inspire
SMART VILLAGE LABS

# D2.1 An assessment of social inclusion services, policies, and initiatives in rural Europe

European Social Network (ESN)

30/09/2025

Funded by
the European Union

## Document Information

| | |
|---|---|
| **Issued by:** | European Social Network (ESN) |
| **Issue date:** | 30/09/2025 |
| **Due date:** | 30/09/2025 |
| **Work package leader:** | Social Economy Europe |
| **Dissemination level:** | PU-Public |

## Document History

| Version | Date | Modifications made by |
|---|---|---|
| 0.1 | 09/09/2025 | Draft version by ESN |
| 0.2 | 23/09/2025 | Quality revision from SEE and EASPD |
| 0.3 | 25/09/2025 | Updated version by ESN |
| 0.4 | 29/09/2025 | Final quality check by WR |
| 1.0 | 30/09/2025 | Final version by ESN |

## Authors

| Name(s) | Beneficiary |
|---|---|
| Begüm Dereli | ESN |
| Eva Fumagallo | ESN |
| Inês Nunes de Freitas | ESN |
| Alfonso Lara-Montero | ESN |
| Athina Koutsouki | MEDINA |
| Theo Benos | MEDINA |
| Cathy Anne Fox | The Wheel |
| Laure-Anne Denouel | L'ADAPT |
| Radoslav Delina | PEDAL |
| Gabor Mester | PEDAL |

| | |
|---|---|
| Ema Gustafikova | PEDAL |
| Adam Wasilewski | ERDN |
| Radu Adrian Rey | ROM |
| Ioan Gaf Deac | ROM |
| Sabin Alexandru Nicula | ROM |
| Razvan Tudor Anichitei | ROM |
| Thomas Bakratsas | WR |
| Danai Antonaki | WR |
| Dilay Celebi Gonidis | SEERC |
| Stefania Gourzoulidou | SEERC |
| Paula De Diego | SEE |
| Irene Bertana | EASPD |
| Tiziana Fantucchio | EASPD |
| Başak Can Bulut | KOC |
| Burak Gürel | KOC |

If you need more information or want to consult with the authors of this document, please send your inquiries to Begüm Dereli at begum.dereli@esn-eu.org or Inês Nunes de Freitas at ines.freitas@esn-eu.org.

## Quality Reviewers

| Name(s) | Beneficiary |
|---|---|
| Paula de Diego | SEE |
| Irene Bertana | EASPD |

# Executive Summary

This report presents key findings on social inclusion in European rural areas, based on data collected through desk research, interviews, and focus group discussions carried out by partners of the Horizon Europe INSPIRE project in selected pilot regions representing diverse rurality. The study examines how social inclusion is defined across different national and regional contexts, explores challenges and good practices in rural social services, and offers stakeholder-driven recommendations for policy and practice.

The report explores the legal and conceptual frameworks related to social inclusion at the EU level and within the pilot countries. A total of 61 key concepts were identified across domains such as social services, health, gender equality, and digitalisation. However, few of these concepts specifically addressed rural contexts, revealing a gap in rural-sensitive policy development and highlighting the uneven availability of services between urban and rural areas.

Rural areas face challenges accessing social and care services, with limited person-centred, community-based, long-term care and crisis support. Due to their remoteness, identifying vulnerable individuals in rural areas is difficult; bureaucratic hurdles and shortages of qualified professionals create additional barriers to accessing the services. Underfunding undermines service capacity and sustainability, and inadequate transportation further impedes access to or the delivery of essential services. Major issues include the rural-urban divide, depopulation, social isolation, and limited employment prospects.

The report highlights effective rural initiatives, often adopting a holistic, person-centred approach that addresses the full scope of individuals' needs rather than isolated problems. Building strong stakeholder partnerships with NGOs, public authorities, the private sector, and communities enables more coordinated and effective interventions. These often reflect participatory design, ensuring services are relevant and integrated into the community. Dedicated staff deliver and sustain services, while volunteers play a vital role in filling critical gaps and extending support where it is most needed. We identified initiatives that provide tailored support for vulnerable groups like those with disabilities, older people, migrants, and marginalised populations, promoting dignity, empowerment, and social inclusion. Despite their success, challenges such as financial sustainability, limited transport, digital gaps, and lack of follow-up support remain.

From the interviews and focus groups conducted by various rural stakeholders, collaborative partnerships emerged as a cornerstone of successful social service delivery in rural areas, just as they are in urban areas. Four main types of partnerships were identified during the research. First, multi-level governance partnerships involve coordination across national, regional, and local levels to align strategies and funding. Second, interagency collaboration among health, social, and administrative sectors fosters more integrated and holistic service delivery. Third, multi-stakeholder partnerships include cooperation among public authorities, private actors, civil society, researchers, and service users, creating a more inclusive and comprehensive support system. Finally, community involvement ensures that local voices are heard and that service design and implementation reflect the needs and priorities of rural residents. Multi-level governance and community involvement in decision-making processes are especially crucial for rural areas, as they often feel their needs are

not reflected in national or regional policies. These partnership models contribute to more inclusive, responsive, and coordinated social services, including in rural areas.

Stakeholders who participated in the interviews and focus group discussions of this research emphasised the importance of mixed-method evaluation in assessing the success and impact of the social inclusion initiatives in the rural areas. Quantitative data provides a broad understanding of reach and efficiency. However, this data should be complemented by qualitative insights that reflect the lived experiences of service users. This approach offers a more comprehensive picture of the effectiveness of services and their real-life impact on individuals and communities.

Rural stakeholders who participated in this study shared valuable recommendations, some of which were aimed at actors in the rural areas - such as NGOs and the private sector - while others targeted local, national, and EU-level authorities to strengthen social inclusion efforts. Many of the issues identified in this report are beyond the responsibilities of rural stakeholders; they often have limited decision-making power in certain policy areas. These suggestions reflect their first-hand experience of the need for targeted funding, better infrastructure, more tailored services, and sustained community engagement to improve the quality and reach of social services in rural regions.

**Keywords:** Social inclusion, rural areas, good practices, economic security, health, well-being, living conditions, social participation, stakeholder partnerships, measuring success.

# Table of Contents

# List of Figures



# List of Tables

## List of Terms and Definitions

| Abbreviation | Definition |
|---|---|
| AI | Artificial Intelligence |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CMPs | Centres Médico-Psychologiques (Medical - psychological centres) |
| EAFRD | European Agricultural Fund for Rural Development |
| EC | European Commission |
| EPSR | European Pillar of Social Rights |
| ERDF | European Regional Development Fund |
| ESF+ | European Social Fund Plus |
| ESN | European Social Network |
| ESY | Εθνικό Σύστημα Υγείας (Greece National Health System) |
| EQLS | European Quality of Life Survey |
| EU | European Union |
| EUMS | European Union Member States |
| Eurofound | European Foundation for the Improvement of Living and Working Conditions |
| GBV | Gender-based violence |
| GP | General practitioner |
| ICTs | Information and communication technologies |
| ILO | International Labour Organisation |
| MIS | Minimum Income Standard |
| NEET | Not in Education, Employment, or Training |
| NGOs | Non-governmental organisations |
| OECD | Organisation for Economic Cooperation and Development |
| PDAs | Personal digital assistants |
| SMEs | Small and Medium-sized Enterprises |
| SSI | Social Services Index |
| STEM | Science, technology, engineering, and math |
| UN | The United Nations |
| WHO | World Health Organisation |

# 1. Introduction

This study, conducted under the Horizon Europe-funded INSPIRE project, presents evidence on social inclusion in rural areas, highlighting a range of social services, initiatives, and policies. It is based on comprehensive research conducted by the project's partners, including desk research, interviews, and focus group discussions. The study (1) explores how social inclusion-related terminologies are defined in legal frameworks and implemented across various national and regional contexts concerning rural areas, to provide a conceptual framework for this study, examines (2) key challenges and (3) good practices in rural social services, and (4) provides stakeholder-informed recommendations for policy and practice.

INSPIRE, funded by Horizon Europe, aims to support the sustainable and inclusive development of European rural areas by promoting social well-being and inclusion of their residents, particularly those in vulnerable situations, and enhancing governance frameworks in rural areas. In particular, the project contributes to advancing the concept of social inclusion in rural areas in a multi-dimensional way. It supports rural citizens' access to high-quality social services through a series of awareness-raising, capacity-building, and pilot deployment activities that focus on social entrepreneurship and the improvement of social services in a set of seven different pilot territories. Using a multidisciplinary framework combining computational and traditional data methods to reach hard-to-reach populations, the project creates a territorial typology on social inclusion status, risks, trends and drivers in rural areas of Europe. INSPIRE also fosters rural empowerment by analysing successful programmes and developing the "Services and Social Economy Atlas (hereafter: Atlas)". Through "Smart Village" labs in seven diverse pilot areas, the project promotes collaboration across sectors, builds local capacity, supports innovation, and strengthens governance for social inclusion. Smart Village labs are physical and virtual places that promote social inclusion through user innovation and social entrepreneurship, based on a participatory approach and the use of digital technologies.[1] Based on the evidence gathered in the research phase of the project, INSPIRE tests real-world social economy solutions, boosts local ecosystems, and provides evidence for effective service access. The project results in a "Policy Dashboard" and a "Replication Guidebook" that guide policymakers to implement good practices in a participatory and sustainable manner. They also offer a complete methodology and useful tools to identify and understand the drivers and barriers of social inclusion in rural areas, along with a roadmap for establishing a Smart Village lab and improving social inclusion across rural Europe.

This report serves to contribute to these aims by presenting the findings collected from 7 rural territories in the European Union (EU) on the challenges faced in accessing social services and initiatives to address these challenges. This report, while highlighting the issues and types of initiatives common in different rural areas across the EU, also aims to present context-specific challenges and solutions. Additionally, the report shows the disparities between the countries in terms of how they address social inclusion and define the related terms. The report shares practices that tackle several aspects of social inclusion, from increasing affordable housing to contributing to two-way migrant inclusion. By presenting the evidence from the ground, the report offers actionable recommendations shared by rural stakeholders, calling for actions to ensure inclusive rural areas where everyone can enjoy equal access to social services. The cases showcased in the report will be integrated into the

[1] INSPIRE Project Website: https://inspireprojecteu.eu/

Atlas at a later stage of the INSPIRE Project. The report contributes to setting up and operationalising seven "Smart Village labs" and enhancing governance frameworks and informed policymaking through E-Democracy and user-innovation techniques, eventually delivering the project's "Rural Social Inclusion Policy Dashboard".

# 1.1 Contextual background

## 1.1.1 Rural divide & EU-level policies targeting rural areas

Rural areas represent around 20% of the EU population and occupy 83% of the EU territory; however, compared to urban areas, their GDP per capita is significantly below the EU average.[2] Remote regions often lack access to social services as well as economic and social opportunities due to their hard-to-reach locations and isolation from urban areas, which contributes to demographic changes such as population ageing and depopulation.[3] Due to deepening inequalities, a rural–urban gap in the EU has increased by almost 20% in the previous 10 years.[4]

These trends negatively impact social services, particularly their accessibility and availability for rural populations. Providing these services in areas outside urban centres is getting more challenging and costly.[5] Rural residents must travel noticeably greater distances than urban residents to access basic services. For instance, people living in rural areas need to travel 14.4 km to access health services, compared to 2.4 km for those living in urban areas of Europe. Distance has a negative impact on physical accessibility, which is deepened due to insufficient transportation services, such as lack of information about opportunities and services, affordability due to direct (such as expenses related to using a private vehicle instead of public transportation) and indirect costs (such as missed work opportunities due to poorly communicated transportation lines), and a shortage of qualified professionals in social services and health sectors, also hindering rural residents' equal access to services. Primarily, inequalities in healthcare and long-term care access represent key challenges based on the ageing demographics in rural areas.[6] While digital transformation answers some of these challenges, it is crucial to ensure that digital processes consider the specific needs of people living in remote rural areas, especially older adults and those in need. A recent report by Eurofound shows that the growing disparity in income between rural and urban areas, along with differences in employment opportunities and inadequate public services in rural regions, contributed to feelings of being neglected and ignored by the government.[7]

Several EU-level initiatives target rural areas to support their economic viability, balanced territorial development and creation of new economic opportunities. These initiatives, such as the Rural

[2] European Commission, Rural development, https://ec.europa.eu/regional_policy/policy/themes/rural-development_en
[3] German EU Presidency (2021), Territorial Agenda 2030, A future for all place https://ec.europa.eu/regional_policy/en/information/publications/brochures/2021/territorial-agenda-2030-a-future-for-all-places
[4] Eurofound (2025), Living and working in Europe 2024, Publications Office of the European Union, Luxembourg , Living and working in Europe 2024 | European Foundation for the Improvement of Living and Working Conditions
[5] Eurofound (2023), Bridging the rural–urban divide: Addressing inequalities and empowering communities, Publications Office of the European Union, Luxembourg. Available at: https://www.eurofound.europa.eu/en/publications/2023/bridging-rural-urban-divide-addressing-inequalities-and-empowering-communities
[6] Eurofound (2023), Bridging the rural–urban divide: Addressing inequalities and empowering communities, Publications Office of the European Union, Luxembourg. Available at: Bridging the rural-urban divide: Addressing inequalities and empowering communities | European Foundation for the Improvement of Living and Working Conditions
[7] Eurofound (2025), Living and working in Europe 2024, Publications Office of the European Union, Luxembourg , Living and working in Europe 2024 | European Foundation for the Improvement of Living and Working Conditions

Development Policy,[8] Long-term vision for the EU's rural areas,[9] long-standing Common Agriculture Policy,[10] promote the active participation of both women and men in policy and decision-making processes, encourage innovative solutions for service provision, enhance connectivity within rural areas and with peri-urban and urban regions, foster the competitiveness of agriculture, and ensure infrastructure and services. *The EU's Rural Vision*[11] outlines ten shared goals aimed at strengthening inclusive and engaged communities in rural areas, where residents are able to access high-quality services and more opportunities, and where policies are shaped by the rural realities coming directly from the residents. *EU Cohesion Policy* aims to reduce regional disparities and promote balanced development, ensuring a sustainable future for at-risk areas affected by ageing, emigration, and limited opportunities.[12] Rural areas are vital for food security and for preserving landscapes, heritage, and traditions, but their importance is often under-recognised and underfunded.[13]

In addition to the specific policies and initiatives targeting rural areas and supporting measures that bridge service gaps between urban and rural areas, the EU ensures coherence across funds, providing data and guidelines on social inclusion in rural areas and stresses the importance of territorial cohesion, helping to shape policies that ensure equitable access across all areas, including in rural areas, through a coordinated framework of policies that address structural and geographic inequalities.

EU funding programmes can support and benefit rural areas. The ERDF (European Regional Development Fund) aims to reduce regional imbalances, supporting areas facing natural or demographic challenges.[14] For 2021–2027, ERDF focuses on five objectives: smart economic transformation, green transitions, connectivity, social inclusion, and local development. The European Social Fund Plus (ESF+) is the EU's main tool for investing in people and supporting the European Pillar of Social Rights. With a €142.7 billion budget for 2021-2027, ESF+ contributes to employment, social, education, and skills policies, including structural reforms, particularly in underprivileged regions.[15] Furthermore, for example, the European Agricultural Fund for Rural Development (EAFRD) funds the EU's contribution to rural development programmes, specifically focusing on the agriculture sector to promote a balanced territorial development of rural economies and communities.[16]

The *European Pillar of Social Rights* (EPSR) forms the foundation of the EU's commitment to ensuring access to essential services for all. While not legally binding, the EPSR guides EU and national actions to promote social inclusion and equal opportunities by upholding rights to healthcare, housing, education, and social services, including in rural and remote areas.

The *European Care Strategy* seeks to make high-quality care more accessible and affordable, benefiting rural residents who often face service shortages. Meanwhile, the *EU4Health Programme*

[8] European Commission, Rural development, Available at: http://ec.europa.eu/agriculture/rural-development-2014-2020/index_en.htm
[9] European Commission. Rural Vision: https://rural-vision.europa.eu/index_en
[10] European Commission, The common agricultural policy at a glance: https://agriculture.ec.europa.eu/common-agricultural-policy/cap-overview/cap-glance_en
[11] European Commission. Rural Vision: Rural vision ten shared goals https://rural-vision.europa.eu/rural-vision/shared-goals_en
[12] European Parliament, Legislative Observation (June 2025), Strengthening rural areas in the EU through cohesion policy, Available at: https://oeil.secure.europarl.europa.eu/oeil/en/document-summary?id=1822658
[13] Ibid.
[14] European Commission, European Regional Development Fund (ERDF): https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/european-regional-development-fund-erdf_en
[15] European Commission, European Social Fund Plus : https://european-social-fund-plus.ec.europa.eu/en
[16] European Commission. European Agricultural Fund for Rural Development (EAFRD): https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/european-agricultural-fund-rural-development-eafrd_en

strengthens health systems and improves rural healthcare access through support for cross-border care, mobile health services, telemedicine, and emergency preparedness. The *Gender Equality Strategy 2020-2025* recognises women's intersectional disadvantages in rural areas, particularly around unpaid care work and limited support infrastructure, and calls for improved data to inform targeted solutions. The *EU Child Guarantee* directly addresses territorial disparities by urging Member States to consider the distinct needs of children in rural and disadvantaged areas through integrated policy measures. The *Action Plan on Integration and Inclusion 2021-2027* emphasises the unique challenges migrants face in rural regions, where access to basic and support services is often limited, and promotes partnerships to foster inclusion. The *Digital Decade Policy Programme 2030* underpins many of these efforts by supporting digital infrastructure, a critical enabler of service access in underserved areas.

*A European Parliament resolution* on 17 June 2025 aims to strengthen EU rural areas through reinforced cohesion policies.[17] It emphasises the disparities in cohesion policy funding between urban and rural areas, with urban areas receiving three times more cohesion funding than rural areas and calls for investments in short supply chains, sustainable agriculture innovation, renewable energy, digital infrastructure, connectivity, mobility, and equal access to services. The Parliament emphasised revitalising these territories by providing tools to address long-term challenges. Members urged the Commission to develop a rural strategy post-2027, ensuring policies support rural economic and social development, modernisation of agriculture, support for small and medium-sized enterprises (SMEs) and startups, and promotion of short supply chains to make rural areas more connected, competitive, resilient, and attractive to youth and investors.

In line with EU policies, many national, regional, or local initiatives contribute to improving access to services in rural areas and aim to ensure inclusive rural areas. This report presents some of them, especially those from the pilot regions.

### 1.1.2 Pilot Regions

This study covers seven rural regions, represented within the project consortium. The pilot areas were selected for the project because of their diverse characteristics, ensuring representation of rural areas and the replicability of results at a European level. Each pilot area has its distinct characteristics, but with one common feature: facing difficulties accessing social inclusion services. Our pilot areas cover a variety of territories: traditional rural (Kosice, Eastern and Midland Regions, Lubelskie), island/coastal (Kythera), peri-urban (Bourgogne), and mountainous (Konitsa, Maramures and Suceava), making the results representative in the EU. At the same time, all seven pilot territories belong to regions formally defined as “predominantly rural regions” or “intermediate regions” according to Eurostat’s classification of European regions in terms of rurality. The research focusing on these pilot areas enables us to focus on specific types of vulnerabilities more nuancedly and identify commonalities based on the rurality.

***Table 1: Classification of the pilot areas***

| | |
|---|---|
| **Traditional rural** | **Kosice (SK), Eastern and Midland Regions (IE), Lubelskie (PL)** |
| **Island/coastal** | **Kythera (EL)** |
| **Peri-urban** | **Bourgogne (FR)** |

[17] European Parliament resolution of 17 June 2025 on strengthening rural areas in the EU through cohesion policy (2024/2105(INI))

| Mountainous | Konitsa (EL), Maramures and Suceava (RO) |
|---|---|

**Traditional rural areas:**

- **Konitsa (Greece)**: Konitsa municipality is located in north-eastern Greece (Epirus Region), in a mountainous area bordering Albania. Approximately 35% of the population are skilled farmers. Forestry, agriculture, cultural tourism, community services, hunting and fishing are the most critical sectors. Epirus is among the most aged and sparsely populated areas of Greece, and the decrease in the population has reached more than 16% during the last decade. Ethnic minorities, refugees, unemployed youths and an increasingly ageing population are the most vulnerable groups in Konitsa.
- **Eastern and Midlands Regions (Ireland):** 38.3% of the population lives in rural areas, with the agriculture, forestry, and fishing sector employing approximately 56,900 people. The most vulnerable groups include older people, young unemployed persons, and migrants. Social services focus on rural transport, adapted healthcare services, rural social schemes, and farm management advice services.
- **Debowa Kloda – Lubelskie (Poland):** The Dębowa Kłoda municipality is typically agricultural (agricultural land 63%) and inhabited by 3.8 thousand people, 53.7% of whom are women. 58.8% of active residents of the commune work in the agricultural sector (agriculture, forestry, hunting and fishing). People working in agriculture, women and Ukrainian refugees are particularly at risk of social exclusion.

**Island & coastal areas:**

- **Kythera Island (Greece):** Kythera Island is mountainous and sparsely populated. It is classified as a remote, less favoured rural area between the central and eastern Mediterranean in southern Greece. Agriculture and apiculture are still prominent occupations. Traditional social structures predominate on the island, while youth out-migration and brain drain persist. The local community lacks or has limited access to a wide range of social services. Farmers do not have access to professional services. Unemployed youth are the most vulnerable group.

**Peri-urban areas:**

- **Bourgogne Franche Comté (France):** Out of the region's 113 intercommunalities, 95 are rural, and together, they hold 55% of the population. The main challenges faced in the rural areas in the region are a declining population, lack of employment opportunities, difficulty accessing local services, and weak broadband internet coverage. In addition to health care, the main social services sectors offered include retirement homes, home care and assistance services, disability, and social support.

**Mountainous areas:**

- **Maramures and Suceava (Romania):** The counties of Maramureș and Suceava are located at the border with Ukraine and have 82% and 67% of the territory inside the mountain area official delimitation. The region faces population ageing, decline of traditional agricultural activities, and low investments in infrastructure. Overall, the level of social services is low. Main vulnerable groups include older people, youths, and ethnic minorities.

- **Kosice (Slovakia):** Rural areas in the Kosice region suffer from significant gaps in GDP per capita, high long-term unemployment levels, high brain drains among young people, and low infrastructure investments. The main target groups of social services and healthcare are older people and people with disabilities. The most vulnerable groups are disabled persons, young disabled people, older people, and Roma people.

# 2. Research methodology

The research examines various conceptual definitions and legal frameworks for social services within the EU, as well as successful initiatives promoting social inclusion in rural areas. It is organised around six main thematic areas, which were determined based on the results of previous tasks from WP1 (T1.1) that included a comprehensive macro-, meso- and micro-level analysis of social exclusion. The European Social Network (ESN) developed the methodology, which consisted of a unified set of guidelines for researchers from the partner organisations, ensuring that the research tasks were conducted consistently and data was collected according to shared standards. This approach enabled a detailed overview of each pilot area to be presented in this report.

The study was conducted in three distinct stages:

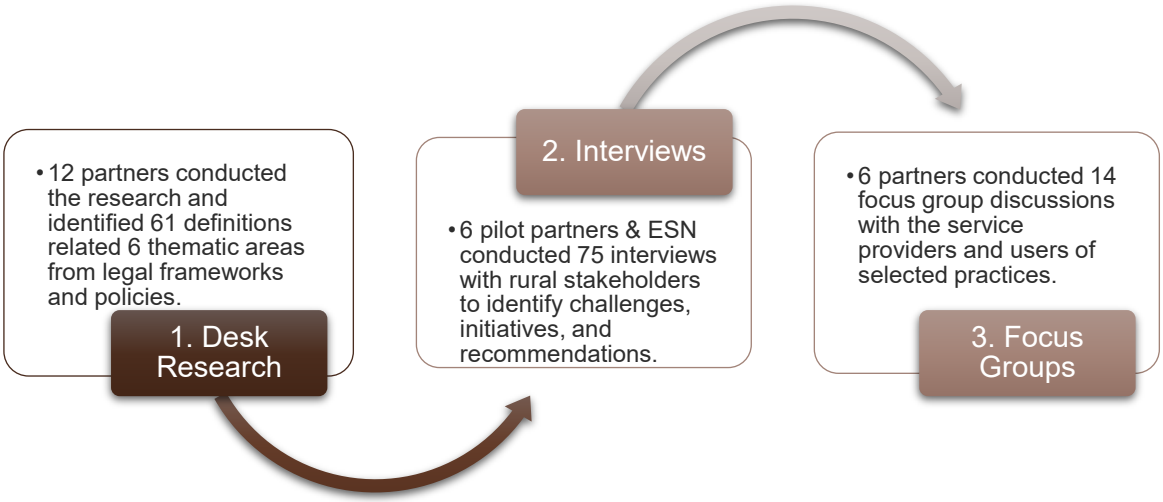


*Figure 1: Three phases of the research: Desk research, Interviews and Focus Groups*

## 2.1 Desk research

Researchers from 12 partner organisations including the local-based partners from 7 pilot areas, supported by ESN, conducted comprehensive desk research to explore concept definitions and legal frameworks. This formed the basis for further analysis and identified services and initiatives supporting social inclusion across rural Europe, with particular emphasis on the pilot areas.

It is crucial to have a clear understanding of key concepts and differences in these definitions across countries to ensure consistency in subsequent analysis and project implementation. The six main thematic areas, which were determined based on the results of previous tasks from WP1 (T1.1), are:

- Social Exclusion/ Inclusion
- Economic Security and Employment
- Health
- Living Conditions and Digital Access
- Social Participation and Engagement

- Gender Equality

Please find the table outlining some examples of the potential roles of social services in these thematic areas and relevant principles of EPSR. The list is not exhaustive; it was created to serve as a starting point for researchers during the desk research phase, focusing on identifying definitions and their potential relationships with social services.

*Table 2: Thematic areas covered by the desk research*

| Thematic Areas | Definition | Examples of the Role of Social Services | EPSR Alignment |
|---|---|---|---|
| Social Exclusion | The process by which individuals or groups are systematically marginalised from access to social, economic, and cultural resources. | Combat marginalisation by ensuring access to basic services, targeted outreach, and supporting reintegration programmes. | Principle 14: Inclusion of people with disabilities.<br>Principle 11: Childcare and support for children. |
| Economic Security and Employment | Stable access to income and opportunities for dignified work that promote individual and community resilience, including minimum income support. | Provide job counselling, skills training, and financial assistance to improve economic resilience. | Principle 1: Access to education, training, and lifelong learning.<br>Principle 4: Active support to employment. |
| Health | Physical and mental well-being, emphasising accessible healthcare services, preventive care, and integrative care. | Enhance accessibility to healthcare, promote preventive care, and address mental health challenges. | Principle 16: Healthcare ensures access to quality and affordable healthcare for all. |
| Living Conditions and Digital Access | The quality and adequacy of housing, infrastructure, and access to digital tools and services. | Address poor housing and digital inequality to improve living standards and foster social inclusion. | Principle 19: Housing and assistance for the homeless.<br>Principle 20: Access to essential services. |
| Social Participation and Engagement | Active involvement in civic, cultural, and social life to promote community cohesion. | Foster active citizenship through community engagement and empowerment initiatives. | Principle 17: Inclusion of people with disabilities. |
| Gender Equality | Equal access to opportunities, rights, and services regardless of gender, addressing structural inequalities. | Reduce gender disparities by supporting women's empowerment, protecting against gender-based violence, and fostering equal opportunities. | Principle 2: Gender equality. |

The researchers from 12 partner organisations reviewed the relevant legal frameworks that define these concepts, first at the EU and international level, and then across different countries, with particular attention to local contexts. The review focused on how these laws and policies shape the provision and support of social services, particularly in rural areas. **61 key concepts** were identified from international, EU, national and regional legislation and policies. After the initial phase of the

research, we listed the definitions from the EU legal framework or policies and identified the gaps in comparison with the pilot areas. This led us to conduct additional research to ensure the same definitions were searched across the countries of the pilot areas. Researchers from the pilot areas conducted additional desk research to clarify whether these definitions are part of the legal framework or policies of their respective countries or regions. The additional research phase was crucial to ensure that no definitions were missed.

In the initial mapping, **over 457 services and initiatives** supporting social empowerment and social inclusion across Europe were identified; In the later stages of the project, these initiatives are evaluated for their potential inclusion into the Atlas. We aimed to cover all types of services and initiatives, but with a special focus on social services provided by public authorities, the private sector and civil society organisations (e.g., food banks, telemedicine, social housing, and community gardens). Special attention was given to pilot areas, with key sectors covered in healthcare, housing, employment, education, social inclusion, social and psychosocial supports, etc.

During the desk research phase, partners identified relevant stakeholders for the next stages (interviews and focus groups) to engage with them to understand the local needs.

## 2.2 Structured interviews

The interview phase aimed to gather qualitative insights from policy stakeholders about social inclusion policies, services, and initiatives in rural Europe, particularly in the seven pilot areas and countries of the pilot area. During the desk research, each pilot partner identified stakeholders who could offer valuable insights into social inclusion policies and services in rural areas, using the selection criteria outlined in the methodology, which include demographic, geographical, and profile of the stakeholders. Stakeholders invited for the interviews actively participate in policymaking or services related to social inclusion, and they have rural experience and expertise in related initiatives from diverse sectors such as housing, health, education, older people, and families. The structured interview questionnaire that was tailored after the results of the desk research included questions on the main social challenges in the region, key policies addressing the needs of rural residents, existing successful initiatives, effective partnerships, measuring the success and impact of social inclusion services in rural areas and their recommendations to address the challenges.

