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# European Social Catalyst Fund

## Scaling Plans

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## Overview

The European Social Catalyst Fund (ESCF) has been established and is co-funded by the European Union's Horizon 2020 Research and Innovation Programme, Genio, the Robert Bosch Stiftung and the King Baudouin Foundation. The ESCF is based on the understanding that there are many tried and tested social innovations that could be scaled to contribute significantly to tackling societal challenges facing the EU. The ESCF has – and will hopefully continue - to contribute to addressing the key gaps in scaling solutions to major societal challenges. These gaps are insufficient funding for scaling, and insufficient capacity to scale successful innovations in complex environments.

This phase of the ESCF was designed to identify proven innovations and to provide financial and non-financial support for the development of plans to scale a selected number of such innovations within, and across, Member States. It is hoped that a further phase of the ESCF will be launched which will provide catalyst funding, on a competitive basis, to unlock public and private support to scale well-planned innovations to address agreed priorities across the EU.

Following a pan-EU call in January 2020, applications were received from 22 Member States and evaluated against published criteria (see Appendix 1). These included existing evidence of success, cost-effectiveness, capacity to develop robust detailed scaling plans, and to engage with relevant stakeholders to increase the likelihood of successful scaling.

7 innovations were selected, and support was provided during February – September 2021 for the development of plans to scale. Most of the organisations/consortia selected developed plans to scale to, or within, more than one country. This means that for 7 innovations chosen, 17 plans have been developed for scaling in 16 countries, with a further 2 countries being considered. 7 of the countries in which plans are being developed are CEEs. Given the level of detail and support for scaling the innovations in the various locations, this represents very good value for money for a modest ESCF Phase1 fund of €600,000, averaging €35,000 per plan. This report is submitted to the European Commission as Deliverable 17 of this initiative “Robust realistic plans developed by awardees”. These plans are offered as examples to illustrate the kinds of issues that need to be thought through if planning is to be realistic and robust. Investing in planning is also very helpful to identify what is realistically scalable and what is not.

For ease of reading, we are presenting these plans in the same sequence of key issues. These include a short description of each innovation; the relevant societal issue being tackled and the organisations involved; the intended scope of scaling (which countries, regions, municipalities are selected for each, and the reasons for this selection); anticipated measurable outcomes within 2 years; evidence supporting the innovation; scaling methods; key partners to be involved; how end-beneficiaries are engaged; funding and financing arrangements; how impact will be measured and the challenges, risks and mitigation strategies identified.

The plans contained in this report concern innovations representing proven ways to effectively tackle a range of issues that align with the Sustainable Development Goals and align with the three main categories of the European Pillar of Social Rights: equal

opportunities and access to the labour market; fair working conditions, social protection and inclusion; and with ecological and social transition. Issues that are the focus of these plans include:

- Social Housing
- Employment of refugees
- Social isolation and frailty amongst elderly people that leads to increased hospitalisation and residential care
- Alternatives to Detention for Migrants
- Employment for people with severe and enduring mental health difficulties
- Energy Poverty
- Digital inclusion

Planning enables sufficient information to be gathered to facilitate appropriate tailoring to specific locations. Managing the potential trade-offs between adapting innovations to fit local circumstances, whilst retaining the essential ingredients of the innovation to ensure some predictability regarding outcomes, has been a challenge for some of the teams involved.

Critical learning has taken place about existing responses to the challenges relevant to these innovations already in place (and commanding resources that might otherwise be devoted to new, more cost-effective innovations) in the various locations in which scaling is to occur. Unless the proposed innovation has evidence that it can produce better outcomes more cost-effectively, it is unlikely to be taken seriously.

Participants were asked to develop plans for what could be achieved within a 2-year timeframe. Many of the teams have also developed plans for periods beyond the initial 2 years. The numbers are important, but so also are the support structures that would be put in place to ensure ongoing and evaluated spread of these innovations.

The timeframe for these plans to be developed was 8 months and, notwithstanding the restrictions posed by COVID-19, all plans were completed within the timeframe. Some have already secured commitments of funding and support, and for others, there are ongoing negotiations taking place beyond the deadline for submission of plans which are likely to bear further fruit.

Working from the perspectives of the various stakeholders that need to be engaged has been important to secure the necessary buy-in. While good evidence that these innovations are effective was a pre-requisite for support from the ESCF, it has been interesting to note the requirement in some places to begin by doing an evaluated pilot in the exact area where scaling is proposed to occur. This requirement is legitimate before more substantial investments are made in scaling a new service, product, or model. It can also be needed to convince reluctant key stakeholders of the value of the proposed innovation.

The societal challenges that are the focus of the innovations described in this report are complex, and it is not surprising that the plans involve multiple stakeholders across different sectors. The role of the public sector at European and Member State levels is particularly evident. This is not surprising as responsibility at the legislative and policy levels for tackling

these societal challenges rests with the public sector, as does most of the funding to find solutions. At the European level the appetite to scale evidence-based scale innovations across countries, to respond effectively to common societal challenges, is impressive. This needs to be further supported both with funding (that can catalyse public and private resources at national level) and with capacity-building to share lessons and fast track scaling.

Implementation of these plans requires public and private funding in different combinations. Most of the funding required derives from public resources at national level - usually those already being deployed on less cost-effective responses to the societal challenges involved. While this will mean that investment in the short-term is required to transfer resources to more innovative approaches, savings and cost avoidance are possible in the mid- to longer-term. Some of the initial investment required could appropriately come from the EU in the form of a ESCF2, or similar fund, particularly where transnational scaling and learning is possible. The private funding envisaged is mainly (although not exclusively) philanthropic. Philanthropy has a critical and significant role to play. Philanthropic resources that are strategically placed to help catalyse the scaling of proven innovations can be extremely impactful relative to the amounts that can be invested. Social finance also has a role to play, and consideration is currently being given to how this element can be helpfully combined into a further phase of the ESCF which is currently being designed, supported by the European Union's Horizon 2020 Research and Innovation Programme, Genio, the Robert Bosch Stiftung and the King Baudouin Foundation.

# ESCF Consortium & Advisory Group Members

## ESCF Consortium

- **Genio Trust**  
Represented by Madeleine Clarke, Executive Director and Dr. John Healy, Deputy Director
- **Robert Bosch Stiftung**  
Represented by Silke Breimaier, Senior Manager Future Issues and Foundation Development and Stephanie Häfele, Senior Manager to the Board of Management
- **King Baudouin Foundation**  
Represented by Stefan Schäfers, Head of European Affairs and Caroline George, Senior Project Coordinator

## ESCF Advisory Group

- Bairbre Nic Aongusa, Assistant Secretary General, Department of Rural and Community Development, Ireland
- Clementine Blazy, Technical Assistance Programme, European Center for Social Finance, France
- Aleksandra Dmitruk, Deputy Director, European Social Fund Department, Polish Ministry of Economic Development, Poland
- Michael Fembek, Programme Manager, Essl Foundation, Austria
- Alfonso Lara Montero, Chief Executive, European Social Network (ESN), Belgium
- Pieter Oostlander, Fund Manager, Si2 Fund, The Netherlands
- Franz Karl Prüller, Senior Advisor to the Board, ERSTE Foundation, Austria
- Zoran Puljic, Director, Mozaik Foundation, Bosnia
- David Stead, Chief Strategy Officer, Maanch, UK
- Nicole Traxler, Lead Social Innovation, ERSTE Foundation, Austria

## **Scaling Plan 1: Action plan for the work underpinning the Budapest Housing Agency**

The innovation lies in developing and expanding over time a pooled portfolio of affordable rentals in the framework of the Social Housing Agency (SHA), based on the current rental housing stock of the Municipality of Budapest (MB), properties rented from private landlords, compensation from private developers in line with planning and building regulations, and other diverse sources. Instead of following the property management approach of public landlords (primarily local municipalities) in Hungary, it will undertake an integrated service provision approach, in which tenants in need of additional support beyond affordable housing will receive personalized social work. To expand its affordable housing stock within its current operational framework, MB would have to buy or build at market rates at massive costs. Given the current scarcity of affordable rental units, the MB can provide housing to only a fraction of those in justified need. Rental units within the SHA will be allocated to a diverse group of low-to-middle-income tenants who currently struggle to afford adequate housing, complete with social work as needed. This scheme will help vulnerable groups maintain their housing security, but also their ability to pay rent as due, which prevents the accumulation of unmanageable debts for the tenant, but also ensure the financial viability of the SHA. Rents, risks and costs are pooled across various tenant groups and dwelling types (regardless of their ownership status), promoting financial stability and the cross-financing of various costs associated with the diverse needs of beneficiary groups.

Full implementation plan can be accessed on [utcarollakasba.hu](http://utcarollakasba.hu)

### **Lead Organisation**

From Streets to Homes! Association, Hungary

### **Other Organisations in the consortium**

- Metropolitan Research Institute (MRI), Hungary
- Municipality of Budapest (MB), Hungary
- Habitat for Humanity Poland (HfH PI), Poland
- Municipal Institute of Housing and Renovation of Barcelona (IMHAB), Spain

### **Primary social challenges that the innovation seeks to address**

Poverty and Marginalisation, Homelessness, Inequalities.

### **Relevance of this social innovation**

The state of a housing affordability crisis in European urban areas, and specifically in Central and Eastern European (CEE) post-transition cities like Budapest and Warsaw, and cities most affected by financialization and mass loan defaults, like Barcelona, were described in the submitted application for this project. The issue of small, marginalized social or

affordable rental sectors were also described therein, which exacerbates the housing crisis in many of these areas.

The key societal challenges which provide the relevance of the project are summarized there, in particular the share of households struggling to afford their housing, or who can only afford substandard housing; and also the issue of house prices and rent increases surpassing the growth of incomes for a prolonged period, but particularly after the mid-2010s. Many European countries have been shifting towards a pro-ownership housing support policy, with small or nonexistent housing support to households for whom indebtedness is extremely risky or are simply not creditworthy. This has been destabilizing the housing security of a growing number of persons and families.

The research undertaken for this project provided the research team with a more precise and grounded understanding of how these challenges play out on the level of individual vulnerable households. Based on the available statistics, we had an initial knowledge of which groups could be in need of an SHA type program. Over the surveys, interviews, focus group discussions and awareness raising events (on which feedback on the initiative was also gathered), we gained a more refined image of the nature of the challenge.

The research team had a broad notion of the appropriate beneficiaries at the outset of the project. We noted that the three key target groups could likely be 1) low income workers without home ownership or family wealth, who struggle to cover market housing costs (initially focusing on public sector employees, like teachers, health care or social sector workers); 2) early career young adults with little or no parental financial support; and 3) the most vulnerable prospective beneficiaries, e.g. people leaving homeless accommodation. We also assumed that the former two groups would only need affordable, adequate and secure housing, while the last group could also need social work as appropriate; and finally, that the last group will have the lowest income on average.

Over the course of the research, we elaborated target groups to a more refined extent. As we expected before the present project, and verified during the research activities, the group of people who could possibly afford better and more expensive housing than available municipal social rentals, but for whom market housing costs are a nearly unmanageable financial burden, is quite large and heterogeneous. We have come to confirm that a number of institutions which provide accommodation to persons in need also accommodate (recurring) inhabitants who do not necessarily need intensive social services, but simply cannot afford market based housing (including families with small children).

Additionally, we realized that the level of income, vulnerability, and need for social work is not as closely associated as we initially presumed. Members of a target subgroup that we initially deemed “most vulnerable” could occasionally have relatively high income, but still be excluded from the housing market for non-financial reasons. Similarly, some persons with a reasonably stable income may need social work. Additionally, the role of intra-family transfers is significant: people with the same attributes with our potential clients may not need any similar intervention if they inherited a home from within their family or received sufficient financial support to qualify for a mortgage and ownership supporting subsidies.

The detailed discussion of target groups and the societal background that justifies the relevance of the SHA are discussed in detail in Chapter 3.3 of the [Implementation Plan](#). It includes some specific target subgroups based on Hungary's social and housing policy environment but are also likely to be relevant in numerous other EU member states. The issue of young workers with no financial backing is a clear-cut example. Persons struggling to leave institutions may be specific to some countries. For instance, people living in homeless shelters, workers' hostels, or emergency shelters for families may be fully able to manage their own household and cover a supported rent but could be absolutely unable to access market based housing, all the while the social housing sector is extremely small and restrictive (especially in Central and Eastern Europe, but also many Southern European countries and regions).

MRI conducted research on the supply side - focusing on the strategies, expectations and characteristics of landlords on the private rental market. One aspect of the research has been a non-representative online survey for landlords. Results of the survey show that, under the conditions of the Housing Agency, which include the continuous payment of the rent, the maintenance of the apartment and the sharing of the risks associated with the expenses, some landlords in Budapest are open to letting out their apartments at slightly below market prices. The greatest interest was expressed by owners with an investment mindset, i.e. owners renting out more than one apartment, and by landlords with higher educational qualifications. In the experience of the Streets to Homes! Association, in some cases, owners living abroad and owners with two flats are willing to put to use their flats (or their inherited flat, respectively) in a similar arrangement. According to the survey, the largest group of owners considers a discount of 15-20% compared to the market rent acceptable. An important incentive for landlords in joining the program appears to be risk management, i.e. the insurance scheme offered by the Housing Agency. Landlords who have had a specific bad experience (e.g. tenant 'disappearing' without paying, damage to the property) are more willing to join the scheme.

Another aspect of the research has been the interviews conducted with letting agents. An interesting topic of these conversations had been the effect of Covid-19 and the way landlords adjusted to the increase in supply in the private rental market. Most owners were irrationally reluctant to lower prices, even if that caused a longer vacancy period. Another insight has been how landlords use letting agents to vet potential tenants to control associated risks, thus letting agents often function as gatekeepers in the rental market. As landlords often overestimate the risks associated with certain population groups (such as families with children, or the Roma) this can lead to discriminative practices. The interviews highlighted the key role letting agents play in the private rental market, matching landlords and tenants and advising landlords with regards to pricing. Our interviewees found the SHA concept a promising prospect, and some even expressed an interest in cooperating with the SHA in seeking out landlords. Given the key role of letting agents, this might be an important strategy for increasing the supply of housing for SHAs.

The Warsaw team experienced a surge in public interest in various forms of affordable housing in 2020, in part due to the economic and social impact of the pandemic. In 2021, the public interest continued, and also expanded over other related issues, such as the need for deinstitutionalization, especially for members of vulnerable groups who are well able to

maintain independent supported housing. These issues have barely been in the forefront of public policy in Central and Eastern European EU member states in the decades. This team focused strongly on advocacy as well as research, and had some great recent successes, such as the entry into force of a national law regulating Social Rental Agencies (SRAs), and an increased interest of various local municipalities. However, the Warsaw team also experienced some of the difficulties in advocating for a full integrated service provision package, as social work was not included in the SRA law. The team has discerned that the in-depth understanding of effective social provision is lacking on behalf of political decision making bodies, and further advocacy work is necessary.

### **The extent to which this innovation has already been implemented in countries in Europe**

A SRA has operated in Barcelona since 2016, and a more recent one in Warsaw, run by project partners IHMAB and HfH PI, respectively. Like the proposed Budapest SHA, these were launched to address the two cities' housing challenges. The two partners provided input for the present research and the preparation of the implementation plan, allowing it to build in hands-on experience, and hence better respond to their specific challenges. Social Rental Agencies which mobilize privately owned housing, but do not pool it with other resources, are well established in Flanders, Belgium; and Social Letting Agencies in the UK play a similar role in improving the housing affordability and quality of low-income and/or vulnerable groups.

The HomeLab project - carried out, among others, by Metropolitan Research Institute (MRI), From Streets to Homes! Association (FSHA) and Habitat for Humanity Poland (HfH PI) in the four Visegrad countries - implemented a housing-led integrated service provision approach, combining private and municipal rental stock (and, in one pilot, assisted self-construction of homes). The treatment groups' housing position improved significantly.

The operation of From Streets to Homes Association (FSHA) from 2016 proves the viability and efficiency of the SHA model. FSHA has an innovative and diversified financial background. It combines various housing models (renting private owners' flats to vulnerable households; letting apartments bought from donation; letting dilapidated municipal apartments after renovation). Its clients are predominantly formerly homeless persons and families, and affordable rental housing combined with intensive social work ensured the significant improvement of the quality of life, while also allowing for swiftly addressing arrears and emerging crisis situations, making the rate of dropouts and arrears minimal in their tenant pool.

In Western Hungary, the local authority of Szombathely has been operating a small-scale SHA model since November 2020. Alongside our current initiative, the 1st district local authority of Budapest has been working on launching its own SHA model. As opposed to our proposal, these Hungarian examples focus solely on the utilization of housing units from the private sector (managed and allocated separately from their public housing stock), and aim to target a less heterogenous and higher income group of prospective beneficiaries.

The first SRAs in Europe were initiated in the 1980s, First in Belgium, Germany and France, and two decades later they became more widespread across Europe. In Flanders, Belgium SRAs were initiated to tackle homelessness. The initiative was mainstreamed into national housing policy, and by 2016 there were 48 registered SRAs. In this model the SRA rents dwellings from private landlords and sublets them to their target groups. It also offers

renovation and legal support as incentives. Tenants below a certain income threshold are also eligible for rent supplement, and the SRA provides social counselling if needed. This model has influenced the planning of the Budapest SHA.

In Germany SRAs have not gained governmental support so far, thus the scope of their operation remained more limited. German SRAs target vulnerable and homeless people, mostly using private rented properties. They provide social support for tenants and guaranteed rent payment for landlords, which are two features we also included. German SRAs are financed from multiple sources, eg. State agents, church funds, and donations.

In France SRAs have been in operation since the 1980s as NGOs, usually in cooperation with municipalities. One type, AIVSs, takes over housing management for a minimum of 3 years, contracts are concluded directly between the tenant and the landlord. In 2016, 45 AIVSs operated in France, managing 11,950 dwellings. A different type, Solibail, is centrally financed, and supports organisations (usually NGOs) to intermediate in the private rental market to provide temporary housing for homeless households in emergency homes. In the framework of Solibail 34,323 dwellings were included, 80 percent of which were sublets.

In Ireland, the Rental Accommodation Scheme enables local authorities to use the private rented sector for social purposes, and provide affordable housing for those in need. Persons are eligible for the scheme if they are long-term recipients of the national rent supplement and/or have long-term housing needs. In 2019, 18,014 properties were involved in the scheme.

Even though SRAs and similar solutions have a history of over three decades, similar initiatives are very new, and implementation so far is very small scale in CEE countries. At this point, public actors are facing the growing need for affordable housing even for lower/middle or even some middle-income groups. Yet the public sector of Central and Eastern EU member states are still only beginning to explore the concept of SRAs and other innovative housing initiatives.

Recently, the municipalities of Prague and Brno began to rent and sublet privately owned flats to people excluded from the housing market.

HfH PI developed their own Social Rental Agency in the HomeLab project, which has been in operation for many years now. They follow an integrated service approach, in which affordable housing is combined with social work as needed by vulnerable tenants. In the wake of the pandemic, they broadened their clientele to persons in economic hardships due to the economic downturn, who do not necessarily need intensive social care (but may still need assistance in getting through their temporary troubles). They have been advocating SRAs as a solution to expand affordable housing, and made huge progress over the past few years. This included the entry into force of national legislation on municipal SRAs, and contributions on national strategic documents (see details under Question 4.1). So far their approach is the closest to the innovation to be implemented by the Budapest SHA.

## Scope

### Where the innovation is planned to be implemented

The direct geographic scope of the innovation is Budapest, with some links to the surrounding suburban areas. The key implementer of the SHA is MB, whose legal geographical scope is the city of Budapest. However, in the present research we identified

target group members, in particular key workers, whose work is a significant contribution to the well-being of Budapest residents, yet who can only afford renting a home in the agglomeration towns. MB is open to include these target group members in the SHA, regardless of the location of their current residence.

At this point, the project team is disseminating the SHA concept among district municipalities and is seeking cooperation opportunities with them. If a successful cooperation is set up during the implementation phase, the legal scope of cooperating municipalities will primarily be their own administrative area. Still, such cooperation would be a strong added value to the Budapest SHA; and district municipalities also do occasionally provide housing related functions outside their own administrative borders.

Dissemination activities also address municipalities outside Budapest. Although a direct inter-municipal cooperation in these cases do not presently appear feasible, the overall mission of the project team and MB is to support the establishment and upscaling of affordable housing initiatives across Hungary. Members of the consortium actively seek opportunities to provide support and know-how to similar projects, or other housing related initiatives through their respective networks; for instance, FSHA and MRI through the housing action coalition, which also has municipalities outside Budapest among its members; and MB through its municipal networks in Hungary and internationally.

FSHA has used its previous experiences as well as the information and research results gathered through the project to prepare a manual, for which UN-Habitat granted financial support. The manual will be a practical information brochure and toolkit for municipalities in Hungary (particularly Budapest districts, and cities and towns outside of the capital) for launching similar SHAs. Accordingly, the content of the manual will omit the parts of the research results specific to the capital, and instead will lay strong emphasis on the conditions and options relevant for Hungary as a whole. The manual will be published by November 2021 and distributed to the municipality of every city and town with a population greater than 50,000.

FSHA has also been contacted by a county seat city and is currently supporting the development of a social policy focus project. This also contains the inclusion of a housing agency within its municipal housing policy tools.

MRI has been active in promoting the new ways of forming social and affordable housing initiatives on an international level. The organization has well established relations with other policy experts and policy makers in various European countries. MRI has been mobilizing its connections and resources to generate further discussions on the possibilities of introducing new models of affordable housing in CEE and Southern European countries. It maintains regular connections with international organisations like Housing Europe and Feantsa, promoting the need for the expansion of affordable and social housing initiatives.

Habitat Poland plans the promotion and extension of the SRA model to cover various regions in Poland in different forms, including (1) educating and training municipalities and NGOs from across Poland; (2) implementing SRA in compliance with the new legal regulation in Warsaw and possibly in other municipalities (however, under the legal regulation any municipality deciding to establish cooperation with an SRA run by an NGO is obliged to organize tender proceedings to choose the most appropriate entity); and (3) maintain and upscale its own SRA to support households already in the program, and to provide support for people not falling into the criteria of municipal housing. Existing SRAs in Europe rely almost exclusively on renting dwellings from the private rental market, and work with relatively narrowly defined beneficiary groups. The proposed SHA manages a combined

housing portfolio of municipally owned dwellings, housing units rented from the private market, and other sources (new construction, donations etc.) in a unified, pooled manner. This allows the SHA to dynamically expand its portfolio despite limited resources, and tailor its services to a broad range of beneficiaries, which is part of its core innovation.

### **Reasons the geographical areas were chosen for implementation**

The consortium lead FSHA, and consortium partner MRI are active in Budapest, and have been searching for solutions for the housing crisis emerging in the city. In Budapest house and rent prices have been skyrocketing in the past decade, while wages increased at a much slower rate. The affordability of housing has decreased accordingly. The population who cannot afford adequate housing does not only consist of vulnerable and marginalized groups; it also includes key workers, and basically anyone who is not already a homeowner and earns a below or near average wage. In an EU comparison, income inequality in Hungary is in the medium range; but overall income levels - and especially the house price-to-income ratio - is among the lowest in the EU. As a result, housing may be unaffordable for the lower seven income decile, unless households receive significant financial support or home ownership from within their family.

FSHA's primary target group were homeless people. In the past decade housing policy actors had to realize that (1) the low share and turnover rate of public housing is too narrow to provide housing even for the most vulnerable; (2) the stock available for implementing housing policies has to be increased significantly; and (3) the affordability problem currently affects a greater share of Budapest residents than ever since the transition, including a growing share of lower middle-class families and households too. The Association also prioritizes acting on the local level, where they can exert the greatest impact, while gaining direct information about the problem and the people it affects. Given the original target group of FSHA homeless persons and families and its commitment to egalitarian solutions, its aim was to develop a scheme that is able to provide for the needs of a broader target group in the SHA, but does not exclude the most vulnerable, including homeless people.

The SHA concept was elaborated by the experts of FSHA and MRI, while the staff of MB contributed with legal, organisational, technical, and management information; and provided detailed feedback on the proposals. The legal geographic scope of MB is the city of Budapest. Nevertheless, MB is open to provide services to persons who live in the agglomeration and commute for work to Budapest, as their work benefits city dwellers, and contributes to life in the city.

HfH PI's priority for scaling up their already existing SRA program in Warsaw is determined by a long-standing relationship with the City of Warsaw. The City of Warsaw was involved in HfH PI's SRA from the very beginning: their first SRA pilot in the HomeLab project was in Warsaw; in this the City provided 14 rental flats. After the HomeLab project the cooperation agreement was prolonged, and HfH PI is still renting these flats from the City, accommodating SRA clients. The SRA program was also described as an example of innovative social projects in the City in the Warsaw's Housing Program for 2021-2025. HfH PI has also been cooperating with the City of Warsaw in other matters.

During the development of the implementation plan, we were aware that most post-transition CEE countries share these struggles after privatising most of their public housing stocks since the transition. In Hungary, the privatization of the already scarce public housing is a continuing process.

Most people in post-transition EU member states in the CEE region live in owner-occupied housing, including people in capital cities (the rate of rental properties tends to be the highest in capital cities, but owner occupation is still predominant). This also includes most very low-income people - in their case, the home is often poor quality, or even substandard to the extent it poses health risks. Due to the scarcity of public housing and the costs and insecurity of private renting, most low-income households have simply no other options. Yet the globalization of housing markets has been affecting these CEE cities, and home buyers now compete with investors, who in many cases buy for short-term letting, or simply keep their second dwellings empty as a form of investment. As a result, house prices are becoming well out of reach to a growing share of their population, especially to new market entrants (the young and the mobile, in addition to marginalized groups). So, demand for rental housing has been growing steadily, even though private renting remains costly, poorly regulated, and unreliable.

### Level of implementation of the innovation anticipated

Level 2 - Partial adoption by regional/municipal social services

Level of Adoption	Description
1	Consistent Adoption by mainstream social services at national/federal level
<b>2</b>	<b>Partial adoption by regional/municipal social services</b>
3	Inter-connected demonstration projects
4	Pilots external to mainstream social services

### Anticipated measurable outcomes

The SHA is planned to be launched in two phases. During the first phase, a transitory organisational framework will be set up within the structure of MB. For three years (2022-2025), the coordination of the SHA functions and the preparation and operationalization of the launch of the independent SHA will be managed from within the Social Policy Department of the Mayor's Office. Meanwhile, the municipally owned stock will be gradually transmitted into the new SHA system. During the second phase (2025-2028), the SHA will be set up as an independent organization, owned by the Municipality.

#### Within 2 years

A structure set up within the office of MB, coordinated by the Department of Social Policy. Additional human resources will be recruited according to the tasks and needs identified by this initial team. The transitory body will begin SHA activities in terms of involving dwellings from MB's public housing stock and from private owners, and publishing calls for tenants from the various target groups.

The General Assembly of MB is expected to discuss and accept in the near future the new Housing Concept, of which the SHA is a central pillar; as well as the Housing Management Plan for 2022.

Table 1.1: the quantifiable targets for the number of dwellings involved within this transitory period.

	2021	2022	2023	2024
MB rental housing stock	832	703	497	230
Rental housing stock in SHA system	0	214	614	1,006

The 2021 value here shows the number of current stock of MB owned rental dwellings, excluding special purpose housing for retired tenants (this stock will remain separate from SHA). The stock of 832 rental units (without pensioner dwellings) will be gradually transferred into SHA management as contracts expire over time. Renewed contracts and new tenants will be integrated in the SHA system. By the end of 2022, we expect to involve an estimated 214 dwellings, which increases to 1,006 by the end of 2024, when preparation for the independent SHA's launch becomes imminent. MB has foreseen to purchase or build a total of 1,250 dwellings in the 2022-2028 Integrated Urban Development Strategy (IUDS) period; but we expect that within the three-year transitory period the number of dwellings rented from private landlords will outnumber new build and purchase.

During the 2022-2025 transitory period, the SHA organization within MB will be supported by an SHA Working Group, comprising experts, decision makers and practitioners within and outside of MB. The operationalization and final conceptualization of the independent SHA is arranged to be an iterative process: a series of decisions regarding its organizational form and details of operation will be decided in light of practical implementation of the mission by the transitory body and the contributing partners. The most important details to be finalized by 1st quarter of 2025 include the exact distribution of tasks and responsibilities in SHA management; and making the final decision on the optimal organizational form of the independent SHA.

A number of details, including the organisational form of the independent SHA, must be refined and finalized based on the experience of the transitory body. The optimal organisational form was discussed in depth with the legal team of MB and other consortium members, and the two options retained for consideration are a not-for-profit economic entity in the full ownership of MB, or public institution owned and financed by MB. Both options are in line with the SHA's mission, but their respective costs and benefits must be assessed in action, in light of the hands-on experience and information gathered by the SHA body within the MB's structure.

By the end of this initial period, the transitory body will also have identified all tasks and functions the independent SHA body will need to fulfil, and the resources it will need. It will prepare annual activity plans and correct regulatory and implementation courses accordingly.

## Beyond 2 years

The full timeframe of the SHA expands over seven years, between 2022-2028 in accordance with the IUDS. After the three-year transitory period, the independent SHA will be launched in the 1st quarter of 2025, whence all functions and resources required for SHA operation will be transferred to this independent body.

The housing stock under SHA will be further increased in this second phase. The purchase, construction, and redevelopment of dwellings in this phase will pick up pace and is expected to outnumber the inclusion of privately owned housing. Additional innovative resources to expand the stock will also be integrated into SHA activities.

Table 1.2: number of dwellings under SHA that are projected to increase.

	2025	2026	2027	2028
MB rental housing stock	230	0	0	0
Rental housing stock in SHA system	1,396	1,842	2,212	2,592

By 2026, all municipal tenants will have renewed their contracts and transferred under SHA management, which will ensure rent levels are set according to household income, and social support services provided in a proactive and integrated manner to all in need.

The detailed plan of activities to be undertaken by the SHA and its preceding transitory body is included in Table 1.3 below.

Habitat Poland expects the outcomes of upscaling its SRA in cooperation with Warsaw Municipality as follows. In the next two years the SRA will be established in Warsaw according to the statutory model prescribed by the SRA law, and it is foreseen to manage around 30 dwellings (on top of the more than 40 flats already managed by HfH PI's SRA program). If there is a possibility of establishing cooperation also with other municipalities (about which discussions are ongoing in the Mazovian or Silesia regions), new stocks of homes could be managed under HfH PI's SRA.

Along with the regulation on SRA the Ministry of Development, Labour and Technology presented estimations on the scale of SRAs in Poland. According to the Ministry until 2030 there will be 45 SRAs in Poland, each managing 50 flats (20 flats in first year of operations, 30 flats in the second, 50 flats from third year), giving in total approximately 2,000 flats managed by SRAs in Poland.

## Evidence

The evidence supporting this innovation derives from well-designed case control and cohort studies (Level IV, Appendix 2).

The HomeLab project (carried out, among others, by MRI, FSHA and HfH PI in the four Visegrad countries) implemented a housing-led integrated service provision approach,

combining private and municipal rental stock (and, in one pilot, assisted self-construction of homes). In the evaluation of the project, the research team measured the change in housing security, affordability, quality, labour income and security of employment. A non-randomized control trial was carried out comparing treatment groups (TG, n=175) receiving integrated services with similar control groups (CG, n=168) having access only to isolated services. The results show that the TG's housing position improved significantly more than that of the CG in all three domains, and the scale of improvement was larger in the case of those whose initial housing position was the most marginalized.

The operation of FSHA from 2016 demonstrates the effectiveness of the SRA model. FSHA has an innovative and diversified financial background (donation from private persons; CSR funds of a bank; joint projects with municipalities; grants from social program tenders; volunteer work; targeted fundraising campaigns). It has successfully experimented with various housing models (renting private owners' flats to vulnerable households; renting apartments bought from donation; renting dilapidated municipal apartments after renovation). Its operation has demonstrated that private owners are also willing to transfer their property for social purposes if the intermediary organization provides adequate guarantees. Moreover, their operation proves that well-organized social work will decrease the risks (of non-payment, physical damage or "antisocial" behaviour) associated with social housing provision. The organization currently accommodates 68 tenants, all formerly homeless, and dropouts from its programs have been minimal.

Research proved that SRAs predominantly provide affordable and good quality housing for vulnerable groups, including the most vulnerable. Analyses also show the effectiveness of the personalised support SRAs provide to their tenants, many of whom leave the sector to secure housing in the mainstream social housing sector. In the Flanders Region of Belgium, where SRAs are well established, a research project analysed the operation of social housing companies and SRAs, also comparing them in terms of their target groups. The analysis indicated that the candidates of SRAs belonged to considerably lower income groups.

Research analysed the efficiency of the Social Letting Agencies (SLAs) in the UK. Based on six case studies they found that the six SLAs were playing a vital role in helping low-income and/or vulnerable groups in four important respects: access, affordability, housing conditions, and stability. They also found that the SLA model is working in the UK context. FEANTSA published two papers (in 2012 and 2018) in order to advocate SRAs as innovative housing-led policy tools "to help meet the housing needs of homeless people in Europe" by providing them permanent affordable housing solutions. National and local policy makers also introduce such schemes or consider scaling up existing schemes.

## Scaling Methods

The transitory organization, taking on both the initial SHA function and the coordination of the development of the final independent organization, will initiate housing provision on the basis of the existing housing stock currently managed by Budapest Asset Management Center (BAMC), i.e., the starting point of institution development is based on an already existing condition.

Over the years of activities, expiring contracts will be transferred under SHA management. The stock of vacant and currently uninhabitable dwellings will also be renovated in a gradual manner and will be open for applications through specific calls towards vulnerable and low-income SHA target groups.

From the first year of operation, the dwellings of private owners will also be involved. SHA offers the owners of second (third etc.) homes a service where the risks associated with home rental are shared between the SHA and the owner. The SHA takes the burden of these risks and manages them through integrated service provision, including the provision of complex support to tenants whenever it is necessary. It provides rent level in line with the household's budget, rent support as needed (implicit in the rent level), monitors regular payments, and extends imminent support if a tenant household faces financial struggles. SHA also ensures the maintenance and upkeep of the dwelling, including renovations to some extent if necessary for habitability. In return, SHA expects from property owners to enter the scheme for a minimum of 3 years, and to agree to a below market rate rent.

The estimation of the number of private owners entering into the SHA framework is based on the experience of consortium leader FSHA, and also on the survey and interviews undertaken under this project. We expect that new private owners will enter the scheme in greater numbers in the first few years and make a cautious estimation of the ratio of private owners who choose not to renew their contract after a 3 year term.

Additionally, MB - in its Integrated Urban Development Strategy - has set out to construct or purchase new dwellings and is also looking at the redevelopment of non-residential buildings into apartment buildings. The financing of these developments, given the current, extreme budgetary constraints, is a significant challenge. The MB is nevertheless committed to utilize all possibilities for the expansion of the affordable public housing stock. The rental of private units, on the other hand, is justified, because it allows for a quick, flexible and relatively inexpensive expansion of the affordable housing sector.

Table 1.3: timeline of scaling up the stock managed by SHA.

	2022	2023	2024	2025	2026	2027	2028	Total
Contract renewal	129	206	137	130	126	0	0	<b>728</b>
Vacant dwellings	35	35	35	0	0	0	0	<b>105</b>
New construction or purchase	0	60	120	150	250	300	350	<b>1230</b>
Rented from private owner	50	100	100	150	150	150	150	<b>850</b>
End of contract with private owner (no renewal)				-40	-80	-80	-120	<b>-320</b>
No. of dwellings entering into SHA in the given year (flow)	214	401	392	430	526	250	500	
a. Number of dwellings managed in the SHA model (stock)	214	614	1006	1396	1842	2212	2529	

	2022	2023	2024	2025	2026	2027	2028	Total
b. Number of dwellings managed in the old system (stock)	703	497	360	230	-	-	-	
<b>Full stock, (a) + (b)</b>	<b>917</b>	<b>1111</b>	<b>1366</b>	<b>1626</b>	<b>1842</b>	<b>2122</b>	<b>2529</b>	

There is an element of uncertainty in all resources of upscaling, but also an in-depth surveying of existing resources and feasible scenarios of expansion. One reason for grounding the project over multiple possible sources of affordable housing is to balance the respective costs and benefits of each, but also to be able to adapt and shift emphasis if one stream or another proves less promising in practice.

In Poland, the upscaling of the SRA model is based on the new legislation which provides possibilities for municipalities to set up their own SRAs. As already described, HfH PI has already started to facilitate this process. Municipalities should take the following measures to develop an SRA program:

1. The municipality needs to decide on having an SRA and present a relevant local legal act (resolution) – it has not been done yet in Warsaw nor in any other municipality targeted by Habitat Poland. Habitat Poland reaches out to municipalities (e.g. letters, e-mails, webinar under the ESCF project, presentations of SRA during conferences, etc.) advocating for introducing such legal acts.
2. The municipality may decide whether the SRA will be operated by a municipal company or NGO. If a model with an NGO is chosen, a competition (tender) must be arranged. HfH PI advocates for a model including NGOs, presenting additional benefits stemming from combining competences of municipality and an NGO.
3. A cooperation agreement must be signed between the municipality and the SRA (either municipal company or NGO). In the agreement, terms of cooperation (including financing and bearing liability) are laid out in detail.

At this point HfH PI focuses on 1) promoting the SRA model along municipalities and NGOs and 2) advocating in the City of Warsaw, and other municipalities in Mazovian and Silesia region to establish SRAs.

## Key partners

The main implementer of the project is MB, and specifically the Social Policy Department within it, in close cooperation with BAMC. In the transitory period (2022-2025), key SHA tasks as well as the coordination of developing the independent SHA by the end of this period will be delegated to the Social Policy Department. After the transitory period, the SHA as an independent organization will be set up and will be the key coordinator of all tasks and activities.

Key roles and competencies will be divided among four key actors:

- Political decision makers;

- The relevant departments of MB, particularly the Social Policy Department and its Housing Division;
- The SHA (preliminarily its predecessor within the Social Policy Department, and the independent SHA body after 2025); and
- External contractors outside MB, involved in various specific tasks.

Resources for setting up and running the SHA will be secured primarily by MB; and the SHA itself will be responsible for its operation, and for securing resources, although in continued close cooperation with MB. Once the final SHA body is set in motion, the present consortium partners remain key partners in monitoring, evaluation and strategic planning.

In order to reach and include property owners, cooperation will be established with real estate agencies already active in connecting landlords and prospective tenants, while some of the necessary social services offered or provided to tenants in need will probably be most effectively provided by various non-profit organizations with established expertise and proven experience in the field.

Already in the transitory period, MB should seek out the cooperation of district level local authorities which could join the program either through offering vacant public housing units to the SHA for utilization (whereby in exchange for renovation expenses, the SHA would be granted the right to nominate the tenants), or through financing the rent subsidy of a number of tenants (who in turn could be selected by the district, or the SHA would be required to select tenants with a connection to that district).

HfH PI sees municipalities and other NGOs, as well as private landlords and tenants, as key partners for SRAs. As additional services may be provided on general rules, it seems possible to include different NGOs to offer such services (if needed) or to include statutory social services. Also, it would be beneficial to include private sector companies, e.g. as donors, or to offer jobs (in case SRA would also offer support on the employment market).

### **Role(s) each partner will play**

The plan defined 8 functions, each with detailed tasks and clearly defined competencies. The eight functions are strategic management; rent setting and the operation of the rent-subsidy system; selection of tenants and housing allocation; involving privately owned dwellings in SHA operation; administrative tasks of SHA operation; management of arrears; maintenance and renovation; and monitoring and evaluation.

Table 1.4: Tasks allocated each stakeholder

\*PD = Political decision makers, MO = relevant policy department of Mayor's Office, HA = Metropolitan Housing Agency and EO = External Organisation

Functions	PD	MO	HA	EO
Strategic control: portfolio expansion and the constitution of the target groups				
Elaboration of a Housing Management Plan relevant to the interim period: establishing the budgetary framework and the main target figures				
Approval of a Housing Management Plan relevant to the interim period				
Elaboration of the annual operative plans				
Approval of the annual operative plans				
Monitoring of the completion of the annual operative plans (monitoring system)				
Establishing the rent amount				
Elaboration of the regulation of the rent and rent subsidy system by decrees				
Approval of the rent and the rent subsidy decree				
Revision of the annual income of tenants				
Operation of the rent subsidy system				
Housing distribution system, tenant assignment				
Preparation of the regulation of the distribution system by decree, combination of the application and registry systems				
Approval of the regulation of the distribution system by decree				
Elaboration of an annual distribution plan (application and other legal titles, taking the target groups into consideration)				
Preparation of the call for applications				
Management of the call and applications, suggestion for tenant assignment				
Decision on tenant assignment in case of applications				
Maintaining the registry				
Conclusion, extension, amendment of contracts				
Involvement of private apartments from the market				
Elaboration of a marketing strategy				

Functions	PD	MO	HA	EO
Marketing activities to reach out to private lessors				
Contacting private owners (brokerage activity)				
Evaluation of privately owned apartments / defining the rent in accordance with the market				
Technical assessment of privately owned apartments, defining the necessary works (maintenance or renovation)				
Offer to the apartment owners				
Conclusion of utilization contract with the owner				
Performance of technical works, if necessary				
Selection of tenants from the registry/waiting list				
Preparation of the contract with the tenant				
Concluding the contract with the tenant				
Apartment management - administrative tasks				
Maintaining the registry (registry of apartments and tenants, accounting)				
Invoicing				
Collecting rent and extra service fees				
Checking whether public utilities and housing association fees are paid				
Checking the rented apartment				
Keeping contact with the tenants				
Complaint management				
Revision complaint management				
Management of arrears				
Elaboration of the protocol regarding arrears management by decree				
Approval of the protocol regarding arrears management by decree				
Sending notices				
Managing personal contacts, arrears				

Functions	PD	MO	HA	EO
Termination of a contract				
Starting and managing legal procedures				
Approval of payment in instalments, making agreements				
Providing social work				
Providing placement in case of eviction				
Maintenance and renovation of apartments and houses				
Elaboration of an annual maintenance and renovation plan, (technical content and budget)				
Performance of maintenance and renovation tasks				
Providing a technical supervisor				
Monitoring, control				
Elaboration and regulation of an annual monitoring system				
Management of the monitoring system				
Operation of the monitoring system				

### Who will scale the innovation?

The scaling of the innovation is the task of MB in the transitory period; and becomes the competency of the SHA itself after it.

In the transitory period (2022-2025), the coordinating role is delegated to the Social Policy Department, which will undertake the development of the housing portfolio as described earlier. As the brunt of the initial housing portfolio will be gradually transferred from the housing stock owned by MB and managed by BAMC, the Department will closely cooperate with BAMC and the relevant bodies and departments of MB. Its work will be supported by an SHA Working Group within MB.

Once the independent SHA organization is established, it will be responsible for the continuation of the upscaling process, while maintaining cooperation with MB departments and BAMC. At this stage, the fragmented management of affordable municipal housing and its tenants will eventually be under the coordination of a single organization. The direct legal framework for its running continues to be under the competency of MB. In addition, MB will continue to support the SHA in securing resources and providing methodological support for its monitoring and evaluation activities. For the latter, external advisors may also be involved.

Defining the legal framework of SHA operation remains with decision-makers and MB, as presented in Table 1.4. The same table also shows that once the legal framework is developed and approved, most tasks and responsibilities, including those related to upscaling, will fall under the direct competency of the SHA or its transitory predecessor.

In Poland, Habitat will scale the SRA model on the ground, while the Warsaw Municipality will provide municipal flats and partially the funding needed for operation and social services.

## **Involving end beneficiaries/service users**

During the present project, potential partners and target groups were involved in the grounding research not only as research subjects, but also as contributors to the concept of an SHA. Interviews and focus groups were organized with landlords as well as various tenant groups. Discussions primarily focused on their various attitudes and attributes on which the SHA concept could be based; but beyond this, the concept was shared with discussants and their feedback was gathered throughout the project. This was in part thanks to the research team's commitment to inclusion and empowerment; but also because the various respondents have valuable knowledge in the areas involved in SHA planning. For instance, landlords have a more practical overview of the rental market; social workers are a target group for SHA but are also social service providers themselves with added knowledge of vulnerable groups and their support needs.

The monitoring and evaluation system to be deployed in the transitory body and final SHA will systematically gather information on all activities, including tenant attributes, changes in their situation and needs, as well as complaints, whether placed by tenants, landlords, or third parties (e.g., neighbours). Accordingly, SHA can respond swiftly to the input and indications of end users and other affected parties; but through its IT administration it can also systematically gather feedback from beneficiaries and use it to improve the efficiency and effectiveness of its intervention.

## **Funding and Financing arrangements**

### **Costs of scaling the innovation envisaged**

In line with the new IUDS, our plan aspires to triple the City's current affordable stock. The cost of the portfolio expansion is estimated to be around EUR 132.4 million over the full seven-year period. In the transition period, it is EUR 20.5 million. This includes the cost of renovation of municipal and private rental housing before renting (although the two different tenure types incur different renovation costs), and the cost of purchased/constructed housing. As Table 1.5 shows, the costs of purchasing and construction substantially exceed the cost of renovation.

Table 1.5: Investment cost needs for portfolio expansion (thousand EUR)

	2022	2023	2024	2025	2026	2027	2028	Total
Renovation, modernisation of municipal SHA stock	390	390	390	-	-	-	-	1,170
Purchase/construction for municipal stock	-	6,320	12,640	15,801	26,334	31,601	36 868	129,564
Renovation of private rentals	70	140	140	267	323	323	379	1,642
<b>Total</b>	<b>460</b>	<b>6,850</b>	<b>13,170</b>	<b>16,068</b>	<b>26,657</b>	<b>31,924</b>	<b>37,247</b>	<b>132,377</b>

The implementation plan also presents the calculated running and renovation costs of the total stock (including both the dwellings managed in the SHA, and the stock still managed under the old model at the time), which increase from EUR 2.6 million in the first year to EUR 37.3 million per year by the end of the period, as the stock increases. The annual rental income paid by tenants was estimated under the new target tenant mix, by applying the new rent regime to flats managed by the SHA model, while the current rent levels were used in the calculation for the stock still operated in the old model (Table 1.7). The rents paid by tenants under the current (old) system amount to 20 percent of the average market rent (7 EUR/sq.m.), and to 50 percent of the average under the SHA (new) system. The total rental income of the sector thus increases from EUR 1 million (for 917 dwellings) over the whole period, to EUR 5.5 million (for 2,592 dwellings) after the expansion of the sector and the application of the new rent system. By the end of the 3-year transition period, close to EUR 4.5 million is generated in revenue from the total stock (1,366 dwellings).

Table 1.6 Costs of running and renovating the portfolio (thousand EUR)

	2022	2023	2024	2025	2026	2027	2028	Total
Management costs (incl. repair)	1,390	1,686	2,072	2,466	2,794	3,355	3,932	<b>17,695</b>
Amortisation (renovation)	966	1,207	1,555	1,936	2,339	2,929	3,545	<b>14,477</b>
Lease paid to private flat owners	147	442	737	1,062	1,268	1,475	1,563	<b>6,694</b>
Social support work	82	90	110	135	160	182	218	<b>977</b>
<b>Total</b>	<b>2,585</b>	<b>3,425</b>	<b>4,474</b>	<b>5,599</b>	<b>6,561</b>	<b>7,941</b>	<b>9,258</b>	<b>39,843</b>

Table 1.7: Total housing sector revenue (EUR thousand)

Revenue	2022	2023	2024	2025	2026	2027	2028
Revenue of stock operated in the SHA model	450	1,294	2,119	2,941	3,881	4,660	5,461
Revenue of stock operated in the current system	592	419	303	194	-	-	-
<b>Revenue of the total stock</b>	<b>1,042</b>	<b>1,713</b>	<b>2,422</b>	<b>3,135</b>	<b>3,881</b>	<b>4,660</b>	<b>5,461</b>

To introduce and expand the SHA model, external funding is needed already in the transition period to implement the already mentioned, crucial investments. The following interventions are envisioned in the upcoming 3-years:

- the renovation of municipal housing units that are currently vacant (or will become vacant in the period) (at least 100-150 units would need to be renovated),
- conversion of a municipally owned non-residential property into a residential building,
- construction of municipal housing on municipal land.

Table 1.8: Investments that can be made with the help of non-reimbursable EU support during the transition period

	Number of dwellings	Estimated cost (estimated)
Renovation of empty municipal flats in the capital	100 to 150 pieces	HUF 400 million
Conversion of non-residential property into residential use	40 to 50 pieces	HUF 1.5 billion

In their anticipated joint project with Warsaw Municipality, HfH PI estimates that the yearly cost of operations of SRA (with a scale of approximately 40 flats, 2 social rental managers, real estate agent, coordinator, accounting, promotion, indirect costs) will be at a level of PLN 500,000 (EUR 110,000). It does not include a broad scale of additional services. Therefore, a similar average level of cost may be assumed for SRA in one municipality.

## Funders

The key partner in funding the SHA is MB. It will combine its own resources with EU funding opportunities, Hungarian central funding if and as available, and domestic and international loan products. In short terms beside the own resources of the Municipality, funding will come from EU resources. Another significant resource will be the private developers who will pay compensation or provide flats in the framework of Settlement Planning Agreements.

Regarding the MB own resources, higher rent revenue is anticipated in the framework of the new SHA model as the income and cost structure of the SHA must also be drastically different from that of the current public housing management system. Currently rent levels do not reflect the income status of tenants. Municipalities are legally regulated to apply three possible rent levels: social rent level, “cost-based” rent level, and “market” rent. Market rent as defined in municipal decrees are well below actual market rents (in the case of MB they are roughly one third of the average market rent); and cost-based rents do not actually ensure a return on municipal housing costs. In MB’s public housing stock (excluding special purpose pensioner homes) 57 percent of the stock is let at cost level; 27 percent at the municipally defined market level, and 16 percent at a social rent level. For dwellings let at a cost-based or market rate (i.e. 84 percent of all dwellings), tenant income is only revised upon entering into contract, and the current legislation provides no opportunity for the revision of support needed over time. In addition, no upper income limit is set for applicants for market rate housing. Overall, the tenant pool could afford much greater rent overall, while there is a massive risk that financially stable tenants outnumber applicants in need.

The SHA scheme pools rents as well as tenure forms. This means that households in need, but who can afford more than the currently applicable rent level, can also be provided with secure affordable housing; and their inclusion at rent levels appropriate to their income would allow the pooled stock to raise income above operation cost. This in turn allows SHA to offer greater rent support to lower income tenants.

On the other hand, average operation costs can be kept at a moderate rate because the existing housing stock does not incur capital investment. In the meantime, the model can only be launched because the stock of affordable housing will be gradually expanding, which allows for the inclusion of a mixed tenants group in terms of income and need. It must be emphasized that in terms of operating costs the sector is not expected to be fully self-funding: the necessary cost compensation will be provided by MB in the form of implicit rent support (means tested affordable rent levels).

In Poland SRA can rely on various forms of funding: 1) municipal funding, 2) various national and EU funding for social services, 3) public subsidies / subsidies in institutional rents for SRA tenants, 4) additional services offered by the SRA. Under the legal regulation, it is mostly municipalities’ financial responsibility to finance the SRA, however it seems predictable that municipalities deciding to conclude a cooperation agreement with NGOs for SRAs’ operation, may expect partial funding by NGOs. SRA in the statutory model may be combined with additional social rental programs (as Habitat Poland plans to do) and other activities of NGOs (other projects, social economy activity) to provide more stable financing to an organization.

### **Financial arrangements and instruments planned to scale the innovation**

The portfolio expansion will require significant investment and its financing will be a major challenge, especially in the current context of the capital’s increasingly scarce financial resources. Furthermore, the exact criteria of involvement of the external resources such as EU funds, are still uncertain.

We have forecasted that resources of investments will require 70 percent equity support and 30 percent loans financed on average over the full seven-year period.

The municipality's own resources may come mainly from funds transferred under the Settlement Planning Agreement in the future, in the form of compensation from developers for changes to the building regulations. The volume of this is uncertain at the moment, but our conservative estimate is HUF 2 billion, which the Municipality can use for a number of different purposes, but which could also allow the purchase of 50-60 apartments.

Although a loan is an important source of growth in the longer term, there is only a small likelihood of taking a loan in the transition period of introducing the SHA model. Under the current legislation, local governments can only take out loans with government permission, and the Municipality of Budapest can count on little governmental support in this area. In the medium term, however, schemes from the European Investment Bank and the Council of Europe Development Bank could provide funds on favourable terms. Priorities of these international development banks include lending for the housing sector, including the development of affordable rental housing.

As currently the central government supports household home ownership only, the source of non-reimbursable capital grants may for the time being be mainly EU funds. The Municipality of Budapest is counting on the use of EU funds from domestic programming and has accordingly identified the expansion of the affordable rental housing sector as one of the priority areas for resource use in the Integrated Urban Development Strategy (IUDS).

Nevertheless, the government defines the exact conditions of availability of domestically allocated EU funds for housing, but it is still not known what the funds could be used for. It is therefore a high priority for the municipality to have access to those EU funds that can be directly applied for. This includes the second round of the ESCF, which the Municipality of Budapest can also apply to with the aim of ensuring support for the implementation of the planned investments in the SHA.

In Poland, in the introduction phase, it seems that municipalities and NGOs will look for the possibility of co-financing SRAs with EU funds (e.g., under ESF+). After a few years it would be beneficial to provide a central subsidy for SRA (like in Belgium) to support municipalities. At the same time various models may be tested in different municipalities in order to establish more self-financing models (negotiating lower rents and creating surplus in rents paid by the tenants to finance at least part of SRAs activity – model similar e.g., to SRA in France).

### **Cost implications of the model compared to alternative approaches to this social challenge**

The affordable rental housing stock in Hungary is small, marginalized and overall has very poor quality. The most important social landlords are local municipalities, and the share of social rentals within local housing stocks ranges between 0-6 percent across the country. Rent levels in these units are very low, but that also means no income for the social landlord to maintain and renovate these homes.

Limited room for manoeuvre for decision makers in housing has pushed municipalities into a vicious cycle of selling off their real estate to boost revenues. Renovation costs of the lowest

quality vacant stock cannot be recovered from affordable or social rent levels, creating short term financial disincentives. Even homes above this minimum quality are in very poor condition, so the potential rent level does not permit cross-financing.

The inefficient operation of the municipal housing sector manifests in growing financial losses, the increasing number of vacant units, and a shrinking sector. This residualised and marginalized sector concentrates poor quality flats and disadvantaged groups with low solvency, which further undermine the sector's financial sustainability. The municipal housing management system is unable to integrate social support and real estate management tasks to increase efficiency and prevent further losses. It also faces disincentives to house high-risk groups. The continued loss of housing often results in the former tenants' further marginalization or in homelessness.

While direct cost-efficiency calculations comparing SRAs and traditional social rental models are not available, the social and indirect economic cost of marginalization and growing homelessness are clearly significant in the present state of the sector.

In the US, Housing First programs often used dispersed private rentals with complex social and health support. These showed considerable financial gain compared to traditional homeless support services in case of chronically homeless people, mostly because of the extremely high healthcare costs of these groups.

