



Transnational Lab Strategy to Promote Innovation Structures in the Field of Home Care

O.T1.1 Transnational Lab Strategy

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1. Home care and innovation in the Danube Region

Current situation, core concepts and challenges of home care

Since the population is increasingly ageing, long-term care will become even more important in forthcoming decades than nowadays. According to the European Pillar of Social Rights (2017): "Everyone has the right to affordable long-term care services of good quality, in particular, home care and community-based services"¹. Everyone should have a life of dignity. In the newly published European Care Strategy (2022)², the European Commission elaborates more detailed on how this right can be implemented by the European community and its member states: We need an increased number of offers and a mix of professional long-term care services – home care, community-based care, and residential care. But services must be timely, comprehensive, and affordable. At the same time, high-quality criteria and standards need to be ensured. Digitisation plays an important key role in securing the supply of care-dependent persons. Of course, the working conditions of professional staff need to be improved as well as relief offers are necessary for informal caregivers. The EU promotes rather deinstitutionalised approaches in the field of long-term care because it offers a better quality of life for beneficiaries while it also contributes to the (financial) sustainability of care systems across Europe.

In the Danube Region, informal care makes up the largest share of care hours, even in wealthier states with elaborated publicly financed care sectors. However, due to changing living conditions where families are more separated from care-dependent relatives (e.g., increasing labour mobility, women at work), alternatives and complementary offers to informal care are required to enable beneficiaries to stay at home. Therefore, there is a need to develop a variety of different solutions from support systems for informal caregivers (e.g., recognition of work through payments or better working conditions that enable to combine job and family care, and daycare services) to professional outpatient services, voluntary initiatives (e.g., neighbourhood help) and digital applications (e.g., for emergency cases).

In the framework of the EU project "*D-Care Labs: Developing Labs to Facilitate Home Care Innovation and Entrepreneurship in the Danube Region*", sustainable interregional innovation structures to enable the creation of innovative home care services and products were established. Nine regional D-Care Lab innovation programmes offer social entrepreneurs (e.g., social start-ups) and intrapreneurs (e.g., social service providers) a space for developing practicable and marketable solutions with the support of various stakeholders (e.g., innovation experts, beneficiary groups, and public authorities). In this way, new, improved and more solutions shall better address the needs of home care beneficiaries (older people, people with disabilities, children with special needs), to have access to high-quality care and to enable them to stay in their familiar surroundings. The transnational partnership enables the spread of excellent solutions across the Danube Region. Therefore, the newly formed structure fills an important gap and contributes to the implementation of the European Care Strategy.

Based on 10 European country reports (Austria, Bosnia and Hercegovina, Bulgaria, Croatia, Germany, Hungary, Moldova, Romania, Serbia, Slovenia), we will summarise the situation in home

¹ [European Pillar of Social Rights \(europa.eu\)](https://european-council.europa.eu/media/en/press-summaries/2017/12/17181976691.pdf)

² [A European Care Strategy for caregivers and care receivers - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](https://ec.europa.eu/commission/presscorner/detail/en/ip19_1911)

care in the Danube Region. As sources we used current scientific results, reports, background talks, interviews, and other documents.

The term "*home care*" is differently understood across Europe, but in the basic common understanding, it includes a variety of support for care-dependent persons. The D-Care Labs partnership defines *home care* as any kind of support delivered to people in need of care at their own homes, like informal care, professional support, or voluntary help. To have a common understanding of the need assessment of care-dependent persons, we decided to use the legal German, scientifically substantiated term of "care dependency" ("Pflegebedürftigkeit") as a point of reference. Six areas of life are assessed when evaluating the degree of care dependency of a person. Thus, the term provides a comprehensive concept that covers all age groups (e.g. older people, people with disabilities, and children with special needs) and corresponds to the guidelines of WHO in merging health and social models. Therefore, this definition synthesises what is true in the medical and social models without making the mistake of reducing the whole, complex notion of care dependency to one of its aspects.

