in the region: No private profit-oriented organisations that directly deal with social inclusion were identified

Fields of activity in general:

Private rental housing (predominantly exploitative); employment placement (mainstream, not Roma-oriented); social enterprise/café model (disability-focused, not Roma-focused). Private kindergartens identified are commonly located in city centre or affluent residential areas, oriented toward middle-class families, offering bilingual or enrichment programs. **None are, for example, located in or oriented toward Předlice, Mojžíř, Střekov, or Krásné Březno in Usti nad Labem city.** They are effectively inaccessible to Roma families due to cost (typically 4,000-8,000 CZK/month vs. free public kindergartens), geographic distance from excluded localities, and cultural barriers. No private elementary or secondary schools specifically serving Roma or socially excluded children were identified. Private tutoring market is extensive but **entirely inaccessible to Roma families** - charging 350-500 CZK per 60-minute session, requiring digital literacy for booking platforms, and oriented toward mainstream students preparing for entrance exams or university. Free tutoring for Roma children is instead provided by NGOs like Člověk v tísní. The educational gap is instead filled by **public schools with preparatory classes** (ZŠ Předlice, ZŠ Mojžíř in Usti nad Labem city) and **NGO pre-school clubs** operated by Člověk v tísní and Romano Jasnica - neither of which are private sector actors.

Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with social exclusion of Roma people

Best estimate of the number of organisations in the region: 10 -20 that deal explicitly with Roma inclusion (includes conventional, professionalized NGOs, semi-grassroots, and emerging community initiatives)

Fields of activity in general:

Field social work in excluded localities; low-threshold facilities for children/youth; family activation services; pre-school preparation; legal counselling (housing discrimination, debt); community organizing and anti-racist activism; emergency assistance; tutoring and educational support; health mediation; cultural programs; advocacy for Roma rights

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7. Mapping organisations addressing social exclusion of Irish Travellers in West Region, Ireland

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Methodological remarks

The mapping of organisations addressing the social exclusion of Irish Travellers in the West Region of Ireland adopted a range of complementary approaches to search, understand and validate the active entities and initiatives across the public, private, and social economy sectors.

Primary methods included:

1. Systematic online search of Irish Traveller support organisations, and their work, in the West Region counties of Galway, Mayo and Roscommon;
2. Cross-check of results for Traveller-led regional organisations and initiatives through the websites of national Traveller-led organisations e.g. Irish Traveller Movement, Pavee Point - Traveller and Roma Centre and Minceirs Whiden, and of the Companies Registration Office (CRO);
3. Systematic online search of the websites of local authorities and local development companies (LDCs) in the West Region for structures, programmes and initiatives related to the engagement, support and/or advocacy of Irish Travellers;
4. Consultation of the national agency Pobal's website for regional information on two national programmes that it administers - Social Inclusion and Community Activation Programme (SICAP) implemented by LDCs, and the Community Services Programme (CSP) - which revealed the number of local community groups (LCGs) funded through SICAP that serve the target group of Travellers and the number of Irish Travellers employed through the CSP in the West Region;
5. Consultation of the national Health Service Executive (HSE) website for regional information on the Traveller Health Projects that it funds, which were then cross-checked with the websites of the implementing bodies in the West Region;
6. An online search for Irish Travellers and education revealed the work of the regional Education and Training Boards (ETBs), plus a support project for higher education at the National University of Ireland, Galway (NUIG);
7. Online search for businesses supporting Irish Travellers generated zero results, but previous research indicated the role of general medical practitioners (GPs) as frontline service and a focused online search on GPs and Irish Travellers generated relevant data for this mapping exercise;

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8. Validation of results by a regional contact in the social economy.