In Hungary, where the homeless shelter system is extensive but heavily underfinanced, one such attempt showed that accommodating people in the standard housing sector and providing them with the needed social support is more cost efficient in the case of families with children due to the high cost of foster care provisions, even without considering the long-term social gains.

In the Hungarian city of Veszprém, the municipality founded a joint non-profit company with the Charity Service of the Order Malta, which took over the management of the small municipal housing sector (180 flats), in addition to the Charity Service's own stock. The Service also provides individualized social work to clients. It is also experimenting with an SRA model as an additional pillar to their operation. Although direct cost-efficiency comparisons were not made in this case, the Service's leadership is convinced of the overall efficiency and greater effectiveness of their integrated housing and service provision, particularly when improved client outcomes are also taken into account.

FSHA has been cooperating with district municipalities, where FSHA raises funding and renovates vacant, run-down municipally owned housing, and in turn the municipality provides accommodation to a homeless person or household proposed by FSHA. Beyond affordable housing, the team also provides comprehensive social accompaniment and support to the previously homeless clients, in a Housing First approach. Money issues come up regularly, and FSHA staff intervene to support the household in improving their income and request payments of due costs in instalments if necessary. Long-term losses, often of unmanageable amounts, are a widespread issue in Hungary's social housing stocks. FSHA works with very vulnerable clients, who often experienced long spells of homelessness, yet the organization has been successful in preventing the accumulation of unmanageable arrears.

One of the longest municipal co-operations of FSHA is with District 10 (Kőbánya) of Budapest, where the Association has been renovating vacant, run-down municipally owned

dwellings, and the municipality has accepted their proposed tenants since 2013. Roughly 20 dwellings are currently inhabited by FSHA client households in 2021. Rent and utility arrears have been a longstanding challenge within the district's social housing pool: the latest, 2017 Integrated Urban Development Strategy (IUDS) underlines the outstanding arrears, which had been growing for many years in the time of approving the IUDS. In 2021, the municipality informed the ESCF project team that the number of housing inhabited by social tenants and occupants without contract was 1,996; the stock of outstanding arrears was circa. HUF 12,4 million. One FSHA tenant household had one month of rent in arrear in June 2021, which was paid back by September 2021, as the client received swift personalized support in managing their household budget and delayed payment. Personalized, intensive social work for vulnerable tenants was already a policy goal laid down in the 2017 IUDS, but its introduction was gradual, and hence its outcomes still limited. In addition, the old provision system allowed for the accumulation of debts over prolonged periods, resulting in many unmanageable arrears for numerous households.

### **Sustaining and further scaling of the innovation**

In planning the SHA, the project team's goal was to create an affordable housing sector which operates in a consolidated and transparent manner, which is accountable, and achieves the housing policy goals of the municipality management. One of its key elements is the new rent setting system with well targeted rent support; the revised, more inclusive housing allocation system; and their combination with complex and individualized social work. This will result in higher rental income compared to the currently operating public housing system, while also providing secure and adequate housing to a larger and more diverse pool of tenants. It is a key priority to involve a diverse set of available resources for continuously expanding the stock of affordable rental homes. These steps will ensure the gradual, stable upscaling of the SHA's activities in Budapest. Moreover, in light of initial experience over the first few years of operation, the SHA will be able to create a network - or a closer cooperation - with other Budapest district municipalities which are also committed to expand their housing and other provisions in innovative ways.

In Poland the new legislation and already existing SRA related good practices and probably ensures that within the next few years more municipalities will decide to include SRAs in their housing provision. Additionally, as other forms of social rental, apart from legally described SRAs, are allowed, the entry into force of this regulation and potential of growing awareness of new solutions, may result in development of other social rental models.

It is worth mentioning that the Municipality of Barcelona also searches for new ways to expand its affordable housing provision as even with the usage of private rentals (approx. 1000 units) the municipality is not able to meet the demand for affordable housing. One of the solutions could be the transformation of vacant non-housing premises to affordable rental. The municipality plans to systematically assess such possibilities in one of the city districts. (Despite having such a plan, the Municipality of Barcelona did not elaborate any scaling up initiative in the framework of the current project.)

## Measuring the Impact of Scaling

By the launch of the Housing Agency, an administrative registration IT system will have to be set up for the management of the housing stock. This will be used to keep track of the dwellings, contracts and deadlines, tenants and payments, regardless of the type of ownership of the property. The same database will be used to record the information needed for monitoring, rent setting and rent review. It is important that technical staff can search the database by flat, social work staff by tenant, and each operator has access only to data within their own competency.

The dataset generated from the IT system will be used for three-monthly monitoring, which summarizes all information necessary to keep track of the objectives of the SHA. This in turn will be the basis of semi-annual overarching evaluations, which will then be used for strategic management, particularly the annual revision of plans (annual operational plans, housing management plans, maintenance and renovation plan etc.).

The monitoring system serves as the basis of the iterative process development, where detailed data is used to assess the effectiveness of the SHA in terms of reaching its objectives, and on which plans and procedures can be corrected or refined in an evidence based manner. Table 1.8 below lists the indicator groups and indicators to be used in the monitoring system.

Table 1.9: Indicator groups and indicators of the monitoring system

<b>Revenues in the period: planned and real</b>
Income from rent, invoiced and collected
Rent subsidy from the Municipality of Budapest, operational support
Revenue from the sale of services
Revenue from other sources (state budget, EU funds)
<b>Expenditures in the period: planned and real</b>
Total operational expenditures, from which:
- maintenance of housing, residential buildings (material, personnel, contracted services)
- social work
- central management
- other personnel costs
- legal expenses
Rent paid to owners of private rented dwellings
Flat and housing building renovation costs, of which:
- for municipal housing owned by the Municipality of Budapest (empty flat and occupied flat)
- privately rental housing
Purchasing flats
Construction of housing, conversion of non-residential property into residential
<b>Amount of arrears</b>
Total amount of arrears, of which:
- arrears due from current tenants and flat users (also broken down by tenure)

- arrears incurred and collected in the period
<b>Natural indicators for housing stock</b>
Number of dwellings managed by a housing agency, of which:
- owned by the Municipality of Budapest <ul style="list-style-type: none"> <li>• flats that came into the ownership of the Municipality of Budapest during the period (purchased, built, by TRSZ contract, annuity, etc.)</li> </ul>
- number of privately owned dwellings at a given time (by duration of contract)
- dwellings contracted in a given period (by duration of contract)
- number of private dwellings withdrawn from agency management in a given period
- number of vacant municipal dwellings (by tenure)
Number of dwellings leased (to a new tenant) in a given period, by ownership
Contracts extended during a given period according to the ownership of the dwelling
Number of contracts cancelled in a given period, by ownership right and reason for cancellation (arrears, damage, anti-social behaviour)
Number of contracts terminated and not renewed in a given period by reason for non-renewal
Number of dwellings involved in maintenance work
Number of dwellings involved in renovation (by type of renovation)
<b>Main characteristics of occupants, by dwelling ownership</b>
Distribution of tenants and households without entitlement by income status based on the annual income survey
Average and median income of tenants and flat users without entitlement
Number of tenants and flat users without legal entitlement in arrears, amount and duration of arrears by income status of tenant or flat user without legal entitlement
<b>Services, interventions related to arrears management</b>
Number of tenants who are beneficiaries of social work /unclaimed tenants (by housing agency)
Number of tenants and untitled tenants referred to other services (by type of service: e.g. employment, family support, debt management, psychologist)
Number of tenants receiving debt repayment assistance (financial)
Number of requests for instalment payments and number of instalment agreements
Number of people with an instalment agreement in a given period
- number of instalment payers (closed)
- instalment payment
Number of enforcement proceedings initiated
Number of dwellings vacated, broken down by ownership type or by the place where the former tenant moved on (institution, family member, etc.)
Number of dwellings affected by maintenance work
<b>Complaints handling</b>
- number of complaints received by type of complaint
- satisfaction with complaints handling (based on questionnaire)

## Challenges and Risks

The greatest challenge the Budapest based SHA faces lies in the decidedly unsupportive political and national regulatory environment.

There is a specific political risk attached to the project: if the current Mayor of Budapest, who is also a prime minister candidate for next year's parliamentary elections, does indeed become prime minister, it would mean a change in his current position, which could cause delays. On the other hand, it could also speed up a more supportive and efficient turn in Hungary's housing policy and subsidy environment.

The financial risks related to launching and operating the SHA are clear. In absence of a central budget support, and in the framework of the austerity measures imposed on municipalities during the pandemic recession, ensuring the adequate financial resources is an outstanding challenge. Taking on loans are tied to government approval (not favourable, as mentioned earlier). Therefore, MB will have to rely on its own existing resources, potential direct EU funding in the future, and support or favourable lending opportunities from international organizations. After launching the SHA, its staff will also have to develop mutually beneficial partnerships with for-profit actors.

There is always a risk that the expansion of the affordable stock under SHA management will be slower than foreseen. The plans and methods for involving dwellings from various sources are laid out under the previous headings, especially those related to upscaling and funding. Our marketing and communication strategy serves for supporting the broad social approval of our activities, as well as for involving partners, among which are private landlords. In assessing the number of private property owners to be involved and remain in the program after the initial 3-year contract, we applied a cautious estimation to avoid overconfidence in our calculations.

Private renting in Hungary is a risky endeavour, and our strategy is precisely to efficiently mitigate these risks in our own operation. The present research allowed us to gain a more focused view of specific renting related risks in Budapest, and within our target groups developed and detailed, complex risk management strategy, complete with quality guarantees and financial incentives.

## Mitigation strategies

Two key characteristics of the SHA are the provision of integrated housing and social services, and its growth capacity. These attributes will help SHA be embedded as a new housing policy tool, while on the other hand they also incur certain risks. We developed a complex strategy of involving dwellings from various sources, and we intend to utilize all these measures, but there is always a risk that one or the other proves unfeasible temporarily or in general. We can, nevertheless, utilize all resources and interventions solely dependent on MB. This explains the strong focus on expanding the housing stock of MB (managed by SHA), combined with private rented properties, as the political independence of the SHA housing stock can be safeguarded over time. These two sources of housing will allow us to launch the SHA even if the given market or political environment makes it infeasible to purchase or construct new dwellings.

Regarding integrated service provision, we set out to mainstream a thus far small scale and poorly understood method. We do trust that political decision makers will be able to explore and understand this approach and our reasons to insist on it, but we can only be sure of their support once it is granted. The smooth launch of SHA functions within MB is also dependent on the general acceptance and support of its goals among its internal staff. In the launching process, some divisions within the MB and its institutions will lose certain competencies, others will be tasked with more. This can only happen efficiently if all concerned parties have in-depth understanding of the reasons for redistributing functions and responsibilities. To ensure this process, the responsibility to coordinate SHA functions will be clearly delegated to the Social Policy Department, whose staff will continue to closely cooperate with all internal (and external) partners. Political decision makers must also be well-informed about SHA developments throughout the process; accordingly, they will be briefed quarterly by the SHA Working Group led by the responsible Deputy Mayor

## **Scaling Plan 2: Duo for a Job's scale-up plan in France and the Netherlands**

DUO for a JOB matches young jobseekers with a migrant background with people over 50 years old who boast professional experience in related fields and who can accompany and support them in their job search. Through this intergenerational and intercultural mentoring programme, the association aims to meet three key goals:

1. Reduce inequalities in access to the labour market by pairing these youngsters up with a mentor, whose experience can help them tackle any difficulties they may face;
2. Put the skills and experience of over-50s to good use and allow them to have a rewarding, enriching human experience, develop new skills and join an active local network of mentors;
3. Promote a 'living together' society by offering a unique platform for different generations and cultures to meet and to deconstruct prejudices and stereotypical ideas.

### **Lead Organisation**

DUO for a JOB, Belgium

### **Primary social challenges that the innovation seeks to address**

Poverty and marginalisation, Employment and job creation, Inter-generational Solidarity

### **Relevance of the Social Innovation**

In 2019, there were 5,1m people aged 20-29 in the EU27 born in a third country. 69% lived in Germany (24%), Spain (16%), France (15%) and Italy (14%). In 16 member states, their proportion in the total youth population was on or above the EU average of 10,1%.

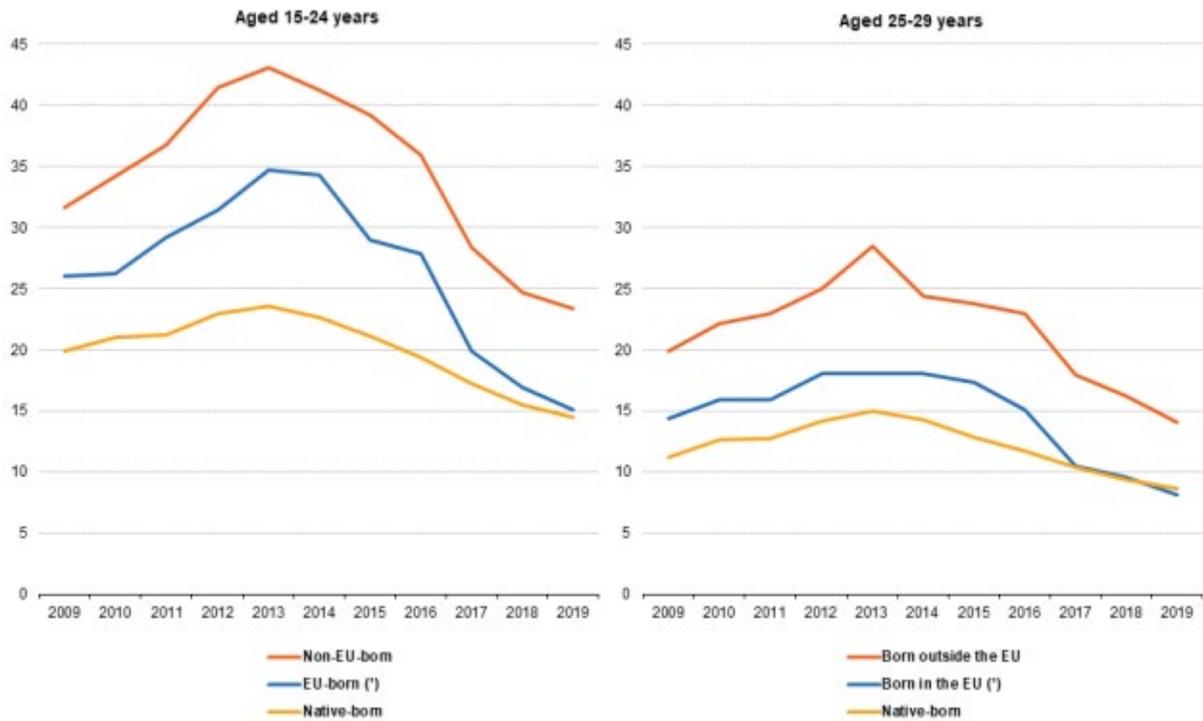
Table 2.1: Geographic distribution of the population aged 20-29 by origin (2019)

	Total Population	non-EU Born	% non-EU Born in Total Population	% non-EU Born in the country in total non-EU Born in the EU
<b>EU 27</b>	50.992.606	5.125.138	10%	100%
Belgium	1.416.867	161.193	11%	3%
Bulgaria	727.368	14.705	2%	0%
Czechia	1.166.994	63.187	5%	1%
Denmark	783.879	83.638	11%	2%
Germany	9.800.607	1.237.126	13%	24%
Estonia	152.825	7.145	5%	0%
Ireland	585.903	42.420	7%	1%
Greece	1.121.294	136.016	12%	3%
Spain	4.813.442	831.945	17%	16%
France	7.526.449	743.933	10%	15%
Croatia	479.988	33.404	7%	1%
Italy	6.201.270	737.621	12%	14%
Cyprus	137.873	19.751	14%	0%
Latvia	210.869	5.359	3%	0%
Lithuania	345.322	4.814	1%	0%
Luxembourg	84.163	12.866	15%	0%
Hungary	1.191.157	49.461	4%	1%
Malta	75.568	13.796	18%	0%
Netherlands	2.201.788	219.652	10%	4%
Austria	1.134.471	151.408	13%	3%
Poland	4.691.826	57.141	1%	1%
Portugal	1.086.035	108.257	10%	2%
Romania	2.143.243	83.665	4%	2%
Slovenia	216.620	23.131	11%	0%
Slovakia	682.622	3.500	1%	0%
Finland	675.248	49.120	7%	1%
Sweden	1.338.915	230.884	17%	5%

Source: Eurostat, 2019 (online data code:migr\_pop1ctz)

Their unemployment was high and consistently above native-borns in 2009-2019. In 2019, it stood at 22,1% for the 20-24 (vs 14% overall) and 14,1% for the 25-29 (vs 9,1% overall). The gap increased in the economic downturn (2009-2013) and narrowed in the recovery (2014-2019). As the current crisis unfolds, a steep reversal in the coming years is almost certain.

Figure 2.1: Development of youth unemployment, by origin and by age, EU27 (2009-2019)



Source: Eurostat (online data code: yth\_empl\_100)

Unemployment data on young migrants are available in 17 member states. In 2019, all of them showed higher unemployment for young migrants. In 11 member states, the rate was at least 40% higher, including 6 where it was more than twice higher. In 6 additional countries, unemployment data by origin were available for the whole active population (20-64). In 4 of these 6, the unemployment rate for non-EU born workers was 40% higher or more.

Table 2.2 below summarises the results of our research which clearly support the acuity of the social challenge we address across a large number of member states, both based on the presence of non-EU born migrants among youth and their unequal access to the labour market.

Table 2.2: Presence and unemployment rates of non-EU born youth in EU27 (2019)

	Non-EU born in 20-29 pop. (%)	Unemployment rate 20-24 (%)			Unemployment rate 25-29 (%)			Unemployment rate 20-64 (%)		
		All	Non-EU born	(% Diff)	All	Non-EU Born	(% Diff)	All	Non-EU Born	(% Diff)
<b>EU 27</b>	10,1%	14,0	22,1	(57,9%)	9,1	14,1	(-35%)	6,6	12,3	(86%)
<b>Austria</b>	13,3%	7,6	15,7	(106,6%)	5,0	10,2	(104%)	4,3	10,2	(137%)
<b>Belgium</b>	11,4%	13,6	23,2	(70,6%)	6,9	17,6	(155%)	5,2	13,8	(165%)
<b>Bulgaria</b>	2,0%	7,5	non-available		5,9	non-available		4,2	non-available	
<b>Croatia</b>	7,0%	13,9	non-available		10,6	14,8	(40%)	6,4	6,4	(0%)
<b>Cyprus</b>	14,3%	15,0	15,7	(4,7%)	8,3	non-available		7	6,5	(-7%)
<b>Czechia</b>	5,4%	4,5	non-available		2,6	4,9	(88%)	2	2,5	(25%)
<b>Denmark</b>	10,7%	8,5	non-available		9,3	11,6	(25%)	4,7	8,6	(83%)
<b>Estonia</b>	4,7%	8,9	non-available		4,7	non-available		4,3	6,1	(42%)
<b>Finland</b>	7,3%	13,2	non-available		7,0	non-available		6,1	12,9	(111%)
<b>France</b>	9,9%	18,4	30,1	(63,6%)	11,4	15,0	(32%)	8,2	14,7	(79%)
<b>Germany</b>	12,6%	5,3	12,8	(141,5%)	4,1	8,3	(102%)	3,1	6,8	(119%)
<b>Greece</b>	12,1%	34,3	51,2	(49,3%)	25,8	29,9	(16%)	17,3	29	(68%)
<b>Hungary</b>	4,2%	9,8	non-available		4,6	non-available		3,3	non-available	
<b>Ireland</b>	7,2%	9,7	non-available		6,1	non-available		4,6	6,4	(39%)
<b>Italy</b>	11,9%	26,2	28,5	(8,8%)	17,6	19,4	(10%)	9,9	12,7	(28%)
<b>Latvia</b>	2,5%	10,8	non-available		7,4	non-available		6,4	6,9	(8%)
<b>Lithuania</b>	1,4%	11,1	non-available		6,2	non-available		6,4	5,2	(-19%)
<b>Luxembou</b>	15,3%	14,5	non-available		7,1	10,3	(45%)	5,3	10,9	(106%)
<b>Malta</b>	18,3%	7,0	non-available		4,0	8,0	(100%)	3,3	5,2	(58%)
<b>Netherland</b>	10,0%	5,7	12,1	(112,3%)	3,4	8,0	(135%)	3	6,5	(117%)
<b>Poland</b>	1,2%	9,0	non-available		4,4	non-available		3,2	5,5	(72%)
<b>Portugal</b>	10,0%	16,4	18,6	(13,4%)	8,3	non-available		6,4	8,6	(34%)
<b>Romania</b>	3,9%	14,0	non-available		5,7	non-available		3,7	non-available	
<b>Slovakia</b>	0,5%	13,0	non-available		6,1	non-available		5,6	non-available	
<b>Slovenia</b>	10,7%	6,8	non-available		7,0	9,7	(39%)	4,4	6,1	(39%)
<b>Spain</b>	17,3%	29,8	29,1	(-2,3%)	19,0	21,2	(12%)	13,8	19,9	(44%)
<b>Sweden</b>	17,2%	14,2	27,3	(92,3%)	7,4	18,2	(146%)	6	17,3	(188%)

Source: Eurostat (online code: *lfsa\_urgacob, migr\_pop3ctb*)

Looking more specifically at Central and Eastern Europe, the first specificity to take into account is the lack of data. None of the 11 member states in this region provides the unemployment rate of non-EU born people aged 20-24 and only 3 do it for those aged 25-29.

However, when such data exist or can be roughly estimated with the unemployment rate by origin in the population aged 20-64, it overwhelmingly shows a material gap, ranging from 8% to 88% in 6 out of 7 countries (and 39% to 88% for the 3 countries with data on young migrants).

Table 2.3: Immigration and unemployment data among the population aged 20-29 in central and eastern member states of the European Union (2019)

	non-EU Born aged 20-29		Evolution Population aged 20-29 (2014-2019)		Unemployment rate 25-29 (%)			Unemployment rate 20-64 (%)		
	Number	% Total	All	non-EU Born	Total	Non-EU Born	(% Diff)	Total	Non-EU Born	(% Diff)
Bulgaria	14.705	2,0%	-21%	15%	5,9	non-available		4,2	non-available	
Croatia	33.404	7,0%	-9%	-35%	10,6	14,8	(40%)	6,4	6,4	(0%)
Czechia	63.187	5,4%	-14%	27%	2,6	4,9	(88%)	2	2,5	(25%)
Estonia	7.145	4,7%	-17%	35%	4,7	non-available		4,3	6,1	(42%)
Hungary	49.461	4,2%	-4%	69%	4,6	non-available		3,3	non-available	
Latvia	5.359	2,5%	-25%	7%	7,4	non-available		6,4	6,9	(8%)
Lithuania	4.814	1,4%	-15%	32%	6,2	non-available		6,4	5,2	-(19%)
Poland	57.141	1,2%	-16%	137%	4,4	non-available		3,2	5,5	(72%)
Romania	83.665	3,9%	-17%	156%	5,7	non-available		3,7	non-available	
Slovakia	3.500	0,5%	-15%	-1%	6,1	non-available		5,6	non-available	
Slovenia	23.131	10,7%	-13%	21%	7,0	9,7	(39%)	4,4	6,1	(39%)
Average*		4,0%	-15%	42%		56%			24%	

\* non weighted

Source: Eurostat (online code: *lfsa\_urgacob, migr\_pop3ctb*)

The relative share of young migrants in the population aged 20-29 is generally lower than in the rest of the European Union. The situation is however extremely dynamic: in the last 5 years, the total population aged 20-29 decreased on average by 15% while its non-EU born component increased by 42%, mainly driven by the immigration of Moldovans, Ukrainians and Asians.

Table 2.4: Origins of the population aged 20-29 in Central and Eastern Europe born outside the EU (2014- 2019; excluding Poland and Croatia)

Country of birth	2014	2019	% 2019 Total	Change 2014-2019
Moldova	28.562	63.354	25%	34.792
Asia	36.795	54.276	21%	17.481
Ukraine	25.245	48.414	19%	23.169
Russia	17.816	17.178	7%	- 638
Bosnia and Herzegovina	10.672	12.679	5%	2.007
Serbia	9.566	11.654	5%	2.088
America	6.525	10.923	4%	4.398
Africa	4.681	7.972	3%	3.291
Turkey	6.247	7.072	3%	825
North Macedonia	3.850	4.914	2%	1.064
Belarus	2.500	3.348	1%	848
Sub total	152.459	241.784	95%	89.325
Other	8.548	13.183	5%	4.635
Total	161.007	254.967	100%	183.285

\* Non available data

Source: Eurostat (online code: *migr\_pop3ctb*)

Our innovation is relevant:

- In Czechia, Estonia and Slovenia who have a high proportion (5% to 10%) and fast-growing number (+20% to +35% over 5 years) of young people born outside the EU with unemployment rates 40% to 88% higher and important in urban clusters (eg. Prague hosts 12% of the country's population and 37% of its foreigners).
- To serve as a modern tool in the inclusion and migration policies of the region which, when they are not heavily politicised, remain in their infancy and inadequately address the economic, social and geopolitical challenges at work in Central and Eastern Europe.

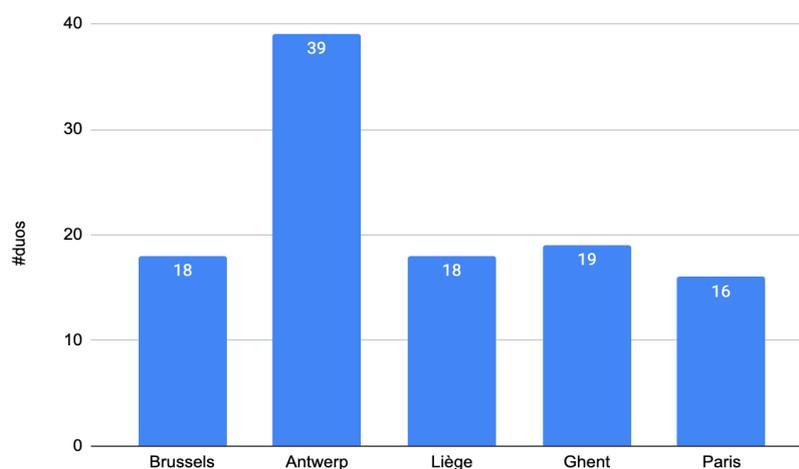
### The extent to which this innovation has already been implemented in countries in Europe

DUO for a JOB started its activities in Belgium in 2013. At that time, the initiative only existed in Brussels. After a few years of operational activities in Brussels, we were ready to carry out our first national scaling project. In 2017, two new branches were created in Antwerp and Liège. In 2018, an additional branch opened in Ghent. This national development in Belgium functioned as a 'laboratory' to start planning a larger scaling phase throughout Europe.

The decision was thus made to launch our international development with a first test-opening in Paris. This first start-up in another European country has followed the same replication process as the one we used in Belgium although several elements of our methodology had to be adapted to the local realities (socio-professional integration mechanism in the area, cultural differences, etc.).

Even though this start-up in Paris did not follow a strong and built-up 'international replication' process, the results of the new branch within the first 6 months of operational activities were in line with the results of the Belgian branches at similar development stage, which was very encouraging.

Figure 2.2: Number of duos per city after 6 months of branch opening

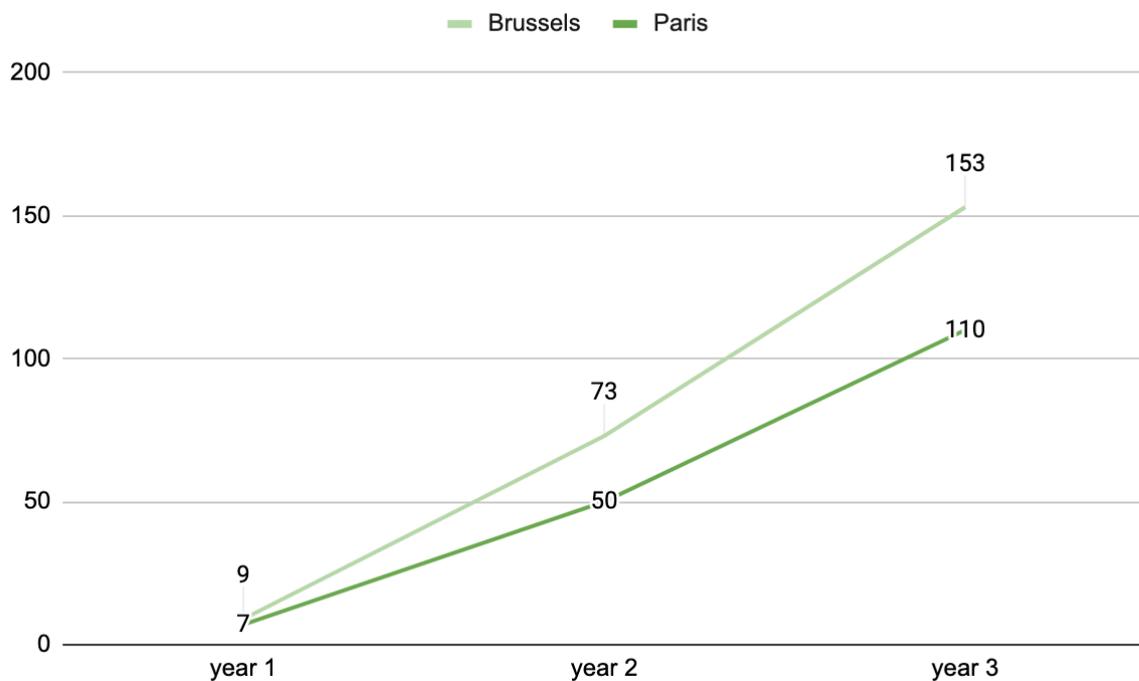


Source: DUO for a JOB

In addition to these operational results, DUO for a JOB's method has been successfully adapted and implemented in Paris despite the difficult circumstances of the years 2020 and 2021 with the Covid-19 crisis. The organisation has been able to gain access to office and training facilities, recruit a team (3 FTE in 2020 and 5 FTE in 2021), adapt and implement the mentor training programme to the Paris context, develop the first partnerships with local associations, foundations and companies, and mobilise the first mentors and mentees to participate in the mentoring programme.

Today, DUO for a JOB's project in Paris is well-deployed and still has an extraordinary growth potential (presence of many possible participants, large presence of possible partners, etc.). The branch's development is in line with that of Brussels during its first years of existence, which makes us confident about the growth path that Paris should take in the coming years.

Figure 2.3: Number of duos in Brussels and Paris after 3 years of existence



Source: DUO for a JOB

This potential can also be spotted in the other locations where DUO for a JOB has the ambition to develop i.e. Lille, Marseille, Rotterdam and Lyon. We expect this expansion to be beneficial for the organisation since it would enhance the scope of possible partnerships, enlarge the organisation as such and make it gain visibility at international level.

So far, our model has been successfully implemented in locations with different languages, cultural backgrounds, political realities, etc. This tends to prove that we possess a strong, proven and highly adaptable model that can still be implemented in many new locations throughout Europe.

## Scope

### Where the innovation is planned to be implemented

The innovation is to be implemented in several cities in France and the Netherlands.

The scaling has already started in France with a testbed in Paris. It is now planned to implement the innovation in Lille, Marseille and Lyon. Other big cities in the country should follow in the coming years.

In the Netherlands, the city of Rotterdam has been identified and will be starting by the end of the year 2021. Other cities should follow in the coming years.

In both countries, we might also develop the innovation in smaller locations (e.g. middle sized cities) which would then be managed by larger branches such as the big cities mentioned above. This system of smaller branches has already been implemented in Belgium and should be applicable in France and the Netherlands as well. They have the double advantage of broadening the geographical scope of larger branches and being much more cost effective as less infrastructure and management positions will be needed.

### Reasons the geographical areas were chosen for implementation

When looking for new locations, we always take a look at big cities in the first instance since our initiative fits well in large urban environments. We first have a look at the necessary conditions that need to be present on site for the innovation to be implemented i.e. large representation of the target groups (mentees & mentors), possibilities to develop local partnerships (both operational and financial), what the situation of the labour market and unemployment looks like, etc. After this first look around, we carry out a comprehensive SWOT analysis for each of the preselected locations in order to validate or reject them.

All the cities mentioned above in France and the Netherlands have been evaluated and selected following this procedure.

### Level of implementation of the innovation anticipated

Level 1: Consistent Adoption by mainstream social services at national/federal level

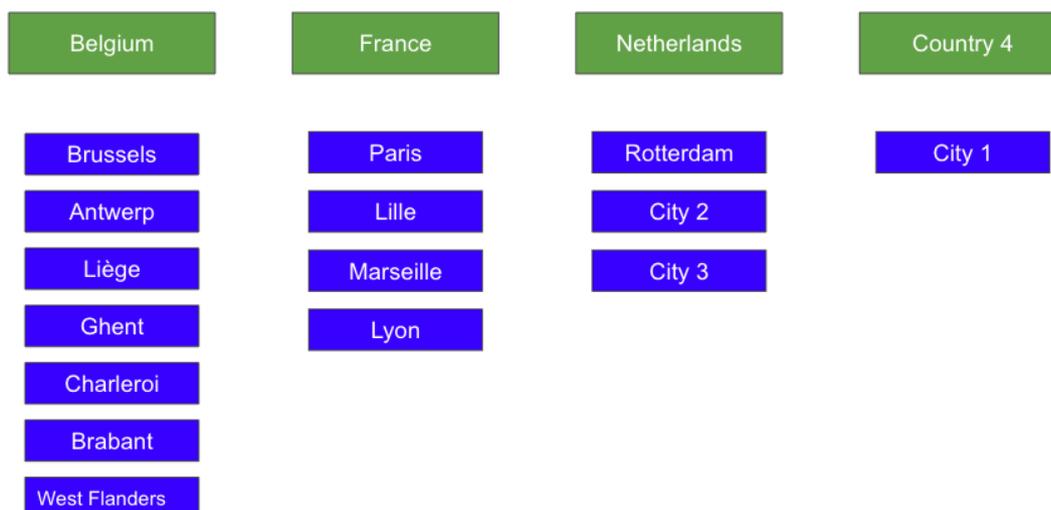
Level of Adoption	Description
1	<b>Consistent Adoption by mainstream social services at national/federal level</b>
2	Partial adoption by regional/municipal social services
3	Inter-connected demonstration projects
4	Pilots external to mainstream social services

## Anticipated measurable outcomes

### Within 2 years

By the end of 2023, we expect DUO for a JOB to be present in 4 different countries (Belgium, France, the Netherlands and another EU country still to be determined). By that time, DUO for a JOB will be present in 7 major cities in Belgium as well as in several smaller cities. In France, DUO for a JOB will be present in 4 major cities (Paris, Lille, Marseille and Lyon) and we will have 3 branches in the Netherlands (Rotterdam & 2 other cities still to be determined). There should also be a first branch in the 4th EU country that will have been identified.

Figure 2.4: DUO for a JOB's organisation by countries and branches

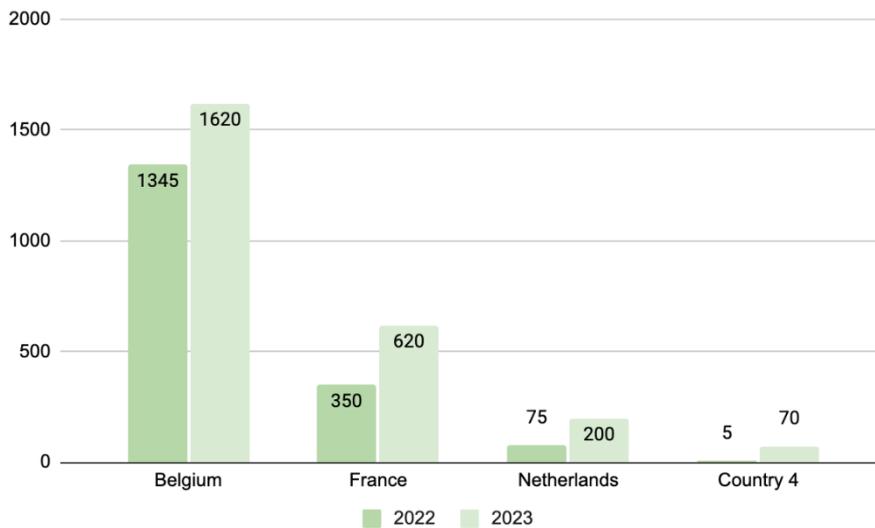


Source: DUO for a JOB

In order to cope with this fast-paced development of our structure, our international support team will have to be reinforced. This team supports all DUO for a JOB branches on specific tasks such as strategy & networking, communication, advocacy, fundraising, financial management, HR, IT and digital tool management. This team is centralised in Brussels at the moment, but new support functions will appear at national level in order to reinforce the team locally for these specific topics.

Within the coming 2 years, we expect to accompany about 4,300 mentees (end-beneficiaries) by creating 4,300 duos in the above-mentioned locations.

Figure 2.5: Number of end-beneficiaries (duos) accompanied in 2022-2023



Source: DUO for a JOB

## Beyond 2 years

By 2025, we expect DUO for a JOB to be in a consolidating phase of its scaling. The organisation currently does not intend to open up in a 5th EU country by then. However, a growth of all existing branches is expected. The objective for the period 2024-2025 is to create almost 8,000 duos in Europe (2024: 3405 duos - 2025: 4350 duos).

## Evidence

Level II: Evidence for this innovation is obtained from at least one well-designed Randomised Control Trial (RCT) (e.g. large multi-site RCT) (see Appendix 2).

In 2014, DUO for a JOB was the first NGO in continental Europe to issue a Social Impact Bond (SIB). The SIB involved social investors who committed to carry the risk of financing our project at an early stage, and Actiris (Brussels employment office) who agreed to reimburse their investment with a return provided our programme met pre-agreed impact metrics which would materialise savings on public finances.

The monitoring of the SIB involved the conduct of an independent evaluation which was carried out by the Brussels Observatory for Employment and validated by the University of Liège. The evaluation covered a three-year period (2014-2016) and was based on a comparison of the placement rates of the beneficiaries of our programme with control groups presenting similar characteristics in terms of age, gender, origin and qualification.

DUO for a JOB's beneficiaries had materially higher rates of employment than the jobseekers included in control groups in each year of the evaluation period:

- In 2014, DUO's cohort obtained 42,9% against 33,7% for the control group
- In 2015, DUO's cohort obtained 43,6% against 30,5% for the control group
- In 2016, DUO's cohort obtained 38,7% against 33,4% for the control group

The benefits of our programme were particularly obvious in the most vulnerable segment, i.e. the beneficiaries with no or low qualifications:

- In 2014, DUO's cohort obtained 47,9% against 24,6% for the control group
- In 2015, DUO's cohort obtained 42,6% against 30,8% for the control group
- In 2016, DUO's cohort obtained 30,8% against 27,5% for the control group

This evaluation was conducted at an early stage of our development. We have since then refined our mentoring programme. Our employment rate has remained stable over the years (around 50%) despite the increasing number of participants (from 245 in 2016 to 842 in 2019). Overall, 70% of our beneficiaries reach a positive outcome at the end of their mentorship (be it a training, internship or job). We believe that the homogeneity of our results in the period of national scale-up we experienced shows the maturity of our organisation and mentoring methodology that we continuously seek to strengthen.

In 2019, DUO for a JOB published its first 'experience report' compiling 5 years of operational activities of the association in Belgium<sup>1</sup>. This study was an opportunity to evidence the qualitative and long-term benefits garnered by our mentees such as improved self-confidence, wider social and professional network, and better career planning.

In March 2021, we published a new report in order to measure the impact of the Covid-19 crisis and digitalisation on the young people we support as well as on their job search<sup>2</sup>. This report analyses the responses of an internal survey of more than 300 mentees and mentors who took part in the mentoring programme in 2020. It highlights the need to ensure the inclusiveness of all services and initiatives (including DUO for a JOB) in the digitalisation process and in particular the need for face-to-face alternatives so as not to lose the most vulnerable young people.

Eventually worth mentioning is the interest that our programme attracted from social scientists, experts and policy-makers in international organisations such as the UNHCR<sup>3</sup>, the IFRC<sup>4</sup>, the IOM<sup>5</sup>, the European commission<sup>6</sup> and the OECD (2020 High-Level Policy Forum)<sup>7</sup>. DUO for a JOB was also featured as a good practice in the prestigious Stanford Social Innovation Review<sup>8</sup>.

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<sup>1</sup> <https://www.duoforajob.be/news/experience-report/>

<sup>2</sup> <https://en.calameo.com/read/00509316670d36d3f25fb?authid=SY433zxISBjw&page=1>

<sup>3</sup> <https://www.unhcr.org/be/que-pouvez-vous-faire/emploi-des-refugies>

<sup>4</sup> <https://media.ifrc.org/global-review-on-migration/smart-practice/intergenerational-mentoring-for-immigrant-youth-belgium/>

<sup>5</sup> [https://eea.iom.int/sites/default/files/publication/document/LINK-IT\\_Best\\_Practice\\_Integration\\_Brief.pdf](https://eea.iom.int/sites/default/files/publication/document/LINK-IT_Best_Practice_Integration_Brief.pdf)

<sup>6</sup> <https://ec.europa.eu/migrant-integration/intpract/mentoring-project---duo-for-a-job>

<sup>7</sup> <https://www.oecd.org/migration/ministerial/migration-forum-programme-2020-EN.pdf>

<sup>8</sup> [https://ssir.org/articles/entry/social\\_impact\\_bonding](https://ssir.org/articles/entry/social_impact_bonding)

## Scaling Methods

The scaling method of DUO for a JOB relies on a combination of two traditional models, being “local entrepreneurship” and “full integration”. The combination of the features of both models allows the local branches (and local directors) to gain operational flexibility while ensuring the coherence of the organisation (strategy, procedures, “DNA”). This combined system also ensures launch-phase economies for the new branches since shared services are implemented for the whole organisation (digital tools, support team) and do not need to be replicated in all different locations.

Figure 2.6: DUO for a JOB's international scaling model

	 Strategy	 Funding	 Communi- c ation	 Marketing	Recruitment		 ICT	 Process	Training		Support functions (Finance, Legal)
					Mentor	Mentee			MPO	Mentor	
<b>Open Source</b>											
<b>Local Entrepreneurship</b>		 Financial support for local Dir during launch period only		 Content creation, events and presentations	 Access to HQ network	 Access to HQ network				 Training given with inspiration from HQ material	 National and international support functions
<b>Franchising</b>											
<b>Fully Integrated</b>	 The mission, vision and the values are defined by the HQ		 Website, flyer, Fb page, etc.				 Full support from the HQ with a local staff onsite	 Sharing of all the processes	 Training provided for all the new MPOs (onsite)		

 Shared responsibility - Access to local / global channels of the headquarter  
 Full responsibility

## Key partners

Over the years, we have built an extensive, stable and broad network of partners. Some of these organisations are (or can be) active internationally and may support us in our scaling. In the challenging times we are going through, we are seeing a trend among the largest organisations to focus their support on the social organisations which show the greatest potential for development and impact. We thus believe that our international scaling plan will be well received and is somehow expected.

In France, we have developed relationships with several leading philanthropic organisations (foundations such as Fondation de France, Epic Foundation, Fondation Société Générale, Le Maillon, Think Human Foundation, Fondation Groupe Primonial, Alstom Foundation, Fondation Anber, Fondation Sycomore, Pierre Bellon Foundation, etc.). These organisations are already supporting us and have so far been very satisfied with our first achievements in Paris as well as with our progress towards opening the other branches. As explained above, in times where stakes are higher, the support we receive is often conditional upon our capacity to deliver on scale and impact. Much the same can be said about the first French companies (Dexia, Derichebourg, L'Oréal, Rothschild & Co) and patrons supporting us. Lately, we have also been able to secure our first public grants and we are currently working on building strong partnerships with the public authorities and the administration.

In line with a well-established partnership culture, we initiated in Paris promising relationships with dynamic and recognised associations/NGOs with which we see great potential for collaborations (such as Singa, Konexio, Réfugiés.info, Uni-R, Simplon, Each One, la CIMADE, le GISTI, etc.). The more we will develop, the more these relationships will be tight and synergetic, and we believe it is in our mutual interest and, ultimately, that of our beneficiaries, to develop together.

In the Netherlands, we will also seek to implement operational partnerships with the local public entities (Gemeente Rotterdam, UVW, Jongerenlokket, etc.) the local non-profit organisations (Vluchtelingenwerk Nederland, BusinezzClubs, UAF, etc.), the many local big companies and the foundations (Stichting Verre Bergen, Instituut Gak, Open Embassy, Stichting Dioraphte, etc.).

## Role(s) each partner will play

As mentioned above, DUO for a JOB has created many partnerships with companies, foundations and other philanthropic actors as well as with the public authorities and the associative network.

Companies support us financially on the one side and bring us new mentors on the other side. These mentors can then transfer their skills and knowledge of their sector and company to their mentees.

Foundations, patrons and other philanthropic actors help us financially and often give us access to their network and/or to some skill-based support.

DUO for a JOB also works with actors which are active in socio-professional integration. Those are either private or public actors. On the one hand, they invite young people to participate in our programme. On the other hand, we contribute, via mentors, to improve

information, referencing and therefore young people's access to their services. Among these, we try to develop close links with local/national employment offices both financially and operationally.

Finally, we collaborate with the associative network. These actors support us in terms of sourcing, or by intervening during our mentor training. We also refer to them, depending on their expertise, the mentees who have specific social needs.

These partnerships make us complementary to the existing initiatives and structures and have the advantage to form a real ecosystem around our beneficiaries.

### **Who will scale the innovation?**

We are a 59-staff organisation including 14 staff members in management and central support functions. As mentioned, the support team includes IT, communication, advocacy, fundraising, finance and HR. Its members have been involved in the national scaling of our organisation, in the start-up of our test-branch in Paris and in the design of our international scaling plan. They form the backbone of expertise of our organisation and will contribute to various levels in the implementation of the plan.

Our two general directors will spearhead the implementation of our scaling plan by taking care of the recruitment of new staff in the identified locations. They will be in charge of the overall development strategy and of the first networking inputs in the new locations. They will make sure that the mission, values and “DNA” of the organisation are well understood and observed in the new branches.

Our deputy general director will be responsible for international advocacy and key public partnerships (including at EU level) within the organisation.

Our Development team composed of 4 experienced staff members will take care of the first funding needs as well as financial management for the new branches.

Our Communication department will make sure to bring visibility to the new branches and take care of all communication aspects of the scaling, including mentors and mentees sourcing.

Finally, our IT team will manage the installation of all ICT material needed in the new locations as well as digital tools management.

### **Involving end beneficiaries/service users**

Our community evolves autonomously. Our approach is not to direct them, but to provide support, training, tools and guidance around the accomplishment of a shared goal. Our organisation has been designed to be as close as possible to their aspirations and suggestions including regarding our scaling.

First of all, we want to know our community. Each mentee and mentor is interviewed by a programme officer. These interviews enable us to explore and keep track of the background and aspirations of each participant. Before a duo can start, we propose a “match” to the mentee and the mentor. Both meet and confirm whether they want to work together. An

informed and well-thought matching is in our view absolutely essential. Participants will be autonomous and proactive only if they feel comfortable, confident and appreciated.

These interviews are also the opportunity for us to know if our mentors are interested in a deeper involvement, beyond their mentoring work. As a matter of fact, a lot are. Different services are entirely managed by volunteers, notably in the field of HR (interview workshops, CV review, etc.) but also in translation, logistics or finance.

Our mentoring approach is also very much centred on autonomy. During the 4-day training of our mentors and in the ongoing exchanges our programme officers have with them, we insist on the notion of “empowerment”. The mentor is not meant to substitute the mentee in its job search. Mentoring is about informing, inspiring, guiding and securing. The mentee is supposed to acquire the tools and skills to navigate the job market autonomously and in the long term. Our mentors themselves develop in their role. In addition to the advice of our staff, they benefit from regular “intervision” meetings where mentors at different levels of experience meet to exchange and progress together.

On another hand, our organisation leaves a central role to the feedback of our community. Each duo systematically closes on an evaluation meeting where the mentee and the mentor share their experience and suggestions on possible improvements. This feedback is encoded in our information system, compiled and discussed.

Moreover, each duo is supervised by a member of our permanent staff during its life cycle. This means that our organisation is in permanent contact with its beneficiaries, which enables it to be responsive to any dysfunctional or desirable evolution of our methodology and processes arising from our community.

Our organisation ensures that these precious views translate into action through a management model inspired by the holacracy. Each staff member is assigned “roles” corresponding to specific tasks and processes. The staff members sharing the same roles collectively own the decisions affecting the tasks and processes in question (subject to validation by the top management). This lean and horizontal organisation stays “close to the ground” and enables us to make decisions which reflect the realities and aspirations of our mentors and mentees.

Eventually, we have formed a “steering committee” which gathers qualified personalities (including some mentors) with whom we exchange on strategic matters. This committee provides a wide array of backgrounds and expertise that inform our key decisions, including decisions with respect to scaling.

## **Funding and Financing arrangements**

### **Costs of scaling the innovation envisaged**

We have carried out a full budgetary exercise of our scaling in France and the Netherlands as well as for the 4th country yet to be determined. These budgets include development and support costs which are not attributable to specific branches.

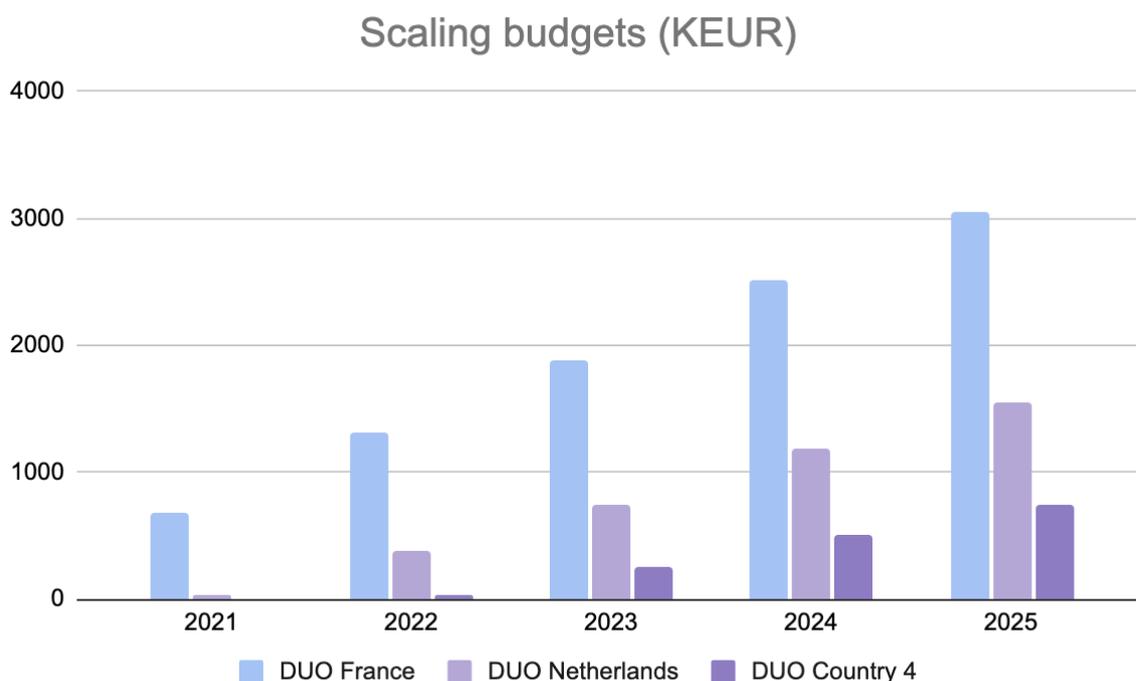
These budgets have been built using assumptions from budgetary realisations and trajectories of DUO Belgium and DUO Paris.

Table 2.5: Scaling budgets (KEUR)

<b>Budgets (KEUR)</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>TOTAL</b>
<b>DUO France</b>	<b>688</b>	<b>1309</b>	<b>1881</b>	<b>2510</b>	<b>3045</b>	<b>9433</b>
DUO Paris	433	673	865	1105	1225	4301
DUO Dev & Support	88	233	422	507	617	1867
DUO Lille	129	219	263	330	442	1383
DUO Marseille	38	184	232	388	488	1330
DUO Lyon			99	180	273	552
<b>DUO Netherlands</b>	<b>40</b>	<b>375</b>	<b>750</b>	<b>1185</b>	<b>1550</b>	<b>3900</b>
DUO Rotterdam	40	260	350	450	600	1700
DUO Dev & Support		75	100	125	150	450
DUO City 2		40	260	350	450	1100
DUO City 3			40	260	350	650
<b>DUO Country 4</b>		<b>40</b>	<b>250</b>	<b>650</b>	<b>1050</b>	<b>1,990</b>
DUO City 1		40	260	350	450	1100
DUO City 2				150	300	450

Source: DUO for a JOB

Figure 2.7: Scaling budgets evolution



Source: DUO for a JOB

## Funders

The main funders of the scaling will be foundations, patrons, companies and public authorities detailed in the key funders section.

## Financial arrangements and instruments planned to scale the innovation

### Our funding strategy

The strategy that we have adopted in order to deal with the coming financial needs linked to scaling is a strong diversification of our funding sources (foundations, companies, private donors and public grants). As part of this diversification strategy, we are also developing partnerships for multiple year funding (3 to 5 years funding) with the different types of actors mentioned.

In addition to these basic principles, we are raising funds at different levels of our organisation so as to increase our chances to meet our financial needs. On the one hand, our Development team is in charge of a part of the fundraising at international level (foundations, public grants, big companies), taking care of the start-up funding for new branches. On the other hand, branch directors raise funds at local level in order to meet the financial needs of their own office once the first operational steps of their start-up have been completed (i.e. mentors and mentees sourcing; adapting and organising the first mentor training sessions; developing the first operational partnerships).

During the first stages of development, we always look for funding opportunities from private actors first. After one or two years, and depending on new opportunities that emerge, we try to secure our first public grants by using our track-record from our launch phase as evidence of the effectiveness of our action.

### **Current situation of our scaling in France (Paris)**

Following the strategy detailed above, we have started funding our test-branch in Paris thanks to some private funding opportunities. Funding acquired from several calls for proposals (Fondation de France, Fondation Société Générale, Le Maillon, Webhelp Shared Foundation (Think Human Foundation) and support from two of our main partners in scaling (Epic Foundation and Degroof Petercam Foundation) have enabled us to secure our start-up budget in 2019.

Moving on from this initial situation, we have been able to secure additional private funding in 2020-2021. Lately, we have received our first public grants from the French authorities (French Ministry of Labour and the French Ministry of the Interior). Additionally, we have submitted a proposal in the context of a new SIB and we intend to secure more public funding in the coming years in order to boost our scaling in France.

### **Cost implications of the model compared to alternative approaches to the social challenge(s)**

Our programme is not designed to serve as an alternative to existing social services. On the contrary, we aim at supplementing their activities and fill a targeted need that they may not be able to address efficiently due to scope of their activities, lack of specialist knowledge and insufficient resources to bring the same level of support as the one we provide.