Partners conducted **75 structured interviews** with stakeholders at the local, regional or national levels in each pilot area. These interviews helped identify additional policies and services related to social inclusion, picture the main challenges faced in the rural areas, and most importantly, bring the rural voices from different stakeholders, which shaped the recommendations. In that stage, partners also identified end-users and service providers who could participate in the focus group discussions.

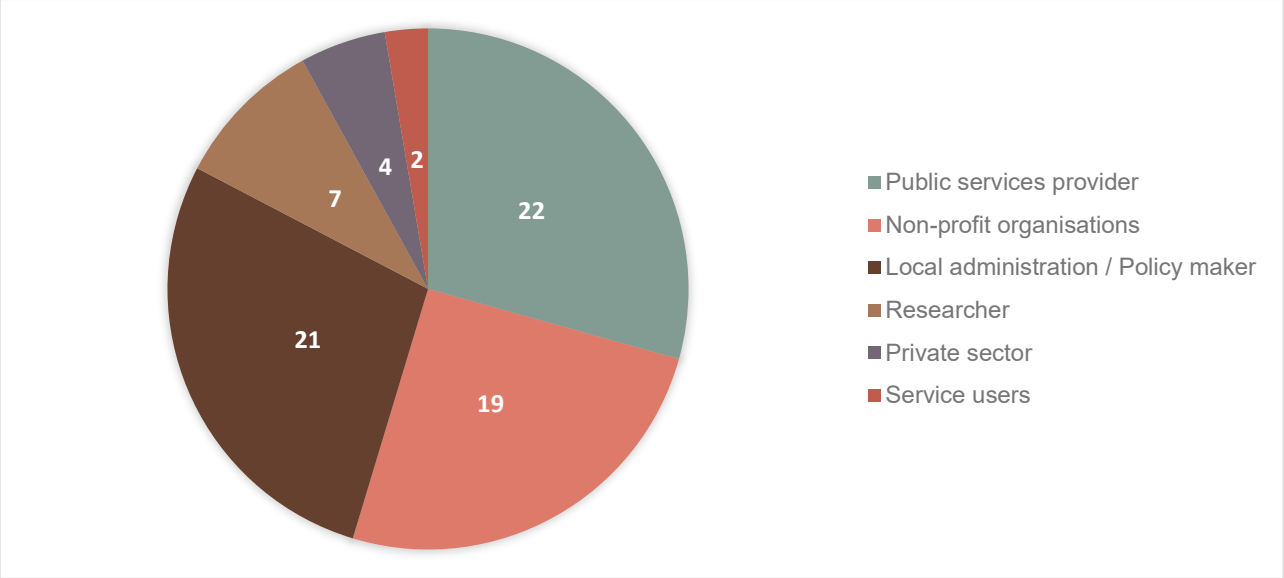


*Figure 2: The profiles of the interviewees, by sectors: public, non-profit, private, research, local administration and service users*

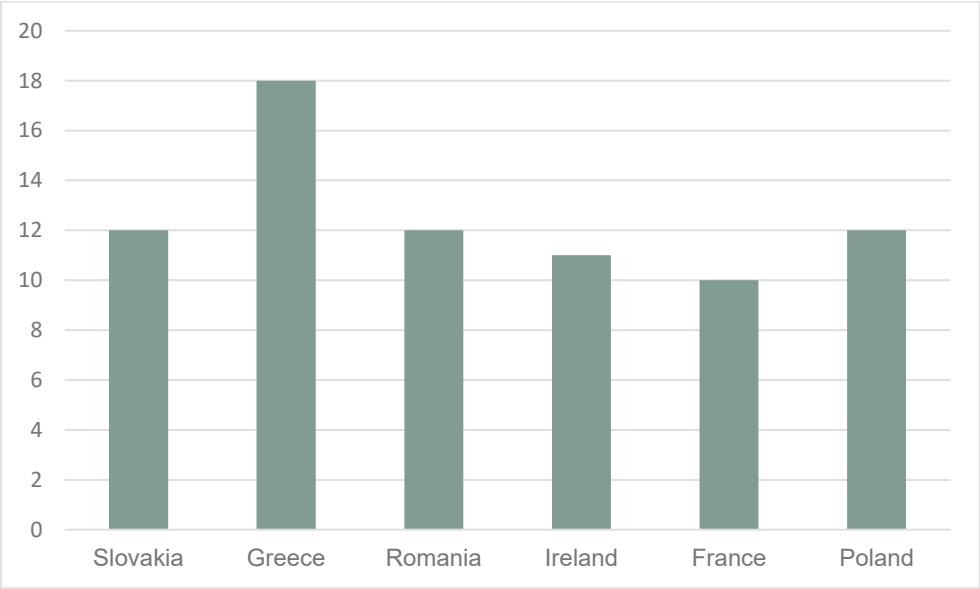


*Figure 3: Number of interviews conducted per country*

## 2.3 Focus group discussions

After completing the mapping and interviews, focus group discussions took place with the service providers and service users of the most promising cases identified in the previous phases. These focus groups provided detailed information on these practices to showcase how the challenges related to different aspects of social inclusion in rural areas can be addressed. The focus groups aimed to identify the strengths and areas for improvement of the services. Insights gained from this stage contribute to developing the "Atlas".

Before conducting the focus group, partners identified successful services or initiatives from their interviews with policy stakeholders, based on the selection criteria listed in the methodology. First,

they reviewed insights from interviews with policy stakeholders alongside the mapping of best practices gathered through desk research. From this analysis, at least two promising services were identified, with efforts made to ensure coverage of different sectors. These services were then evaluated using the established indicators and axes of social exclusion in the previous project tasks (WP1) to determine which initiatives demonstrated stronger evidence of success. Five criteria guided the identification of best practices: (i) demonstrated *positive impact* on end-users, especially concerning at least one of the project's social inclusion indicators; (ii) *alignment* with the project's indicators and thematic areas such as economic security, health and well-being, or living conditions; (iii) potential for *scalability* and *transferability* to other regions or policy contexts; (iv) *recognition* from both service providers and beneficiaries; and (v) the use of *innovative* or demonstrably *effective* approaches to tackling social exclusion. In cases where multiple practices were highly rated, considerations of diversity, such as service type or regional representation, guided the final choice. Ultimately, two best practices were selected by the pilot partners to be showcased during the focus group, and the rationale for their selection was documented.

These initiatives were selected by the pilot partners, based on their evaluation, as they have demonstrated a positive impact, were regarded positively by providers and service users, aligned with one of the social inclusion indicators mentioned in the project, had potential for adaptation in other regions or policies, and used innovative or effective approaches.

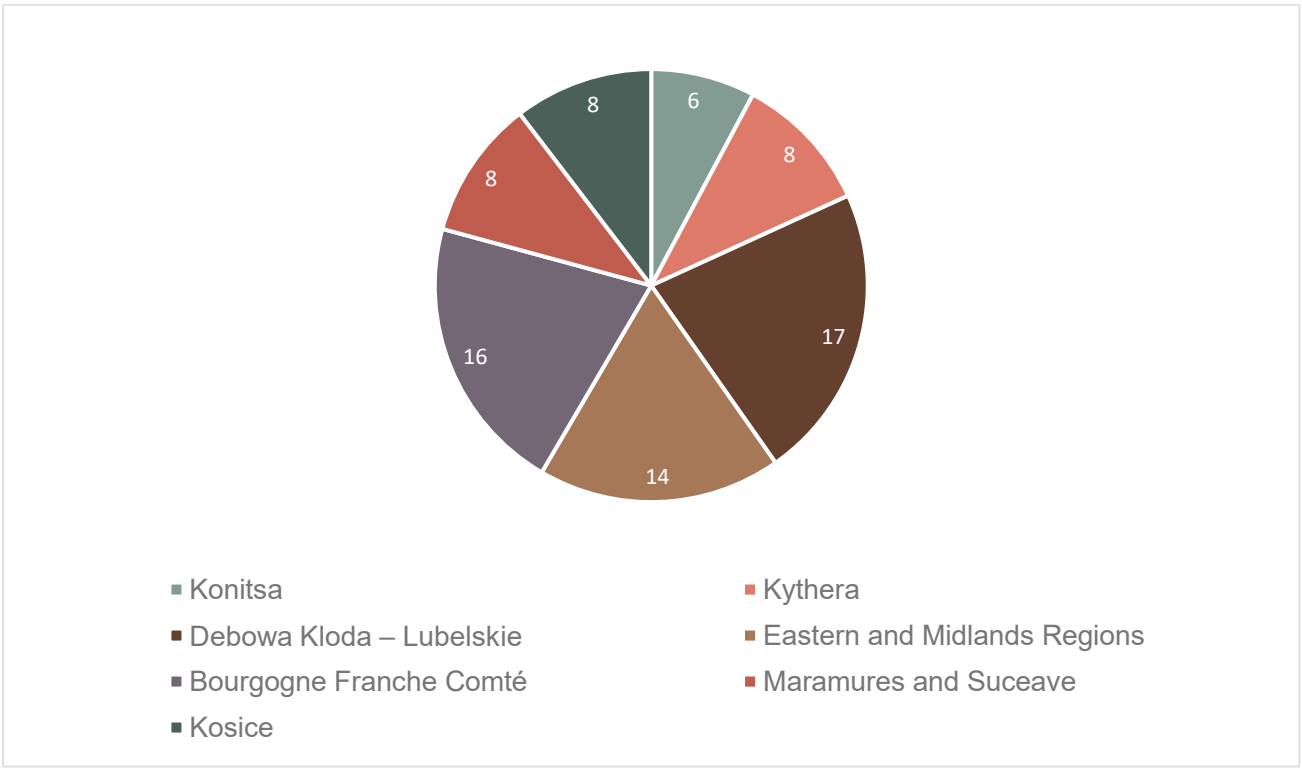


***Figure 4: Number of participants in the focus group discussions, by pilot areas***

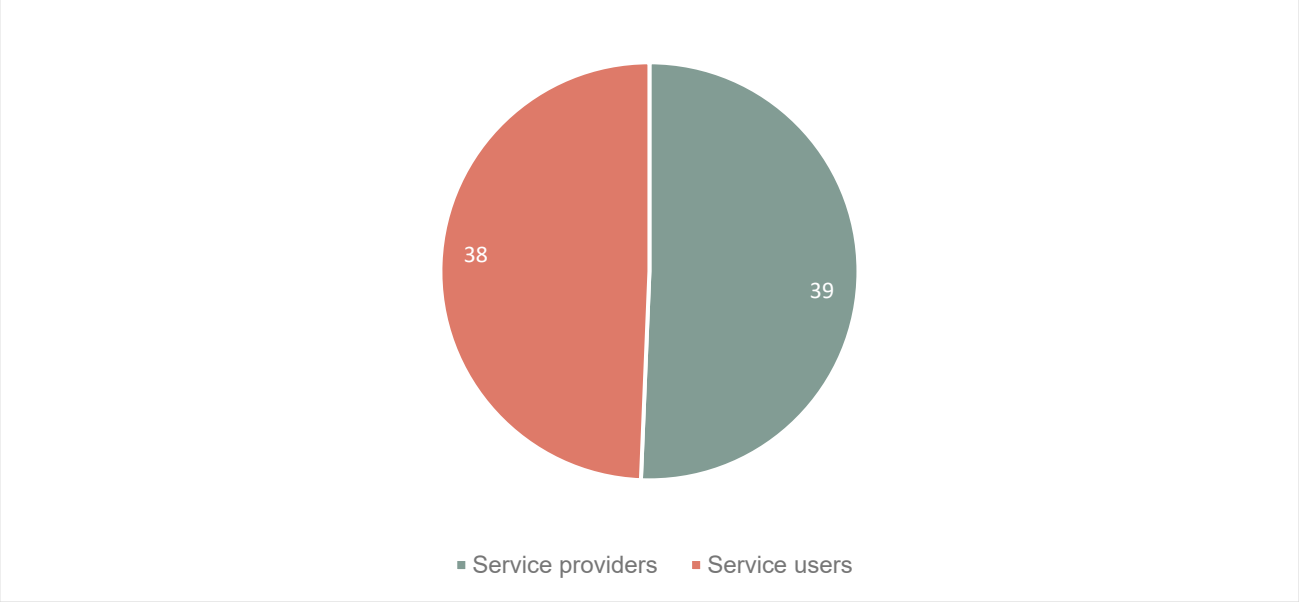


*Figure 5: Participants in the focus group discussions, by participant types*

Researchers from the partner organisations in the pilot areas conducted **14 focus group discussions,** 2 in each pilot region**, with 39 end-users and 38 providers**, **a total of 77 participants.** Equal representation of both service providers and end users was essential to ensure that diverse perspectives were captured. This balance allowed for a more comprehensive understanding of how each group evaluates the practices and helped confirm that these practices are recognised as effective and valuable by both sides and replicable in other regions.

## 2.4 Overview of results

In the following sections, we present the findings of our comparative analysis based on data collected by project partners, particularly from pilot areas, during desk research, interviews, and focus groups. The findings cover the following key areas:

1. **Comparative Frameworks**: This section presents a preliminary clustering of countries based on their legal frameworks and geographical context, followed by an overview of the commonalities and differences observed within each cluster. In addition, we present the comparative analysis of the countries where the pilot regions are located, focusing on definitions and legal frameworks related to social inclusion. It includes an overview of key terms used at the EU level and within pilot countries, highlighting both commonalities and differences in how these concepts are used across regions.
2. **Challenges in Rural Social Services**: An exploration of the most frequently mentioned challenges social services face in rural areas, as reported by local stakeholders.
3. **Successful Initiatives**: A presentation of effective social services or initiatives supporting rural communities. This includes quantitative data on the services identified (e.g., thematic areas, target groups) and qualitative data, followed by examples of good practices shared by pilot partners and outcomes from focus group discussions.

4. **Measuring Success and Impact**: Insights into how rural stakeholders define effective evaluation and monitoring mechanisms for social inclusion efforts, along with common elements identified across regions.
5. **Stakeholder Partnerships**: An examination of the importance of collaboration and partnership-building as key success factors for social inclusion initiatives in rural contexts.
6. **Recommendations from Rural Stakeholders:** This is a summary of practical recommendations provided by stakeholders based on their experiences and insights.

# 3. Comparison between pilot countries and the EU: key definitions & preliminary clustering

## 3.1 Comparison between pilot countries and the EU: key definitions

The first stage of this desk research involves exploring concept definitions and legal frameworks at the international and EU levels, as well as the pilot countries. 61 key concepts were identified across major areas of social policy, such as social services, social inclusion, social cohesion, gender equality, access to health, and digitalisation. These concepts were explored in relation to their application in all contexts. The desk research mainly focused on the national-level legal frameworks to identify the definitions and how they apply specifically to the rural context. For example, within the concept of social cohesion, a specific reference was identified to territorial inequalities, which led to the inclusion of territorial cohesion as a subcomponent. The reality is that during the research, hardly any concepts specifically addressed the rural context that emerged. This lack of reference to the rural context in the definitions used at the national level highlights the uneven development of services between rural and urban areas. For example, most definitions are generic and do not specifically address rural settings, such as in the field of social services. In Poland, for instance, the definition of social services exists, but it does not explicitly address the rural context. Even when concepts do not explicitly refer to the rural context, some official documents, such as action plans or reports, still provide relevant data and development related to these concepts in rural areas — for example, in relation to living conditions in rural areas.

*Table 3: Concepts identified in the desk research*

| | |
|---|---|
| Social Exclusion: | Social services, Social inclusion, Discrimination, Equality, Social cohesion, Vulnerable |
| Health: | Equal access to health, E-health, Long term care, Community based care, Active aging, Telemedicine, Mental health, Person-centred approach, Social care & support services for persons with disabilities |
| Economic Security and Employment: | Economic security and employment, Full employment, Youth employment and education, Minimum income, Unemployment benefits, Guaranteed minimum income, Fair wage or equality in working conditions, Child labour working age, Unemployment |
| Living Conditions: | Living conditions, Affordable housing, Social housing, Reception, Basic needs/essential, Social infrastructure |
| Digital Access: | Digital inclusion, Web accessibility, Digitalisation of social security, Digital literacy, Digital public services, Users of digital services, AI system, AI literacy, Smart village |
| Gender Equality: | Gender, Gender mainstreaming, Equality in employment, Equality in education, Gender-based violence, Network of services, Domestic violence, Exploitation, Human trafficking, Gender discrimination |
| Social participation & Engagement: | Social participation, Active participation, Inclusive participation, Active citizenship, Civic place, Empowerment, Community engagement, Volunteering, Civic engagement of young people, Child participation |

Out of the initial 61 concepts at the international and EU level, around 30 key areas were addressed, primarily related to social exclusion and inclusion, discrimination, equality, access to health, gender equality, economic security, housing, digital inclusion, and civic space.


*Figure 6: Number of concepts identified per country*

At the EU level, 56 concepts were identified, indicating a broad and structured policy engagement across various domains, including health, gender, employment, digitalisation, and social participation. Among the countries, France closely followed with 51 concepts, showing strong alignment with EU-level priorities. In Ireland, researchers identified 49 concepts, although certain areas, such as social services and civic engagement, were found to be less prominent. Poland presented 44 concepts, reflecting broad inclusion with gaps in digitalisation and AI-related themes. In Romania, 45 concepts were identified across nearly all thematic areas. Greece reported 28 concepts, highlighting limited focus in areas such as education, digital literacy, and participatory approaches. Slovakia had the fewest, with 20 concepts identified, revealing gaps in definitions related to health, employment, and social participation.

In this section, we first present the definitions derived from the desk research and then outline the preliminary clustering suggested by the study.

### 3.1.1 Social services

Ensuring that everyone can participate actively in their local community, regardless of background, abilities, or characteristics, is a key concern for social services across Europe.[18] Social services are central to advancing social inclusion by providing integrated and person-centred support that enables individuals to participate fully in society. For example, combining minimum income schemes with quality social services creates an enabling environment that fosters the social and economic inclusion

[18] ESN. *Social Inclusion*, Available at: https://www.esn-eu.org/social-inclusion

of vulnerable groups.[19] Strengthening investment in social services is also emphasised as a key to implementing the European Pillar of Social Rights (EPSR), ensuring access, fairness, and inclusion across Member States.[20]

There is no single EU-wide definition of social services. Their definition varies, but they often have common outcomes such as improved well-being and quality of life for people in vulnerable situations.[21] The European Commission's 2006 Communication on Social Services of General Interest[22] offers a commonly referenced framework. It divides social services into two broad categories:

- **Social security schemes**, covering life risks such as illness, unemployment, and old age, which are often administered through mutual or occupational systems.
- **Person-centred services**, aimed at social inclusion and cohesion. These include crisis support (e.g., for unemployment, addiction), reintegration (e.g., rehabilitation, language training), and care services for vulnerable groups. They also cover social housing and support for long-term care.

Most of the pilot countries define social services similarly, as systems designed to support individuals and families facing disadvantage. The core aims across definitions include improving quality of life, preventing social exclusion, supporting autonomy, and ensuring access to basic needs. These services go beyond financial aid to include care, guidance, and institutional support.

Ireland is the exception, lacking a formal definition of social services. Instead, it operates a social welfare system, primarily focused on financial assistance for those in need, suggesting a narrower, income-support approach.

Across other countries, Poland and France adopt broad, multi-sectoral definitions of social services that encompass health, housing, education, and culture, with these services often delivered at the local level, placing greater emphasis on prevention, rehabilitation, and maintaining individual autonomy, particularly during times of crisis. In France, services are tailored to local needs, reinforcing the value of local engagement, especially in rural areas. Even when not explicitly stated, most systems recognise the role of families and communities in service provision. Meanwhile, Greece prioritises accessibility and the protection of specific groups, while highlighting the state's responsibility in ensuring the provision of these services.

Despite differences in scope, a shared emphasis on community-based delivery is evident. Even when not explicitly stated, most systems recognise the role of families and communities in service provision.

In terms of target groups, the focus is consistent: older people, children and families, people with disabilities, the unemployed, and those at risk of social exclusion, all of whom are particularly relevant in rural settings.

[19] ESN. (2023). Partnerships for social inclusion – Integrated minimum income and social services programmes. Available at https://www.esn-eu.org/publications/partnerships-social-inclusion-integrated-minimum-income-and-social-services-programmes
[20] ESN. (2022). Putting people first: Investing in social services, promoting social inclusion. Available at: https://www.esn-eu.org/publications/putting-people-first-investing-social-services-promoting-social-inclusion
[21] ESN. (2024). Social Services Index 2024, Cross-country analysis. https://www.esn-eu.org/publications/esn-social-services-index-2024-cross-country-analysis
[22] European Commission, *Implementing the Community Lisbon Programme: Social Services of General Interest in the European Union* (COM(2006) 177 final) (Brussels: European Commission, May 17, 2006) https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52006DC0177

Lastly, responsibility for service delivery typically lies with local or national government structures. National legal frameworks, such as Poland's 2019 Social Services Act or Romania's Social Assistance Law, codify these responsibilities, outlining service areas and delivery mechanisms.

In summary, while definitions and structures vary, European Union (EU) Member States broadly agree on the purpose of social services: to safeguard vulnerable populations, prevent exclusion, and promote social inclusion through coordinated, often locally delivered support.

### 3.1.2 Social inclusion/exclusion

Individuals residing in cities, towns, and suburban areas typically have higher incomes compared to those in rural regions. This uneven income distribution can contribute to broader economic disparities, often resulting in different forms of poverty and social exclusion.

#### *Social inclusion*

The UN defines social inclusion as "the process by which efforts are made to ensure equal opportunities, that everyone, regardless of their background, can achieve their full potential. Such efforts include policies and actions that promote equal access to (public) services as well as enable citizens' participation in the decision-making processes that affect their lives".[23]

The concept of social inclusion varies significantly across the EU and its Member States, reflecting different social models, priorities, and ideological foundations. At the EU level, in line with the United Nations' (UN) definition, social inclusion is primarily understood as a mechanism for integrating individuals who are distant from the labour market or at risk of social exclusion. The focus is on promoting employment and reducing precariousness through targeted support measures.[24]

Among the Member States, several other countries, such as Greece, Romania, and Slovakia, recognise national strategies or action plans aimed at combating poverty or promoting social inclusion. These documents, developed at the national or regional level, serve as the primary policy frameworks (to varying degrees of relevance) for supporting access to essential services for individuals with low incomes.[25] Ireland adopts a needs-based definition in its Roadmap for Social Inclusion 2020–2025,[26] viewing inclusion as access to adequate income, resources, and services that allow individuals to fully participate in community life. Poland, in contrast, emphasises a values-driven, community-oriented model grounded in democratic participation, the rule of law, and cultural diversity, promoting dialogue, equality, and collective action. France follows a welfare-based approach focused on addressing basic needs through financial assistance, complemented by social action to support reintegration and reduce dependency. Greece employs a rights-based and participatory model to empower vulnerable groups by ensuring equal access to social and economic life.[27] Slovakia takes a

[23] United Nations Department of Economic and Social Affairs, Division for Inclusive Social Development, "Social Inclusion," *UN DESA Programme on Social Development*. United Nations DESA Programme on Social inclusion | Division for Inclusive Social Development (DISD)
[24] European Foundation for the Improvement of Living and Working Conditions (Eurofound), "Social Inclusion," *Eurofound*, Social inclusion | European Foundation for the Improvement of Living and Working Conditions
[25] European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Network (ESPN), Baptista, I. and Marlier, E., Access to essential services for people on low incomes in Europe–An analysis of policies in 35 countries – 2020, Publications Office, 2020, https://data.europa.eu/doi/10.2767/93987
[26] Department of Social Protection Government of Ireland 2023. *Roadmap for Social Inclusion 2020–2025: Ambition, Goals, Commitments* (Government of Ireland, 2015), 10. Roadmap for Social Inclusion 2020-2025
[27] European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Network (ESPN), Baptista, I. and Marlier, E., Access to essential services for people on low incomes in Europe – An analysis of policies in 35 countries – 2020, Publications Office, 2020, https://data.europa.eu/doi/10.2767/93987 p.112

structural and transformative stance, promoting all citizens' full, unconditional participation and focusing strongly on inclusive education that adapts to individual needs.[28] Finally, Romania offers the most comprehensive and multidimensional vision, as outlined in its Law on Social Assistance, integrating policies across social protection, employment, education, health, justice, and culture to combat exclusion and foster active societal participation.[29]

### *Social exclusion*

A combination of factors such as household income, unemployment, low work intensity, employment status and other socioeconomic conditions is associated with, and can influence the risk of poverty and social exclusion. In 2023, the EU's at-risk-of-poverty or social exclusion rate was highest for people living in cities (21.6%), followed by those living in rural areas (21.4%) and in towns and suburbs (21.0%).[30]

Ruth Levitas et al. define social exclusion as a "complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to most people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole".[31]

At the EU level, social exclusion is defined by the European Commission (EC) as a situation in which a person is prevented (or excluded) from contributing to and benefiting from economic and social progress.[32]

All the pilot countries have national strategies to combat social exclusion. In the Roadmap for Social Inclusion 2020-2025, Ireland defines social exclusion as: "cumulative marginalisation from production (unemployment), from consumption (income poverty), from social networks (community, family and neighbours), from decision-making and from an adequate quality of life".[33]

France, while lacking a formal definition of social exclusion in its national strategy, addresses the issue through its Pact for the Fight Against Poverty, which is divided into four areas:[34]

- Area 1: social investment to prevent the reproduction of poverty.
- Area 2: work as a way out of poverty, in conjunction with the France Travail project.
- Area 3: combating extreme poverty through access to rights and outreach.
- Area 4: building the solidarity component of the ecological transition.

[28] Kusá, Z. & Kvapilová, E. (2005). Third Report 2025: Report on regional social inclusion plans and programs in Slovakia. The Institute for Sociology Slovak Academy of Sciences, Bratislava.
[29] Romania, *Law No. 292/2011 on Social Assistance, published in Official Gazette 26* https://legislatie.just.ro/Public/DetaliiDocument/133916
[30] Eurostat. (2024). Statistics Explained: Urban-rural Europe - quality of life in rural areas. https://ec.europa.eu/eurostat/statistics-explained/SEPDF/cache/112344.pdf
[31] Levitas, R. et al., *The Multi-Dimensional Analysis of Social Exclusion*. (2007) 9, The Multidimensional Analysis of Social Exclusion
[32] European Migration Network (2025) Social exclusion. EMN Asylum and Migration Glossary. https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary_en
[33] Department of Social Protection. *Roadmap for Social Inclusion 2020–2025: Ambition, Goals, Commitments*. Government of Ireland, (2019) 10, Roadmap for Social Inclusion 2020-2025
[34] Ministère du Travail, de la Santé, des Solidarités et des Familles (France*). Le Pacte des solidarités : lutter contre la pauvreté à la racine* (2024) https://solidarites.gouv.fr/le-pacte-des-solidarites-lutter-contre-la-pauvrete-la-racine

### *Social cohesion*

Although there is no single accepted definition of social cohesion, the Organisation for Economic Co-operation and Development (OECD) (2011) define social cohesion as "a broad concept that covers several dimensions: sense of belonging and active participation, trust, inequality, exclusion, and mobility".[35]

The Council of Europe (2005) described social cohesion as "the ability of a society to ensure the welfare of all its members, minimising disparities, and avoiding polarisation".[36] This inclusive approach fosters resilience and reduces the likelihood of social tensions escalating into conflict when competing interests arise.

There is no precise EU definition explicitly linking "social cohesion" to rural contexts, but the combination of policies and legal frameworks effectively outlines territorial cohesion, how to ensure equal access to opportunities, services, and infrastructure, and strengthen social and economic cohesion by reducing disparities between regions.[37]

While promoting economic and social cohesion across all EU regions has been a core objective since the Treaty of Rome in 1957, territorial cohesion was formally introduced as a third pillar of cohesion with the Treaty of Lisbon in 2007. Article 174 of the Treaty on the Functioning of the European Union outlines the EU's commitment to ensuring balanced and sustainable development across its territories, particularly by supporting less developed regions through cohesion policy. The treaty highlights the importance of territorial cohesion in reducing regional disparities and enhancing the integration of all regions into the EU's internal market. Although urbanisation patterns vary widely across EU regions, the rural–urban dimension remains a fundamental aspect of territorial cohesion.[38] The 2021–2027 Cohesion Policy urges Member States to prioritise rural–urban connections and enhance collaboration in addressing the needs of areas spanning multiple administrative units.

Although most countries do not offer an explicit definition of social cohesion or territorial cohesion, they implement policies and institutional structures to promote it. In Greece, the concept is addressed through the National Mechanism for Coordination, Monitoring and Evaluation of Social Inclusion and Social Cohesion Policies, established under Law 4445/2016.[39] This Mechanism serves as a central organisational structure responsible for planning, coordinating, and monitoring multi-sectoral social inclusion and cohesion policies. It ensures inter-ministerial collaboration, especially between the Ministry of Labour and Social Affairs and other social policy actors, while maintaining each ministry's independent responsibilities for policy execution and evaluation.