The areas of individual impairment assessment include:

1. *Mobility*: Mobility over short distances and the ability to transfer the position of the body.
2. *Cognitive and communication abilities*: Memory, perception, thought, judgement, communication (intellectual and verbal "activities").
3. *Behaviour and psychological problems*: Behaviour that may be self-endangering or endanger others or involve other problems, including psychological problems such as anxiety, panic attacks or delusions (ability to deal with inner impulses to act and emotions independently).
4. *Self-care*: Personal hygiene, ability to get dressed, eat and drink along with functions related to bladder and bowel movements.
5. *Ability to deal with illness-/therapy-related demands and stress*: Activities aimed at coming to terms with the demands and stress resulting from an illness or therapy measures, such as taking medications, dressing wounds, handling physical aids and appliances, engaging in extended therapies within and beyond the domestic setting.
6. *Managing Everyday Life and Social Contacts*: Budgeting time, adherence to a rhythm of being awake and sleeping, spending available time sensibly (corresponding to needs) and maintaining social relationships.³

According to this systematic, we identified several needs of home care beneficiaries which are currently not satisfied. Of course, there is a general lack of home care services in quantity and quality, especially in rural areas. There is a variation between the wealthier Western countries, new EU countries in Central and Eastern Europe, and non-EU countries of the Danube Region. In the second and third groups, even essential care services are sometimes not available, with low-quality or project-based services that are limited to time and specific territorial space. Germany and Austria face a high degree of bureaucracy preventing user-centred solutions. According to our analysis, the most important dissatisfied needs of beneficiaries in the Danube Region are:

- (1) Loneliness as a cause of *social isolation* worsened during the COVID-19 pandemic: Beneficiaries need more community-based social inclusion activities. Loneliness has a negative impact on the psychological and physical state of a person.

³ [§ 14 SGB XI Begriff der Pflegebedürftigkeit \(sozialgesetzbuch-sgb.de\)](https://www.sgb.de/sozialgesetzbuch-sgb-de)

- (2) Demand for improvement of living conditions of beneficiaries through support of affordable *digital applications* (e.g., tools for cognitive training, emergency cases).
- (3) Need to improve accessibility to home care offers in rural areas: Often, *rural areas lack sufficient home care* support for beneficiaries.
- (4) General *lack of care professionals* to deliver home care: Working conditions and partially professional training of nursing specialists need to be improved to combat staff shortages to enable high-quality home care services for beneficiaries.
- (5) *Lack of preventative measures* (e.g., health promotion) to avoid (early) care dependency: New and more offers must be developed.

Because informal care makes up the largest proportion of outpatient care (see next section), we also must look at the demands of informal caregivers:

- (1) Informal caregivers need to receive recognition for their support to care-dependant persons.
- (2) Informal caregivers are no care professionals, and therefore, they depend on support structures and training.
- (3) Because informal caregivers are often available 24 hours a day, different kinds of relief offers are required for them.

Types of home care



4

As mentioned above, informal care provided mainly by relatives covers the largest share of outpatient care (at least more than 50 per cent) in the Danube Region. Professional service providers complement or substitute informal care. These services are mainly delivered by private non-profit and profit organisations; only a lower number of public providers are involved in home care. Volunteering support can also be part of home care, e.g., neighbourhood initiatives.

⁴ <https://goodhealthconsultant.com/2020/12/12/what-are-the-different-types-of-home-health-care-services/>