In fact, the breadth of our concept enables us to structure financing partnerships with a variety of organisations who pursue different goals and altogether can commit to a higher level of resources than what would have been otherwise available to support young unemployed migrants.

The partnerships we have built with the three employment offices existing in Belgium is a point in case of this model. In the framework of the Social Impact Bond underwritten by the Employment office of the Brussels Region, an amount of € 347,000 was invested to support 322 beneficiaries. This was a fraction (roughly € 1,100 per duo) of our actual costs (€ 2,500 per duo). In return, the proven impact on the placement rate meant that the employment office generated €743,000 of savings for public finances (or 2,1 times the initial investment). The remaining fraction of our costs was covered by philanthropic organisations which generally pursued broader objectives than the employment office (intergenerational solidarity, ageing society, inclusion, tolerance, social cohesion, diversity, etc.). Ultimately, our beneficiaries benefited from a level of support none of these organisations alone could have provided while each organisation made a social investment in line and in proportion to its objectives. As further developed under “capacities”, our partnership with the employment office was made structural and extended to the other employment offices existing in Belgium.

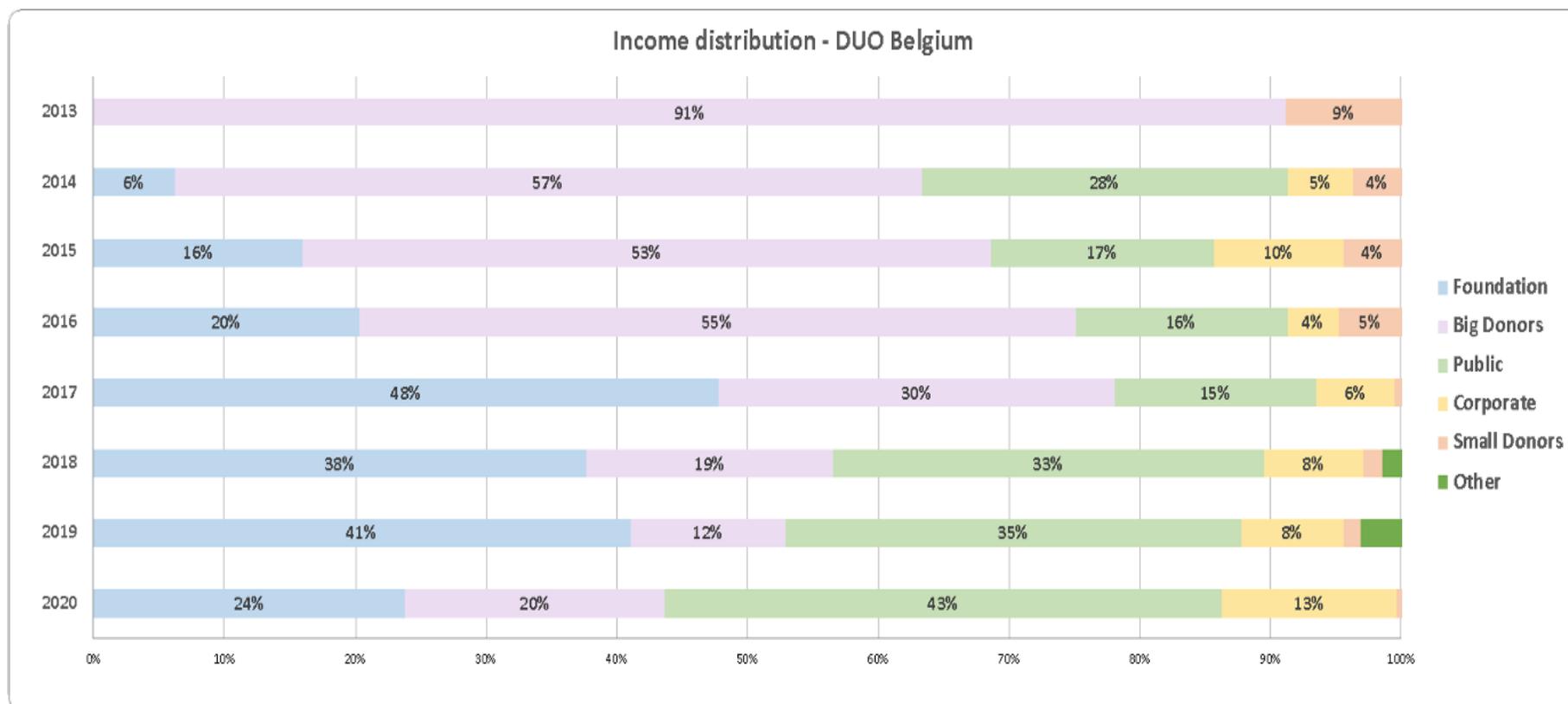
In the same vein of thinking, we also developed partnerships with private companies. Indeed, the corporate world can find in our programme an efficient response to many human resources challenges. These include the appreciation and motivation of senior employees, the preparation to pension, the promotion of diversity and of their business sector. To give a concrete example, the content of the 4-day training we provide to each mentor is very comparable to other training delivered within large businesses in the field of intercultural communication, diversity and interpersonal relations. It is therefore sensible for many companies to financially support our duos on their HR budgets in the pursuit of their own objectives.

While we closely monitor the evolution of our costs per duo, our primary focus is not to benchmark and compete with existing solutions but to supplement them and bring a measurable added value to their action. The breadth of our concept and the proven results of our programme enable us to mobilise a wide variety of partner organisations. Altogether, our partners contribute to a higher level of support than is otherwise available to young unemployed migrants while staying closely aligned to the pursuit of their own objectives in rational financial terms.

### **Sustaining and further scaling of the innovation**

We are confident that our funding strategy will enable us to sustain and further scale our innovation in the new areas selected for scaling. Our experience in Belgium has shown that a multiplier effect with respect to funding opportunities can arise from growing operational results. As our organisation becomes more mature, there is a shift from the initial private support to more structural public funding and a more balanced funding distribution.

Figure 2.8: DUO Belgium funding distribution



Source: DUO for a JOB

## Measuring the Impact of Scaling

In the first years of our operationalisation, we have developed a strong method that allows us to measure the impact of our mentoring programme. This method will also be applied in the new branches that will be created in the context of our scaling.

First of all, a series of mechanisms have been implemented to collect information about our target groups. The different stages during which evaluation data is collected are the following:

- Through the coordinator of their duo who is in permanent contact with them in order to follow their relationship, their needs and to offer solutions.
- During the intervision sessions in which the mentors participate at least twice during each duo and during which they have the opportunity to share their impressions on the quality of the support, the difficulties encountered in the relationship with their mentee and proposals for tools / ideas to put in place to overcome them.
- At the end of their duo, all mentors and mentees fill out a form in order to assess the quality of the programme as well as to identify the contributions gained from their relationship.

All this data is compiled and encoded in a tailor-made CRM software developed especially for our organisational needs. Once this data is processed, we are able to create a series of indicators out of it: quantitative indicators (number of mentors / mentees / duos, number of training sessions given, positive solutions for mentees, etc.) but also qualitative indicators (discoveries, learning, exchanges, etc.).

The indicators listed above, kept up to date since 2013, allow us to monitor the progress of our results, set future objectives, and assess the quality and impact of our programme at local, national and international level.

## Challenges and Risks

Challenges encountered during the planning of our scaling and that we are still encountering today as “structural” challenges for our organisation:

- Ensuring the funding of a growing international structure with growing financial needs as a result.
  - We developed a specific funding strategy in order to cope with this challenge
- Coping with the mutation process from a ‘start-up like’ organisation into a larger international structure (internal communication, shared services, coherence, culture/DNA).
  - Our management team took part in a series of workshops with an external expert to deal with these challenges. Currently, we are still working on adapting our structure to meet the needs we identified.
- Bringing more visibility to our organisation at international/EU level. Need to connect with strong advocacy networks.
  - We are a member of several networks and platforms and we participate in different events, conferences and actions, but we are still interested in strengthening our advocacy channels at international/EU level.

- Mobilisation of new mentors and mentees demands constant communication work and a dedicated strategy.
  - We are constantly working on improving our sourcing strategies. Amongst several projects, we are currently working on a digital tool for operational planification.
- The recruitment of key functions (like new branch directors and support functions) is a time-consuming and slow process.
  - We improved the situation by connecting with local networks in the locations identified for scaling

## **Risks**

1. Loss of coherence at different levels (operations; communication; advocacy; HR policy) due to geographical spreading and increase of the staff
2. Loss of efficiency and transparency from the decision-making organs (governance) in the context of a growing structure
3. Losing financial sustainability due to fast-growing financial needs
4. Losing time and energy on our scaling project due to recruitment challenges i.e. difficulties in finding the talents we are looking for to occupy key functions (support functions & branch directors)

## **Mitigation**

1. Centralise several services: HR, advocacy & communication, financial management
  - a. Develop common digital tools for operational purposes to ensure monitoring at organisation's level
2. Adapt decision making organs to fit in a growing international organisation
3. Reinforce the fundraising department in terms of workforce (employees and volunteers)
  - a. Keep up with the strategy of diversification of our funding sources & focus on structural public partnerships
4. Build up local networks to find the talents we are looking for more easily

## Scaling Plan 3: Long Live the Elderly!

We propose to implement a Community-based pro-Active Monitoring Program (CAMP) called “Long Live the Elderly!” (LLE), targeting people aged >80, based on a pro-Active phone monitoring customized on the assessment of bio-psycho-social frailty and followed by the implementation of Individualized Care Plans (ICPs) in case of need. CAMP is thought to catalyse the public-private interaction in a win-win perspective, in order to address the needs of older adults. The deep knowledge of the social environment is needed to favour interaction between the clients and private and public services. Based on this knowing the social operators trigger the increase of social capital at community level improving the older adults' resilience.

The program will assess the needs for care of the clients by measuring the Bio-Psycho-Social frailty and developing Individual Care Plans (ICPs) in case of need. ICPs must take into consideration the need to integrate health and social care at community level<sup>9</sup>. In fact at European level this is considered a crucial issue that cannot be addressed by homogenous top-down solutions. This is why we want to build up a bottom-up approach to integrate health and social professionals based on the assessment of individuals' needs and the use of shared tools. This approach needs to develop a plan for training professionals in order to make them familiar with procedures and tools that encompass a high level of information exchange as well as the share of care plans. A strong support to the CAMP comes from the ICT support to the developing of the model. This is strongly connected to the increase of the effectiveness of the intervention as well as to the capacity of the programme to involve clients and stakeholders in the process of developing the program itself. ICT solutions for increasing independent and safe life of older adults with physical impairment are powerful tools that need to be embedded in a services matrix to exploit their contribution. At the same time the potential of an ICT network to empower people for improving the social environment with the aim of counteracting social isolation and making people protagonists of their own care processes is still to be explored and implemented.

A strong communication campaign should precede the beginning of the service as an enabling factor. This campaign should be carried out by placing information points (in the streets, in the big markets, through public services etc), possibly managed by the program's operators, so people can also meet in person the ones from whom they will possibly receive the call later. A second enabling factor is the collaboration with the municipality to increase the citizens' trust in the new service.

The program also represents a job opportunity for youths, especially the ones with low education level that could have trouble getting into the labour market.

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<sup>9</sup> European Commission. TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE. Report by the Expert Group on Health Systems Performance Assessment. Electronic version: ISBN 978-92-79-66678-0 doi:10.2875/69305 Catalogue number: EW-01-18-187-ENN, pag iii; pag 1.

## Lead organisation

Vereniging voor Solidariteit, Belgium

## Other organisations in the consortium

- Fundacja Sant'Egidio, Poland
- Community of S.Egidio-ACAP, Italy
- Biomedicine and Prevention Dept -University of Rome "Tor Vergata", Italy
- Komunita S. Egidio, Czech Republic
- Charles University, Faculty of Philosophy, Czech Republic
- Dedalus Italia s.p.a., Italy
- Gemeinschaft Sant'Egidio e.V., Germany

## Primary social challenges that the innovation seeks to address

Ageing, Employment and Job Creation, Community Development

## Relevance of this Social Innovation

The overarching issue to be addressed by this plan is the fragmentation of the society, which is the main reason for the increase of social isolation and social exclusion, major risk factors for negative events affecting the older adult population. The fragmentation of the society is expressed by the weakening of social ties and the lack of integration of care services addressing the need for care of people with disability or at risk of functional decline because of their frail or pre-frail status. Indicators of the weakening of social ties are the increasing percentage of EU citizens who claim they have nobody on which they can discuss personal matter, which are on average 9.2% among people older than 75 years, peaking at 14.2% and 12.3% in Italy and Belgium respectively<sup>10</sup>; another indicator is the size of households that is progressively decreasing: living alone is the most frequent living arrangement and it is the one quicker increasing from 2007, peaking at 41.4% in Germany<sup>11</sup>. In Czechia the average number of people per household showed the highest decreasing rate (about 10%) in the last decade together with Ireland, France and Italy<sup>12</sup>.

The progressive reduction of quantity and quality of social ties, which is even more pronounced among the older adults, is associated with the high prevalence of people living longer with disabilities, which represents good news, but also a challenge for the whole society. In 2014 about 50% of European older adults reported difficulties in performing the Activities of Daily Living (ADL) with a peak of 67.5% in Czechia (the highest rate at EU level)

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<sup>10</sup> EUROSTAT, statistics explained. People who do not have someone to ask for help and people who do not have someone to discuss personal matters with, by age, 2015 (% share). [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:People\\_who\\_do\\_not\\_have\\_someone\\_to\\_ask\\_for\\_help\\_and\\_people\\_who\\_do\\_not\\_have\\_someone\\_to\\_discuss\\_personal\\_matters\\_with\\_by\\_age\\_2015\\_\(%25\\_share\)\\_QOL18.png&oldid=399700](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:People_who_do_not_have_someone_to_ask_for_help_and_people_who_do_not_have_someone_to_discuss_personal_matters_with_by_age_2015_(%25_share)_QOL18.png&oldid=399700), accessed on 26.08.2021

<sup>11</sup> EUROSTAT, statistics explained Average household size, 2008 and 2018 (average number of persons in private households). [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Average\\_household\\_size\\_2008\\_and\\_2018\\_\(average\\_number\\_of\\_persons\\_in\\_private\\_households\)\\_new.png](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Average_household_size_2008_and_2018_(average_number_of_persons_in_private_households)_new.png) accessed on 26.08.2021

<sup>12</sup> EUROSTAT, statistics explained. Average household size - EU-SILC survey. <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do> accessed on 26.08.2021

and 57.4% in Poland: about half of them claimed of not having support to perform these activities<sup>13</sup>.

A survey commissioned by the King Baudouin Foundation in 2017<sup>14</sup> and again in 2020<sup>15</sup> into the views of Belgian over-60s on growing older confirms the above findings and stresses the importance of social contact in order to better cope with old age.

The most striking shift in the results of the 2020 King Baudouin Foundation survey compared to 2017 is growing loneliness, which is a common issue across EU countries. More than half of the over-75s feel lonely occasionally to regularly, and the figures increase with age. At the same time, there is great potential for organizing social contacts, solidarity and mutual help at neighbourhood level. Almost 70% of respondents in the age group between 60 and 75 would be willing to get involved in a neighbourhood network, but only 10% know of one. Finally, the research also shows that the various negative factors (poor health, social isolation, being unskilled or working in a low-skilled job) reinforce each other, but the risk of problems in old age is indeed reduced if people maintain a social network and prepare for old age.

Fragmentation of services and subsidies does not help, making it difficult to get the needed help.

“Despite large variation in health systems design, countries participating in the survey reported a number of similar dimensions and challenges related to integrated care. These include primarily coordination and integration of primary and specialist care, and the coordination of health care and social care. Reported barriers to achieve more integrated and coordinated care included lack of effective information structures, organisational differences and resistance from health professionals.”<sup>16</sup>

Among the main obstacles to develop an integrated approach to individual care which is crucial to achieve a patient-centred care (the declared mainstream of health social care thinking in Europe in the last decade) the quoted document reported:

ICT and information structures;

- Resistance from health professionals to change work practices and to co-operate;
- Health literacy and patient participation;
- Questions about how to organise new governance arrangements, which need to include elements of accountability, oversight and distributed leadership, while at the same time considering the national, regional and local context.”

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<sup>13</sup> EUROSTAT, statistics explained. Disability statistics - elderly needs for help or assistance [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability\\_statistics\\_-\\_elderly\\_needs\\_for\\_help\\_or\\_assistance](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_elderly_needs_for_help_or_assistance). accessed on 26.08.2021

<sup>14</sup> Koning Boudewijnstichting. (2017, 25 september)

<sup>15</sup> Busschaert, S., Minnebo, J., Indiville, & Samyn, W. (2020)

<sup>16</sup> European Commission. TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE. Report by the Expert Group on Health Systems Performance Assessment. Electronic version: ISBN 978-92-79-66678-0 doi:10.2875/69305 Catalogue number: EW-01-18-187-ENN, page 118. The report was published in 2017 by a large working group coordinated by the Belgian Ministry of Health and Social Affairs D Reynders and by A Rys from the European Commission – DG Health and Food Safety Director for health systems, medical products and innovation. The working group included member of international organizations and included also some representatives of the European Innovation Partnership on Active and Healthy Ageing – B3 group on integrated care

Here below the witnesses of several caregivers, gathered during these months of project preparation, have been synthesized in order to provide the point of view of the service beneficiaries in Prague<sup>17</sup>:

*“There is no special assistance for my husband with severe dementia so that he could stay at home as long as possible”*

- Missing continuity of health and social services is a complication.
- Information on services is difficult to find – help for lonely older people to search information on internet and to use mobile phone is missing.
- It is difficult and time consuming to search, to telephone and personally look for information regarding specific problems in different places. It is practically impossible in case of urgent need.
- There is no information on the quality of services.
- Territorial differences between city districts in the offer of services - some services for Prague citizens exist only outside of the capital.
- Missing community and socialization programs, lack of counselling services specialized in various life situations.

These are only examples of what is experienced in many EU countries: it claims for deep changes of the policies in the field of community care.

Interestingly, nobody mentioned the lack of a bottom up approach to the integration which is what is currently happening when a family has to deal with the problem of taking care of a loved one experiencing functional decline. In fact, this approach is completely lacking when the person is really alone, without anyone who can help in dealing with the services, a situation that usually results in the admission to a Nursing Home (NH) or to an Assisted Living Facility (ALF) even if this could have been avoided with limited home help.

The point of view of the EU report quoted above<sup>8</sup> is the ones of the care service providers, so the lack of the client's perspective is understandable, even if this is probably what could really help to overcome the current difficulties in EU countries. The care organization in Belgium, is rather complex and shredded, making access to care and support more difficult, especially for people with limited health literacy<sup>18</sup>. A qualitative study in 2019 on access to care of community-dwelling elderly in Belgium<sup>19</sup> brings to attention that despite all policy measures, access to a broad spectrum of care and support services remains a challenge in the Belgian ageing society. An important barrier mentioned by the respondents is affordability. Pensions in Belgium are rather low compared to other EU countries. The respondents indicated they prefer to live in their own house for as long as possible, but are concerned about the high cost. Accessibility also puts people in trouble: it can refer to geographical barriers, but it also concerns waiting lists for care services<sup>20</sup>. In Czechia also older adults experience relevant barriers to access care services, due to the shortage on offer and the lack of awareness of the older adults themselves. Moreover, the authors of the report on Czech Republic Community Care Context underline that “the role of prevention

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<sup>17</sup> Analysis of semi structured interviews Prague – Annex 5

<sup>18</sup> ISTAT. I PRESIDI RESIDENZIALI SOCIO-ASSISTENZIALI E SOCIO-SANITARI. Presidi residenziali socio-assistenziali e socio-sanitari - Anno 2015 (istat.it) accessed on 21.09.2021

<sup>19</sup> Fret, B., De Donder, L., Lambotte, D., Dury, S., Van der Elst, M., De Witte, N., Switsers, L., Hoens, S., Van Regenmortel, S., & Verté, D. (2019)

<sup>20</sup> “Long Live the Elderly!”. Context Report Belgium - Annex 1

and screening should be promoted. Providers also mention the need to support informal caregivers. They themselves often lack the necessary information, and do not know how to coordinate different types of care. Similarly, service staff should be informed of ways to assist informal caregivers with a combination of informal and formal care.”<sup>21</sup> Obstacles to access home services by older adults, due to the difficulties of managing the relation with the public services and the care organization which is all on the clients/family shoulders, are mentioned also by the German report on community care as well as by the Italian partners. In Poland the development of community care services is lower than in the other four countries taken into account in this project: “...in a case of illness older people counted mainly on the help of their spouse or life partner (46%) and children (including son-in-law, daughter-in-law) or grandchildren (42%). They were followed by: neighbours (less than 4%), siblings (approx. 3%) and friends or acquaintances (2%). Almost absent from the list of potential help resources, in the case of solving everyday problems, were people from social welfare institutions or people who would have to be paid for such help”<sup>22</sup>.

The reality is that in many cases when the functional decline begins, entering a residential care facility is the easiest possibility to get even a minimal amount of care. In many EU countries, ageing is quite always associated with the perspective of institutionalization, which becomes a reality for a large number of individuals as they age. In Germany close to 40% of people aged >90 (in need of care) live in Assisted Living Facilities or in a Nursing Home. However, a relevant portion of older adults receiving residential care could have remained at home with little help. In fact, in Flanders, about 20 % of Long Term Care Facility (LTFC) residents are independent elderly or elderly with low care-dependency (category O or A of the Katz scale<sup>23</sup> as it is also in Italy.) Institutionalization is not an answer to the need for care of European older adults because it is expensive and offers a questionable quality of life, sometimes exposed to sudden worsening and increased risk of death as it happened during the COVID-19 crisis. However, a compromised quality of life is also not acceptable for the ones who remain at home, with lack of support as it happens to a considerable number of EU older citizens.

There is also a big shortage of senior caregivers in Czechia, which results in a longer waiting list for Long Term Care (LTC) services. Moreover, occupational levels among the younger population dropped after the 2011 economic crisis. To involve young people into the care of the seniors could be an option to support occupational levels. In Belgium the youth unemployment rate stands at 17.7% and it has been increasing for the last 15 years. Again an innovative model of community care could be an attractive employment perspective.

### **The extent to which this innovation has already been implemented in countries in Europe**

Until now the program has been fully implemented in Italy since 2004. LLE is currently operating in 9 Italian cities (Rome, Novara, Genoa, Padua, Parma, Civitavecchia, Napoli, Brindisi, Sassari) through formal agreement with the municipalities. Overall, about 20,000 citizens aged >80 are followed up in these nine cities.

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<sup>21</sup> K Samalova, H Janechova. Implementation of the Long Live The Elderly! in the territory of Prague 7 – Annex 3

<sup>22</sup> GUS- Quality of life of elderly people in Poland p. 77

<sup>23</sup> Rusthuisbarometer: Analyse bewonersfacturen in woonzorgcentra (2017)

## Scope

### Where the innovation is planned to be implemented

Antwerp City, Merksem Urban Area;

Prague City, Prague 7 Urban Area

### Reasons the geographical areas were chosen for implementation

Prague 7 is a very well equipped, open and modern district of Prague. Almost a half of the households of senior citizens in Prague live and farm as individuals, most often after the death of a partner or after a divorce. Prague 7 is no exception, and the proportion of households of independent seniors is even higher than the Prague average (CSU, 2015). 36.7 %, i.e. about 2,740 seniors from Prague 7 live in an apartment completely alone.)

The Sant'Egidio Community has worked with this urban area and on its territory for several years. Up to now, the most important activity is helping homeless people. Since 1993 Sant'Egidio works in Prague with the elderly, especially with those in nursing homes. Sant'Egidio activities are aimed at dialogue between generations and also at national level.

Sant'Egidio has been well embedded in the Merksem district for years with, among other things, a service for the elderly: volunteers visiting the elderly at home and the elderly coming together for a range of activities. The Sant'Egidio Community of Merksem follows about 40 community dwelling elderly with about 10 volunteers and visits elderly people in the two nursing homes in the area that together host about 400 older adults.

Young people are engaged in the School for Peace, supporting children from very different and often difficult backgrounds to develop and grow into open and responsible young people who can live together peacefully and feel at home in a global world. New Europeans are welcomed in the 'language learning opportunities club' where they can practice Dutch and discover our society together with new friends. The 'Amici' (people with disabilities) have regular meetings in their Art Studio and maintain friendship with the elderly. In the Martin Luther King House, a group of chronically ill homeless people found a new home, supported by volunteers. Around 35 adult and 25 young volunteers are involved in those activities, reaching about 150 beneficiaries.

All these activities together already form a small but strong and attractive social fabric that the LLE Program wants to build on and expand.

At the same time, there have been few initiatives so far to put the recent policy choices of the Flemish government to promote and support community care into practice in the area of Merksem. The two LTCF in the district - where the Sant'Egidio volunteers are regular visitors - together with the large offer of Assisted Living Facilities seem to be the easiest solution when elderly are confronted with physical decline. A common observation of our volunteers is that the prominent presence of this 'easy solution' increases the resistance or difficulty of the elderly to think about alternatives. When we visit them later in the retirement home, we find that they regret their choice. Starting a preventive programme like LLE can therefore prevent a lot of suffering.

## Level of implementation of the innovation anticipated

**Antwerp:** Level 2 - Partial adoption by regional/municipal social services

**Prague:** Level 4 - Pilots external to mainstream social services

Level of Adoption	Description
1	Consistent Adoption by mainstream social services at national/federal level
<b>2</b>	<b>Partial adoption by regional/municipal social services</b>
3	Inter-connected demonstration projects
<b>4</b>	<b>Pilots external to mainstream social services</b>

## Anticipated measurable outcomes

### Within 2 years

**ANTWERP:** The experience of the program in Rome shows that a half-time employee (80h/month) according to the methodology of Long Live the Elderly can follow up about 300 elderly people (when the program is running at full speed).

With resources available in Antwerp, we expect in the first year to have available a full-time coordinator and five half-time employees, who will take care of the main activities. In accordance with the conditions set by the city for the conclusion of an agreement, the program will start in three zones of Antwerp (the districts of Merksem, Hoboken and Wilrijk)

This staff will be able to put the database for the project into operation and start the collaboration with local welfare and care actors.

With these resources in the second year, we will work at full regime and we will be able to include in the program 1,800 elderly = 1,080 (robust or pre-frail) + 480 (frail) + 240 (very frail)

According to the program's methodology we want to call the first group, robust and pre-frail once in the first year. The frail elderly are called three times and the very frail elderly six times. So for the first year we arrive at:

$1,080 \times 1 \text{ call} + 480 \times 3 \text{ calls} + 240 \times 6 \text{ calls} = 3,960 \text{ telephone contacts}$

According to the evidence generated by the phone calls and the assessment of frailty, Individual Care Plans will be drafted.

In addition to these beneficiaries, all the elderly in the areas involved (approximately 6,300 individuals) will be reached by public and awareness-raising activities aimed at creating or strengthening social networks. Moreover, a phone number will be available for all the beneficiaries to be reached in case of need from Monday to Friday, from 9.00am to 16.00pm. This service is not intended as an emergency service, but only as a way to offer the chance of contact to those who will need it.

**PRAGUE:** The approach will be the same as Antwerp, but the program in Prague will be a pilot one involving 100-300 beneficiaries according to the available funds.

## Beyond 2 years

It is planned to gradually enlarge the number of elderly people involved (with an increase in the resources available and a more efficient use of them) until reaching the entire population of the neighbourhoods included, with the full program.

## Evidence

The LLE program halves the increase of mortality rates registered during a heat wave<sup>24</sup> (quasi-experimental study - Level III, see Appendix 2). The study compares the number of deaths recorded by the municipality of Rome during the heat waves occurred in the 2015 summer, according to the urban zones served or not served by the LLE program

The reduction of mortality was also observed during the COVID-19 emergency in a sample of LLE clients living in the cities of Genoa and Rome (cohort study - Level IV, see Appendix 2)<sup>25</sup>. In these two papers the role of social connectedness promoted by the LLE program has been associated with mortality reduction.

The LLE program is able to reduce hospital admissions of its clients (quasi-experimental study and cohort study - Levels III and IV, see Appendix 2)<sup>26</sup>. The study compares a randomized sample of the LLE program, and a similar population enrolled in the longitudinal study on frailty carried out by the Biomedicine and Prevention Department of the University of Rome "Tor Vergata". The multivariate analysis, adjusted for age, gender and frailty, showed a 10% reduction of the hospital admission probability for the older adults included in the LLE program compared with the other ones. Moreover, the LLE program clients did not re-enter the hospital after the first discharge within the first year of follow-up, but that was not the case for the control sample. A nested case-control study (Level IV) showed that the integration of LLE with the community nurses is able to further reduce one-year hospitalization of people aged >75 close to 30% (from 15.4% to 10.8%)<sup>27</sup>.

Similar results have been reported for the Long-Term Care Facilities admission rate, which was halved (cohort studies - Level III, see Appendix 2)<sup>16</sup>.

Two reports on the activities of the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA) - A3 Action group included the LLE program among the good practices

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<sup>24</sup> Liotta, G. et al. Social Interventions to Prevent Heat-Related Mortality in the Older Adult in Rome, Italy: A Quasi-Experimental Study. *Int. J. Environ. Res. Public Health* 2018, 15, E715.

<sup>25</sup> Palombi L, Liotta G, Emberti Gialloreti L, Marazzi MC. Does the COVID-19 pandemic call for a new model of elderly care? *Frontiers in Public Health* 8, 311 [www.frontiersin.org/article/10.3389/fpubh.2020.00311](http://www.frontiersin.org/article/10.3389/fpubh.2020.00311)

<sup>26</sup> G Liotta, et al Impact of social care on Hospital Admissions in a sample of community-dwelling older adults: Results of a quasi-experimental study. *Ann. Ig* 30, 378-386

<sup>27</sup> E. Terracciano et al. The effect of community nurse on mortality and hospitalization in a group of over-75 older adults: a nested case-control study. *Ann Ig* 2021 Sept-Oct; 33(5): 487-498. doi:10.7416/ai.2020.2398.

that achieved results on the field in mitigating the impact of bio-psycho-social frailty on the citizens' quality of life<sup>28 29 30</sup> (expert reports - Level VII, see Appendix 2).

## Scaling Methods

**Italy:** The program has been implemented for 17 years up to now. It is currently run in nine Italian cities (Rome, Novara, Genoa, Civitavecchia, Naples, Brindisi, Sassari, Padua and Parma), two of which started this year, with about 20,000 beneficiaries.

**Antwerp:** The program will start October 1st, 2021, supported by the municipality with a grant of 150,000 euro per one year, as a result of the negotiation carried out during the period covered by the ESCF.

**Prague:** Community of Sant'Egidio is ready to implement the various phases of the program, and the municipality assured a consent to this hypothesis. However, it was not possible to arrive to the final agreement yet, because of the need to include the new service in the framework of the municipality service provision due to the rearrangement of this framework that is still ongoing. To be included means also to receive funds, which is still the main obstacle to the implementation of the program. It is likely the program will start early next year as a pilot one, as a result of the negotiation carried out during the period covered by the ESCF. As a pros point, there are discussions ongoing with other non-for-profit organizations to involve them in the program implementation.

**Wurzburg:** The program is not starting right now because the conditions needed are not in place yet, mainly the environmental ones. The attitude in Germany is much more towards institutionalization and public bodies are not fully supporting community-oriented intervention. The Community of Sant'Egidio in Wurzburg is strongly involved in an awareness campaign in favour of domiciliary care, and it is supporting the wishes of many older adults also with practical interventions like the setup of a small experience of elderly co-housing.

**Warsaw:** Care for the elderly is still mainly a "private" issue and then community care services for older adults is not a burning issue for decision-makers. The community of Sant'Egidio is going to increase its effort to increase the awareness of the importance of older adults' care and the need for a stronger involvement of public bodies in this issue. This is crucial to orient funds towards this sector.

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<sup>28</sup> Liotta G, Ussai S, Illario M, et al. Frailty as the Future Core Business of Public Health: Report of the Activities of the A3 Action Group of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). *Int J Environ Res Public Health*. 2018;15(12):2843. Published 2018 Dec 13. doi:10.3390/ijerph15122843

<sup>29</sup> Cano A, Dargent G, Carriazo A, et al. Tackling frailty and functional decline: Background of the action group A3 of the European innovation partnership for active and healthy ageing. *Maturitas*. 2018; 115:69-73. doi: 10.1016/j.maturitas.2018.06.009

<sup>30</sup> Marazzi, M., Inzerilli, M., Madaro, O., Palombi, L., Scarcella, P., Orlando, S., Maurici, M. and Liotta, G. (2015) Impact of the Community-Based Active Monitoring Program on the Long-Term Care Services Use and In-Patient Admissions of the Over-74 Population. *Advances in Aging Research*, 4, 187-194. doi: 10.4236/aar.2015.46020.

## Key partners

In Prague, funding should be obtained by the district Prague 7, plus regular campaigns to ask for philanthropic support of the project will be run. It is fundamental to find public and private support, as the service must be free for the elderly. Život 90, one of the main NGOs working with elderly at home since the beginning of 1990s, is ready to help in building capacities, unfortunately they are not able to finance our service. There is however a possibility to collaborate with a philanthropic foundation in Prague.

As mentioned above, in the district of Merksem collaboration with several partners is in a planning phase. We already have the city of Antwerp as a key partner, as well as the public entity 'Primary Care Zone' in Antwerp North (Eerstelijnszone Noord), a coordinating platform for health and social services in an area that covers some districts north of Antwerp, including Merksem. It is also our intention to develop partnerships with the various providers of social assistance and care in Merksem and with the associations that offer support or activities for the elderly. As far as the district administration of Merksem is concerned, they will not participate in the program as an active partner but are in favour of the implementation of the LLE Program.

The districts of Hoboken and Wilrijk are part of the same "Primary Care Zone", (Antwerp South - Eerstelijnszone Zuid), with whom a first meeting is planned in October. As Sant'Egidio has been present in the southern periphery of Antwerp with a service for the elderly since the 1990s, and particularly in Hoboken for five years, we've already been collaborating with several home care services in the area to support individual elderly people. In the coming months, more structured co-operation will be initiated based on these contacts. There is already a co-operation with the Hoboken district through the Alderman for Senior Citizens' Affairs and the Senior Citizens' Advisor since we have already taken part in activities organised by the district on several occasions. A meeting with both of them took place on September 27th to present the LLE Program. Further steps will be taken to concretise a collaboration for LLE. Since Sant'Egidio was not active in Wilrijk until now and the decision to start the programme there is recent, the work to find partners in this area is in a start-up phase. The agreement with the city and the forthcoming meeting with the Primary Care Zone will certainly open doors here as well.

## Role(s) each partner will play

**Prague:** Prague 7 shall provide a guarantee of close collaboration of its social assistants with the project. It shall also take the responsibility of awareness raising within its territory.

S. Egidio will run the project in close collaboration with Prague 7, as well as with other NGOs and civil society gatherings active on territory of Prague 7 in order to help frail elderly people.

**Antwerp:** City of Antwerp

Financial support of the program

- Concludes with LLE (Vereniging voor Solidariteit vzw - (VVS) a processor's agreement giving LLE access to the civil register data.
- Facilitates contacts and agreements with potential partners in the area.

- Follow-up of the program with a focus on accounting for the use of funds and on adjusting the program and the co-operation agreement on the basis of the results achieved.

The District of Merksem is willing to give us access to information and to support and facilitate the communication campaign, and to cooperate occasionally for events.

The District of Hoboken is willing to cooperate on terms that still have to be defined.

With the District of Wilrijk a first contact still has to be established.

The “Primary Care Zone North” (Eerstelijnszone - ELZ), a crucial partner as they were installed by the Flemish Government to execute the primary care reform, let us know that as a network organisation, they are prepared to jump on the bandwagon of this project, as neighbourhood-oriented care fits completely within the mission and vision of the ELZ. They do have a concern about available manpower. At the moment, most of the team is burdened with Covid-19 and the vaccination campaign and they don't know yet what 2022 will bring (in the context of vaccination/Covid 19) and how many FTEs they will have available that period for regular projects. The concrete description of our co-operation will therefore be determined at a later date.

The role of other partners in the three districts is still to be determined in detail, but LLE is interested in co-operating with regard to the situation of individual elderly people (referral, consultation between care providers involved). In addition, LLE wants to take the initiative to bring together the various partners in care and welfare to exchange information and experiences about supporting community dwelling elderly.

### Who will scale the innovation?

The program shall be run well, by well-educated and motivated people, in order to bring best possible results. To guarantee and maintain the basic idea of the program, engaging volunteers seems to be crucial.

The programme will need to have three main categories of staff - coordinators and operators.

**Coordinators** should have at least a secondary education, preferably in social work or health care. A selection procedure will be launched for the position of coordinator, in which candidates will submit their CV and proof of education. The most suitable candidates will be selected on the basis of a personal interview with the person responsible for the project - the project director, in cooperation with representatives of the city or district where the project will be implemented. An employment relationship will then be established with the selected candidate in accordance with national legislation.

**Operators** should have at least a secondary education, preferably in social work or health care. Some of the operators will be hired on a part-time basis, following a selection procedure, as in the case of coordinators.

ICT experts are crucial to adapt the program to the exigencies of workers as well as to the desires of clients. ICT support also helps to manage the day-by day of the program.

Other operators will work for the project on a voluntary basis. Their activities will be governed by GDPR rules for the protection of privacy and sensitive data of seniors.

All staff members must undergo a special training course and their activities should be regularly monitored.

## **Involving end beneficiaries/service users**

Service users and/or end beneficiaries are requested to participate in the program also as supporters. Each of them can develop a specific part of the program involving themselves into a relationship with the program and other end beneficiaries. Those who want to participate will be involved in a week long training course dedicated to knowing the program deeply and to become volunteers helping the other peers. In this case they are in contact with a responsible for the volunteers who can lead them for a while, and then they become the ones who can receive information and transmit to the programme operators. The volunteers can decide how to bring ahead the relation with a client, keeping informed the program operator on the developments.

## **Funding and Financing arrangements**

### **Costs of scaling the innovation envisaged**

The cost of rolling out the programme is estimated on the basis of the program's budgets in Rome, taking into account the fact that expenditure in Belgium will be slightly higher than in Italy. In addition, the number of elderly people to be included in the program is also a determining factor. We estimate that the program for 1,000 elderly people will cost around €100,000 per year, which is less than €0.28 per elderly person per day.

### **Funders**

For Prague, the main funder will be Prague 7, money put in it will be conditioned by support of European funding. Some philanthropic activities will be enacted as well.

For Merksem, Hoboken and Wilrijk, the main funder will be the City of Antwerp.

VVS is also preparing to submit the LLE Program in response to a call of the Minister of Welfare, Public Health, the Family and Poverty Reduction who wants to support Community Care Projects, and for which the submission date is 8 November 2021.

### **Financial arrangements and instruments planned to scale the innovation**

Prague 7 is still considering the possibility to introduce LLE on its territory. Main concerns are financial sustainability and long-term perspective. Unfortunately, at the moment of the deadline of this report, no concrete data on future financial arrangements and instruments can be provided. However, several initiatives have been started and a generic availability to support the program has been expressed by public and private bodies.

In Antwerp, the programme will start with a grant of 150,000 euros from the city, in an agreement that runs from 1 October 2021 to 31 December 2022. In the course of the negotiations, it seemed that the city would be prepared to consider the possibility of a subsidy for a second year. We are currently working on the application for a 'Caring Neighbourhoods' project subsidy to the Flemish Ministry of Welfare, for which the deadline for submission is 8 November 2021. The ministry wants to grant at least 95 projects in Flanders a subsidy of €50,000 in two consecutive years. Meanwhile, we continue to look for funds from private investors and social funding organisations.

### **Cost implications of the model compared to alternative approaches to the social challenge(s)**

The model implemented in the Long Live the Elderly program follows a preventive approach. Like all prevention programs, the program generates meagre but regular costs per beneficiary, depending on the number of beneficiaries reached. These programs are cost-effective only if they significantly reduce the likelihood of diseases that are very expensive to treat in the future. In the case of the older population, it is known that the probability of chronic diseases that are very expensive to treat is very high. Therefore, even if the program minimally reduces adverse health events, a cost-effectiveness threshold is quickly exceeded, generating net savings for the health sector.

As regards the LLE program, the most critical expected effect from an economic point of view is the reduction of access to the emergency room and hospital admissions, the cost of which is very high. A 2015 analysis carried out in the context of Rome, Italy, shows that net savings have been generated on a sample of approximately 1,400 seniors, in the range of 5-13% of the annual cost for acute and long-term care.

The current project did not foresee a cost analysis of this type. Therefore, it is impossible to estimate the expected savings in Belgium or the Czech Republic. However, it is reasonable to think that if the costs of social and health care in these two contexts were higher, it would generate an increase in both the costs of the program and the savings generated and therefore, the net savings can be of different magnitude but always positive.

Suppose it is possible to implement the program in these contexts. In that case, an economic analysis is recommended both in the preliminary and monitoring phases of the activities. In fact, one of the benefits of the program is precisely to develop solutions that in the event of scalability can reduce the cost of care for the elderly, which is becoming unsustainable in all Western societies characterized by very high average age and therefore by the strong presence of costly chronic diseases.

### **Sustaining and further scaling of the innovation**

The care for older adults is an increasing problem at EU level especially because of the cost of doing nothing. To find a different model of care is a well-known issue. At Italian level the program is sharply increasing sites and beneficiaries (two more cities have been added in the last six months). The unexpected positive quick answer of the Antwerp municipality is a sign of the urgency of finding a new way for providing care to older adults. The COVID-19 pandemic further increased this urgency showing the devastating impact of poor community

care, when you need people to stay at home. Similar consideration can be done for the increase in the frequency of heat waves in southern Europe or floods in Central Northern Europe. To have a map of frailty in this case means to increase the effectiveness of prevention interventions as well as of negative outcomes mitigation strategies. In Eastern Europe the low diffusion of community care services for older adults could turn in the opportunity of building up a person-centered model based on community care more than on residential care

## Measuring the Impact of Scaling

The intervention aims at reducing social isolation in the sub-population of over 80. Therefore, the primary outcome would be measured with validated tools to measure variations in social isolation. The most indicated are the tools based on the UCLA loneliness scale<sup>31</sup> that could be administered to a sample of beneficiaries of the program. Overall, the general aim of the program is to prevent/lower functional decline by reducing frailty. To measure frailty is one of the main specific objectives of the intervention based on the hypothesis that frailty is the risk factor for negative events. Frailty will be measured by administering the Short Functional Geriatric Questionnaire<sup>32</sup> already tested in Italy and translated.

The secondary outcomes are related to:

1. Quality of life of the beneficiaries
2. Increase of efficiency (cost-effectiveness) of delivery of socio-health services to older population

The first one could be measured with EuroQoL-5D survey<sup>33</sup> administered to a sample of beneficiaries (baseline and every year)

The second one it is a complex indicator, but the main components are:

- Rate of hospitalisation (number of hospital admission divided by population for over 75) for the population living in the catchment area of the program.
- Average length of hospitalisation.
- Access to emergency unit (number of accesses divided by population) for the population living in the catchment area of the program.

As a final health outcome, the average mortality rate in the older population can also be measured, even if the intervention's main objectives are an increase in quality of life and reduction of costs for health services. Reduction of mortality is hard to be achieved in a population aged >80, so it is the aim only in case of environmental crisis like heat wave, cold wave, flood or others when the sharp increase of mortality could be mitigated by timely interventions targeting the frailest individuals.

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<sup>31</sup> Russell D, Peplau LA, Cutrona CE. The revised UCLA Loneliness Scale: concurrent and discriminant validity evidence. *J Pers Soc Psychol.* 1980 Sep;39(3):472-80. doi: 10.1037//0022-3514.39.3.472. PMID: 7431205.

<sup>32</sup> A Capanna et al, *Advances in Aging Research*, Vol.7 No.3, 2018

<sup>33</sup> <https://euroqol.org/eq-5d-instruments/>

## Challenges and Risks

The main challenge is about medium-long term funds that can be overcome only by investing in a strong fund research from different sources. The second one is how to replicate the program on a large scale, which needs to involve other associations to make them available and able to replicate the programme. We developed a series of materials for training in order to be able to communicate the practical as well as the theoretical approach of the LLE program, and we are available to train people in implementing this approach.

Further challenges that shall be faced are:

- How to get data/data on people over 80 in Prague 7 and especially contacts to them - crucial will be the awareness raising campaign and a door-to-door work in a concrete district.
- How to communicate and explain to people how the GDPR issue is dealt with.
- Develop a concept for integrating this program into the existing network of services and activities/initiatives, this involves introducing the service to providers of social and health services in the area.
- How to create a plan for staffing the service, reaching out to volunteers.
- How to prepare an overview of selected co-operating services/institutions etc.
- How to involve carers in this program.
- How to overcome the difficulties in getting personal contacts with any kind of organisations that have become extremely reduced due to digitalisation and Covid-19: what should be a simple intervention turns into a time-consuming operation.
- How to reach a paradigm shift in elderly care, away from the nursing home as first and best solution.
- How to create strong ties with the elderly in fragile situations, to form collaborators and volunteers to develop the skills to do so.
- How to involve large and powerful organisations who have a financial interest in keeping the big institutions in place and are not waiting for such a paradigm shift. Hence the need to find like-minded people who can make their voices heard in this debate

Most of these challenges need a strong communication campaign to overcome and be implemented at different levels: with the health and social professionals as well as with the citizens. This campaign should find the way to reach most of the potential beneficiaries/actors of the program in order to involve them. Use of leaflets, involving GPs, being on the road with a recognizable logo of the program, explaining the program in public gatherings that are held in the urban zone of interest, involving the local media are all activities that should be part of the campaign.

## Mitigation

The main risk is the shortage of funds. To mitigate this risk in either Antwerp and in Prague, fundraising campaigns have been started, targeting public and private bodies. A second risk is the lack of adhesion of older adults to the program. In this case we planned a big and capillary awareness campaign to involve the older adults and some key representatives of the society in strong contact with them (the General Practitioners for example or the

pharmacists) in order to increase the people's trust in the program. The third risk is connected with the GDPR regulation which can prevent people from fully adhering to the program. Again, the awareness campaign should reach most of the potential beneficiaries in order to make them more confident in the program.

In Prague 7 as well as in Merksem at a certain point, a concern has been raised, how the LLE Program will be implemented together with all other activities already enacted in the district. This concern has been turned into an opportunity and several ways of close collaboration and mutual coordination were found especially with the public bodies, but also with the private ones.

## **Scaling Plan 4: Scaling up case management as an alternative to immigration detention in Europe**

This two-year implementation plan aims to reduce immigration detention by scaling up community-based solutions and case management-based Alternatives To Detention (ATD) for people in or at risk of detention, with a specific focus on increasing implementing actors at local and national levels. This includes expanding geographically to reach more cities and countries, promoting strategic partnerships with different actors, and increasing the number of beneficiaries of case management. Crucially, implementation will also be combined with network building and strategic advocacy at national and regional level, in order to effectively influence those who have the power to make decisions and create an environment conducive to putting in place case management-based ATD for people in or at risk of detention. This will advance the European Alternatives to Detention Network (EATDN) towards being able to present case management as a convincing alternative to enforcement-based migration management both at national and regional levels, thus contributing to reducing and ultimately ending detention.

Full implementation plan can be accessed on the website [atdnetwork.org](https://atdnetwork.org)

### **Lead organisation**

Platform for International Cooperation on Undocumented Migrants (PICUM), Belgium

### **Other organisations in the consortium**

International Detention Coalition (IDC), Australia

### **Primary social challenges that the innovation seeks to address**

Migration

### **Relevance of this Social Innovation**

Across Europe, there is pressure to increase the use of immigration detention as part of a push to accelerate return rates and deter irregular migration. While EU law states that detention should only be used as a measure of last resort and in very specific circumstances defined by law, European governments rarely conduct an individual assessment before detention, to evaluate whether detention is necessary and proportionate and if the criteria for detention apply. When such criteria do apply, less coercive measures should be prioritised, however this rarely happens in practice; detention is frequently applied as a first option before ATD are considered, if they are considered at all. Moreover, where the term is used by governments in the region, ATD has generally been focused on ‘traditional’ or ‘enforcement’-based approaches, which apply restrictions/conditions to control and keep track of migrants and asylum seekers. These allow governments to monitor individuals and apply sanctions for non-compliance, but fail to support people in working towards their case

resolution (i.e. any temporary or permanent migration outcome) and usually involve some kind of restrictions on freedom of movement. As witnessed first-hand by the EATDN pilots, the conditions of enforcement-based ATD are often unrealistic and put overly harsh burdens on people regarding reporting and bail conditions. In contrast, ATD based on case management are more humane and effective in supporting people to work towards finding a temporary or permanent migration outcome, which can include regularisation, moving to a third country, or voluntary return.

Immigration detention – including of children and vulnerable people – continues to be the default approach for many European countries. In **Belgium**, for instance, despite the government's commitment to end child detention and promote alternatives, the immigration detention system continues to expand. In **Bulgaria**, meanwhile, even after a sharp reduction in the number of undocumented migrants apprehended, detention remains a key tool in the country's response to migration. Its detention centres lack appropriate health care services and fail to provide adequate access to procedural guarantees, spurring criticism from civil society organisations and international watchdogs. During the COVID-19 pandemic, detention orders were automatically renewed without hearings. In early 2020, **Cyprus** announced stringent measures including the creation of new closed centres. During COVID-19, many migrants were moved from detention centres into allegedly open centres with substandard conditions, where migrants are in situations of de facto deprivation of liberty with no time limit, weak procedural safeguards, and a lack of access to legal aid. In **Greece**, the country's immigration detention practices have been repeatedly condemned by regional and international bodies, including the lack of individualised assessment, the use of police stations for immigration detention purposes, and conditions across much of its detention estate that amount to inhuman and degrading treatment. **Italy** has seen several recent migration policy reforms aimed at reducing procedural safeguards and pathways for regularisation in the country while multiplying the number of detention centres. In **Poland**, despite the sharp drop in the numbers of asylum applications since 2017, anti-immigrant rhetoric dominates public discourse, migrants are viewed as security threats, and pushback is common along the border with Belarus. Poland rarely considers ATD, systematically detains families with children, and requires detainees to pay for their detention.

Furthermore, proposed [reforms](#) at the EU level would risk dramatically [increasing the use of detention](#) in the EU with a view to increasing and speeding up returns and deportations. The proposed Pact on Migration and Asylum would set up new forms of *de facto* detention, in particular at borders, in situations in which case management and community-based solutions would be very challenging to implement because of the extremely limited access to services and non-governmental organisations (NGOs)/civil society organisations (CSOs) as well as the severe restrictions on freedom of movement.

While the current ATD pilots are making progress, at this point they remain too small to exert sufficient pressure to make structural changes at the level of governments. They also remain too small to present themselves at an EU level as a convincing example of how case management-based approaches should be applied across the board and how these can represent an effective ATD for people in or at risk of detention. Moreover, while the evidence acquired through implementation of the EATDN pilots has been presented in a number of regional and international fora (including meetings of the European Parliament, the Council of Europe and the UN Network on Migration), policy makers have expressed a continued

need for evidence demonstrating the effectiveness and scalability of case management-based ATD.

Yet the relevance of case management-based ATD remains high across Europe, and the achievements that the pilots have made in the context of challenging external conditions also demonstrate that there is potential to make significant changes and social impact if the efforts of the pilots are expanded and amplified.

Across the different countries in which the pilots operate, authorities are increasingly reaching out to pilots for collaboration, and often releasing detainees into the pilots. Through this, the pilots have managed to demonstrate the effectiveness of case management by the number of case resolutions and people's level of engagement. The [evaluation report](#) of pilots in three countries shows that 97% of individuals remained engaged with immigration procedures through case management in the community. In some countries there has also been increased dialogue between government and civil society. There is political momentum in some countries and also examples of increased engagement with civil society. In **Belgium**, the Cabinet is reaching out to civil society and also to local municipalities and potential partnerships between national immigration authorities and ATD pilot implementers are being negotiated, including with the newly created ATD Department. Pilot implementers in **Cyprus** and **Poland** continue to have good access to key authorities including some collaborative work, while in **Italy** members of the EATDN are engaged in conversations with key local authorities, the Ministry of Interior and some political leaders. Network members have also highlighted the considerable added value brought by the EATDN when advocating for community-based solutions, both nationally and regionally. Their view is that advocacy and engagement with the authorities is strengthened by presenting their pilot as part of a wider European 'movement'.

Pilots, for instance in the case of **Cyprus**, have also managed to engage authorities to a level where they can facilitate the release of detainees into case management-based ATD, thus to some extent addressing the lack of knowledge and capacity at a government level to implement and coordinate ATD. Progress on engagement with authorities has also been made in **Belgium**, **Poland** and **Italy**. Of the major structural gaps, the lack of coordination between government departments as well as the lack of access to services for migrants are prominent and call for a holistic approach towards case management and community-based solutions, including by increasing the implementation of case management-based ATD when the grounds for detention apply.

### **The extent to which this innovation has already been implemented in countries in Europe**

This scaling plan aims to build upon the existing work of the European Alternatives to Detention Network (EATDN). The EATDN is a group of NGOs that aims to end immigration detention in Europe. Established in 2017, it brings together civil society organisations implementing community-based solutions and case management-based ATD in seven European countries – Belgium, Bulgaria, Cyprus, Greece, Italy, Poland and the UK – in partnership with regional-level and international organisations. The network aims to create a shift at a systemic level from enforcement-based migration management systems that rely on detention, to promoting community-based solutions. Ultimately, the goal of the EATDN is

to reduce and eventually end the use of immigration detention. The EATDN works towards this by building evidence and momentum on rights-based approaches which are based on the principles of case management in the community, in order to demonstrate how migration management without detention can be effective. Network members implement and test case management-based approaches aimed at supporting individuals in an irregular situation to work towards a durable solution while living in the community. They also provide non-coercive, non-enforcement based ATD to support people who would or could otherwise be detained and promote the further expansion of this model over enforcement based ATD.

To date, pilots have been established in all seven of the countries where EATDN members are present. This is in addition to a longer term ATD project in the UK, which has been operating since 2014. The pilots are all carried out in line with the principles of IDC's [Community Assessment and Placement \(CAP\) model](#), which sets out a social work approach to migration governance based on case management that aims to ensure detention is only ever used as a last resort. All of the pilots employ case managers to work with individuals at risk of detention in order to ensure that their holistic needs are being met, and their immigration cases dealt with, in the community.

As part of working towards its goals, the EATDN sees a need to expand and amplify its pilots and take them to the next level. This 2-year implementation plan sets out how it will scale case management projects and community-based ATD for people who would otherwise be detained, with the aim being to demonstrate that migration management frameworks that do not include detention are feasible and effective.