## 3.1.3 Living conditions

The European Commission's Ninth Report on Economic, Social, and Territorial Cohesion[40] highlights several challenges faced by rural regions. These include limited transport and digital infrastructure,

[35] OECD *Perspectives on Global Development 2012* (2011) Perspectives on Global Development 2012 | OECD p. 53
[36] European Committee for Social Cohesion (CDCS), *A New Strategy for Social Cohesion: Revised Strategy for Social Cohesion*, 31 March 2004 CohésionSociale-28p-GB.indd
[37] European Commission, Territorial Cohesion, Inforegio - Territorial cohesion
[38] Eurofound, *Bridging the rural–urban divide: Addressing inequalities and empowering communities*, Publications Office of the European Union, Luxembourg (2023) Bridging the rural-urban divide: Addressing inequalities and empowering communities | European Foundation for the Improvement of Living and Working Conditions
[39] Law 4445/2016 *National Monitoring Mechanism of Coordination and Evaluation of Social Inclusion and Social Cohesion Policies*. Government Gazette of the Hellenic Republic
[40] European Commission, *Ninth Report on Economic, Social and Territorial Cohesion* (2022) Ninth Report on economic, social and territorial cohesion

inadequate public services, restricted access to major markets, a lack of diverse employment opportunities, and demographic issues such as population decline, ageing, and a shrinking workforce. These challenges directly affect the living conditions of rural populations, shaping their access to essential services, employment, and overall quality of life.

At the EU Level, living conditions are described as "the circumstances or factors affecting how people live, particularly concerning their well-being".[41] Eurofound's European Quality of Life Survey (EQLS) provides detailed insights into people's living conditions and social well-being across Europe. The EQLS collects data on various aspects of living standards, including housing conditions (such as tenancy status, inadequate housing, energy poverty, and housing insecurity), unpaid utility bills, financial strain, material deprivation, and restricted spending. It also covers access to local services and respondents' overall satisfaction with their standard of living.[42]

Principle 20 of the EPSR[43] highlights that everyone has the right to access basic services of good quality. It provides a non-exhaustive list of these services, which includes:

- water,
- sanitation,
- energy,
- transport,
- digital communications, and
- financial services.

These services fulfil basic human needs and are key to well-being and social inclusion, especially for disadvantaged groups.

Regarding living conditions, Ireland offers a specific definition of what it considers acceptable living conditions. The Minimum Income Standard (MIS), developed by Social Justice Ireland,[44] is a benchmark used to define what constitutes an acceptable standard of living in Ireland. The MIS defines the level of income needed for individuals and families to live decently, considering factors such as:

- basic goods and services (food, clothing, utilities, transport),
- participation in social and cultural activities,
- access to decent housing,
- support for health and well-being.

### 3.1.4 Health

#### *Equal access to health*

The EU Charter of Fundamental Rights defines equal access to health as "the right that everyone has to access preventive health care and the right to benefit from medical treatment under the conditions

[41] Eurofound Living conditions | European Foundation for the Improvement of Living and Working Conditions
[42] Ibid.
[43] European Commission, *The European Pillar of Social Rights in 20 Principles*, proclaimed at the Social Summit 2017 EUR-Lex - 32017C1213(01) - EN - EUR-Lex
[44] Vincentian Partnership for Social Justice & Trinity College Dublin Policy Institute. (2012). A minimum income standard for Ireland. Vincentian Partnership for Social Justice. https://www.socialjustice.ie/system/files/file-uploads/2021-09/2012-02-07-aminimumincomestandardforireland.pdf

established by national laws and practices".[45] A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Most of the Member States regulate equal access to health in their national regulations. In Poland, this right is recorded in Article 68 of the 1997 Constitution of the Republic of Poland,[46] all citizens, regardless of their financial circumstances, have the right to equal access to health services that are financed from public funds. The article also guarantees the right to health protection as a human right. In France, it is regulated in the Law of 27 July 1999, creating universal health coverage[47] which recognises access to health for residents of mainland France and the overseas departments.

In Greece, the national health system (ESY) is responsible for providing health care equally to the population, irrespective of their financial, social, and employment status, through an integrated and decentralised national health system.[48]

Even though equal access to health is recognised in most countries' systems as plans or within their Health services, such as France, the reality is that the accessibility to healthcare for people living varies depending on where they live. Most of the EU countries reported that a considerably lower share of their rural population had access to main healthcare services within 15 minutes driving time.[49]

### *Mental health*

The World Health Organisation (WHO) defines mental health as "a state of mental well-being in which people cope well with the many stresses of life, can realise their potential, can function productively and fruitfully, and can contribute to their communities."[50]

The countries of the pilot regions do have regulations and action plans on this matter. In March 2023, the Ministry of Health in Greece presented the National Action Plan for Mental Health, a 10-year action plan (2021-2030)[51] which was designed by a 35-member expert committee in collaboration with the WHO. The plan involves policies and interventions for the promotion, protection, and enhancement of mental health for all citizens and especially vulnerable groups. It aims to ensure universal access to mental health services and eradicate stigma and social exclusion. The overall objective is to achieve deinstitutionalisation by establishing an integrated, holistic, recovery-oriented, community-based mental health services system. Ireland has a Mental Health strategy in place, consisting of over 100 recommendations that seek to increase the availability of health services, putting the emphasis on prevention and prioritising the mental well-being of young people.[52]

Romania does not have a specific mental health strategy or plan, but it does recognise mental health objectives in the National Health Strategy.[53] The French mental health system has historically been

[45] The Charter of Fundamental Rights of the European Union. 1 December 2009, https://fra.europa.eu/en/eu-charter
[46] WHO European Observatory on Health Systems and Policies. *Poland 2019: Organization and Governance,* https://eurohealthobservatory.who.int/publications/i/poland-health-system-review-2019
[47] France, *Loi n° 99-641 du 27 juillet 1999 portant création d'une couverture maladie universelle*, *Journal Officiel de la République Française* Loi n° 99-641 du 27 juillet 1999 portant création d'une couverture maladie universelle - Légifrance
[48] Greece, *Law 1397/1983 Establishment of the National Health System (ESY)*, *Government Gazette* 143
[49] Urban-rural Europe quality of life - Statistics Explained, 2024 (Urban-rural Europe - quality of life in rural areas - Statistics Explained - Eurostat)
[50] World Health Organization (WHO), *World mental health report: transforming mental health for all*. Geneva (2022) 7, World mental health report: Transforming mental health for all p. 8
[51] OECD & European Observatory on Health Systems and Policies, *Greece: Country Health Profile 2023* *Greece: Country Health Profile 2023 | OECD*
[52] OECD & European Observatory on Health Systems and Policies, *Ireland: Country Health Profile 2023* https://health.ec.europa.eu/document/download/20f96f89-7286-4e4f-8a2c-bea12cf97576_en?filename=2023_chp_ie_english.pdf
[53] OECD & European Observatory on Health Systems and Policies *Romania: Country health profile 2023.* *Romania: Country Health Profile 2023* | European Observatory on Health Systems and Policies

organised around public and private non-profit hospitals, which have had the main responsibility for providing mental health care to the population in administratively defined catchment areas called "psychiatric sectors". Hospitals provide services ranging from full-time inpatient care to outpatient care provided in 3,100 dedicated outpatient care centres (Centres médico-psychologiques, CMPs).

### *Person-centred approach*

The person-centred approach is rapidly shaping how countries organise and deliver care. According to the European care strategy, a person-centred approach involves providing a range of services aligned with people's needs and enhancing the transition from institutional care to home and community-based services. Well-integrated long-term care services with healthcare that offer high-quality care solutions, including for those in palliative care, improve quality of life and health outcomes. They can also promote cost-effectiveness while helping to reduce the burden on hospitals and other healthcare facilities.[54]

The approach is widely accepted and used in Ireland; the person-centred approach in health and social care is a whole-system philosophy that treats each individual with dignity, respect, and compassion, recognising them as partners in their own care. It emphasises people's overall wellbeing rather than just their conditions, providing personalised and coordinated support that reflects their strengths, values, culture, and preferences. By enabling informed decision-making, encouraging collaboration with families and staff, and fostering a culture of respect, learning, and innovation, it empowers individuals to reach their full potential while ensuring services stay inclusive, responsive, and centred on the person.[55]

Meanwhile, Greece and France share a common definition of the concept and are in the process of incorporating it into practice. In contrast, neither Poland nor Slovakia has yet adopted the approach, and both lack an official definition.[56]

### *E-health*

Digital healthcare technologies, or e-Health, are proposed as a solution to rising costs, demographic shifts, and quality concerns in rural healthcare.[57] E-health (i.e., digital health and care) refers to tools and services that use information and communication technologies (ICTs) to improve prevention, diagnosis, treatment, monitoring, and management of diseases.[58]

E-Health tools use has been increasing over the last years, including a wide range of digital solutions within the health and social care sector, such as:

- Telehealth: The remote collection of patient data, such as blood pressure.
- Telecare: The provision of remote care with the help of environmental sensors to detect, for example, falls or fire.

[54] EC *European Care Strategy*. (2022) EUR-Lex - 52022DC0440 - EN - EUR-Lex
[55] HSE *People's Needs Defining Change Health Services Change Guide* (2016) person-centred-principles-and-person-centred-practice-framework.pdf
[56] Kristina Rosengren, Petra Brannefors, Eric Carlstrom; Adoption of the concept of person-centred care into discourse in Europe: a systematic literature review. *J Health Organ Manag* 17 December 2021; 35 (9): 265–280. https://doi.org/10.1108/JHOM-01-2021-0008
[57] Lindberg & Lundgren. The affective atmosphere of rural life and digital healthcare: Understanding older persons' engagement in eHealth services. Journal of Rural Studies. 2022; 95: 77-85
[58] European Commission, "Digital health and care" Digital health and care - European Commission

- Telemedicine: The delivery of medical care over distance. It can be about consultations by phone or video conferences between the patient and the doctor. In Japan, a lack of medical staff has pushed progress towards the development of telemedicine.
- Tele coaching: This method focuses on behavioural change and aids recovery. It can be delivered using different digital tools, such as a computer and a smartphone.
- Mobile Health (mHealth): The use of mobile health applications for self-diagnosis and health monitoring at a distance.[59]

In France, e-health includes three main areas: (1) Health information systems that gather and manage health data, like shared electronic health records. (2) Telemedicine, remote medical practice using ICTs, which is defined in the French Public Health Code (Article L.6316-1). (3) Mobile health (m-health) practices supported by mobile devices like smartphones, wireless monitoring devices, and personal digital assistants (PDAs).[60] Ireland has an E-Health Strategy,[61] which defines E-Health as the integration of all information and knowledge sources involved in the delivery of healthcare via information technology-based systems. This includes patients and their records, caregivers and their systems, monitoring devices and sensors, and management and administrative functions. It is a fully integrated digital 'supply chain' and involves high levels of automation and information sharing.

All this technology enhances the assistance of people living in rural areas, making them more accessible to services. However, this is only possible if the digital barrier has already been surpassed, especially for older people.

### 3.1.5 Economic security

The average income in rural areas is 87.5% of that in urban areas.[62] These regions face various economic, social, demographic, and structural challenges that impede their economic growth and development.[63] Rural areas face challenges with limited job opportunities and a narrow economic activity. Economic security is an important issue that requires special attention in rural areas.

The International Labour Organisation (ILO) defines economic security as a combination of basic social security, which includes access to infrastructure for basic needs such as health, education, housing, information, and social protection, as well as work-related security.[64] The ILO Report[65] outlines seven key components of work-related security. Although each of them is important, income security and voice representation are fundamental for basic security. Basic security entails limiting the impact of uncertainties and risks people face daily while providing a social environment in which people can belong to a range of communities, have a fair opportunity to pursue a chosen occupation, and develop their capacities and skills through what the ILO calls decent work.

[59] European Parliamentary Technology Assessment Network. *EPTA Report 2019: Technologies in Care for Older People*. European Parliamentary Technology Assessment Network, October 14, 2019. EPTA_report_2019.pdf
[60] France *Code de la santé publique* French Public Health Code (Article L.6316-1).
[61] Ireland e-Health Strategy for Ireland (2022) eHealth Strategy for Ireland
[62] Urban-rural Europe - income and living conditions - Statistics Explained, 2024. (europa.eu)
[63] EP, Plenary - June 2025. At a glance: Strengthening rural areas in the EU through cohesion policy https://www.europarl.europa.eu/RegData/etudes/ATAG/2025/772902/EPRS_ATA(2025)772902_EN.pdf
[64] International Labour Organization, *Definitions: What we mean when we say "economic security"*. Available at: https://webapps.ilo.org/public/english/protection/ses/download/docs/definition.pdf
[65] International Labour Organization, *Economic Security for a Better World* (Geneva: ILO, 2004).Economic security for a better world | ILO

The EC, on the other hand, applies a hybrid approach in its Economic Security Strategy 2023.[66] The EU's definition focused on safeguarding the EU's strategic and economic resilience. Economic security means the EU's ability to defend its essential democratic and economic frameworks from emerging threats, like supply chain disruptions, misuse of technology, physical and cyber vulnerabilities, and coercive dependencies, by implementing strategic, proportionate, and coordinated economic actions.

However, the EU has various definitions related to economic security that are in line with the ILO definition. The EU distinguishes between minimum income and minimum wage. Minimum income is a monetary benefit of last resort intended to fill the gap and ensure households have enough resources for a life in dignity. These benefits are 'means-tested', meaning that they are accessible only to people with insufficient income and resources.[67] They function as publicly funded social safety nets and aim to prevent poverty and social exclusion, while also promoting labour market integration for those who can work. To achieve this aim, income support is accompanied by inclusive labour market activation policies, access to quality enabling services, including healthcare, childcare, or housing, and essential services, like energy.

The report on Guaranteed Minimum Income Schemes in Europe[68] states that most of the 35 countries analysed have minimum income schemes or related types of non-contributory means-tested schemes for people of working age. These schemes are in effect schemes of last resort to prevent destitution and ensure a minimum standard of living.

Slovakia stands out for having a simple and comprehensive social assistance scheme that is open to all individuals with insufficient means, regardless of their characteristics or categories. This non-categorical system ensures broad access based purely on financial need. In contrast, Greece operates a simple but more restrictive scheme, where eligibility and coverage are more limited, excluding some individuals in need. Both Poland and Romania implement general last-resort schemes supplemented by extra help to specific groups of people, like older people or people with disabilities, so that most people who need support are covered. Meanwhile, France and Ireland have complex networks of overlapping and often categorical schemes, offering relatively wide coverage but through a more fragmented and administratively intricate system.[69]

### 3.1.6 Gender equality

In many European rural areas, persistent structural conditions—such as limited access to services, economic opportunities, and deeply rooted traditional gender roles—continue to confine women to subordinate positions in both private and public life.[70] These barriers significantly hinder women's ability to achieve gender equality and fully enjoy their rights. Labour market outcomes reflect these disparities: according to Eurostat, female unemployment rates in EU rural areas are consistently higher than national averages, and within rural regions, women tend to face higher unemployment

[66] European Commission, *Proposal for a Council Recommendation on Adequate Minimum Income Ensuring Active Inclusion* (COM/2022/490 final) (Brussels: European Commission, 2022). EUR-Lex - 52023JC0020 - EN - EUR-Lex
[67] European Commission, *Proposal for a Council Recommendation on Adequate Minimum Income Ensuring Active Inclusion* (COM/2022/490 final) (Brussels: European Commission, 2022)
COM_2022_490_1_EN_ACT_part1_v5.pdf
[68] Hugh Frazer and Eric Marlier (2016). European Commission Directorate-General for Employment, Social Affairs and Inclusion, *Minimum income schemes in Europe – A study of national policies 2015*, Publications Office, 2016 Minimum income schemes in Europe - Publications Office of the EU
[69] Ibid.
[70] Council of Europe, Parliamentary Assembly, Rural Women in Europe. Resolution 1806 (2011). Available at: https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17985&lang=en

rates than men.[71] In 2023, this gender gap in rural unemployment was observed in 18 of the 27 EU Member States. For instance, the new EU Vision for Agriculture and Food emphasises attracting more women to farming, developing their skills, and safeguarding the rights of agricultural workers.[72]

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the primary and most comprehensive international legal framework aimed at promoting equal recognition, enjoyment, and exercise of all human rights for women across political, economic, social, cultural, civil, and domestic spheres. Principles such as gender equality, non-discrimination, and human rights protection are fundamental to the EU, and all EU Member States are parties to the CEDAW Convention.[73]

Gender equality is a shared objective across the EU, supported by national legal frameworks and guided by the EU Gender Equality Strategy 2020-2025.[74] This strategy focuses on reducing gender gaps in employment, education, and access to opportunities. It places particular emphasis on the challenges faced by women in rural areas, who often encounter limited job prospects, traditional gender roles, and restricted access to essential services.

All pilot countries (i.e., Ireland, France, Romania, Poland, Slovakia and Greece) have established legal or strategic frameworks to promote gender equality, though their scope and structure vary. These countries have laws prohibiting gender-based discrimination, and most have national strategies to guide implementation.

Ireland focuses on workplace rights and has expanded protections to include transgender individuals, and gender equality is defined as the equal enjoyment of rights and opportunities by women and men across all areas of society.[75] France relies on constitutional references; the principle of gender equality was first introduced in the preamble to the 1946 Constitution, which, like the 1958 Constitution, draws on the 1789 Declaration of the Rights of Man and of the Citizen. However, France does not currently have a comprehensive national strategy specifically dedicated to gender equality.[76] Romania combines constitutional guarantees with proactive legislation, including gender budgeting. Poland's framework is more fragmented but constitutionally grounded, while Slovakia pairs anti-discrimination laws with a structured national strategy. Overall, they share a common legal commitment, but differ in scope, enforcement, and policy detail.

### *Gender Based Violence & domestic violence*

Gender-based violence (GBV) is violence that is directed against a person because of that person's gender, gender identity or gender expression or that affects persons of a particular gender

[71] Urban-rural Europe - income and living conditions - Statistics Explained, 2024. Urban-rural Europe - income and living conditions - Statistics Explained - Eurostat
[72] EU Vision for Agriculture and Food. Available at : https://agriculture.ec.europa.eu/overview-vision-agriculture-food/vision-agriculture-and-food_en
[73] Violeta Neubauer, *How Could the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) be Implemented in the EU Legal Framework?* (2011) https://www.europarl.europa.eu/thinktank/en/document/IPOL-FEMM_NT(2011)453193
[74] European Commission, *A Union of Equality: Gender Equality Strategy 2020–2025* (Brussels: European Commission, March 5, 2020), https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en
[75] Ireland, *Gender Recognition Act 2015* (Dublin: Government of Ireland, 2015), http://www.irishstatutebook.ie/eli/2015/act/25/enacted/en/html
[76] European Institute for Gender Equality, Country Information: France 2025 Gender Mainstreaming Approach - France

disproportionately.[77] It can include violence against women, domestic violence against women, men, or children living in the same domestic unit.[78]

The Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as Istanbul Convention was ratified by 22 Member States (Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Spain and Sweden).[79] It defines violence against women as a form of gender based violence, as violence directed at women because they are women or that disproportionately affects them. It categorises domestic violence as physical, sexual, psychological, or economic harm occurring within the domestic or intimate sphere. While most EU countries have ratified the Convention, the interpretation and implementation of GBV legislation vary across Member States. In rural areas, the Istanbul Convention's requirement for an adequate geographical distribution of specialised support services (Article 22) is particularly relevant, as victims of violence in remote communities often face greater barriers to accessing immediate, short- and long-term specialist support.

The EU aims to adopt harmonised definitions in line with the Istanbul Convention. The first Directive (EU) 2024/1385 on combating violence against women and domestic violence was approved in 2024.[80] This Directive offers a comprehensive framework to effectively prevent and combat violence against women and domestic violence throughout the Union.

Ireland has ratified the Istanbul Convention and embedded its definitions into national law. GBV is addressed as a gendered issue, with strong legal tools to protect victims, including safety orders, barring orders, and criminal penalties for abuse. The legal approach is comprehensive and reflects a clear understanding of violence as both a gendered and structural issue.

France has taken significant legal steps to address domestic violence, particularly through laws targeting violence against women and intimate partners. However, it lacks an explicit legal definition of GBV or domestic violence. Instead, France relies on targeted legislation that includes protective measures, such as electronic distancing bracelets and improved confidentiality exceptions. While practical measures have advanced, the legal framework remains fragmented compared to the Istanbul Convention's integrated model.

Romania also aligns well with the Convention, having incorporated its definitions and principles into domestic law. National legislation defines domestic violence in broad terms, including physical, sexual, psychological, economic, and emotional abuse. Amendments to the original law have strengthened victim protections and embedded a gendered perspective, making Romania's approach among the most comprehensive in the region.

Poland presents a more inconsistent case. While it ratified the Istanbul Convention, its national legislation lacks explicit gendered language. The law on domestic violence focuses on general abuse within the family unit without framing it as a gendered issue. Moreover, political efforts to withdraw

[77] Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA Directive - 2012/29 - EN - EUR-Lex
[78] European Commission, *What Is Gender-Based Violence? Europa* website What is gender-based violence? - European Commission
[79] European Parliament, Legislative Train Schedule, EU accession to the Council of Europe Convention on preventing and combating violence against women ('Istanbul Convention'), (2024)
[80] Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence. Directive - EU - 2024/1385 - EN - EUR-Lex

from the Convention reflect a weakening institutional commitment to international norms on GBV, raising concerns about long-term alignment with EU standards.

Slovakia does not use the term gender-based violence in its legal texts and has not ratified the Istanbul Convention. Domestic and intimate partner violence is addressed under general provisions of the Criminal Code, specifically Article 208. The lack of gender-specific language or a dedicated legal framework means that violence is treated as a private or individual matter, rather than a gendered societal problem. As a result, Slovakia shows the weakest alignment with the Convention's standards among the countries compared.

Across these countries, the approach to GBV varies from strongly aligned (Ireland and Romania) to partial (France and Poland) to limited (Slovakia). The presence or absence of gender-specific terminology, the depth of legal protection, and the political will to adopt international standards like the Istanbul Convention are key indicators of each country's commitment to addressing GBV as a systemic issue.

### 3.1.7 Social participation and engagement

Social participation refers to people's engagement in activities that promote interaction with others in society or the community. This includes not only involvement in non-profit and public organisations, such as volunteering, but also participation in social and leisure activities, as well as informal support among family members and neighbours. EU law and policies (e.g., Regulation 1049/2001 on access to documents)[81] seek to ensure citizens and organisations can access information easily, review decision-making, and hold institutions accountable.

#### *Citizen participation & civil participation*

The Council of Europe's guidelines[82] for civil participation in political decision-making describe civil participation as the engagement of individuals, NGOs, and civil society at large in decision-making processes by public authorities. Civil participation in political decision-making is distinct from political activities in terms of direct engagement with political parties and from lobbying in relation to business interests.

Rural areas frequently face limited citizen participation and representation due to complex bureaucratic structures, fragmented decision-making, and low citizen trust. Another Horizon project, which is called the SHERPA project,[83] highlights that enhancing governance in rural contexts depends on improving vertical and horizontal coordination and empowering citizens through inclusive and accessible participation tools. Prioritising rural-tailored, citizen-centric governance mechanisms can address the democratic deficit and better reflect the insights and needs of rural residents.

In Greece, the definitions regarding social participation and engagement are not explicitly defined, and there is a lack of a unified definition. In Slovakia, no specific definitions are available. In Poland, the concept of citizen participation is defined quite broadly – as a tool for citizens' participation in the creation and implementation of public policies that involve two-way communication, i.e., in which the

[81] European Parliament and Council, *Regulation (EC) No. 1049/2001 of 30 May 2001 Regarding Public Access to Documents* (Brussels: Official Journal L 145, May 31, 2001) Regulation - 1049/2001 - EN - EUR-Lex
[82] Council of Europe. *Guidelines for Civil Participation in Political Decision Making* (2017) https://www.coe.int/en/web/participatory-democracy/guidelines
[83] Vilcu, R., Van den Bossche, L., Altman, N., Ziegler, V., Salle, E., Zomer, B. *Empowering rural areas in multi-level governance processes* (2023). SHERPA Position Paper. SHERPA-Position-Paper-Empowering rural areas in multi-level governance processes

public administration is obliged to provide at least a justified response to citizens' demands. Creating and implementing public policies should also be understood broadly; in this case, participation also includes, among others, participation in spatial development processes.

### 3.1.8 Digital access

The digital transition creates opportunities for innovation, productivity, and better service, especially in rural and remote areas. However, without proper public policies, unequal access to digital skills and technologies could increase social and regional inequalities across Europe.[84] The European Declaration on Digital Rights and Principles for the Digital Decade states that everyone, everywhere, including rural areas, in the EU, should have access to affordable and high-speed digital connectivity.[85]

#### *Digital inclusion*

The EU describes digital inclusion as "an effort to ensure that everybody can contribute to and benefit from the digital world."[86] This encompasses making the digital world accessible, affordable, and equipping individuals with the necessary skills to participate fully. The EU's initiatives in this area include:

- **Web Accessibility**: Making Information and Communication Technologies (ICT) more accessible for all, especially those with disabilities, and fostering the development of accessible technologies.
- **Digital Skills**: Improving a diverse and capable workforce through ICT in education and fostering the participation of women in ICT and other areas of science, technology, engineering, and math (STEM).
- **Linguistic Barriers**: Overcoming the predominance of English online by providing language tools free to the public sector, NGOs, SMEs, and academia across the EU.[87]

Poland and France share a similar understanding of digital inclusion, viewing it as the process of ensuring access to and effective use of digital technologies, with Poland placing particular emphasis on addressing the needs of people with disabilities.

#### *Digital public services*

In the EU, Digital services include a large category of online services, from simple websites to internet infrastructure services and online platforms. Digital services are crucial for rural development, offering solutions in farming, healthcare, mobility, and education. However, rural areas face a persistent digital divide due to poor infrastructure, low trust, and social barriers, especially among older people and other vulnerable populations.[88]

[84] European Commission, *Ninth Report on Economic, Social and Territorial Cohesion* (2022) Ninth Report on economic, social and territorial cohesion
[85] European Commission, *European Declaration on Digital Rights and Principles for the Digital Decade* EUR-Lex - 52022DC0028 - EN - EUR-Lex
[86] European Commission, Digital Inclusion Digital inclusion | Shaping Europe's digital future
[87] Ibid.
[88] Pekka Leviäkangas, et.al., *Towards Smart, Digitalised Rural Regions and Communities – Policies, Best Practices and Case Studies*, (2023) https://doi.org/10.1016/j.techsoc.2025.102824

In Greece, the digital public services refer to any service provided by a public sector body remotely through electronic means. This includes the production, circulation, and management of information, data, and electronic documents, as well as the execution of transactions.

### *AI system*

Artificial Intelligence (AI) is a recent and innovative technology that has come to occupy many important areas of our society. EU countries are currently working on how to regulate it. The EU defines an AI system as a machine-based system designed to operate with varying levels of autonomy and potentially exhibit adaptiveness after deployment. For explicit or implicit objectives, it infers from the input it receives how to generate outputs, such as predictions, content, recommendations, or decisions, that can influence physical or virtual environments.[89]

### *AI literacy*

In February this year, the AI Act[90] entered into application, Article 4 requires AI providers and deployers to ensure their staff, and anyone handling AI on their behalf, have adequate AI literacy. This includes considering users' technical skills, training, and the specific context and audience of the AI system.

### *Smart Villages*

Smart Villages are an emerging concept in EU policy. They focus on rural areas that leverage their strengths and embrace digital technologies, innovation, and knowledge to create new opportunities. They aim to improve the quality of life, public services, and resource efficiency while reducing environmental impact. Rather than a one-size-fits-all approach, Smart Villages are tailored to local needs and built on strategic, place-based development.[91]

The concept involves local people in actions aimed at improving their economic, social or environmental conditions, cooperating with other communities, social innovation and developing smart village strategies. The rural action plan includes an action to enhance networking for LEADER and Smart villages further.

## 3.2 Preliminary clustering of EU countries

As a result of our research, we have conducted a preliminary clustering of EU countries into categories with common geographic, cultural, and policy characteristics. This aims to create a framework to provide an initial grouping to structure the Atlas (T2.4), which is one of the main objectives of the report.

This clustering is based on available pilot area findings, desk research data and the European Social Network (ESN) Social Services Index (SSI) database.[92] The Social Services Index is an ESN initiative that collects data from 13 countries on social rights and policy, economic investment in social services,

[89] Regulation (EU) 2024/1689 laying down harmonised rules on artificial intelligence Regulation - EU - 2024/1689 - EN - EUR-Lex
[90] Regulation (EU) 2024/1689
[91] European Parliamentary Research Service, Supporting Smart Village Strategies (Brussels: European Parliament, 2021), EPRS BRI(2021)689349. Supporting Smart Village strategies - European Commission
[92] ESN, Social Services Index, Available at: https://www.esn-eu.org/social-services-index

and social services coverage. It combines in-depth evidence from pilot areas with secondary information on other EU countries.