However, there is a great variation of informal care conditions and formal home care support between different territorial spaces in the Danube Region (rural vs urban spaces, differences between EUSDR countries). But in the whole region, informal caregivers are overburdened and often reach their limits. In Serbia, Bosnia, Moldova and Bulgaria, informal caregivers do not get any support at all. In Croatia and Romania, informal caregivers receive financial relief. In Hungary, there is a career allowance to help informal caregivers. It is financial aid allocated to a person who takes care of a family member. In Slovenia, there are finances available for the provision of care that fall within the scope of long-term care with funds provided from public sources and there are free courses offered by some organisations for family caregivers. In Germany and Austria, informal caregivers are part of the refinancing system, and they can combine work and care or even leave work for care (but usually with a lower income). Therefore, discussions focus rather on possible training and relief offers for caring relatives. The institutional frameworks for providing outpatient care differ very much. In Germany and Austria, there are very elaborate systems, but they are too bureaucratic and inflexible to a certain extent. On the other side of the Danube, there are often only fragmented systems and outpatient services are not available everywhere. Usually, there are especially supply bottlenecks in rural areas. NGOs are essential players in the provision of outpatient services, particularly in Central and Eastern Europe. In the whole Danube region, there is a lack of professional nursing staff which can provide high-quality and comprehensive outpatient services. New digital technologies are a great opportunity to make these jobs more attractive, support high-quality home care, and improve care-dependent persons' lives (e.g., support independence for skills trainings). For example, the App "Falltrack" was research-based developed. It intends to support long-term care by using artificial intelligence to easily record falls with complete accuracy over 60 per cent faster than currently, meeting all legal standards and allowing more time for carers to care for people. There are also therapy-supporting products, e.g., the interactive therapy ball ichó. It can be applied to persons with dementia or other cognitive impairments. The ball promotes cognitive and motor abilities in a playful manner. Therefore, many new solutions are on the market or in development, but the potential is not being exploited for different reasons. To allow safe living at home for care-dependent persons, barrier-free living is very important but not sufficiently available.

Institutional frameworks

Home care demands an interdisciplinary approach which includes medical and social care. But often in policy frameworks, these disciplines are divided. Strategic policy approaches for long-term care and home care are available in many Danube Region countries, but they are missing so far in Moldova, Serbia and Croatia. Moreover, staff shortages are one major challenge in all EUSDR countries but there are rarely real proposed political solutions, however, some local initiatives exist (e.g., in Romania, Hungary, Croatia, Bulgaria). The region of Baden-Württemberg (Germany) developed a specific political strategy focussing on local communities' social space potentials (Quartier): It aims to support cities, municipalities and districts as well as civil society in age- and generation-appropriate neighbourhood development. Supply of care-dependent persons are thought to be an interplay of different social actors, e.g., home care service, volunteer support, informal caregivers, daycare, barrier-free living and alternative ways of living.

In most partner countries, there is no separate care insurance, but it is included in the compulsory health insurance from which the services are financed. Compulsory health insurance is tax-based, so it is deducted from the salary. However, co-payments out of pocket are often needed to cover some services when the public service providers are unable to satisfy the

demands or the service is income-tested, and it requires user contribution (Croatia, Serbia, Bulgaria, Hungary, Slovenia, Romania). Moreover, municipalities co-finance some services related to home care. In Germany, care insurance is compulsory in addition to the health insurance. Those with private health insurance are also required to take out and maintain private care insurance. However, co-payments through user contributions are needed to cover the real needs of care-dependent people. In Austria, the home-care system is financed partly from the social insurance contribution and partly from individual co-payment.

Social innovation as means for solving challenges in the home care sector?

Do social innovation support structures have the potential to solve challenges in home care in the Danube Region? We are convinced that we need new ways of problem-solving and collaboration.

What is social innovation? Social innovations are new solutions (products, services, models, markets, processes etc.) that simultaneously meet a social need (more effectively than existing solutions) and lead to new or improved capabilities and relationships and better use of assets and resources. In other words, social innovations are both good for society and enhance society's capacity to act.