## Scope

### Where the innovation is planned to be implemented

EATDN pilots are currently implemented in Belgium, Bulgaria, Poland, Cyprus, Greece and Italy, with a longer-term ATD project underway in the UK. In some of these countries, pilot implementers are engaging strategically with a number of cities and local authorities; in Italy, for instance, the pilot is being implemented in Rome and has been engaging in an ongoing dialogue with local authorities. Discussions are in progress with Milan around the possibility of establishing a case management- and community-based ATD pilot, subject to funding. There are also possibilities for other NGOs in Italy to implement pilots in Turin. In the context of this implementation plan, our ambition is to strategically partner with at least two additional cities to implement case management-based approaches, and to have established a pilot in at least one other country.

In terms of additional countries to expand to, given current developments in EU migration policy – which largely aim to ensure that migrants stay at the periphery of Europe, including through introducing de facto detention at borders – expansion to an additional European country is likely to target a first country of asylum/reception. Proposed countries for expansion include Spain and the countries on the Balkan migration route, and consultations have been carried out with actors in these locations in order to establish relationships and to begin exploring the possibility of setting up a pilot.

The aim to expand geographically to key strategic countries will be paired with an expansion to locations within countries where case management-based approaches are already

established practice but may be confined to a certain city or region. For instance, in Italy the pilot is largely focused on Rome but (as noted above) discussions are ongoing with authorities in Milan and Turin around how case management-based approaches can be extended to these cities. The pilot in Belgium is also involved in discussions with the authorities in Antwerp and Ghent regarding a similar approach. Expanding in this way, in countries where the EATDN is already well established and has a good understanding of socio-political and legal dynamics, will mean that case management-based ATD can be scaled up nationally to help strengthen the evidence base for this approach and extend intra-national networks. This expansion will specifically focus on establishing strategic partnerships with cities and relevant local authorities, following a scoping exercise to understand the opportunities for such partnerships.

### **Reasons the geographical areas were chosen for implementation**

The geographical areas for implementation have been selected because of the favourable civil society environment and possibilities to work strategically with other stakeholders, including decision makers, and in order to cover diverse contexts to demonstrate the versatility of case management-based approaches.

The first three countries in which the pilots were introduced are Cyprus, Bulgaria and Poland. In all three countries, a key enabling element was the existence of organisations with sufficient capacity and resources to carry out pilots, combined with advocacy experience. Moreover, the choice of these three relatively diverse contexts allowed the EATDN to cover different situations in which case management could be applied, including in transit contexts (Bulgaria), countries of first arrival (Cyprus), and where the focus is on families (Poland). After this initial phase, the network was expanded to pilot implementers in Greece, Italy and Belgium. The decision to include Greece and Italy was motivated by the political weight of these countries in the EU decision-making process on migration policy, and because – as countries with high numbers of arrivals – demonstrating the success of case management in these contexts was thought to be very useful from an advocacy perspective. Belgium was selected because of its favourable political environment and the long-standing experience of local organisations providing case management-based services and carrying out advocacy against immigration detention, with a focus on children. Another key enabling element has been the availability of funding for these pilots.

In the context of our ambitions within the scaling plan, an important decision-making factor in the selection of countries and cities to expand to is the probability for success and impact. This will be determined carefully through building on existing efforts, examining legal frameworks that are favourable to case management, and scoping the relevance of the countries in question when it comes to this particular area of migration policy. The existence of a socio-political and legal environment conducive to reducing detention and establishing case management-based approaches to migration management, as well as the presence of organisational capacities for such an approach, are also key factors. Availability of funding or potential for funding is also an important element. Such considerations are important because of the current situation in Europe, where the institutional tendency is to resort to detention as a first option. As such, in order to ensure that the scaling of community-based solutions results in demonstrable successes when it comes to convincing governments of

the benefits of a case management-based approach, it is important for us to strategically expand to geographical areas where our approach is likely to have the most impact.

### Level of implementation of the innovation anticipated

Level 3: Inter-connected demonstration projects

Level of Adoption	Description
1	Consistent adoption by mainstream social services at national/federal level
2	Partial adoption by regional/municipal social services
<b>3</b>	<b>Inter-connected demonstration projects</b>
4	Pilots external to mainstream social services

### Anticipated measurable outcomes

#### Within 2 years

The 2-year Implementation Plan aims to reduce detention by scaling up community-based solutions and case management-based ATD for people in or at risk of detention, with a specific focus on increasing implementing actors at local and national levels. This includes expanding geographically to reach more cities and countries, promoting strategic partnerships with different actors, and therefore increasing the number of beneficiaries of case management. This will advance the pilots towards being able to present case management as a convincing alternative to enforcement-based migration management both at national and regional levels, thus contributing to reducing and ultimately ending detention.

Specifically, the 4 objectives of the implementation plan are:

1. Strengthening of networks among organisations working on case management-based ATD at local, national, regional, and international levels;
2. Geographical expansion of case management-based pilots to more cities and countries and increase in strategic partnerships;
3. Expansion beyond vulnerable groups (widening profiles of beneficiaries i.e., beyond families and those of risk for detention to also include those already in detention and migrants who are not identified as having specific vulnerabilities);
4. Increase in the number of people benefiting from case management-based pilots, by 10 to 20 percent.

Table 4.1: Outcomes of the Implementation Plan

<b>Objective 1: Network building</b>  <b>Outcome 1: In 2 years, the EATDN will have expanded and strengthened its network of civil society, government actors and other potential actors e.g. local authorities, CSOs, UN organisations and the private sector.</b>	
<p><b>Background:</b> Network building is a core objective of the implementation plan for several reasons. Firstly, for the pilots to scale up sustainably, it is paramount that they strengthen relationships and collaboration with national authorities and government actors, including local authorities, so that community-based solutions become a solid approach that is embedded in migration governance systems under a whole of government approach. Secondly, the existence of an ATD network that spans a number of European countries has been a key factor in amplifying and strengthening the call for case management- and community-based ATD for people in or at risk of detention. Yet to move forward with this work, the EATDN will need to ensure that it is working with a wide range of allies; hence the need to form partnerships and build networks with other stakeholders, including CSOs, academia, other fields, sectors and professionals under a whole of society approach. This kind of network building also needs to incorporate systems and tools to facilitate it, such as a sustainable coordination/network infrastructure, regular meetings, a shared database among relevant stakeholders and harmonisation of data collection methods to facilitate effective MEL which will support evidence-based arguments when presenting case management as a solid approach. As such, network building in this implementation plan is an objective on its own but is also an enabling element that facilitates the achievement of all the other objectives. Below we flesh out how network building will be done as an objective. After this it becomes a cross-cutting enabling element towards other objectives.</p> <p><i>Responsible for implementation: PICUM, IDC, and the EATDN</i></p>	
<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Further develop the EATDN through bringing in more actors, interacting with others and increasing the EATDN’s capacity to operate sustainably.</li> <li>• Expanding strategic partnerships with cities/ municipalities working on ATD.</li> </ul>
<b>Implementation methods</b>	<ul style="list-style-type: none"> <li>• Coordinating collaboration and cross-country working amongst network members</li> <li>• Reaching out to and collaborating with relevant stakeholders and partners</li> <li>• Increase capacity and sustainability of the EATDN as an effective coordinating network</li> <li>• Working closely with leaders with lived experience and grassroots movements focusing on immigration detention.</li> <li>• Establishing joint projects and consortia of actors to work on holistic approaches to case management</li> </ul>

<b>Target audience</b>	<ul style="list-style-type: none"> <li>• Civil society including migrant-led organisations and CSOs working in other sectors (e.g. child rights., human rights, women's rights, racial justice, etc.)</li> <li>• Local authorities and municipalities</li> <li>• National authorities/relevant ministries</li> <li>• Local communities</li> <li>• People at risk of or already in detention, people with lived experience of detention</li> <li>• Local, regional, national and international organisations</li> <li>• Other sectors and professionals: legal practitioners, academia, healthcare professionals, media/journalists, influencers/celebrities, donors, faith based groups, commercial/private enterprises with Corporate Social Responsibility (CSR) component.</li> </ul>
<b>Enabling elements</b>	<ul style="list-style-type: none"> <li>• Innovation information and communication technologies for faster (online) communication</li> <li>• Harmonisation of data collection methods and MEL frameworks</li> <li>• Organisational capacity and funding</li> <li>• Network building</li> <li>• Working with leaders with lived experience</li> <li>• Detailed stakeholder mapping of all relevant actors at local, national and regional level</li> <li>• Creating a shared database across projects for case management</li> </ul>
<b>Main stakeholders</b>	<ul style="list-style-type: none"> <li>• EATDN</li> <li>• Other civil society organisations working on migration, child rights, service provision, etc.</li> <li>• Council of Europe</li> <li>• Allies in the European Parliament</li> <li>• City municipalities (including Athens, Antwerp, Ghent, Nicosia, Milan, Turin).</li> <li>• Ombuds persons and human rights bodies</li> <li>• City Initiative on Migrants with Irregular Status in Europe (C-MISE)</li> <li>• Human rights actors</li> </ul>
<b>Resources required</b>	<ul style="list-style-type: none"> <li>• Effective and innovative Information and Communication Technology (ICT)</li> <li>• Practical and facilitation support from partner institutions that already have good relationships with local authorities, e.g. Council of Europe/C-MISE</li> <li>• Human resources and sustainable funding for case management and technical support</li> </ul>

## Objective 2a: Extending scope of pilots

**Outcome 2: In 2 years, the EATDN will have increased the number of countries engaging with the network on case management-based approaches, including community-based ATD, and will have established a pilot in one additional country.**

**Background:** EATDN pilots are currently implemented in Belgium, Bulgaria, Poland, Cyprus, Greece and Italy, with a longer-term ATD project underway in the UK. In the next 2 years, we aim to expand EATDN engagement to several additional countries, and to have established a pilot in at least one other country – preferably of first reception. An important decision-making factor in the selection of countries to expand to is the probability for success and impact. This will be determined carefully through building on existing efforts, legal and policy frameworks that are favourable to case management, and relevance of the countries to migration. The existence of a socio-political and legal environment conducive to reducing detention and establishing case management-based approaches to migration management, as well as the presence of organisational capacities for such an approach, are also key factors. Such considerations are important because of the stage at which community-based ATD are in Europe, where the institutional tendency is to resort to detention as a first option. As such, in order to ensure that the scaling results in demonstrable success to convince governments of case management as a solid approach, it is important for us to strategically expand to geographical areas where case management is likely to succeed.

*Responsible for implementation: IDC, EATDN, new pilots*

### Strategy

- Scope opportunities for implementing pilots in more countries, prioritising countries of first reception
- Exploring opportunities for resource mobilisation

### Implementation methods

- Setting up new pilot in one country of first reception
- Exploring enabling environments and scoping possibilities to establish new pilots/partnerships
- Dialogue and outreach with new partners in different European countries
- Securing relevant funding for new pilots

### Target audience

- CSOs relevant to work on case management, and those interested in engaging with the network
- Local communities and support groups
- Local, regional and national authorities in EATDN countries (and potential pilot countries)
- Vulnerable groups (see outcomes 4 and 5), including people in detention and at risk of detention
- Leaders with lived experience

<b>Enabling elements</b>	<ul style="list-style-type: none"> <li>• Network building</li> <li>• Politically and socially targeted advocacy</li> <li>• Supporting campaigning</li> <li>• Clear MEL Framework and clear definition/standards on case management and ATD to ensure common objectives</li> <li>• Clear communication strategy to increase visibility of the EATDN and ensure sufficient visibility for evidence</li> <li>• Full country scopings</li> </ul>
<b>Main stakeholders</b>	<ul style="list-style-type: none"> <li>• EATDN and existing pilots</li> <li>• Training partners/strategic allies e.g. Council of Europe</li> <li>• Grassroots based organisations and people with lived experience of detention</li> <li>• ODIHR</li> <li>• Learning Networks and Training Partners, including CSOs and authorities implementing the Bed-Bath-Bread approach</li> <li>• Schools and universities</li> <li>• Local communes and municipalities</li> </ul>
<b>Resources required</b>	<ul style="list-style-type: none"> <li>• Training resources and practical training for new pilots</li> <li>• Funding for setting up new pilots</li> <li>• Human resources (including people with lived experience of detention)</li> </ul>

### Objective 2b: Extending scope of pilots

**Outcome 3: In 2 years, EATDN pilots will be strategically partnering with two additional cities to implement case management-based approaches.**

**Background:** In the countries where pilots are being implemented, EATDN members are engaging strategically with a number of cities and local authorities; in Italy, for instance, the pilot is being implemented in Rome and has been engaging in an ongoing dialogue with local authorities. Discussions are in progress with Milan around the possibility of establishing an ATD pilot, subject to funding. There are also possibilities in Turin (see above). The aim to expand geographically to key strategic countries will therefore be paired with an expansion to locations within countries where case management-based approaches are already established practice but may be confined to a certain city or region. Expanding in this way, in countries where the EATDN is already well established and has a good understanding of socio-political and legal dynamics, will mean that community-based solutions including case management-based ATD can be scaled up nationally to help strengthen the evidence base for this approach and extend intra-national networks. This expansion will specifically focus on establishing strategic partnerships with cities and relevant local authorities, following a scoping exercise to understand the opportunities for such partnerships.

*Responsible for implementation: IDC, selected existing pilots, new pilots*

<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Implement pilots in more cities of countries in which pilots are currently being implemented.</li> <li>• Develop and support a network of cities and municipalities working on ATD.<sup>34</sup></li> </ul>
<b>Implementation methods</b>	<ul style="list-style-type: none"> <li>• Expanding existing pilots to or establishing new pilots in the mentioned cities through increasing the number of organisations implementing pilots</li> <li>• Establishing strategic partnerships with municipal authorities around service provision and resource mobilisation</li> </ul>
<b>Target audience</b>	<ul style="list-style-type: none"> <li>• CSOs relevant to work on case management, e.g.</li> <li>• Organisations working on case management to provide holistic services (Caritas, Jesuit Refugee Service, etc.)</li> <li>• Local communities and support groups</li> <li>• Local and municipal authorities</li> <li>• Leaders with lived experience</li> </ul>
<b>Enabling elements</b>	<ul style="list-style-type: none"> <li>• Network building</li> <li>• Politically targeted advocacy at local and regional level</li> <li>• Socially targeted advocacy</li> <li>• Supporting campaigning</li> <li>• Full context scoping to identify opportunities for expanding to additional cities</li> </ul>
<b>Main stakeholders</b>	<ul style="list-style-type: none"> <li>• Existing pilots</li> <li>• CSOs relevant to work on case management in relevant cities and new pilots working with cities</li> <li>• Migrant led CSOs in relevant cities</li> <li>• People with lived experience of detention</li> <li>• Non-traditional actors (private sector, youth organisations, etc.)</li> <li>• UNHCR local offices</li> <li>• C-MISE</li> </ul>
<b>Resources required</b>	<ul style="list-style-type: none"> <li>• Resources and training for new pilots</li> <li>• Funding for translators</li> <li>• Human resources (including people with lived experience of detention)</li> </ul>

<sup>34</sup> The full scope of cities to be prioritised are still to be determined. Current cities being considered are: Antwerp, Ghent, Milan and Turin.

### Objective 3: Expansion beyond vulnerable groups

**Outcome 4: In 2 years, the EATDN pilots will have increased the number of beneficiaries beyond vulnerable groups. This will include people already in detention and migrants who are not identified as having specific vulnerabilities.**

*Responsible for implementation: existing and new pilots (with technical support from IDC)*

<b>Strategy</b>	<ul style="list-style-type: none"><li>• Expansion beyond vulnerable groups</li><li>• Advocate for case management-based approaches as the default approach to all migration management, rather than detention.</li><li>• For vulnerable groups, continue to insist that these groups should never be detained.</li></ul>
<b>Implementation methods</b>	<ul style="list-style-type: none"><li>• Pilot activities going beyond families and children and include other groups</li><li>• Incorporating migrants (and those who have been affected by detention) in relevant HR positions to conduct migrant-led case management</li><li>• When scaling to other cities/countries, incorporate migrant led organisations when setting up new pilots</li><li>• Partner with migrant-led organisations on advocacy and also with other relevant social movements</li></ul>
<b>Target audience</b>	<ul style="list-style-type: none"><li>• All people in detention or at risk of detention.</li><li>• CSOs relevant to work on case management, e.g.</li><li>• Organisations working on case management to provide holistic services (Caritas, Jesuit Refugee Service, etc.)</li><li>• Local communities and support groups</li><li>• Local and municipal authorities</li><li>• Leaders with lived experience</li></ul>
<b>Enabling elements</b>	<ul style="list-style-type: none"><li>• Network building</li><li>• Key partnerships with other social movements e.g. women's rights, refugee rights, maternity rights, criminal justice reform, racial justice, etc.</li><li>• Working with leaders with lived experience</li><li>• Socially targeted advocacy</li><li>• Full country scoping to identify opportunities for expanding beyond vulnerable groups</li></ul>

<b>Main stakeholders</b>	<ul style="list-style-type: none"> <li>• EATDN</li> <li>• Partner CSOs working on case management</li> <li>• Migrants and people with lived experience of detention or at risk of detention</li> <li>• Migrant-led organisations</li> <li>• Local, regional, national and international organisations working on case management</li> <li>• Migrants and people with lived experience of detention or at risk of detention</li> </ul>
<b>Resources required</b>	<ul style="list-style-type: none"> <li>• Additional human resources, including migrants and people with lived experience of detention</li> <li>• Training of main actors – including migrant led organisations and new EATDN members</li> <li>• Resources and funding for expansion</li> </ul>
<p><b>Objective 4: Increase in beneficiaries in terms of engagement and case management</b></p> <p><b>Outcome 5: In 2 years, the EATDN pilots will have increased the total number of beneficiaries in terms of engagement and case management by between 10 and 20 percent</b></p>	
<p><b>Background:</b> Outcomes 1-4 should lead to an increased total number of beneficiaries of case management This will contribute to evidence-based arguments to demonstrate that case management is an effective ATD. Currently, pilots work with between 40-60 people per year, which is approximately 400 people in total across all the projects. An increase of 10-20% will mean that this total number grows by 40-80 people over the next two years. This growth will contribute to evidence-based arguments to demonstrate that case management is an effective ATD.</p> <p><i>Responsible for implementation: existing and new pilots (with technical support from IDC)</i></p>	
<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Outcomes 1-4</li> </ul>
<b>Implementation methods</b>	<ul style="list-style-type: none"> <li>• Outcomes 1-4</li> </ul>
<b>Target audience</b>	<ul style="list-style-type: none"> <li>• Detained people released into pilots for case management</li> </ul>
<b>Enabling elements</b>	<ul style="list-style-type: none"> <li>• Creating a shared database across projects for case management and harmonisation of data collection methods to facilitate effective MEL</li> <li>• Network building</li> </ul>

<b>Main stakeholders</b>	<ul style="list-style-type: none"> <li>• EATDN, including new pilots</li> <li>• Partner CSOs working on case management</li> <li>• Local and municipal authorities</li> <li>• Healthcare workers</li> <li>• Legal professionals</li> <li>• Housing/homelessness professionals</li> </ul>
<b>Resources required</b>	<ul style="list-style-type: none"> <li>• Increased funding for HR (specifically case managers)</li> <li>• Transport, Accommodation, and subsistence costs for beneficiaries</li> <li>• Resources for interpreters</li> </ul>

## Beyond 2 years

The Implementation Plan itself focuses on scaling community-based solutions and case management-based ATD over a two-year period. However, this plan is in line with the European ATD Network’s longer-term [Theory of Change](#).

Within a longer timeframe, the objective of the EATDN is to reduce immigration detention and end it for vulnerable groups, by acting both at regional and national level. The network aims to achieve this goal by building evidence and momentum on case management and community-based solutions, including as an ATD. It links NGOs running pilot projects in Europe with regional and global advocacy organisations, and conducts and facilitates advocacy, peer learning and evidence generation among Network members.

Our work to promote community-based solutions, and in particular case management based-ATD for those at risk of detention, is part of a longer-term strategy to reduce and ultimately end immigration detention. We consider scaling of the work of the EATDN to be essential to achieving this goal.

## Evidence

Level V: Evidence for this innovation derives from systematic reviews of descriptive and qualitative studies (see Appendix 2).

A number of studies demonstrate that case management-based ATD programmes based on the IDC’s CAP Model are a humane and effective way of ensuring that migrants and refugees remain engaged while having their status determined (Clark et al, 2018; IDC, 2015; Ohtani, 2018, 2020) Evaluating the impact of case management-based ATD pilots in Bulgaria, Cyprus and Greece run by EATDN members (Ohtani (2020). found that the majority of beneficiaries (86%) remained engaged with immigration procedures, with 25% achieving case resolution. Only 12% disengaged or absconded and 2% were forcibly removed.

Ohtani found that effective case management increased the ability of beneficiaries to contribute positively to the resolution of their cases. She observed that it was critical for beneficiaries to be treated with respect and dignity by their case managers. This was

significant for trust-building and enabled beneficiaries to disclose more information about their vulnerabilities which was crucial for helping case managers identify the support they needed. She also highlighted the importance of agency and providing people with the tools they need to take proactive steps for themselves, keeping them informed about the status of their case, and ensuring that they had access to competent legal assistance. Facilitating access to other services, such as accommodation, healthcare, and education, also contributed positively to beneficiaries' resilience. Ohtani observed that this approach was adaptable to different contexts and could be used in countries with very different migration trends and systems.

In Malaysia, an evaluation of a case management-based community placement ATD programme based on IDC's CAP Model, run by a Malaysian NGO for unaccompanied refugee children, found that it led to beneficiaries being and feeling safer, experiencing greater wellbeing, and having their status determined in a timelier way (Clark et al, 2018). As the evaluation observed, "Overall well-being related to material needs, physical health, mental and emotional wellbeing, education, housing, relationships and support systems and risk and safety improved for unaccompanied children in the program."

Nevertheless, it is neither easy nor straightforward to design and implement ATD programmes. In their review of ATD programmes in Europe (De Brucker et al, 2015) observed that building ATD programmes was complex and required sound knowledge of national reception and detention systems and the rationale behind authorities' use of detention. There is a danger that ATD programmes inadvertently expand the detention estate, particularly when they are based on coercion and enforcement rather than engagement. As De Brucker et al point out, ATD programmes should be non-custodial, respect human rights, and be subject to scrutiny to ensure that they do not become alternative forms of detention. They highlight the importance of ensuring that beneficiaries of ATD programmes are provided with case management support and given access to services by states, even when they live in communities.

## Scaling Methods

To be able to scale the efforts of the EATDN, and to build on its achievements to date, advocacy, network building, strengthened partnerships and the expertise of leaders with lived experience are at the forefront of our approach.

The general rationale for using advocacy as a mechanism is that in order to end detention, it is key to create the political space to make it possible. However, there are differences in the political environments in which pilots operate and advocacy strategies must therefore be based on a deep understanding of key stakeholders and their local/national contexts and of the level at which advocacy can be undertaken most strategically. For environments in which migration regulations are particularly stringent, e.g., Greece, it is more strategic for pilots to focus on regional advocacy so that pressure comes from the EU and trickles down to the national government. In order to do this, pilots need to increase the number of beneficiaries significantly so that they can present case management as an effective and evidence-based mechanism of migration management, demonstrating that detention as a first resort is avoidable. The strategy for targeting the EU in order to increase pressure on national

governments has worked in certain contexts, for example Cyprus. Hence the importance of coordinating local, national and regional efforts. Conversely, in other countries such as Belgium or Italy, advocacy at the national level might be a more effective tool for the adoption and implementation of community-based ATD for people in or at risk of detention as a result of the current socio-political context and the existing opportunities. Further, because of the complex nature of the socio-political contexts, advocacy must address the political level, as well as the social level, simultaneously and strategically. It also needs to be dynamic and able to adapt to changing situations and different contexts.

Network building is an enabler because only through strategic and reliable partners can the EATDN successfully implement its plan. For instance, migrants do not have access to basic services such as healthcare, employment, food, housing, to mention a few, in most countries, as a result of punitive government policies. This is a major limitation for the success of pilots. While on the one hand pilots have to advocate for structural change, on the other they have to deal with the immediate basic needs of migrants which is a priority for them. Building a network with relevant professionals and sectors facilitates the latter. Building and maintaining partnerships with relevant local authorities, allied government institutions and key decision makers is an important element for upscaling the pilots when the enabling conditions for such partnerships are in place. Network building is also a cross cutting strategy towards the achievement of all the other objectives.

Last but not least, the EATDN's full understanding of the needs of migrants who are at risk of being detained or those who have previously been detained would be incomplete if people with lived experience of detention are only engaged with the work of EATDN members from the perspective of recipients of support or in a tokenistic manner. The EATDN's approach is therefore to expand migrant-led advocacy and migrant-led case management in order to amplify the voices of migrants, particularly those affected by immigration detention, to ensure that their perspectives are incorporated holistically and to make them visible to society in a way that demonstrates their leadership and agency.

## Key partners

Key partners that will support the scaling of the innovation comprise:

- European ATD Network members;
- Other civil society organisations (CSOs) working on migration, child rights, women's rights, racial justice, service provision;
- Grassroots organisations and people with lived experience of detention
- State-run services (social services, schools etc.);
- The Council of Europe;
- Office for Democratic Institutions and Human Rights (ODIHR);
- UN Agencies;
- Migration authorities in EATDN countries;
- Other relevant government departments in EATDN countries, e.g. child protection;
- Cities and municipal authorities;
- Allies in the European Parliament and national parliaments;
- National and regional policymakers (where relevant);

- Legal professionals.

### **Role(s) each partner will play**

Along with PICUM and IDC, the members of the European ATD Network (including new member/s) will be responsible for the implementation of the plan. Whilst IDC and PICUM will lead efforts on networking, partnership building, advocacy and technical capacity building, the members of the EATDN will be responsible for the day-to-day management and implementation of the pilots themselves, as well as undertaking 'advocacy by doing' and strengthening partnerships as an integral part of their work.

IDC, PICUM and the members of the EATDN will work closely with other CSOs and state-run services working on migration and providing services in areas related to the holistic approach to case management outlined within IDC's [CAP model](#). These will include CSOs and services working on child rights, homelessness, healthcare, women's rights, education and social work. Whilst these actors will not themselves be part of the EATDN, formal and informal partnerships will be established with them in order to ensure that people involved in the EATDN pilots can be quickly and effectively referred to relevant services according to their needs. Similarly, legal professionals and networks will play a role both in supporting individual cases and also in exploring opportunities for strategic litigation.

Grassroots organisations and people with lived experience of detention will be involved at all stages of the implementation, in order to co-design services, monitor their progress, and evaluate their impact.

The Council of Europe, ODIHR, and UN Agencies (notably UNHCR, IOM and UNICEF) are key allies in the work to promote community-based solutions, including case management based ATD, and in the context of the implementation plan they will serve as strategic partners. This includes acting as a bridge to policymakers and government targets, as well as providing training and funding opportunities.

National-level migration authorities, as well as cities and municipal authorities, already play a key role in the implementation of the EATDN pilots and will continue to do so as the work of the Network is scaled up. These authorities see the concrete impact of migration policies and will therefore be a key target for our work as well as a partner in ensuring effective information sharing and referrals. The EATDN is looking to increase its strategic partnerships with such actors, notably through on-the-ground advocacy and engagement.

Finally, although national and regional policymakers will primarily be a target of advocacy and campaigning, they can play a key partnership role where relevant. Allies in the European Parliament, for instance, have shown themselves to be champions of ATD and have ensured that case management-based approaches are reflected in regional legislation and frameworks. These relationships will continue to be cultivated at both national and regional levels, in order to ensure that the impact of our scaling plan is echoed in relevant policy.

## **Who will scale the innovation?**

The members of the [European ATD Network](#) employ case managers to implement their pilots on the ground, and it is these case managers – alongside the colleagues who support them – who will continue to implement the innovation when it comes to extending the geographical scope and the number of beneficiaries of the pilots. IDC has dedicated members of staff whose role is to coordinate the EATDN and expand networks and partnerships, as well as supporting with national- and regional-level advocacy, while PICUM carries out regional advocacy, informs the EATDN members of ongoing initiatives and policy developments, and facilitates provisions of inputs by the EATDN. These staff will continue their work to scale the innovation in these areas.

## **Involving end beneficiaries/service users**

The EATDN case management-based approach is specifically designed to ensure that people are able to engage with their migration cases, with one of the main aims being to provide them with the tools that they need to resolve their case temporarily or, ideally, permanently. It works under the assumption that engagement, rather than enforcement, will build trust in the system and allow people to be self-directed. In particular, it respects asylum seekers, refugees and migrants as rights holders who can be supported to empower themselves to work towards case resolution without the need for restrictions or deprivations of liberty or freedom of movement.

Case management is designed to support the empowerment of individuals to resolve issues independently and link them with additional support when needed. Case management relies on identifying all the needs and strengths of the individual, addressing those needs and building upon the strengths as able with available resources, and building resilience in the individual to deal with the range of outcomes before them. Case managers form relationships based on trust with individuals and families in order to support their empowerment, enhance their wellbeing and problem-solving capacities, resolve outstanding issues, provide information on how to obtain services and resources in their communities, how to assert their rights, and work towards the protection of people who are not in a position to do so themselves.

Whilst the EATDN approach to case management has been geared towards supporting service users to be self-directed from its inception, the involvement of service users in implementation has not been a focus of the Network to date. However, the scaling plan puts migrant and refugee lived experience leadership – particularly of people affected by or at risk of immigration detention – front and centre, in order to ensure that they are involved at all stages of implementation, including design, monitoring, and evaluation. Consultations with experts by experience in the development of this plan (see above) allowed us to better understand how we can meaningfully and responsibly ensure such involvement given how central it is to the plan.

## Funding and Financing arrangements

### Costs of scaling the innovation envisaged

On the part of the pilots, there is a strong need for increased and sustainable funding and for additional staffing and internal capacity. This was identified as one of the main obstacles in implementing the pilots. The approach of tailored case management requires significant human resources, which translate to financial resources. At the same time, pilots must implement a two-tiered approach to addressing the lack of access to services, where on the one hand they have to advocate for increased social services and on the other, address through their own service provision – often at significant cost – the day to day needs of migrants, for example housing and healthcare.

Table 4.2: The current indicative costs of the pilots<sup>35</sup>.

Belgium	Bulgaria	Cyprus	Greece	Italy	Poland
€194/family per month	€79/person per month	€63/person per month	€194/person per month	€88/person per month	€219/person per month <sup>36</sup>

Costs vary according to country contexts as well as the capacities and activities of implementing partners. For instance, some pilots (e.g. Belgium) spend a considerable amount of money on transport, whereas others may spend less on this. Similarly, those organisations that already have funding for overheads (office space etc.) may not need to include this in their budgets, and pilots that have staff capacity funded through other projects (i.e. legal advisers) can make use of their internal expertise. Staff costs tend to make up the bulk of the project budgets. On average, the cost per person/case per month of the EATDN pilots is €140, and we can therefore estimate that – assuming an annual caseload of 400, with a projected increase of 15% (which is the mid-point of our ambition) – the cost of increasing the scope of pilot implementation will be approximately €100,800 per year, in addition to maintaining current budgets. In addition to the case work budgets, costs to maintain the EATDN (currently at around €95,000 per year) will need to be increased in order to allow for a scaling up of national and regional level advocacy, network building, and research capacities.

These costs, of course, do not take into account the potential savings that could eventually be made as a result of effective network-building and economies of scale which will be the ultimate result of coordinating with a wider set of allies.

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<sup>35</sup> Approximate figures based on total budgets and caseloads. Per person costs in fact refer to ‘case’ costs, which may include families.

<sup>36</sup> Figure adapted from E. Ohtani (2020) *Alternatives to detention: building a culture of cooperation Evaluation of two-year engagement-based alternative to immigration detention pilot projects in Bulgaria, Cyprus and Poland*, European Programme for Integration and Migration (EPIM).

## **Funders**

To date, the work of the EATDN pilot implementers has been largely funded by private foundations. Currently, with the exception of the UK pilots, all of the pilots are receiving funding from the European Programme for Integration and Migration (EPIM), which has been funding key ATD pilots across the region for a number of years in addition to supporting the work of the European ATD Network itself. We hope that, going forward, the support of private foundations – including but not limited to EPIM – will continue and increase. Our consultations with private foundations during the development of the implementation plan has suggested that our approach is very much in line with their priorities, and that they see this innovation as being impactful.

Our plans to scale up the work of the EATDN, however, means that the network will also have to scale up considerably in terms of resources. Given our ambitions to promote case management-based solutions as a key part of migration management systems, this is likely to involve targeting national-level government funding and/or regional funds. An important opportunity for funding this scaling plan has been the adoption of the Asylum and Migration Fund (AMIF), which foresees the possibility for EU Member States to fund case management-based ATD programmes. This work has been the result of coordinated advocacy by CSOs, including EATDN members, and advocacy is ongoing with national governments to ensure that they include reference to ATD in their national programmes. Notably, ATD are also eligible for higher co-financing (up to 90% of activities), which is an incentive for Member States to include such activities in their programmes. We are aware that government departments in some countries, such as Belgium, are trying to prioritise ATD funding through AMIF. The European Social Fund + may also provide an opportunity to fund part of our plan, given its focus on impactful social innovation.

Pilots will also explore potential government or city/local authorities funding when the socio-political conditions are conducive to this.

## **Financial arrangements and instruments planned to scale the innovation**

As noted above, EPIM is currently funding the majority of the EATDN's pilot implementers. We are hoping for some of this funding to continue and should have confirmation of this by the end of 2021.

Several EATDN members already have additional funding sources; in the UK, for instance, EATDN members have received funding from both private foundations and the UK Government for implementation of ATD pilots. In Bulgaria, the pilot implementer is being funded by AMIF to implement their ATD project.

The EATDN has already started looking for additional funding to scale this innovation, including (as outlined above) EU funding at regional and national level. Given the network's ambitions to present case management as a viable approach to migration management, in order to avoid the widespread use of detention, it is essential that we continue to make the case to governments and authorities that they should be investing in case management-based ATD pilots and community-based solutions. We will continue to do this through our advocacy and will also explore the possibility of making use of innovative funding models, such as social bridging finance, allowing us to obtain independent support for the initial

demonstration phase of our pilots alongside an agreement from national or local authorities that they will sustain access to the services if they successfully meet agreed outcomes.

Finally, given the focus on network building and working in synergy with other actors and sectors, we will explore the possibility of setting up consortium partnerships with actors on the ground including migrant-led organisations. This is already the case for the Italian pilot, which has paired an organisation providing services to migrants with an organisation which focuses on strategic communications, advocacy and campaigning. This has allowed for the pilot to combine case management with effective advocacy for systemic change.

### **Cost implications of the model compared to alternative approaches to the social challenge(s)**

In terms of the human cost of detention, numerous studies attest to the serious negative impacts of detention on an individual's physical and mental health (e.g. JRS Europe, 2010; Kotsioni, Ponthieu and Egidi, 2013). Ward (2011) estimated the lifetime health costs of long-term detention to be AUD \$25,000 (€15,360) per person.

In addition, studies consistently indicate that detention is costly for states, while ATD programmes provide significant cost savings (Clark et al, 2018; De Brucker et al, 2015; Edwards, 2011; European Migration Network, 2014; IDC, 2015; Ohtani 2020). De Brucker et al (2015) estimate the cost of immigration detention per person per day in Austria to be €120, in Belgium to be €180 (without the costs of infrastructure, removal and lawyers), and in the UK to be €164.

De Brucker et al. suggest that shifting to ATD has resulted in cost savings of up to 86% in Austria. The European Migration Network (EMN) suggests that the cost savings for Belgium could be up to 53% (EMN, 2014). Similarly, Edwards (2011) highlights that shifting from detention to ATD resulted in savings of 93% of cost per person per day in Canada, 76% in the United States, and up to 98% percent in Australia, while Clark et al (2018) estimate a saving of 90% in Malaysia.

Ohtani (2020) supports this analysis, indicating that the cost per person per day in case management ATD pilots was just €3.34 in Bulgaria, €6.90 in Cyprus and €7.30 in Poland.

There are other cost savings associated with the switch from programmes which are focused on deportations to programmes which analyse different options for case resolution. Indeed, the [average cost](#) per deportee is around €3,000 and can reach €14,000 or even €75,000 per person. On the other hand, states can [benefit financially](#) from exploring and implementing regularisation pathways for migrants.

### **Sustaining and further scaling of the innovation**

With this plan, our ambition is to demonstrate the feasibility of case management-based approaches and convince governments to defund and reduce the use of immigration detention, with the goal of ultimately ending it. The current size and scope of the pilots means that they remain too small to exert sufficient pressure to make structural changes at the level of governments, however ultimately the aim of the EATDN – over the course of this 2-year Implementation Plan, and beyond – is to create momentum amongst local and

national authorities, as well as regional actors, to adopt case management-based ATD. Eventually, we expect these authorities to invest in such approaches, as they have done in the Netherlands and the UK, and to integrate them into their migration governance systems while at the same time actively reducing the number of people in immigration detention. We also expect new partnerships to be formed leading to investment in community solutions including case management ATD and more sustainable amounts of funding from European funding programmes, e.g., AMIF).

## Measuring the Impact of Scaling

The Monitoring, Evaluation and Learning plan below details the outcomes of the implementation plan, indicators, and the evaluation process. In the evaluations the relevance, effectiveness and impact of the objectives, outcomes and activities should be examined through the lens of multiple stakeholders, including those with lived experience of detention

Table 4.3: Outcomes and Indicators of the Implementation Plan

Outcomes	Indicators
Geographical expansion to more cities and countries	<ul style="list-style-type: none"> <li>• Number of new stakeholders working on and talking about community-based solutions and case management-based ATD in target country or mentioning target countries as evidenced through statements, policies, advocacy plans, presentations, articles</li> <li>• Number of new pilots set up in European countries</li> <li>• Number of new pilots set up in European cities</li> </ul>
Increasing embeddedness of case management in government systems, i.e. partnerships with government actors including local authorities	<ul style="list-style-type: none"> <li>• Number of CSOs/governments/cities exploring or implementing pilot projects in target countries</li> <li>• Number of concept notes developed and submitted</li> <li>• Number of CSOs approaching government/local authorities/other potential funders (or vice versa) on community based-solutions and case management-based ATD</li> <li>• Number of pilot projects with sustainable funding sources</li> </ul>
Increase in number of pilot beneficiaries	<ul style="list-style-type: none"> <li>• Number of beneficiaries</li> </ul>
Expansion beyond vulnerable groups (widening profiles of beneficiaries i.e. beyond families and those of risk for detention to also include those already in detention and without specific vulnerabilities)	<ul style="list-style-type: none"> <li>• New groups that were not previously benefiting from pilots</li> <li>• Number of beneficiaries among additional groups of people</li> </ul>

Outcomes	Indicators
Strengthening of networks among organisations working on case management and ATD at local, regional, national and international levels.	<ul style="list-style-type: none"> <li>• Feedback from Network members e.g. through qualitative confidence test, feedback questionnaires</li> <li>• Number of invitations to speak and presentations by Network members, including at high profile events</li> <li>• Number of network members articulately presenting Network's learning/messaging</li> <li>• Development of shared database for joint data collection on key data accompanied by standardised relevant forms</li> </ul>
Increase in the active involvement of those with lived experience of detention/at risk of detention	<ul style="list-style-type: none"> <li>• Number of people with lived experience of detention involved in case management</li> <li>• Number of trainings conducted with people with lived experience of detention aimed towards increasing their knowledge of detention as a broader issue</li> <li>• Number of initiatives or projects spearheaded by people with lived experience of detention/at risk of detention</li> </ul>

A 6-month internal reflection will focus on the following

- Relevance of implementation plan
- Progress
- Necessary adaptations to implementation plan

Mid and end term progress towards outcomes will be indicated through:

- Update of context analysis
- Midline/endline evaluation of indicators- quantitative and qualitative increase in the baseline values
- Relevance of objectives, outcomes and activities
- Effectiveness
- Impact
- Agility of implementation plan- deviations and changes related to contextual shifts
- Lessons learned
- Recommendations

## Challenges and Risks

One of the key challenges that has emerged during the development of the plan has been the question of resources and funding. Most EATDN members are small organisations, and the pilots do not necessarily have sustainable sources of funding. Given how central the pilots are to the scaling model, and to ensuring a solid evidence base for solutions-focused advocacy, it is essential that we address the question of resourcing. This is something that we are including in the plan itself (see above regarding potential funders), but also something that we are hoping to address in ongoing discussions we are having with potential funders about the plan and our ambitions for scaling.

It has also been necessary, throughout the process, to address the challenging political context. Migration – and particularly immigration detention – is a highly politicised area of social policy, both at the national and also at the regional level. There is a strong push on the part of the EU and many national governments to increase detention, and the EATDN is thus

operating in a context that is not wholly conducive to our aim of ending detention. To an extent, this is something that the network has been battling with since its creation four years ago, however in the context of the plan development we are addressing this head-on and are having challenging discussions around how to make our work relevant for policymakers while not watering down our final objective to end detention. This has included, for instance, finding common terminologies around case management and alternatives to detention which fit very different contexts (i.e. both progressive and regressive political environments). To overcome this challenge, we developed a background document presenting the different approaches/options and presented them in a meeting to which we invited all pilot implementers. The meeting was facilitated by an external expert and gave the possibility to all members of the Network to present their position and hear from others. At the end of the meeting, a common terminology was agreed and adopted.

Finally, we have given considerable thought to how to ensure the meaningful inclusion of leaders with lived experience in the development, monitoring and evaluation of the implementation plan. The leadership and inclusion of people with lived experience is one of the principles that underpins our implementation plan, however it is an area that is relatively new to some members of the EATDN (though others have been working on this for some time). It can be a particular challenge in the migration sector, particularly when it comes to immigration detention, given the high levels of vulnerability amongst many of the people with whom that the EATDN works. We have managed to consult leaders with lived experience on the plan itself and are working to ensure that members are equipped with the tools that they need to continue this into implementation.

## Mitigation

Table 4.4: risk matrix developed to inform our implementation plan:

Area of risk	Type of risk	Strategies for mitigation
Risk to the goal of the 2-year implementation plan	Lack of resources, over working system. Lack of capacity. Lack of funding and challenges in sustainability as a result. Multiple priorities for pilot implementers affected by lack of resources, capacity and a potential loss of initial momentum/enthusiasm especially if changes are not happening quickly.	Streamline processes, increase funding/resources/personnel and engage strategically and collectively with funders. Look at diverse sources of funding and explore partnerships. Attempt to secure grants from sources with higher funding (e.g. European Commission). Think creatively about resources.

Area of risk	Type of risk	Strategies for mitigation
	<p>Lack of interest or differences in opinion. Lack of credibility.</p> <p>Unwillingness to change current system.</p> <p>If pilot/project is unsuccessful, governments could use this as an argument for detention (and/or abandon alternatives).</p>	<p>Showcase how pilots have expanded successfully in other contexts and increase evidence base to support arguments.</p> <p>Gain support from local/national, credible experts.</p> <p>Take a holistic approach.</p>
Network building	<p>The bigger the network grows and the more people get involved, the bigger the risk that definitions may change or get misinterpreted or be ineffective in getting the message across.</p> <p>There is also a risk of potential co-option of terms.</p>	<p>Set clear definitions from the beginning and ensure key concepts are defined collectively.</p> <p>Collect and systematise evidence and data demonstrating the efficiency of ATDs.</p> <p>Adapt to changes of circumstances/context and review collective positions/assumptions regularly.</p>
	<p>Different priorities in each group's respective fields.</p>	<p>Work together to show how one group's cause can directly benefit another's.</p>
	<p>Confusion over roles and responsibilities.</p>	<p>Strengthen the network with clear leadership, clear roles and responsibilities, and sub-divisions based on tasks.</p>
Campaigning	<p>Campaign isn't received well; leads to backlash and increases anti-migrant rhetoric.</p> <p>Campaigners stay in defensive position (i.e. instead of campaigning to shrink the detention space, campaigners only try to stop it from expanding).</p> <p>Campaigning groups with different messages don't collaborate.</p>	<p>Have various reputable and credible stakeholders as part of the campaign.</p> <p>Ensure a solid communications strategy with communications professionals.</p> <p>Ensure strong networking and collective approach.</p>
Advocacy	<p>Push backs and negative/regressive changes in political context.</p> <p>Hidden/contradictory agendas on the part of political actors.</p> <p>Lack of follow-through due to lack of resources and political will</p>	<p>Develop strategies to effectively show how community-based solutions and case management-based ATD are a cheaper and more effective method of managing migration and ensuring wellbeing of migrants. Link with rates of engagement with projects.</p>

Area of risk	Type of risk	Strategies for mitigation
	Scepticism, claims of bureaucracy	<p>Flexibility to adapt and respond to changing political context.</p> <p>Develop user-friendly, harmonised databases and forms; showcase how this aids efficiency.</p>
	Advocacy with governments and authorities – and increased collaboration with them on pilots – may lead to demands being made on EATDN members that are unconscionable (e.g. sharing information when participants disengage, a focus on returns, etc.)	Ensure that any discussions with governments and authorities set out clear ‘firewalls’ and allow for the provision of independent case management and case resolution where CSOs and NGOs are concerned.
Lack of grounding of the implementation plan	<p>Top down and unrealistic implementation plan.</p> <p>Non collaborative development and implementation.</p> <p>Lack of buy in from pilots.</p> <p>Lack of involvement of leaders with lived experience and people affected by immigration detention.</p>	<p>Co-production of implementation plan and joint implementation.</p> <p>Involvement of leaders with lived experience and migrant led organisations at all stages of the project while noting that people with lived experience are not a homogenous group.</p>
Working with people with lived experience of detention	<p>Those with lived experience of detention may not necessarily have the expertise or knowledge of for example campaigning and advocacy.</p> <p>People with lived experiences of detention are not a homogeneous group and there can be friction between types of lived experience. This can affect the types of messages in advocacy, for example, those who have never been convicted can advocate not to be treated like criminals, without realising that this diminishes the rights of migrants with past convictions.</p>	Capacity building of those with lived experience so that they can go beyond experience to ensure that they have a broader view of the issue and advocacy/communications messages that can potentially be harmful to others with a different type of lived experience.

## **Scaling Plan 5: Scaling up Individual Placement and Support (IPS) approach for people with severe and enduring mental health illness to gain and sustain paid employment**

Individual Placement and Support is a supported employment approach that was developed in the USA in the 1990s to improve employment outcomes for people with severe mental illnesses, such as schizophrenia, bipolar disorder, and psychotic disorders. IPS relies on rapid engagement of the individual with employment and a “place then train” approach. It aims to support people to find paid, competitive work in a role and sector that fits their needs, skills, experience, and desires. Since its inception, IPS has spread to at least 20 countries,<sup>37</sup> while 27 Randomised Controlled Trials across the world have proven it to be an effective intervention in a variety of settings and economic conditions;<sup>38</sup> it is more than twice as likely to lead to competitive employment when compared with traditional vocational rehabilitation.<sup>39</sup>

### **Lead Organisation**

Stichting Social Finance NL, Netherlands

### **Other Organisations in the consortium**

- Klink za Psihijatriju Vrapce (Croatia)
- Centre for Mental Health Care Development (Czech Republic)
- Copenhagen Research Centre for Mental Health – CORE (Denmark)
- Fundación Avedis Donabedian Para La Mejora De La Calidad Asistencial (FAD) (Spain)
- Working First (France)
- Social Finance UK

### **Primary social challenges that the innovation seeks to address**

Mental health, Employment and Job Creation.

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<sup>37</sup> Becker, D. R., & Bond, G. R. (2020, January 30). Commentary on Special Issue on Individual Placement and Support (IPS) International, *Psychiatric Rehabilitation Journal*. Advance online publication, <http://dx.doi.org/10.1037/prj0000402>

<sup>38</sup> [https://www.centreformentalhealth.org.uk/sites/default/files/the\\_evidence\\_for\\_ips.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/the_evidence_for_ips.pdf)

<sup>39</sup> Burns, Tom et al. “Individual Placement and Support in Europe: the EQOLISE trial.” *International Review of Psychiatry* (Abingdon, England) vol. 20,6 (2008): 498-502. <https://pubmed.ncbi.nlm.nih.gov/19085404/>

## Relevance of this Social Innovation

OECD data demonstrates that people with severe mental illness are more likely to be unemployed and the level of unemployment has been rising for several years in developed European countries. The issue is of particular concern in Eastern European countries. Not surprisingly, people with a severe and enduring mental health illness consistently report a desire to work and highlight that mental health services often don't have employment as a focus in their recovery journey.

Being productive is a basic human need. Working can be a way out of poverty. People with severe mental illness traditionally face much greater challenges gaining and maintaining employment as a result of stigmatising views in the workplace and society, educational disadvantage and the impact of the chronic nature of the mental health symptoms.

Traditional vocational rehabilitation models typically involve extensive pre-placement training and support with a focus on preparation prior to any return to work. Often this training occurs in a sheltered workshop environment and evidence suggests people never leave this environment.

Unemployment of people with disabilities has been confirmed as a major concern for all 5 EU member states. Identifying an evidenced based supported employment approach such as IPS, to help improve this gap remains relevant.

A significant amount of early research for IPS was conducted in the USA, however increasingly researchers outside of the United States and especially in Europe have begun to contribute to literature. There have been 27 Randomised Control Trials conducted on the impact of IPS in 14 different countries around the world and consistently the employment rates are more than doubled in IPS compared to standard vocational rehabilitation. Due to extensive research across the world, IPS is the most well-defined form of supported employment that we have. It is based on the concept that anyone can gain competitive employment provided the right job with appropriate support can be identified. The core 8 principles of the approach are well defined by the IPS Fidelity Scale with significant evidence suggesting that IPS is most successful when fidelity to the scale is high.

There is specific research that has confirmed that IPS is effective in improving competitive employment for people with severe mental illness in different European countries with varying health services, economic or cultural conditions.

An important piece of meta-analysis research in 2016 highlighted those individuals receiving IPS are more than twice as likely to gain competitive employment as compared to those receiving standard vocational rehabilitation. This impact was seen across multiple countries despite the countries unemployment rate, and the impact remained stable over two-year period. This research did highlight that IPS was affected if a country had a GDP growth rate below 2%, however IPS still created greater employment rates in this context as compared to traditional vocational rehabilitation approaches.

IPS is being delivered in 4 of the 5 country partners for this project: Czech Republic, Denmark, France and Spain. A great deal of interest exists in Croatia and our country partner has undertaken training and research on the approach prior to the project.

## **The extent to which this innovation has already been implemented in countries in Europe**

### **France:**

The majority of the circa 90 Supported Employment services in France refer to the IPS model, but to varying degrees. A few 'IPS-inspired job coaching services' offer support to people with mental health problems who aren't recognised as disabled workers. Services are not integrated with mental health services and there is no real IPS learning community. Fidelity to the IPS model is rarely measured or tracked.

### **Denmark:**

IPS was first introduced in Denmark in 2012 in a Randomised Controlled Trial funded by the Danish Agency for Labour Market and Recruitment. The trial had 720 participants and achieved good results. Since then, IPS delivery has steadily spread through Denmark. IPS is delivered in partnership with job centres in over half of the municipalities in Southern Denmark, all but three municipalities in Zealand and a few municipalities in the Copenhagen region. IPS is delivered with limited clinical integration between employment teams and mental health teams. Training and support for IPS services is limited, and at the time of project inception, IPS was not yet recommended at a national policy level.

### **The Czech Republic**

There are currently 18 IPS service providers in the Czech Republic, all of which are NGOs. IPS is well integrated into the mental health team, or mental health centre where it is delivered, and is delivered in the same settings as community mental health services. As in France, fidelity reviews are not common practice, and it is therefore not clear on the fidelity of service delivery to the approach. IPS at time of project inception was not part of national policy.

### **Croatia**

There is currently no IPS in Croatia. Temporarily unemployed people with disabilities can be referred to occupational and social inclusion programmes by the Croatian Employment Service or Regional Vocational Rehabilitation Centres, which can provide up to 100 hours of support in the workplace for 12 months. There is currently no specialised service for people with severe and enduring mental illness seeking employment.

### **Spain**

An IPS pilot was run in 2013 in Catalonia and achieved good results. Following this, seven sites adapted their own programmes to implement IPS, participated in training and fidelity reviews and provided quarterly reports. Two further sites have been trained and completed a base fidelity review at 6 months of delivery. Some organisations in Madrid and Murcia are trained to implement IPS. Andalusia and the Canary Islands have also moved towards IPS-like practice in recent years. The Spanish Mental Health Strategy 2009-2013 supports IPS at a national level. Despite this, each region operates very separately and there has been limited uptake of the approach.

## Scope

### Where the innovation is planned to be implemented

- Croatia (Zagreb);
- Czech Republic (Pardubice and Hradec Králové);
- Denmark (focuses on the creation of a cross-national organization assembled in the Danish IPS Learning Community);
- France (Marseille, Nice, Lille, Lyon, Dijon and La Reunion) and
- Spain; (Seville, Madrid, Tenerife, Catalonia.)

### Reasons the geographical areas were chosen for implementation

#### Croatia

As IPS does not currently exist in Croatia, the plan is to scale IPS starting with a small pilot in Zagreb with two Employment Specialists and one team leader. Zagreb is the location of our country partner and IPS expert and makes sense to manage the pilot within this locality.

Furthermore, there is a well-established government program for the employment of people with disabilities, regardless of the type of disability. The support workers in the Department for persons with disabilities provide assessment for motivation for work and job search according to a person's needs, as well as support to people with disabilities to maintain the job, however they do not have the necessary training to provide support for people with mental disabilities or to provide support exclusively to people with mental disabilities. The project would help establish a system and training and experience specifically related to helping people with mental disabilities to find and maintain employment.

#### Czech Republic

The scale up of IPS is planned in two regions, Pardubice and Hradec Králové, beginning in January 2023. The total population of these two regions is about one million inhabitants, and they consist of nine districts in total. One IPS service will be established in each region, with three Employment Specialists (ESs) in one and four in the other. The core costs will be covered by the regional governments, with additional funding needed to cover the wider quality framework and support costs.

The reasons for choosing these regions are as follows:

1. There are community mental health services provided by experienced NGO providers Péče o duševní zdraví (pdz.cz), Charity in Polička. and RIAPS Trutnov. All of them have declared an intention to implement IPS. (Note they previously did try and implement IPS and with no quality assurance framework were unable to continue the delivery)
2. Authorities in both regions plan to implement IPS in their development plans and confirmed this in writing.
3. The service user organization JAKALUS has also agreed to support IPS implementation (coproduction).

## Denmark

IPS will scale across Denmark and be funded by the job centres across different municipalities. There is no plan for quality assurance, and this is a great risk for IPS efficacy in Denmark.

The plan developed to scale IPS in Denmark therefore focuses on the creation of a cross-national organization assembled in the Danish IPS Learning Community (DILC).

The DILC will consist of implementation consultants in each of the five large regions of Denmark and will be supported by the knowledge and experience from CORE (our country partner), especially in establishing the learning community, future research, and improvements of the IPS intervention. Furthermore, user representation will be structurally secured with permanently affiliated user consultants in the DILC as part of the training program.

In the suggested organisational form, the five regions in Denmark will play a key role in driving the implementation of IPS forward and secure the necessary competencies to support the specific implementation process in the municipals. An IPS implementation model and educational packages will support the work of the regional implementation consultants with practical tools, checklists and templates for a business case, cooperation meetings, etc.