Overall overview about the organisational landscape

The West Region in Ireland has some of the highest levels of poverty and social exclusion in the country. Two groups that are especially affected are Irish Travellers, an ethnic minority, and older people living in rural areas. This report focuses on the group experiencing the highest levels of social exclusion in the West Region - Irish Travellers. The intersectionality of social exclusion experienced by Irish Travellers is notable and evidenced across key dimensions of their lives including healthcare, family support, housing, education, training, employment and cultural expression. This has resulted in shorter life expectancy, higher levels of children in care and homelessness, lower educational attainment and training opportunities, resulting in very high levels of unemployment and incarceration, along with experiences of racism and discrimination from the general public and even through poor access to public services. Family and community structures and networks of Irish Travellers are based around nomadism and up to the mid-20th century, inter-dependency between the Irish Travellers and settled society (e.g. the rural farming community in particular) supported mutually beneficial social and economic relations. For instance, before widespread private car ownership and access to news media, Travellers played an important social function in sharing news among distant relatives in the settled community (non-Travellers). Travellers are also renowned for their musical and storytelling traditions, and were valued for their role in gathering, sharing and conserving Irish cultural heritage. Economically, Travellers performed at least two key functions in the rural economy: they produced and repaired household utensils through tin-smithing before the introduction of plastics, and they provided mobile manual labour in response to seasonal agrarian demand. However, the Traveller community's relationships with the State and Irish society in general have been dominated by the assimilationist mission of the 1963 Report of the Commission on Itinerancy[1] that shaped Government policies and public attitudes for generations through a racist lens.

In the 2022 Census, the West Region returned 6,116 Travellers (CSO, 2023). Traveller settlement patterns tend to be concentrated in and around urban centres, a consequence of legal, policy and regulatory barriers to nomadism. The distribution of organisations responding to the social exclusion of Travellers tends to reflect this geography. The organisational landscape includes those in the social economy seeking to (1) address the negative outcomes of racism and social exclusion towards Travellers, (2) advocate for change in cultural, political and economic relations in order to transition to culturally appropriate and intersectional systems and structures, and (3) partner with and learn from international decolonisation movements to seek to transform Irish society towards one that is more diverse, collaborative and egalitarian. In the social economy, conventional organisations tend to focus on (1) and may include (2) to some degree. The non- conventional organisations are more likely to invest time and resources into (2) especially and are increasingly engaging with (3) through international relations. Public sector organisations and/or programmes and initiatives seem to have emerged in response to the grassroots and community-led activism by Irish Traveller groups and/or

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key allies in the social economy. There is no evidence of the private sector addressing social exclusion of Irish Travellers, with the limited exception possibly of some GPs (general practitioners, i.e. primary healthcare doctors). In the absence of any central register of Traveller-related organisations and initiatives either nationally or in the West Region, this report offers a starting point for estimating the number of entities that may be involved in social inclusion of Irish Travellers.

The 10 public sector organisations and their initiatives in the West Region tend to focus on addressing barriers faced by Irish Travellers to public services taken for granted by the majority population. These include healthcare, family support, education (which only recently began to include higher education) and employment. Access to healthcare is supported through up to 286 GPs in the private sector who deliver free primary care to low income patients (including Traveller) through the HSE-funded General Medical Services scheme but the representative body for GPs recognises the risk of racism faced by Travellers in GP offices and has developed training to support culturally appropriate healthcare at local level. In recent years, innovations in the public sector include working in partnership with Traveller-led representative organisations, hiring Travellers as employees, and providing training to wider staff on culturally appropriate service provision for Irish Travellers.

There are up to 20 organisations in the West Region that support social inclusion among Irish Travellers in some way. Four of those have originated from Traveller communities within the West Region and tend to use a community development and intersectional approach that offers flexibility and adaptability to presenting needs. They centre human rights activism and advocacy, empowerment, cultural awareness and celebration in particular, alongside active allyship with collaborators in the settled community, NGOs and the public sector. National entities that are Traveller-led and/or informed by Traveller representatives provide more targeted supports for more inclusive service provision such as Traveller appropriate counselling, Traveller youth services, Traveller financial and insurance inclusion advocacy. Moving towards NGOs in the settled community, up to 7 community-led local development companies implement social inclusion programmes that include Travellers as one of their target groups. Three very local groups were identified with interests that encompassed those from the Traveller and non-Traveller populations in media, boxing and equestrian activities. Finally, the Catholic Church provides more conventional welfare offerings in terms of religious counselling and also in terms of practical advice and support for low-income households.

