A Community-based Care Model in Rural Areas		
Organisation(s):	COCEDER	
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*	A Community-based Care Model in Rural Areas is a person-centred model developed by COCEDER to support people with care and support needs to remain connected to their rural communities. Tested across 18 rural regions in Spain, it combines individual life plans, local support networks and community facilitation to prevent unnecessary institutionalisation and strengthen social cohesion. The model	

website. Example here.	demonstrates how community-based social services can improve wellbeing, reduce isolation and build more resilient rural areas.
Context/ Social issues addressed *Please explain the problem you attempt to solve with your practice.*	Rural areas face specific challenges in providing care and support, including depopulation, ageing communities, isolation, limited access to services and the risk of unnecessary institutionalisation. The practice responds to these issues by bringing care closer to people's homes and communities, building on local resources and relationships rather than separating people according to their needs. It addresses the need for flexible, community-integrated and person-centred support that enables people of all ages, including older people, people with disabilities, people with mental health difficulties, children and families at risk, and people experiencing homelessness, to live with dignity and participate in community life.
Objectives: *Please provide **a maximum of three** objectives in bullet points.*	1. Prevent unnecessary institutionalisation by enabling people with care and support needs to remain in their homes and rural communities. 2. Develop person-centred life plans and integrated support based on each person's needs, preferences, relationships and community resources. 3. Strengthen rural social cohesion and resilience by activating community participation, informal support networks and local partnerships.
Activities: *Please describe the activities put in place to achieve the objectives (maximum 400 words).*	The model was developed through an action-research and co-creation process within the BIOCUIDADOS pilot project, supported by the Spanish Ministry of Social Rights and Agenda 2030. It was implemented in 18 rural regions across Spain, covering more than 200 population centres, almost half of which had fewer than 500 inhabitants. The work combined individual and community intervention. At individual level, professionals developed life plans with participants, identifying their needs, preferences, interests and aspirations. At community level, teams mapped local resources, strengthened informal support networks, created opportunities for participation and connected people with meaningful activities and relationships in their daily lives. Three key professional roles supported this approach: the Case Manager or Life Plan Manager, the Reference Professional and the Community Facilitator. Together, they worked in, from and with the community to identify or create opportunities for people to contribute, build relationships and access support. Activities focused particularly on self-care, physical and mental health, leisure, social relationships, family support, community participation and links with local organisations. The practice also involved continuous learning, evaluation and adaptation, using findings from implementation to define a transferable rural care model.
Outcomes: *Please explain what the results were/are so far and how you evaluated this (i.e. statistics, a study, or feedback)*	The evaluation used quantitative and qualitative methods with different stakeholder groups, assessing perceived effects, the care process, implementation and dropouts. The project reached more than 600 people with support needs across rural Spain. Participants reported high levels of satisfaction: 94% said they were satisfied and 85% felt better than when they started. More than half reported improvements in emotional and physical health, particularly people with mental health difficulties. Social and community relationships also improved, with 57% reporting stronger connections after 12 months, and positive effects for people experiencing

	homelessness and children at risk. The model also helped revitalise rural communities by reducing isolation, creating inclusive spaces, strengthening informal support networks and improving collaboration with local resources. Overall, the evaluation shows that community-based, person-centred social services can improve individual wellbeing while strengthening rural social cohesion and resilience.
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*	COCEDER : Resultados
Comments and tips *i.e. for people willing to implement your Practice in their service*	We have developed a pilot project within the framework of the Spanish Government's new care strategy. This project, implemented exclusively in rural areas, has allowed us to define a care model specifically for these environments. The model rests on two main pillars: person-centered, comprehensive care and the activation of the rural community to provide natural support within it. We believe we have a model that respects individual wishes, is community-based, and facilitates care in sparsely populated rural areas, enabling people to continue living in their homes, villages, and communities.