This implementation model is being developed by our country partner in the CORE project 'IPS – from research to practice' funded by the Tryg Foundation 2021-2023 and will be further adjusted and improved under the auspices of the DILC.

## France

Awaiting the decision on an application for a SIB. The sites chosen are Marseille, Nice, Lille, Lyon, Dijon and La Reunion.

These sites were chosen primarily on the basis of the presence of a *Un Chez Soi d'Abord* (Housing First) service that represents the leading edge of the mental health recovery approach in France and would house the IPS services.

These Housing First services will be present in 30 French cities by 2023, implying a strong potential for scaling up IPS in the country. In addition, these services were selected from among ten or so, on the basis of the employment needs of their users, their capacity to engage in the project and the diversity of the ecosystems they represent to support gathering useful evidence.

## Spain

The proposed plan to further scale IPS in Spain consists of two main goals:

1. Developing IPS services in four key regions:
  - a. a new service in Seville, Andalusia
  - b. a new service specifically for young people in Madrid
  - c. Expanding an existing adults' service in Tenerife
  - d. Adding a half-time Employment Specialist to eight Mental Health Centres in Catalonia to integrate recovery and employment services

2. Developing a national Spanish IPS network which will:
  - a. Connect isolated organisations and enable them to share challenges and best practice with each other
  - b. Explore further opportunities for funding IPS in Spain
  - c. Share documents and news from the international and European IPS networks, translated into Spanish
  - d. Share outcomes from IPS services and increase visibility of IPS in Spain

These four regions were chosen to scale up IPS in Spain, with clear distribution in very different contexts:

- Andalusia: a new unit located in Seville, in rural area.
- Madrid: a new unit located in Madrid for young people (a cohort that has not been supported by IPS as yet in Spain).
- Canary Island: An adults' service already working in Tenerife and requires support to transition fully to IPS.
- Catalonia: As a pilot project was already tested with good results, the scaling up proposal include 8 Mental Health Centers (among 4 regions). These services will include 0.5 Employment Specialists in each Mental Health Center to integrate recovery and employment services.

These areas in which pilots could be undertaken in different regions of Spain, could show the potential impact of the IPS model for wider scaling in these regions and in other regions in the future, as these regions have very different contexts and job opportunities.

The organisations leading these pilot services are public administrations and NGOs with contracted services with local and regional governments.

These organisations already know the IPS model at different levels and are interested in piloting it in their regions. No research was done in most of these regions, so they need some results to spread this model to other units and services managed by the same organisations and contracted with public administrations.

Due to the Spanish regional context, where health and job competencies are led by each region, a different target approach will be applied in each region, in order to take into account, the singularity of the context, legislation and impact in the region. Even expected outcomes will not be the same, as unemployment taxes are very different in each region.

### **Level of implementation of the innovation anticipated**

**Denmark:** Level 1 - Consistent Adoption by mainstream social services at national/federal level

**Czech Republic, Spain and France:** Level 2 - Partial adoption by regional/municipal social services

**Croatia:** Level 4 - Pilots external to mainstream social services

Level of Adoption	Description
1	Consistent Adoption by mainstream social services at national/federal level
2	Partial adoption by regional/municipal social services
3	Inter-connected demonstration projects
4	Pilots external to mainstream social services

## Anticipated measurable outcomes

### Within 2 years

Based on the challenges identified and the scope of the project, we found that ‘scale’ looks different across the two-year plans developed by the five countries, sometimes even varying region to region within a country.

Scaling IPS over two years will be:

- a single pilot service in Croatia, working with 120 people
- six new services spread across France, working with 360 people
- two new services in the Czech Republic, working with 810 people
- four new services across Spain, including one specifically for young people, a new IPS cohort for this country
- rapidly increasing IPS provision across the whole of Denmark.

Table 5.1: The service size, geographical reach and expected outcomes of each two-year plan.

Country	Service size (number of employment specialists)	Geographical Reach	Expected number of service user engagements	Expected number of job starts
Denmark	30	National and cost 1.6mill	750	284
Spain	21	4 regions + national network	441	247
France	12	6 towns/cities	280	148
Czech Republic	7 (3+4)	2 regions	810	567
Croatia	2	Zagreb pilot	120	60
<b>TOTAL</b>	<b>72</b>	<b>n/a</b>	<b>2,401</b>	<b>1,306</b>

It is worth noting that across all five countries, even in the case of Denmark where the aim is to increase IPS provision across the whole country, we are at very early stages of scale.

## Croatia

Table 5.2: Croatia expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	70	70
Engagements	60	60
Job starts	30	30
13-week sustainment's	20	20
<b>Cumulative conversion rates</b>		
% of referrals expected to engage with service	86%	86%
% of service users who engage expected to get a job	50%	50%
% of service users who get a job expected to sustain the job for 13 weeks	67%	67%

### ***Additional support needed by Croatia:***

The team are looking for further funding from ESCF to cover the costs of this pilot. The local hospital will fund training and support for peer workers.

## Czech Republic

Table 5.3: Czech Republic expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	350	700
Engagements	270	540
Job starts	189	378
13-week sustainment's	99	198
<b>Cumulative conversion rates</b>		
% of referrals expected to engage with service	77%	77%
% of service users who engage expected to get a job	70%	70%
% of service users who get a job expected to sustain the job for 13 weeks	53%	52%

### **Additional support needed Czech Republic**

As stated, the core costs will be covered by the regional governments.

IPS experts from other countries where the model is more established will be needed to conduct the first fidelity reviews as there are no experienced IPS reviewers in the Czech Republic. A “train the trainer” model will be ideal to build country wide fidelity reviewer skills. Additional funding from ESCF and/or private foundations is needed for the wider training and support of the IPS services, and possibly for inclusion of team leaders in each service.

### **Denmark**

Table 5.4: Denmark expected outcomes over 5 years

<b>Expected outcomes of 5 years</b>	<b>Yr. 1</b>	<b>Yr. 2</b>	<b>Yr. 3</b>	<b>Yr. 4</b>	<b>Yr. 5</b>
Referrals	425	425	610	610	610
Engagements	375	375	500	500	500
Job starts	142	142	190	190	190
13-week sustainment's	121	121	162	162	162
<b>Cumulative conversion rates</b>					
% of referrals expected to engage with service	88%	88%	82%	82%	82%
% of service users who engage expected to get a job	38%	38%	38%	38%	38%
% of service users who get a job expected to sustain the job for 13 weeks	85%	85%	85%	85%	85%

The outcomes and conversion rates above have been calculated based on data from the pilot of IPS in Denmark.

### **Additional support needed**

In addition to job centers reallocating funds to pay for ESs, this plan will require additional funding for the implementation team who will work with the job centers and psychiatry teams to allocate resources, conduct training, and run fidelity reviews. If it is not possible to persuade regional governments to provide this funding, it will need to come from either the national government or from private foundations.

## France

Table 5.5: France expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	120	200
Engagements	100	180
Job starts	53	95
13-week sustainment's	23	40
<b>Cumulative conversion rates</b>		
% of referrals expected to engage with service	83%	90%
% of service users who engage expected to get a job	53%	53%
% of service users who get a job expected to sustain the job for 13 weeks	43%	42%

### Additional support needed

If the SIB funding is not won, then France moves to option 2 which suggests same numbers and location and will need some regional redirection of funds and access to extra funds from something like the ESCF.

## Spain

Table 5.6: Spain expected outcomes over 2 years

Expected Outcomes over 2 years	Yr. 1	Yr. 2
Referrals	257	292
Engagements	198	243
Job starts	112	135
13-week sustainment's	82	94
<b>Cumulative conversion rates</b>		
% of referrals expected to engage with service	77%	83%
% of service users who engage expected to get a job	57%	56%
% of service users who get a job expected to sustain the job for 13 weeks	73%	70%

### Additional support needed

Whilst a few local governments have expressed interest in exploring co-funding options with ESCF, there is currently no committed funding for this plan. Additional funding from private foundations and/or ESCF is highly likely to be needed.

## Beyond 2 years

Evidence suggests that scaling of IPS takes a very long time, and the five countries working on this project are very much nearer the beginning of this journey. We suggest three key principles need to be in place for scaling IPS:

1. Significant investment is needed at the beginning to build momentum – including investment in quality assurance
2. Reaching high numbers of people takes many years and
3. Scale starts slowly but then builds quickly

Each country has planned a relatively small scale initially to ensure quality expansion and building of quality evidence. New and/or changed funding is needed before widespread delivery and existing sectors will adopt new ways of working on a large scale. Promoting a new public conversation is needed throughout the scale.

All country partners will need to play a significant role in ensuring this quality expansion, by drawing on their own expertise and the expertise of the wider Europe IPS learning Community.

## Evidence

IPS is supported by evidence from a systematic review of relevant Randomised Control Trials (RCTs) (Level I, see Appendix 2).

The IPS approach is recognised as the best defined and researched of all employment models. IPS is an evidenced based supported employment model for adults with serious mental health illness and provided in a community mental health context with 27 randomised control trials across the world confirming its efficacy against other vocational rehabilitation approaches. These approaches usually involve significant pre-job-placement preparation such as long technical courses, social skills training, and work trails.

IPS is known as a “place then train approach” which focuses on direct search for competitive employment and doesn’t screen people for “work readiness” or “employability” as many traditional vocational rehabilitation models. People gain paid employment quickly and the workplace is where vocational rehabilitation occurs.

IPS is an internationally tested model, frequently promoted both in the USA and in Europe.

The first European trial of the effectiveness of IPS was the EQOLISE study (Burns et al., 2007), which replicated the excellent results of American studies, despite the extensive differences between the USA and Europe in labour market regulations, organisation, and culture of mental health services. In this international six-Europe site randomised trial, IPS was superior to treatment as usual for the number of people entering the competitive market (55% vs. 26%), the number of days and hours worked, and the amount of money earned. It also found an 11-percentage point reduction in hospitalisation rates for people receiving IPS and a four-point reduction in time spent in hospital.

Following on the Europe EQOLISE study in 2007, several countries started to implement and further evaluate IPS. It is now official policy in England, Netherlands, Norway and

emerging policy in some regions of Spain, Italy, Germany, Sweden, France, Belgium, Switzerland and Ireland.

The degree of implementation varies, as do the obstacles that each country must face. In general Europe has a long tradition of vocational rehabilitation interventions based on “train then place models” providing sheltered workshops, training centres, social enterprises, and legislated quota systems, but each country has its own mix and its own decision making to incorporate an evidence-based innovation such as IPS.

Extensive research has demonstrated that IPS in Europe is as effective as in the United States and more effective than traditional vocational rehabilitation. Although official policy in some member states, IPS is still more advocated than formerly endorsed and practiced in Europe. However, it is recommended by the European Union, and is emerging policy in most European nations and regions.

A narrative review of 12 systematic reviews and 17 randomised controlled trials, including 10 in Europe, found that IPS had consistently better employment outcomes than alternative vocational approaches, including more rapid entry into competitive employment, more hours and weeks worked, and higher wages.

A meta-analysis concluded that IPS was effective in a variety of European country settings despite varying economic conditions.

The major barriers to widespread implementation of IPS across Europe appear to be low financing and low expectations of people who are poor and stigmatised by mental illness. Meanwhile, the research support for IPS around the world has continued to become stronger, with an abundance of randomised trials and other studies suggesting that employment clearly improves quality of life and income for people with psychiatric disabilities; clinical outcomes may also improve; and mental health treatment costs decrease over time.

Potentially another impact from delivery of IPS is in changing clinical and community perspectives on expectations and beliefs in a 'life-long impairment' associated with schizophrenia and related severe and enduring mental health disorders.

## Scaling Methods

Based on the challenges identified and the economic, cultural, and political contexts in each country, the countries developed scale-up plans that focus on overcoming these challenges and pulling on other strategic levers to progress towards widespread delivery and adoption of IPS, new funding and new public conversation.

These plans show three distinct routes to scaling IPS in Europe:

### **Route A: Running a small pilot service to start building the evidence base and challenge the status quo – Croatia**

In Croatia, IPS will be introduced via a small pilot service in Zagreb with two Employment Specialists. IPS has not been run in Croatia previously, so a pilot is necessary to test whether the model works in the Croatian context and persuade key government and funder stakeholders that it is a cost-effective intervention. External funding would be needed to fund

the two Employment Specialists. The Employment Specialists would receive training and supervision from the mobile psychiatric team, funded through national health insurance. Outside of the IPS service, peer support workers will also be employed to provide additional support to people with mental health conditions looking for employment.

The scale-up plan in Croatia focuses largely on challenging the status quo, pushing a new public conversation about mental health and employment, and building the national evidence base of IPS. The team hopes that in running the proposed pilot, they will:

- Learn what is needed to better integrate employment and mental health support services in Croatia
- Influence social workers, mental health professionals, people with mental health difficulties and their families to have higher aspirations for people with mental health problems who want to work
- Understand patient and family perspectives on the impact of IPS on their recovery
- Learn how to best engage employers with the IPS service

This plan aims to put IPS 'on the map' as a recognised and effective model for supporting people with Severe Mental Illness (SMI) into work and begin to change the perspectives of professional, patients and the wider community. The team hopes that IPS services will grow in future psychiatric teams and within the government employment service. The expectation is that after the two years the two Employment Specialists will become permanent employees, with their salaries and training needs funded by the government.

### **Route B: Allocating government funding to expand services across the country to increase reach and build momentum – the Czech Republic and France**

In the Czech Republic and France, where IPS is already partially established, IPS will be scaled by adding new services in carefully selected regions. Within this route, the focus is on promoting wider adoption of IPS services by establishing new institutions, reallocating funding, and improving quality of existing services.

In the Czech Republic, two out of eight regional governments have agreed to fund IPS services of three and four Employment Specialists respectively. The governments will fund the running of the services from social services budgets, but additional funds will be needed for the training and wider quality assurance support. Two steering committees of service users will be regularly informed and consulted about the development of the scale-up and how it can be implemented most effectively. The hope is that after the two years, the regional governments will not only continue to fund the new IPS services but will also allocate their own resources to the wider training and quality assurance support needs. The team also hope to be able to explore opportunities to conduct and/or contribute to further research into the efficacy of IPS for people with common mental health problems.

In France, Working First now has two options for spreading the IPS model in France.

**Option 1:** Working First aims to develop IPS through a social impact bond launched by the Ministry of Labour through a call for expressions of interest to which the association has responded as lead partner. The sites chosen are Marseille, Nice, Lille, Lyon, Dijon and La

Reunion. These sites were chosen primarily on the basis of the presence of a *Un Chez Soi d'Abord* (Housing First) service that represents the leading edge of the mental health recovery approach in France and would house the IPS services. These Housing First services will be present in 30 French cities by 2023, implying a strong potential for scaling up IPS in the country.

**Option 2:** The idea is to use the supported employment platforms launched by the State Secretariat for Disabled People from September 2021 to spread the IPS model. Using the existing supported employment services as a hub, the platforms are supposed to be formed by aggregating other job coaching or supported employment services that are not contracted by the state, for various reasons.

The platforms are supposed to be set up autonomously at departmental level in order to deal with the characteristics of each territory, in terms of needs and available services. The hub services should receive the funding and redistribute it to their partners according to the effective sharing of tasks. This would involve participation in the platform in Marseille (headquarters of our French country partner - Working First), and the deliverer of specialist IPS training, fidelity reviews and change support of other IPS services throughout France. Given capacities, Working First could thus take charge of support towards and in employment for people with mental disabilities, and other services, people living with autistic spectrum disorders or intellectual disabilities.

Initial contacts with State representatives suggest that they are initially interested in opening up supported employment services to people who do not currently have access to them (workers in sheltered workshops (ESAT) people not yet recognised as disabled workers, people in very precarious situations, people living with addictions). Moreover, they seem to want to unify and standardise practices in terms of supported employment, and the IPS model appears to be the best, and perhaps only, tool available.

### **Route C: Establishing a nationwide learning community and support network to improve the quality of existing and future services and share best practice – Denmark and Spain**

In Denmark and Spain, the scale-up plans focus largely on establishing national support networks and learning communities to support current and future IPS services. Many countries, such as Japan, Italy and England, have formed such learning communities to promote and support IPS,<sup>40</sup> and have found these to be 'crucial for establishing new IPS programmes and maintaining existing ones.'<sup>41</sup> This route aims to support the widespread delivery of IPS and push a new public conversation by harnessing collective effort, improving quality of services, and mobilising a shared voice.

In Denmark, the proposed Danish IPS Learning Community (DILC) will consist of implementation consultants in each of the five regions of Denmark, as well as permanently

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<sup>40</sup> D. R., & Bond, G. R. (2020, January 30). Commentary on Special Issue on Individual Placement and Support (IPS) International. *Psychiatric Rehabilitation Journal*. Advance online publication, <https://doi.apa.org/doiLanding?doi=10.1037%2Fprj0000402>

<sup>41</sup> Bond GR, Lockett H, van Weeghel J (2020). International growth of individual placement and support. *Epidemiology and Psychiatric Sciences* 29, e183, 1–3. <https://doi.org/10.1017/S2045796020000955>

affiliated service user consultants, and will be supported by our country partner - CORE. The aims of the DILC will be to:

1. Expand the knowledge of IPS in Denmark and help push for implementation in all Danish municipalities
2. Support the implementation process in jobcentres and psychiatric outpatient clinics, from the decision to full implementation, including establishing cross-sectorial cooperation
3. Train Employment Specialists
4. Ensure the quality of IPS services nationally
5. Conduct further research and improvements of the IPS intervention in Denmark

The plan involves the five Danish regions each allocating resources for a regional implementation consultant and co-financing the expenses of the supporting personnel from CORE, who will manage the daily operations of the DILC for three years. As IPS services are already growing in number in Denmark, the hope is that the establishment of a DILC will ensure sustainability of this expansion, and that after six to eight years 80% of all municipalities in Denmark will be delivering IPS.

In Spain, alongside trying to gain the funding to set up new IPS services in Andalusia and Madrid, and further developing existing services in Tenerife and Catalonia, the scale-up plan outlines a proposed IPS Spanish Network and Community of Practice. This network will be led by our country partner - FAD and will aim to:

1. Put isolated IPS organisations in contact with each other
2. Share knowledge and experience of IPS in Spain, as well as information from the International and European IPS Networks translated into Spanish
3. Explore further opportunities for funding the model across Spain
4. Increase the visibility of IPS in Spain and continue to support the scaling up of the model
5. Collaborate with universities and research networks to carry out specific IPS research

Additional funding from private foundations and/or European funds will be needed for this. The hope is that through this network, current IPS services and their outcomes will become more visible to participating regional governments and other interested regions. Following the two-year plan, the team at FAD plans to open the network up to other regions interested in starting IPS training.

Overall, therefore, there are multiple strategic levers that can be pulled on to scale IPS in Europe. Many of these are common to all three routes, such as shaping sector practice, altering or reallocating funding and creating feedback loops, which will be built in via ongoing service user engagement in the design and implementation of the scale-up plans.

In addition, each country scale plan aims to overcome the challenges identified by:

1. **Stakeholder engagement:** Continuing to engage with regional and national governments wherever possible, raising awareness and understanding of the IPS model, for example through roundtables and lobbying
2. **Integration:** Ensuring that Employment Specialists in new IPS services are integrated into clinical teams, and conducting fidelity reviews and training for existing services to encourage integration
3. **Funding:** Continuing to explore different sources of funding, and building on the growing awareness of the importance of good mental health that the COVID-19 pandemic has brought alongside data on the need for and impact of IPS services to promote IPS among possible funders
4. **Training and quality support:** Ensuring resource for training and quality assurance support is built into any new IPS service established, and strengthening connections with the international IPS community
5. **Stigma:** Conducting awareness raising and stigma combatting activities to increase understanding of mental health problems in the general population, and publicising success stories from service users
6. **Evidence:** Planning evaluation and further country research into the scale-up, in addition to efficient data collection and monitoring processes, to add to the evidence base, and using national and international networks to disseminate findings
7. **Communications:** share good news stories, promote hope, amplify the service user voice

There remain several strategic levers that are currently out of scope and/or not as relevant at this point. For example, each country will continue to look for opportunities to unlock capital, but this has not been fully successful in all countries as yet. All countries do have letters from regional governments supporting the scale and clear project plans and budgets for the expansion of IPS.

Other strategic levers such as designing for mass reach or using new vehicles may be applicable to individual organisations or individual countries as their plans develop but were not identified as key focusses in this initial work. Similarly, the plans do not focus on influencing policy, but countries will take opportunities to do this where/when they arise.

## Key partners

The key partners are listed in the tables below together with their respective roles and the particular considerations that are relevant for each.

## Croatia

Table 5.7: Croatia key partners, roles, and considerations

Stakeholder	Role	Consideration
<b>Grant funder for pilot</b>	Provide funds for the pilot	Language and cultural differences
<b>University Psychiatric Hospital Vrapče (country partner)</b>	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group  Support clinical staff training	Staff have other busy jobs and very dedicated time will be needed to manage this pilot  SFUK can offer some technical and project management support
<b>Mobile psychiatric team</b>	Provide ES supervision, identity employment champion	IPS and employment for people with mental health issues is very new  SFUK can offer some technical support
<b>Department for persons with disabilities</b>	Hire ES, deliver IPS, gather data, allow training for other staff on supporting people with mental health issues	Expect stigma issues and myth busting will be needed
<b>User group Ludruga</b>	Provide support for development and management of IPS service	New to IPS and will need support to best maximise role and value
<b>SF UK or other IPS technical expert</b>	Provide training and development of IPS, assist with creation of tools and resources	Language and context differences

## Czech Republic

Table 5.8: Czech Republic key partners, roles, and considerations

Stakeholder	Role	Consideration
<b>Centre for Mental Health Care Development (CMHCD) (current project country partner)</b>	Manage project, gather data, provide IPS technical support, coordinate fidelity reviews, manage communications, create, and guide steering group.	SFUK can support with tools for IPS expansion
<b>The Ministry of Labour and Social Affairs (MoLSA)</b>	Generally, the MoLSA is open to innovations and doesn't block financing IPS services. However, the official documentation of the MoLSA states that employment is the responsibility of Labour Offices.	Need to be kept informed of progress with good news stories and provide quarterly data Ideally have a rep on the steering committee

<b>Stakeholder</b>	<b>Role</b>	<b>Consideration</b>
<b>Central and regional Labour Offices</b>	Good cooperation from the Labour Offices, especially at the regional level; they recognise IPS and are willing to cooperate – mainly to refer people with SMI to IPS services.	Ideally have a rep on the steering committee  Provide quarterly data
<b>Regional municipalities - Pardubice and Hradec Králové</b>	Host and pay for the IPS services	New to IPS
<b>The Association of Community Services (ACS)</b>	This covers the IPS Platform together with CMHCD. The ACS holds regular meetings of IPS specialists from services and is interested in IPS development. The major support from ACS would be at a policy level – changing the stance of MoLSA and lobbying for IPS in framework of mental health reform. ACS is a broad coalition and so is also supporting other forms of work, e. g. social firms.	Keep informed with quarterly data and reports
<b>3 x experienced NGO providers:</b> - Pece o duševni zdraví (PDZ CZ) - Charity in Policka and - RIAPS Trutnov	They deliver community mental health services. All of them have declared an intention to implement IPS.	New to IPS and will need support to deliver high quality IPS No team leader structure has been planned due to local context. This is a risk and needs to be closely monitored
<b>Service user group: JAKALUS</b>	On steering committee for services Also offer 6 monthly review and consultation on progress of scale up	New to IPS and yet a voice to amplify the exclusion and stigma still surrounding mental health
<b>SF UK or other IPS expert</b>	Provide fidelity reviews and create a train the trainer approach to build country fidelity review skills Provide technical training to build service capability	Language and cultural differences

## Denmark

Table 5.9: Denmark key partners, roles, and considerations

Stakeholder	Role	Consideration
<b>CORE (current project country partner)</b>	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group	SFUK can support with tools for IPS expansion Must form the Danish Learning Community
<b>Five regions of Denmark</b>	Active role and are open to engaging their own resources on a IPS scale-up. However, the level of maturity in working with and further implementing IPS in the five regions differ	Focus on the 3 initial interested regions and gather evidence, good news stories to share to other 2 regions
<b>98 municipalities</b>	IPS is not an intervention demanded by law or suggested by national guidelines, hence the decision to implement IPS is up to the individual municipality and out-patient psychiatry. Interest is overall positive; however, some municipalities have IPS-like interventions, and interventions with the same population, already in process.	CORE map interested municipalities and engaged with to stimulate conversation and explore local challenges
<b>User organisation: bedre psykiatri and service users</b>	Members of the steering committee to help guide scale up	Crucial to give service user voice to all planning
<b>Danish Agency for Labour Market and Recruitment (STAR)</b>		Keep informed with quarterly data and sharing good news
<b>Individual job centres</b>	Deliver IPS at the grass roots level	Will need IPS training Will need support to link and integrate with mental health teams
<b>Mental health services</b>	Deliver mental health services	Will need IPS training Will need support to link and integrate with job centre teams
<b>SF UK</b>	Can provide IPS technical advice, specifically around rapid scale	Managing level of support given huge demand
<b>Danish Learning Community</b>	5 technical staff to cover the 5 regions and provide local support to scale quality IPS	Will require training and development to build skills and confidence as these roles do not exist at present in Denmark – will link with Norway and England to build capability

## France

Table 5.10: France key partners, roles, and considerations (option 1, SIB)

<b>Stakeholder</b>	<b>Role</b>	<b>Consideration</b>
<b>French Ministry of Labour</b>	Administer and monitor social impact contract	This is the second SIB process in France
<b>Working First (current project country partner)</b>	Manage project, gather data, provide IPS technical support, manage communications, create, and guide steering group	SFUK can support with tools for IPS expansion
<b>Social Finance UK</b>	Support data management and provide technical advice on project managing with a SIB funding tool	Need funding for support time
<b>6 regions</b>	Deliver IPS, maximise integration, manage clinical staff resistance	Will need excellent local ES and Team leaders and support from Working First
<b>Un Chez Soi d'Abord (Housing First)</b>	Innovative and passionate provider with vision for expansion across France to 30 cities by 2023	Committed to IPS, experience of IPS in Marseille
<b>Peer resource workers Esper Pro. and 2 service user reps</b>	Will provide guidance, input and support for the development and delivery of IPS services	A new concept in France and one that will need support to promote and maximise the opportunity
<b>Evaluation company – Pluricités</b>  <b>And</b>  <b>ORSPERRE SAMDARRA of the Le Vinatier Hospital (Lyon)</b>	Pluricités - specializes in the evaluation of public policies, particularly on employment issues  ORSPERRE SAMDARRA specializes in evaluating impact and support for mental health and social vulnerability issues.	Highly experienced players although have no experience or idea about IPS

## Spain

Table 5.11: Spain key partners, roles, and considerations

Stakeholder	Role	Consideration
<b>FAD</b>	Project management and evaluation Fidelity and data collection Project sustainability, research, and dissemination Develop and support IPS Spanish network	SFUK can support with tools for IPS expansion
<b>Region Catalonia (Girona, Barcelona Esquerra, and Baix Llobregat)</b>	Place 0.5 ES in 28 Mental Health Centers (all health sectors), among the 4 provinces	IPS was delivered previously with a pilot. Will need support to re-establish
<b>Region Andalusia: a new unit located in Seville, in rural area</b>	Create and deliver a new IPS service	IPS is new to region. Will need close monitoring and support for mobilisation
<b>Region Madrid: a new unit located in Madrid for young people.</b>	Create and deliver a compelling young people's service using the new IPS 36 item fidelity scale.	IPS is new to region. Will need close monitoring and support for mobilisation
<b>Region Canary Island: An adults' service already working in Tenerife.</b>	Focus on building and developing high fidelity for the service	
<b>Service user</b>	Provide overall project and scale advice and support via project steering committee Provide local level involvement in steering committees and mobilisation and IPS delivery	Need to develop tools to guide local services on how to integrate coproduction into BAU. FAD will need to champion and model this
<b>IPS Spanish network</b>	Provide local technical support for quality IPS delivery Undertake fidelity reviews and develop resources and coaching plans	New approach Will need funding Will benefit from links with external groups such as IPS Europe Learning Network

### Who will scale the innovation?

Our country partners for this project will play a significant role in the scale up in their respective countries. They will guide and support mobilisation and oversee and deliver data management and technical support.

Delivery partners have been identified in each country who will hire and deliver the IPS service:

- **Denmark** – job centre staff hired by local offices
- **Czech Republic** – staff to be hired by established NGOs -
- **Spain** – staff to be hired by the local regional mental health service in Catalonia, Andalusia, Madrid, Canary Island
- **France** - Un Chez Soi d'Abord (Housing First)

- **Croatia** - Department for persons with disabilities

## **Involving end beneficiaries/service users**

IPS is fundamentally a person-led approach and supports and honours the service users' vocational aspirations and decisions around level of support and involvement by the IPS team. In any service that claims to be recovery-oriented, the voice of the users must be central, because it is a question of providing answers to the needs that they themselves have expressed in order to support them in their choices and preferences.

The IPS ethos promotes two other forms of service user coproduction/involvement in developing the plans to scale:

1. Fundamentally build into any IPS delivery models very clear roles and involvement of people with lived experience or peer support workers.
2. Build into the project planning process for this project, clear roles for people with lived experience.

We value the perspective of people with lived experience of a life disruption and using behavioural health services and would incorporate their involvement in project planning sessions at each country.

## **France**

Working First has been working for the past 6 months with the territorial platform of peer resource workers Esper Pro. Its objective is to train peer workers and make them available to mental health services which also benefit from support in integrating these professionals according to an approach similar to the IPS model but focused on peer work.

Working First participates in the evaluation committee of the platform, which has an employee who is trained in peer job coaching within the Working First service, who can refer clients interested in peer work to Esper Pro while the latter refers people to Working First. In addition, the two entities co-intervene on training courses dedicated to recovery-oriented practices. In the framework of this project, Esper Pro has actively participated in the elaboration of the content of the EUSF project and report and in the drafting of the social impact bond application.

In addition, over the last three months, Working First has conducted four IPS fidelity reviews (Handamos in Bordeaux, LADAPT in Brittany, APSH 34 in Montpellier and SIPB in Bergerac) during which focus groups of service users were held. This was an opportunity to gather expectations, needs, ideas on employment support for people unknown to Working First and sometimes their families, from different territories and living with various problems (mental disorders, ASD, intellectual disabilities).

Finally, two service users who have been supported by Working First's IPS service for more than 3 years have become involved in the project. The first one participated in training courses on the IPS model, first as a trainee and then as a facilitator. He also participated twice in workshops on user empowerment for supported employment counsellors during the national days of the Collectif France Emploi Accompagné (CFEA). Finally, he participated

with Working First professionals in a presentation of the IPS model in Spain for an event organised by the Caixa Banco and Hogar Si! foundations.

The second, who has been in full-time permanent employment for almost two years, wants to be involved in Working First's activities at a less visible and more strategic level than the first. It was therefore agreed that he would join the service's monitoring and evaluation steering committee, with the ambition of setting up a joint committee of supported persons and professionals.

## **Croatia**

Our country partner approached established user groups Svitanje and Ludruga, and surveyed users there about their needs and experiences. The feedback and analysis assisted to round out the understanding of the current landscape and challenges/issues that needed to be considered for scaling IPS. The local service users' association, Ludruga, will be also asked to participate in the IPS training program and to participate in the executive team.

The country partner plan is to employ and train peer workers to provide support to people with mental disorders in the process of finding and maintaining employment. The peer workers will complement the IPS service and would also provide support to mobile teams in the future. In order to do this, they plan to connect patient association Phrenos, Netherlands, and Ludruga, Croatia, for the exchange of good practices and peer-based trainings.

Into the future the plan includes publishing success stories, organizing community-based workshops with people with lived experience sharing their stories, to raise awareness that people with severe mental disorders can work and need the support of society. These sorts of workshops also help to break myths and educate mental health professionals and people from the employment service by UPH Vrapče Department of Social Psychiatry team to change mindsets about the capacity of person with mental health problems to work. In this education, we intend to continue to promote positive examples from local patient and family associations, for example involving service users to discuss their situation in "kick-off" meetings and closing sessions. Also, peers will have the possibility to participate further in the IPS trainings and join the executive team.

## **Czech Republic**

IPS services were presented to the local service user organization JAKALUS. JAKALUS agreed to support IPS implementation.

Our country partner held a half-day discussion with JAKALUS to conduct semi structured interviews. Service users shared their own and others experiences with sheltered work, with difficulties to find and keep competitive employment. Feedback suggested service users want to work and live as normal lives as possible. They do not prefer to work in sheltered workshops. They want job stability and are afraid of stigma and discrimination. They have many bad experiences from the past. They need practical help to get a job they want and can do and to keep it. Our country partner knew from previous conversations with the

regional service provider that IPS was not present. This Provider had tried and even sent their workers to IPS training, but they admitted this was not sufficient. The service provider representatives also reported back they felt there was space for development.

The country partner, CMHCD, presented IPS, the principles, methods, and results, and spoke about the negotiations with the Region and the possible scale up with the support of ESCF.

Present members of JAKALUS said that they definitely support the scale up and were also willing to participate in the evaluation of the project. They recognized that the IPS services we plan to develop in the two target regions will fundamentally increase accessibility of the support service users need.

### ***Further research required***

IPS, as a method embedded in multidisciplinary mental health teams, is dedicated to people with severe mental illness. At the same time, it seems that also people with less severe problems might benefit considerably from IPS. It would be worthy, after the implementation of IPS services in the target regions, to investigate more in this direction.

### **Involving service users in the 2-year scale-up**

The involvement of service users in Czech Republic will be managed in two ways.

1. Service users will be included in two steering committees (one in each region) that will oversee the whole implementation phase. These steering committees will be informed regularly about the development of the project and will meet four times a year. Their role will be to give feedback, recommend how to react to potential problems and how to improve the implementation to be more effective. As an outcome, committees will issue a short report twice a year. The report will be available to donors of the implementation.
2. There will be two discussions with the user organization JAKALUS that operates in the region. The aim will be to present the results to them and ask them for their feedback and suggestions. The two discussions will be scheduled before the beginning of implementation and after 12 months.

Local communities will be involved in usual ways, receiving the information about the program via articles and social media.

### **Denmark**

Utilized service user feedback from the Danish RCTs as a basis for initial planning. This feedback highlighted the importance of keeping the focus on the 8 key principles of IPS in further implementation and scaling of IPS in Denmark. Especially that the intervention is predominantly located in outpatient psychiatry with a strong collaboration between employment specialists and mental health practitioners, and that the strong emphasis on client preferences and ongoing time-unlimited support will remain.

Engaged with a national service user group to gain collaborative planning and working. This user and relative organization named *Bedre psykiatri* are now a great proponent of IPS. On their initiative, they have contacted politicians to promote IPS and create interest in further funding to scale IPS. *Bedre psykiatri* also stress the importance of a strong focus on client preferences and that participation continues to be voluntary.

By involving service users and user organizations in the scale-up plan our country partner preconception that IPS is not only effective but that it also meets the users' needs and support their recovery process have been confirmed.

*It was magical, for the first time I did not feel like a case number and the employment consultant based the effort on exactly my wishes for the future.*

Quote from a previous IPS Participant in Denmark

### **Involvement of service users and communities in the scale-up**

Individual users are a resource to be contemplated in the process of further scale-up, as their voice is powerful in the dialogue with relevant stakeholders about the rationale for IPS scale-up and as a guarantee that the intervention is implemented with a focus on the needs and wishes of the users.

In the two-year scale-up service users will be invited to participate in a steering group where there also will be representatives from the municipalities and regions. Users will also be included in the implementation team in a consulting role to promote IPS to the potential new sites. Moreover, service users will be hired to join the training of new employment specialists, to share their personal stories and to keep the focus on the needs of service users.

### **Spain**

Regarding user involvement and co-production, our country partner contacted some IPS programs to explore service users past or present, willing to participate in a co-production process for an IPS plan. They interviewed users interested in participating to explore their trajectory related to IPS programs, met and unmet wants and needs, barriers to participating and built a user's Journey Map with this feedback.

Service User wants and needs found through the Journey Map included:

A desire to increase their own knowledge about their own capabilities to work, for their desires for which type of job they get to be honored, to be able to choose whether to disclose or not even depending on the job or employer, to gain confidence in working capabilities, to remain confident when receiving support, to know more sensitive employers willing to contract people with a mental health disability, a wide variety of support, and confidence from the mental health team.

Our country partner also contacted a patient's organizations to include them in the process. One of the organizations contacted has a peer support program for community treatment. As they are not focused on job inclusion, they wanted to collaborate with the plan and in the future implementation from a recovery perspective, and to include job inclusion in their day-to-day work. This organization is interested in growing with the peer support program and including it in their employment programs as a part of recovery treatment.

A peer worker was interviewed to find the better way to work together with units and quality assurance support planning and implementation of IPS. As a result of this work, it was realized that a regional approach for coproduction will be the better solution for users' involvement. Especially given there is a lack of knowledge for applying coproduction on a continuous basis in regional services and units.

To meet this need, our country partner will keep both: 1) a planning peer worker, with a whole perspective of the scaling up plan, and 2) a local approach to set up each coproduction process.

Coproduction will be included as training for IPS quality assurance, to respect cultural and contextual singularities.

Although our country partner worked with different users, they realized that context and cultural issues will be important to be taken into account on a regional basis, but not all organizations are prepared to do that process at the same level. Given the short period of time to train in coproduction in the planning phase, in all regions, they planned an implementation process with training in coproduction in each region, and support in implementing it, to face this issue.

Given the service user engagement to date they will approach users' needs in different ways:

1. Including a peer worker and the association they belong to in the infrastructure of planning, training, and quality assurance support, to give a whole perspective to all Spanish Network. It involves participating in meetings and all activities of the network. The peer worker will bring the user's perspective.
2. Increasing knowledge of the coproduction process in each region, with local training to include services/units' users for IPS service set up and quality improvement.
3. Including services users in each region in the implementation process and adapting the User's Journey Map to take into account cultural and contextual singularities. This map will be the road to meet service needs and wants, transformed into improvement goals for units, with specific indicators that will be revised annually.

### **Involving service users in the 2-year scale-up**

Our country partner will keep working with a peer worker and association to keep an integrated perspective for the whole project: to follow-up activities, share results, identify key issues from the user's perspective, and to tackle these issues and advocate for IPS with local and regional governments.

They will also involve service users in each region, regarding the singularity of the context and cultural issues. Hence, will work with regions to coproduce services from the user's perspective (including users and associations from their communities), as a goal of the implementation process.

Coproduction training will be included for every region in the IPS training plan, and they will support its implementation.

Extra technical support could be necessary to train and follow up different services' organizational and cultural environments. It must be considered that services are not accustomed to being coproduced and users would need a deeper understanding of their role in such an approach. As professionals, they also may need a rationale, and an empowerment context to include a new way of actively participating in services.

## **Funding and Financing arrangements**

### **Costs of scaling the innovation envisaged**

From the plans that have been developed by the country teams, we expect that a two-year scale-up of IPS across all five countries will cost approximately €14m. All countries have either secured or are in talks with regional and/or national government to reallocate existing funds to partially fund the scale-up of IPS in each country.

In Croatia and France, these funds come from employment budgets, while in Denmark and Spain, they come from a mix of employment and health budgets, and in the Czech Republic funds will come from social services budgets.

In addition to government funds, all countries are very likely to require additional grant or other philanthropic funding to support the surrounding support, training, and quality assurance of their services. Without this wider support, the scale-up of IPS is not sustainable or in some cases not possible at all. The diagrams below show the total expected cost of scaling IPS in each country, approximately what percentage of this is likely or hoped to be provided by government funding, and the approximate amount that will be needed from other sources such as an ESCF Phase 2 Fund.

Figure 5.1: Croatia funding required from local/national government & other sources

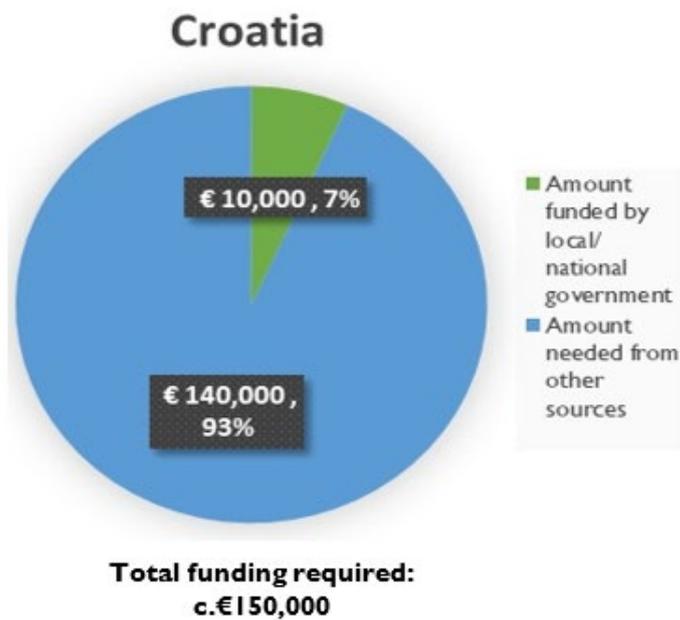


Figure 5.2: Czech Republic funding required from local/national government & other sources



Figure 5.3: Denmark funding required from local/national government & other sources



**Total funding required:  
c.€7,910,000**

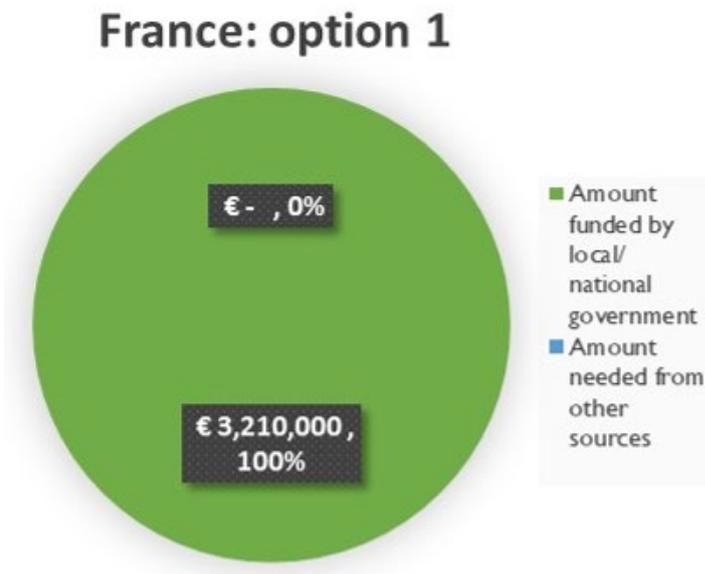
NOTE: the above graph for Denmark is for 5 years. The projected cost for scale over 2 years is €1.6 million

Figure 5.4: Spain funding required from local/national government & other sources



**Total funding required:  
c.€1,850,000**

Figure 5.5: France (option 1) funding required from local/national government & other sources



**Total funding required:**  
c.€3,210,000

Figure 5.6: France (option 2) funding required from local/national government & other sources



**Total funding required:**  
c.€3,220,000

France - awaiting the outcome of a SIB = option 1

Table 5.12: Croatia budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€14,400	€2,000	€16,400
Total Staff Costs	€59,750	€72,500	€132,250
Total cost of Programme	€74,150	€74,500	<b>€148,650</b>

Table 5.13: Czech Republic budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€68,854	€21,207	€90,061
Total Staff Costs	€376,782	€376,782	€753,564
Total cost of Programme	€445,636	€397,989	<b>€843,625</b>

Table 5.14: Denmark budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total non-staff costs	€141,000.00	€44,600.00	€185,600
Total Staff Costs	€697,450	€697,450	€1,394,900
Total cost of Programme	€838,450.00	€742,050.00	<b>€1,580,500</b>

Table 5.15: Spain budget for 2 years

Staffing and costs	Year 1	Year 2	Total
Total cost of Programme	€916,849	€952,148	<b>€1,868,997</b>

Table 5.16: France budget for 5 years

Staffing and costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total non-staff costs	€288,333	€288,333	€228,333	€228,333	€228,333	€1,261,665
Total Staff Costs	€1,276,811	€1,276,811	€1,276,811	€1,276,811	€1,276,811	€6,384,053
Total cost of Programme	€1,565,144	€1,565,144	€1,505,143	€1,505,143	€1,505,143	<b>€7,645,716</b>

## Funders

### Croatia

It is expected that this pilot would cost approximately €150,000 for two years. The plan proposes that the national government covers some of the non-staff costs, such as training, recruitment, and hardware, but the majority of this total cost would need to be funded via private organisations and/or ESCF funding.

Ideally seed funding for the pilot via Phase 2 of the EUSF fund. In time funding from local and national agencies, and EU-funding is considered as well. UPH Vrapče has a long-standing support from Zagreb municipality, however social services initiation and sustainability have been difficult to establish.

## **Czech Republic**

It is expected that scaling IPS in the Czech Republic in these two regions would cost approximately €850,000 for 2 years. The regional governments have agreed to cover most of the core staff costs, as well as some of the non-staff costs such as premises and hardware. The rest of the costs would need to be covered by private organisations and/or ESCF funding.

The funding of the IPS services in the target regions will be assured and financed by the local governments in the framework of social services integrated in multidisciplinary mental health teams.

Currently, the plan of financing is encompassed in the strategic documents of both regional governments of the target regions. Quality assurance is not included in these plans.

Funding for a quality assurance framework to conduct training, fidelity reviews, gather data etc. will need to be found, ideally using phase 2 of the ECSF fund. Ideally it will then be one of the indirect outcomes of the project that regional governments will understand how important the quality assurance is and will be willing to allocate resources for it into the future.

## **Denmark**

It is expected that scaling IPS in Denmark in this way will cost €1.6 million for the first 2 years and approximately €8 million in total for up to 5 years (due to accelerated scale in later years). Within the proposed plan, this cost is mainly to be covered by contributions from the Danish Regions, as well as potentially by funding from central government and/or private organisations

The municipalities are the main stakeholder in deciding to implement IPS. With mediating from national authorities, lobbyist efforts of user organisations, and joint national implementation focus for the DILC, the goal is to ensure sufficient resources and competencies to support the municipalities in implementing IPS, thus making it easier for the individual municipal to buy in on the IPS business case and move from decision to practical implementation and daily operations.

There are three elements to funding the suggested 2-year scale-up:

1. Funding of regional implementation consultants (€975,000)
2. Funding of IPS-experts and the establishment of the DILC (€527,500)
3. Funding of IPS user consultant (total €78,000)

It is assessed to be feasible, based on previous experiences with implementing IPS in Denmark, that the job centres can and will relocate resources in the conventional Job Centre scheme to hire IPS Employment specialists if sufficient support to implementation is

provided. However, there is a need for an implementation team that can convince the job centres and psychiatry to allocate these resources and conduct training and fidelity reviews.

We suggest different ways of funding the 2-year scale up, which are further described below:

- a) The funding of the 2-year scale-up is divided between the regions and the municipalities, that will implement IPS. The five regions each fund their own implementation consultant and divides the expenses of the IPS-expert, the service user consultant, and the establishment of the DILC (€316,100). Each municipality pays for the expenses to the employment specialists by allocating existing resources. The region ensures the necessary resources in the psychiatric outpatient clinics and for cooperation across sectors.
- b) Funding is reached through earmarked funds on the Finance Act.
- c) Funding is reached, fully or partly from foundations.

## **France**

It is expected that scaling IPS in France in this way will cost approximately €3.2 million for two years, or €7.9 million for five years.

Ideally the scale up across 6 regions is funded by the French Government and via a SIB.

## **Spain**

It is expected that scaling IPS in Spain in this way will cost approximately €1.9 million for two years, or €2.8 million for three years. Within the proposed plan, the aim would be for regional governments to fund the core staff costs, which make up the majority of the total cost, and for private foundations and/or ESCF funding to cover the rest of the costs for quality assurance.

## **Financial arrangements and instruments planned to scale the innovation**

Letters have been received from regional/government agreement to host and partially fund services.

Interest formally gained for:

- Croatia
- Czech Republic – 2 regions
- Denmark – expand in multiple municipalities
- France – 6 regions
- Spain – Tenerife

Table 5.12: Scaling summary points across 5 countries

Country	Area scaling across	Main activity	Main funder	Funding model	Funding for	Expected total engagements over 2 years
<b>Czech Republic</b>	2 regions	Creation of 2 new services	Regional governments €850k	Allocation of government resource + grant funding	Salaries of 9 ESs across 2 regions	810
<b>Croatia</b>	1 region	Pilot service	Grant €150k	Allocation of grant funding	1 Pilot service with 2 ESs	120
<b>Denmark</b>	Whole country	Creation of national learning & support organisation	Danish Regional Municipal budgets €1.6mil	Co-funding between regions Potentially national investment Potentially private grants/ investment	1 Regional implementation consultant per region & co-funding for supporting personnel from CORE who will manage daily operations of DILC for 3 years. Municipalities will allocate resources to establishing IPS teams within their own budgets	750
<b>France</b>	6 towns	Creation of new services	Central government €3.2mil	SIB? Or part gov and part grant	6 services with SIB 2 or Option	280
<b>Spain</b>	4 regions	Creation of national network/learning community Additional support for existing services & creation of 2 new services	Local or regional government, private foundation and/or ESCF Phase 2 €1.9mil	Regional governments – either continuous funding or based on annual bids for grants	Existing & new services and wider support	441

## **Cost implications of the model compared to alternative approaches to the social challenge(s)**

Evidence from multiple RCTs confirm that IPS is a standardised, replicable supported employment intervention with consistently strong employment and health outcomes across multiple countries:

- Survey of 19 international RCT studies showed +34-point increase in job outcome rates vs. control
- Range of studies have shown reduced hospitalisation rates, reduced inpatient days, and improved overall wellbeing

### **Meta-analysis of IPS RCT studies in Europe confirm success rates translate well:**

RCT across 6 European countries showed that 55% of IPS entered work vs. 28% of control group. IPS users significantly less likely to be re-hospitalized.

### **Published European study implies IPS has long-term positive impact:**

- 37% of IPS users in work 5 years later vs. 9% of control group
- 44% of IPS users worked >2.5 of the 5 years vs. 11% of control group
- IPS users had longer job tenure, earned more per hour and worked more hours vs. control (20 hours / week on average vs. 17 hours for control)
- IPS users also had fewer hospital admissions and spent fewer days in hospital vs. control, with health impact strongest 2+ years after intervention began

**A cost-benefit study based on the 6-country EQOLISE trial** found that IPS was more cost-effective than alternative models (*Supported employment: cost-effectiveness across six European sites. Knapp et al. World psychiatry 2013 Feb, 12 (1). pp. 60-68*).

Cost effectiveness studies show a cost-benefit ratio of 1.41-1.59 for IPS. This is based on a study by RAND Europe and a Public Health England report.

A long-term study of IPS showed that “The beneficial effects of supported employment on work at 2 years were sustained over the 5-year follow-up period. Participants in supported employment were more likely to obtain competitive work than those in traditional vocational rehabilitation (65% compared with 33%), worked more hours and weeks, earned more wages, and had longer job tenures. Participants were also significantly less likely to be hospitalized, had fewer psychiatric hospital admissions, and spent fewer days in the hospital. The social return on investment was higher for supported employment participants, whether calculated as the ratio of work earnings to vocational program costs or of work earnings to total vocational program and mental health treatment costs.”<sup>42</sup>

The cost-effectiveness of the intervention was assessed in an economic evaluation of IPS or IPSE vs Service as Usual (SAU) using register-based health care and social care data, and intervention costs in Denmark. The cost analysis (April 2020) showed that both IPS and

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<sup>42</sup> Long-Term Effectiveness of Supported Employment: 5-Year Follow-Up of a Randomized Controlled Trial. Hoffmann et al, Am J Psychiatry 171:11, November 2014

IPSE was less costly, and more effective than SAU. Overall, there was a statistically significant cost difference of €9,543 when comparing IPS with SAU and € 7,288 when comparing IPSE with SAU.

In summary, 27 RCTs have shown IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support. IPS clients sustain jobs for longer and earn more per hour. Furthermore, IPS clients have reduced relapse and spend fewer days in hospital.

## **Sustaining and further scaling of the innovation**

### **Croatia**

Ideally the pilot delivers on engagement and job outcome targets and the service experience builds champions within clinical teams to help spread the word on IPS.

The service will be reliant on gaining 2 very competent employment specialists who can build wide networks and strong relationships aside from their day-to-day job supporting service users into work.

The service will need external skilled and trained IPS implementers and fidelity reviewers to help guide and support best practice and impact. Evidence from the pilot will be used to garner further stakeholder interest and funding.

### **Czech Republic**

Since the implementation is in line with the strategic plans of the two regional governments, we assume it will be highly sustainable. It will not be the first IPS services in the country, but we hope the implementation process and the support from abroad will create strong examples of good practice for other regions not only to scale up but also to develop quality IPS services. The results and the implementation process will be described and submitted for publication in a reviewed journal.

However, there are still risks for the sustainability of IPS:

- The Ministry of Work and Social Affairs might prefer to support people with mental health problems exclusively via Labour Offices and Employment Agencies. The probability that this will happen is low.
- The implementation might not be successful for other reasons such as lack of human resources in regions or steep rise of unemployment in the general population. The probability that this will happen is low.

The scale up plan doesn't aim to improve IPS services in other regions. Nevertheless, the good fidelity and good practice can further inspire others and lead to higher quality of IPS delivery in other areas.

If the implementation in the two regions is a success it will with high probability influence further development in other regions. Also, the IPS network will be strengthened – the number of services will be higher, and these new services will be of high quality, measured in reviews.

More widely, we can expect less stigma, lower unemployment rates in regional mental health services and probably less health problems in those who will keep their jobs.

## **Denmark**

Based on the experiences from the clinical trial they expect that 60% of the 750 participants will obtain competitive employment or start education within 18 months after the first contact with an employment specialist. Of the 60%, a total of 38% is expected to obtain employment. After 6-8 years they expect that 80% of all municipalities in Denmark deliver the IPS service. Current IPS services will also receive support for further expansion of the IPS teams and will have the option to receive training if new employment specialists must be hired.

In Denmark, IPS implementation is based on a strong foundation of research. An effect study was conducted in 2012-2018, demonstrating that IPS was superior to traditional vocational rehabilitation concerning competitive employment/education. The strongest effect found in the trial was client satisfaction measured with the client satisfaction scale. IPS participants were significantly more satisfied with the treatment received compared with treatment as usual. During the scale-up, our country partner will investigate if the same effects remain when going from research to practice concerning employment outcomes and satisfaction with the services. Moreover, when more fidelity reviews are conducted, they will investigate the predictive validity of the IPS-25 scale and investigate if there are specific items that create the effect. They will also aim to develop a more efficient way of monitoring the quality of services given every fidelity review takes up to 7 days in total to plan and complete. All this can be used actively to improve the method and quality of the service.

## **Spain**

We are just starting with sowing the seed in important regions that are willing to innovate old practices with an evidence-based practice such as IPS.