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Public organisations dealing with social exclusion of Irish Travellers

Best estimate of the number of organisations in the region: a total of **10** public bodies were found that are relevant (including municipal, regional, and national agencies with local presence)

Fields of activity in general:

The four local authorities in the region (Galway City, Galway County, Mayo County and Roscommon County) are responsible for delivering **social housing** for Travellers, as well as running interagency groups **to improve public service delivery for Traveller inclusion**. Galway City Council goes further with some targeted **support of activities related to Traveller culture and wellbeing**. The HSE funds service providers at county or sub-county level in Traveller **health promotion, access and affordability**, Tusla has a new focus on Traveller-informed approaches to social work **in child protection and welfare services**, while Pobal funds community service provision that offer **local employment** to Travellers. The regional Education & Training Boards provide **community-based adult education** and **2nd chance education for disadvantaged youth**, while the public university NUIG runs a project to advocate, empower and support Travellers through **culturally inclusive higher education**.

Private profit-oriented organisations dealing with social exclusion of Irish Travellers

Best estimate of the number of organisations in the region: While no private organisation was identified that focus on the support of Irish Travellers, **1** category of private general practitioners (GPs) in the West Region (who are sole traders) are signed up to the General Medical Services (GMS) scheme. That group comprises **286** GPs.

Fields of activity in general:

The GMS scheme is funded by the national HSE and participating GPs provide **primary medical care at community level that is free to people on low income,** which would include most Travellers. Other than GPs, no other private entities were found to focus on providing services to Irish Travellers.

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Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with social exclusion of Irish Travellers

Best estimate of the number of organisations in the region: A total of **18-20** organisations or groups with relevance for the social inclusion of Travellers in the West Region were identified through the search, including: x4 that appear to originate from geographical Traveller communities within the West Region, often working to community development principles; x1 national Traveller-led and focused on counselling, with a local partner in the West Region; x1 national entity focused on excluded youth, especially Irish Travellers, with regional offices; x1 regional organisation focused on money and debt management, which is in turn advised about Traveller inclusion by x1 national policy body; x6-7 community-led local development companies which implement social inclusion programmes that include Travellers as one of their target group; x3 very local groups or committees with a focus on media, boxing or a horse festival, with varying Traveller involvement; and x2 conventional church-based welfare entities.

Fields of activity in general:

The fields of activity across the social economy organisations are **human rights activism and advocacy, empowerment, cultural awareness and celebration**; alliances, programmes and shared spaces with public bodies or other NGOs for **more inclusive service provision** such as health promotion and culturally appropriate service provision (including in **primary healthcare and counselling**), **social housing, homeless supports**, **tackling poverty and social exclusion** by addressing needs identified with Travellers, plus **financial and insurance inclusion**; **youth services/projects, school completion and retention; women's wellbeing and domestic violence supports**, visiting **households at risk of poverty** with practical or financial help and signposting services, plus informal religious-based counselling. In addition, local projects involved in **media training, boxing, and horse events.**

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8. Mapping organisations addressing social exclusion of elderly and migrants in Lesvos-Lemnos, North Aegean, Greece

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Methodological remarks

The mapping of organisations addressing migrant and elderly social exclusion in the North Aegean region employed multiple complementary approaches to ensure comprehensive coverage across public, private, and social economy sectors.
Primary methods included:

1. Systematic online search of Greek and English sources, including academic publications, government reports, media outputs, and NGO databases;
2. Review of official websites of local public authorities, including the Region of the North Aegean, the Municipality of Mytilene, and the Municipality of Lemnos, as well as the websites of individual organisations operating in the region;
3. Brief media analysis of regional press and migration-focused news portals covering social inclusion initiatives in Lesvos and Lemnos;
4. Direct contact with the UNHCR representative on Lesvos, providing additional insight into the operational landscape and key actors in migrant reception and protection;
5. Consultations with frontline workers active in care provision for both migrants and elderly people, offering grounded, practice-based perspectives on service availability, gaps, and inter-organizational dynamics in the region.