- 1) Novelty: Social innovations are new to the field, sector, region, market, or user or to be applied in a new way
- 2) From ideas to implementation: There is a distinction between invention (developing ideas) and innovation (implementing and applying ideas)
- 3) Meets a social need: Social innovations are explicitly designed to meet a recognised social need
- 4) Effectiveness: Social innovations are more effective than existing solutions – they create a measurable improvement in terms of outcomes
- 5) Enhance society's capacity to act: Empowers beneficiaries by creating new roles and relationships, developing assets and capabilities and/or better use of assets and resources.⁵

Social innovation labs promote social innovation professionally. They provide space and support for the creation of innovative solutions to societal challenges. The iterative process is based on experiential learning, trial and error and the attempt to test prototypes of the new solution as early as possible with different user and expert groups. In Europe, some new social innovation labs were established in the past years. But the approach is far less established compared to innovation support in the business world. There, innovation programs are either established within enterprises (innovation departments or innovation labs) or SMEs are supported by start-up centers/business support organisations. Policies on social innovation are just starting to evolve. In most Danube Region countries, there is no vision of social innovation. Innovation policies also mainly focus on the economy, especially new technological developments. However, specified social innovation labs may have to potential to contribute to solving to serious challenges in home care in the Danube Region.

⁵ Caulier-Grice J, Davies A, Patrick R, Norman, W. (2012).

We have identified the following key challenges in the field of home care and innovation:

- (1) There is a lack of support structures to create new innovations in the field of home care.
- (2) The landscape of funding instruments is rather fragmented and sometimes rarely available.
- (3) There is a lack of mechanisms to integrate home care innovations into the respective refinancing system or sometimes there is no refinancing system for all dimensions of home care and community-based services available.
- (4) There is a lack of interregional structures: On the European level, there are rarely any structures and processes to learn from other countries' solutions; to solve a problem on a transnational level is almost impossible.

2. Strategy targets

In the Danube region, we urgently need better environments for care-dependent people to live a good life in their familiar environment. As presented in the status quo section, there is a variation in each country's situation. Nevertheless, there are common challenges which we propose to tackle jointly. The overall status quo could be characterised as the following: There is a substantial lack of home care services, and often real needs of beneficiary groups are rarely fulfilled. General social innovation rates are low also because support structures for social innovation (including financial resources) in the field of home care and community-based services rarely exist. Considering these circumstances, the main target of our initiative is to create sustainable D-Care Labs support structures for developing new home care services and products to improve the lives of care-dependent people in the Danube Region. In the following section, we do propose different types of strategy targets that can be achieved during the project and after the project ends by

- (1) the **innovation teams of regional D-Care Labs**,
- (2) the **intermediary support structure (inter)regional D-Care Labs**.

We defined 12 transnational relevant targets based on the current situation assessment, a pilot test of D-Care Labs and other initiatives beyond the project. Of course, further developments of institutional, policy, and financial frameworks need to be achieved in the future.

The **target groups of this strategy** are:

- EU Institutions, e.g., European Commission DG EMPL, DG NEAR, DG Regio; Committee of the Regions, European Social and Economic Committee
- EUSDR Stakeholder, e.g., PAC9, PAC 10, Danube Strategy Point
- National public authorities, e.g., ministries and agencies in the field of innovation, social, health and care, economy
- Regional public authorities: Counties, regional development agencies, universities
- Local public authorities responsible for social service delivery
- Social service providers (NGOs/welfare organisations, private service providers, public service providers)
- Beneficiary groups, e.g., elderly representative organisations, organisations of people with disabilities and disabled children and families

- Social investors – public and private such as long-term care insurance, health insurance, foundations
- Social innovators and innovation programs

In the following first, the challenges are analysed before formulating the specific transnational target for the Danube Region.