Although it may have very little impact on users' access to IPS at the very beginning, we think that the Spanish Network will help to make this work visible to every participating regional government and other regions interested.

Hopefully, new research will show local results after these 2 years and new opportunities will come about for scale inside the same regions to increase access.

After the 2-year project, we plan to open the network to other regions interested in starting training on IPS with the Network support and learning community.

We expect to make step-by-step progress as it was done on USA from the beginning, where the scaling up process depended on each region/state's opportunities and possibilities.

Depending on the region, services starting with the IPS approach are funded by local or regional government, or private foundations. In those cases, they will pilot the practices and with good results after 2 years, they may have the possibility to expand the practices to other services already working with other vocational models and funded by the same regional governments. Further funding will be needed to cover mainly training activities, and network meetings.

In other regions, programs are funded by regional governments on annual bids, so programs will improve outcomes by shifting practices to IPS. In this case, to overcome barriers to implementation, we will need further cooperation from the administration to set program goals for annual bids around the IPS principles

We will also keep working on commitment from the beginning in order to support the sustainability of IPS following the 2-year implementation plan (as regional government had recently changed after new elections).

After 2 years of funding, most of the regional governments will continue funding services as they did up to now. Seeking funding will be continued to cover their participation in the IPS Network, training, and quality improvement support, as we may show its importance for services implementation.

Other possibilities to cover the training and quality improvement support may include an IPS certification for sites/units applying the IPS model, which may include Mental Health services. This certification should be recognized or required by the administration in the future. Specific training for mental health professionals will be needed.

We will study these models of accreditation, specific training, and other funding possibilities for the future.

We will improve results in services implementing IPS instead of other vocational rehabilitation programs. So, in our case, mainly we will shift practices to IPS and start new services from scratch (rural and youth cohorts).

There are some IPS services which are already working but don't have quality improvement and training infrastructure, so we will expect all IPS services to be reviewed and improve practices with a specific plan to reach IPS good Fidelity. This will improve outcomes for people participating in these services.

Our main expectation will be a cultural change in the community (among all main stakeholders such as employers, health professionals, local administrators, etc.).

Mental health professionals should change their mind on considering a regular job as a way to recovery.

Users may reduce their own stigma and trust in their capabilities. We will change the way people with a mental health condition are seen and their possibilities to participate in their own community.

Coproduced IPS services will be a key part of achieving this impact.

## **France**

With this scaling-up plan, we plan to prove the relevance of the IPS model in France by creating exemplary services, and thus to make this type of service accessible to the largest number of people concerned. The aim is to launch a dissemination movement at three levels.

Firstly, option 1 for the plan aims to create IPS services within all Un Chez Soi D'Abord facilities in France, of which there should be around thirty by 2023. Indeed, these structures all face the same problems in relation to employment, are grouped together within a national

association and work at state level in close collaboration with the Interministerial Directorate for Housing (DIHAL). As these services operate in synergy with a high degree of cooperation, the success of the IPS services developed within Un Chez Soi D'Abord should lead to the gradual implementation of similar services by their counterparts.

Secondly, the ambition is to provide evidence of the relevance of the IPS model for its dissemination within the Supported Employment platforms present in each French department. These platforms, which will take over from the supported employment schemes from September 2021, will be present in each French department and will target people living with psychological disorders (around 50%), autism spectrum disorders or mental disabilities recognised as disabled workers and registered in long-term administrative pathways. With the creation of the platforms, the State Secretariat for the Disabled is aiming for a sharp increase in the number of users and is considering the standardisation of practices, which could logically involve the dissemination of the IPS model.

Thirdly, it is a question of creating precedents with traditional mental health services in order to show the relevance of the IPS model as a tool for the recovery of people living with mental health problems who wish to work. The availability of evidence from a project involving several mental health services should encourage other services to develop such actions in a context of crisis in the French psychiatric system and the search for alternative ways, such as those offered by the recovery approach in mental health.

One of the major challenges of this change of scale lies in the sustainability of the services created beyond the program developed.

The services created within the Un Chez Soi D'Abord and Un Chez Soi D'Abord "youth" schemes, and the support for the users of these services, will be provided by the schemes themselves, using the funding they receive from the Regional Health Agencies (ARS), which are the Ministry of Health's regional offices. Similarly, other Un Chez Soi D'Abord centers wishing to set up similar services will be able to use this funding, since its terms of reference include a professional integration component that is not, or only to a limited extent, provided by these services.

For the partner organisations that will refer people to the Un Chez Soi D'Abord IPS services, several avenues are envisaged depending on the territories concerned. For example, the Psycho-social Rehabilitation Centres are currently receiving funds from the State (ARS) to increase their development, part of which, dedicated to professional integration, would be devoted to financing the IPS service. Moreover, as some local authorities have shown their support for the project to go to scale (Lyon, Nice, Dijon, La Réunion), it is likely that they are ready to financially support a project that has proven its effectiveness and that touches on their areas of competence and funding, namely work integration, housing, and urban policy.

By relying on this permanent funding, the partner guidance services will be able to make professionals available to the IPS services run by Un Chez Soi d'Abord, which will provide the coordination part.

In addition, the creation of supported employment platforms currently underway should provide an opportunity to attract funding (ARS and AGEFIPH) for IPS. Indeed, these platforms will bring together supported employment actors, whether or not they are under agreement, in order to develop a synergy of practices and to guarantee access for a large public to specialised employment support, as well as the fluidity of pathways. As these

platforms are in the pre-construction phase, it is difficult to provide more precise information at this time.

## **Measuring the Impact of Scaling**

Given that the most important outcome from the scale up is helping people with severe and enduring mental illness into work, we can utilise the targets set in the budget as a measure of impact. All services will track and monitor the level of service user engagement and job outcomes and sustainment's at 13 weeks. This will provide clear evidence of impact.

Furthermore, given in many countries IPS is relatively new, we have ensured fidelity reviews at baseline and 12 months after operating are undertaken by experienced reviewers. This allows a clear measure of fidelity to IPS approach and the higher the score, the greater the integration and impact the service can have on the broader recovery agenda within mental health treatment services.

Finally, all mobilised services will survey service users on completion of service to gain feedback about their experience and satisfaction. Services will also undertake yearly focus groups to gather feedback, and this will all feed into their evaluation and service improvement plans.

Our country partners have identified specific measures relative to their context and outlined below:

### **France**

In the event that the Social Impact Contract is awarded by the French Ministry of Labor, a large-scale external monitoring and evaluation system will be set up and financed by the project.

It will be carried out by the evaluation firm Pluricités, which specializes in the evaluation of public policies, particularly on employment issues, and the national observatory ORSPERRE SAMDARRA of the Le Vinatier Hospital (Lyon), which specializes in mental health and social vulnerability issues.

Together, these two structures have elaborated an evaluation project of the 6 services which will have the function of reporting on the payment model of the impact contract, but also to grasp the mechanisms and criteria of the efficiency of the IPS accompaniment as well as to work on the social impact of the project. This will include studying the evolution of the quality of life of the users, the characteristics of the partner companies, or the relationship between benefits and advantages of such services.

Pluricités and Orsperre Samdarra will participate in the elaboration of monitoring tools used by the field actors and will travel to the different sites to conduct their surveys and data collection. In addition, a data scientist function is planned at the national coordination level to process the data.

Finally, these results will be put into perspective by holding regular IPS fidelity reviews in order to benchmark against international standards to guarantee a high level of fidelity of the model.

Assuming the results from these services will mirror IPS research outcomes, the data will help engage more French regions into the idea of using IPS given very rigorous French data.

If Option 2 is chosen, with dissemination of the model through training and change management, the monitoring and evaluation system will be more limited. It will be composed of a classic training follow-up and IPS fidelity reviews included in the training offer and conducted by the training organization itself. The monitoring and evaluation will then be paid for internally, while the fidelity reviews are financed by the trained services themselves.

In order to complete this system, an external study focused on the results and impacts of IPS coaching on the users of the trained services could be conducted and would require external support in terms of human and financial resources.

### **Croatia**

Monitoring will be done by the Steering Committee using the service targets as reported through by the employer, service user and psychiatric team, all incorporated into the implementation process.

Our country partner is developing an implementation plan methodically based on the Fidelity scale where they analyze where services stand and what is needed per scale item. This approach incorporates the systematic evaluation in itself. We are following the established method.

### **Czech Republic**

Outcomes will be monitored during the whole implementation phase (2 years). These data will be collected quarterly and within the existing IPS data collection system managed by our country partner:

- Number of persons in contact.
- Number of people who entered the IPS service.
- Number of people working in the respective period + proportion of jobs on sheltered labour market.
- Number of people who ended the service un/employed.
- The sustainability of jobs of individual service users.

This scheme will enable us to compare the effectiveness of implemented services with other IPS services in the Czech Republic and abroad.

Besides this, two IPS fidelity reviews will be conducted in each IPS service to be sure about the fidelity of the program. A data analyst will be in charge of data collection and analysis. Reviews will be conducted in cooperation with a Czech reviewer and an experienced reviewer from abroad. The evaluation will be financed as part of the framework of the intended project submitted to ESCF.

The two steering committees will closely monitor the implementation process and will summarize their remarks and recommendations in reports twice a year on impact of scale.

The basic evaluation of the program as described above is necessary. It is important also to monitor the process of implementation itself. From the learnings we will identify what barriers appeared and what were the best solutions found to support further scale up of IPS across Czech Republic.

## **Denmark**

The Danish aim is to establish a quality assurance framework to support quality delivery of IPS.

Initial measure of impact will be the establishment of the Danish IPS Learning community with staff in post in each of the municipalities, after this they all receive training and support.

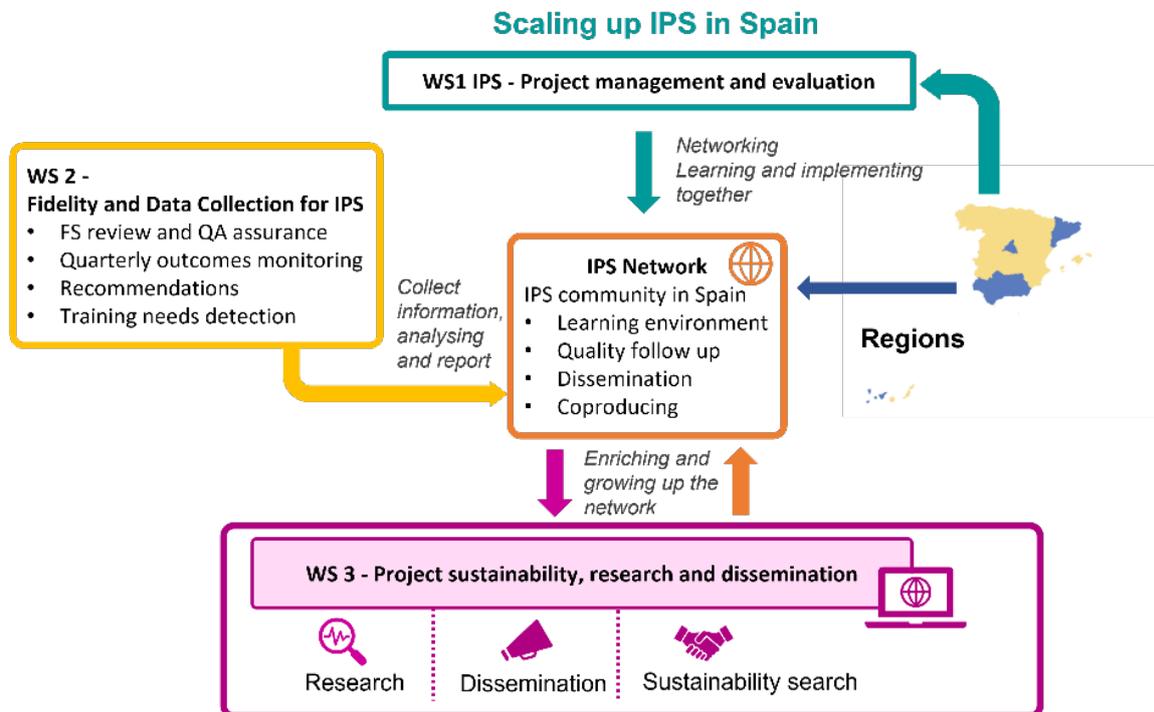
Finally, they are able to conduct fidelity reviews, offer training and technical support for new and expanding IPS Services.

If the scale-up with a national/regional implementation team is successful, our country partner estimates that the 5 implementation specialists could obtain prior approvals to implement IPS from at least 30 additional municipalities nationally. It is difficult to estimate how many of these sites would be implemented and work in practice by the end of the two years as it takes time from the first contact to a job Centre until implementation is approved politically and cooperation agreements have been signed. Moreover, it is also the experience that it takes the employment specialists up to 12 months until they reach a full caseload of 25 participants. Our country partner expects that at least 750 extra people with severe mental illness will receive IPS by the end of the two years and that this number is doubled after 5 years.

## **Spain**

FAD will be the organization that will assess, monitor, and train organizations implementing IPS, and will also lead the Spanish network and connect with other international networks. This will be implemented in 3 main workstreams with the focus on the IPS Spanish network.

Figure 5.1: 3 main workstreams scaling up IPS in Spain



1. IPS project management and evaluation (focused on IPS Network)
2. Fidelity and Data collection for IPS
3. Project sustainability, research, and dissemination

The Network will be the common environment for training activities and sharing experiences in implementation of IPS. As different partners will participate, a common management and evaluation process is needed.

A baseline assessment in each region will be done in each service/unit to identify key needs to achieve high-fidelity services. Annual Fidelity Assessments will be conducted in each region to identify the main issues to improve fidelity.

A quarterly data collection will be done virtually and monitoring, and benchmarking will be done by all the Network' participants.

Further training will be done, focused on the main identified needs from the Fidelity reviews and visits to regions. An annual fidelity report and recommendations will be delivered to each service or unit participating in the Network.

Completing this project Plan, a third workstream based on project sustainability, research and dissemination will include seeking for additional funding for project sustainability, research and increasing visibility via the Network.

As this is a primary experience of IPS in the whole of Spain, we don't have specific funding for this part. We will ask for funding from ESCF until we can show the importance of quality

assurance and support in the Spanish context, within the Spanish Network framework. The research will be key to show these results for future implementation.

On the other hand, we will keep working on seeking additional funding and maintaining contacts with the New Strategy of Mental Health from the National Government to inform about the project progress.

The IPS Spanish Network will work as a learning community where shared learning and experiences on IPS programs will be the key issue.

Data collection will be also a learning process, in addition to Fidelity reviewing and coproduction.

All learning material will be included in the virtual platform, together with recorded meetings, summaries, etc.

Despite the formal learning implemented on IPS (for employment specialists and also for mental health professionals), we will keep a special issue with informal learning and experiences in every region. The Spanish learning community will include people implementing IPS in different contexts, with different cultural issues and circumstances, and cohorts (rural areas, youth, adults...). Even unemployment rates in each context are very different. So, this is a huge opportunity to test IPS in different Spanish contexts and learn by doing across all of these experiences.

From informal learning we will document the main issues, insights, solutions to problems and other results on the Platform Forums created, and via virtual meetings on a bi-monthly basis.

Annual face to face meetings will allow sharing every region's progress and create strong relationships to keep learning in a friendly environment.

"Lessons learned" workshops at key milestones will be an important for everyone and we will support this work.

## Challenges and Risks

Through researching, stakeholder engagement and analysis, each of the country teams has enhanced their understanding of the current level of IPS in their country, how IPS might be embedded in the health, welfare, and labour systems, and what the key challenges are. We developed a more nuanced understanding of the specifics of the context in each country and what policy, funding, delivery, systemic and cultural barriers, and opportunities exist.

The main challenges fell broadly into the following 5 categories:

1. **Integration between mental health services and employment support services:** In all countries other than the Czech Republic, a lack of integration between the mental health services and employment support services (including IPS) was identified.
2. **Promotion of IPS in national policy:** IPS is only recommended in national policy in the Czech Republic and in Spain and is not legislated in any of the five countries.
3. **Stigma and low expectations:** This was identified as a challenge in every country other than Denmark. In Croatia and the Czech Republic, sheltered work is still very

popular and the belief that people with SMI cannot work is still widely held. Attitudes towards mental health treatment are also relatively conservative in France, although recovery-oriented treatment models are gaining traction. Similarly, in Spain a focus remains on the train-then-place model, and there remains significant stigma amongst clinicians, employers, and service users themselves.

4. **Funding:** Getting funding for IPS services is a challenge in all countries other than Denmark, although here there is still a challenge around getting funding for the necessary implementation support and training. In particular, in the Czech Republic and Spain, funding for supported employment services is uncertain as it is based on annual bidding, and there is significant competition from sheltered workshops.
5. **IPS implementation infrastructure:** None of the countries currently have the necessary infrastructure in place to support quality IPS delivery. In France, the Czech Republic and Croatia, there is a lack of culture of evaluating and monitoring services in general, and in all countries, there is a lack of money to fund this ongoing evaluation and monitoring. Specifically in the context of IPS, there is a lack of funding for IPS fidelity reviews, IPS trainers and a lack of trainers. Fidelity reviews and training has been proven to drive good IPS fidelity in other countries, which in turn means higher numbers of service users gain competitive employment. Of the countries we are working with, only Spain is part of the international IPS community, and national communities for sharing learnings and best practice are limited.

Agreed ways of tackling these challenges included:

**Growing awareness of and interest in IPS:** In the Czech Republic, Denmark, France, and Spain, IPS was already being delivered to some degree at the beginning of this project. In all five countries, interest in IPS is growing as communities are becoming more aware of the need for recovery-oriented services in place of traditional train-then-place models, and user groups and professional networks are challenging stigma.

**Government buy-in:** In each of the countries, national policy recognises the need for specific employment support for people with severe mental illnesses and there is some level of regional and/or national government buy-in for IPS in most countries. There are also growing networks of other stakeholders such as user associations, professional networks, and NGOs.

In addition, we have learnt more about the process for scaling an intervention across multiple countries:

- The situation is very different in each country, and often varies even from region to region within a country. This means that each plan will need to be carefully tailored to the local and national economic, political, and cultural contexts, and 'scale-up' will mean something different in each location.
- Learnings from previous scaling up of IPS services in other countries also show that getting emotional buy-in from stakeholders is critical, especially when funding is scarce. This is something we intend to work more on through service user engagement and the sharing of recovery stories in the next phase of the project.
- These learnings also show that peer-to-peer learning and support can be very effective and should be aimed for where it is possible. We will explore how we can

create these links and connections as we move forward with the stakeholder engagement plans.

Multiple discussions have shown that starting small and growing is likely to be the best way to scale IPS in each of the countries we are working in; focussing on the areas where there is potential and going from there is more likely to be effective than trying a top-down approach of trying to influence central government.

## **Mitigation**

### **France**

#### ***Risks***

- A drastic reduction in social spending on employment and health in the context of the covid pandemic which has increased state spending.
- This particular context also has an impact on the labour market, with a probable impact on employers who may favour short-term contracts and the use of temporary work, traditionally very important in France, which are not in line with the sustainable employment objectives of IPS.
- The lack of French specific evidence on the IPS model remains a challenge to convince partners and funders.
- The place of IPS services in the structure of health, social and work integration services remain to be determined.
- The transition from 6 pilot projects to national dissemination is a major challenge of this scaling-up plan.
- The adaptation of the proposed model to six different territorial and organizational contexts is also a risk.

#### ***Mitigation strategies***

In the context of a general reduction in social spending, IPS services should be proven to be cost-effective in the public interest, which is foreseen in the draft evaluation of the scaling-up plan.

- While the labour market is likely to be affected by the current situation, it is noted that entire sectors of the economy are currently struggling to recruit, particularly for low-skilled jobs, which according to the available data constitute the majority of jobs held by IPS clients.
- The evaluation component of the scaling-up plan is designed to provide evidence on the effectiveness of the IPS model in terms of access and retention of the target population, improvement of their quality of life, cost-effectiveness of services, impacts on stakeholders including health professionals, and mechanisms for achieving these outcomes.

- Similarly, the evaluation carried out by Pluricités, a firm specialising in public employment policies, in addition to the work carried out in synergy with the Ministry of Labour and the DIHAL and the Secretariat of State for the Disabled, aims to define the place of IPS services in the structure of health, social and occupational integration systems.
- The transition from pilot projects to the dissemination of the model within the thirty or so Un Chez Soi D'Abord centres in existence in 2023 will only be possible if the users' objectives are met, which should be effective since the IPS model will be followed to the letter. In addition, it will be necessary to produce reliable evidence, which will be done in view of the quality of the evaluators selected. It will also be necessary to promote these results and to make tools available to Un Chez Soi D'Abord services wishing to implement IPS services in their homes, which will be done through the creation of a good practice guide, the work in synergy with the DIHAL, which is one of the first supporters of the project, and the communication actions planned. It might also be appropriate to think of the national coordination of the pilot project as a tool that will become permanent in order to provide technical and logistical support to the services wishing to set up.

## **Croatia**

### ***Risks***

Poor connection between the employment system and mental health services, inadequate support of employment specialists from mental health professionals, stigma of all participants

### ***Mitigation strategies***

- UPH Vrapče's Department of Social Psychiatry would provide a good information system about what IPS is, with folders and training materials.
- Also, ensure well-established chain of inclusion in the system, the involvement of employment specialists as members of the psychiatric team would mitigate the risks. The recommendations would be given by project leader as well.
- Liaise and work with User associations who would help by publishing of success stories that confirm that people with severe mental disorders want and can work.
- UPH Vrapče will continue in organising interdisciplinary meetings aiming on extending the collaboration and exchange of expertise between social service and mental health workers.
- Further activity by professional and user associations is needed in advocacy and support in including societal rehabilitation and the right to employment of psychiatric patients. We see it as the mission, vision, and the goals within partner-organisations.
- In collaboration with patient associations, the additional effort will be made in raising the awareness about the patient rights and work possibilities.

## **Czech Republic**

### ***Risks***

One key risk could come from the ethos of Ministry of Labour and Social Affairs (MoLSA). According to its methodological recommendation, people with disabilities should be helped into work according to the step-by-step model. The step-by-step model assumes that people should first be trained properly to be later on successful in any job. This is completely at odds with the IPS approach which is a place then train approach for supported employment. Currently in Czech Republic, people with disabilities are recommended to first visit low-threshold day services, later to try sheltered work and maybe after a longer period of time, they might perhaps try to be successful in the open labour market. This approach looks logical, but in reality, is discriminatory as people are usually not given the chance to work as other people do. It is also important to note that there is evidence that this step-by-step model doesn't work and that people with disabilities usually stay in sheltered environment.

### ***Mitigation strategies***

Our local country partner will focus on ensuring to find ways to inform the administration of the MoLSA about modern ways to help people to get a job, to present the outcomes of IPS and to help them to change their methodological recommendation. This action should be implemented in parallel with the presented project. It will be done in cooperation with the existing IPS Platform which they have created and the Association of Community Services. This will consist of several activities:

1. Preparation of joint action
2. Presentation of the evidence of IPS internationally
3. Presentation of evidence of IPS in national context
4. Analysis of current methodological recommendation and request for negotiation
5. Direct negotiation with administration of the MoLSA
6. In case of success cooperation on new methodological recommendation in case of disagreement, mobilizing of other resources including campaigning in media.

## **Denmark**

### ***Risks and Mitigation***

The identified risks of the 2-year scale-up plan suggested, and suggested mitigating actions, are listed below:

- The two years scale-up plan is based on previous experiences from implementing IPS, and it may not be as easy in further implementation to convince job centres to allocate resources. However, there is no indication that it would not be possible. This risk is mitigated by the growing political interest in IPS, which could lead to further pressure to scale IPS and possible state funding through the Finance Act. The interest is seen in both the politically established workgroup for second-generation reforms and by individual parliamentary politicians.

- The differences between the level of maturity in the regions can be a risk factor in securing a nationally anchored organization for scaling up IPS in Denmark. This could be mitigated by ensuring ownership across the regions in their joint organization of Danske Regioner (Danish Regions) and involving the regions through this forum early on in planning the scale-up.
- A risk for a national scale-up strategy is the municipalities autonomy, making it necessary for implementation that each municipality decides to implement IPS. The growing national attention on scaling up IPS, the lobbyist work of user organisations and the implementation work in IPS – from research to practice helps to mitigate this risk. With further resources allocated to professional implementation support, this risk is expected to be much reduced.

## **Spain**

### **Risks**

1. Spain always has the risk of political changes, national and regional that may always affect priorities.
2. Risk of developing quality and consistent IPS in different contexts, with often diverse and different service approaches and infrastructure.
3. Risk of implementing small pilots that may not be continued afterwards.
4. Stakeholders working with other approaches may see IPS as competition for funding.
5. The pandemic has impoverished resources from organizations and there is an uncertainty about the future related to employment programs' funding (also health programs). This situation could prevent organizations from focusing on people with mental health issues.
6. Continued and regular funding for all IPS programs could be difficult to implement due to the diversity of programs and organizations participating and depending on the region. Moreover, additional training and quality infrastructure is needed. Other funding resources must be allocated to fund this evidence-based practice.
7. Employment conditions have worsened due to the pandemic. Temporary jobs are a very big issue to tackle, not just for people with mental health conditions, but also for most people searching for a job. This is especially important for people with a disability benefit income, as it becomes a safety net that prevents people searching and considering (temporary) jobs in the ordinary market.
8. Changes in production models accelerated by the Covid pandemic (virtualization processes, economy based on services, etc.).
9. People with lived experience are not usually included in coproduction processes and employment services.
10. The lack of local strong Spanish regional research on IPS could be a barrier to getting funding for the future.

## **Mitigation strategies**

1. Despite the existing risk of political change, there is a consensus among policy makers and politicians around increasing job opportunities after pandemic outbreak. Moreover, mental health issues are being introduced into the political agenda.
2. Developing IPS in different contexts will be challenging, but also enriching. The community network would profit from this variety of circumstances, implementing IPS in urban, and rural areas, with youth and with adults, in new and small infrastructures and in big settings with more experienced teams. All these experiences make it a meaningful learning environment for every organization participating and may show a unique opportunity to implement, at the same time, the IPS model in Spain in a wide variety of contexts.
3. The possibility of implementing small regional isolated pilots could be mitigated by the Spanish Network, putting all isolated units and services in contact from the very beginning. During the scale-up project, organizations participating will have the opportunity to train professionals and extend the IPS model in their organizations and especially in Mental Health services. Organizations participating are engaged and committed to keep searching for funding for their services. The opportunity to show to other stakeholders that the practice works is the main goal to scale it more in the future.
4. Regarding the Covid 19 pandemic, it raised the issue of mental health and employment, and put it on the political agenda, so we think it will be a good opportunity to mitigate this risk regarding the priorities of public programs funding.
5. Regarding funding risks during this plan, most services will be funded by local or regional governments on a regular basis. Whether this comes from employment or health budgets will vary by region. In those cases where they are not, services bid for funding annually. These services will shift their practice to IPS to improve practices and outcomes. This shift in practices allows services to be funded while improving with an evidence-based practice. Participating in a national Network will be even more interesting for those organizations that compete for funding.
6. To face the challenge of IPS sustainability in Networking, training and quality improvement, our country partner is exploring different sources of funding for the future development (private foundations, European grants, etc.), such as a creating a certification for employment services, extending training activities across Spain and applying for national and international research grants.
7. As unemployment rates are different in each region, our country partner will approach outcomes regionally and work with local employers in each region. They will also approach global training on disability benefits from regional and national providers to put in common barriers and difficulties in reaching the benefit counselling principle of IPS.
8. Trends regarding production models have started to accelerate due to the Covid pandemic. Although a service-oriented economy is still predominant in Spain, there are clear signs of changes in working processes and labour activities. Some sectors have been further weakened by the current situation and have not received

incentives or aid to promote hiring. Our Spanish partner needs to consider and build new models of working processes and support organizations and workers when offering IPS.

9. Co-production opportunity will provide an important incentive for these organizations that are not always considered in services planning. Participating in an international project can be another incentive for them. Our Spanish partner will champion and encourage the focus on co-production for all regions in order to model each IPS service considering cultural regional issues, users' needs and wants.
10. Our Spanish partner will conduct research from the very beginning, working together with other Universities and units, in order to get results in 2 phases (annually) and have the possibility to publish Spanish research at the end of the 2 years scale-up. Moreover, the Network will support each region comms and disseminate their own experience of IPS to others in Spain. They hope this could increase interest in funding and expand the project to other regions in the future.

## Scaling Plan 6: SUITE – Scaling Up Innovation Together for Energy Vulnerability

SUITE has designed five different strategies to scale up a proven social innovation tested within a H2020 funded project (the ASSIST model<sup>43</sup>) aimed at reducing energy poverty (EP) through social operators. To do so, five scalability plans have been designed, taking into consideration 1) the previous experience from the implementation of ASSIST, 2) information from local stakeholders from each pilot site, gathered through interviews and focus groups, and 3) research on existing initiatives around Europe. The ASSIST methodology consists of **TRAINING** operators to create a strong and multisectoral **NETWORK** of HEAs (Household Energy Advisors) to take **ACTION** by providing energy advice to people under situations of energy poverty and/or vulnerability.

Full implementation plan can be accessed on the [Ecoserveis website](#)

### Lead Organisation

Ecoserveis, Spain

### Other Organisations in the consortium

- Aisfor, Italy
- Climate Alliance, Germany
- Energy Efficient Cluster of Catalonia, Spain

### Primary social challenges that the innovation seeks to address

Poverty and Marginalisation, Inequalities, Training and Skills

### Relevance of this Social Innovation

Energy poverty is a new social priority in Europe and the innovation has emphasized the need of tackling it following the subsidiarity principle. Prepare operators that assist vulnerable people to identify and manage situations of energy precarity has been proved as an effective way to eradicate the problem.

During the implementation of the project a series of **interviews and a focus group** have been carried out, on the one hand to better draft each of the scalability plans, taking into consideration the real context of each country/region. And, on the other hand, with European stakeholders representing similar initiative to fight energy poverty to both present the project and to gather interest on the creation of the **European network of energy agents** following the ASSIST methodology (See Annex 3). Most of the participants showed interest in the ASSIST Model and the fact that it will be scaled in five other countries undoubtedly represents a point of strength.

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<sup>43</sup> <http://www.assist2gether.eu/eu-home>

Regarding the implementation in **central and eastern Europe countries**, in Poland most of the activities for combating energy poverty are implemented bottom-up basing on charities, therefore the implementation of the model by the Małopolska Region is a success, which was tested throughout the ASSIST project. As for Romania and Hungary, both intend to have a bottom-up approach, therefore, due to the experience and the information acquired along the project, the implementation has a high probability of having positive outcomes.

### **The extent to which this innovation has already been implemented in countries in Europe**

Through SUITE, the scalability plan for the application of the ASSIST model have been drafted in five countries (Italy, Spain, Romania, Poland, and Hungary). Previously, the ASSIST model was implemented in 6 European countries (Belgium, Finland, Italy, Spain, UK, and Poland), proving its effectiveness. So, within SUITE, Spain, Poland, and Italy have been able to consolidate the social innovation while in Hungary and Romania SUITE has been the springboard to manage situations of energy poverty through social operators.

## **Scope**

### **Where the innovation is planned to be implemented**

The five developed scalability plans have a different scope and geographical coverage, as well as objectives and key indicators to measure their implementation, which are detailed along this document. Figure 6.1 on the next page summarizes each pilot's specificities.

Figure 6.1: Summary of all pilot's objectives and key indicators

Characteristics	Hungary	Italy	Barcelona Region (Spain)	Małopolska Region (Poland)	Cluj-Napoca Region (Romania)
Scalability aim	Building a network	Two-legged model	Creation of an Energy Poverty Office	Scale the existing Network of HEAs	Building a network
Type of model	Public-private	Public-private	Public-private	Public	Public
Geographical coverage	National	National	Regional	Regional	Local
N° trained HEAs	50	70 - 100	100	75	15
N° of attended people	500 - 750	750 - 2.000	1.440	3.000	300
Public commitment level	Policy adaptation	Policy adaptation	Policy adaptation	Policy adaptation	Potential to involve with no financial commitments
Private commitment level	Financial and non-financial	Financial and non-financial	Financial and non-financial	Financial and non-financial	Potential to involve with no financial commitments
Estimated budget for the 2 years	127.125,00 EUR	241.000,00 EUR	187.228,00 EUR	161.400,00 EUR	155.000,00 EUR
<b>Environmental and social indicators</b>					
Reduction in energy consumption (kWh)	Not applicable	Not applicable	647.208	750.000	Not applicable
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	Not applicable	Not applicable	135,91	675	Not applicable
Comfort level improvement	Not applicable	Medium - High	Medium - High	Medium	High
Increase operator's empowerment	High	High	High	Not applicable	Medium
Increase users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High	High	High	High	High
Public acceptance of the model (qualitative)	High	High	High	High	High
Social operators' satisfaction (qualitative)	High	High	High	High	High
Training material usefulness (qualitative)	High	High	High	High	High

## Hungary

The scalability plan will be at **national level** in Hungary, even though the initial intention is to start small (regional with a focus on Győr-Ménfőcsanak-Sopron County), the collaboration with national partners is foreseen, therefore resulting in a plan with a “national” coverage, which will build the network from zero. Therefore, to build the model, it is **essential to involve active civil society actors**, because (1) they have a well-established direct link to the target groups concerned and are open to being approached, and (2) because in Hungary there is lack of interest on behalf of the private sector, at least for now.

This model will be built by **networking with organizations that already work in the social and civil society sectors** and will mainly consist of building a network of different organizations working on different sectors that share interests in energy poverty and energy efficiency.

This network will work providing training to social operators, who will later provide assessment to vulnerable people. Since some of these organizations work with poverty and environmental issues, the model will also help setting the basis for setting a common definition for Energy Poverty including energy efficiency in Hungary and raising awareness about it.

## Italy

The scalability plan is developed at **national level** in Italy, involving both municipalities, third sector associations and private companies. The aim is to scale the already developed National Network of HEAs by the ASSIST project, through a two-leg system.

## Spain - Barcelona Region

The scalability plan will be done at **regional level**, in the Barcelona Region in order to scale the geographical coverage of the model after the successful implementation of the ASSIST model in Barcelona city.

## Poland – Małopolska Region

The Polish plan has a **regional coverage** and will be implemented involving the municipalities of the Małopolska Region. This region also participated in the implementation of the ASSIST project.

## Romania – Cluj-Napoca Municipality

This Scalability and Delivery model will be at local level in Romania, at the municipality of Cluj-Napoca. The city of Cluj-Napoca, being the main public stakeholder the **municipality of Cluj-Napoca**, with a focus on the Department of Social Assistance and the Department of Energy Efficiency, will be the main undertaker of the plan, where there is an interest for addressing the problem of energy poverty.

The project will be piloted at local level, will be assessed, and then readapted. In the process of creating the network, local and regional stakeholders will be involved in a consultation

process, both in designing training materials and sending people for becoming professional energy advisors. In Romania the creation of a **National HEA network** involves the creation of local networks from scratch, which can then be extended at the national level.

## **Reasons the geographical areas were chosen for implementation**

### **Hungary**

The geographical area of the initial plan is justified by the strong collaboration ties of Climate Alliance Hungary embedded in the regional network of municipalities and NGOs. Another important reason is the existing need of a model that tackles energy poverty in the area.

### **Italy**

The ASSIST project had been carried out with an overall National dimension setting off the network of tutors (HEAs) in all the country. As the tutors are operators working on the ground, by scaling in Italy at national level it will be possible to reach a wider national umbrella association with a real and strong contact on the ground with the people under energy poverty and vulnerability.

### **Spain - Barcelona Region**

The Barcelona Region was chosen since the implementation of ASSIST was piloted in Barcelona region but within SUITE it is intended to have a system with a wider coverage. Through ASSIST an overall result 134 professionals were trained, 313 home visits were made, and 584 people were direct beneficiaries of the service. Nevertheless, the focus now is to create a referral system and an Energy Poverty Office to attend the cases that have no specific service in their municipality.

### **Poland – Małopolska Region**

This area was chosen for the SUITE project since the Marshall Office of Małopolska showed interest in supporting the project during the consultation phase. Additionally, Poland has already been part of the implementation of the ASSIST project and counted with the support of some municipalities of the region.

### **Romania – Cluj-Napoca Municipality**

There has never been in Romania a project that addresses energy poverty by creating a network of energy advisers. The model will be tested in the municipality of Cluj-Napoca, the second wealthiest city after Bucharest. Cluj-Napoca is the suitable place for testing the model because the city is a mosaic of situations: energy poverty manifestations appear in various neighbourhoods, including the rich ones; in the city there are households with low incomes located in inefficient multifamily building block; people display consumption patterns that are unsustainable and lead to high energy costs; at the outskirts of the city there is an entire community that lives in informality and disconnected to the grid.

In addition, in a context of low trust in institutions, people living in Cluj-Napoca tend to trust the local public authorities more than they trust the national authorities. For these reasons, creating a local network of energy advisors, collaborating with the local authorities, and bringing various stakeholders on board, and generating practical knowledge in such an environment, makes this model innovative.

### Level of implementation of the innovation anticipated

Level of Adoption	Description
1	Consistent Adoption by mainstream social services at national/federal level
2	Partial adoption by regional/municipal social services
3	Inter-connected demonstration projects
4	Pilots external to mainstream social services

Within SUITE, the implementation level varies from country to country:

#### **Hungary**

The level of implementation of the ASSIST model in the case of Hungary is of Level 4 in the beginning, extending to level 2 in a later stage.

#### **Italy**

The level of implementation of the ASSIST model in the case of Italy varies between level 2 and 3 through the participation of the association in new interconnected projects on the ground to support people in energy poverty as well as with municipalities for the training of the operators and support in building initiatives within the SECAP plans.

#### **Spain - Barcelona Region**

The level of implementation of the ASSIST model in the case of the Barcelona Region (Spain) is of Level 2.

#### **Poland – Małopolska Region**

The level of implementation of the ASSIST model in the case of the Małopolska Region (Poland) is of Level 2.

#### **Romania – Cluj-Napoca Municipality**

The level of implementation of the ASSIST model in the case of the Cluj-Napoca Municipality (Romania) is of Level 2 in the beginning, extending to level 1 in a later stage.

## Anticipated measurable outcomes

### Within 2 years

The main objective of the model is to implement the ASSIST resources and methodologies by adapting training materials, launching the training through the established network of organisations in order to provide social operators with the specific knowledge to assess people suffering or at risk of suffering from energy poverty situations.

### Hungary

In the following 2-years, starting in 2022, this Scalability Plan aims to:

1. The trained energy consultants will be able to **identify situations of energy poverty and provide the necessary support** to the affected people. This support will not just include some tips for reducing energy consumption and on how to consume in a more efficient way, since studies have shown that precisely energy poor people tend to already have low energy consumption. Therefore, the energy consultants will also help people accessing other existing services and support programs which could help them more.
2. **Train 50 advisors**, approximately 2 to 3 per county (Hungary has 19 counties), these advisors will be social operators either social actors from NGOs and charities or public social workers, the idea is to have representatives from different organizations and sectors as a way of having a wider coverage of the model in terms of vulnerable people.
3. **Support between 10 and 15 vulnerable people per advisor**, which means between 500 and 750 people.
4. **Count with the support of local, regional, and national entities** mainly existing NGOs and charities that are already working on the field. The ideal objective will be to get to involve some municipalities (as stated before, right now it is not the best moment).
5. **Find the necessary financial resources** for the proper implementation of the scalability plan. The project aims to count with a public-private collaboration in terms of both financial and non-financial resources. For finding the necessary financial resources, more meetings and further negotiations will be held with key stakeholders, to find a perfect balance collaboration point, which will guarantee the necessary financial resources for the implementation of the plan. In Hungary's current situation national funding is very limited, therefore, international funding is needed.

### Italy

In the following 2-years, starting from now, this Scalability Plan aims to:

1. **Scale at national level** – more specifically by covering all National regions – through two models, which will have a full geographical coverage.
2. **Train between 75 and 100 operators** having different backgrounds and operating in different sectors (according to the holistic approach already tested with ASSIST).

3. **Support between 10 and 20 vulnerable people per HEA**, which means between 750 and 2.000 people. The reaching of people and households in need should be facilitated thanks to the bridges and contacts created with the ASSIST project.
4. **Count with the support of local, regional, and national entities** as possible institutions to join the network (both from the public and the private sector) to create a differentiated and sustainable network. The ideal objective is to reach around 20-50 municipalities and a smaller galaxy of other public institutions. And regarding private entities, the ideal will be to engage 15 among associations and companies.
5. **Find the necessary financial resources** for the proper implementation of the scalability plan. The project aims to count with a public-private collaboration in terms of both financial and non-financial resources for the different proposed models. As stated above, for finding the necessary financial resources, more meetings and further negotiations will be held with key stakeholders, to find a perfect balance collaboration point, which will guarantee the necessary financial resources for the implementation of the plan.

### Spain - Barcelona Region

In the following 2-years, starting on 2022, this Scalability Plan aims to:

1. **Scale at regional level** – Catalonia, more specifically by covering the region of Barcelona either by referring the identified situation of vulnerability and/or energy poverty to the existing specialized services or by attending cases of those municipalities which do not count with some sort of specialized service.
2. **Train 100 social operators** along the 2 years of the proposed plan, 50 home care professionals and 50 telecare professionals.
3. **Reach 1.440 vulnerable users** through trained professionals in 2 years, meaning 60 users per month.
4. **Count with the support of the public administrations of the region**, the Barcelona Provincial Council (Diputació de Barcelona) and the Barcelona City Council (Ajuntament de Barcelona). Representatives of both public bodies have participated in the focus group and interviews, showing a positive response, and helping in the definition of realistic indicators.
5. **Find the necessary financial resources** for the proper implementation of the scalability plan. The project aims to count with a public-private collaboration in terms of both financial and non-financial resources. As stated above, for finding the necessary financial resources, more meetings and further negotiations will be held with key stakeholders, mainly private actors, to find a perfect balance between collaboration points, which will guarantee the necessary financial resources for the implementation of the plan.

### Poland – Małopolska Region

In the following 2-years, starting from January 2022, this Scalability Plan aims to:

1. Scale ASSIST at different levels: **local, and regional level**, focusing in the Małopolska region – The main opportunity and potential is in scaling at very local

level (in municipalities). It would be best to multiply objectives in different municipalities in whole Poland, where the aim is to reach at least 40 municipalities.

2. **Train 75 new advisors** between social workers and municipality workers, since these groups of people work every day with vulnerable consumers and people at risk of energy poverty.
3. **Support 20 vulnerable people per HEA per year**, a number which was checked and proved along the ASSIST project and Life IP Małopolska, which means 1.500 people per year, 3.000 people on the project's lifespan.
4. **Count with the support of local, regional, and National entities** as possible institutions to join the network (both from the public and the private sector). The easiest way to reach vulnerable consumers is by municipalities in cooperation with the social welfare system. The municipalities know their inhabitants best.
5. **Find the necessary financial resources** for the proper implementation of the scalability plan. The project aims to count, at first, with public collaboration in terms of both financial and non-financial resources. As stated above, for finding the necessary financial resources, more meetings and further negotiations will be held with key stakeholders, not closing the doors to the possibility of engaging with private actors, to find a perfect balance collaboration point, which will guarantee the necessary financial resources for the implementation of the plan.

### **Romania – Cluj-Napoca Municipality**

In the following 2-years, starting in 2022, this Scalability Plan aims to:

1. Scale at ASSIST at **local level**, starting in Cluj-Napoca, with the potential to pilot the model in Alba-Iulia and Targu-Mures. These three municipalities represent two of the most developed NUTS3 Regions in Romania (North-West and Center). Cluj-Napoca is the second most developed city after the capital city, Bucharest, and university city, an economic centre, a highly new technologies focused locality with advanced strategies on efficient energy consumption.
2. **Train at least 15 people per year** from different categories, with the ambition to reach a higher number of people. To scale up the ASSIST model, it is intended to reach and train people from the following categories/sectors: social and municipality workers, community mediators, social workers, energy advisors, energy company employees, representatives of NGOs working in the field or in related areas and researchers from universities.
3. **Support 10 vulnerable people per HEA per year**. In order to reach the vulnerable consumer, existing network of contacts and organisations will be used, such as: social workers will contact the beneficiaries of heating aid and other social benefits, including the people living in social houses; the energy advisers will contact the inhabitants of households; the community mediators will discuss with the most vulnerable categories of people, including the ones that confront with extreme manifestations of energy poverty.
4. **Find the necessary financial resources** through European grants or other private grants (foundations).

## Beyond 2 years

### Hungary

1. **Secure the sustainability of the model** in the long run mainly by securing the financial resources. This objective goes in line with the fifth objective within the two-years framework; therefore, similar actions will be done such as constant stakeholders mapping and negotiation with the most interested ones in order to set collaboration agreements. Moreover, always high-quality training material and assessment will be done, and satisfaction questionnaires will be fulfilled by the end-users in order to show the real importance and impact the project generates.
2. **In case municipalities commit to implement the programme**, a measurable outcome is to adopt the Covenant of Mayors' Energy Poverty Indicators.
3. Support the consolidation of a **common energy poverty definition at policy level**.

Moreover, the model aims to continuously bring together new organizations to work together and increase their efforts in involving both the public and the private sector. As mentioned above, the public sector is interested, nevertheless, they do not count with the necessary resources to commit, and as for the private sector, lobbying work will be made, and similar collaboration will be shown as an example to enhance their participation.

### Italy

On the one hand, it is expected to **secure the sustainability of the project in the long run** mainly by securing the financial resources. This objective goes in line with the fifth objective within the two-years framework; therefore, similar actions will be done such as constant stakeholders mapping and negotiation with the most interested ones in order to set collaboration agreements. Moreover, always high-quality training material and assessment will be done, and satisfaction questionnaires will be fulfilled by the end-users in order to show the real importance and impact the project generates.

On the other hand, with the start of the association and the collaboration with municipalities it is expected to **participate in numerous projects to provide support on energy poverty**. The projects hopefully will be within local non-profit initiatives as well as European projects which usually have a longer timeframe (3 years). Even if activities are planned to a 2-year timeframe, work will be done to set the basis for future and longer activities.

### Spain - Barcelona Region

Within a longer timeframe, the objective is to get to secure the **sustainability of the project in the long run** mainly by securing the financial resources, here engaging more private actors will be crucial. This objective goes in line with the fifth objective; therefore, similar actions will be done such as constant stakeholders mapping and negotiation with the most interested ones to set collaboration agreements. Moreover, always high-quality training material and assessment will be done and evaluations on the real impact the project generates to prove its effectiveness, fostering the replication in other regions.

## Poland – Małopolska Region

Within a longer timeframe, the objective is to get to secure the **sustainability of the project in the long run** mainly by securing the financial resources. This objective goes in line with the fifth objective; therefore, similar actions will be done such as constant stakeholders mapping and negotiation with the most interested ones to set collaboration agreements. Moreover, always high-quality training material and assessment will be done and evaluations on the real impact the project generates to prove its effectiveness, fostering the replication in other regions.

## Romania – Cluj-Napoca Municipality

Within a longer timeframe, the scalability plan in Cluj-Napoca, Romania, aims to:

- 1. Count with the support of local entities and organizations to join the network** (both from the public and the private sector) and to pilot the ASSIST model. Some of these local actors Romanian Foundation for Children, Community and Families (FRCCF), Centrul de zi pentru varstnici, A Warm Meal (O Masa Calda); (2) municipalities - Cluj-Napoca, Alba-Iulia, Targu-Mures; (3) professional organizations - Romanian Society of Energy Auditors and Managers (SAMER), Civic Imagination and Innovation Center (CIIC), proNZEB, Romanian Green Building Council (ROGBC); (4) companies - ENEL, Electrica, E.ON; Universities – Technical University, Babeş-Bolyai University (UBB).
- 2. Sustain the model in the long run** mainly by securing the financial resources. This objective goes in line with the fifth objective; therefore, similar actions will be done such as constant stakeholders mapping and negotiation with the most interested ones to set collaboration agreements. Moreover, always high-quality training material and assessment will be done, and satisfaction questionnaires will be fulfilled by the end-users to show the real importance and impact the project generates.

## Evidence

Evidence for this innovation has been obtained from at least one well-designed Randomised Control Trials (RCT) (Level II Appendix 2)

Since 2007 several experiences on energy poverty capacity building have been implemented in Europe. The last example is the ASSIST project, a H2020 funded proposal that deployed a model in 6 Member States reaching more than 30,000 vulnerable consumers in Europe, that improved their quality of life due to the energy intervention. Social operators were trained and accompanied in their energy support to vulnerable families. The impact assessment of the initiative was evaluated through a Randomized Control Trial method through ex-ante and ex-post questionnaire to vulnerable people in the six countries. Both technical and social aspects were assessed, such as the energy consumption as well as the comfort level and the vulnerability level.

The monitoring mechanism developed included three indicators: ASSIST Energy Savings Indicator (ESI), measuring the actual energy saved by the engaged vulnerable consumers, their increased comfort inside their homes and, more in general, the quality of their lives; Vulnerability Empowerment Factor (VEF), assessing consumers' confidence in dealing with

energy related issues inside their dwellings; and Energy savings, representing the amount of energy saved thanks to the ASSIST actions, both in kWh and in percentage (%). For the 6 countries, ASSIST achieved an average ESI of 4.1 % and a VEF of 1.25 %, while the energy savings achieved have been estimated at an average of 5 %.

For the development of the model, each country chose a different path for the implementation of the ASSIST activities in their own different countries, using different approaches according to the intrinsic characteristics of the local contexts and the specificities of the vulnerable consumers involved. ASSIST was a pilot project and SUITE would consolidate a scalability plan to ensure that the defined ASSIST model remains as a stable program to tackle energy poverty in Europe.

Within SUITE, the main evidence of the effectiveness of the model is the scalability plan of ASSIST and the main [results obtained](#) within the project itself. This evidence can be perceived as more significant in the cases of Poland, Italy, and Spain (countries that participated in the implementations of the ASSIST project). However, even though the ASSIST project was not implemented in Romania or Hungary, the positive results obtained in Poland is quite positive evidence, since these countries share many similarities.

Additionally, in the case of **Italy**, evidence can be summarised as follows:

- 1. Formal start of a new non-profit association to manage the network of trained operators** - the SUITE Italian partner (AISFOR) is finalising the bureaucratic procedures for the recognition of the non-profit association: We plan to formally launch the association in mid-September
- 2. Formal recognition of the professional figure of the TED in the Lazio Region** - the procedure for the official recognition of TEDs in the regional professional register the Lazio Region in Italy has been successfully completed, a major success that confirms the importance of an integrated and directly applicable model for combating energy poverty in the field. Thanks to work initially started in ASSIST and then continued in SUITE, AISFOR submitted the TED profile at the Lazio Region (the vocational training in Italy is managed at regional level). After a thorough evaluation of the profile, the Lazio Region approved the profile which has been formally included in the repository of the regional professional figures (*repertorio regionale delle professioni*).
- 3. Several municipalities have officially inserted the figure of the TED and their training through the ASSIST model within their SECAPs as specific measure to tackle Energy Poverty.**

Moreover, in the case of the **Barcelona Region, Spain**, the evidence also includes:

- 1. The example of the Energy Assessment programs**, where energy advisors would go to vulnerable households to help them understand how they could reduce their bills and what types of additional government aid they may have access to.
- 2. Nowadays, people suffering from energy poverty or vulnerability in Barcelona city can access the Energy Assessment Points (PAEs)**, a project that was initiated after a successful pilot phase in 2016 in which 100 people were trained and employed for 6 months as energy agents. They reached 3,000 vulnerable households in three districts within Barcelona. These agents focused on optimizing energy bills and low-

cost energy efficiency measures for households under situations of energy vulnerability. Nevertheless, this system has an **accessibility limitation**, that was identified in the PAEs system and was considered in the implementation of the ASSIST model, which thought of providing training and building a network together with social operators from the SAD (local public home care service) and telecare services. These social operators are essential both for the identification of vulnerabilities and for helping people get access to these specific services that deal with energy related issues.

Besides, at a **European / international level**, the ASSIST model obtained also international recognition:

- On 16 May 2019, the Official Journal of the European Union (OJEU) published the [Commission Recommendation \(EU\) 2019/786, dated 8 May 2019, on the renovation of buildings](#), setting out the guidelines that Member States must follow to ensure a precise transposition of the requirements of [Directive \(EU\) 2018/844, dated 30 May 2018](#), amending Directive 2010/31/EU on the energy performance of buildings (EPBD) and Directive 2012/27/EU on energy efficiency (EED). The Recommendation specifies the technical requirements and the different ways in which the objectives of the EPBD Directive can be achieved. On the other hand, it exposes those experiences considered by the European Commission as good practices and implemented in some Member States. This is where the Recommendation includes ASSIST project.
- The 2021 edition of the [Conference on Energy poverty at the crossroads of the European Pillar of Social Rights and the European Green Deal](#) of the European economic and Social committee focused on how European organised civil society, together with EU, national, regional, and local authorities must join forces to fight against energy poverty. On this regard the [ASSIST Model](#) was mentioned as a successful example of the above-mentioned synergies, with great pride of AISFOR and the partners of the ASSIST Project.

## Scaling Methods

All the developed scalability plans are drawn taking into consideration the current situation on each of the chosen geographic areas and are expected to be able to start implementing the model by 2022. Geographical coverage is different amongst countries. While Hungary and Italy plan to scale at national level, Spain and Poland have focused on a regional scale and Romania on a local scale. Taking that into account, some of the pilots are still working on preparatory activities for its further implementation mainly centred on ensuring financing.

### Hungary

This model will be built by networking with organizations that already work in the social and civil society sectors and will mainly consist of **building a network of different organizations** working on different sectors that share interest in energy poverty and energy efficiency.

This network will work providing **training to social operators**, who will later provide assessment to vulnerable people. Since some of these organizations work with poverty and environmental issues, the model will also help setting the basis for setting a common definition for energy poverty including energy efficiency in Hungary and raising awareness about it. The trained energy consultants will be able to identify situations of energy poverty and provide the necessary support to the affected people. This support will not just include some tips for reducing energy consumption and on how to consume in a more efficient way, since studies have shown that precisely energy poor people tend to already have low energy consumption. Therefore, the energy consultants will also help people accessing other existing services and support programs which could help them more.