Overall overview about the organisational landscape

The NUTS3 region - comprising Lesvos, Lemnos, and Agios Efstratios - presents one of the most challenging environments for migrant social inclusion in Greece. All islands and municipalities in the region - particularly Lesvos and Lemnos - have served as entry points for thousands of migrants and refugees. The largest migrant flows have been recorded on Lesvos in 2018 and have since declined, against a permanent local population of 106,411 residents. While migration has partly mitigated population decline, especially following the 2015 migration crisis, migrants, refugees, and asylum seekers continue to face systemic obstacles in accessing employment, housing, and education.

Under standard procedures, migrants are held in closed detention centers while their asylum applications are processed, effectively preventing any meaningful integration into local society. Despite this restrictive environment, a number of formal and informal groups work to support

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inclusion through solidarity and care initiatives. The needs of the incoming population are addressed through a range of actors, including public institutions, private organisations, conventional welfare bodies, and social economy initiatives. However, there is no consistently coordinated approach or a comprehensive registry of all active organisations. Private actors are particularly difficult to account for, as their primary objective is typically profit rather than social inclusion.

The organisational landscape addressing migrant care and social exclusion on Lesvos and Lemnos comprises approximately 30 or more social economy organisations and volunteer groups, alongside roughly 15 public organisations. Services span several interconnected fields:

- Legal Aid and Asylum Support is one of the most prominent areas, with organisations such as RSA, LCL, ELIL, HIAS Greece, and Fenix providing free legal counseling and representation covering asylum applications, family reunification, age assessment, and strategic litigation;
- Health and Mental Healthcare is delivered through both public and NGO channels. The General Hospital of Mytilene provides comprehensive specialist care, while Médecins du Monde, MSF, IOM, and others complement this with primary care, reproductive health, and pharmaceutical support within reception facilities. Trauma-informed psychological counseling and psychosocial support are widely available across multiple organisations and languages;
- Education and Vocational Training encompasses non-formal learning for children and adults - including language classes and creative learning methods - run by ELIX, Eurorelief, METAdrasi, and Lesvos Solidarity, alongside vocational training and employment preparation offered by Iliaktida and Caritas Hellas;
- Basic Needs and Housing are addressed through public social grocery programs and NGOs such as Eurorelief, Europe Cares, and Home for All, covering food, clothing, and hygiene. Housing support ranges from emergency shelter to longer-term accommodation for asylum seekers and unaccompanied minors;
- Support for Vulnerable Groups, Community Integration, and Advocacy round out the landscape, with dedicated services for women survivors of gender-based violence, unaccompanied minors, and new mothers, alongside cultural initiatives fostering social bonds and organisations engaging in rights documentation and policy advocacy at national and EU level.

The North Aegean region also faces significant challenges in addressing the social inclusion and care needs of its elderly population, a concern that is particularly acute given the region's aging demographics and the geographic isolation of its island communities. Several municipalities on Lesvos and Lemnos have developed dedicated structures to respond to these needs, though coverage remains uneven and coordination between services is not always guaranteed.

The organisational landscape addressing elderly care comprises a mix of public institutions, municipal legal entities, and social economy organisations. Public and semi-public structures

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include the Open Care Centers for the Elderly (K.A.P.H.) operating in Mytilene and Plomari with over 3,850 registered members, the “Help at Home” program providing free in-home support to elderly individuals across Lesvos, and the Day Care Center for the Elderly on Lemnos serving up to 15 people with mobility and cognitive difficulties. Residential care is provided by several nursing homes, including the Care Unit “Saint George” in Mytilene with up to 114 beds, the Model Elderly Care Unit “Zachareios” in Agia Paraskevi, the Elderly Care Home “Michaleleios” in Plomari, and the Elderly Home of Lemnos accommodating 33 residents.