(1) Home care service and product innovation

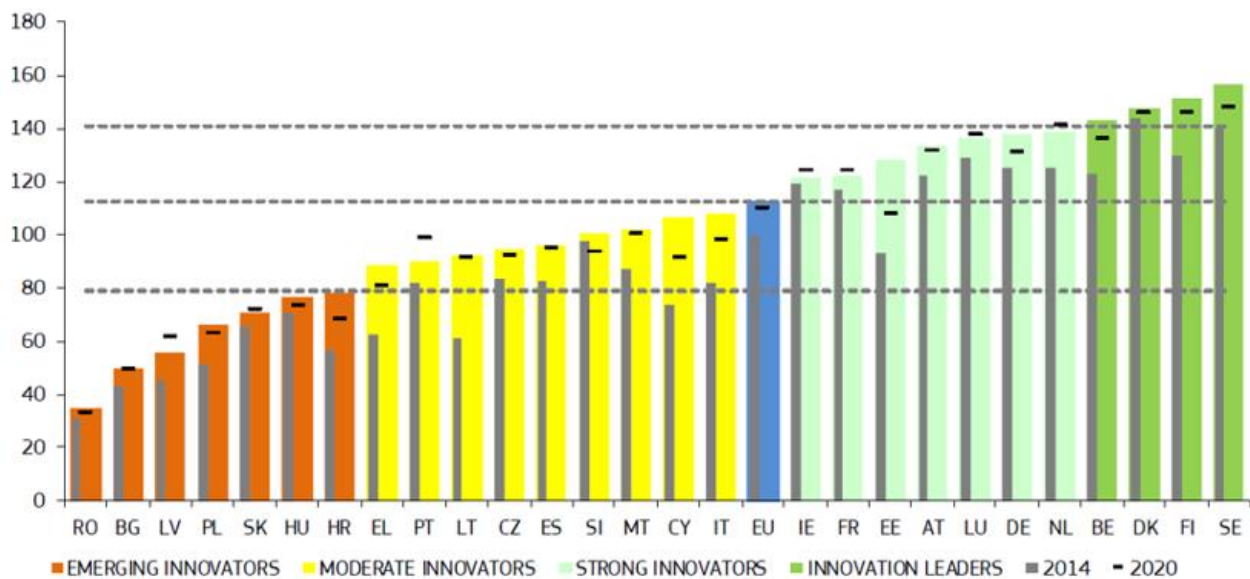
Challenges: *The demographic processes and the development of medical treatments and methods resulted in huge demands and needs from the side of care-dependent persons. According to calculations, population ageing is a long-term development that has been apparent for several decades in Europe. The population of older people (defined here as those aged 65 years or more) in the EU-27 will increase significantly, rising from 90.5 million at the start of 2019 to reach 129.8 million by 2050. We need social innovation to provide sufficient support for care-dependent persons today and even more in the future. But the innovation rate in the field of home care is low in the whole Danube Region. There is a lack of sufficient qualitative and quantitative home care services and products that fulfil the needs of care-dependent persons according to the six spheres of life. Moreover, there is an even larger gap between rural and urban areas.*

Specific Target 1: Develop new and increase numbers of home care services and products to support the fulfilment of needs in six spheres of life of care-dependent persons in rural and urban areas.

Explanations for target 1: *This specific target includes several requirements for new or further developed home care services, depending on the specific countries. As a common priority, these services must be accessible for all, regardless of the situation of the care-dependent persons. Public service provision is based on detailed laws and regulations in each country. One of the most important aspects of the development of new sustainable services is transparency and accountability. Based on detailed cost assessment, a fair distribution of costs and fees is desired between the different responsible organisations and service providers. Many citizens of the participating countries pay compulsory national insurance contributions and taxes, which must be part of the sources which cover the spending on public home care services. On the system level, there is a common responsibility of all stakeholders of public service provision to provide value for money for every citizen both for inhabitants of big cities or small villages. However, the needs and demands could be very diverse, which is why, in terms of a subsidiary, the nearest level of citizens of public service providers have to bear the responsibility in home care services, too.*

The annual European Innovation Scoreboard (EIS) provides a comparative assessment of the research and innovation performance of EU Member States and selected third countries and the relative strengths and weaknesses of their research and innovation systems. It helps countries to assess the areas in which they need to concentrate their efforts in order to boost their innovation performance. The EIS 2021 report is the first edition published using the revised

measurement framework, including new indicators capturing digitalisation and sustainable innovation.⁶



Coloured columns show countries' performance in 2021, using the most recent data for 32 indicators, relative to that of the EU in 2014. The horizontal hyphens show performance in 2020, using the next most recent data, relative to that of the EU in 2014. Grey columns show countries' performance in 2014 relative to that of the EU 2014. For all years, the same measurement methodology has been used. The dashed lines show the threshold values between the performance groups, where the threshold values of 70%, 100%, and 125% have been adjusted upward to reflect the performance increase of the EU between 2014 and 2021.