During the desk research phase, we aimed to cover all the EU Member States as comprehensively as possible, with a primary focus on overall EU policies, legal frameworks, and particularly the countries hosting the pilot rural areas. Therefore, although we gathered data from other EU Member States, comparable data were not always available to compile an EU-wide overview. The preliminary clustering is primarily based on our research of six countries (EL, FR, IE, PL, RO, SK) and includes SSI country factsheets for DK, SE, FI, ES, MT, SI, HR, and LV, resulting in an analysis covering 14 countries.

The preliminary clustering was prepared by using data from national-level concept and definition mapping (from the desk research phase), mapping of services and initiatives across the EU, stakeholder interviews, focus group findings from pilot areas, EU-wide datasets (including SSI), and regional policy literature.

Due to the limitation of not covering all EU Member States, the findings should not be considered fully applicable. Data coverage varies across clusters, and for some countries, evidence is partial. Barriers such as differences in local governance contexts, linguistic nuances, and limited access to national-level data have constrained the completeness of the analysis. Furthermore, certain countries may exhibit characteristics that align with multiple clusters.

Despite these limitations, even if provisional, clustering provides a framework to identify regional patterns, highlight shared strengths, and pinpoint recurring gaps within groups of countries with similar socio-economic contexts and governance traditions.

### 3.2.1 Clustering methodology

The clustering process followed a three-level approach:

**Step 1 – Geographic grouping**

Countries were grouped according to broad geographic and cultural regions frequently used in EU and comparative social policy studies. We chose to group countries mainly according to geography, as neighbouring states often share historical background, socio-economic conditions, and regional policy challenges that shape their social services and inclusion outcomes.

***Table 4: Preliminary country clustering by regions***

| *Cluster* | *Countries* |
|---|---|
| *Nordic* | DK, FI, SE |
| *Mediterranean* | ES, **EL**, MT |
| *Eastern-Central* | **PL**, **SK**, SI, HR, **RO,** LV |
| *Western-Central* | **FR**, **IE** |

**Step 2 – Service provision overview**

Within each group, we identified and assessed:

- Key service strengths: areas where multiple countries in the cluster show well-developed frameworks or practices.
- Common gaps: areas where provision is limited, inconsistent, or underdeveloped.
- Context notes: factors shaping service delivery and rural inclusion in that cluster.

**Step 3 – Final clustering**

Profiles will continue to be refined in the Atlas (T2.4) as additional cases and indicators are integrated into the Atlas. The preliminary clustering proposed below is not the final version, which will be used in the Atlas. The input of cases into the Atlas may alter the clusters by providing new information.

### 3.2.2 Preliminary clustering

Our preliminary clustering is primarily geographical: Nordic; Mediterranean; Western-Central Europe, often clustered as continental; Eastern-Central Europe, which shares a common post-communist heritage including the Balkans and Baltics, in line with Esping-Andersen's welfare regime typology. We chose to call Western-Central Europe instead of continental and included Ireland in this cluster, even though Ireland is usually considered an Anglo-Saxon welfare typology. Based on the analysis of the definitions, we identified commonalities in terms of following the EU definitions between continental countries and Ireland. As we had a limitation regarding the number of member states in this preliminary clustering, this can be amended when the Atlas includes data across EU member states.

Most cluster countries define social services similarly, as systems designed to support disadvantaged individuals and families. The core aims across definitions include improving quality of life, preventing social exclusion, supporting autonomy, and ensuring access to basic needs. These services go beyond financial aid to include care, guidance, and institutional support.

#### *Nordic Region:*

Located in Northern Europe, these countries share a Nordic governance tradition, similar welfare state structures, and strong regional cooperation. This clustering includes a more in-depth analysis of Sweden, Denmark, and Finland. These countries consistently register among the highest social protection/GDP ratios in the EU, driven by strong investments in older people's care, healthcare, childcare, and active labour market policies. They adopt broad, multi-sectoral definitions of social services that encompass health, housing, education, and culture, with these services often delivered at the local level. They have universal welfare systems with strong safety nets, legally guaranteed benefits, and layered support structures. Services are often delivered locally but follow national standards, with a strong emphasis on dignity and ensuring a basic standard of living.

#### *Mediterranean Region:*

Located along the Mediterranean, these states share cultural and historical ties, as well as similar climatic and demographic patterns that influence their social structures. In this study, we include Greece, Malta, and Spain in this grouping. In the Mediterranean region, support is targeted at vulnerable groups, often linked to work or training, with some flexibility for regional adaptation and supplementary services. Nevertheless, systems are often fragmented and administratively complex, with significant regional disparities, such as in Spain. Malta has no legal definition of social services, but generally, they are understood as social benefits and social care, and Spain's governance of

social services is the competence of the regional government. On the other hand, Greece provides a broad definition of the term social care.

### *Western-Central Europe:*

This cluster includes countries (Germany, the Netherlands, France, Austria, Luxembourg, and Ireland) in Western and Central Europe. In this study, France and Ireland are part of this group due to their geographic proximity, similar history of EU integration and legal and administrative practices. This clustering was done despite the fact that Ireland is often considered an example of an Anglo-Saxon welfare state,[93] with social protection expenditures among the lowest in the EU Member States, while France stands out with the highest spending.[94] This report acknowledged the limitations, even though the countries in this cluster differ, but the grouping is primarily based on geography, making it broader in scope.

In the Western-Central region, Ireland is the exception, lacking a formal definition of social services. Instead, it operates a social welfare system primarily focused on financial assistance for those in need, suggesting a narrower, income-support approach. In France, services are tailored to local needs, reinforcing the value of local engagement, especially in rural areas. Even when not explicitly stated, most systems recognise the role of families and communities in service provision.

### *Eastern-Central Europe:*

Neighbouring states with shared histories of post-communist transition are a part of this clustering. In the Eastern-Central countries (PL, CZ, SK, SI, HR, RO, LV), there is a greater emphasis on prevention, rehabilitation, and maintaining individual autonomy, particularly during times of crisis. They provide tiered income support along with additional subsidies and emergency assistance; some also offer specific schemes for older people (such as Croatia). For instance, Romania defines social services in its Law on Social Assistance no. 292/2011 as the comprehensive set of measures and actions undertaken to address individual, family, or group social needs, aimed at preventing and overcoming situations of difficulty, vulnerability, or dependency, to preserve autonomy and ensure the protection of individuals, prevent marginalisation and social exclusion, promote social inclusion, and enhance quality of life.

Eastern Balkan countries such as Romania and Bulgaria could be grouped within the broader Eastern and Central European cluster; however, they can also be treated as a separate cluster because of specific features such as persistently high rural–urban disparities and the more limited effectiveness of social transfers in reducing poverty.

Latvia has been included in this group as one of the three Baltic states situated along the eastern coast of the Baltic Sea. The Baltic states have similar EU accession processes, with many from Eastern-Central European countries. Similar to the Eastern Balkan region, the Baltic states, which share a common regional history and are geographically close to Northern Europe, could be considered a subgroup within the Eastern-Central European cluster. For instance, in Latvia, social

[93] Dukelow, F & Heins, E 2017, The Anglo-Saxon welfare states: Still Europe's outlier – or trendsetter? in P Kennett & N Lendvai-Bainton (eds), Handbook of European Social Policy. Edward Elgar Publishing, Cheltenham, pp. 230-247. https://doi.org/10.4337/9781783476466
[94] Eurostat, 2022, Social protection statistics – overview.

services are defined as social work, philanthropic social work, social care, social rehabilitation, and vocational rehabilitation services.[95]

### 3.2.3 Mixing clustering techniques under the Atlas

It is important to note that the clustering process applied to the social services cases in T2.1 differs from the one used for the social economy national cases in T2.2. The eventual selection of different clustering processes for each domain (social economy and social services) was done to generate clusters that reflect more accurately the varying social services landscape of each EU Member State, than forcing such landscapes to fit into the pre-existing clusters on social economy maturity. Given that although social services and social economy are related in many aspects, they are not identical domains, and therefore it was natural to categorise differently Member States in each case. As such, clustering was performed based on content and research results.

Although the two clustering processes are not identical, both will be integrated into the Atlas. We will carefully examine these differences and, where feasible, adjust ensure that the clustering in the Atlas accurately reflects the findings from the different tasks.

[95] Latvia, Article 2 of the Law on Social Services and Social Assistance, available at: https://www.vvc.gov.lv/

# 4. Social inclusion challenges faced by social services in rural areas

In this section, we present findings from interviews with 75 stakeholders, complemented by insights from focus group discussions. The analysis highlights both common themes and context-specific challenges in rural areas. While some challenges are not unique to rural settings and are also found in urban areas, this section focuses on rural contexts, with particular attention to the seven pilot areas.

Accessing social inclusion services in rural areas presents numerous challenges. Services are often limited and not available, and there is a lack of public transportation, which affects the accessibility of essential services. A lack of person-centred and community-based approaches is common in the pilot areas, which reflects the overall need for social services. The transition from institutional to community-based and person-centred care is essential for social services to respond better to people's needs.[96]

Territorial gaps in access to quality long-term care and crisis support services further hinder effective assistance in the pilot areas; this finding resonates with the EU-wide barriers in deprived and rural areas.[97] Existing services targeting the entire rural population are sometimes not tailored to the specific needs of vulnerable groups, such as people with disability or those lacking digital literacy.

Identifying and reaching individuals in need can be difficult due to their remote or isolated location, as well as limited awareness-raising activities targeting marginalised individuals. Excessive bureaucracy that may require frequent travel to urban areas or complicates service access, especially for vulnerable groups, creates additional barriers for rural residents.

Many rural areas lack dedicated social assistance centres and preventive services, and emergency responses are often inadequate to meet local people's needs, such as a lack of shelters for people in crisis situations. Moreover, a critical shortage of qualified workers further undermines the quality and sustainability of social service provision.

The most mentioned challenges in the interviews are the rural-urban divide, depopulation, limited transportation solutions, underfunding, shortage of qualified professionals, social isolation due to the outmigration of young family members or lack of leisure and cultural activities targeting specific groups, lack of labour market opportunities, limited person-centred and inclusive services targeting vulnerable populations and limited outreach to identify the needs.

## 4.1 Rural-urban divide

Rural residents face a range of persistent challenges in accessing social services, which can hinder their social inclusion. The key issue is the rural-urban divide**,** where essential services are concentrated in urban areas, leaving rural residents underserved. This disparity is deepened by **depopulation** and **the increasing rate of ageing population** among rural area residents. Particularly, migration of young people to urban areas or abroad in search of better employment and education opportunities, accelerates demographic decline in rural areas. These changes increase the cost of delivering services and reduce funding for local provision, often leading to a decrease in

[96] ESN (2024) Stronger Social Services, Better Europe, Available at: https://www.esn-eu.org/sites/default/files/2024-02/EP%20Elections%20Briefing.pdf
[97] EC, Employment, Social Affairs and Inclusion, Long term care. Available at: Long-term care - European Commission

essential services in rural areas. It also causes further social isolation, particularly for older people and people with disabilities, whose family members helping them to access services are no longer there.

**Underfunding and bureaucratic hurdles** make it difficult for rural regions to secure and utilise resources effectively. Rural areas often have a limited budget to address the structural challenges, which means that investments in infrastructure, healthcare, education and social services are frequently delayed or remain inadequate.

*"The biggest problem in rural areas is the limited budget, which leaves no room for expenses on social services."* (Interview, Maramureș and Suceava)

They require seeking alternative funding from regional, national, and EU-level schemes; however, due to their limited capacity, this can be a complex process for local authorities and other stakeholders who are providing services in rural areas.

"*These groups (small, volunteer-led organisations) are working to solve local problems, yet they struggle to access funding due to complex legal and administrative requirements*." (Interview, Eastern and Midland Region)

Rigid funding application processes, difficulties in accessing relevant information, and limited capacity or experience for applying for funding schemes (e.g. EU funds) were mentioned in the interviews as a key challenge to tackle underfunding. While such barriers exist more broadly, they are often more pronounced in rural areas due to smaller administrative teams and fewer dedicated resources. As a result, securing funding to improve social services in rural areas is particularly difficult. The lack of sufficient funding can lead to an over-reliance on under-recognised volunteer work, which, over time, may result in community fatigue and reduced capacity to sustain essential services.

As the **decision-making process** is often centralised in many countries, such as Greece and Ireland, the rural needs in national-level policies might be underrepresented, which causes low political will. Overall, since fewer people live in rural areas, their influence and, consequently, their weight on the decision-making processes tend to be lower.

Additionally, certain groups remain underrepresented among decision makers, leading to policies that do not fully reflect the diversity of rural populations. Community input and consultation with service users are crucial to address the needs to ensure effective policies; there is a general absence of meaningful consultation mechanisms for service users. Therefore, the specific needs of the rural population, considering the diverse needs of specific groups, are frequently underrepresented in national-level policies.

## 4.2 The shortage of qualified professionals

Health and social care are among the EU sectors with the most noticeable structural labour shortages. The EU faces a healthcare workforce shortfall, with an estimated shortage of 1.2 million doctors, nurses and midwives.[98] According to WHO, despite having more health and care workers than ever, a shortage of 4.1 million healthcare workers is expected in the EU by 2030 (0.6 million physicians,

[98] OECD (2024) Health at a Glance: Europe 2024. State of Health in the EU Cycle: https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en/full-report.html

2.3 million nurses and 1.3 million other healthcare professionals).[99] According to the Eurofound study, for instance, the shortage of general practitioners is particularly acute in rural areas due to challenges such as limited job opportunities, poorer working conditions, inadequate health infrastructure, and physicians' preference to live and practise in cities.[100]

The findings from the interviews highlighted that the shortage of qualified professionals, especially in healthcare and social services, deepens the gap in the delivery of essential support and services, leaving the vulnerable populations in rural areas without adequate care. The lack of general practitioners, specialists, mental health professionals, and dentists accepting patients in rural areas results in long waiting times, limited access to treatment due to the requirement of travelling to urban areas, limitations in transportation, and, hence, increased health disparities. The conditions, such as unattractive salaries, high turnover rates, a lack of meaningful incentives, and the demanding nature of these roles, not only deter new professionals from entering the field but also drive the workforce away, perpetuating a cycle of understaffing that continues to deepen the gap in social services. These challenges regarding understaffing are a common phenomenon; however, as mentioned above, poorer working conditions deepen this issue in rural areas.

*"Every time we lose a (social) worker, the trust chain breaks—and the reintegration process has to start over."* – Service provider (Focus group, Kosice)

The words of the service provider from Slovakia emphasise that the service's success relies on long-term, trust-based relationships between clients and assigned social workers, which can be disrupted by staff turnover. One of the reasons for turnover is identified as a lack of stable funding, which affects the economic security of skilled workers.

*"Programmatic-based funding available exclusively on an annualised basis that undermines security of tenure for skilled social service staff and disrupts continuity of service provision when the annual funding cycle ends."* (Interview, Eastern and Midland Region)

## 4.3 Barriers to inclusion

Vulnerable groups already face numerous challenges, and living in rural areas often adds additional barriers to accessing essential services. It was frequently mentioned in the interviews that existing services in these areas often fail to address the diverse and specific needs of populations such as migrants, minorities, marginalised communities, older people and people with disabilities. The main reasons are that their voices were not included in the needs assessment and policy-making processes, being a harder-to-reach population, and a lack of segregated data.

*"Lack of access to timely, detailed data that profiles populations in terms of age categories so that services can respond meaningfully and appropriately and in an age-specific manner, for example, international protection population data disaggregated to age group level is not regularly available."* (Interview, Eastern and Midland Region)

[99] Zapata et al. (2023) WHO report "From great attrition to great attraction: countering the great resignation of health and care workers": https://iris.who.int/bitstream/handle/10665/372887/Eurohealth-29-1-6-10-eng.pdf?sequence=1&isAllowed=y

[100] Eurofound (2023), *Measures to tackle labour shortages: Lessons for future policy*, Publications Office of the European Union, Luxembourg.

Outreach efforts to identify individuals in need are often inadequate, and information about available services is limited, leaving many without the help they require. This could be addressed by conducting field visits to assess people's needs directly in the context.

*"One challenge we faced was identifying vulnerable individuals in isolated communities due to a lack of available information."* & "*Being a rural area, information (targeting young people) is more scattered compared to a city, and access to information is more limited."* (Interviews, Maramureș and Suceava)

Similar to other areas, in the Eastern and Midland Region, limited workplace opportunities for people with disabilities hinder inclusive labour market integration for all. In Kosice, people with disabilities often face difficulties accessing training and job-seeker programmes; the lack of systematic employment and education pathways and guidance hinders them from fulfilling their potential.

"*There is a fundamental lack of connection between their (people with disabilities) abilities and suitable employment opportunities. No systematic approach exists to develop their skills in a way that allows for gradual progress towards certain job positions."* (Interview, Kosice)

Limited culturally sensitive supports and tailored guidance, especially in language learning, access to employment and education, administrative guidance and housing, impact the migrants' social inclusion in rural areas and overlook their diverse needs as migrants or refugees. The lack of culturally sensitive and inclusive services often results in the neglect of critical needs, as clearly mentioned by an interviewee:

*"There is also a lack of culturally sensitive support in rural areas. Services often fail to recognise the diversity of needs within different migrant groups, particularly around religion, gender norms, and cultural expectations."* (Interview, Eastern and Midland Region)

Interviews from many pilot regions reflect the need for more targeted national and local-level social inclusion policies and initiatives for migrants and refugees. Support services remain limited in rural areas for migrants, particularly in relation to language learning, as noted in Kythera, Bourgogne, Kosice, and the Eastern and Midland Regions and in mental health supports, especially for trauma-affected migrants, as noted in Lubelskie. Inadequate or poorly tailored language training addressing the needs of migrants is not unique to rural areas,[101] although access to such courses is more limited.

Some groups, such as travellers in Ireland and Roma communities in Slovakia and Romania, face discrimination, particularly in education, the labour market, and housing. In the Eastern and Midland Region, there is a limited, inclusive and participatory needs assessment and decision-making process that ensures the voices and specific needs of women and marginalised groups in rural areas are genuinely heard and addressed. Social inclusion efforts should be reflected in leadership and staffing, as well.

The importance of emergency and community-based support during crisis-situation which increased the vulnerability of isolated rural individuals, was mentioned while explaining the responses to COVID-19.

[101] ECRE, 2024. Policy Paper: The Right to Work for Asylum Applicants in the EU, https://ecre.org/wp-content/uploads/2024/01/ECRE-Policy-Paper-12_The-Right-to-Work-for-Asylum-Applicants-in-the-EU.pdf

## 4.4 Public transportation

The most mentioned challenge in all pilot areas is limited and often inaccessible transportation, which isolates communities and limits their physical accessibility to healthcare, education, and employment. The availability of reliable public transport and accessible public infrastructure is a key factor influencing the mobility of service users as well as social care and support workers in rural areas.[102]

*"Many people in rural areas have difficulty accessing public transport, which limits their ability to travel to work, schools or health centres."* (Interview, Lubelskie)

In addition to limited transportation options, there is also a lack of specific transportation programmes aimed at targeting the rural areas workforce, people with disabilities, older people, low-income individuals and families, and professionals providing social services in rural areas. This increased car dependency among the rural population, which raised transportation costs, leading to unequal access for low-income families who cannot afford to have a private car.

*"In rural areas such as Yonne, home care workers must travel long distances to reach their beneficiaries, but not all have their own vehicle. The lack of public transportation options or funding for service vehicles complicates their work and limits recruitment opportunities."* (Interview, Bourgogne)

The following quotation demonstrates how limited transportation can hinder both social and economic inclusion of refugees:

*"A critical example is the refugee accommodation centre on the outskirts of Moate, where residents only have one bus per day—departing at 9 AM and returning at 5 PM. This rigid schedule prevents residents from participating in evening activities, employment opportunities, or social programmes, further isolating them."* (Interview, the Eastern and Midland Region)

Due to the characteristics of rural regions in more remote areas, the barriers might also be related to insufficient infrastructure. Lack of specialised transportation services (for people with medical conditions, older people, etc.) often hinders the accessibility of specific groups. For instance, in the Eastern and Midland Region, many buses remain difficult to access for people in wheelchairs, those with mobility issues, or parents with prams. In Kosice, initiatives are mentioned to improve accessibility at public transportation hubs, including bus stops with lowered platforms and audible announcements to support individuals with visual impairments.

## 4.5 Labour market access

*"Just the fact that I can work makes me happy. I feel more comfortable in my life, and I am fulfilled."* – Service user with disability (Focus Group, Kosice)

According to Eurostat statistics, the employment rate of the working-age population in the EU across different degrees of urbanisation is slightly higher in urban areas than in rural areas.[103] Among the

[102] European Association of Service providers for Persons with Disabilities. 2018. Provision of social care and support services in remote rural areas: Challenges and opportunities. https://easpd.eu/fileadmin/user_upload/Publications/5.2_EASPD_Report_-_Provision_of_social_care_and_support_services_in_remote_rural_areas_2018.pdf
[103] Eurostat, 2024 Statistics Explained: Urban-rural Europe - labour market, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Urban-rural_Europe_-_labour_market#SE_MAIN_TT

countries in the pilot areas, Romania, Slovakia, and Poland have a significantly higher proportion of people outside the workforce in rural areas compared to urban areas.

Labour market opportunities are often scarce in rural areas due to their remoteness, posing significant challenges, especially for youth, young parents, people with disability, and people in the late career stage seeking to enter or re-enter the workforce.

"*Under 30, many struggle due to limited job opportunities, lack of proper qualifications, and geographic constraints, e.g., commuting limitations for young parents in rural areas. Over 50, even skilled individuals often face age discrimination, reducing their chances of employment.*" (Interview, Kosice)

Although initiatives such as training programmes aim to improve the employability of the rural workforce, inadequate transportation options continue to limit access to workplaces, thereby hindering employment opportunities for rural populations.

*"Thanks to the training, I managed to find a job in a company, but the workplace was too far away from where I lived. Commuting took a lot of time and money. That's why I had to resign, I'm currently actively looking for a job closer, but it's not easy. (…)"* Service user (Focus Group, Lubelskie)

Additionally, the absence of effective career guidance, limited access to tailored and flexible vocational education, and inadequate support for entrepreneurs and farmers compound these difficulties. There is a pressing need for upskilling and reskilling initiatives, particularly in digital and green skills, to better equip the rural workforce for the evolving demands of the labour market. The lack of effective incentives motivating people to be professionally active and return to employment after a long period of unemployment is listed among the challenges in the interviews conducted in Lubelskie.

As mentioned above, people with disabilities face difficulties in accessing the labour market due to limited support mechanisms, a lack of awareness, and knowledge among employers regarding how to include them in the workplace. Limited job opportunities often affect these groups disproportionately and cause skills-mismatch. More targeted policies and community-based initiatives, such as peer learning and mentorships, are needed in rural areas. Targeted initiatives that both address the needs of people with disabilities and support employers through awareness-raising and financial initiatives are among the many measures supported by evidence that should be put in place to support employers to create inclusive workplaces and to help people with disabilities access the labour market. Such efforts are key to enabling meaningful access to the labour market and unlocking the full potential of individuals with disabilities. The words of a young woman with a severe physical disability and speech impairment who attended an innovative project aiming to support young people with disabilities to enter the labour market reflected this need:

*"It was the first service where I felt taken seriously as a potential employee — not just a recipient of charity."* - Service user, (Focus Group, Kosice)

Agricultural and farming production is essential in rural areas. For instance, in Kythera, an interviewee highlighted the need to support local agricultural activities and production, as farmers face difficulties in earning a sustainable income. Besides, more frequent veterinarian and agronomist services are needed on the island.

## 4.6 Healthcare

In addition to the above-mentioned shortages of healthcare workers, the main problems in rural areas regarding accessing healthcare are the long distance to hospitals and inadequate health infrastructure. Long travel times, limited transportation to access to healthcare facilities, and high travel costs limit healthcare access for rural populations.

*"To access medical services, people who live farther away must arrange transportation to that (healthcare) point, and because of this, sometimes they do not receive the services they need on time."* (Interview, Maramureș and Suceava)

There is a need for trained staff who can support a population that is growing older to address medical deserts in rural areas. A medical desert refers to areas where people face limited access to healthcare due to a shortage of providers, extended waiting times to see a health professional, and long travel distances to reach medical facilities.[104] There are many good initiatives to solve this issue, such as providing opportunities for doctors or medical students to serve in rural areas and, most commonly, providing telehealth services. In Ireland, the programme called 'the International Medical Graduate Rural GP' aims to identify, support, and integrate a cohort of General Practitioners (GPs) into the rural Irish GP workforce. It includes two years of self-directed learning and supervised practice.[105] Regarding telehealth services, for instance, in Greece, the National Telemedicine Network provides inhabitants of the islands with specialised and high-level health services without requiring them to travel, by implementing a new wireless network and upgrading the Data Centre. In France, Telemedicine in Bourgogne-Franche-Comté provided more than 12,000 tele-expertise acts and 17,000 teleconsultations in 2021.

*"An issue that has recently emerged concerns electronic prescriptions for medication. This process is now entirely digital, but our population is very elderly and not familiar with using technology."* (Interview, Konitsa)

The success of these initiatives depends on digital infrastructure and digital literacy among rural residents. Efforts to improve digital infrastructure in rural areas must be matched with increased capacity-building for local actors to optimise its use. However, many rural residents lack digital skills; in sparsely populated areas, fewer than half of households have at least basic digital skills, and only 20% have above basic skills.[106] Moreover, older people often have lower levels of digital skills compared to younger age groups.[107]

In addition to digital solutions, mobile services can also address the challenges associated with the remoteness of rural areas. For example, mobile health workers provide healthcare in Romanian rural areas to provide basic and advanced medical care, perform screening and diagnostic tests, and raise awareness of the importance of prevention and a healthy lifestyle among rural residents.[108]

[104] Monica G Brînzac, Ellen Kuhlmann, Gilles Dussault, Marius I Ungureanu, Răzvan M Chereches, Cătălin O Baba, Defining medical deserts—an international consensus-building exercise, *European Journal of Public Health*, Volume 33, Issue 5, October 2023, Pages 785–788, https://doi.org/10.1093/eurpub/ckad107
[105] Irish College of GPs, Programme Overview: About the IMG Rural GP Programme: https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/IMG-Rural-GP-Programme/Programme-Overview
[106] EU Rural Vision, 2023. Strengthening digital skills of rural people to benefit from the digital era: https://rural-vision.europa.eu/events/strengthening-digital-skills-rural-people-benefit-digital-era-2023-06-08_en
[107] Eurostat (2024) Digital skills in 2023: impact of education and age: https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240222-1
[108] Rural Pact Community Platform, Mobile health workers provide healthcare in Romanian rural areas: https://ruralpact.rural-vision.europa.eu/good-practice/mobile-health-workers-provide-healthcare-romanian-rural-areas_en

The findings from the interviews supported the previous studies showing that farmers face greater risks to their mental health due to long working hours, along with other factors such as financial insecurity, climate issues, and geographical or social isolation.[109]

## 4.7 Care sector

Lack of capacity in care facilities and home-based care, deepened by the shortage of care workers and underfunding in both residential and home care sectors, makes the situation harder for rural residents, with some difficulties in accessing assistance for home adaptations.

*"(…) keeping seniors in their homes in rural areas remains a challenge, particularly due to the lack of transportation and home care services."* (Interview, Bourgogne)

In the Bourgogne region, there are difficulties in accessing assistance for home adaptations that ensure autonomy in home-based care, such as installing ramps or stairlifts for older people and individuals with disabilities. These issues include funding challenges, limited access to information, and complex procedures needed to obtain this help. Town halls are trying to address this gap by informing residents about existing programmes, but specialised and structured support still remains limited.

Numerous challenges across different regions mark access to care services in rural areas. In Bourgogne, individuals with psychosocial and intellectual disabilities experience delays in receiving the support and adjustments needed for their situation to be recognised by administrative and medical authorities. One interviewee mentioned that this depends on limited awareness among medical professionals in rural areas, which in turn delays access to support. In Kythera, older people without family support struggle to access care, as existing facilities are already at full capacity. In Maramureș and Suceava, interviewees highlighted significant service gaps, particularly the lack of preventive and person-centred approaches, with social services often lacking meaningful involvement of service users to shape the care they receive. Excessive bureaucracy often limits the provision of actual care for vulnerable people. In the region of Kosice, the transition from institutional to community care is slow, local governments face funding constraints and insufficient group-specific social care services to deliver inclusive, community-based care, especially for older people, the homeless, individuals with disabilities, those with addictions, and marginalised communities. Finally, in Lubelskie, insufficient care services for children and older people lead to the exclusion of family members, primarily women, from the labour market, as they are forced to take on their caregiving responsibilities by themselves.

## 4.8 Housing

Housing-related challenges, including substandard housing and homelessness, are often overlooked due to the dispersed nature of rural communities. Although visible homelessness is typically concentrated in cities, and as a result, most homelessness services are also located there, hidden homelessness in rural areas remains and is often an overlooked reality.[110] Recent OECD research shows that some groups, including rural residents, are more likely to experience hidden homelessness, and rural homelessness is often underreported because many of the common data

[109] EU CAP NETWORK, 2024, Mental health policy for EU farmers, https://eu-cap-network.ec.europa.eu/publications/policy-insights-mental-health-policy-eu-farmers_en#section--resources
[110] FEANTSA., 2023, Policy Statement Housing-led Solutions to Homelessness in Rural Areas, https://www.feantsa.org/download/rural_housing-led_final5672354006764517482.pdf

collection methods are not well-suited to capturing homelessness in rural areas.[111] This evidence gap results in barriers to formal support and reliance on informal networks.