Services across these organisations cluster around several core areas: 24-hour nursing care and medical monitoring, personal hygiene and daily living assistance, psychosocial support and counseling, nutrition, recreational and cultural activities, and in-home support enabling elderly individuals to remain in their family environment. A small number of private profit-oriented nursing homes, such as Akti Mistegna and Seniors Plaza, also operate in the region, though their primary motivation is commercial rather than social inclusion. Notably, several of the public residential structures operate as peculiar hybrid legal entities - neither purely municipal enterprises nor independent private institutions - governed by presidential decree and elected local authorities, reflecting the complex institutional arrangements characteristic of social welfare provision in the Greek context.

Public organisations dealing with elderly and migrants´ needs

Best estimate of the number of organisations in the region: Approximately 13 organisations are listed, covering both public institutions and internationally operating bodies active in the Lesvos/North Aegean region. This includes municipal services, regional welfare centres, hospital social services, and international organisations with a local presence.

Fields of activity in general: The organisations cover a broad spectrum of social welfare and support services, including nursing and residential care for the elderly, home-based assistance, open day care, psychosocial support and counselling, legal aid and advice, migrant and refugee integration support, healthcare and mental health services, support for victims of domestic violence and gender-based violence, provision of basic goods (food, medicine, clothing), child protection and guardianship, and emergency social solidarity services. Several organisations address multiple vulnerable groups simultaneously, with a notable focus on elderly care and migrant/refugee support reflecting the region’s particular demographic and geopolitical context.

Examples: The Social Grocery and pharmacy, Greek Asylum Service

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Private profit-oriented organisations dealing with elderly and migrants´ needs

Best estimate of the number of organisations in the region: 3 organisations of elderly care are listed, located across Lesvos (Mytilene), Samos (Vathi), and Limnos (Mirina), suggesting sparse but geographically spread private provision across the North Aegean islands.

Fields of activity in general: The organisations are exclusively focused on residential elderly care, offering 24-hour nursing care, medical and dental services, psychosocial support, nutrition, personal hygiene assistance, and recreational and cultural activities. There is a notable emphasis on holistic wellbeing, combining clinical care with social engagement, community activities, and entertainment. One organisation (Limnos), while formally private, operates on a non-profit basis funded by a foundation, blurring the boundary between private profit-oriented and third-sector provision.

Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with elderly and migrant´s needs

Best estimate of the number of organisations in the region: Approximately 25 organisations are listed, making this by far the largest sector in the mapping. The majority are NGOs and non-profit civil society organisations, with several being Greek or local branches of larger international bodies. Most are concentrated on Lesvos, particularly around Mytilene and the CCAC/camp context, with a small number also active on Samos, Chios, and Limnos. This significantly outnumbers both the public sector and the private profit-oriented sector, indicating that civil society and non-conventional social economy actors are the dominant form of organised social provision in the region.

Fields of activity in general: The organisations cover a wide range of social economy activities, with a strong almost exclusive concentration on migrant and refugee support. Key fields include legal aid and asylum representation, primary and mental health care, psychosocial support and counselling, non-formal education and vocational training, shelter and basic needs provision (food, clothing, hygiene), child protection and support for unaccompanied minors, sexual and reproductive health, human rights monitoring and documentation, advocacy and strategic litigation, social integration and community building, and support for survivors of violence and torture. A smaller number of organisations also address mental health and residential care for elderly people and individuals with psychosocial difficulties. Few organisations rely heavily on volunteers and operate through solidarity-based, participatory models, with at least one (Community Peacemaker Teams) explicitly following non-hierarchical, horizontal decision-making principles. Compared to the public and private sectors, which focus primarily on elderly care and basic welfare, this sector fills critical gaps that neither public institutions nor private operators meaningfully address.