Innovation for the public sector means additional challenges. Developing a better understanding of how innovation happens in governments appears to be gaining increased traction among policymakers and researchers alike. This trend reflects the recognition that some of the traditional approaches to addressing public policy challenges may not provide solutions to the complex challenges that governments face today, including forms of home care services. The nature of public sector problems – complex, cross-boundary and unsolvable by traditional government tools and approaches – also reinforces the importance of building the capacity of all level of government to innovate and invent solutions to the complex and intractable problems faced by society. Problem complexity is mirrored by increasingly complex, pluralistic, and interconnected communities and societies.

(2) Integrated home care services

Challenges: The general need for developing new and improved home care services has been explained in the previous section. Especially in the new EU member states and Non-EU countries of the Danube Region, there is particularly a lack of cooperation between medical care and social care and, therefore, a **lack of integrative services**.

Specific target 2: Develop new integrated services (in the case of care-dependent children, education needs to be integrated in addition).

Explanations for target 2: People benefit from care that is person-centred and coordinated within health care settings, across mental and physical health and across health and social care.

⁶ <https://ec.europa.eu/docsroom/documents/46411>

For care to be integrated, organisations and care professionals need to bring together all the different elements of care that a person needs.

A person's care might be provided by several different health and social care professionals across different providers. As a result, people can experience fragmented health and social care services, which are difficult to access and not based on their (or their carers') needs. However, good integrated care can reduce confusion, repetition, delay, duplication, gaps in service delivery, and people getting lost in the system. Delivering integrated care is essential for improving outcomes for people who use health and social care services. Reducing gaps and inefficiencies in care should also be able to offer some opportunities for financial savings.⁷ The development of new sets of organisational forms, governance structures, funding mechanisms, policy approaches, partnerships and accountability structures blur traditional distinctions between public and private to look for novel solutions to address some of the world's most difficult problems, including home care services.

(3) Digital applications in home care

Challenges: *Although digital progress is advancing at speed never seen before, the potential of digitisation in the field of home care and community-based services are currently not fully unfolded for two different reasons: (1) People involved informally or formally in care provision or care-dependent persons themselves are often reluctant towards digitisation and/or may not have sufficient digital skills. (2) Digital solutions need to be further elaborated by expert organisations, enterprises, and start-ups. Enterprises often do not consider the social sector an important market and developments lack their potential. Therefore, we need to facilitate cooperation between the profit and non-profit sectors and provide collaboration platforms such as innovation programs.*

Specific target 3: Develop new digital applications, help to enhance and upscale existing ones to improve home care delivery and support daily life of care-dependent persons.

Explanations for target 3: *New and enhanced digital methods, tools and applications may support the efficiency and service quality of home care provision. In this way e.g., bureaucracy can be reduced through digital care documentation. Virtual communities can arrange neighbourhood help. Digital tools can be applied for emergency cases or as therapy support for care-dependent persons. To achieve target 3, experimental spaces and new kinds of collaboration platforms are needed.*

(4) Relief offers and support for informal caregivers

Challenges: *Informal caregivers cover most of the care of care-dependent relatives living at home. They are either responsible in addition to their regular job, or they must be available 24/7. The burden is heavy. Therefore, they need different kinds of support. In addition, the number of informal caregivers is decreasing.*

Specific target 4: Develop new relief offers and support for informal caregivers.