The shortage of social housing and crisis shelters leaves vulnerable populations with limited options during emergencies. Rental support systems remain underdeveloped, making it difficult for low-income individuals to access or maintain stable housing. These issues are compounded by affordability problems and support gaps that disproportionately affect marginalised groups such as Roma communities and migrants, further deepening social and economic inequalities. In the Kosice region, a service user from the Roma community residing in a crisis shelter emphasised that the housing offers not only a place to stay but also a sense of community and normality:

*"We are surrounded by people with similar struggles. We go together to the playground (a common area) or to buy food—it feels normal, and that helps."* - Service user (Focus Group, Kosice)

In the Bourgogne region, there is a high demand for social housing, particularly among single-parent families, older people and people with disabilities; however, there is a clear mismatch between the available housing supply and actual needs, with many large homes available while the demand is for smaller, accessible units. In Kythera Island, the high rental cost of housing affects even the education sector, as substitute teachers who relocate to the island for nine-month assignments struggle to secure housing. Meanwhile, despite the city-level policies targeting social policies and services, in the Kosice rural and urban areas**,** there is still a need to shift from temporary aid to structured long-term solutions in housing stability for homeless individuals. In addition, there were cases in the Bourgogne region where the rules in emergency shelters (e.g. pet bans, schedules) prevented homeless people from using them.

## 4.9 Education

Educational challenges, starting with insufficient educational infrastructure (such as outdated facilities, lack of daycare centres for children) and ongoing teacher shortages, hinder the quality of learning.

*"The main social inclusion challenges faced by social services in the region are the lack of human resources in the mass educational system and insufficient infrastructure (e.g. the vocational special school is functioning with rent in a very old building, infrastructure is not modernised, transport for some of the children with special needs that come from the rural area is done with an old mini-bus)."* (Interview, Maramureș and Suceava)

The interviewees highlighted that early childhood education and care facilities often are not sufficient, disproportionately affecting the labour market integration of rural women, as mentioned in another Horizon project, Grass Ceiling.[112]

Vulnerable students, such as Roma children in Romania and Slovakia, often face high dropout rates due to a lack of targeted support and resources. In Maramureș and Suceava, children from disadvantaged families face difficulties accessing hot meals, extracurricular activities, and school supplies, as schools are unable to provide them.

[111] OECD, 2025. OECD Monitoring Framework to Measure Homelessness
[112] Grass Ceiling, Breaking the GRASS CEILING in rural and agriculture policy: https://www.grassceiling.eu/about-2/

According to Eurostat, the rate of young people neither in employment nor in education and training (NEET) was higher among those living in rural areas in the EU. Also, the share of the EU's working-age population living in cities who participated in formal education and training was more than double the corresponding share for the working-age population in rural areas (4.1 %).[113] The findings from the interviews reflect this, with one reason being the noticeable absence of inclusive, adult, and vocational education opportunities, which limit lifelong learning and employment prospects for adult learners, such as in Lubelskie. Additionally, for example, in the Kosice region, an interview emphasised that children with special needs do not have systematic programmes to enhance their skills and abilities, and there is a need to support them in a gradual transition from learning to employment with appropriate assistance.

These issues are further affected by broader human resources challenges within the education sector, affecting recruitment, retention, and training.

## 4.10 Digital exclusion

Many innovative initiatives ensure the availability of rural services through digital means, as long as the rural population has access to the internet and has digital literacy skills to be able to use them. In EU Member States, these initiatives—EU, national, and local—aim to serve various groups, including youth,[114] women,[115] and older people.[116]

The interviews show that digital exclusion is still a challenge that needs to be addressed in the pilot areas, especially for vulnerable groups, such as older people. As mentioned in the healthcare section, in Konitsa, particularly due to the shift to electronic prescriptions, older residents struggle to navigate the new digital system. There is a need to consider the needs of specific groups and their skills to access such digital solutions, ensuring the services are accessible to them. In Maramureș and Suceava, poor internet access in certain areas creates digital exclusion for some rural residents.

Across pilot regions, digital solutions are frequently mentioned as a way to tackle challenges related to different aspects, such as online learning opportunities, telemedicine, online counselling, and digital administrative solutions for remote areas.

## 4.11 Community participation

In rural areas, limited community spaces and inadequate infrastructure available for public use often restrict community, leisure, and cultural activities, particularly those that address the diverse needs of the population.

For instance, in Kythera, interviewees mentioned the lack of leisure activities targeting children and youth specifically. Sometimes, even though there are activities in the area, due to the lack of transportation services, not everyone can enjoy them. Social isolation and low civic engagement are mentioned as common issues among rural communities; an interviewee mentioned that in Konitsa, residents might be reluctant to engage in such community events, as they are not used to actively

[113] Eurostat, (2024) Statistics Explained: Urban-rural Europe
[114] European Council, Council of European Union. (2024). '*Glocal' opportunities for young people in rural and remote areas: Council approves conclusions*. Press release: 'Glocal' opportunities for young people in rural and remote areas: Council approves conclusions - Consilium
[115] European University of Technology, Greenworal project: Université de Technologie Européenne
[116] Rural Pact Community Platform, VirtuALL supports an active ageing in rural areas of the central region of Portugal:https://ruralpact.rural-vision.europa.eu/good-practice/virtuall-supports-active-ageing-rural-areas-central-region-portugal_en

participating in such activities. Limited spaces for hosting social and community events in underserved areas, both in Lubelskie and Kosice, decrease the possibility of active community participation.

On the other hand, the Eastern and Midland Regions have strong grassroots and community activities that overcome social isolation and provide timely responses to cover the needs of the rural population (including marginalised communities), as rural residents understand their context and its needs better to identify their challenges. However, grassroots initiatives struggle due to rising costs, limited funding, lack of volunteer recognition of their work and over-reliance on charity. The designated spaces to facilitate community participation do not always ensure accessibility and inclusivity for vulnerable groups.

*"Many social and community groups are forced to meet in unsuitable locations or are left with no space at all, which directly impacts their ability to function effectively and provide necessary services."* (Interview, Eastern and Midland Regions)

Among the pilot areas, Kythera has a unique legal status called "Eghorios Periousia (Domestic Property)".[117] Under this system, any space not privately owned automatically belongs to the residents of Kythera. This arrangement allows the community to manage local resources directly, without needing approval from the central government. As a result, decisions are made more quickly, projects are implemented more efficiently, and social programmes can be developed based on the community's actual needs**.** As one of the interviewees said, '*we are sceptical on the initiatives coming from outside',* when the initiatives are born in the communities, they attract more people as they address the real needs and give ownership to the rural residents.

## 4.12 Gender equality

In the previous section, the limited inclusion of women's voices in rural policymaking and the disproportionate impact of care responsibilities on their access to the labour market were highlighted. These critical issues must be addressed to ensure equal access to services for all rural residents, regardless of gender.

Additionally, in Maramureș and Suceava, an interviewee mentioned that there are limited crisis intervention and emergency services for victims of domestic violence in rural areas, which can make it difficult for many women to access timely support and protection, aligning with the findings of a European Parliament-commissioned study.[118]

[117] Committee of Domestic Property of Kythera and Antikythera, Historical Facts and Legal Status: https://eghorios.gr/istoria/
[118] Meurens et al. (2020) European Parliament Study Requested by the FEMM committee Tackling violence against women and domestic violence in Europe: The added value of the Istanbul Convention and remaining challenges:https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658648/IPOL_STU(2020)658648_EN.pdf

# 5. Successful social services or initiatives supporting rural communities

To address the challenges listed above, various services and innovative initiatives have been implemented across rural regions. In this section, we present findings from desk research (focusing on international, EU-level and national initiatives) and interviews (focusing on national and regional contexts of the pilot regions), highlighting the characteristics of effective practices and providing detailed information about their approaches, target groups, and other key aspects.

## 5.1 Desk research findings: trends and characteristics of practices

During the desk research phase, researchers identified a total of 457 initiatives, 349 from pilot areas and 108 from EU and international good practices. Initiatives related to social care were the most prominent. Among the remaining initiatives, healthcare and social inclusion emerged as the two most common themes. The number of initiatives shows disparities between regions, which may also be explained by slightly different approaches used by each researcher to identify initiatives. Our aim was to provide an overall picture of the types of these initiatives and their target groups, as well as to identify commonalities among them, not to compare them in terms of numbers.

At the EU and international levels, the most frequently addressed themes included healthcare, gender equality, social participation and engagement, and economic security and employment. Given the emphasis on the EU, 74 initiatives were identified from EU Member States (EUMS), and 27 EU-level initiatives mainly related to policy and funding, which target the rural population specifically or fall under broader target groups.

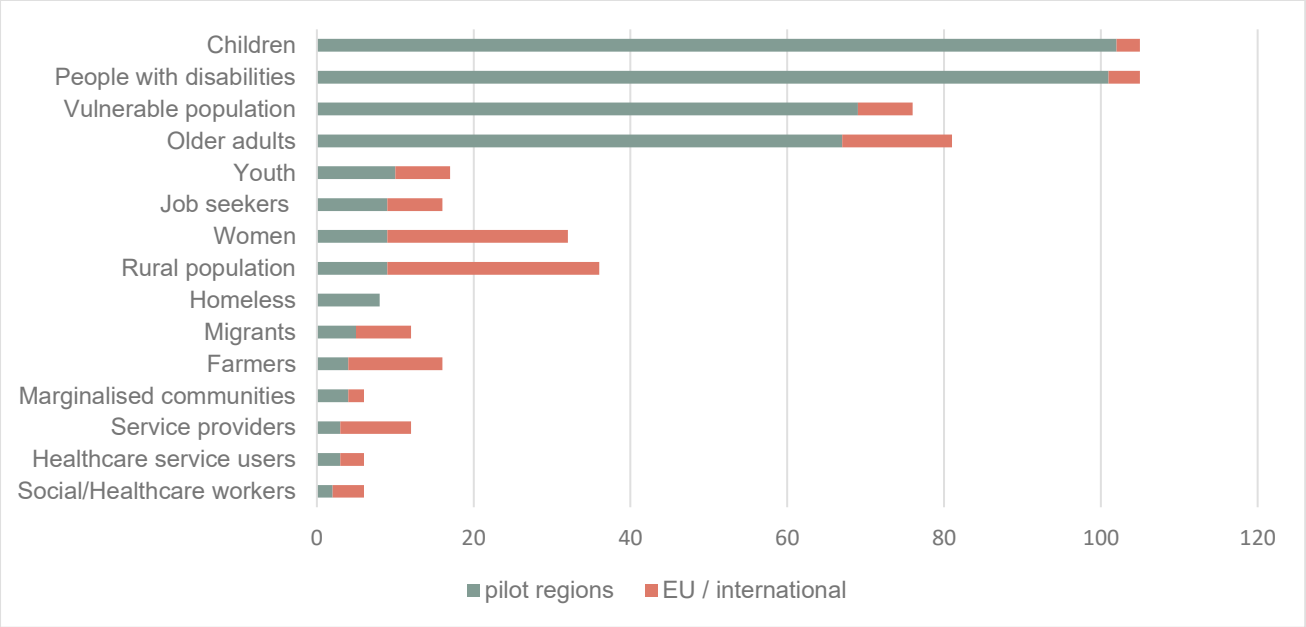


*Figure 7: Target groups in the initiatives identified by the desk research*

The most targeted groups in the identified initiatives include children, people with disabilities, vulnerable populations, and older adults. Other key groups addressed are women, youth, job seekers (including the unemployed, NEET individuals, and entrepreneurs), farmers, and migrants (including asylum seekers and refugees). Initiatives also focus on service providers, including local authorities, NGOs, and community centres, marginalised communities (e.g., Roma, Irish Travellers), social and healthcare workers (including care workers and medical students), homeless individuals, and healthcare service users. While some initiatives are specifically tailored to one or more of these groups, others take a broader approach, often targeting the general rural population without explicitly identifying any specific group. For those initiatives aimed at vulnerable people, the targeted groups are frequently described in terms such as vulnerable individuals, families in need, those at risk of poverty, disadvantaged groups, low-income households, people in crisis, or victims of domestic violence.

When we only focus on the pilot areas and initiatives targeting rural regions, including those solely focused on rural areas and those covering both rural and urban regions in the pilot areas (122 initiatives), we find that the same groups are most targeted. Among 122 initiatives, 91 focus specifically on rural areas, and 31 include the rural population, but their focus is more general population.

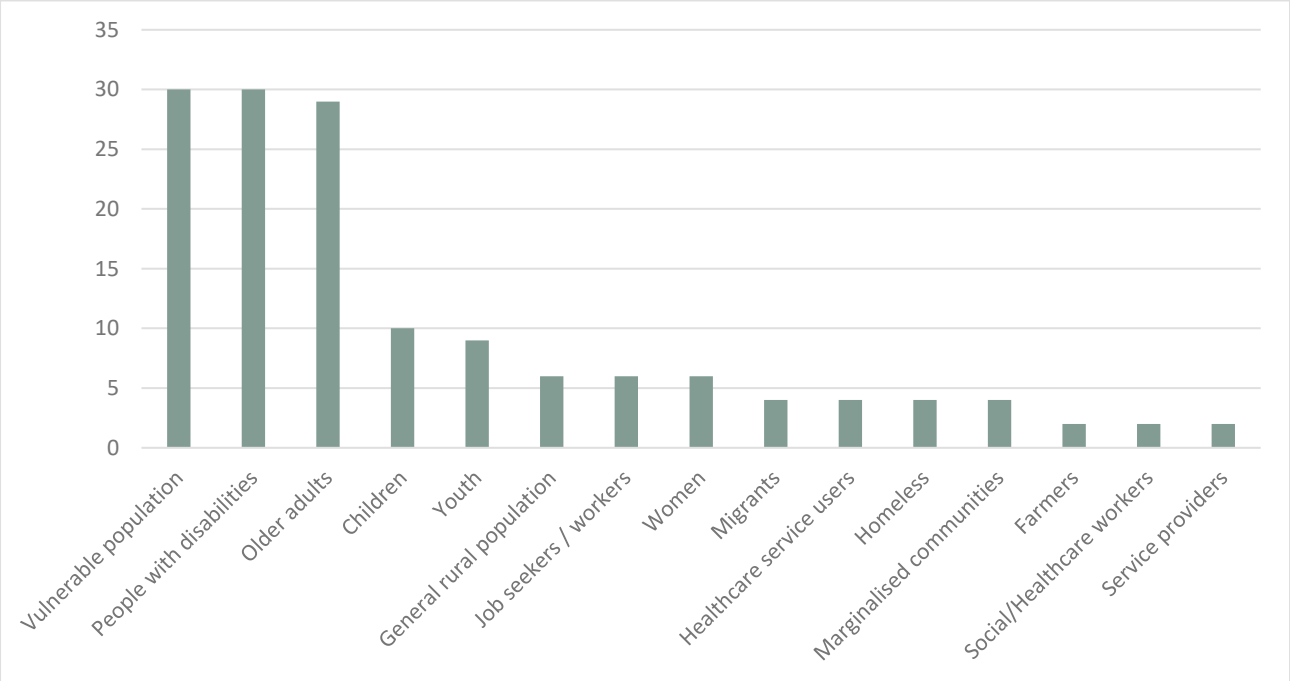


***Figure 8: Target groups in the initiatives identified by the desk research in pilot regions, targeting rural residents***

Initiatives targeting children primarily focus on social care and social services. On the other hand, those aimed at older people go beyond social care to include efforts to improve healthcare accessibility, such as through telecare, telemedicine, and mobile healthcare, enhance living conditions, increase digital literacy, promote active ageing, and reduce social isolation.

Services targeting social inclusion for vulnerable groups are diverse, from employment support and improved living conditions to social inclusion. For instance, for people with disabilities, the focus is on

providing care, supporting employment, improving access to healthcare, and fostering social inclusion.

Initiatives targeting women, such as women entrepreneurs, migrants, farmers, and mothers, aim to promote gender equality by empowering women in rural areas, increasing the visibility of their achievements (especially in farming and production), and providing opportunities to balance family and career responsibilities. This includes ensuring access to childcare facilities and raising awareness about gender issues.

### 5.1.1 Initiatives emerging from interviews: trends and characteristics

203 practices, initiatives or projects addressing the challenges faced in rural areas were mentioned by stakeholders in the interviews. The initiatives have different scopes, from community-led activities to regional/national-led policies. In the tables below, you can find the details of the thematic focus of these practices by the pilot areas and themes.

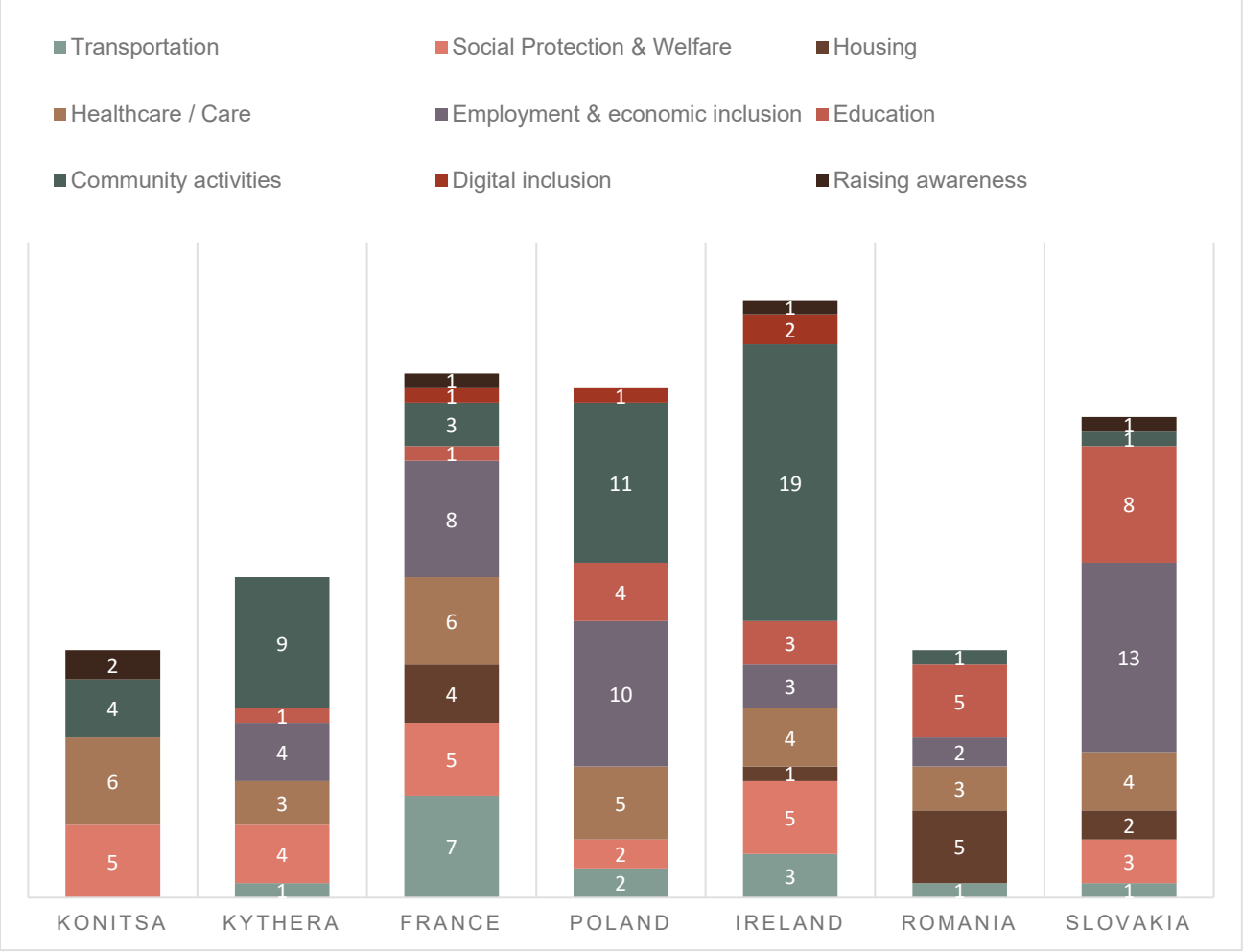


*Figure 9: Good practices identified in interviews, by thematics and countries/pilot cases*

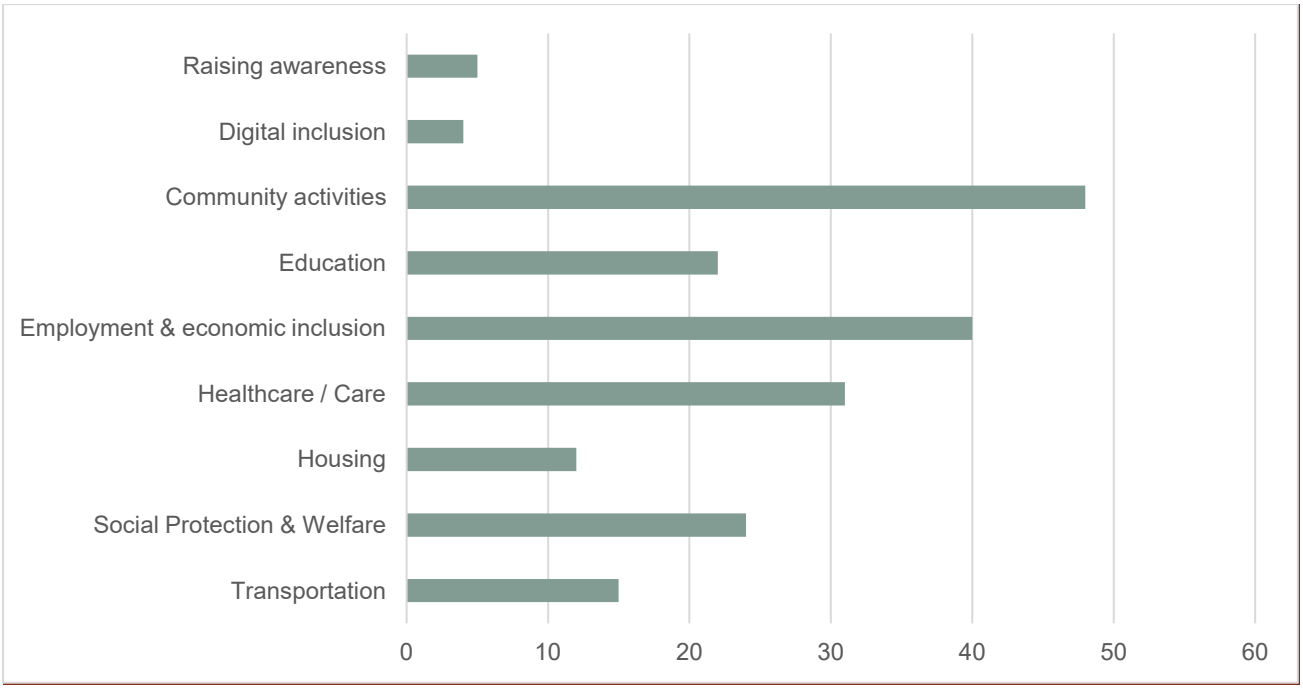


*Figure 10: Good practices identified in the interviews, by thematic areas*

**Community activities** involve various initiatives led by local groups, targeting either the broader rural population or specific populations within. These activities create opportunities for individuals to increase social participation and inclusion, foster intergenerational and intercultural exchanges, reduce social isolation, and engage in leisure, sports, or cultural events, hence improving their well-being. The results of interviews highlight the crucial role of active community participation in addressing the challenges faced by rural areas. Especially in Eastern and Midland Regions, Lubelskie and Kythera, such initiatives are the most common ones, showing the high community involvement in social inclusion activities.

Efforts to promote **employment and economic inclusion** in rural areas often involve a range of targeted initiatives. These include inclusive employment programmes designed to support specific groups, such as people with disabilities and young people. Job training programmes, apprenticeships, internships, vocational education and entrepreneurship training help individuals develop relevant skills and access meaningful work opportunities. Upskilling initiatives aim to ensure the rural workforce remains adaptable and competitive. Financial literacy initiatives empower rural residents to manage their resources better, while programmes focused on improving local production and reviving traditional skills and craftsmanship help stimulate local economies. The creation of co-working spaces supports remote workers based in rural areas.

To improve **healthcare and care provision** in rural communities, several strategies have been adopted. These include offering incentives to medical students to practice in rural areas and implementing mobile and digital healthcare solutions to increase access for healthcare beneficiaries. Assistance for home adaptations, especially for older adults or disabled residents, is also provided to support independent living. Furthermore, adapting homes to be dementia-friendly ensures safer living environments for those affected. Investments in hospital infrastructure and the availability of mental health support services, focusing on raising awareness of mental health issues, help meet critical health needs. To address the challenges caused by the remote locations of some pilot areas, some

initiatives are creating alternatives, like in Kythera, where the evaluation committee travels to the island to ease the process for patients with sclerosis to obtain disability certificates.

**Transportation** is a cross-cutting issue that plays a vital role in supporting solutions across various thematic areas. For example, ensuring access to transportation is essential for enabling apprenticeships in rural areas, providing student transport, supporting care workers in reaching service users, facilitating mobility for older adults and people with disabilities, and offering dedicated transport to hospitals and healthcare facilities**.**

### 5.1.2 Common characteristics of social inclusion practices in rural areas

Prominent practices in rural development share several common characteristics. Many adopt a holistic approach, simultaneously addressing the root causes of challenges and their resulting effects. Rather than focusing on isolated issues, these initiatives tackle multiple, interconnected factors impacting rural well-being, such as housing, health, and education. Strong stakeholder partnerships are key, with effective collaboration between local authorities, NGOs, community groups, the private sector and service providers. Inclusive and participatory design ensures that initiatives are shaped by the voices of rural residents, including marginalised groups, fostering both relevance and local ownership. Person-centred and tailored support is customised to meet individual needs and reflect local contexts, avoiding generic, one-size-fits-all solutions.

Special attention is given to the inclusion of individuals requiring specific care, such as people with disabilities, migrants, marginalised groups, vulnerable individuals and those affected by age-related differences. Gender and age (including youth, children, and older adults) related issues are covered in many of the initiatives identified. Rural sectors (such as farming), and the needs of professionals and organisations working in rural areas are also considered.

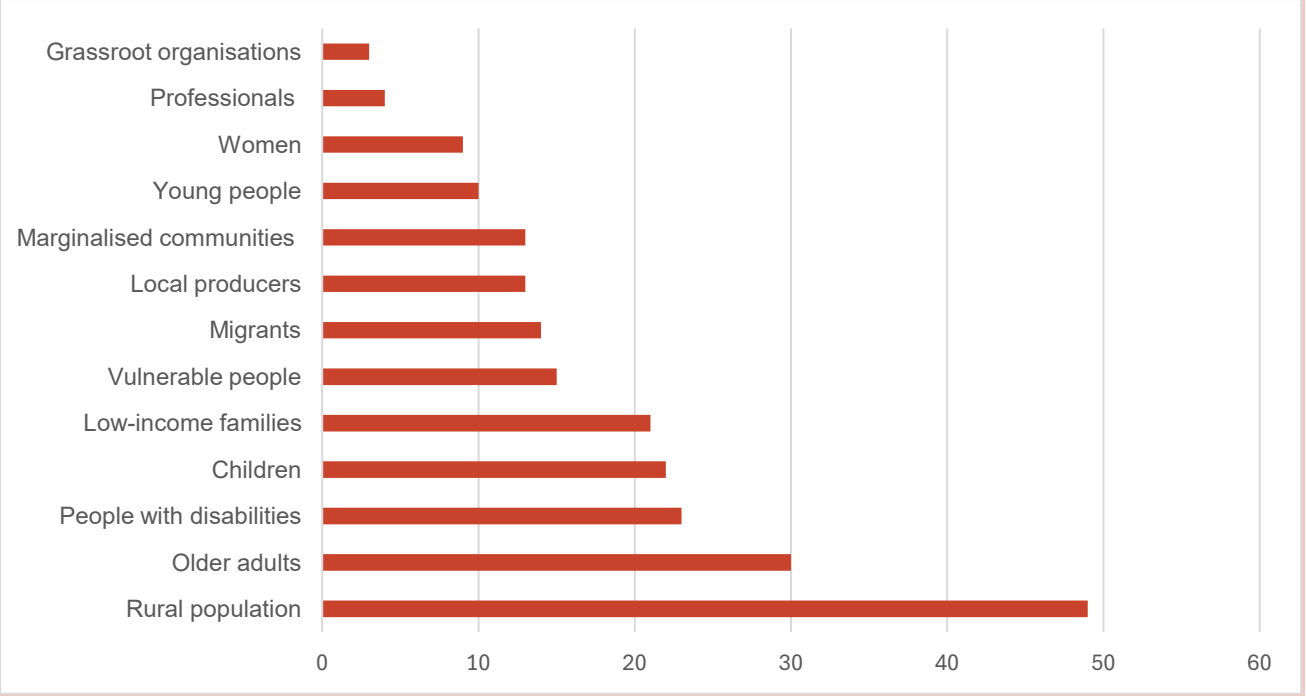


*Figure 11: Good practices identified in interviews, by target groups*

## 5.2 Focus group findings: good practices from pilot areas

14 focus group discussions with both service users and providers from selected examples of good practice took place in the pilot areas. Additionally, ESN reached out to its member organisations to collect good practices. In this section, we present good practices in detail, outlining their key indicators, objectives, target groups, impact, sustainability, and potential for replication.