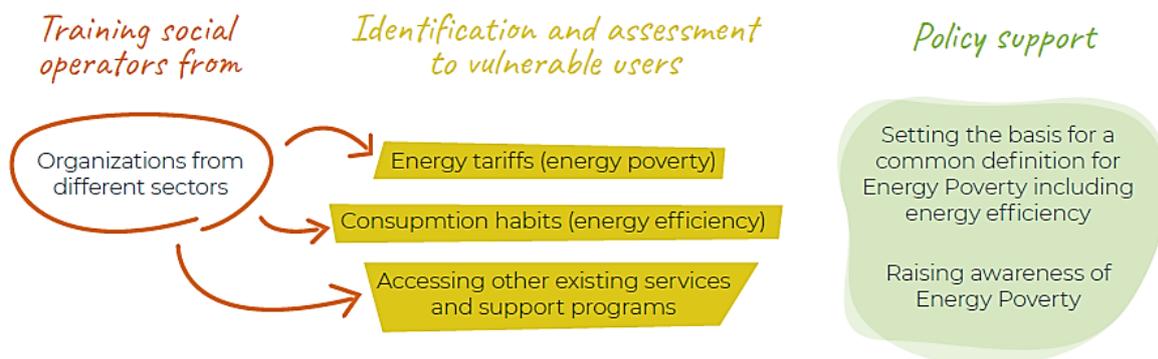
### **Procedure for implementation**

- Adapting and translating the training material according to the local context.
- Introducing the Network and training scheme to the different organizations interested in being part of the National HEA Network. During this process, the different social operators will be trained to become HEA consultants.
- The HEA consultants, belonging to different organisations, will reach the vulnerable users through different targeted communication activities. Moreover, they will make use of their existing databases and ongoing programs to reach users which are harder to reach.
- Finally, services to vulnerable consumers will be performed by network partners, thus being independent from each other, resulting in different procedures and services according to the specific organization performing them. Nevertheless, all actions and services will be focused on addressing energy poverty and energy efficiency issues, even though depending on the organizations' expertise area they will be focusing more on some sort of actions and less on others.

In order to start with the model, the next **steps** will be followed:

1. Ensuring the conditions of operation, financial planning (definition and allocation of tasks, identification of resources, setting of objectives).
2. Selection of a coordinator, Climate Alliance Hungary would take on the task.
3. Further negotiation with key stakeholders to be involved.
4. Transfer of training material to Hungarian context, translation into Hungarian. All training materials, tools and resources will be adapted from the existing ones of the ASSIST model.
5. Recruitment of consultants.
6. Training of energy consultants (2-3 per county).
7. Monitoring, evaluation, adaptation of training as needed.

Figure 6.2: Training Social Operators



## Italy

This Scalability and Delivery model will be focused on having a national coverage, consisting of the **scalability of the already developed National Network of HEAs** by the ASSIST project and this scalability is conceived as a **two-leg system** designed to work either independently or in synergy.

### ASSIST model for Public Administrations such as municipalities (ASSIST-PA)

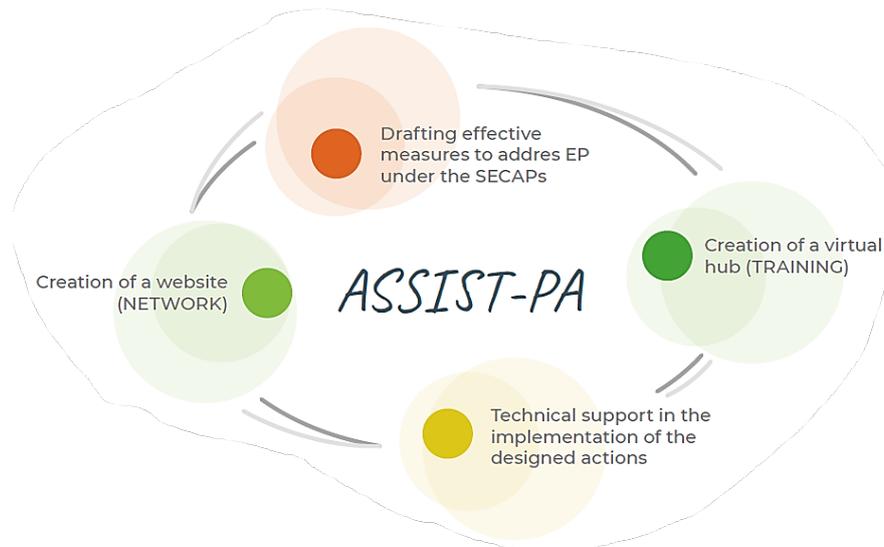
The first leg of the proposed model addresses municipalities and aims to support them in increasing knowledge and capacity in drafting and implementing effective measures addressing the energy poverty problem within their Sustainable Energy and Climate Action Plan (SECAPs). Moreover, the involvement of public institutions and research bodies (such as ENEA) will be strategic to achieve the integration of the ASSIST model in the SECAPs.

The model aims at **creating a virtual hub of municipalities** (could be either a new association or a hub with an already existing association, could also be linked with the new ASSIST-TED association) which will offer to the adhering municipalities the training (100% online) and the working resources and technical support for the design and the implementation of the energy poverty actions within the SECAPs. The hub will consist in the creation of a website with open information and resources and a reserved area (accessible only to the members) to gather the participants, share news and information (the website, is in its preliminary design phase now and will follow the structure of the future Energy Poverty Advisory Hub – EPAH<sup>44</sup>).

The financial mechanism of the ASSIST-PA hub would be the delivery of services to municipalities paid for by the municipalities (such as training, support in .design and implementation of initiatives, collection, and analysis of data, etc.).

<sup>44</sup> [www.energypoverty.eu](http://www.energypoverty.eu)

Figure 6.3: Scaling ASSIST-PA

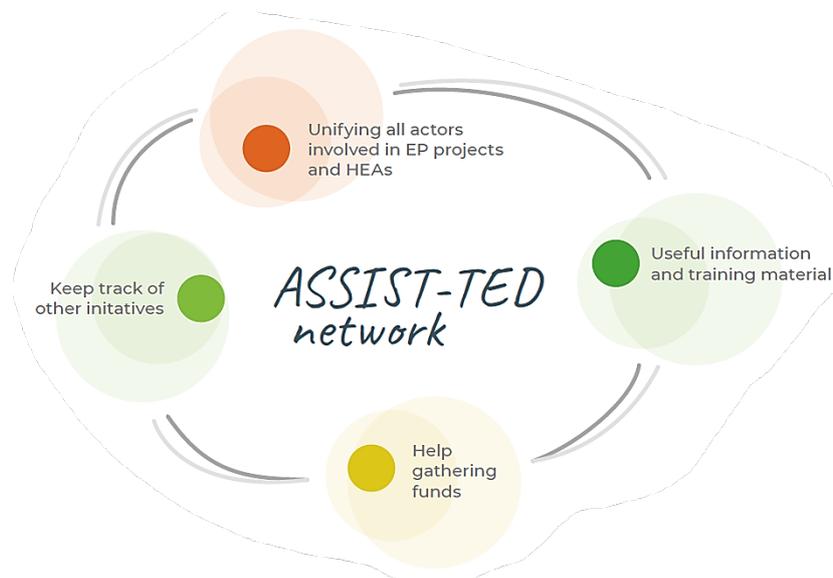


### ASSIST – Household Energy Advisor (HEA) Network (RETE ASSIST-TED)

The second pillar consists in the creation of a wide **network unifying all actors** and operators (the HEAs, called TED in Italian, Tutor per l'Energia Domestica) interested and involved in projects on energy poverty. The network would be open and freely accessible to all interested actors and will provide to its members useful information and training material as well as organise working groups, exchange opportunities and networking events. Moreover, the network would help gather funds to carry on initiatives aiming at tackling the problem of Energy Poverty. The stakeholders, the HEAs, and other interested actors will be able to keep track of the activities, initiatives, and any other action taking place also through a website (following as an example the Rescoop website <https://www.rescoop.eu/>).

The delivery model of the ASSIST-TED network would be mainly through **private sponsorship** interested to financially support the work of the association within their CSR policies. Further collaboration with other actors to carry out part of the work of the ASSIST-TED network is also being sought.

Figure 6.4: Scaling ASSIST-TED Network



## Spain - Barcelona Region

This Scalability and Delivery model will be focused on Catalonia, having a more concrete reach over the **region of Barcelona**. As stated before, the actual existing initiatives for tackling energy poverty consist of the Energy Assessment Points (PAEs) where energy vulnerable people can either go if they have any nearby. The main identified issues are that PAEs are not all over the territory, even though more are being implemented, and users have to directly access themselves, there is missing a referral system.

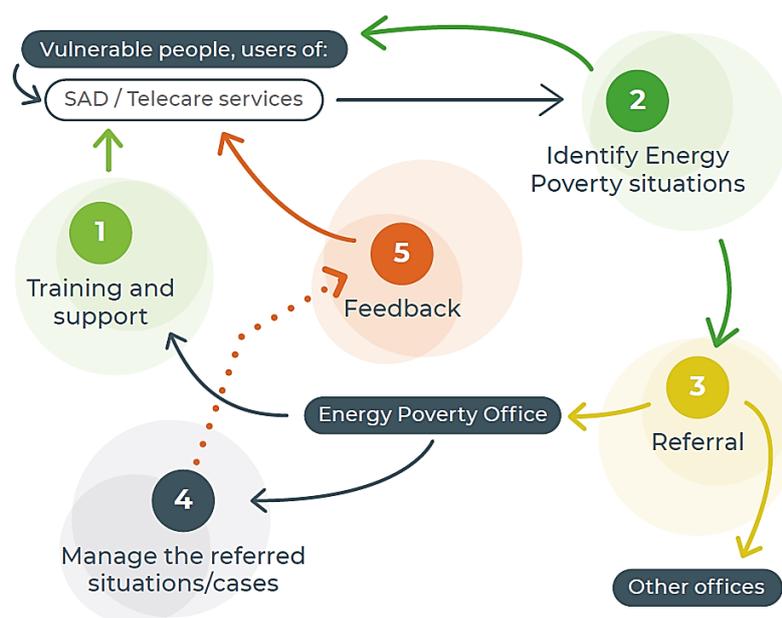
The Scalability and Delivery model will consist in the **creation of an energy advice and support office** for people using the SAD (home care services) and telecare services in the Barcelona region. Therefore, the **specific objectives** of this online office will be:

1. Provide high quality training to SAD and telecare operators in order to increase their potential of identification of situations of energy vulnerability.
2. Provide tools to SAD and telecare services to identify situations of vulnerability and/or energy poverty.
3. Create a platform for referring cases detected to other services specialized in situations of vulnerability and/or energy poverty.
4. Attend and manage the situations of vulnerability and/or energy poverty of those municipalities and counties that do not have specialized services in energy rights.

This office will have the following **functions**:

- Define harmonized action protocols in the fight against energy poverty for home care and telecare services of all the municipalities in the region of Barcelona.
- Provide the necessary training to the home care and telecare services' professionals.
- Establish internal referral mechanisms between home care and telecare services and the existing specialized services in energy rights, such as the Energy Advice Points (PAE). This will be done by talking directly with the service providers (social operators) to agree on common referral methodologies. Moreover, tools such as a checklist or digital questionnaire will be shared as a way of making the identification and referral process more agile and support will be given in developing the referral circuit. This will be done at the very beginning of the implementation of the plan.
- Assist the cases of those municipalities that do not have specialized services in energy rights.

Figure 6.5: Scaling the model in Spain



### Poland – Małopolska Region

This Scalability and Delivery model at first, is conceived as a **public model**, involving mainly municipalities (municipality workers and social welfare system, which is under municipalities in Poland) interested in implementing measures to reduce energy poverty. The involvement of the private sector is intended to be included in further stages of the activities carried out along the implementation of the scalability plan.

Currently, methodologies for analysing energy poverty in municipalities and action plans to counteract this problem are being developed in Poland. KAPE participates in these preparations: on the one hand, by cooperating with the Marshal's Office of the Małopolska Region (preparation of the strategy of conduct in the communes of the region), on the other hand, with the Team at the Ministry of Climate and Environment, which develops a definition of energy poverty and provides for the possibility of financial support that will be introduced into force together with the amendment of the relevant laws and regulations.

On the basis of the developed policies at the local, regional, and national levels, KAPE plans to support the fight against energy poverty at a larger stage by using ASSIST training and materials on behavioural changes, therefore, the scalability and delivery model.

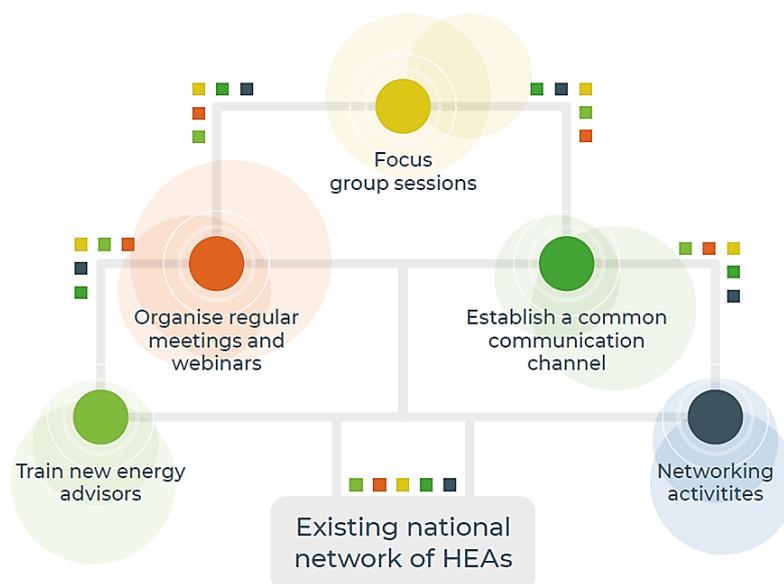
Besides training new energy advisors by adapting the already existing training materials, the model aims at scaling the already developed **national network of HEAs** during the ASSIST project. So far, the network has been built between everyone who was trained in the ASSIST project. However, it was noticeable that the network only worked well between specific groups - it was difficult to encourage contact between advisors from different groups.

In the majority of cases, contact was hard to keep due to lack of time, large amounts of daily work, and so on. Nevertheless, there are groups, such as the Eco-managers from Małopolska that have a very well-developed network of cooperation among them. It is clear that nobody can force advisors to use various and available tools such as the Moodle

Platform; however, this Moodle Platform should remain as a place for possible correspondence exchange with all trained people (easy access).

Building a network is a big challenge, for doing so many different activities are being planned such as the organization of regular meetings/webinars, focus group sessions, having a common communication channel, and networking activities to get more funds and therefore enlarging the network.

Figure 6.6: Scaling the model in Poland



### Romania – Cluj-Napoca Municipality

For developing and implementing the training, one of the first steps is to establish the network of partners that support the implementation of the ASSIST model. Once the network is established and partners engage into the project, understanding their responsibilities and commitments, the coordinating team will establish the operational plan, including the calendar of activities. The next phase will imply the development of the training materials, where feedback and support will be asked to the Romanian Society of Energy Auditors and Managers. Once the training materials are finalized and are in Romanian, through the partners of the project participants at the training will be recruited. Our aim is to train 25 people per year coming from various networks (Social Assistance Municipalities Department, social NGOs, professional organizations).

In Romania the creation of a National HEA network involves the creation of local networks from scratch, which can then be extended at the national level. For the local level, here are the steps to be pursued indicated during interviews:

- Establishing partnerships with all the relevant stakeholders between them.
- Designing an operational plan (financial plan, coordinator of the process, key activities and tasks, timetable).
- Designing the content of the training. Materials should be in Romanian.

- Consulting with professional organizations and other stakeholders involved in the viability and clarity of the training materials.
- Conducting the training, starting with the Department of Social Assistance and the established networks within the department (community mediators, elders' clubs, etc.). Continue the training with the NGOs and their networks and all the other stakeholders involved.
- Supporting formed energy advisors to replicate their knowledge.
- Design an app that can be used on phones, where part of the counselling materials can be incorporated in an interactive and digital manner. The app should be designed for households who may manifest various forms of vulnerability but are not necessarily energy poverty and it will be an instrument able to accompany training.
- Pilot the one-stop-shop, with the support of the municipality.
- Assessment of the models and activities implemented.

## Key partners

Along the SUITE project each pilot has collected different support letters as written agreements of key stakeholder for the implementation of the model in each selected region.

### Hungary

The key partners in the case of Hungary are:

- Habitat for Humanity Hungary
- Hungarian Charity Service of the Order of Malta
- Hungarian Network of Eco-counselling Offices (KÖTHÁLÓ)
- Energiaklub Climate Policy Institute
- Climate Alliance Hungary members
  - Municipalities
  - Relevant NGOs

Some of the potential stakeholders have stated that they need to know what the training material will be to accept to cooperate or be part of the network.

### Italy

The key partners in the case of Italy are:

- Municipalities (such as Padova, Parma, Rome, Berceto)
- Third sector organizations and charities (such as CARITAS, Fondazione di Vittorio, Banco dell'energia)
- Private companies (a2a)

### Spain - Barcelona Region

The key partners in the case of the Barcelona Region, Spain are:

- Barcelona City Council (Ajuntament de Barcelona)

- Barcelona Provincial Council (Diputació de Barcelona)
- SAD and telecare operators
- Private companies

### **Poland – Małopolska Region**

The key partners in the case of the Małopolska Region, Poland are:

- Ministry of climate and environment
- Marshall Office in Małopolska
- Małopolska Voivodeship
- KAPE - The Polish National Energy Conservation Agency
- HEA (House Energy Advisors)

### **Romania – Cluj-Napoca Municipality**

For piloting the model and making sure that there is a genuine commitment to create the network of advisors, it is planned to involve the following stakeholders:

- The Department of Social Assistance (including Centrul de Zi pentru Varstnici – elderly centre and community mediators).
- Department of Energy Efficiency from the Cluj-Napoca Municipality.
- NGOs – Fundatia pentru Dezvoltarea Popoarelor (The Foundation for People’s Development), O Masa Calda (A Warm Meal), Focus Eco-Center.
- Professional organizations – Romanian Society of Energy Auditors and Managers (SAMER), Civic Imagination and Innovation Center (CIIC).
- Universities – Babeş-Bolyai and the Technical University who run specialised educational programs in social assistance or energy efficiency respectively.

### **Role(s) each partner will play**

#### **Hungary**

**NGOs** – Actors active and experienced in advisory, awareness raising and field work, well-established in the field (climate protection, social issues), with an established direct link to groups affected by energy poverty. Furthermore, organisations working on policy, research, and surveys on energy/energy poverty. NGOs in Hungary are generally very resource-poor and project-dependent. The head of KÖTHÁLÓ also participated in the interview; although this network is currently inactive due to lack of resources, it is open to cooperation. KÖTHÁLÓ was established in 1997 by experienced environmental NGOs providing free ecological advice to the general public, with 19 offices across the country. The currently running project POWERPOOR (2020-2023) from ENERGIAKLUB’s shows synergies with the ASSIST system, which could facilitate the dissemination of the model in Hungary. The first advice office was opened in Nagykanizsa, therefore, one of the objectives of the implementation of the ASSIST model in Hungary, will be to seek for these synergies, taking advantage of existing initiatives that allow a smoother implementation.

**Charities** – The Hungarian Charity Service of the Order of Malta

**Village and farm manager network** – An operational, state funded (normative subsidy) national network services, operating in municipalities in rural areas of less than 800 inhabitants (by 2022 it will operate in municipalities of less than 1000), currently employing 1500 public employees. This service is a form of primary social care. The training of the network's staff is currently the responsibility of the county municipalities; the possibility of linking the current training provided here with ASSIST training (synergy) should be explored in the future, as previously stated, some stakeholders need to see first what the training materials will be like.

**Municipalities** – Although it is a question whether municipalities can participate in this kind of consultancy from the point of view of budget, decision-making and manpower (it depends on the possibilities and commitment of the given municipality), most of the actors interviewed consider their involvement important. At present, due to the centralisation and reallocation of resources by the state, many public administrations are under-resourced, overworked, and understaffed. This situation has been made even more difficult by the COVID pandemic, which has led the State to take additional taxes, revenues, and resources away from local authorities.

**Family support service** – The task of the services run by municipalities in the form of regional associations is, among other things, to provide social care (including counselling) to families and persons with social problems living in their area of operation. They are in direct contact with the target group; their workload, according to both field workers and municipal actors, is considerable. It is possible, but uncertain, whether they can be included in the system.

## Italy

The Italian model is divided in **two pillars**:

### **ASSIT-PA**

**Municipalities**: will adhere to the hub to receive support in the draft of their SECAPs and plan direct actions to support vulnerable consumers. They will have the possibility to train their employees or enter the network and exploit the knowledge provided by the already trained HEAs. The exact role they will play has been shaped in the Focus Group with a bottom-up approach and will be further defined with the formalization of the association.

### **RETE ASSIST-TED**

**Third sector organizations and charities**: will participate in the association as members and will provide social operators to be trained or employ the HEAs already trained. Moreover, they will participate in all the activities of the association such as events, workshops and will benefit from the knowledge created and shared through data collection and data analysis.

**Private companies**: will provide funds to start and maintain the association and its activities while receiving the possibility to participate to the training and the initiatives.

## Spain – Barcelona Region

**Public sector:** on the one hand, allow their workers, home care and telecare services' operators, to receive the corresponding training for referring the cases to the Energy Poverty Office and on the other hand, will provide the users.

**Private sector:** will provide resources to guarantee the sustainability of the Energy Poverty Office. The resources may be economic and non-economic, such as materials, workers, training, and additional services.

**Telecare and home care professionals:** are the social operators who will receive the necessary training on energy poverty to be able to detect cases of energy poverty and/or vulnerability to refer them to the corresponding energy poverty service.

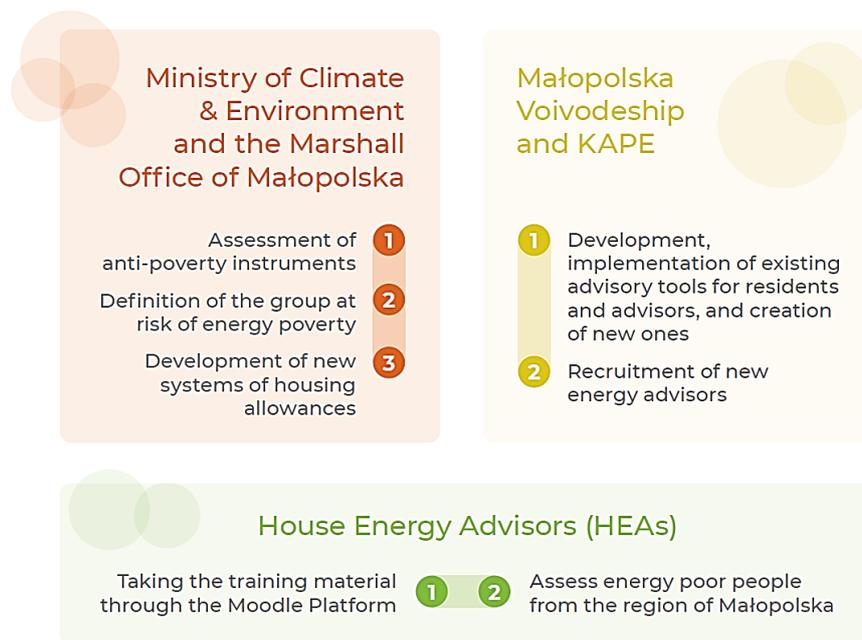
## Poland – Małopolska Region

The model intends to involve the stakeholders in **two types of actions**, policy, and support for advisors:

- First type of roles of the involved stakeholders will be **legislative activities** at the level of statutory solutions implementing the obligations arising from the directive. Assessment of anti-poverty instruments, their improvement or introduction of new ones, definition of the group at risk of energy poverty and development of new systems of housing allowances based on new ideas of energy, housing, and credit exclusion (on the regional level). These actions could help advisors to identify and engage vulnerable consumers and people at risk of energy poverty in an easier way. These actions will be provided mainly by the Ministry of Climate and Environment and Marshal Office from Małopolska.
- The second role of stakeholders will be focused on the development, implementation of existing **advisory tools** for residents and advisors, and creation of new ones. The assumption of this action is the possibility of showing the effects of support and source replacement and thermal modernization. These actions will be provided mainly by Małopolska Voivodeship and KAPE.

The advisors will also be supported by an attempt to expand the groups of advisors for energy poor people. The support would be dedicated to municipalities by helping them develop support actions about renovation investments based on private or neighbourhood volunteering, based on their own experience.

Figure 6.7: Role of Polish Stakeholders



### Romania – Cluj-Napoca Municipality

The Scalability and Delivery model will have a strong public component, since both financial and human resources can be used for piloting the model and reaching the target group. In addition, a partnership with private institutions, including professional organizations, NGOs and companies is encouraged and necessary for the viability of the project.

Being a varied group of stakeholders, specific roles have been envisioned for each of them. As such, it is aimed to train the first energy counsellors with the help of the Department of Social Assistance (be it community mediators, people part of the elders' group or other social workers) who is currently involved in identifying vulnerable households of various categories and handing out energy poverty benefits. The Department of Energy Efficiency designs local strategies and programs on energy efficiency and is currently extending its activity to also cover households, which have previously not been part of the program. As the respondents have suggested, these two departments should collaborate to develop a network of energy counsellors and there, the one-stop-shop.

Furthermore, the social workers and representatives of the NGOs can be trained to identify and engage with the vulnerable consumers. Professional organizations and the universities will be valuable in designing the training materials and widening the network of program beneficiaries to other stakeholders.

Figure 6.8: Role of Romanian Stakeholders



## Who will scale the innovation?

### Hungary

- **Climate Alliance Hungary members** – municipalities and their social services in case financial support can be secured and the national elections provide favourable setting from 2022 on.
- **KÖTHÁLÓ** was established in 1997 by experienced environmental NGOs providing free ecological advice to the general public, with 19 offices across the country, accessible in person, by telephone, and by e-mail.
- **The Real Pearl Foundation** (eventually in collaboration with the Hungarian Charity Service of the Order of Malta involving around 67 Municipalities).
- **Village and farm manager network** – An operational, state-funded national network services, operating in municipalities in rural areas of less than 800 inhabitants (by 2022 it will operate in municipalities of less than 1,000), currently employing 1,500 public employees. This service is a form of primary social care.

### Italy

In the case of Italy, the workers on the ground that will practically implement the ASSIST Model are the **social workers belonging to the charities and associations** trained by the association of RETE ASSIST-TED or the Hub (ASSIST-PA) for the municipalities and entering the network.

### Spain - Barcelona Region

The scaling process will be carried out by Ecoserveis as project leaders of the implementation, counting with the support of the public sector and SAD and telecare professionals of the actual on-the-ground implementation of the model (training, detection, referral). Once the cases arrive to the Energy Poverty Office, there will be an expert to address the cases.

## Poland – Małopolska Region

The scaling process will be carried out by different actors working in synergy:

- **KAPE** will provide the training developed during ASSST and improve it.
- **The Małopolska Voivodeship**, together with KAPE, will implement the existing advisory tools for the advisors and recruit new energy advisors.
- **The HEAs** will complete the course, adopt the material and tools to support energy vulnerable people in the Małopolska Region.

## Romania – Cluj-Napoca Municipality

The scaling process will be held by local entities and organizations to join the network (both from the public and the private sector) and to pilot the ASSIST model. Some of these local actors are:

- **NGOs** - Foundation for People's Development (FPD), Centrul de zi pentru varstnici, A Warm Meal (O Masa Calda).
- **Municipalities** - Cluj-Napoca.
- **Professional organizations** - Romanian Society of Energy Auditors and Managers (SAMER), proNZE, Romanian Green Building Council (ROGBC).
- **Private companies** – some possibilities are ENEL, Electrica, E.ON.
- **Universities** – Babeş-Bolyai University (UBB).

## Involving end beneficiaries/service users

### Hungary

The network partners envisaged to form the alliance to set up and run the network of series stem from the group of organisations and institutions interviewed. The interviews lead to focus group session where most interested partners have been participating. The focus groups session consisted of presenting the concept of the scalable innovation and feedback/roundtable session where the participants offered their insights, feedback, and concrete advice on the adaptability of ASSIST. Based on the outcomes of the focus group session, the scalability plan was developed, taking into consideration the resources and network potential of Climate Alliance Hungary.

### Italy

The users/end beneficiaries of the Italian models to scale ASSIST have been involved in the entire phase of building the models. As AISFOR was the coordinator of the ASSIST European project, it must be said that most actors had been engaged already in the development of the project itself (either by participating in the scientific committee or by collaborating on delivering the project activities). With some of these actors, AISFOR continued to discuss and share the idea of a follow-up project and were therefore involved in all SUITE project activities together with new actors (focus groups and interviews).

## Spain - Barcelona Region

In the case of the Barcelona region, the Energy Poverty Office will be targeting the social operators as final users of its services (SAD and telecare professionals), by providing them with additional tools and training on energy poverty for better detecting cases of energy vulnerability and addressing them properly. Within SUITE, these social operators have been involved both in the interviews and focus groups as experts on the ground since they are the ones who have a direct contact and bond with the vulnerable users, and therefore, know very well their real needs.

## Poland – Małopolska Region

The model has different beneficiaries and responds to each need in a different, yet complementary, way:

- **Public bodies** (municipalities, social welfare system) will be able to increase their knowledge and capacity in defining and implementing Energy Poverty strategies to deliver more accurate, efficient, and people-centred solutions through professional training and follow up. They need more information about identification and ways of engaging energy poor people in actions which they are going to implement. However, a lot of public bodies also need support in planning Energy Poverty strategies. The biggest need and expectation is the possibility of training advisors for free, while the biggest problem is how or who will be paying the advisors.
- **The Ministry of Climate and Environment** asked KAPE to engage in the activities of the team for energy poverty and vulnerable consumers as an entity that has experience in working with advisors and in the field of direct assistance to energy poor people.
- **The Marshall's Office of the Małopolska Region** needs support in developing a methodology for analysing energy poverty to be able to adequately support advisors from the region's communes.
- **Other entities, such as NGOs**, also want to act for the benefit of people suffering from energy poverty. They are very interested in providing the right tools, technical advice, and employee training.
- **Trained HEAs** will obtain the possibility to enter the network, exchange experiences, good practices, and problematic issues so to better support people in a situation of energy poverty or energy vulnerability.

## Romania – Cluj-Napoca Municipality

Based on the interviews and the focus group, the implementation model follows the structure of the snow-ball method. After the official partnership among stakeholders is created, each partner organization will send two training members of the organizations. These trained members, within their work and activities will reach either social workers or members from the vulnerable communities that will benefit from the information received. For example, the social workers that activate within Cluj-Napoca municipality will act as catalyzers for both the most energy vulnerable communities, but also for the elderly people that usually activate in clubs and can become active parts of the network of energy advisers. Therefore, we expect that the model is scaling-up from its first stages of implementation.

## Funding and Financing arrangements

### Costs of scaling the innovation envisaged

#### Hungary

For Hungary, on the one hand, the **human resources** needed to establish the network and prepare the training will amount to **60.000,00 EUR** for the two years plan, by incorporating a:

- A national coordinator (coordinating organisation) to coordinate the activities of the HEA Network.

On the other hand, **other implementation costs** will amount to **67.125,00 EUR** and will include:

- Setting up an expert stakeholder group to facilitate professional decision-making on network tasks and activities. This includes professional support, expert support in the adaptation of the training material, setting of objectives, and definition of the different types of energy poverty and how to address them.
- Setting up and launching the network in Hungary. This includes the adaptation of the training material in Hungarian language, adapted to the Hungarian context and the recruitment of consultants.

As a result, the total estimated necessary **financial resources** amount to **127.125,00 EUR** and are summarized in Figure 6.9

Figure 6.9: Hungary estimated costs for 2 years

Concept	Amount
Human resources (management, network support, HEA supervision)	60.000,00 EUR
Technical implementation and IT support for the learning platform	3.000,00 EUR
Update of training course for online learning, adaptation and translation of the training course and it's materials in Hungarian	7.000,00 EUR
Expert stakeholder group and network activities (management tools, webinars and meetings, site visits and networking tools, virtual office)	50.125,00 EUR
Communication campaigns, communication materials, online tools	7.000,00 EUR
<b>TOTAL COSTS</b>	<b>127.125,00 EUR</b>

## Italy

To carry out the project, the corresponding resources will be needed, both for the ASSIST-PA and the ASSIST-TED Network and for covering the necessary human resources:

Figure 6.10: Italy Assist-PA estimated costs

Cost	Initial / Annual	Staff	Other costs	2 year	Total costs for the 1 <sup>st</sup> year
Creation of the hub (association - legal support)	Initial		1.000,00		3.000,00 EUR
Financial management of the association	Annual		1.000,00	1.000,00	
Online platform for the association (hosting)	Initial		3.000,00		4.000,00 EUR
	Annual		500,00	500,00	
Creation and update of training resources	Initial	2.800,00			9.800,00 EUR
	Annual	5.000,00	1.000,00	1.000,00	
Creation and update of training resources for intermediary figures	Initial	2.800,00			9.800,00 EUR
	Annual	5.000,00	1.000,00	1.000,00	
Creation and content management of the website (site + hosting)	Initial	8.000,00	4.000,00		20.000,00 EUR
	Annual	4.000,00		4.000,00	
Management of the Hub (event organisation, networking, etc)	Initial				48.000,00 EUR
	Annual	24.000,00		24.000,00	
<b>TOTAL: 94.600,00 EUR</b>					

Figure 6.10: Italy RETE ASSIST-TED estimated costs

Cost	Initial / Annual	Staff	Other costs	2 year	Total costs for the 1 <sup>st</sup> year
Creation of the Association as a legal body	Initial		1.000,00		3.000,00 EUR
Financial management of the association	Annual		1.000,00	1.000,00	
Management and hosting of the online platform of the for the HEAs	Initial		3.000,00		4.000,00 EUR
	Annual		500,00	500,00	
Creation and updating of training resources for HEAs	Initial	2.800,00			14.800,00 EUR
	Annual	10.000,00	1.000,00	1.000,00	
Creation and updating of working resources for HEAs	Initial				12.000,00 EUR
	Annual	10.000,00	1.000,00	1.000,00	
Publication and content management of the website (site + hosting)	Initial	1.000,00	4.000,00		13.000,00 EUR
	Annual	4.000,00		4.000,00	
Management of the network – organisation of events / working groups / publications / webinar, etc.	Initial				100.000,00 EUR
		50.000,00		50.000,00	
<b>TOTAL: 146.800,00 EUR</b>					

In the case of Italy, the necessary **financial resources** amount to **241.400,00 EUR** for the first two years (initial costs + annual), from which it is expected to be fully financed both by the public and the private sector.

### Spain - Barcelona Region

On the one hand, the **human resources** needed to carry out the project amount to **102.300,00 EUR** for the 2 years plan and correspond to the following profiles:

- A coordinator / trainer / expert in energy rights to carry out the tasks of coordinating the office, training the professionals of the home care and telecare services and support in the management of complex cases.
- An energy agent to carry out the tasks of direct attention to the user in terms of advice on energy and water supplies as well as the efficiency and improvement of comfort in the home.

On the other hand, other implementation costs such as setting the virtual office, adapting materials, and doing the training and support will amount to **84.928,00 EUR**.

As a result, the total estimated necessary **financial resources** amount to **187.288,00 EUR** and are summarized in Figure 6.11.

Figure 6.11: Spain estimated costs for 2 years

Concept	Total Cost
Personal coordination and direct attention	102.300,00 €
Virtual office	3.000,00 €
Material support for training and referral	1.000,00 €
Training + Action SAD	20.205,50 €
Training + Action Telecare	60.722,50 €
<b>TOTAL COSTS</b>	<b>187.228,00 €</b>

### Financing scheme

- On the one hand, it is expected that public funding will cover the costs of home care and telecare services professionals as well as the creation of a virtual office and support material in paper format that would amount to **84.928,00 EUR** for the period of two years.
- On the other hand, there is a need to cover, through private financing, the costs of the staff of the energy care office which would amount to **102.300,00 EUR** for the period of two years.

## Poland – Małopolska Region

The **human resources** needed to carry out the scalability plan are the following ones:

- 1 (3 PM) person dedicated to Moodle platform, and hosting space for the platform.
- 1 – 2 (3 PM) persons dedicated to actualization of the trainings.
- 1 (1 PM) person as project coordinator of ASSIST Model in Poland.
- 1 (6 PM) person dedicated to promotion activities.
- 2 – 3 (3 PM) persons dedicated to organizing webinars and meeting among HEA Network (1 person for organizations issues and 2 experts).

There, for the 2 years, the necessary human resources will amount to **128.000,00 EUR**.

Figure 6.12: Poland estimated costs for 2 years

Concept	Amount
Human resources	128.000,00 EUR
Implementation and update of the Moodle platform	3.000,00 EUR
Re-creation of a basic training course of 24h	2.000,00 EUR
Hosting space for the platform	3.600,00 EUR
Management and coordination activities	8.000,00 EUR
Network management + promotion activities	4.000,00 EUR
Organization of webinars and meetings among HEA Network	12.800,00 EUR
<b>TOTAL</b>	<b>161.400,00 EUR</b>

The **total financial resources** amount to **161.400,00 EUR** for the 2-years. Now, there are many changes in the Polish regulations, which go hand in hand with external funds.

## Romania – Cluj-Napoca Municipality

On the one hand, the **human resources** needed to carry out the scalability plan amount to **137.600,00 EUR** for the 2 years plan and correspond to the following profiles:

- Program management:
  - Program manager
  - Program officer
  - Stakeholder engagement officer
  - Trainers
  - Technical assistant
- Beneficiaries
  - Course participants
  - 2 one-stop-shop officers

On the other hand, other implementation costs such as setting the network, developing the mobile App, adapting materials, and doing the training and support will amount to **17.400,00 EUR**.

As a result, the total estimated necessary **financial resources** amount to **155.00,000 EUR**.

Figure 6.13: Romania estimated costs for 2 years

Concept	Amount
Trainers fee	12.000,00 EUR
Conception and design of the training materials	5.000,00 EUR
Online course platform for training materials	5.000,00 EUR
Energy Adviser App	5.000,00 EUR
Training venue	2.400,00 EUR
Management activities	28.800,00 EUR
Program secretariat	16.800,00 EUR
Technical support	7.000,00 EUR
Stakeholder engagement	12.000,00 EUR
Incentives for the trainees	25.000,00 EUR
Salaries for at least two people for the one-stop-shop	36.000,00 EUR
<b>TOTAL COSTS</b>	<b>155.000,00 EUR</b>

## Funders

Each of the models is conceived in a different way, some are conceived as a **public model** and some as a **public-private model**, see more details on each plan below.

## Hungary

Based on the information received during the interviews, the following options are currently envisaged for the financial sustainability of the model:

- **Partial public funding, potential national governmental resources:** Depending on further policy-making steps, it may be possible, that the Hungarian Government sets up a similar financing scheme as the European Social Climate Fund. As the civil and municipal sectors do not provide potential financial backing for such a scheme, the possibility of (partial) public funding is a line worth further discussion.
- **Calls for proposals:** project funding.
- **Private Grants:** energy service providers.

## Italy

Different funders are conceived for each of the pillars:

- **ASSIT-PA:** the definitive structure and functioning of the association is still to be defined with the municipalities but it is feasible that the municipalities will provide the

needed funds by paying a fee to enter the hub. In a second moment the possibility to participate in EU and national projects should provide extra resources.

- **RETE ASSIST TED:** private companies will provide the funds needed to start and support the association. In a second moment the possibility to participate in EU and national projects should provide extra resources.

### **Spain - Barcelona Region**

The scalability model in the case of Barcelona is conceived as a **public-private model**, meaning that it will be founded both by the public (Barcelona City Council, Barcelona Provincial Council) and the private sector.

### **Poland – Małopolska Region**

The Małopolska Region model will be public, financed mainly through public funds from the Małopolska Region.

### **Romania – Cluj-Napoca Municipality**

In the case of Romania, the implementation of the scalability plan is expected to be financed through European grants and/or other private financial mechanisms. As potential solutions for the financial challenges, is to start to model with a European funding and then find other financing alternatives with the stakeholders. For example, the municipality can co-finance the model if the pilot proves functional and suitable for addressing energy poverty. Also, the municipality can attract other European and Governmental funds for keeping the network active and viable.

### **Financial arrangements and instruments planned to scale the innovation**

In order to guarantee the necessary financial resources for the proper implementation of the scalability and delivery model, the following steps will be followed:

- Keep in constant update to the interested stakeholders to reach their commitment with the project.
- Identify and contact new potential stakeholders.
- Set meetings and focus group sessions, if necessary, with the interested stakeholder for discussing more concrete contractual and collaboration issues.
- Have a common meeting with the committed stakeholders (public and private) for defining rules and obligations in order to avoid any misunderstandings.
- Be aware of changes in the regulation that will favour programmes which will help tackle energy poverty.

## Hungary

Different financial options are being considered for the scalability of the project, which are:

- 1. Energy efficiency obligation scheme** (mechanisms requiring energy efficiency measures) – In order to meet the energy reduction targets set in the National Energy Strategy and EU legislation, the government has introduced a new regulatory instrument: the Energy Efficiency obligation scheme, which came into force at the beginning of 2021, requires energy suppliers (electricity, natural gas and transport fuel traders and/or universal service providers selling to end-users) to save energy in proportion to the energy they sell to end-users.
- 2. Normative support** – As the civil and municipal sectors do not provide potential financial backing for such a scheme, the possibility of (partial) public funding is a line worth further discussion. This could be based on EU and national commitments, strategies, and the new planning period. Subject of compliance of the Hungarian Government with EU requirements.
- 3. Project support** – In the new funding cycle, it will be necessary to monitor the opportunities for calls for proposals to support the field work.
- 4. Energy providers** – EON has been working with the Hungarian Charity Service of the Order of Malta for many years. The company involves the charity in pre-defined programmes under a grant contract, including direct field counselling to people in need. The involvement of service providers in the model will be explored in more detail in the future.

Besides, along the project Climate Alliance Hungary aimed to collect **written support agreements** from the following organizations:

- Habitat from Humanity (Non-profit)
- County of Győr-Moson-Sopron (Public)
- Green Connection Association (Non-profit)

## Italy

Along the project AISFOR aimed to collect **written support agreements** from the following organizations:

- Banco dell'Energia (Non-profit)
- a2a – Multiutility company (Private)
- UNC – Unione Nazionale Consumatori (Non-profit)
- ADA – Associazione Domiciliare per Anziani (Non-profit)
- Climate Alliance Italy (Non-profit)

## Spain - Barcelona Region

Along the project ECOSERVEIS and the CEEC aimed to collect **written support agreements** from the following organizations:

- Barcelona Provincial Council - Diputació de Barcelona (Public)
- Barcelona City Council - Ajuntament de Barcelona (Public)
- Energy Efficiency Cluster of Catalonia (Private)

## Poland – Małopolska Region

Along the project KAPE aimed to collect **written support agreements** from the following organizations:

- Urząd Marszałkowski Województwa Małopolskiego (The Marshall's Office of the Małopolska Region) (Private)

## Romania – Cluj-Napoca Municipality

Along the project the Centre of the Study of Democracy (CSD) aimed to collect **written support agreements** from the following organizations:

- Cluster pRO nZEB (Non-profit)
- Alba Local Energy Agency (ALEA) (Non-profit)
- Cluj metropolitan Association (Mix of public and non-profit)
- Aspen Institute Romania (Non-profit)

## Cost implications of the model compared to alternative approaches to the social challenge(s)

It is proved that energy poverty has numerous negative consequences with high costs on society, the most known is that a poorly heated house leads to health problems which are very costly for society. Another cost related to energy poverty is directly linked to the not-paid energy bills which leads to energy cuts and / or legal disputes indirectly leading to an increase in energy price for all society. Further, in some cases social services intervene beforehand to cover the unpaid energy bills of vulnerable consumers. For example, Barcelona municipality spent more than 600.000 € in 2015 on energy bills of social services users in order to avoid energy cuts.

**Not tackling energy poverty comes at an elevated cost:** if no action is taken, either the families go into debt and/or are not able to pay the bills (a situation that affects their personal finances, has a negative impact on their quality of life and involves physical and mental stress) - or the cost of these bills is borne by social services, which represents a cost to public coffers. From a health perspective, inaction has costs over both individual health and community health in the country and its health care system. It is important therefore to implement a model not only to tackle energy poverty but also to prevent it. The SUITE model will lead to saving (or investing with a return objective) the money now-a-day used to face the consequences of energy poverty. If analysed from the perspective of empowerment, not acting implies that the debt increases. It is therefore necessary to promote the empowerment of citizens so that it does not happen again.

However, public social services do not have the time and financial resources to define and implement a long-term strategy to tackle energy poverty (EP). For the professional training and further evaluation of EP initiatives, public administrations are willing to pay the working time for their staff only if there are external financial resources. Nevertheless, when this complementary financial support is lacking, only one of the two phases can be covered from social services: if there is only training, there is a lack of evaluation and monitoring that guarantees the continuity and updating of the service and that will ensure the necessary

flexibility for the public administration to adapt swiftly to changes in the legislative, social, and economic context. The impact of this innovation in social services can only be achieved if the implementation of both phases and the participation of the private sector is guaranteed.

On the other hand, there is a **growing interest of the private sector on energy poverty-related problems**, and we have witnessed how each year more companies make concrete and separate donations to issue-related actions. This single-off approach has a more limited impact than one with a combined sum of efforts in which companies take their social responsibility to the next level, contributing collectively to a fair energy transition by engaging the whole sector in a long-term relationship to consolidate a multi sectorial model to tackling energy poverty.

Within SUITE, a cost analysis of each of the designed scalability plans of the model has been carried out, in terms of estimation of the necessary resources for the implementation of each plan.

## **Sustaining and further scaling of the innovation**

### **Hungary**

The initial pilot phase is envisaged to **start small (regional) and later enlarge the collaboration with national partners is foreseen**, therefore resulting in a plan with a “national” coverage. Since all the sectors interviewed confirmed the validity of the model, it is planned to introduce the model on a regional scale first (Gyor-Moson-Sopron County). As the potential networking partners see the development of such a scheme as very useful and beneficial, as it would help to support people living in energy and housing poverty in several ways, it is envisaged to introduce interim review of the activities and setting up a second stakeholder group in month 13 to then run a second round of co-creation set with them to identify sustainability methodologies and further financial resources. Once the review confirms the viability and success of the model after the first year, further national scaling steps are planned involving regions with high energy poverty risk at first.

An important issue highlighted in several interviews is that energy poverty among people living in extreme poverty often cannot be addressed separately from housing poverty or debt management. Thus, further actions towards solutions to adjust the Hungarian ASSIST service to respond these needs are necessary.

### **Italy**

In the first years, efforts will be directed to strength the linkages with the local realities and enrich the network. To scale further the innovation, the Italian network relies on the creation of the European Network, already foreseen by the SUITE scalability plan, which will act as an umbrella gathering the different national network and will provide further opportunities to participate in European projects.

## Spain - Barcelona Region

The actors involved believe in the long-term sustainability of the model. If a positive impact can be justified, sustainability could practically be ensured through a 100% public funding model. In addition, the model could be scalable at the geographical level in the rest of Catalonia and at the level of users to other support services for personal autonomy (e.g., supervised flats for the elderly).

Two of the interviewees representing the public sector showed a high interest in the model, approving its viability as a public-private model, even though some legal changes will be required. These actors said that the financial means required by the public sector will not be difficult to get for these 2 years plan. Moreover, they pointed out that even though at first, the model will require the private sector's economic contribution, while in the long run; there is the possibility for the public sector to fully sustain the model.

## Poland – Małopolska Region

At the moment, there is a high probability that the innovation will be implemented and developed, due to the fact that there is currently a lot of interest in the ASSIST trainings carried out so far, e.g., in Małopolska. The positive results of the implementation of the ASSIST project in Poland are securing its further implementation. Additionally, as stated before, there exists an actual need to have a system that tackles energy poverty in the region.

## Romania – Cluj-Napoca Municipality

As all interviewees indicated that the HEA Network should be firstly piloted at municipality level and local authorities should play an important part in this process, there are some aspects that should be addressed to ensure the sustainability of the project:

- 1. Local Authorities** – As energy poverty becomes more acknowledged, municipalities can attract funds for supporting the creation of the network and the implementation of the one-stop-shop solution. For instance, the Ministry of Local Administration and Development can support these kinds of initiatives. In addition, the Regional Operational Programmes or other financial instruments can represent an opportunity for the sustainability of the initiative. At a future stage, the network should be backed up by a legal framework that supports and describes the purpose and the means of functioning.
- 2. Partnerships with all the relevant stakeholders** – In order to make the model sustainable, all the relevant stakeholders should partner with local authorities. In this sense, professional organizations (energy auditors) should be active in both the design of the training, but also in being trainees to become energy advisors themselves. Since energy advisors offer their consultancy based on request, public authorities can collaborate with them and use their knowledge and skills to conduct household energy investigations and provide tailored solutions for the vulnerable consumers. As such, professional organizations have the potential to become an important node in the network and offer their services to people affected by energy poverty.

- 3. Beside professional organizations, the NGOs** that offer social services can play an active role and collaborate directly with the municipality to offer energy advice to vulnerable households. Companies (utility companies – gas and electricity) that have already implemented communitarian projects can provide their input in making the ASSIST model sustainable. They can also provide financial support and human resources that may contribute to the creation and maintenance of the network. Last but not least, universities not only can share their expertise, but departments such as the Faculty of Social Assistance can partner with the municipality by providing students that can be trained as energy advisors and work closely with public administration departments and other NGOs to reach out to vulnerable households.

## Measuring the Impact of Scaling

As a general aspect, the five pilots intend to keep a constant control of the overall project along its lifespan in order to foresee any possible deviations and correct them in a timely manner. Therefore, the following controlling strategies will be followed:

- **Managerial follow-up:** Monthly meetings will be held with the project stakeholders for general financial and managerial issues. Independently, internal meetings will be held with the social operators, in case things are unclear or suggestions arise.
- **Indicators check:** Some milestones will be set at the beginning of the project regarding the expected achievement of the project indicators, so every 6 months; indicators will be checked to see how the implementation is going. The idea is to follow the Earned Value methodology.
- **Reporting activities:** Every 6 months a project status report will be done, concerning all different aspects of the project. Reviewing the identified risks - every time a new risk is identified the risks table will be updated. In Managerial monthly meetings, participants will be asked if they have identified any risk or foreseeable risk. Risks will be monitored and controlled along the project's lifespan, especially the high severity risks.
- **Apply preventive and corrective measures:** In case any risk is materialized the corresponding corrective or preventive strategy defined will be implemented.

Different indicators have been defined for each of the five pilots in order to (1) guarantee the correct implementation of the proposed plan, together with the accomplishment of the expected objectives, and (2) for influencing both the policy makers and the people accessing the services in order to catalyse change and action.

Indicators will be checked in a constant manner to identify possible deviations and apply the necessary corrections with time and in an effective way. It is worth noting that some of the indicators, the social ones, will be measured through the elaboration of questionnaires that will be fulfilled by the end-users and by the social operators who receive the training and do the identification and assessment actions, key to the project.

Figure 6.14: Hungary Expected Objectives

Expected Objectives	
Geographical coverage	National
Number of trained advisors	50 advisors
Attended users	500 – 750 people
Number of stakeholders involved (private and public)	6
Municipalities commitment level (none – promised to have a look - just dissemination – implementation – policy adaptation)	Policy adaptation
Private sector commitment level (none – promised to have a look – just dissemination – non-financial – financial)	Financial and non-financial
Environmental and social factors	
Reduction in energy consumption (kWh)	Not applicable
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	Not applicable
Comfort level improvement	Not applicable
Increase operator's empowerment	High
Increase users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High
Public acceptance of the model (qualitative)	High
Social operators' satisfaction (qualitative)	High
Training material usefulness (qualitative)	High

Figure 6.15: Italy Expected Objectives

Expected Objectives	
Geographical coverage	National
Number of trained advisors	70 – 100 social operators
Attended users	750 – 2.000 people
Number of stakeholders involved (private and public)	20 public (for ASSIST-PA model) and 20 private and social (for RETE ASSIST-TED)
Municipalities commitment level (none – promised to have a look - just dissemination – implementation – policy adaptation)	Policy adaptation
Private sector commitment level (none – promised to have a look – just dissemination – non-financial – financial)	Financial and non-financial

Environmental and social factors	
Reduction in energy consumption (kWh)	Not applicable
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	Not applicable
Comfort level	Medium – High
Operators' empowerment	High
Increased users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High
Public acceptance of the model (qualitative)	High
Social operators' satisfaction (qualitative)	High
Training material usefulness (qualitative)	High

Figure 6.16: Spain - Barcelona Region Expected Objectives

Expected Objectives	
Geographical coverage	Regional
Number of trained advisors	100 social operators (50 SAD and 50 telecare)
Attended users	1.440 users of the service
Number of stakeholders involved (private and public)	A minimum of 5 (2 public and 3 private)
Municipalities commitment level (none - just dissemination - non-financial commitment - financial commitment - implementation - policy adaptation)	Financial commitment and Policy adaptation
Private sector commitment level (none - just dissemination - non-financial commitment - financial commitment - implementation - policy adaptation)	Financial and non-financial

Environmental and social factors	
Reduction in energy consumption (kWh)	647.208,00 kWh
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	135,91 tons CO <sub>2</sub> /kWh
Comfort level improvement	Medium - High
Increase operator's empowerment	High
Increase users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High
Public acceptance of the model (qualitative)	High
Social operators' satisfaction (qualitative)	High
Training material usefulness (qualitative)	High

Figure 6.17: Poland – Małopolska Region Expected Objectives

Expected Objectives	
Geographical coverage	Regional
Number of trained advisors	75 energy advisors
Attended users	3.000 people
Number of stakeholders involved (private and public)	12
Municipalities commitment level (none – promised to have a look - just dissemination – implementation – policy adaptation)	Policy adaptation
Private sector commitment level (none – promised to have a look – just dissemination – non-financial – financial)	Financial and non-financial
Environmental and social factors	
Reduction in energy consumption (kW/h)	750.000
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	563,25
Comfort level improvement	Medium
Increase operator's empowerment	Not applicable
Increase users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High
Public acceptance of the model (qualitative)	High
Social operators' satisfaction (qualitative)	High
Training material usefulness (qualitative)	High

Figure 6.18: Romania – Cluj-Napoca Municipality Expected Objectives

Expected Objectives	
Geographical coverage	Local
Number of trained advisors	At least 25
Attended users	300 people
Number of stakeholders involved (private and public)	5
Municipalities commitment level (none - just dissemination - non-financial commitment - financial commitment - implementation - policy adaptation)	Potential to involve with no financial commitments
Private sector commitment level (none - just dissemination - non-financial commitment - financial commitment - implementation - policy adaptation)	Potential to involve with no financial commitments.

Environmental and social factors	
Reduction in energy consumption (kW/h)	Not applicable
Reduction in CO <sub>2</sub> emissions (CO <sub>2</sub> tons)	Not applicable
Comfort level improvement	High
Increase operator's empowerment	Medium
Increase users' empowerment (i.e., decreased vulnerability to the energy market) (qualitative)	High
Public acceptance of the model (qualitative)	High
Social operators' satisfaction (qualitative)	High
Training material usefulness (qualitative)	High

## Challenges and Risks

Within SUITE, each of the pilots faced and overcame different challenges. All identified challenges were shared in the project meetings both to share possible solutions and to provide support between project partners. The main identifies challenges were related with financial and legal issues and are detailed by pilot below.