Examples: Lesvos Solidarity, Welcome Office Lesvos and as bottom-up: Europe cares/Parea Lesvos

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9. Mapping organisations addressing youth exclusion and migrant integration in Agder, Norway

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Methodological remarks

The mapping of organisations and actors working on social exclusion in Agder was conducted through a systematic document review and online mapping, combined with an analysis of relevant policy and strategic frameworks. As a starting point, the "Better Living Conditions in Agder" initiative by Agder fylkeskommune was used to establish the broader contextual framework, including key target groups, structural challenges, and priority areas.[34] This provided an analytical lens for identifying relevant actors. Public organisations were identified through the County and municipality websites. Private organisations were identified through a search in the Brønnøysund Company Register.[35] To identify civil society organisations, Frivillig.no[36] was used as a primary source. The platform functions as a digital bulletin board for voluntary assignments. A total of 206 organisations and 423 registered activities in Agder were systematically reviewed to identify actors addressing social exclusion, poverty, integration, and participation among children and youth. In addition, Ungfritid.no[37] was used to map permanent leisure activities for children and young people (0-26 years), with particular attention to initiatives that may prevent exclusion through participation. Data from Frivillighetsregisteret[38] were consulted to verify the formal registration status and organisational structure of identified actors. Information from Frivillighet Norge helped identify municipal collaborations and umbrella networks.[39] Key preparatory resources for the fieldwork include the "Volunteering Strategy for Agder 2022-2030,"[40] it´s Action Programme (2022-2026), and related background and consultation documents.[41] These provide insight into policy priorities, coordination mechanisms, and existing collaboration structures.

[34] Bedre levekår på Agder - Agder fylkeskommune (agderfk.no)
[35] Home - The Brønnøysund Register Centre (brreg.no)
[36] Frivillig.no
[37] Ungfritid.no
[38] Om oss - Frivillighetsregisteret | Brønnøysundregistrene (brreg.no)
[39] Oversikt over kommuner med en... | Frivillighet Norge
[40] Frivillighetsstrategi: Handlingsprogram 2022-2026 - Agder fylkeskommune (agderfk.no)
[41] Økt deltakelse for bedre levekår (framsikt.net)

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Overall overview about the organisational landscape

Although Agder remains a relatively low-poverty region in a European perspective, it performs below the national average on several indicators related to education, labour-market participation, and income. Two groups that are especially affected are young people outside education and work, and migrants and refugees facing barriers to labour-market and social integration. As in other contexts of social exclusion, these challenges are highly intersectional and extend across education, employment, housing, mobility, health, and participation in community life. The exclusion is further reinforced by Agder's dispersed settlement structure, which creates unequal access to services and opportunities between the larger coastal towns and the smaller inland municipalities.

There are several organisations in Agder working to address these issues, including public authorities, private actors and social economy actors. The main public actors include the municipalities, NAV offices, Agder County Municipality, and schools, while private actors mostly include job finding companies targeting voluntary groups. Non-profit and voluntary actors include the Red Cross, Church City Mission, volunteer centres, and church-based organisations. In addition, a number of cross-sector partnerships have been established to improve coordination, especially in the fields of youth inclusion and migrant integration. There is no single comprehensive overview covering all local offers across the county, particularly where volunteer-based and small-scale integration activities are concerned.

Regarding youth, one important area is education and the transition into employment. Agder has slightly lower educational attainment than the national average, somewhat higher rates of early school leaving, and above-average shares of young people who are not in employment, education, or training (NEETs). In 2025, there were 175 primary and lower secondary schools, 26 upper secondary schools, and 317 childcare centres in the county. Beyond these public educational services, municipalities also provide counselling, school health services, and some youth-oriented programmes, while many leisure activities, youth clubs, and low-threshold support measures are offered by voluntary organisations and local associations. The majority of specialised inclusion initiatives are concentrated in larger towns such as Kristiansand, Arendal, and Grimstad, whereas offers in smaller and more rural municipalities are more limited. To address this, Agder has developed targeted strategies such as the Østre Agder initiative, which seeks to reduce youth exclusion through early intervention, low-threshold follow-up, stronger career guidance, and closer cooperation between schools, NAV, municipalities, and employers.