The most mentioned theme was social inclusion, followed closely by community engagement, particularly grassroots initiatives that respond directly to the real needs of rural areas. Other frequently mentioned themes included tailored and personalised support, dedicated staff and volunteers, and a holistic approach that recognises the interconnected nature of challenges and addresses them comprehensively. Participants also emphasised accessibility and flexibility to meet the diverse needs of rural populations, the importance of leaving no one behind, and the integration of mental health and psycho-social support to ensure overall well-being. Further themes included empowerment and independent living, with services such as training, labour market integration support, and home adaptation, as well as a strong focus on the sustainability of these initiatives. The most common themes discussed were social inclusion, social participation and engagement, accessibility and living conditions during the focus group discussions while learning more about the good practices.

Since social inclusion is a common thread across all initiatives, it has been isolated as a separate theme. The graph below presents the main objectives of the initiatives, with the most prominent being living conditions, economic security, employment, and social participation.

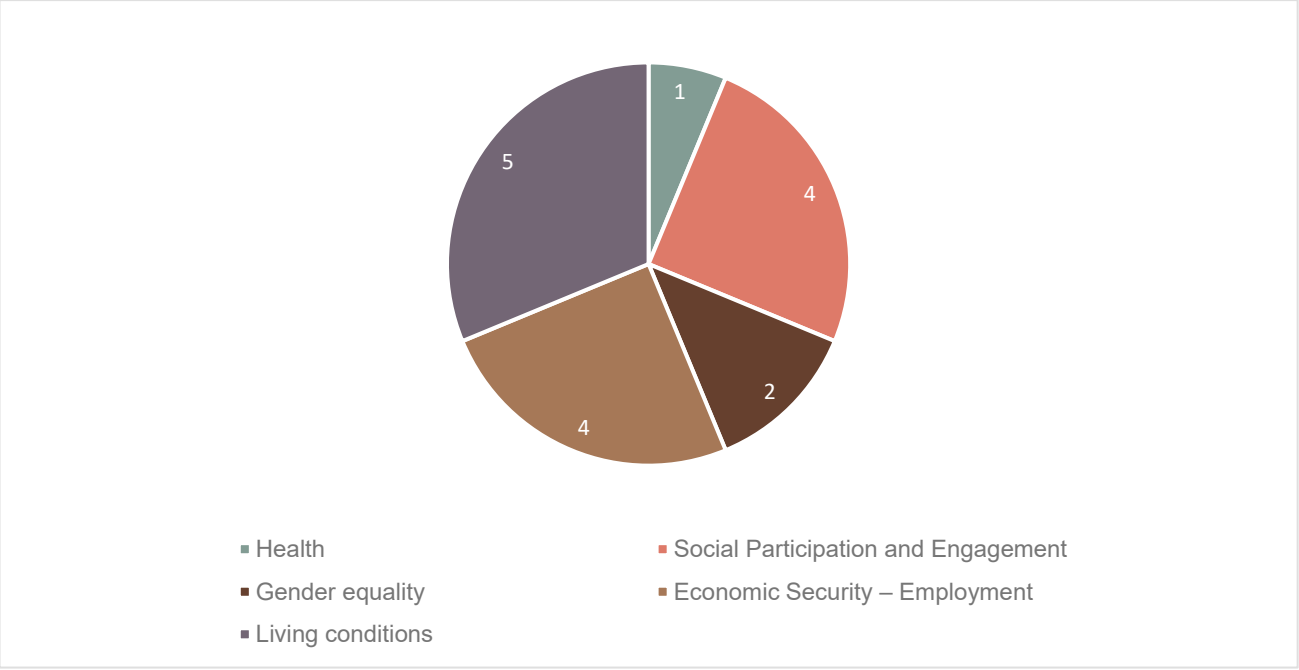


*Figure 12: Main themes of the initiatives discussed in the focus groups*

First, the focus groups aimed to assess the effectiveness of social inclusion services and initiatives in rural areas by applying the same assessment indicators used in the previous mapping process. Particular attention was given to identifying both the strengths and areas for improvement of these services, capturing perspectives from end-users as well as service providers. The discussions also

examined user experiences, including accessibility, quality, and adequacy of services, while providers were encouraged to share the challenges they encounter in service delivery and propose ways to improve them. To ensure consistency, the good practices were presented in line with the same social inclusion indicators applied during desk research—namely, economic security and employment, health and well-being, and social participation and engagement. Given the importance of sustainability, particular emphasis was also placed on innovation and scalability as cross-cutting dimensions.

The information presented here was based on data provided by the pilot partners and their assessment of the practices, considering insights from both service users and providers. The practices target vulnerable groups, including people with disabilities, low-income families, the unemployed, migrants, older people, and rural residents, including women, young people, and farmers. Some of the practices are directly related to social services, while others focus on overall social inclusion.

The examples presented in this report were selected by partners to illustrate a diversity of local responses to rural social challenges. They do not represent endorsements by ESN, nor should they be seen as ready-made models to follow. Instead, they emphasise both the potential and limitations of initiatives that emerge in contexts where public services are insufficiently resourced. ESN maintains that long-term, sustainable solutions require systemic, rights-based social services led by public authorities, complemented by community actors.

### *Traditional rural areas*

| *Nostos Boarding House: Psychosocial Rehabilitation Unit* | |
|---|---|
| **Location:** Greece, Konitsa<br>**Type of location:** Traditional rural<br>**Main theme(s):** Health<br>**Sub-theme(s):** Mental health, Empowerment | |
| **Objective:** To provide a nurturing environment for the short—and long-term recuperation of patients, restore competencies impacted by mental health problems, and integrate them into the community.<br><br>**Target Group:** People with intellectual disabilities and secondary psychiatric disorders. | **Impact Assessment by Indicators:**<br><br>**Health & Well-being:** Provides structured support for people with intellectual disabilities. Focuses on improving quality of life through life skills training in hygiene, nutrition, and daily routines, enhancing both physical and mental well-being.<br><br>**Living Conditions:** Offers stable housing in a supportive environment. |

**Summary:** This Psychosocial Rehabilitation Unit provides high-level, community-based care for individuals with intellectual disabilities and secondary mental disorders, formerly long-term residents of a psychiatric hospital. Rather than institutionalisation, the focus is on independent living, social reintegration, and ongoing support within the local community.

**Strength:** Every patient has a staff member as their person of reference for their needs, ensuring a good patient/caregiver ratio. A personalised mental health care regime is practised. Support and treatment are tailored to the specific needs of each individual. Several innovative mental care methodologies are in place, and the patients are involved in local community activities. It stands out for its holistic approach to recovery, inclusion, and stigma reduction.

**Areas for Improvement:** Like similar ones, this facility can only host a limited number of patients. The waiting list is long, and it may take one or two years for a patient to be accepted.

🤝 **Social Participation:** Encourages reintegration through group activities such as cooking, gardening, therapy, and local excursions. These foster social skills, reduce isolation, and help build meaningful ties with the local community.

🚀 **Innovation & Scalability:** This model combines individualised psychological care with group therapies such as music sessions, and structured physical activities. A distinctive feature is the active involvement of the local community, which strengthens social ties and creates a supportive environment. Replication depends on maintaining a dedicated caregiving approach, making the human element—qualified staff and strong local participation—the central innovation.

🌍 **Overall Impact:** It provides a secure environment where the personalised needs of the patients are met. The care workers are helping residents to learn to take care of themselves and be able to function as members of the community once they are ready to live independently again.

*"The strength of this practice is love and care."*
Service provider

## *Women's Association Myrtali*

**Location:** Greece, Konitsa
**Type of location:** Traditional rural
**Main theme(s):** Social Participation and Engagement, Gender equality
**Sub-theme(s):** Community activities, Raising awareness, Empowerment

**Objective:** To support the women of Konitsa through collective action and cultural and educational activities aimed

**Impact Assessment by Indicators:**

💼 **Economic Security:** Efforts are being made to expand the Association's activities with the aim of

| | |
|---|---|
| at fostering social inclusion and women's empowerment, raising awareness on physical and mental health, and advocating against gender-based violence.<br><br>**Target Group:** Women.<br><br>**Summary:** Its mission centres on promoting social inclusion through community-based collective action, empowering women, fostering cultural activities, and celebrating local gastronomical traditions. The association organises events such as recreational activities and theatrical group participation while prioritising women's personal growth and mental and physical health awareness.<br><br>**Strength:** The association's key strengths are the number of its members, their enthusiasm for the common cause that unites them, and the support they show for each other with a strong sense of friendship.<br><br>**Areas for Improvement:** The association does not have regular funding sources except for its members' annual fees. The financial crisis and COVID-19 have negatively impacted participation in collective activities and initiatives. | economically and professionally empowering women by promoting traditional products and recipes.<br><br>**Health & Well-being:** Informational activities and events are being conducted focusing on physical and mental health, combating stigma, and empowering women against all forms of gender-based violence.<br><br>**Social Participation:** Empowerment of women through teamwork, participation in artistic and informational activities, as well as promoting volunteerism and solidarity.<br><br>**Innovation & Scalability:** The newly established Myrtali Association aims to harmoniously integrate the values of the past with the knowledge and technology of today. Women's Associations are a common institution aimed at improving women's social roles and addressing social issues.<br><br>**Overall Impact:** It improves the well-being of rural women, empowers them, and fosters community participation, indicating strong evidence of successful social and cultural development. |

*"Our first meeting showed how much the woman needed it (this initiative) because there was no women's association (…) we expected 50 women and almost 200 women showed up.* " – Service Provider

*" To be strong together. That's our strength*" – Service user

## *Sanctuary Runners: Walk & Talk*

**Location:** Ireland, Dún na Sí Heritage Park, Moate, Eastern and Midlands Region
**Type of location:** Traditional rural
**Main theme(s):** Social Participation and Engagement, Social inclusion

**Sub-themes(s):** Community based activities, Inclusion of migrants
**Website:** https://sanctuaryrunners.ie/who-we-are/

**Objective:** To contribute to the social inclusion of migrants through community engagement, language development, psychological support and practical assistance.

**Target Group:** Migrants (including asylum seekers, refugees), all residents.

**Summary:** This initiative blends physical activity with community-building goals. This nation-wide solidarity through sports initiatives brings together asylum seekers, refugees, migrants, and Irish residents to walk and socialise in a local park. Participants meet regularly for group walks that facilitate language practice, cultural exchange, and emotional support. The program also uses a WhatsApp group to maintain connection and offer ongoing practical and emotional assistance. It is volunteer-driven, low-cost, and inclusive of both migrants and the home community.

**Strength:** The initiative stands out for its people-centred, culturally sensitive, and inclusive approach, fostering connections and a strong sense of belonging among newcomers and residents. Its flexible, low-cost, and volunteer-driven model enhances community integration and mutual understanding across diverse backgrounds.

**Areas for Improvement:** The initiative faces sustainability risks due to limited funding, heavy reliance on volunteers, and rising costs, which increase the risk of volunteer burnout and service disruption. Additionally, transport barriers hinder accessibility, particularly for older people and families with children, limiting broader participation.

**Impact Assessment by Indicators:**

**Economic Security:** Creates networking opportunities and facilitates job connections by connecting people and sharing resources, as well as providing informal professional support.

**Health & Well-being:** Supports for mental health and well-being by creating a safe, inclusive environment that directly addresses social isolation and psychological challenges faced by its group members.

**Living Conditions:** Supports participants by creating networks, sharing accommodation information, and helping with community integration.

**Social Participation:** Creates an inclusive and transformative environment that breaks down cultural barriers and builds deep and everlasting connections. Participants come from over 24 different countries. They are all welcomed in a non-discriminatory way, with interaction encouraged, mutual understanding and trust.

**Innovation & Scalability:** The model stands out by combining physical activity with strategic integration goals. It goes beyond standard approaches by fostering a sense of family and belonging. The use of free, accessible platforms (e.g., WhatsApp), a low-cost structure, and volunteer involvement make it easy to replicate in various communities.

**Overall Impact:** Addresses multiple complex emotional, social, and practical needs. It breaks down cultural barriers, supports psychological well-being, and creates a sense of belonging to the community among diverse participants. Offering community-based connection and mutual understanding enables long-term inclusion in a way that traditional services often do not.

*"Walk and talk is always there to give a helping hand to someone who needs help."* – Service user.

## *Moate Library*

**Location:** Ireland, Moate, Co. Westmeath, Eastern and Midlands Region
**Type of location:** Traditional Rural
**Main theme(s):** Social Participation and Engagement, Social inclusion
**Sub-theme(s):** Community-based activities
**Website:** https://westmeathculture.ie/library/find-your-library/moate-library/

**Objective:** To support social inclusion of rural population, especially migrants, through educational support, social connection (hosting community groups and providing meeting spaces), practical assistance, accessibility and provision of free services.

**Target Group:** Migrants (including asylum seekers, refugees), older people, unemployed, children

**Summary:** It hosts English language lessons and is a venue for the Ubuntu choir. It also runs several initiatives, such as knit and natter, baby and toddler, and 'Advice on your device,' to keep older people and parents of young children included within the community. It provides tech support, free computer access, interview preparation, language support, charging stations, and meeting rooms. In addition, it provides a safe, warm space for members to wait for the bus outside of library hours.

**Strength:** It demonstrates a strong commitment to fostering an inclusive, welcoming environment where all community members, regardless of background, feel supported. The initiative ensures accessibility, offers practical

**Impact Assessment by Indicators:**

**Economic Security:** The organisation indirectly supports economic security by providing technology resources for its members, such as free laptops and computer access. It also supports career advancement through job interview preparation support and private interview spaces.

**Health & Well-being:** The initiative reduces social isolation by fostering social connections within a safe and welcoming space, which strengthens community ties and improves emotional well-being. Activities such as yoga and Pilates classes support both physical health and mental resilience, while the provision of space for health-related workshops enhances awareness, knowledge, and self-care practices. Together, these activities contribute to better overall health and well-being for participants.
Reduces social isolation through social connections, a safe and welcoming space. It hosts Healthy Ireland-funded activities.

**Living Conditions:** The library's role is in providing supportive infrastructure (e.g., offering a warm space) rather than direct housing solutions. However, it can help people reduce heating costs at home by offering a warm space to stay during the day without cost.

**Social Participation:** Creates many opportunities for social interaction through multiple community groups, such as mother/baby groups and provides a

| | |
|---|---|
| assistance, and creates a safe space for meaningful connection and participation.<br><br>**Areas for Improvement:** The library faces space and staffing limitations, funding constraints tied to past usage, and technology barriers for users with low digital literacy. Additional challenges include limited accessibility due to language and awareness gaps, reduced evening access, and insufficient resources to meet community needs fully. | safe and inclusive environment hosting diverse activities for social interaction, such as exhibitions and supporting people for whom English is not their first language.<br><br>🚀 **Innovation & Scalability:** Offers a very adaptable community hub model and flexible programming with scalable service concepts that are low-cost in terms of community engagement. For this to be replicated, it needs to understand the needs of the locals who use the service and secure consistent funding.<br><br>🌍 **Overall Impact:** A holistic and innovative approach to social inclusion that addresses both emotional and practical needs. It reflects a deep commitment to empowering diverse groups through accessible, community-driven support and lasting interpersonal connections. |

"*We pride ourselves on being a place of welcome and inclusion*"
Service Provider

## *Local professional activation programme for women – "New Start"*

**Location:** Poland, Lublin Voivodeship Parczew District
**Type of location:** Traditional rural
**Main-theme(s):** Economic Security – Employment & Gender equality
**Sub-theme(s):** Gender inclusive employment, Vocational education, Care support

| | |
|---|---|
| **Objective:** To support unemployed women—especially single mothers and long-term unemployed—in accessing sustainable employment through tailored vocational training, psychological support, flexible scheduling, care support, and career counselling.<br><br>**Target Group:** Unemployed women (especially single mothers and long-term unemployed).<br><br>**Summary:** This initiative offers vocational training in high-demand | **Impact Assessment by Indicators:**<br><br>💼 **Economic Security:** This program supports women in acquiring new qualifications, facilitates access to employment, helps them set up their own businesses, and provides career counselling and care services during the training to help users find a job.<br><br>💗 **Health & Well-being:** Mentoring and coaching enhance mental well-being and self-esteem. Employment promotes a sense of purpose and agency. |

sectors, mentoring, and career coaching, with a strong focus on women's specific needs. It ensures flexibility by offering childcare and care services during training sessions while also facilitating employer connections. By combining skills development with psychological and practical support, the program addresses both economic and social barriers to women's employment.

**Strength:** Special attention to the specific needs of local women, including childcare and psychological support.

**Areas for improvement:** Accessibility issues remain due to transport and mobility limitations.

🏠 **Living Conditions:** Employment or self-employment leads to income stability, which improves access to housing, food, and healthcare.

🤝 **Social Participation:** Creates peer and professional networks with other women and local employers.

🚀 **Innovation & Scalability:** This programme combines conventional training with tailored, socially responsive support. It is easily replicable in regions to address high female unemployment. The programme is replicable because its universal support model, adaptable training modules, and emphasis on partnerships with local institutions allow it to be tailored to diverse groups of women and easily implemented in different regional and community contexts.

🌍 **Overall Impact:** The innovation of the project lies in its integrated approach that combines vocational training, psychological support, and flexible scheduling with comprehensive care services, not only for children but also for other dependents, enabling women to overcome caregiving barriers and access employment opportunities in high-demand sectors.

## *Time for Youth – Youth Counselling Point in Parczew District.*

**Location:** Poland, Lublin Voivodeship Parczew District
**Type of location:** Traditional rural
**Main Theme(s):** Economic Security - Employment
**Sub-theme(s):** Youth Employment, Apprenticeships, Training

**Objective:** To help young people gain qualifications and work in local companies and industries of the future.

**Target Group:** Youth up to 30, residing in Parczew, registered as unemployed or job seekers.

**Impact Assessment by Indicators:**

💼 **Economic Security:** Helps young people break down barriers to employment, gain competences and achieve financial stability. In the long term, it reduces the risk of economic exclusion and gives young people a better start in adult life.

**Summary:** The programme, provided by the District Labour Office and financed by the Labour Fund, offers comprehensive support for young people through a blend of digital skills training, career counselling, psychological support, education and training information, as well as advice on housing, health, legal, financial, and social assistance. Additionally, a mobility voucher is available for participants to support some costs, such as a driving licence, laptop, bicycle, rent contribution, or monthly travel passes. It collaborates with local companies to provide internships and apprenticeships, while also offering flexible, remote learning formats to reach participants with accessibility barriers.

**Strength:** The model follows a “one-stop shop” principle, meaning that different forms of support are coordinated in one place. Training programmes are tailored to the needs of the regional labour market, which increases employability.

**Areas for improvement:** The programme supports the improvement of the beneficiary's living and housing conditions only indirectly, suggesting a need for more targeted measures in this area.

**Health & Well-being:** It reduces stress and social isolation and improves self-esteem. By getting a job or learning new skills, participants regain a sense of control over their lives, which has a positive impact on their well-being.

**Living Conditions:** The programme indirectly improves housing conditions by strengthening young people’s professional and financial situation, and directly through the mobility voucher, which helps cover selected mobility-related costs. By increasing opportunities for stable employment and financial independence, the programme reduces the risk of housing insecurity and supports more sustainable living conditions.

**Social Participation:** Allows young people to feel part of a wider community, including professional ones, which increases the sense of trust in others and social involvement

**Innovation & Scalability:** It goes beyond job placement, focusing on holistic development. Remote learning options and flexible training schedules improve access for people with caregiving responsibilities or mobility limitations. This integrated model is inclusive and adaptable across different regions.

**Overall Impact:** The initiative enhances social inclusion among young people by combining career development with personal growth. Participants improve professional skills, self-esteem, and social integration, becoming more likely to engage actively in their communities and pursue sustainable careers.

*Island & coastal areas*

## *Livadi Agricultural Cooperative*

**Location:** Greece, Kythera
**Type of location:** Island / Coastal
**Main theme(s):** Economic Security - Employment
**Sub-theme:** Empowerment, Cooperative, Local production

**Objective:** To empower oil producers, a vital industry for the island, by providing stability and security, enhancing teamwork, and boosting promotion and sales.

**Target Group:** Local Farmers (olive producers)

**Summary:** The "Livadi Agricultural Cooperative" has been operating on the island of Kythera for over 100 years. It consists of 262 members and covers a significant portion of the island's olive oil production. Its goal is to oversee, distribute, and improve the product while also protecting the producers.

**Strength:** The cooperative promotes security and a strong sense of teamwork among its members. With nearly half of its members being women and no apparent gender or age discrimination, it fosters inclusivity. Regular educational seminars and participation in European programs support its continuous evolution and modernisation.

**Areas for Improvement:** Limited state resources, bureaucratic hurdles, and the absence of supportive policies hinder the development and protection of the island's primary sector. Strengthening policy frameworks and reducing

**Impact Assessment by Indicators:**

**Economic Security:** Protects producers and improves product quality, providing scientific support and incentives for farmers.

**Living Conditions:** Improves the living conditions by improving the overall economic situation of producers.

**Social Participation:** Enhances the position of farmers and their role in the local community by promoting the identity and quality of local products.

**Innovation & Scalability:** While agricultural cooperatives are common, this cooperative stands out by integrating eco-friendly policies with innovative modern management practices. Its active participation in European programs has driven successful modernisation.

**Overall Impact:** The cooperative plays a vital role in supporting rural development, economic resilience, and social cohesion. By pooling resources, modernising production, and promoting local product identity, the cooperative helps small producers avoid exclusion and supports the island's rural community's long-term sustainability. It encourages inclusive participation, updates its operations, and adopts environmentally sustainable practices, benefiting local livelihoods and ensuring the enduring sustainability of rural area communities.

| | |
|---|---|
| administrative barriers are essential for its sustainable growth. | |

*"(The strength of the initiative is) Security, that's what I'd say. We are all here, one for all and all for one."* Service user

## *Holy Metropolis*

**Location:** Greece, Kythera
**Type of location:** Island/ coastal
**Main theme(s):** Living Conditions
**Sub-themes:** Basic Needs

**Objective:** To provide assistance (medical care, financial support, and spiritual assistance) to people in poverty, unemployed, older people, people with mental health issues, and individuals with disabilities.

**Target Group:** Local Community & Vulnerable Groups.

**Summary:** The volunteer group of the Holy Metropolis of Kythera, which is a church, organises activities and programs to support all vulnerable population groups. These initiatives respect each individual's dignity, freedom, and right to social protection, regardless of race, gender, age, religion, or nationality.

**Strength:** Its greatest strength lies in its inclusive, rights-based approach, offering dignified support to all vulnerable groups without discrimination. Backed by 25 years of volunteer-driven experience, it delivers vital material, psychological, and medical assistance that fosters safety, trust, and empowerment.

**Areas for Improvement:** This is a philanthropic and social initiative of the

**Impact Assessment by Indicators:**

**Economic Security:** Acts as an emergency response, striving to secure temporary employment for those in need through occasional job opportunities.

**Health & Well-being:** Supports people with mental health issues and disabilities regarding the medical care and provision of medication, and ensures full access to healthcare facilities through, for instance, covering transportation expenses to mainland Greece for medical treatment.

**Living Conditions:** Provides financial assistance and supplies essential goods, including, in some cases, covering housing costs for individuals in need.

**Social Participation:** This program aims to integrate individuals into the community by regularly contacting those in need and meeting with them weekly to encourage social engagement.

**Innovation & Scalability:** Although philanthropic funds with similar initiatives exist throughout Greece, the case of Kythira stands out for its interpersonal nature, personal involvement, and continuous monitoring of these individuals.

**Overall Impact:** This long-standing initiative provides comprehensive social care to vulnerable

| | |
|---|---|
| Metropolis, which should function only as a supplementary support system. Additionally, the poor connection between the island and the mainland creates various problems for its residents. | populations through a dedicated volunteer network. Focusing on dignity and non-discrimination, it ensures access to essential services and emotional support while building strong community partnerships. |

*"They are by my side not only in material ways but also spiritually. I feel safe, I feel that I am not alone in all this."* – Service user.

## *Peri-urban areas*

### *Mobil Eco*

**Location:** France, Bourgogne-Franche-Comté, Northern Yonne region
**Type of location:** Peri-urban (including rural and underserved areas)
**Main Theme(s):** Living Conditions
**Sub-theme(s):** Transportation

**Objective:** To provide accessible, eco-friendly transport options for people with disabilities, improving their mobility and independence while reducing environmental impact.

**Target Group:** People with disabilities and professionals.

**Summary:** Mobil'éco is a French association dedicated to promoting inclusive mobility and supporting professional integration. It offers a range of services aimed at facilitating transportation and employment access for individuals facing social and professional challenges. These services include solidarity transport, vehicle rentals, a solidarity garage, a social driving school, and mobility counselling.

**Strength:** The increased and tailored transportation options increase users' independence, reduce their

**Impact Assessment by Indicators:**

**Economic Security:** Facilitates access to workplaces, training centres, and job interviews by reducing mobility-related employment barriers and creates employment opportunities, either directly (e.g., through coordination roles) or indirectly (by enabling job seekers to access work).

**Health & Well-being:** Reduces isolation, particularly for individuals who lack transportation and fosters human connections and support networks.

**Living Conditions:** Improves access to essential services such as healthcare, education, and employment.

**Social Participation:** Strengthens trust and social cohesion by connecting people through a mutual aid network. It enables access to social, cultural, and professional opportunities that might otherwise be out of reach due to mobility constraints, promoting greater community engagement.

environmental footprint, and combine sustainability and accessibility.

**Areas for improvement:** The initiative also faces territorial limitations, as participants must be within predefined operational zones. Challenges include the limited availability of the service in rural areas and the high cost of specialised vehicles or infrastructure.

**Innovation & Scalability:** By leveraging community networks rather than traditional commercial solutions, it provides an adaptable and cost-effective alternative to public transport. The model is highly scalable, as it can be replicated in other regions where transport infrastructure is insufficient. Replication is feasible because the approach builds on existing resources, social trust, and locally available technology. However, its success may depend on local community engagement and institutional support.

**Overall Impact:** The initiative addresses mobility as a key determinant of economic participation and social inclusion. It helps vulnerable populations, such as low-income workers, job seekers, and individuals in isolated areas, overcome transportation barriers.

## *The Shared Garden*

**Location:** France, Bourgogne-Franche-Comté
**Type of location:** Peri-urban
**Main theme(s):** Social Participation and Engagement
**Sub-themes(s):** Community-based activities

**Objective:** To promote social inclusion and mental well-being through community-based gardening activities, and to empower people with disabilities by providing them with meaningful work and social interaction.

**Target Group:** Community members, including people with disabilities.

**Summary:** The shared garden is a communal space where multiple individuals or groups come together to cultivate plants, flowers, or vegetables. It encourages collaboration, sustainability, and community bonding by allowing people to share resources, knowledge, and gardening duties. These gardens are typically found in urban areas or neighbourhoods where private land is

**Impact Assessment by Indicators:**

**Economic Security:** Fosters skills in gardening and sustainability, which could lead to future employment opportunities in agriculture or community-based initiatives.

**Health & Well-being:** Growing fresh produce encourages a healthier diet and better nutrition. The physical activity involved in gardening contributes to overall fitness and reduces stress levels. Furthermore, spending time in nature has been linked to improved mental health, reducing feelings of isolation and fostering a sense of well-being.

**Living Conditions:** Improves access to fresh food.

limited, and they provide an opportunity for people to enjoy nature, grow their own food, and promote environmental awareness.

**Strength:** The shared garden fosters a sense of belonging, improving participants' mental health, and enabling skills development in a natural environment.

**Areas for improvement:** The garden faces challenges with long-term participant engagement, physical accessibility for people with disabilities, and, lastly, sustainability due to the need for continuous funding. Addressing these issues through adapted infrastructure, awareness efforts, and structured skill-building activities is essential.

🤝 **Social Participation:** Working together fosters community ties, strengthens social connections, builds trust, and develops a sense of belonging.

🚀 **Innovation & Scalability:** This practice uniquely combines environmental sustainability with social inclusion by engaging people with disabilities in nature-based work. Scaling it requires collaboration with local authorities and community partners to secure funding and land access.

🌍 **Overall Impact:** The shared garden initiative has a positive impact on social inclusion by bringing people together, fostering cooperation, and providing a space for learning and well-being.

## *Mountainous areas*

### *Poiana Stampei Commune Hall and Local Council – Social housing*

**Location:** Romania, Suceava and Maramures
**Type of location:** Mountainous area
**Main theme(s):** Living conditions
**Sub-theme(s):** Affordable Housing and Social Inclusion

**Objective:** To improve living conditions and economic security through the construction of affordable housing.

**Target Group:** Young families, low-income individuals, and vulnerable populations.

**Summary:** This practice involves building affordable apartments for young families and social housing for people in need, particularly in rural or underserved areas. It integrates practical design with

**Impact Assessment by Indicators**:

💼 **Economic Security**: Reduces housing costs and financial stress, indirectly boosts employment by providing a stable living base. In addition, the construction phase generates jobs.

❤️ **Health & Well-being**: Improves mental and physical health through stable, safe housing; it reduces stress and risk of homelessness.

