Auzosare / Vincles. Big Data Technology and Community activation for Addressing Loneliness		
Organisation(s):	**iSocial Foundation** iSocial is a foundation created in 2018 with the aim of driving innovation in the social services sector and contribute to its transformation and modernisation. It brings together 20 social services providers in Spain. Its main activities include training professionals generating and exchanging knowledge on innovation, co-creating digital solutions and methodologies and fostering alliances among the third sector, public administrations, universities and companies. **Bogan Group of Social Cooperatives (Agintzari, Zabalduz, Hirube, Garaian, Adaka)** Bogan is a group of social cooperatives (non-profit) operating in the autonomous communities of the Basque Country and Navarre in northern Spain. They manage public social intervention services (within the framework of the law and the social services portfolio) for local, provincial and regional administrations. The group brings together more than 1,000 workers, mainly social educators and psychologists, and serves more than 40,000 people annually. The Bogan group of cooperatives originally designed the model in the Basque Country in 2017 and they have been progressively incorporating updates, subsequently transferring it to the region of Navarra and more recently to Catalonia, where it has been adapted and developed by iSocial.	
Country:	Spain	
Contact:	policy@esn-eu.org (we will function as an intermediary between you and interested organisations who want to learn more about the practice)	
Theme: *Choose at least one option*	☒ Ageing & Care ☐ Asylum & Migration ☐ Young People ☐ Support for Children & Families ☒ Community Care ☐ Integrated Care & Support ☐ Co-Production ☐ Disability ☐ Housing & Homelessness ☐ Artificial Intelligence ☒ Digitalisation ☐ Quality Care	☐ Labour Market Inclusion ☐ Social Inclusion ☒ Technology ☐ Workforce and Leadership ☐ Social Benefits ☐ EU Funding ☐ Social Services' Resilience ☒ Mental Health ☒ Person-Centred Care ☒ Research & Use of Evidence ☒ Management & Planning ☐ Other, please specify:

Principles of the European Pillar of Social Rights: *Which principles does your practice cover?Check the 20 principles here.*	☐ 1. Education, training, life-long learning ☐ 2. Gender equality ☐ 3. Equal opportunities ☐ 4. Active support to employment ☐ 5. Secure and adaptable employment ☐ 6. Fair Wages ☐ 7. Transparent employment conditions ☐ 8. Social dialogue ☐ 9. Work-life balance ☐ 10. Healthy, safe work environment	☐ 11. Childcare and child support ☐ 12. Social protection ☐ 13. Unemployment benefits ☐ 14. Minimum income ☐ 15. Old age income and pensions ☐ 16. Health care ☐ 17. Inclusion of people with disabilities ☒ 18. Long-term care ☐ 19. Housing and assistance to homeless ☐ 20. Access to essential services
Current status of the practice:	☐ Concept and Design Phase ☐ Testing or pilot phase ☐ Temporary practice that has terminated ☐ Temporary practice that is ongoing and has a termination date ☒ Established and ongoing practice ☒ Scaling Up and Transformation Phase ☐ Other (please specify):	
Summary: *Please summarise the practice in maximum 3 sentences. This will be the disclaimer of your project on our website. Example here.*	Auzosare / Vincles aims to address loneliness among older people by combining technological innovation with community care plans. By using data science, information from various dispersed and unconnected sources is automatically processed - using its own system of graded assessment of potential risks- to detect and classify older persons at risk of unwanted loneliness. Efforts are made at local level to mobilise carers in the community to validate automatic detections and support people at risk of loneliness.	
Context/ Social issues addressed *Please explain the problem you attempt to solve with your practice.*	Auzosare / Vincles offers an innovative response to unwanted loneliness and social fragility, a major risk to the health and wellbeing of older people. With longer life expectancy and more people living alone, unwanted loneliness is a growing challenge for social services—now and in the future. Life expectancy in the EU is increasing—already close to 80 years on average—and expected to rise by 2.5 years in the next decade. At the same time, we're seeing a sharp rise in single-adult households. By 2035, one in five households will be a single person, most of them women. These trends challenge social systems across Europe, especially in regions like the Baltics. Many situations of unwanted loneliness remain invisible due to the complexity of detecting and understanding them in detail in order to intervene. Social services usually lack the resources, appropriate tools and clear methodology to mitigate and address the high number of situations of loneliness that probably exist. The consequences of these unaddressed situations are the deterioration of the safety, personal autonomy, health and social fragility of many older people. Likewise, neglecting their needs reduces the number of years people can remain in their own homes and increases the anxiety of family members. At the same time, there	