Regarding migrants and refugees, the main barriers concern language, weak social and professional networks, difficulties in getting foreign qualifications recognised, and challenges in entering the labour market. Agder has a lower immigrant share than Norway overall, but the immigrant population has grown steadily and has accounted for a large share of recent population growth. Refugees and migrants are among the groups most vulnerable to low income and weak labour-market attachment, and minority-language children in Agder also have lower kindergarten participation than the national

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average. Public integration work is mainly carried by municipalities, NAV, and welcome services in towns such as Kristiansand and Arendal, while civil society actors play an important complementary role. Caritas, the Red Cross, volunteer centres, and mentoring schemes provide guidance, language support, social bridging, and help with job applications and contact with public services. Agder County Municipality has also launched targeted measures such as the multicultural mentoring programme and the "Welcome to Agder" project, both of which aim to improve labour-market integration and long-term settlement for immigrants and refugees. Still, access to these offers varies across the county, and migrants living outside the main urban areas may face greater risks of isolation and exclusion.

Public organisations dealing with youth exclusion and migrant integration

Best estimate of the number of organisations in the region: Approx. 15 organisations targeting youth and approx. 5 for migrants and refugees were listed for the region, however, it is possible that there exist more

Fields of activity in general:

Across Agder, public action on youth exclusion and immigrant/refugee integration is organised as a distributed welfare system, not through one single authority. For youth, the main public activities combine education follow-up, labour-market inclusion, municipal low-threshold support, and health-linked rehabilitation. Agder county municipality runs the Follow-up service (Oppfølgingstjenesten - OT) for young people outside upper secondary education and coordinates "Qualifying Meeting Places" (Kvalifiserende møteplasser) across the county. The Labour and Welfare Administration (NAV) provides the main employment-oriented follow-up through the "Youth Guarantee" (Ungdomsgaranti) for people aged 16-30 and, in Agder, and also pilots the "Youth Program" (Ungdomsprogrammet). At local level, municipalities and NAV work together with the county in integrated hubs, which combine social support, attendance training, guidance, and routes into education or work. For young people whose exclusion is tied to mental health or substance-use problems, the South Norway Hospital Trust (Sørlandet Sykehus) and NAV-linked services add a treatment-and-inclusion layer aimed at helping people back into education or employment.

For migrant integration, the frontline responsibility lies mainly with the municipalities, which handle settlement, introduction programmes, adult education, Norwegian language training, social studies, and work-oriented qualification for settled refugees. The introduction programme is meant to bridge the gap between participants' prior competence and the requirements of Norwegian working life. The asylum phase before settlement is organised separately through the Norwegian Directorate of Immigration (UDI) and the reception system, where UDI has the overall responsibility for reception-centre operations. Around this, the County Governor in Agder has a supervisory and guidance role on the integration and adult-learning field, including the introduction programme and Norwegian training

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for minority-language adults and asylum seekers. The county municipality plays a more complementary role through coordination and targeted projects rather than being the main integration provider.

Arendal municipality organizes integration work mainly within the municipal sector Culture and inclusion (Kultur og inkludering). In practice, the two key units are Nav Arendal (social services) and Arendal voksenopplæring (adult education). Nav has an explicit inclusion function, while Arendal voksenopplæring includes units for Norwegian language and social studies, preparatory and adapted adult education, and unaccompanied minors.[42] The integration work combines settlement, language learning, education and labour-market inclusion. Arendal's city council decides how many refugees the municipality will receive each year, and refugees who are settled in Arendal receive help finding housing through the municipality's agreement with IMDi. Children with immigrant backgrounds often begin in one of the municipality's resource schools for basic Norwegian, while adults and young people above compulsory-school age receive teaching through Arendal voksenopplæring. The adult education centre offers Norwegian courses, preparatory education for adults, adapted education, and courses and tests in social studies and citizenship, which makes it a central part of Arendal's qualification and integration work.[43]

So, the relationship between governmental levels in Agder is best understood as shared but differentiated responsibility. Municipalities are the main frontline service providers in both youth and integration work, especially where daily follow-up, welfare support, schooling transitions, and settlement are concerned. Agder County is strongest where responsibilities are tied to upper secondary education, youth follow-up after dropout risk, and regional coordination. NAV is a hybrid structure that joins state and municipal tasks in one local office, which is why it is central in both youth inclusion and labour-market integration. State actors set the framework and handle oversight or specialised functions: UDI for asylum reception, The County Governor for supervision and guidance, and Sørlandet Hospital for specialist health services that connect treatment with social and labour-market inclusion. In practice, the system depends heavily on formal cooperation routines and local cross-sector partnerships, rather than on a strict vertical chain of command. It is difficult to estimate the number of public organisations addressing youth exclusion and integration.