🏠 **Living Conditions**: Directly addresses affordability and quality of housing, enhances quality of life and prevents overcrowding.

lifestyle elements like small-scale agricultural facilities, promoting both economic security and emotional connection to place.

**Strength:** The project was successful and well-received due to the quality of the apartments and strong community engagement. Communication channels (including social media) were diverse and effective for the youth phase, and the model has attracted interest from other municipalities.

**Areas for improvement**: The project lacks digital systems for managing application processes, and the conditions for accessing the service could be explained better to the communities.

🤝 **Social Participation**: Fosters a sense of community and engagement; however, it lacks structured social programs.

🚀 **Innovation & Scalability**: Includes creative rural-friendly elements (gardens, stables) which are highly replicable.

🌍 **Overall Impact**: Strong and sustainable impact on social inclusion. Addresses multiple dimensions of well-being, scalable with potential for further enhancement through support services.

## *Profesia Lab (Alma Career)*

**Location:** Slovakia, Kosice
**Type of location:** Mountainous
**Main theme(s):** Economic Security - Employment
**Sub-theme(s):** Empowerment

**Objective:** To support young people with disabilities to enter the labour market and to offer guidance to employers on how to support employees with disabilities.

**Target Group:** Young people with disabilities and employers.

**Summary:** Profesia Lab is a structured support and integration programme aimed at helping young people with disabilities enter the open labour market. The service combines multiple components: soft skills training, psychological support, CV building, job simulations, mentoring, and direct internships with companies.

**Impact Assessment by Indicators:**

💼 **Economic Security:** Offers structured pre-employment training focused on communication, task accountability, and simulated workplace challenges, directly supporting participants in transitioning to real job roles. Its approach, which combines individual preparation with employer awareness raising and workplace adaptation, strengthens long-term employment outcomes.

❤️‍🩹 **Health & Well-being:** Participation has proven emotionally stabilising, helping individuals regain confidence, a sense of purpose, and belief in their personal value. By fostering inclusion and belonging, the programme enhances mental well-being and

| | |
|---|---|
| **Strength:** It provides a comprehensive, human-centred, and tailored employment pathway that prepares both job seekers and employers. Combining real-world training with workplace adaptation and proactive employer engagement creates inclusive employment opportunities tailored to individuals with disabilities. Its flexible (online/offline), accessible delivery model and high adaptability to user needs, including physical workspace modifications and flexible working models such as teleworking, further enhance reach and impact. Peer support and mentorship among users increase ownership of the service users and create a community.<br><br>**Areas for Improvement:** A limited pool of socially responsible employers, especially in rural areas, along with transport challenges and scarce job placements, hinder access to opportunities. A reliance further impacts sustainability on short-term, project-based funding. | supports psychological recovery for users with disabilities.<br><br>🏠 **Living Conditions:** The programme indirectly improves living conditions by promoting financial independence through employment. Even part-time work increases users' economic stability, reduces household stress, and enhances quality of life—particularly for those with limited income options. Digital accessibility is ensured via online delivery and mutual peer support for minor technical issues.<br><br>🤝 **Social Participation:** Fosters indirect community engagement through peer networks and mentorship among persons with disabilities.<br><br>🚀 **Innovation & Scalability:** The emphasis on building real workplace skills, creating job matches based on abilities, and encouraging users to see themselves as full contributors, supported by committed employers, makes this good practice highly innovative. The initiative could be successfully transferred to other regions, especially in the aspect of hybrid training and teleworking. The flexible approach makes the service adaptable even in low-infrastructure and remote areas.<br><br>🌍 **Overall Impact:** The programme enhances economic stability, improves mental well-being, and promotes social inclusion, offering a sustainable model for meaningful participation for both young people with disabilities and employers. |

"*ProfesiaLab gives us hope. When people with disabilities feel forgotten by society, it leads to discouragement and apathy. This project shows us we matter.*" – Service user

## *Crisis Centre*

**Location:** Slovakia, Kosice
**Type of location:** Mountainous
**Main theme(s):** Living Conditions
**Sub-themes:** Crisis housing

**Objective:** To provide immediate shelter and holistic support to families and individuals facing a housing crisis situation, being at risk of homelessness and marginalisation.

**Target Group:** Vulnerable individuals and families facing homelessness

**Summary:** Crises Centre offers holistic, family-centred assistance, addressing housing, employment, education, and emotional well-being from the outset. It combines housing with therapeutic, occupational, and social activities, fostering stability, independence, and long-term integration for vulnerable families.

**Strength:** The Crisis Centre is praised for its immediate and holistic support, offering not just shelter, but a full ecosystem of reintegration, including housing, food, employment support, education, therapy, and parenting guidance. Users report that they feel safe, respected, and understood, which is critical for families in situations of vulnerability.

**Areas for Improvement:** Insufficient funding limits the delivery of high-quality, individualised care, leaving frontline staff overstretched and public services under-resourced. On the users' side, gaps in financial literacy and post-employment planning often lead to difficulties in maintaining independence after leaving the centre.

**Impact Assessment by Indicators:**

**Economic Security:** This programme supports service users in finding suitable job offers, prepares them for interviews, and mediates with employers.

**Health & Well-being:** Creates a safe, structured, and emotionally nurturing environment for entire families, especially for children.

**Living Conditions:** It offers immediate shelter, basic needs, and a safe, family-oriented environment that reduces instability. Service users receive guided support to move from crisis accommodation to independent housing and long-term support during and after the transition period, which is essential for sustainability.

**Social Participation:** Enhances peer bonding and informal mutual support among the service users.

**Innovation & Scalability:** The model is replicable in other socio-economically challenged regions, provided certain structural conditions are met. Such services need the availability of stable infrastructure (e.g., housing facilities and land), and the service's success relies on long-term, trust-based relationships between clients and assigned social workers, which can be disrupted by staff turnover.

**Overall Impact:** The Crisis Centre provides a trust-based, relational model that meets users in their most vulnerable moments. Through patience, cultural sensitivity, and long-term guidance, the service builds essential steps toward autonomy. Success is not immediate, but deeply transformative, especially when supported by stable funding and committed staff.

## *The Vincles Alt Pirineu-Aran project*

**Location:** Spain, Catalonia, Catalan Pyrenees.

**Type of location:** Mountainous
**Main theme(s):** Social Participation and Engagement, Health
**Sub-themes:** Unwanted loneliness, Welfare technology
**Websites:** Vincles: https://vincles.org/ & https://isocial.cat/
Auzosare: https://auzosare.eus/es/ & https://agintzari.com/
**Implementing organisation(s):** iSocial (ESN member), Bogan Group of Social Cooperatives - Agintzari (ESN member)

**Objective:** To identify early and effectively address situations of unwanted loneliness in older people in the six mountain regions of the Catalan Pyrenees.

**Target Group:** Older people, local community.

**Summary:** This pioneering social innovation initiative aims to detect and intervene early in cases of unwanted loneliness among older people in six mountainous regions of the Catalan Pyrenees. It combines data science, community engagement, and personalised support to improve quality of life and strengthen local networks in a territory facing acute demographic and geographic challenges. First, through the Vincles-detection tool—a big data-based digital system—regional social services can automatically and early identify at-risk older people with geolocation. It then raises awareness, engages the community, and promotes neighbourhood networks and activities. With professional support, it provides aid and invites socially vulnerable individuals to community events.

**Strength:** Its strongest asset is integrating technological tools with community action, creating a replicable, human-centred model for combating loneliness of older people in rural and ageing regions.

**Impact Assessment by Indicators:**

**Health & Well-being:** Early identification by regional Social Services of unwanted loneliness among the population enables proactive, rather than reactive, action and prevents social vulnerability. Addressing loneliness improves the well-being of older people. Thanks to the attention of social services and the protection of community care, it also provides peace of mind to family members and neighbours.

**Living Conditions:** Enables older adults to remain in their homes with tailored support and better access to services, delaying placement in residential facilities through early and preventive interventions.

**Social Participation:** Strengthens community networks and fosters more cohesive and engaged local communities. Activates the protective capacity of the community by raising awareness of the problems of older people feeling lonely and the involvement of community assets (people, businesses, services, etc.).

**Innovation & Scalability:** Bogan, a group of social cooperatives, initially implemented this project in the Basque Country. It has now been implemented in the Catalan region, and the next goal is to expand it across Catalonia.

**Overall Impact:** Strengthens the social protection system by bridging technology and local resources, addressing an urgent demographic challenge.

Common strengths across all practices are their inclusive, human-centred approach, which blends personalised support and community connection with the commitment of staff and volunteers. These models promote dignity, empowerment, and long-term social inclusion, making them both impactful and replicable for other contexts.

Key challenges across the initiatives include financial sustainability. Many services are reliant on project-based or external funding, making long-term planning and scalability difficult. Transportation barriers, especially for individuals needing assistance, further restrict access to the opportunities provided by these programmes. Additionally, gaps in digital infrastructure and staff capacity hinder the effectiveness and continuity of personalised, community-based services.

# 6. Measuring the success and impact of social inclusion services

Monitoring and evaluation are very important parts of the service cycle and should be done separately and independently. They help determine what is working well, what needs improvement, whether an initiative can be considered a good practice, and whether it can be adapted to other contexts. Additionally, they provide insights into the sustainability of the project's outcomes.

The ESN's Working Group on Quality in Social Services proposal (2023)[119] sets out six key principles of quality in social services, forming the basis of an actionable and effective quality framework. These principles are *human rights-based, person-centred, outcomes-oriented, safe, community-based, and well-managed*. Together, they ensure that services respect and protect human rights, prioritise individuals at the centre of care, and aim for meaningful outcomes that enhance quality of life. They also emphasise safeguarding people from harm, promoting inclusion within communities, and managing services transparently, effectively, and with a commitment to ongoing improvement.

The interviewees mentioned similar principles regarding the quality of the services. In this part, we focus on the most mentioned characteristics of the measurement mechanisms, specifically emphasising rural areas. The interviewees were asked to reflect on how to measure a successful practice and the impact of such services, what challenges are faced in rural areas, and how these challenges can be improved. In this section, we summarise their perspective on what makes a good measurement while evaluating the initiatives, projects, and practices in rural areas and provide some examples of indicators they mentioned. In this section, we present their insights regarding the monitoring and evaluation of the initiatives taking place in rural areas.

The most frequently cited characteristic of a successful evaluation is the use of mixed methods, which uses a combination of qualitative and quantitative data collection and analysis. While presenting statistical data, it is essential to include the voices of service users to provide context, deepen understanding, and highlight individual experiences, ensuring that diverse needs are not overlooked. Quantitative indicators provide more statistical and numerical data, and qualitative data is based on the lived experiences of service users. Combining both qualitative and quantitative data would not only bring light to the quality-of-service delivery but also the *meaningful life transformations'* impact on the lives of service users.

While surveys and polls are useful for collecting feedback, measuring satisfaction, and assessing needs, they primarily gather quantitative data. Using open-ended questions in the surveys might provide space for the users to express themselves. Also, co-designing the evaluation methods with the users would help ask the right questions, thus improving the quality of the data gathered.

Interviews and focus groups allow community members and service users to express themselves in their own words, offering richer, more detailed insights into their personal experiences. Various tools can be employed, depending on the assessment's goals. To gain a comprehensive understanding of community needs and evaluate initiatives' impact, it is often preferable to use a mixed-methods

[119] ESN (2023). Principles of Quality in Social Services. https://www.esn-eu.org/publications/principles-quality-social-services

approach that combines quantitative and qualitative tools. Additionally, longitudinal tracking helps assess the long-term impact and sustainability of these initiatives.

Below are some of the indicators mentioned in the interviews regarding how certain domains are measured.

*Table 5: Examples of some indicators mentioned by the stakeholders in the interview*

| Domains | Quantitative Indicators | Qualitative Indicators |
|---|---|---|
| **Participant progress in a programme/ service** | Enrolment numbers, Retention rate of users, Success rate:<br>For instance: % of participants completing education/training. | Self-assessment of users on their transformation, assessment of professionals and external agencies. |
| **Satisfaction and perceived value** | Satisfaction survey scores.<br>Net Promoter Score. | In-depth interviews and focus groups assessing emotional safety, inclusivity, and accessibility. |
| **Cooperation and adaptability** | Number of partnerships and collaborative projects.<br>The percentage of these collaborative projects. | Partner and service users' feedback on cooperation quality.<br>Evaluation of service adaptability and responsiveness. |
| **Community participation** | Number of organised events.<br>Participation rate in the events.<br>The number of rural residents who participated in organising such events.<br>Volunteering rate.<br>Event participation rates among the targeted groups. | Inclusivity of the events (targeted groups) and accessibility (e.g., considering the needs of people with disabilities).<br>Self-reported sense of belonging among the locals.<br>Observation of interpersonal relationship development. |

Besides the methods used in the evaluation, other important features mentioned in the interviews and focus groups highlight key aspects that need to be considered. To measure effectively, the main characteristics of assessment and monitoring should be community-centred, context-specific, ethically sound, and encompass both short- and long-term impacts, considering the rural areas' specific needs.

## 6.1 Community-centred

The initiatives should be responsive to the community needs, putting the service users at the heart, which can be achieved if the services are co-created with the users, especially if special interest is given to the marginalised and vulnerable groups. If the initiatives, both their design and delivery, are shaped by the insights and feedback of service users, the initiatives can address the needs more successfully, as the community knows the real needs.

Community engagement often shows an initiative's success. It might be observed in various ways, such as increased participation, more engagement with the project, or, in some cases, simply a reduction in complaints.

Regular surveys and feedback forms for service users and their families can measure the changes over time. Later, an analysis of how services are adapted based on citizens' input should take place to identify whether and how changes are made in response to community suggestions.

## 6.2 Context-specific

While there are common needs across rural areas, each locality also has its own specific requirements. Some good practices may be transferable to other regions; however, without a clear understanding of the local context, a method that proved successful elsewhere may not produce the same results. Adapting approaches to fit the scale and scope of each setting is essential. A strong awareness of local needs and context is critical. When evaluating the success of an initiative, it is important to ask the right questions, something that requires a deep understanding of the community. A lack of this awareness can lead to asking the wrong questions and, ultimately, an unclear or inaccurate assessment of the initiative's effectiveness.

## 6.3 Ethically sound

The feedback mechanisms should ensure ethical safeguards and clear guidance to ensure inclusivity without compromising privacy or misrepresenting outcomes. Considerations of ethical issues around personal data need to be at the top of the list while planning, delivering and evaluating an initiative, especially if the targeted population has certain vulnerabilities. In rural areas, smaller populations and closer community relationships make it especially important to give careful attention to ethical considerations.

## 6.4 From short-term to long-term impact

Success is measured in both short-term outcomes (e.g., improved access to language courses) and long-term changes (e.g., labour market inclusion, social mobility). While it is crucial to assess the short-term impact, being able to track the changing needs and assess the long-term impact provides a more holistic understanding of the change achieved by certain services or initiatives. Regarding social services, the absence of a centralised user tracking system of services on social inclusion at local levels makes it difficult to assess long-term or cross-institutional impact.

## 6.5 Challenges & suggested solutions

Key challenges in evaluating initiatives include structural limitations, such as the absence of standardised tools beyond financial audits and basic statistics, as well as limited capacity for in-depth data analysis. There is often an overreliance on informal feedback, with few structured mechanisms for capturing insights from service users and professionals. Additionally, limited coordination between agencies and a lack of systems to assess long-term, cross-institutional impacts further hinder effective evaluation. To address these issues, solutions suggested by the rural stakeholders include institutionalising mixed-method evaluation approaches, strengthening structured community feedback systems, building centralised databases, improving interagency coordination, and training staff in needs assessment and impact evaluation.

## 6.6 Recommendations

- Quantitative indicators should be combined with qualitative insights, giving greater emphasis on service users' lived experiences and the community's needs.
- A more systematic evaluation process should be implemented. While informal feedback remains valuable, especially in rural areas, it should be complemented with structured tools such as surveys, interviews, and focus groups.
- Centralised data systems should be established to track service users over time and assess the long-term impact of interventions.
- Investment in staff training is not only essential in monitoring, evaluation, and ethical practices but also in strengthening direct service delivery skills. This ensures that staff are equipped to use data responsibly while at the same time applying high-quality, ethical, and person-centred approaches in their day-to-day work with service users.
- Services should be designed to evolve in response to real-time feedback, embedding responsiveness into their delivery model.
- Programmes should be planned with sustainability in mind, ensuring they continue to deliver meaningful impact even after initial funding ends.

# 7. Stakeholders partnerships

*"Only through collaborations—both locally and beyond—can progress and results be achieved."* - Service provider (Greece, Focus Group 1)

Stakeholder partnerships in social services play a crucial role in identifying the needs, enhancing service delivery, and monitoring services, and as a result, improving community well-being. Based on interviews and focus group discussions, four key types of partnerships have been identified:

1. **Multi-level governance partnerships** - coordination across national, regional, and local levels,
2. **Interagency collaboration** – between health, social, care and administrative services,
3. **Multi-stakeholder partnerships** – involving public, private, civil society actors, researchers, and service users,
4. **Community involvement** – engaging local communities in planning and service delivery and ensuring that local voices and needs are integrated into decision-making and implementation processes.

These partnerships contribute to more coordinated, inclusive, and responsive social services.

## 7.1 Multi-level governance

The strong multi-level governance coordination between national, regional, and local authorities is crucial to address the realities and specific needs of rural communities, to overcome urban-rural disparities in service provision, and create more inclusive policies addressing the needs of the rural population to not leave anyone behind. Competences on specific issues rely on different levels of governance; however, the success of implementation of social inclusion services is related to the reflection of real needs and addressing the challenges, including those in rural areas.

In some cases, rural municipalities, often under-resourced, act as the sole actors responsible for implementing social inclusion initiatives. High turnover in public institutions might disrupt continuity and may cause failure to meet the specific needs of rural communities. This results in overlapping initiatives, inefficiencies, and missed opportunities for impactful interventions. As mentioned above, one of the common challenges in rural areas is a lack of funding and difficulties in accessing funding schemes. A multi-governance framework is essential to ensuring the needs of the rural population are considered and reflected in funding mechanisms.

Multi-governance rural inclusion coordination:

- Ensures coordinated planning and funding between EU, national, regional, and local authorities, with rural proofing of policies, which means reviewing policies through a rural lens, to ensure they are fit for purpose for those who live and work in rural areas, and dedicated resources to empower municipalities in tailoring services to their communities.
- Strengthen dialogue across governance levels—local, regional, and national—to ensure smooth service delivery in rural areas, and establish stable consultation bodies for long-term coordination, transparency, and accountability.
- Promote inter-regional exchange of good practices to enable the replication of successful models, inspire rural areas, and increase awareness of effective collaborations.

## 7.2 Interagency coordination

Lack of coordination between health, care, social, and administrative services leads to fragmented service delivery, reducing the effectiveness of interventions. This forces individuals in need to navigate multiple agencies and complex bureaucratic processes, often resulting in delayed or inadequate support and difficulties in assessing the results of the services more holistically.

The one-stop-shop principle is a way to establish such interagency coordination and is used in many projects in different settings to integrate services for the overall population or specific targeted populations. There are often projects in cities that have a designated location where authorities offer personalised advisory support services. For instance, in Vienna, the U25 project was created to provide support around work, education and social issues to young people in one place to optimise services and internal processes.[120]

Interagency coordination between services is important in planning, service delivery and raising awareness of the services in rural areas. Interagency partnerships:

- Establish coordination to integrate planning and service delivery across social, healthcare, and employment sectors, and to support knowledge-sharing, encourage collaboration, and develop joint strategies for tackling rural challenges more effectively.
- Improve case management and simplify access to services by appointing a single point of contact for each beneficiary or establishing a hub where the information related to different services can be accessed to ease navigation between services.
- Facilitate regular coordination meetings among services to align objectives and monitor progress.

Structured partnerships between various services can simplify administrative procedures. Digital tools developed through these collaborations can significantly enhance outreach, particularly for isolated individuals. Mobile applications, for example, can connect residents with local services, events, and resources, improving both awareness and accessibility. However, to ensure the success of these digital solutions, it is essential that rural communities have reliable access to online tools that promote transparency and encourage civic participation.

## 7.3 Multi-stakeholder partnerships

Coordination between public institutions, NGOs, the private sector, academia, and research bodies remains limited in the pilot rural areas. The absence of strong communication between actors and fragmented responsibilities create confusion for beneficiaries, who frequently face multiple points of contact without a clear lead agency. This resonates with the challenges caused by limited interagency cooperation.

Some interviewees emphasised the importance of increasing private sector engagement to strengthen service delivery, particularly through their role as employers in supporting the labour market integration of rural populations, including individuals with vulnerabilities. This could involve providing training, apprenticeships, and transportation for employees, as well as contributing to

[120] ESN Practices Library, U25- Together for Young People in Vienna, Austria: U25- Together for Young People in Vienna, Austria | ESN

diversified funding mechanisms. Partnerships with local businesses to develop professional integration schemes are still underutilised.

For instance, partnerships with the mobility sector on on-demand or low-cost rural transport solutions and funding infrastructure can support mobility and access to services. In France, local initiatives involving civil society, public institutions, and private companies have improved service delivery related to transportation, such as solidarity transport services, which are often volunteer-driven and supported by local businesses.

NGOs often play a vital role in delivering services that promote social inclusion in rural areas. It is important to empower and increase trust in these organisations by recognising them as key actors in the fight against social exclusion. In addition to working with experienced NGOs, encouraging knowledge exchange through collaboration with universities can further strengthen their impact. Partnerships with universities and schools enhance the development of educational programs and training supporting social inclusion, targeting different stakeholders, but especially grassroots initiatives and rural residents, to increase their capacities and skills.

Partnerships in pilot areas often lack a holistic or long-term approach and remain reactive rather than proactive. Stakeholders suggested that rather than competing for public funding, stakeholders should be encouraged to develop joint projects that address social challenges from a more holistic and coordinated perspective and promote collaborative financing by blending public, private, and nonprofit funding sources. More partnerships need to be built on shared goals, transparency, and strategic planning, which will have a positive impact on their sustainability. Lastly, multi-stakeholder partnerships are key to sharing good practices and replicating innovative, community-tailored solutions that emerge from successful partnerships.

## 7.4 Community involvement

Rural residents often feel disconnected from institutions, which discourages social and civic participation and weakens support networks. As a result, their voices are not represented in policymaking, and their realities often go unheard. The residents, users of the services, are the main stakeholders who know better the needs and context-related realities.

In some of pilot areas, rural residents are not actively involved in local initiatives, and there is low visibility of the potential benefits of community involvement and volunteering. This hinders grassroots activities and long-term community engagement. This can be addressed through capacity-building activities and simplified grant programmes targeting rural areas.

Community workshops, public consultations, and regular meetings can strengthen trust between institutions and rural residents and ensure their active involvement in planning, service delivery, and monitoring. These participatory approaches help identify local needs and develop appropriate strategies to address them. Actively involving rural residents in decision-making processes increases their sense of ownership and commitment, which in turn enhances the long-term sustainability of the initiatives.

# 8. Recommendations

This section presents the recommendations shared by stakeholders during interviews and focus groups and reported by pilot partners. Common recommendations are outlined in Sections 8.1 and 8.2, while pilot-specific ones are detailed in Section 8.3. Highlighting context-specific recommendations provides evidence that will inform the next stage of the project, particularly the establishment of the Smart Village Labs.

## 8.1 Multi-level governance recommendations:

**EU level:**

- Expand EU funding, such as European Social Fund Plus (ESF+), European Regional Development Fund (ERDF), and Cohesion Fund, dedicated to the development of rural social services and simplify application procedures to ensure accessibility for rural stakeholders. Additionally, increase awareness about available EU funding opportunities and provide targeted capacity-building support to empower rural organisations to apply for and manage such programmes effectively.

**National level:**

- Encourage integrated governance mechanisms by creating multilevel and interagency coordination platforms to simplify administrative procedures for service delivery in rural areas and make support systems more effective for the rural population.
- Streamline access to funding by introducing simplified application processes, lower co-financing requirements, and dedicated rural funding windows that reflect the limited administrative capacity of small municipalities and local organisations.
- Improving the conditions and providing incentives for social sector employers working in rural areas through wage subsidies, improvement of the service infrastructures and housing or transportation allowances for staff, making it more attractive to recruit and retain qualified personnel.
- Strengthen the role of social economy actors in rural development by creating targeted funding instruments, capacity-building schemes, and dedicated programmes that enhance their capacity to deliver inclusive services. This should include supportive legal frameworks, incentives, technical assistance for project development, and supporting networks and partnerships that allow non-profit organisations such as associations, social enterprises, and cooperatives to scale up innovative solutions and sustain their impact in rural communities.
- Ensure that national policies recognise and adapt to the unique needs of rural realities by embedding rural proofing in policy design—ensuring that geographical remoteness, low population density, limited infrastructure, and economic diversification needs are explicitly addressed in all strategies, funding programmes and support.
- Develop and implement alternative models for accessing administrative services that are often concentrated in urban or mainland areas and remain difficult to reach for rural residents. This should include expanding digital service delivery while ensuring equitable access by addressing gaps in digital infrastructure, connectivity, and digital literacy in rural communities.

- Collect and use comprehensive data to understand the diverse and evolving needs of rural populations, enabling the development of localised, flexible programmes and policies, and optimising the design of services.

**Local level:**

- Strengthen cooperation among rural local authorities, volunteers, and civil society organisations by developing coordinated and measurable strategies that respond to the specific needs and insights of rural residents—for example, joint initiatives to improve access to social services, healthcare, or employment opportunities in remote areas.
- Establish and support inclusive platforms for regular dialogue between communities, including vulnerable and marginalised groups, and local authorities to promote participatory decision-making, build trust, and co-create solutions tailored to local conditions.

## 8.2 Cross-cutting recommendations

- Establish integrated, community-based service hubs that provide coordinated, long-term, and person-centred support: This integrated hub model was consistently proposed across all pilot regions as the most effective and sustainable approach to enhancing social inclusion. These hubs should:
    - Gather contact points of educational, vocational, health, psychological, legal, and social services under one roof to ensure holistic, needs-based support and overcome fragmented service delivery.
    - Strengthen intersectoral cooperation among public institutions, civil society, and private actors for shared, systemic solutions to social inclusion challenges.
- Invest in flexible, inclusive, and integrated rural transportation systems that ensure equitable access to essential services and employment: This includes developing on-demand and community-based transport options, such as ridesharing, door-to-door services, transport for medical appointments, and specialised services particularly for older people, people with disabilities, and isolated residents. Improving the frequency, reliability, and connectivity of public transport, including integration between different modes of transportation (train, bus, etc.) and accessible vehicles and infrastructure, is essential. Sustainable funding and public-private partnerships should support these systems, ensuring they are not solely dependent on volunteering and remain viable in the long term.

- Ensure funding is accessible in rural areas: Across all pilot regions, there is a strong call to simplify and expand funding mechanisms for rural social services through multi-annual, flexible funding reflecting the rural needs, and co-financed models between multi-level authorities that reduce administrative burden and ensure long-term sustainability. This includes easier access to EU, national, and regional funds, simplified application and reporting processes, especially for small, community-driven initiatives and greater financial autonomy for local authorities. Supporting public-private partnerships and social enterprises and offering incentives to NGOs and businesses engaged in social support were also widely endorsed. Additionally, capacity building in financial management and fundraising for local actors is essential to help them navigate and leverage available resources effectively.

- Make rural areas attractive for social workers: To attract and retain social workers in rural areas, it is suggested that comprehensive incentive programmes be implemented, including competitive salaries, mental health support, and professional development opportunities. Investing in burnout prevention, reducing administrative burdens through digital tools, and ensuring manageable workloads are also key to avoiding high turnover and maintaining a sufficient workforce in rural areas.

- Broader and more targeted outreach and raising awareness efforts are essential to ensure rural residents are informed about available services such as financial aid, social supports, and community programs. Raising awareness should include inclusive, stigma-free communication that promotes the value of social services and encourages rural residents to reach out to such services. Efforts should also empower local leaders, schools, youth programs, and business networks to contribute to inclusion, fostering openness to innovative support methods and helping residents access the services they need without fear of judgment or exclusion.

- Tackle demographic decline in rural areas by attracting people or by supporting the rural population, especially young individuals, to help them through improved access to essential services such as healthcare, vocational education, employment, and social support, and through initiatives such as entrepreneurship and housing programmes. Prioritise education and employment policies and opportunities that make rural areas attractive to young people, recognising their role in driving investment, service development, and long-term community sustainability, which in turn improves the quality of life, reducing population decline and preventing the closure of critical facilities in rural areas.

- Stakeholders in rural areas, except those from Ireland, commonly emphasise the need to improve access to health and social services through several key measures.
    - Introduce or expand mobile health units together with mobile social service teams to reach underserved rural populations to ensure that specialist doctors, including mental health professionals, could visit rural areas with the help of mobile units.
    - Strengthen telemedicine and teleconsultation options, particularly in mental health and specialist care.
    - Enhance services targeting older people, including rehabilitation, palliative care, and in-home support.
    - Launch preventive programmes focusing on health education and addiction prevention initiatives, specifically targeting youth and families.

- A common recommendation related to gender equality is to increase access to early childhood education facilities, day care centres, and home care support, as caregiving responsibilities disproportionately fall on rural women.