	is little use of traditional community resources to address, respond to and mitigate these situations of unwanted loneliness. In view of this, the administration needs new instruments to support its decisions, social services need new methods of detection and intervention, and the community can harness its potential by establishing a network, support and tools.
Objectives: *Please provide **a maximum of three** objectives in bullet points.*	1. **Incorporate a standardisable territorial information technology system** for the protection of older people, which allows for the detection of situations of loneliness and social isolation in an up-to-date, immediate and accurate manner. 2. **Improve the effectiveness of Social Services' actions** by reviewing the highly accurate social diagnosis, which identifies the needs and opportunities of the territory for precise intervention planning, using innovative technological tools and the participation of formal and informal resources. 3. **Activate the community's caregiving capacity** by raising awareness of the problems faced by lonely older people in each region and involving community assets (people, businesses, services, etc.) in the different responses (planning, mutual support dynamics, network of 'antennae' sensitive to possible risk situations, etc.).
Activities: *Please describe the activities put in place to achieve the objectives (maximum 400 words).*	1. Application of **new technologies (GIS technology and Data processing) to social intervention** in participating territories, achieved through the signing of agreements, updating of data, training of professionals and dissemination of support material. • To determine the prevalence of loneliness in each municipality. • To make medium-term projections (macro/strategy level). • To detect the position of well-being or risk of each person –up to now, older people- in relation to loneliness and social isolation (micro/intervention level). 2. Use of **systematised and comparable tools** to evaluate these initial results of the detection and determine the presence and type of social fragility. 3. Application of an **individualised care methodology** and personalised intervention plan with follow-up and referral. **4.** Empowerment of the community from a care approach through the development of a **community activation plan**: 1. by identifying the key actors in each context (both formal and non-formal), 2. raising awareness, activating and training them 3. providing them with support and a tool –an app for easy and safe communication of signs of fragility observed to social services).

Outcomes: *Please explain what the results were/are so far and how you evaluated this (i.e. statistics, a study, or feedback)*	The model has been piloted in 26 municipalities and associations of municipalities in the Spanish regions of the Basque Country (since 2017), Navarra (2022) and Catalonia (2023). Over 1,800 people at potential risk of vulnerability were identified (70% of whom were women), many of whom had not previously been contacted by social services. 225 of them have received individualised care plans. 400 people have been informed and trained to recognise and better understand social fragility. A total of 110 local volunteers have been mobilised to participate as 'antennas' in their communities. 50 social workers are directly involved in the process.
Funding Source	EU Funds: ESF+ ☐ INTERREG ☒ ERDF ☐ ERASMUS☐ RRF ☐ other ☒ ☐ National Government Funds ☒ Regional Government Funds ☒ Local Government Funds ☒ Private Sponsorship / Public-Private Partnership ☐ Financial contribution of People using Services ☐ Other, please define:
Links to supporting documents: *e.g. project website or report of the practice, articles*	www.auzosare.eus https://isocial.cat/en/vincles-alt-pirineu-aran/ https://vincles.org
Comments and tips *i.e. for people willing to implement your Practice in their service*	• Implies a multilevel collaboration between city councils, social services, social entities and neighbours. • Relies on the availability and quality of data sources. • Requires the technical and technological capacity to process and analyse data while ensuring protection requirements are met. • Requires adaptation to local contexts with specific geographic, orographic, urban, social and cultural features.