[42] Kultur og inkludering - Arendal kommune
[43] Flyktningarbeidet i Arendal kommune - Arendal kommune

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Private profit-oriented organisations dealing with social exclusion, poverty or care

Best estimate of the number of organisations in the region: 8 organisations were listed, it could be more

Fields of activity in general:

In Agder, the private profit-oriented actors we identified are concentrated almost entirely in the labour-inclusion field, rather than in direct poverty relief, migration services, or care. They are mainly work and inclusion companies that deliver NAV-linked measures such as AFT (Work Preparation Training) and VTA (Permanent Sheltered Employment) for people who are outside work or education, including young adults and people receiving disability benefits. In the material reviewed, this includes providers such as Varodd Inkludering, Avigo, Jobbklar, Adaptor Hub, and Mølla Vekst,[44] all of which describe their role in terms of strengthening employability, offering adapted work, and helping participants move into work, training, or education. By contrast, we did not identify comparable private profit-oriented organisations in Agder whose main activity is immigrant or refugee integration. In the reviewed material, that field appears to be dominated by municipal qualification and introduction services, together with state-supervised frameworks around language training and settlement.

Social economy organisations (incl. conventional welfare organisations and non-conventional organisations) dealing with social exclusion, poverty or care

Best estimate of the number of organisations in the region: 10 organisations targeting youth exclusion and 10 organisations targeting refugees and migrants were listed but there might exist more in the region

Fields of activity in general:

Youth exclusion

In Agder, the voluntary landscape addressing youth exclusion is broad and layered rather than specialised in one single type of service. Some organisations work directly with children and young people: Natteravnene i Kristiansand create safety for youth in the city centre on weekends; Blå Kors Kristiansand combines early prevention for vulnerable families through Barnas stasjon with youth-oriented activity and work-experience measures such as CVidere; Risør Frivilligsentral runs SEFF Ung and an Aktivitetsguide for children and youth who are outside important leisure and social arenas;

[44] Mølla | Vi ser muligheter (mollavekst.no)

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Ung i Risør offers an inclusive, non-profit meeting place with creative and gaming-based activities; and Norsk Folkehjelp Solidaritetsungdom Arendal engages young people aged 13-30 in anti-racism, integration, and community participation.

Other organisations contribute more indirectly by addressing the conditions that often drive youth exclusion, especially weak labour-market attachment, mental health problems, substance-use challenges, and loneliness. Kirkens Bymisjon Kristiansand offers I jobb - ung for 18-30-year-olds who need qualifying activity and follow-up, alongside broader inclusive meeting places through its frivilligsentral. A-larm Agder provides low-threshold activities, peer support, drop-in offers, and a dedicated Be Friends youth group in Kristiansand, while Mental Helse Agder and its local chapters organise activities and meeting places that can reduce isolation and support coping and social participation. Frelsesarmeen's Resepsjonen in Kristiansand is also a low-threshold social arena aimed at people who need a place to belong. Taken together, these organisations suggest that voluntary efforts against youth exclusion in Agder are built less around one formal "youth exclusion service" and more around a mix of safe meeting places, leisure participation, early family support, work inclusion, and low-threshold psychosocial support.

Immigrants and refugees

In Agder, the voluntary integration landscape is shaped mainly by low-threshold, practical inclusion work that complements public settlement and qualification services. The strongest common features are Norwegian-language practice, social meeting places, network-building, and everyday guidance. Overall, this suggests that voluntary organisations in Agder play a particularly important role in the social side of integration: helping newcomers gain confidence in Norwegian, expand their networks, find belonging in local communities, and navigate ordinary daily life. Compared with the public sector's formal responsibility for settlement, introduction programmes, and statutory language training, the voluntary sector appears to contribute most through relationship-based support, flexible community arenas, and small-scale bridging activities that are easier to adapt to local needs.

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