# 8.3 Thematic and region-specific recommendations

## 8.3.1 Bourgogne, France

| | |
|---|---|
| **Social Inclusion** | • Ensure a better-adapted and person-centred approach to the specific needs of beneficiaries, particularly those in situations of great hardship or with low levels of education.<br>• Strengthen measures for the inclusion of migrant populations, which remain limited in rural areas, particularly with regard to language learning, access to employment, and administrative support.<br>• Extend community-based day care facilities for people with disabilities and older people, ensuring their better access to specialised care. |
| **Living Conditions and Digital Access** | • Strengthen territorial planning for social housing by integrating social and economic dimensions. Establish a structured housing observatory to analyse long-term trends and anticipate future housing needs in both urban and rural areas. Improve coordination between housing and social policies, especially in developing supported housing for vulnerable groups.<br>• Diversify emergency accommodation to provide more flexible, tailored solutions for those in crisis.<br>• Reinstate or expand housing adaptation support services to help older people and individuals with disabilities modify their homes and remain independent.<br>• Strengthen digital support, which can include offering some courses and providing individualised support when needed, to ensure the increasing digitalisation of public services is accessible for all. |

## 8.3.2 Eastern and Midland Regions, Ireland

| | |
|---|---|
| **Social Inclusion** | • Adopt long-term, community-led planning to replace fragmented, short-term interventions with inclusive, culturally aware strategies shaped by local voices.<br>• Support intergenerational and intercultural Initiatives that bring together people of all ages and backgrounds to reduce social divisions and foster understanding.<br>• Promote community integration for all, not to be framed solely as “migrant integration” but as “community integration,” where everyone, migrants and locals alike, works together to build a shared community identity through shared activities (e.g. sports, hobbies) that naturally build relationships and a collective rural identity. |
| **Social Participation and Engagement** | • Support grassroots initiatives as key drivers of sustainable community engagement and local change. For instance, inclusive community hubs can be developed to offer free or low-cost meeting spaces for local groups, with shared resources and support for social inclusion initiatives. Invest in advisory services within the grassroots sector to help small groups navigate procurement and funding processes with confidence. |

| | |
|---|---|
| | • Promote and strengthen volunteer support services through training in self-care, role clarity, and shared responsibilities. Cultivate a culture that values volunteer wellbeing, recognising the importance of their work, which often sustains the services<br>• Host regular cultural festivals to celebrate diversity and foster mutual understanding across communities. |

### 8.3.3 Konitsa, Greece

| | |
|---|---|
| **Social Inclusion** | • Increase the number of care facilities for people with disabilities and older people who are experiencing isolation.<br>• Ensure inclusive schools through a support structure for children with disabilities in rural schools. |

### 8.3.4 Kythera, Greece

| | |
|---|---|
| **Social Inclusion** | • Strengthen home-based care services by combining them with psychological support.<br>• Develop alternative, innovative models for delivering administrative services to islanders, such as digital or mobile alternatives, addressing the challenges posed by lengthy and infrequent ferry journeys to the mainland. |

### 8.3.5 Lubelskie, Poland

| | |
|---|---|
| **Social Inclusion** | • Introduce programmes to prevent social exclusion of older people, offering training or assistance for those who can contribute to the professional market.<br>• Ensure that migrants receive specialised services and support mechanisms in the fields of social integration, education, and employment, addressing their special needs.<br>• Develop extracurricular activities to support children's development and help parents balance work and family life.<br>• Promote the deinstitutionalisation of social services through localised 24-hour care services and community-based support. Increase support for informal caregivers and expand options such as assisted living, care homes, and neighbourhood services, in cooperation with social economy organisations. |
| **Economic Security and Employment** | • Provide individualised, tailored and inclusive services such as mentoring and coaching tailored to personal needs and local labour market demands. Develop diversified support frameworks that reflect rural realities and move beyond financial aid to offer real pathways to employment and professional growth. Promote flexible employment models and activation programs, particularly for women, youth, and the long-term unemployed. |

| | |
|---|---|
| | • Support upskilling and reskilling initiatives that align with local labour markets' needs, combining vocational and soft skills training (e.g., communication, digital literacy, teamwork). Foster partnerships with local businesses in sectors more common in rural areas like agriculture, agritourism, and food processing, to align job training with real opportunities.<br>• Invest in rural educational institutions and their infrastructures, especially in vocational training for high-demand professions, supported through scholarships and financial incentives.<br>• Use mobile initiatives such as career counselling teams to overcome access barriers and reach remote communities with guidance and services.<br>• Encourage rural entrepreneurship, especially among youth, through targeted training, mentoring, and startup support to boost innovation and local economic development. |
| **Living Conditions and Digital Access** | • Bridge the digital divide through investments in infrastructure, ensuring rural residents have reliable internet access.<br>• Launch training programs to enhance digital literacy and empower residents to use e-health, e-government, online education, and remote work tools.<br>• Promote emerging technologies, such as AI and digital platforms, to deliver remote counselling, training, and social support services. |
| **Social Participation and Engagement** | • Combat social isolation by creating community spaces like cultural centres, parks, and meeting hubs. Organise events, workshops, and cultural activities to foster connection and engagement. |

### 8.3.6 Kosice, Slovakia

| | |
|---|---|
| **Social Inclusion** | • Expand home-based services through mobile care, in-home nursing, and caregiving support. Develop assisted living and community-based supported housing programmes as alternatives to institutions.<br>• Improve community-based day care centres for older people and people with disabilities.<br>• Increase innovative initiatives, such as integrated social farming for people with disabilities and older adults, addressing their care and support needs while promoting the labour market and sustainability.<br>• Ensure inclusive education through expanding early childhood identification and intervention services, inclusive pre-school and school infrastructure, ensuring facilities can accommodate children with disabilities, simplifying processes to hire and assign teaching assistants and introducing training programmes for teachers on inclusive methods and individualised learning. |
| **Economic Security and Employment** | • Encourage and financially support social enterprises that provide job opportunities in sectors such as agriculture, community services, retail, and traditional crafts. These enterprises should be enabled to develop |

| | |
|---|---|
| | adaptive job roles and remote work opportunities, particularly for people with disabilities.<br>• Promoting inclusive employment models, including through public-private partnerships and incentivising companies to hire marginalised groups, such as Roma, to boost local economies and reduce social exclusion.<br>• Expand mentorship programmes, vocational training, and internships to integrate Roma youth into the labour market.<br>• Support the development of self-sustaining community hubs that combine employment, education, recreation, and peer-led programmes to foster social inclusion and resilience.<br>• Support rural business initiatives and provide targeted training for people with disabilities to enhance their access to the labour market, aligning with the needs of both employers and individuals. Invest in rural high-tech work centres offering training in digital skills, remote work readiness, and accessible learning technologies. Specialised educators and assistive technologies should be integrated into inclusive education efforts, targeting people with disabilities.<br>• Provide mentoring, financial incentives, and visibility to inclusive rural enterprises as drivers of economic and social progress.<br>• Develop tailored vocational training and mentorship programs for unemployed youth and disadvantaged individuals, focusing on skills aligned with local labour market demands. Establish personalised learning pathways and training databases to track development and include disability-sensitive curricula in public and vocational education.<br>• Invest in school-based counsellors and career advisors: create accessible guidance programmes in schools to support children in choosing education or career paths. Develop partnerships with parents, educators, and labour market experts to help students make informed decisions. |
| **Living Conditions and Digital Access** | • Develop or improve affordable and supported housing programmes, including crisis housing for families in need.<br>• Integrate housing solutions with social and employment services to ensure a more holistic approach<br>• Expand digital learning opportunities for both children and adults to promote lifelong learning and self-development. |
| **Social Participation and Engagement** | • Promote community-driven initiatives. Leverage community role models and success stories to inspire change and increase engagement. Create peer mentoring systems within similar demographic groups, where individuals who have overcome barriers mentor and motivate others. |
| **Gender Equality** | • Establish specialised parenting support services for young mothers (focus on infant care, nutrition, bonding, and development). Provide targeted early intervention programs to improve parenting capacity and child welfare outcomes. |

### 8.3.7 Maramures and Suceava, Romania

| | |
|---|---|
| **Social Inclusion** | • Provide accessible environments to ensure full and effective participation of people with disabilities in all areas of life. Promote equal rights, dignity, and active societal roles for people with disabilities.<br>• Develop day care centres for at-risk children and older people offering comprehensive services. |
| **Economic Security and Employment** | • Improve school dropout prevention services targeting children and young people. |
| **Gender Equality** | • Establish or increase the number of emergency shelters for abused women and children in rural areas. |

# 9. Conclusion

This study highlights key insights into social inclusion in rural areas, particularly from the pilot regions. Although based on evidence from seven regions, the findings provide an important foundation for understanding how social services foster inclusion in rural contexts. Future research can build on this report to expand the analysis to other countries and regions across the EU, deepening knowledge on community-grounded approaches to social inclusion.

First, while the concepts used across countries are broadly aligned with EU-level frameworks, there is still no shared definition of social inclusion-related concepts. This inconsistency reveals conceptual gaps that might hinder coordinated policy implementation and evaluation across national and regional contexts. Most countries define social services as systems supporting disadvantaged groups, with shared aims of improving quality of life, fostering autonomy, preventing exclusion, and ensuring access to basic needs, extending beyond financial aid to care and institutional support. A preliminary clustering, which will be refined with inputs from the Atlas, was presented based on the evaluation of these findings.

Second, accessing social inclusion services in rural areas poses significant challenges, such as limited availability and accessibility of essential services, and a lack of well-developed person-centred and community-based approaches. At the same time, some emerging initiatives demonstrate how these challenges can be tackled. These promising practices have emerged to help overcome some of these barriers. Their common features include holistic approaches that tackle interconnected issues, strong stakeholder partnerships, inclusive and participatory design, and person-centred, locally tailored services. There is a continued need to expand and strengthen such approaches to ensure that these gaps are effectively addressed across rural areas.

Third, to effectively measure the impact of such initiatives, evaluation systems must be responsive, community-centred, ethically sound, and adaptable to rural contexts. Rural stakeholders emphasise the need to formalise mixed-method evaluation approaches, strengthen structured community feedback mechanisms, build centralised databases, improve interagency coordination, and enhance staff capacity in needs assessment and impact evaluation.

Fourth, stakeholder partnerships are vital in identifying local needs, enhancing service delivery, and monitoring progress to improve community well-being. Four main types of partnerships have been identified through interviews and focus groups: multi-level governance partnerships, interagency collaboration, multi-stakeholder partnerships, and active community involvement.

Finally, across all regions, stakeholders highlighted several cross-cutting recommendations for strengthening social inclusion in rural areas. These include establishing integrated, community-based service hubs for coordinated, long-term, and person-centred support. This finding aligns with the project's upcoming activities related to establishing the Smart Village Labs. Investing in flexible, inclusive, and integrated rural transportation systems is also crucial to ensure equitable access to essential services and employment opportunities. Additionally, improving the accessibility of funding for rural areas is a shared priority, alongside strategies to make rural regions more attractive to qualified social and healthcare professionals. Broader and better-targeted outreach and awareness-raising efforts are needed to inform communities about available services and understand their needs. Lastly, addressing demographic decline through initiatives that attract the young population and

support the existing rural population is seen as vital for ensuring the long-term sustainability and vitality of rural communities.

# 10. References

Brînzac, M.G. et al. (2023). *Defining medical deserts—an international consensus-building exercise*. European Journal of Public Health, Volume 33, Issue 5, October 2023, Pages 785–788, https://doi.org/10.1093/eurpub/ckad107

Committee of Domestic Property of Kythera and Antikythera, Historical Facts and Legal Status: https://eghorios.gr/istoria/

Council of Europe. (2011) Parliamentary Assembly, Rural Women in Europe. Resolution 1806. Available at: https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17985&lang=en

Council of Europe. (2017) Guidelines for Civil Participation in Political Decision Making. https://www.coe.int/en/web/participatory-democracy/guidelines

Department of Social Protection. (2023). *Roadmap for Social Inclusion 2020–2025: Ambition, goals, commitments*. Government of Ireland. https://www.gov.ie/en/department-of-social-protection/publications/roadmap-for-social-inclusion-2020-2025/

Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence. https://eur-lex.europa.eu/eli/dir/2024/1385/oj/eng

Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1421925131614&uri=CELEX:32012L0029

Dukelow, F & Heins, E (2017), The Anglo-Saxon welfare states: Still Europe's outlier – or trendsetter? in P Kennett & N Lendvai-Bainton (eds), Handbook of European Social Policy. Edward Elgar Publishing, Cheltenham, pp. 230-247. https://doi.org/10.4337/9781783476466

ESN (2023). *Principles of Quality in Social Services.* https://www.esn-eu.org/publications/principles-quality-social-services

ESN. (2022). *Putting people first: Investing in social services, promoting social inclusion*. Available at: https://www.esn-eu.org/publications/putting-people-first-investing-social-services-promoting-social-inclusion

ESN. (2023). *Partnerships for social inclusion – Integrated minimum income and social services programmes.* Available at https://www.esn-eu.org/publications/partnerships-social-inclusion-integrated-minimum-income-and-social-services-programmes

ESN. (2024) *Stronger Social Services, Better Europe,* Available at: https://www.esn-eu.org/sites/default/files/2024-02/EP%20Elections%20Briefing.pdf

ESN. (2024). *Social Services Index 2024: Cross-country analysis*. https://www.esn-eu.org/publications/esn-social-services-index-2024-cross-country-analysis

ESN. (n.d.). Practice Library: *U25 – Together for Young People in Vienna, Austria*. https://www.esn-eu.org/practices/u25-together-young-people-vienna-austria

ESN. *Social Inclusion*, Available at: https://www.esn-eu.org/social-inclusion

EU CAP NETWORK, 2024, Mental health policy for EU farmers, https://eu-cap-network.ec.europa.eu/publications/policy-insights-mental-health-policy-eu-farmers_en#section--resources

EU Rural Vision, 2023. Strengthening digital skills of rural people to benefit from the digital era: https://rural-vision.europa.eu/events/strengthening-digital-skills-rural-people-benefit-digital-era-2023-06-08_en

EU Vision for Agriculture and Food. Available at: https://agriculture.ec.europa.eu/overview-vision-agriculture-food/vision-agriculture-and-food_en

Eurofound. (2023). *Bridging the rural–urban divide: Addressing inequalities and empowering communities*. Publications Office of the European Union. https://www.eurofound.europa.eu/en/publications/2023/bridging-rural-urban-divide-addressing-inequalities-and-empowering-communities

Eurofound. (2025). *Living and working in Europe 2024*. Publications Office of the European Union. https://www.eurofound.europa.eu/en/publications/all/living-and-working-europe-2024

Eurofound. (n.d.) Living conditions, https://www.eurofound.europa.eu/en/topics/living-conditions

Eurofound. (n.d.) Social Inclusion, https://www.eurofound.europa.eu/en/topic/social-inclusion

European Association of Service Providers for Persons with Disabilities. (2018). Provision of social care and support services in remote rural areas: Challenges and opportunities. https://easpd.eu/fileadmin/user_upload/Publications/5.2_EASPD_Report_-_Provision__of_social_care_and_support_services_in_remote_rural_areas_2018.pdf

European Commission (2021). Regulation (EU) 2021/522 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027. https://eur-lex.europa.eu/eli/reg/2021/522/oj/eng

European Commission (2022). *A European Care Strategy for caregivers and care receivers*. https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169

European Commission, Employment, Social Affairs and Inclusion (n.d.). Long term care. https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection/long-term-care_en.

European Commission, European Regional Development Fund (ERDF): https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/european-regional-development-fund-erdf_en

European Commission, European Social Fund Plus : https://european-social-fund-plus.ec.europa.eu/en

European Commission, *Territorial Cohesion*, https://ec.europa.eu/regional_policy/policy/what/territorial-cohesion_en

European Commission. (2006). *Implementing the Community Lisbon Programme: Social Services of General Interest in the European Union* (COM(2006) 177 final). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52006DC0177

European Commission. (2017). *The European Pillar of Social Rights in 20 principles*. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32017C1213%2801%29

European Commission. (2020). *A Union of Equality: Gender Equality Strategy 2020–2025*. https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

European Commission. (2020). *Action Plan on Integration and Inclusion 2021–2027* (COM/2020/758 final). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0758

European Commission. (2021). *The European Pillar of Social Rights Action Plan. https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/#about*

European Commission. (2022). *European Declaration on Digital Rights and Principles for the Digital Decade*. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0028

European Commission. (2022). *Ninth Report on Economic, Social and Territorial Cohesion*. https://ec.europa.eu/regional_policy/sources/reports/cohesion9/9CR_Report_FINAL.pdf

European Commission. (2022). *Proposal for a Council Recommendation on Adequate Minimum Income Ensuring Active Inclusion* (COM/2022/490 final). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0490

European Commission. (2023). *Directive (EU) 2024/1385 on combating violence against women and domestic violence*. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32024L1385

European Commission. (2024). *Regulation (EU) 2024/1689 on harmonised rules on artificial intelligence*. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32024R1689

European Commission. (n.d.) *Digital Inclusion.* https://digital-strategy.ec.europa.eu/en/policies/digital-inclusion

European Commission. (n.d.) *What Is Gender Based Violence?*. https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en

European Commission. (n.d.). *Access to essential services*. https://ec.europa.eu/info/publications/access-essential-services_en

European Commission. (n.d.). *Digital health and care*. https://ec.europa.eu/info/public-services/digital-health-and-care_en

European Commission. (n.d.). *Rural development*. https://ec.europa.eu/regional_policy/policy/themes/rural-development_en

European Commission. (n.d.). *Rural vision: Ten shared goals*. https://rural-vision.europa.eu/rural-vision/shared-goals_en

European Commission. (n.d.). *The common agricultural policy at a glance*. https://agriculture.ec.europa.eu/common-agricultural-policy/cap-overview/cap-glance_en

European Commission. European Agricultural Fund for Rural Development (EAFRD): https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/european-agricultural-fund-rural-development-eafrd_en

European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Network (ESPN) (2020), Baptista, I. and Marlier, E., Access to essential services for people on low incomes in Europe–An analysis of policies in 35 countries – 2020, Publications Office, 2020, https://data.europa.eu/doi/10.2767/93987

European Committee for Social Cohesion (2004), *A New Strategy for Social Cohesion: Revised Strategy for Social Cohesion*. https://www.coe.int/t/dg3/socialpolicies/socialcohesiondev/source/RevisedStrategy_en.pdf

European Council on Refugees and Exiles (2024) Policy Paper: The Right to Work for Asylum Applicants in the EU. https://ecre.org/wp-content/uploads/2024/01/ECRE-Policy-Paper-12_The-Right-to-Work-for-Asylum-Applicants-in-the-EU.pdf

European Council, Council of European Union. (2024). '*Glocal' opportunities for young people in rural and remote areas: Council approves conclusions*. Press release: https://www.consilium.europa.eu/en/press/press-releases/2024/11/25/glocal-opportunities-for-young-people-in-rural-and-remote-areas-council-approves-conclusions/

European Institute for Gender Equality. (2025) Country Information: France 2025 Gender Mainstreaming Approach - France. https://eige.europa.eu/gender-mainstreaming/countries/france

European Migration Network (2025) *Social exclusion.* EMN Asylum and Migration Glossary. https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary_en

European Parliament and Council. (2001). *Regulation No. 1049/2001 regarding public access to documents*. Official Journal L 145.

European Parliament and of the Council. (2024) *Regulation No. 2024/1689 laying down harmonised rules on artificial intelligence Regulation.* https://eur-lex.europa.eu/eli/reg/2024/1689/oj

European Parliament, Plenary. (2025). At a glance: Strengthening rural areas in the EU through cohesion policy. Available at: https://www.europarl.europa.eu/RegData/etudes/ATAG/2025/772902/EPRS_ATA(2025)772902_EN.pdf

European Parliament. (2024). *EU accession to the Council of Europe Convention on preventing and combating violence against women ('Istanbul Convention')*. Legislative Train Schedule.

European Parliament. (2025). Resolution of 17 June 2025 on strengthening rural areas in the EU through cohesion policy (2024/2105(INI))

European Parliamentary Research Service. (2021). *Supporting Smart Village Strategies* (EPRS BRI(2021)689349). European Parliament.

European Parliamentary Technology Assessment Network. (2019). *Technologies in care for older people*. https://www.eptanetwork.org/images/EPTA_report_2019.pdf

European University of Technology, Greenworal project: https://www.univ-tech.eu/eut-promotes-a-european-project-to-empower-rural-women-in-green-entrepreneurship

Eurostat, (2024) Statistics Explained: Urban-rural Europe. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Urban-rural_Europe_-_labour_market#SE_MAIN_TT

Eurostat. (2022), Social protection statistics – overview, available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_protection_statistics_-_overview

Eurostat. (2024) Digital skills in 2023: impact of education and age: https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240222-1

Eurostat. (2024). Statistics Explained: Urban-rural Europe - quality of life in rural areas. https://ec.europa.eu/eurostat/statistics-explained/SEPDF/cache/112344.pdf

FEANTSA. (2023). *Policy statement: Housing-led solutions to homelessness in rural areas*. https://www.feantsa.org/download/rural_housing-led_final5672354006764517482.pdf

France (2021) *Code de la santé publique (Article L.6316-1).*French Public Health Code (Article L.6316-1).

France. (1999). *Loi n° 99-641 du 27 juillet 1999 portant création d'une couverture maladie universelle*. *Journal Officiel de la République Française*.

Frazer, H. & Marlier, E. (2016). European Commission Directorate-General for Employment, Social Affairs and Inclusion, *Minimum income schemes in Europe – A study of national policies 2015*, Publications Office, 2016 Minimum income schemes in Europe - Publications Office of the EU

German EU Presidency. (2021). *Territorial Agenda 2030: A future for all places*. Publications Office of the European Union. https://ec.europa.eu/regional_policy/en/information/publications/brochures/2021/territorial-agenda-2030-a-future-for-all-places

Grass Ceiling, Breaking the GRASS CEILING in rural and agriculture policy: https://www.grassceiling.eu/about-2/

Greece. (1983). *Law 1397/1983: Establishment of the National Health System (ESY)*. Government Gazette of the Hellenic Republic.

Greece. (2016). Law 4445/2016 *National Monitoring Mechanism of Coordination and Evaluation of Social Inclusion and Social Cohesion Policies*. Government Gazette of the Hellenic Republic.

HSE. (2016). *People's Needs Defining Change Health Services Change Guide.* https://www.hse.ie/eng/staff/resources/changeguide/resources/person-centred-principles-and-person-centred-practice-framework.pdf

INSPIRE Project Website: https://inspireprojecteu.eu/

International Labour Organization, *Definitions: What we mean when we say "economic security".* Available at: https://webapps.ilo.org/public/english/protection/ses/download/docs/definition.pdf

International Labour Organization. (2004). *Economic security for a better world*. ILO Publishing. https://www.social-protection.org/gimi/gess/ShowRessource.action?id=8670

Ireland (2022). *e-Health Strategy for Ireland.* https://www.ehealthireland.ie/media/qfun5gcu/ehealthstrategyireland-copy.pdf

Ireland. (2015). *Gender Recognition Act 2015*. http://www.irishstatutebook.ie/eli/2015/act/25/enacted/en/html

Irish College of GPs, Programme Overview: About the IMG Rural GP Programme: https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/IMG-Rural-GP-Programme/Programme-Overview

Kusá, Z. & Kvapilová, E. (2005). *Third Report 2025: Report on regional social inclusion plans and programs in Slovakia*. The Institute for Sociology Slovak Academy of Sciences Bratislava. https://www.academia.edu/90732525/Report_on_Regional_Social_Inclusion_plans_and_programs_in_Slovakia

Latvia, Article 2 of the Law on Social Services and Social Assistance, available at: https://www.vvc.gov.lv/

Le Pacte des solidarités. (n.d.). *Lutter contre la pauvreté à la racine*. https://solidarites.gouv.fr

Leviäkangas et al, (2023), *Towards Smart, Digitalised Rural Regions and Communities – Policies, Best Practices and Case Studies*. https://doi.org/10.1016/j.techsoc.2025.102824

Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E., & Patsios, D. (2007). *The multidimensional analysis of social exclusion*. University of Bristol. https://research-information.bris.ac.uk/en/publications/the-multi-dimensional-analysis-of-social-exclusion

Lindberg & Lundgren. (2022) The affective atmosphere of rural life and digital healthcare: Understanding older persons' engagement in eHealth services. Journal of Rural Studies; 95: 77-85

Meurens et al. (2020) European Parliament Study Requested by the FEMM committee. *Tackling violence against women and domestic violence in Europe: The added value of the Istanbul Convention and remaining challenges*: https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658648/IPOL_STU(2020)658648_EN.pdf

Ministère du Travail, de la Santé, des Solidarités et des Familles, France (2024). *Le Pacte des solidarités : lutter contre la pauvreté à la racine.* https://solidarites.gouv.fr/le-pacte-des-solidarites-lutter-contre-la-pauvrete-la-racine

Neubauer, V, (2011), *How Could the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) be Implemented in the EU Legal Framework ?,* https://www.europarl.europa.eu/thinktank/en/document/IPOL-FEMM_NT(2011)453193

OECD & European Observatory on Health Systems and Policies, *Greece: Country Health Profile 2023* Greece: Country Health Profile 2023 | OECD

OECD & European Observatory on Health Systems and Policies. (2023) *Ireland: Country Health Profile 2023.* https://health.ec.europa.eu/document/download/20f96f89-7286-4e4f-8a2c-bea12cf97576_en?filename=2023_chp_ie_english.pdf

OECD & European Observatory on Health Systems and Policies. (2023) Romania: Country Health Profile 2023 c2cad8a5-707c-4480-84be-11daa8dff8e7_en

OECD (2024) Health at a Glance: Europe 2024. State of Health in the EU Cycle: https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en/full-report.html

OECD (2025). OECD Monitoring Framework to Measure Homelessness. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/01/oecd-monitoring-framework-to-measure-homelessness_7b704e9d/3e98455b-en.pdf

OECD. (2011). *Perspectives on global development 2012: Social cohesion in a shifting world*. OECD Publishing.

Romania. (2011). *Law No. 292/2011 on Social Assistance*. https://legislatie.just.ro/Public/DetaliiDocument/133916

Rosengren, K., Brannefors, P. & Eric Carlstrom (2021); Adoption of the concept of person-centred care into discourse in Europe: a systematic literature review. J Health Organ Manag 17 December 2021; 35 (9): 265–280. https://doi.org/10.1108/JHOM-01-2021-0008

Rural Pact Community Platform, *Mobile health workers provide healthcare in Romanian rural areas.* https://ruralpact.rural-vision.europa.eu/good-practice/mobile-health-workers-provide-healthcare-romanian-rural-areas_en

Rural Pact Community Platform. *VirtuALL supports an active ageing in rural areas of the central region* of Portugal: https://ruralpact.rural-vision.europa.eu/good-practice/virtuall-supports-active-ageing-rural-areas-central-region-portugal_en

The Charter of Fundamental Rights of the European Union. 1 December 2009, https://fra.europa.eu/en/eu-charter

The Council of the European Union. (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC

The Council of the European Union. (2024) 'Glocal' opportunities for young people in rural and remote areas: Council approves conclusions: https://www.consilium.europa.eu/en/press/press-releases/2024/11/25/glocal-opportunities-for-young-people-in-rural-and-remote-areas-council-approves-conclusions/

United Nations Department of Economic and Social Affairs. (n.d.). *Social inclusion*. https://www.un.org/development/desa/dspd/social-inclusion.html

United Nations General Assembly resolution 34/180, Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979

Urban-rural Europe - income and living conditions - Statistics Explained, 2024. (europa.eu)

Vilcu, R., Van den Bossche, L., Altman, N., Ziegler, V., Salle, E., Zomer, B. (2023). Empowering rural areas in multi-level governance processes. SHERPA Position Paper. doi:10.5281/zenodo.8383411

Vincentian Partnership for Social Justice & Trinity College Dublin Policy Institute. (2012). *A minimum income standard for Ireland*. Vincentian Partnership for Social Justice.

World Health Organization European Observatory on Health Systems and Policies. (2019). *Poland: Organization and governance*. https://eurohealthobservatory.who.int/monitors/health-systems-monitor/countries-hspm/section-detail/poland-2019/organization-and-governance/organization/

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: https://www.who.int/publications/i/item/9789240049338

Zapata et al. (2023) WHO report “From great attrition to great attraction: countering the great resignation of health and care workers”: https://iris.who.int/bitstream/handle/10665/372887/Eurohealth-29-1-6-10-eng.pdf?sequence=1&isAllowed=y

inspire

SMART VILLAGE LABS

GA 101136592

## PARTNERS

WHITE

university of groningen

UNIVERSITAT DE BARCELONA

SEERC SOUTH-EAST EUROPEAN RESEARCH CENTRE

CZU Czech University of Life Sciences Prague

KOÇ ÜNİVERSİTESİ

Social Economy Europe

EASPD

European Social Network

EUROPEAN NETWORK OF MIGRANT WOMEN

PEDAL CONSULTING

EUROPEAN RURAL DEVELOPMENT NETWORK www.erdn.eu

MedINA

LADAPT

the wheel Stronger Charities. Stronger Communities.

ROMONTANA.org

Q-PLAN INTERNATIONAL

arx.net MOBILE INNOVATIONS

Funded by the European Union