### Hungary

One of the **main challenges** encountered is the lack of official definition of energy poverty in Hungary. Due to this, various stakeholders identify the problem from different perspectives. Also due to the lack of definition, no systematic strategy exists to tackle energy vulnerability or energy poverty. Due to the lack of systematic strategy, no financial resources have been officially dedicated to tackle the issue. According to the National Energy and Climate Plan (NECP), energy-poor households are households that spend more than 25% of their disposable income on energy, which roughly corresponds to double the median energy expenditure (2M). The NECP mixes the use of terms by mentioning households 'affected by energy poverty' and 'vulnerable consumers' in the same way. The government's interventions against energy poverty will be targeted at a) families with multiple children living in single-family homes in small settlements; and b) single pensioners in multi-apartment residential buildings.

According to the NECP, the Hungarian Government intends to continue the 'Utility price reduction' programme as a major policy instrument supporting the affordability of energy. Beyond this, the most highlighted interventions to be implemented are the support of smart devices and decentralised heating systems, the installation of prepayment meters, educational and communication campaigns, and the introduction of an Energy Efficiency Obligation Scheme (EEOS). There is no detailed public information available about the Hungarian implementation of the Recovery and Resilience Facility or the Renovation Wave, or how Hungary intends to handle the question of energy poverty.

For the first time, thanks to the attention on the theme of energy poverty, various NGOs, authorities, and companies sat down to discuss the potential of an advisory network to be

established. Due to the various backgrounds of the organisations, the time seems to be right to start building a HEA Network involving organisations with a different background but similar interests. As the theme needs further lobbying and communication activities to raise awareness, the grass-root work of NGOs in collaboration with local authorities and nation-wide organisations offer the potential to direct the spotlight on the issues around energy poverty and start not only a dialogue towards establishing policy measures but also concrete actions directly benefiting energy poor households.

Moreover, the proposed model will allow introducing a collaborative concept of training solution for actors on the field. As the ASSIST training needs to be adapted to Hungarian circumstances, this also allows to introduce not only skills, knowledge and competences related to consultancy on energy poverty but also to match these with environmental learning issues and thus establish environmental consciousness, highly correlated with climate change, energy use and energy poverty.

## **Italy**

The main challenges identified are:

1. Finance for the plan
2. Engage with the private sector
3. Raise attention over a problem widespread but still not defined as Energy Poverty and the absence of a dedicated body.

To overcome them it was decided to adopt a bottom-up approach talking directly with the stakeholders involved or try to reach them through other association or network. This helped reaching ACEA and a2a, two private companies which committed to financially support the association. On regards to the third challenge, it was thought that creating a sufficiently large critical mass representing interests on the issue of energy poverty is a good move, which strengthens AISFOR's willingness to gather in a single association all the active social actors as a way to face the phenomenon.

## **Spain - Barcelona Region**

The main challenge in this case was reaching and engaging with the private sector. At first, it was easy to get them to participate in the focus group session, nevertheless, efforts were harder when talking more over concrete commitment actions through individual negotiation meetings. However, the Energy Efficient Cluster of Catalonia helped overcome this challenge by directly addressing some of their members.

## **Poland – Małopolska Region**

The first and main challenge encountered was to contact and engage with the private stakeholders. In the end it was possible to validate the scalability plan with them but an effective commitment to financially sustain the project remains undefined.

## **Romania – Cluj-Napoca Municipality**

One of the main challenges encountered is the lack of official definition of energy poverty in Romania. Due to this, various stakeholders identify the problem from different perspectives. So far, energy poverty was mainly addressed in the Romanian legal framework in the Law 123/2012, as the primary law, and by the ANRE regulations, as secondary legislation. The primary law does not define energy poverty as a distinct term, but explicitly defines the vulnerable customer as a limited category, being “the final customers belonging to a category of household customers who, due to age, health or low income, are at risk of social marginalization and who, in order to prevent this risk, benefit from social protection measures, including financial measures”. A new legal draft envisions a clear definition of the vulnerable consumer and the criteria for obtaining heating benefits.

Important to mention is that energy efficiency legislation does not directly address the problem of energy poverty and neither the legal provisions that set the framework for thermal rehabilitation, even though there is an increased potential to tackle the phenomenon directly through these provisions.

When it comes to geographical distribution, energy poverty is equally present in both urban and rural areas. While there are not necessarily forms of pockets of energy poverty, in urban areas the phenomenon touches mainly the low-income families living in energy inefficient buildings (mainly panel-type multifamily building blocks, but also single-family units). In rural areas, around 80% of the households use wood for heating, have limited access to modern energy infrastructure, and their buildings are highly inefficient. There criteria overlap the low and irregular incomes most people have in the rural areas.

In addition to this urban/rural division, in Romania there are also forms of extreme energy poverty, which include informal living, scarcity and no access to energy infrastructure (electricity and/or gas). Roma communities, but not only, are the most affected by this form of energy poverty. As an example, 7% of the households do not have access to electricity or are connected illegally to the grid.

These challenges are of structural nature. The ASSIST Model is based on a soft measure (training, capacity-building, energy advice), however the main challenges when implementing measures to tackle energy poverty are also of technical (renovations, energy efficiency) and of financial (financing energy efficient renovation of buildings, financing the transition to clean energy, developing energy infrastructure) nature. Political steps towards defining a well-designed strategy for municipalities to tackle energy poverty, requires further steps. Thus, the involvement of Cluj-Napoca as flagship municipality could be of great value.

## Mitigation

### Hungary

Figure 6.19 summarizes the identified risks and details a response strategy for each of them. From the 7 identified risks, 3 of them is considered of high severity, 3 of medium severity and 1 of low severity, this categorization will determine the prioritization of the risk both in terms of controlling and monitoring and in response.

Figure 6.19: Hungary risks and response strategies

Risk Qualitative Analysis						Response Plan			
ID	Risk	Probability	Factor	Impact Factor	Severity	Name of the response	Description of the response	Strategy	Action
01	Limited involvement of local governments	70%	3	2	6 High	Defined stronger approaching strategies, involvement of municipalities in the network, joint lobbying at national authorities for a coherent energy poverty strategy	Have more effective strategies to approach the municipalities that have shown interest in supporting the network financially and at decision-making level	Mitigate	Preventive
02	Difficulties on getting resources from the municipalities (now underfinanced due to centralization and the Covid19 situation)	70%	3	2	6 High	Be aware of the current situation	Municipalities are expected to recover their own revenue sources in the post-COVID recovery period. Be aware of when this happens to act.	Accept	Corrective
						Raise awareness of new support programs	Raise awareness among decision-makers of the shortcomings of energy efficiency support programmes	Accept	Corrective
03	Lack of commitment of the private sector	80%	3	2	6 High	Liaise with private sector representatives	Present ready-made training programme and set-up network when asking for funds	Mitigate	Preventive
04	Lack of public awareness and knowledge on energy poverty	50%	2	2	4 Medium	Strong communication, joint lobbying at national authorities for a coherent energy poverty strategy	Develop strong communication materials to raise awareness regarding Energy Poverty	Accept	Corrective
05	Turnover in the civil sector due to low salaries	40%	2	2	4 Medium	Lobby for possible funding	Develop employee success recognition system	Accept	Corrective
06	Lack of commitment of the civil sector due to political fragmentation	30%	2	2	4 Medium	Strong communication, joint initiatives in energy poverty to establish mutual interest	Involve all interested parties in setting up the training programme and network when asking for funds	Mitigate	Preventive
07	Negative perception of a new initiative on a field with almost no funds available - CAH can be perceived as competitor	15%	1	1	1 Low	Strong communication, joint initiatives in energy poverty to establish mutual interest	Setting up an inclusive profile network with open structure, strong communication	Mitigate	Preventive

## Italy

Figure 6.20 summarizes the identified risks and details a response strategy for each of them. From the 5 identified risks, 3 of medium severity and 2 of low severity, this categorization will determine the prioritization of the risk both in terms of controlling and monitoring and in response.

Figure 6.20: Italy risks and response strategies

Risk Qualitative Analysis						Response Plan				
ID	Risk	Probability	Factor	Impact Factor	Severity	Name of the response	Description of the response	Strategy	Action	
01	The nature of AISFOR, being a private entity working as an NGO could be negatively perceived as a company willing to make profit	10%	1	1	1	Low	Creation of an Association.	Creation of an Association being the legal representative of the Italian Network	Avoid	Preventive
02	Negative perception of the network from social operators and associations which could consider HEAs as "competitors" in their assistance activities.	40%	2	2	4	Medium	Strong and clear communication.	Develop necessary communication materials to avoid misunderstanding	Accept	Corrective
							Include existing social operators.	Try to form synergies and work together with existing social operators in a collaborative manner.	Mitigate	Preventive
03	Existing legal obligation between ASSIST project partners if the ASSIST "image" will be readopted.	10%	1	2	2	Low	Seek for an agreement with ASSIST project partners.	Talk with ASSIST project partners in advance to look for a solution beforehand and avoid any further legal problems.	Avoid	Preventive
04	Lack of financial stability if the project will be dependent of public/private funds and donations	60%	2	2	4	Medium	Strong and continuous monitoring and communication with possible financial actors	Develop necessary monitoring and communication tools	Avoid	Preventive
05	Political twists could undermine the development of the project.	40%	2	2	4	Medium	Maintain the implementation models independent and not linked with political parties.	Work with non-politically parties	Avoid	Preventive

## Spain - Barcelona Region

Figure 6.21 summarizes the identified risks and details a response strategy for each of them. From the 6 identified risks, 1 of them is considered of high severity, 3 of medium severity and 2 of low severity, this categorization will determine the prioritization of the risk both in terms of controlling and monitoring and in response.

Figure 6.21: Spain - Barcelona Region risks and response strategies

Risk Qualitative Analysis						Response Plan				
ID	Risk	Probability	Factor	Impact Factor	Severity	Name of the response	Description of the response	Strategy	Action	
R01	Add a task that cannot be assumed by the professions of these services (oversaturated system)	30%	1	2	2	Low	Referral of energy care to specialized services	Energy care will not be a task for social operators, it will be derived to specialized energy services offices, existing ones or the new one. Social operators will not be overloaded.	Accept	Corrective
R02	Lack involvement from the private sector for providing economic resources to sustain the model	50%	2	2	4	Medium	Presentation of a strong model	Present the model as an innovative model, showing all benefits that funders will get by being part of it, without having a huge economic impact on them.	Accept	Corrective
							Wider perspective	Reach other types of actors that may be willing to collaborate, not just big companies but also foundations which are already committed to social initiatives.	Improve	Preventive
R03	Delays in changing the necessary legislative aspects for including the compulsory training on energy poverty in the bidding calls for social operators	30%	1	3	3	Medium	Take action with time	Knowing how the system works, make sure to talk with the right person and with the necessary time for avoiding any possible delays.	Accept	Preventive
R04	Wrong perception of a public-private model due to greenwashing ideas	20%	1	2	2	Low	Careful selection of participants	Do not include companies with a direct interest in participating in the model to avoid reputational issues (greenwashing) and to protect the users trust on the services.	Avoid	Preventive
R05	Not being able to provide the necessary attention with a purely online and telephonic service	60%	2	2	4	Medium	Performance evaluation of the services	Evaluate how the services are being done and perceived by users and analyse whether it is possible to incorporate face-to-face services along the implementation of the model	Accept	Corrective
R06	Juridical issues for setting the public-private model	40%	2	3	6	High	Take action with time	Knowing how the system works, make sure to talk with the right person and with the necessary time for avoiding any possible delays.	Accept	Corrective

## Poland – Małopolska Region

Figure 6.22 summarizes the identified risks and details a response strategy for each of them. From the 6 identified risks, 1 of them is considered of high severity, 1 of medium severity and 4 of low severity, this categorization will determine the prioritization of the risk both in terms of controlling and monitoring and in response.

Figure 6.22: Poland – Małopolska Region risks and response strategies

Risk Qualitative Analysis						Response Plan				
ID	Risk	Probability	Factor	Impact Factor	Severity	Name of the response	Description of the response	Strategy	Action	
01	Existence of other training materials on the current market	30%	1	2	2	Low	Tested training	The ASSIST training is already available and for free, plus it has already been proved and provided positive results	Accept	Corrective
							Value added training	Updating the existing tools, materials and resources keep the programs' quality	Accept	Corrective
02	Social workers work overload may limit their activities	40%	2	2	4	Medium	Look for external funds	Look for external funds that would imply more resources for social workers to reduce their overload and therefore reduce activity limitations	Accept	Corrective
03	Existing legal obligation between ASSIST project partners if the ASSIST "image" will be readopted.	30%	1	2	2	Low	Seek for an agreement with ASSIST project partners	Talk with ASSIST project partners in advance to look for a solution beforehand and avoid any further legal problems.	Avoid	Preventive
04	Financial instability if the project depends on public/ private funds and donations	50%	2	3	6	High	Taking part in funding programmes. Contact with funding bodies.	Direct contact with funding bodies and taking part in financial programs dedicated to tackling energy poverty together with municipalities or without them help to find more possibilities.	Mitigate	Preventive
05	Lack of methodology to analyse energy poverty, lack of databases and problems related to reaching energy poor people	30%	1	2	2	Low	Implementation and adaptation of the Methodology made for Małopolska Region	Małopolska is the first region that prepares and plans to implement Methodology of analysing energy poverty at local level. The document and actions planned in it could be replicated.	Accept	Accept
06	Society's resistance or a sense of shame and concealment of information about energy poverty	40%	2	1	2	Low	Education and information actions	Municipalities should organise education and information actions at local level to inform people about energy poverty and possibilities to reduce this problem. They can also encourage public participation.	Accept	Corrective
							Engaging welfare system	Welfare system has the biggest experience in working with people who could feel as excluded so this could help in reaching them and engaging in the ASSIST Model.	Accept	Corrective

## Romania – Cluj-Napoca Municipality

Figure 6.23 summarizes the identified risks and details a response strategy for each of them. From the 6 identified risks, 2 of them is considered of high severity and 4 of medium severity, this categorization will determine the prioritization of the risk both in terms of controlling and monitoring and in response.

Figure 6.23: Romania – Cluj-Napoca Municipality risks and response strategies

Risk Qualitative Analysis						Response Plan				
ID	Risk	Probability	Factor	Impact Factor	Severity	Name of the response	Description of the response	Strategy	Action	
01	Limited financial opportunities existing on the market	60%	2	2	4 Medium	Reach other markets and financial sources	For implementing the project, it is intended to reach other financial opportunities, like European grants or private foundations mechanisms of supporting similar initiatives	Accept	Corrective	
02	"Tiredness" of social workers (public authorities and NGOs)	50%	2	2	4 Medium	Financial stimulus and expand the network	While the workload is very high, social workers, once trained, have the potential to pass by the knowledge and just oversee the process. Also, within the training, they will receive a financial stimulus.	Mitigate	Preventive	
03	Bureaucratization in the creation of a structure and supra-structure of energy advisors will leave little room of manoeuvre for making decisions and entering the most vulnerable communities	40%	2	2	4 Medium	Stakeholder engagement	Various actors will be engaged in the process of creating the networks of energy advisers. Having a strong grass-root component, each local network will have the capacity to adapt solutions based on the needs. Local networks will have a form of autonomy and will not be held to apply top-down measures.	Accept	Corrective	
04	Lack of interest of the private sector	70%	3	2	6 High	Better pitch the model	Try to find the economic opportunities within this model and convince private operators to join the project. Addressing energy poverty brings long term financial benefits.	Accept	Corrective	
05	Lack of public awareness and knowledge on energy poverty	50%	2	2	4 Medium	Strong communication	Develop strong communication materials to raise awareness regarding Energy Poverty	Accept	Corrective	
06	If incentives are not attractive, trainees may look for other job opportunities.	50%	2	3	6 High	Attractive financial incentives for the Romanian context	Give financial incentives to each trainee who finishes the training.	Mitigate	Preventive	

## Scaling Plan 7: Web Accessibility Helps All Tool

The innovation WA HELPS ALL tool is a Web Accessibility (WA) **awareness raising, monitoring & enabling tool**, built on bottom-up public bodies employees' engagement, student education and Persons with Disabilities (PwDs) empowerment. The tool is based on the **AnySurfer tool**: Belgian nationally approved methodology for WA awareness raising, monitoring & enabling functions which has been upgraded as a methodology for a **levelled WA evaluation** done by representatives of different groups and end beneficiaries involved:

1. level: **WA self-evaluation**: website editor / administrator of a public sector website answers a simple questionnaire on the website's features connected to The Web Content Accessibility Guidelines (WCAG) standard. The results on level 1 raise the public body administrator's awareness on WA, encourage him/her to enable suitable WA and give additional information on further necessary steps.
2. level: **Student WA evaluations**: websites evaluated on level 1 are further evaluated by students. They make an in-depth WA evaluation via a more complex questionnaire. The students' evaluations are gathered into yearly statistics for WA state monitoring and reporting to the EU. During the evaluation the students are educated on technical, design and User Experience (UX) accessibility necessities, vital for WA enabling.
3. level: **PwDs and WA expert evaluation**: Appx.10 -15% of websites evaluated on the 1. and 2. level are further evaluated by PwDs and WA experts, emphasizing PwDs' user habits and experience. Their WA evaluations are focused on their abilities to perceive, understand, and use particular website contents. WA experts then interpret PwDs' different answers to particular WCAG guidelines. This phase directly includes and empowers the end beneficiaries – **PwDs** and gives WA experts a chance to develop new WA enabling solutions.

This WA tool is a simple, bottom-up WA and social capacity building best practice – a cost efficient system that addresses many issues at once:

- raising general society's WA awareness, standards & education levels
- enabling digital inclusion & equality for PwDs
- development of WA enabling technical, UX, design solutions.

It is useful to EU members that passed the WA Directive into their national legislation and is compatible with WA QUICKscan methods already in place in some EU countries (for example in the Netherlands).

### Lead Organisation

Beletrina, Academic Press, Slovenia

### Other Organisations in the consortium

- University of Ljubljana: Faculty of Electrical Engineering (UL)
- Blindenzorg Licht en Liefde (BLL) - AnySurfer]
- National Council of Disability Organizations of Slovenia (NSIOS)

## Primary social challenges that the innovation seeks to address

Disability, Digital Inclusiveness, Community Development

## Relevance of this Social Innovation

### Relevance across EU Member States:

Despite the fact all EU members ratified the **UN Convention on the Rights of Persons with Disabilities** which requires: »*to ensure access for persons with disabilities, on equal basis with others, to information and communication technologies, including the Internet*«, for the majority WA became a reality with the [WA Directive on the accessibility of the websites and mobile applications of public sector bodies](#) which was transferred into national legislations. EU members are also bound to follow the [Strategy for the Rights of Persons with Disabilities 2021-2030](#) and are anticipating the [European Accessibility Act](#) adoption until 2025. However, in the field of WA there are quite a few differences in enabling, awareness raising and monitoring between **Northern & Western EU** Members in comparison to **Central & Eastern EU** Members, especially regarding **WA awareness raising, enabling & monitoring practices**, as well as including WA in educational curriculums or systems.

Northern and Western EU Members have been active in developing the field of WA as a social equality priority for a much longer period of time than Central and Eastern EU Members. The reasons for that are different mixes of historical, political, public administration and socio-economic factors in each particular EU member. The bottom line is that Central and Eastern EU Members have lower WA awareness levels and public administration system re-organization capacities. As such they show lack of knowledge for enabling social and digital equality with an emphasis on the end beneficiaries: PwDs and the elderly population.

A strong indicator of different WA standards and importance levels between the Northern & Western EU and the Central & Eastern EU is the International Association of Accessibility Professionals (IAAP) with its European Chapters; IAAP is a USA based WA association that spread its Chapters across Europe:

- IAAP DACH – German speaking Chapter: Germany, Austria and Switzerland;
- IAAP Nordic: Sweden, Norway, Denmark and Finland;
- IAAP United Kingdom: UK (established before Brexit);

**Sweden** is a leading WA EU actor, where Funka is the WA expert company, nationally and internationally involved in research and evolution of WA standards. Even if Sweden doesn't have a nationally acquired WA evaluation system such as AnySurfer, they cooperate with Funka for many years in WA awareness raising, enabling & monitoring in the Swedish public and private sector alike. [DIGG](#) is the Swedish Agency for Digital Government, dedicated to digital inclusion and WA awareness raising, enabling & monitoring on a national level, which also indicates one of the highest WA standards in EU. Swedish WA actors are in close cooperation with all Scandinavian countries and their WA institutions and experts.

**The Netherlands** are also a strong player in the WA field, having started awareness raising and enabling practices as well as implemented an automatic [QUICKscan tool for assessing accessibility](#) for the public and private sector websites, thus enabling the public sector to

make an effective and up to date Accessibility Statement. The Netherland's government is closely cooperating with the national ICT organization Logius, which takes care of developing and enabling WA for the public sector and an accessible digital government. The Netherlands also produced a national [document on procuring WA for municipalities in their region in 2016](#), so they have obviously been active in the WA field for a substantially longer period than most of the countries of Eastern & Central Europe. The Netherland WA experts and institutions are also bound in cooperation with Belgium, Denmark, Luxembourg, Germany, and northern France. The countries of Northern Western EU however could incorporate the WA HELPS ALL tool in their existing WA practices. The practicality and usability of this methodology has been initially acknowledged as well as its (partial) applicability to their existing WA awareness raising, enabling, and monitoring methods.

As these countries are at least partially involved in forming the WA standards and best practices for the whole EU, there is a big difference in the evolution of WA between them and the countries in Central & Eastern Europe. They are rather still in the processes of development or adoption of suitable tools and practices for WA awareness raising, enabling, and monitoring. This is a good time to introduce the WA HELPS ALL tool, but it was important that the AnySurfer methodology be tested, revised, and upgraded to suit the necessary WCAG 2.1 compliance of (public and / or private sectors') websites and mobile applications.

### **Relevance in Central & Eastern Europe**

**Slovenia** where the WA HELPS ALL tool will be implemented seem like the perfect candidate to transfer this WA awareness raising, monitoring, and enabling methodology to Central & Eastern Europe Members such as: Slovakia, the Czech Republic, Croatia, Romania, Hungary, and Macedonia.

The Beletrina, UL & NSIOS consortium established in Slovenia is well experienced in developing and implementing new WA best practices and has plenty of international connections with similar actors in Central & Eastern Europe Members as well as with WA actors from the countries of Northern Western EU.

By evolving and implementing this WA awareness raising, enabling, and monitoring tool, initially for the public sector WA legislation compliance and later for the private sector as well, Slovenia can be the example for other **Central & Eastern Europe** Members and in the future, for the **Southern Europe countries** and the **Balkan** countries such as Serbia, Croatia, Bosnia, and Herzegovina. The WA HELPS ALL works because it is simple & low cost, easy to apply, has a strong capacity building and education note and offers modulations for smaller geographical areas (for example municipality or individual regions).

**Slovakia and Croatia** are the next two candidates for implementation of the WA HELPS ALL tool, since they have been active in complying with their WA legislation in the public sectors, but have not implemented any particular WA awareness raising, enabling and monitoring practices. They will receive the implementation deliverables: The WA HELPS ALL Methodology Handbook and an animated promotional video which explains the process and benefits of implementing this tool which is also meant to raise interests of potential public (or private) funders.

## **The extent to which this innovation has already been implemented in countries in Europe**

The original innovation is the AnySurfer WA assessment methodology which has been implemented in Belgium for the last 15 years. Other European countries have not implemented such a WA methodology yet, but this is planned and will be primarily implemented in Slovenia and secondarily in the other four planned EU countries.

Some individual researches about incorporating WA in higher education are being evolved in Sweden through the IAAP, which has recently implemented a [Higher Education Community of Practice \(CoP\)](#), which has a common ground with the WA HELPS TOOL as well.

## **Scope**

### **Where the innovation is planned to be implemented**

The implementation of the WA HELPS ALL tool is primarily planned in Slovenia. The plan to implement the WA HELPS ALL tool in Sweden, the Netherlands, Slovakia, and Croatia is also in motion but firstly the WA HELPS ALL Methodology Handbook will be disseminated to them along with the promotional video and other necessary information. The implementation of the WA HELPS ALL tool will be done on a national, but more likely on a regional pilot project level, preferably in regions with a least one university.

### **Reasons the geographical areas were chosen for implementation**

Slovenia was chosen because it is necessary for all the EU Members to develop tools for WA awareness raising, enabling, and monitoring and there was no such tool here yet. On the other hand, Slovenia can be the WA information bridge between the more developed Northern & Western EU and Central & Eastern EU as well as to the countries in the South of Europe and the Balkans. The other countries where secondary implementation will happen were chosen because they represent the state of WA in EU on a small scale – from countries where WA is well developed to those that still have room to grow in the area of WA awareness raising, enabling and monitoring. These countries were also chosen because they meet the conditions necessary to scale the WA HELPS ALL tool (see Scaling Methods below). Since the EU WA Directive is obligatory for all EU Members, they are all potential candidates for the implementation of the WA HELPS ALL tool.

## Level of implementation of the innovation anticipated

Level 1 or Level 2

Level of Adoption	Description
1	<b>Consistent Adoption by mainstream social services at national/federal level</b>
2	<b>Partial adoption by regional/municipal social services</b>
3	Inter-connected demonstration projects
4	Pilots external to mainstream social services

## Anticipated measurable outcomes

### Within 2 years

In the first year of methodology implementation, most of our efforts will be focused on the fulfilment of the adaptations that have been indicated as valuable, i.e., during this planning phase. These efforts will culminate in the production of a detailed manual with information about the methodology's intent and means of use. Further work will be conducted via focus group to observe if the addressed shortcomings in the original AnySurfer methodology have been improved. In it, evaluation using some key performance indicators, such as the weighted average Shannon entropy, measuring answer (un)certainty, will be key. After potential corrections to the adapted methodology, the first year of implementation will conclude with dissemination activities and the contact of interested public bodies for use of the methodology. In this time window, a representative sample of Slovene webpages will also be gathered for the WA evaluation studies, planned for Year 2.

In the beginning of Year 2 of the implementation roadmap, we recognize the training of the trainers as the main activity, as the proposed methodology is adopted for use by several Slovene public bodies for internal, legislative, or academic purposes. We anticipate a plethora of activities, mostly related to methodological and technical support in the adoption process, where several meetings and demonstrations will need to be held. Thus, a partner-focused demonstration of the methodology, its intents and offerings will need to be prepared to complement the – at this point already existing – manual. Furthermore, a broader evaluation of the accessibility of the Slovene web, supported by the proposed methodology will be carried out by us, with remaining yearly activities being devoted to the analyses of their results and publishing of the resulting findings. We anticipate that our adjusted WA HELPS ALL Methodology will yield solutions with vastly lower average uncertainty. Using the weighted average Shannon entropy as a KPI, we anticipate at least a 20% decrease in said measure, thus exhibiting better clarity and applicability of the newly produced method.

In Slovenia the implementation will be made with the established support of the Consortium: Beletrina, NSIOS and UL, in the next year University of Maribor (UM) will join with their students. In the second year, there will be a website established with all the results, until then, the data will be published on websites of the Consortium partners. The number of end

beneficiaries is estimated at 180,000 in Slovenia, since this is the number of persons of disabilities, but the actual number of persons or users that will benefit from more accessible websites also includes the elderly population. In EU 15% of the population are PwDs and the elderly population is growing as well. These are all potential end beneficiaries of the WA HELPS ALL tool implementation. In the upcoming two years, at least partial implementation is planned for Croatia and Slovakia as well as pilot projects of the implementation in Sweden and the Netherlands.

## Beyond 2 years

We have not made detailed plans for a longer timeframe, but we have ambitions of including more EU countries from Central & Eastern EU in the WA HELPS ALL tool implementation: Hungary, Poland, Romania, Macedonia, Bulgaria, possibly potential new members such as Serbia, which is planning to enter the EU in the next couple of years. In Slovenia, we plan to establish further cooperation with the DIH portal enabling cooperation between students and the recommended companies and institutions, and to establish a base of recommended providers of WA services. We expect that the tool will be primarily used by public sector bodies that have to comply with the EU directive because they have the biggest need for it and want to avoid being fined. But since other (equally) important documentation on enabling equality for PwDs in all social areas also exists, this is ground to strongly encourage the private sector to acknowledge and take action in making their websites accessible too. It is also useful to point out to them, that there is a lucrative and fairly unexploited market opportunity by including PwDs into their consumer strategies. We plan to engage commercial and other private sector companies too.

This will happen through the [EU Disability Card](#), a project Beletrina is cooperating with since 2016. There is a base of commercial companies/organizations, that offer discounts and other benefits such as individual guidance, counselling, free services etc., to PwDs that have the EU Disability Card. If the card owner wants to use a certain service it must be accessible to her or him, therefore the commercial company that offers these benefits must have an accessible website and be physically accessible as well. If they are suitably accessible, PwDs will appreciate this and return to this vendor to get and purchase the services again. If the vendor is not well accessible, they will not return, but will spread the word of mouth about this bad accessibility experience to other PwDs. The point is that it pays off to be accessible and this is what we will try to get across to the private sector companies.

## Evidence

Evidence for this innovation derives from systematic reviews of descriptive and qualitative studies (meta-synthesis) (Level V appendix 2).

Evidence sources supporting the social service innovation:

1. Walraven, Marc. "E-accessibility initiatives undertaken in Belgium and on the demand of European Institutions in the field of e-accessibility". Braille Net. 2005.
2. The BlindSurfer Project, in Web Accessibility: Web Standards and Regulatory Compliance by Richard Rutter. Apress. 2007.

3. BlindSurfer wordt AnySurfer, Casestudy: vernieuwde website van Partena-  
ziekenfonds. Indymedia.be. 2006.
4. Accessibility Legislation and Codes of Practice: Accessibility Study of Web Sites of  
French and Belgium Local Administrations. DBLP. 2007.
5. Webtoegankelijkheid, in Wat [geweest/gewenst] is. Myriam Vermeerbergen.  
Academia Press. 2008.
6. Baldewijns, Jeroen. "Toegankelijkheidsmonitor 2009". KU Leuven. 2009.
7. Simons, Bart. "Nederlandse vertaling WCAG2.0 is klaar". AnySurfer. 2010.
8. <https://accessibility.belgium.be/nl/artikels/wat-een-toegankelijkheidsverklaring>

The most robust evidence is the adoption of the AnySurfer innovation by the Belgian WA Office: If a website passes the AnySurfer evaluation scoring at least 75%, the [Belgian WA Office also recognizes it as accessible, indicating the innovation's high degree of social service adoption](#).

## Scaling Methods

The conditions that have to be met in order for a EU Member or its region to implement the WA HELPS ALL too include the following: there has to be a University present in that country/region with study programs in the field of ICT, Computer Sciences or similar that can cooperate with students; in the same country or region there has to exist an NGO or other type of organization that offers WA services and; a national or regional larger organization of PwDs, that can cooperate with their members. This is also the method by which the four countries besides Slovenia were chosen for implementation planning in the first place. These conditions are met in all the chosen EU countries, but since Slovenia is geographically the smallest it is also useful to start the implementation here from that perspective, because the scope of the tools activities and effects is easier to keep in check in a smaller geographical region.

That is why the plan for larger countries suggests a gradual introduction of the WA HELPS ALL tool, first to individual regions in those four EU countries, as long there are all three organization types present in that area. The conditions that are not met in the four EU Members are the procurement of funding, but this will be easier to achieve after the dissemination of the WA HELPS ALL Handbook and the promotional video.

The initially planned consortiums from the other four EU countries have to this time remained the same: Croatia: WA organization CARNET, Croatian Union of Associations of Persons with Disabilities (SOIH) and University of Zagreb, Faculty of Electrical Engineering and Computing. Slovakia: WA NGO Modrý anjel, n.o., National Council of People with Disabilities in Slovakia and Palacký University Olomouc. Swedish partners are FUNKA, Swedish Disability Rights Federation and Lund University Faculty of Engineering. The Netherlands' partners are the organization Accessibility (ACC), Dutch Coalition on Disability and Development and University of Twent Faculty of Electrical Engineering, Mathematics and Computer Science (EEMCS).

## Key partners

Primary implementation in Slovenia: WA organization Beletrina, UL and UM, NSIOS;

Secondary implementation in Croatia: WA organization CARNET, Croatian Union of Associations of Persons with Disabilities (SOIH) and University of Zagreb, Faculty of Electrical Engineering and Computing, Slovakia: WA NGO Modrý anjel, n.o., National Council of People with Disabilities in Slovakia and Palacký University Olomouc. Swedish partners: FUNKA, Swedish Disability Rights Federation and Lund University Faculty of Engineering. The Netherlands' partners are the organization Accessibility (ACC), Dutch Coalition on Disability and Development and University of Twente Faculty of Electrical Engineering, Mathematics and Computer Science (EEMCS).

## Role(s) each partner will play

**Beletrina:** will execute the training and WA evaluations with PwDs in cooperation with NSIOS, it will prepare the WA HELPS ALL Methodology Handbook and the short animated promotional video in cooperation with the UL. Beletrina will be the main communication link and coordinator for the implementation of the WA HELPS ALL tool in Slovenia and for the secondary tool's implementation in Croatia, Slovakia, Sweden, and the Netherlands. It will also execute the media and promotional plan for the general and expert public in Slovenia and will be in contact with the EDF and IAAP. Beletrina will also further communicate with potential funders for the WA HELPS ALL tool implementation.

**UL:** will execute the training and WA evaluations with students and cooperate with UM, it will also cooperate with preparations and dissemination of the Handbook and promotional video. It will also connect to the Universities of the four planned EU Members in the secondary implementation phase.

**NSIOS:** will be the main organization to communicate the WA HELPS ALL tool's benefits to the end users – PwDs in all national organizations for persons with disabilities, it will cooperate with the WA trainings and evaluations and especially by promoting these activities to members of organizations for persons with disabilities and motivate them to join them. NSIOS will thus execute the promotional strategy for the PwDs organizations and cooperate at including its principles in the WA HELPS ALL Methodology Handbook.

## Who will scale the innovation?

**Beletrina's project team:** Alma Čaušević – Project leader, Maša Malovrh – Project coordinator and CPACC, Project administrator – Marija Ravnikar Dovč, IT experts – Marko Hercog and Andrej Krajnc, Eva Premk Bogataj – PR and communications coordinator and Luka Mancini – Project promotional material designer.

**UL's project team:** dr. Emilija Stojmenova Duh and her assistant Vid Stropnik with the executing UL LTFE team of students.

**UM's project team:** dr. Matjaž Debevc and his team of research students.

**NSIOS's project team:** NSIOS president Borut Sever and NSIOS general secretary Goran Kustura, a member of the board at EDF.

## Involving end beneficiaries/service users

The WA tool innovation supports WA legislation subjects (public bodies) by giving them tools, offering knowledge and expert support for enabling, maintaining, and reporting on the accessibility of their websites. The students and PwDs as the main target beneficiaries will be **educated and empowered to collaborate in the WA evaluation, enabling and testing processes**. They will also benefit from a higher level of WA awareness, enabling and monitoring. Website developers will be inclined to get educated and experienced in enabling WACG compliant websites, which will in effect enable users with different disabilities to access and use these sites and so gain the necessary information and other content. This is again crucial in the COVID-19 epidemic.

## Funding and Financing arrangements

### Costs of scaling the innovation envisaged

Scaling the WA HELPS ALL tool costs are based on the ratio of Man/Workdays necessary for the:

- train the student WA evaluators trainers
- student work hours on evaluating WA
- train the PwDs evaluators trainers
- PwDs work hours on evaluating WA
- WA experts work hours
- communication and dissemination actions and
- tasks of the scaling and implementation coordinator

### Cost of process adaptation and implementation:

One workday represents a total of 8 workhours. The cost of one work hour for **training the student WA evaluators trainers** in Slovenia is appx. 20 Euros per hour.

### Train the WA evaluators trainers (moderators):

Considering that the evaluation methodology is underpinned by collaboration with **students**, an individual session can only be carried out by a student moderator with thorough understanding of the methodology.

Table 7.1: Costs of training a WA evaluators

Task (individual - by trainee, with provided aid, unless stated otherwise)	Estimated number of workdays/ hours	Estimated TOTAL costs
Familiarization with WCAG 2.1	5/40	
Study of methodology	2/16	
Technical specification / poll creation	2/16	

Task (individual - by trainee, with provided aid, unless stated otherwise)	Estimated number of workdays/ hours	Estimated TOTAL costs
Study of lecture handouts and pedagogical guidance	4/32	
Methodological support (external)	1/8	
<b>Total workdays/ hours</b>	<b>14/112</b>	<b>2.300 Eur</b>

### Train the WA PwDs evaluators trainers (moderators):

Considering that the second phase of the WA evaluation methodology is underpinned by collaboration with PwDs, an individual session can only be carried out by a PwDs moderator with a thorough understanding of the methodology and user habits and experience of persons with different types of disabilities as well as their computer and web user needs.

The table below estimates the cost of training such a moderator. The same costs calculations method can be applied for training the PwDs WA evaluators' trainers. The cost of one workhour for training PwDs WA evaluators' trainers in Slovenia is appx. **50 Euros per hour**.

Table 7.2: Cost to train a WA PwDs evaluator

Task (individual - by trainee, with provided aid for individual)	Estimated number of workdays/ hours	Estimated TOTAL costs
Familiarization with WCAG 2.1	5/40	
Study of methodology	2/16	
Technical specification / poll creation	2/16	
Study of lecture handouts and pedagogical guidance	4/32	
Methodological support (external)	1/8	
<b>TOTAL WORKDAYS /hours</b>	<b>14/112</b>	<b>3.360 Eur</b>

### Cost of WA Analyses:

AnySurfer proposes a minimum of 6 students evaluating each website to get significant consolidated results. While our improvements to the methodology address the problem of question ambiguity, we recommend the increase of the minimal requirement of participating evaluators to get a clearer sample in the first year of implementation.

Should similar analyses show an improvement, the number of evaluators may be reduced back to 6 students.

The table below shows the **estimated cost** of carrying out a **single WA student evaluation**, with the evaluation given on a **per-evaluated website basis**, as the application of the methodology might differ vastly on the number of examined websites. The cost of student work in Slovenia is averagely based on 8 Euros per workhour.

Table 7.3: Cost to carry out a single WA student evaluation

Role	Estimated number of work hours	Estimated TOTAL costs (EUR)
Student (lecture)	36	
Student (evaluation)	12/ website	
Moderator/trainer	24	
Logistics & IT administration posting WA statistics	24	
<b>TOTAL WORKHOURS</b>	<b>84 +12/website</b>	<b>180 EUR/website</b>

The table below shows the estimated cost of carrying out a single WA PwDs evaluation, with the evaluation given on a per-evaluated website basis, as the application of the methodology might differ vastly on the number of examined websites. The cost of PwDs work in this project is based on 15 Euros per workhour.

Table 7.4: Cost of 1 WA PwDs evaluation per website

Role	Estimated number of work hours	Estimated TOTAL costs (EUR)
PwDs (lecture)	36	
PwDs (evaluation)	12 / website	
Moderator/trainer	24	
Logistics & IT administration posting WA statistics	24	
<b>TOTAL</b>	<b>84 + 12/website</b>	<b>1.680 EUR /website</b>

The estimated work hours per website, evaluation is at 5-8 hours per website for a WA expert. The evaluation costs of WA expert cooperation in Slovenia is appx. 30 eur/hour (150 - 240 Euros per website).

#### Dissemination material production costs:

The following table estimates the costs of the production and distribution of dissemination materials, crucial to the methodology implementation roadmap: The WA HELPS ALL Methodology Handbook and the promotional animated video.

Table 7.5: Costs of production and distribution of dissemination materials

Task	Estimated cost (workweek/workhour)	Estimated costs
Methodology adaptation, specification, and formalization	4/160	550 eur
Manual production	3/120	700 eur
Animated video production	4/160	1000 eur
Administrative work	2/80	350 eur
<b>TOTAL</b>	<b>13/520</b>	<b>2.600 eur</b>

### Funders

Slovenian Ministry of Labor, Family, Social Affairs and Equal Opportunities (potential funder): the opportunity for including the WA HELPS ALL tool into the Operational plan for 2021-2030 has arisen so the proposal was sent to its representatives and Beletrina is currently in communication with them. The process of accepting a project proposition into a national funding or operational programme can take up to 6 months in Slovenia, to get financial support on a national level, largely because of the time needed administration and conformation processes in the ministry and government sector.

Slovenian Ministry of Public Administration (potential funder): in the beginning of 2022 two public tenders are expected: 1) for promotion of digitalization and 2) for Development of digitalization skills and knowledge, where the current consortium can and will apply the scaling of WA HELPS ALL tool, in case of no additional funding from the above-mentioned ministry.

### Financial arrangements and instruments planned to scale the innovation

The financial arrangements will be at least partly solved with funding from the Ministry of Labor, but we cannot predict to what extent of implementation (a pilot project and after a trial era) the tool implementation on a national level is very probable. The communications and negotiations with the ministry of Labor for accepting the WA HELPS ALL can take a few months due to a lot of paperwork and investment documents to prepare, synchronize with the operational public body and then wait for its confirmation. In the mean while the funds can be procured from two public tenders from the Ministry of Public Administration, some communication on that matter is proceeding with the SOS.

There are also other EU and national tenders in the field of social and digital inclusion, development of digital skills for vulnerable groups' digital empowerment or in the field of training the trainers, education, and knowledge transfer to different user/social groups.

## **Cost implications of the model compared to alternative approaches to the social challenge(s)**

The WA HELPS ALL tool is a model for WA awareness raising, enabling, and monitoring that offers many benefits to a number of interest groups. The costs are established from work hours, since this is a low-cost bottom-up model for active WA awareness raising, enabling and monitoring.

Some partial alternatives to the WA HELPS ALL tool can be found in automated WA evaluation tools or QUICKscans, which can present a general assessment of a website's accessibility, but does not offer additional benefits in terms of student education, expert cooperation or PwDs involvement / empowerment, and can provide only partial WA statistics. Such automated WA tools do not offer all the necessary information to WA legislation subjects (usually public bodies employees) on where to turn to get the accessibility of their website or mobile application in order. The WA HELPS ALL tool is designed to give feedback to those WA subjects interested in sorting out their website's (or mobile application's) accessibility. In addition, QUICKscan automated tools have to be regularly maintained and should also be upgraded to current WCAG standards, ICT development and wider accessibility requirements of the European Accessibility Act.

## **Sustaining and further scaling of the innovation**

In Slovenia we plan to sustain the WA HELPS ALL tool by offering Beletrina's services of enabling WA to public bodies (WA legislation subjects in Slovenia) which have insufficiently accessible websites and mobile apps and finance the tool's functioning and development in the future. This model of sustaining the tool is appropriate for all the countries that have WA organizations or companies interested in offering their WA service to potential clients in their country. The chosen EU countries all have such organizations present, which means they could see a financial benefit for their business as well.

## **Measuring the Impact of Scaling**

The first measurable anticipated outcome is the yearly statistic of the state of WA in an EU country based on the evaluated websites. The comparison of these statistics and numbers of websites evaluated year by year can show how the state of WA is changing, hopefully improving in a country or a region. This statistic is useful to any EU Member since they are all obliged to report every 2 years on the state of WA in their country to the EU Commission.

The second measurable outcome on the state of WA in a particular EU country, particularly on it getting better is the short yearly questionnaires for PwDs who will evaluate WA in the WA HELPS ALL Methodology. They will be able to tell if they notice any changes or improvements on the state of WA in their country. The analyses of PwDs' answer will give a first-hand picture of the WA progress made in that EU Member. The results of both measurable outcomes will be disseminated through national media and the communication channels of the Consortium and to government representatives for WA awareness raising. The results can be compared between EU Member, consequently best WA practices of finding programming, UX and design solutions to enable suitable WA can be developed and exchanged between these countries too.

## Challenges and Risks

The main challenge was giving the necessary information about the upscaling the WA HELPS ALL tool to the planned EU Members, but we overcame this by adapting the implementation to fit regional implementation too, which is more suitable for executing a pilot project for the implementation at first in these countries. This took more time, than initially planned, but we will finish the predicted activities in October 2021 and proceed with the implementation plans in Slovenia and then in the other four EU Members.

### Risks and mitigation

Students and PwDs, carrying out the WA evaluation processes, might not have the required background knowledge in WA and the students might not have the semantic structure of the web knowledge to successfully follow the methodology.

Such a situation can be mitigated by extending the introductory lesson from a 2-hour lecture to a week-long workshop with several meetings, during which all the required knowledge could be acquired by laypeople.

Members of the WA HELPS ALL consortium, as well as other users of the methodology, might not be able to find enough willing students or PwDs to carry out the evaluation process.

For more general evaluations, such as a major overview of a country's WA, we propose the collaboration between education institutions in integrating the WA workshop into the curricula of different web design classes (in the form of guest lectures). Alternatively, students of non-ICT related subjects may also part take in the evaluation process, if additionally educated, as stated below. The promotional strategy made by NSIOS in cooperation with Beletrina will be targeted to motivate PwDs to cooperate in the WA evaluation processes in the WA HELPS ALL Methodology.

In the event of a lack of funds, we recognize a potential series of mitigation steps in the search for a new source of public funding – on the national or European level. By formalizing the methodology as part of WA HELPS ALL tool, the members of the consortium in Slovenia have created a tool which may not only be used in achieving several highly desired web democratization goals, but also in uncovering other new interesting areas of research connected to WA.

## Conclusion

This ESCF call has validated the assumption that there are many social innovations in existence with potential to contribute significantly to tackling societal challenges. Supporting a selection of proven innovations in this phase of the ESCF to develop plans to scale has demonstrated the value of resourcing planning. There is much discussion about the replication of innovations and their transferability across borders. The planning activities undertaken by the organisations and consortia of organisations involved illustrates the importance of tailoring applications to specific cultural and operational environments, which not only vary between countries, but also between regions and municipalities within countries.

Overall, the learning about how to scale proven social innovations across countries that has been made possible because of this first phase of the ESCF has been invaluable. For all involved, it is a very helpful outcome from Horizon 2020 that has direct and immediate application in the field. It is learning that can be built upon to fast-track the scaling of helpful social innovations to tackle complex problems in the future.

The ESCF also represents a unique collaboration between the EU and philanthropy and is a practical demonstration of how both can work together to bring solutions already developed to solve the complex problems faced by countries across Europe.

All organisations and consortia supported successfully developed plans to scale within or across EU Member States within the allocated timeframe. Notably, the obstacles presented by COVID-19 restrictions were overcome or managed without detriment to the development of plans.

# Appendix 1

(Call open 16 January 2020 to 11 September 2020)

## Eligibility Criteria for European Social Catalyst Fund

Applications can be made to the ESCF for support to **develop plans** to scale social service innovations that meet the criteria set out below:

1. Applications can be made **by a) collaborations involving public and private agencies (lead applicant must be a non-profit); b) public agencies; or c) private non-profit agencies**, in EU Member States, that aim to scale proven innovations that can effectively contribute to reducing, or overcoming, social challenges within or across countries.
2. The application must address **social challenges** within at least one of the listed focus areas below that align with the Sustainable Development Goals and align with the three main categories of the European Pillar of Social Rights: equal opportunities and access to the labour market; fair working conditions social protection and inclusion.
  - i. ageing
  - ii. poverty and marginalisation
  - iii. homelessness
  - iv. disability
  - v. mental health
  - vi. migration
  - vii. promoting gender equality
  - viii. dementia
  - ix. digital inclusiveness
  - x. employment and job creation
  - xi. inequalities
  - xii. education and training, skills
  - xiii. community development
  - xiv. the role and place of young people in society
  - xv. inter-generational solidarity
  - xvi. ecological and social transition
3. Applications must relate to **evidence-based models of intervention** that have been tried and tested. Preference will be given to innovations that have the most robust evidence of success (Appendix 2).
4. At least one member of the organisation(s) applying must have **prior involvement in implementing the innovative model** under proposal.
5. Plans also must be **relevant to the social and implementation challenges in at least five EU Member States**, two of which will be CEEC's - acknowledging the need for tailoring to meet the specific requirements determined by varying cultural and operational environments.
6. After the initial assessment of applications, shortlisted organisations or lead organisations of shortlisted consortia applying shall:
  - Provide **audited financial statements** (*or equivalent available documentation in-line with the financial regulations of the lead applicant's country*) for the previous 2 years and shall complete a declaration that they do not have any 'going concern' issues.
  - Provide **evidence of adequate management and financial systems**.
  - Be **GDPR** compliant.
  - Ensure processes are compliant with **EU ethical standards**.
  - Demonstrate a commitment to **gender equality**.

7. Funding from the project is **intended to support the planning process** and will not be given for capital costs. **The lead applicant receiving funding must be a non-profit public purpose organisation.**

### **Evaluation Criteria for European Social Catalyst Fund**

Each criterion below is weighted. Applications will be shortlisted for consideration based on an overall minimum threshold score of 60% and the thresholds indicated below. Genio will be responsible for the initial shortlisting of applications that meet the eligibility criteria. Decisions regarding the allocation of grants will be made by the consortium of philanthropic organisations contributing to the ESCF. During the assessment process, the ESCF may revert to applicants for clarification purposes.

#### **Scoring:**

##### **Potential Impact - minimum threshold 42%**

- a) Relevance and extent of the specific social challenge - *What is the scale of the social challenge in the geographic area where the planning will take place?* (15%)
- b) Potential impact on the challenge - *What is the extent of the potential impact of this innovation on this social challenge in this geographic area?* (15%)
- c) Evidence - *What robust national and international evidence exists to support the model or innovation in terms of its effectiveness? What is the evidence on the cost implications of the model compared to alternative approaches?* (20%)
- d) Scope of potential impact geographically - *What is the evidence that the innovation is relevant across EU Member States? What evidence is there that the approach is relevant in Central and Eastern European Countries? To what extent has the innovation been applied in other countries in Europe?* (10%)
- e) Promotion of citizen-centred approaches - *Does the innovation support service users and end beneficiaries to be self-directed and to be involved in plans to scale social service innovations?* (10%)

##### **Capacities - minimum threshold 12%**

- a) Capacities of the applicants - *Do the organisation(s) applying have the capacities to produce the plan for scaling the innovation?* (10%)
- b) Networks and linkages - *What is the evidence that key partners (public, private, non-profit, philanthropic) are open to collaborating on developing the plan in the geographic area where the planning will take place and what are the current linkages between the proposers and these organisations? Do the applicants have strong international linkages that could assist with this planning?* (10%)

##### **Quality of the application to develop the plan - minimum threshold 6%**

- a) Activities - *Description of activities, timeframe, methodology, risk management.* (5%)
- b) Budget - *Are expenditures associated with the proposed planning activities reasonable and well-substantiated?* (5%)

## Appendix 2

To be eligible to apply for ESCF funding, the organisation/consortium must propose an innovation which is evidence-based - with preference being given to innovations that have the most robust evidence of success.

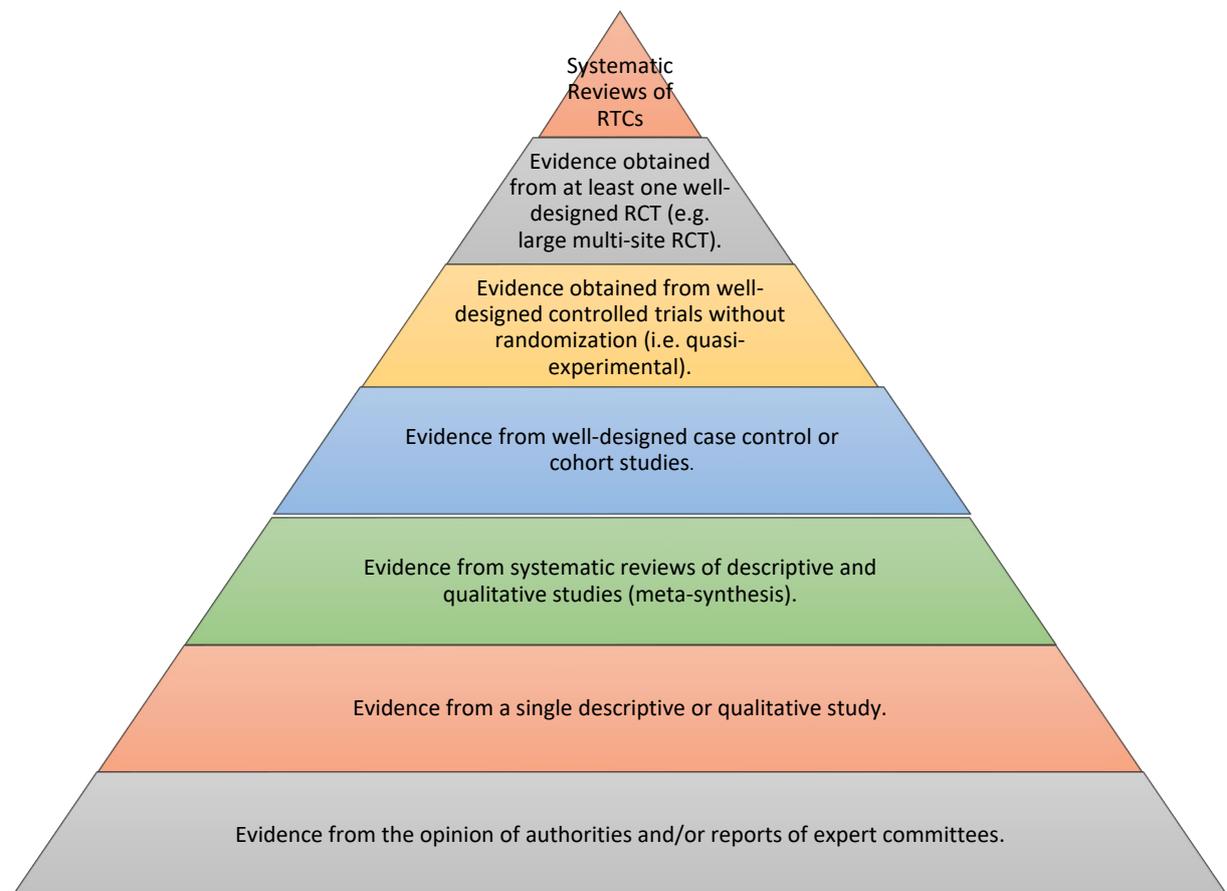
### Definition of Evidence-Based Practice

Evidence-based practice (EBP) is the purposeful and judicious use of current best evidence in conjunction with relevant expertise and values to guide social decisions.

Best evidence includes empirical evidence from randomised controlled trials (RCTs); evidence from other scientific methods such as descriptive and qualitative research; as well as use of information from case reports, scientific principles and expert opinion.

### Hierarchy of Evidence

The hierarchy of evidence is a core principle of EBP. This allows a top-down approach to locating the best evidence whereby you first search for a recent well-conducted systematic review and, if that is not available, then move down to the next level of evidence. EBP hierarchies rank study types based on the rigour (strength and precision) of their research methods.



## Rating scheme for evidence-based practice

Level of evidence (LOE)	Description
Level I	Evidence from a systematic review or meta-analysis of all relevant RCTs or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomisation (i.e. quasi-experimental).
Level IV	Evidence from well-designed case control and cohort studies.
Level V	Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence from a single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees.

The image above represents a hierarchy adapted from work of *Ackley, B. J., Swan, B. A., Ladwig, G., & Tucker, S. (2008) and St. Louis, MO: Mosby Elsevier.*