⁷ <https://www.gov.uk/guidance/enabling-integrated-care-in-the-nhs>

Explanations for target 4: Informal caregivers are mostly relatives but also include friends, neighbours, and volunteers. With increasing care dependency and decreasing state contribution and resources, the importance of cost-effective forms of care and the role of the families is inevitable. By supporting informal caregivers, the whole system of care could be more effective. There is a good example from local governments, where they realised that with the provision of (both financial and methodological (training) and mental) support for informal caregivers, the seriously overloaded local care system could gain some capacity.

(5) Preventative measures to avert (early) care-dependency

Challenges: Preventive measures could make it possible to delay or even prevent people from needing care (active ageing). Examples are regular sports and exercises, a healthy diet, or social inclusion activities to prevent loneliness. From the European Commission's point of view, active ageing means helping people to stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society. Addressing the ageing challenge and turning it into an opportunity depends on extending working lives, developing supplementary pensions, and ensuring that all workers have access to adequate social protection, including pensions. The Commission supports the Member States' actions in this respect: The European Innovation Partnership for Active and Health Ageing is fostering innovation to raise healthy life expectancy. The Social Protection Committee is looking at ways to provide adequate and sustainable long-term care in ageing societies by investing in preventative care, rehabilitation, age-friendly environments, and more ways of delivering care that are better adjusted to people's needs and existing abilities. EU programmes such as EaSI and the ESF have funded projects to develop and apply comprehensive active ageing strategies.⁸ Still, there is a big demand in participating countries for successfully implemented active ageing strategies which fit into the relevant strategical framework of the relevant region or municipality. There is a need for concrete (comprehensive) offers for the target groups.

Specific target 5: Improve and increase preventative measures to avert (early) care-dependency

Explanations to specific target 5: There is a need to develop specific offers that help to prevent (early) care dependency in rural and urban spaces, e.g., courses on healthy living, including healthy diet or sports activities. The financial situation of persons also affects ways of healthy life and active ageing. If (early) care dependency can be averted for several people, it has a positive impact on the whole system.

(6) Care professionals

Challenges: In Europe, we have a massive lack of qualified care professionals. There are many concerning effects of the staff shortage and lack of care professionals—the first being patient mortality. There have been several studies that show links between short-staffed facilities and

⁸ <https://ec.europa.eu/social/main.jsp?langId=en&catId=1062>

higher death rates. OECD report⁹ provides a detailed picture of long-term care (LTC) workers: 90% are women, over 20% are foreign-born, and over 70% of LTC workers are personal caregivers with low entry requirements into the job, with 56% of workers being in institutions and the rest working in individual homes.

Carers are often not well equipped



70% of the LTC workforce are personal care workers, with very low entry requirements into the job.



LTC jobs are physically and mentally taxing: over half of workers are exposed to risk factors, but fail to be well trained and supported, often compromising care and safety.

The report highlights the main functions and tasks of LTC workers and finds that care is often more complex than generally portrayed and that LTC workers are often not well-equipped with the right skills. In more than two-thirds of countries, personal care workers' tasks go well beyond the activity of daily living provision (i.e., help with dressing or hygiene) and involve cooperation with other professionals. In more than three-quarters of countries, nurses working in the LTC sector perform case management tasks, and they lack sufficient geriatric and interpersonal skills training. Most workers do not stay long in an LTC sector that is characterised by a high labour turnover because of poor working conditions. Pay is 35% lower than in the hospital sector for workers in the same occupation; the rate of part-time work is often twice as high as in the overall labour force, and more than 60% of workers are exposed to physical risk factors.

Specific target 6: Increase numbers of care professionals and other alternative support such as volunteers.

Explanations for specific target 6: Considering the emerging demands in home care, steps need to be taken at all levels to increase the social and financial recognition of formal, well-trained professionals in home care services. New, innovative solutions must be experimented with for alternative support, such as community-project or volunteerism. The role of the care professional must be the case manager, organising a care support system around the patient. We also need to improve the image and conditions of the job care professional. For the Danube Region, circulating approaches of professional care staff may support all countries. An example of a circulating approach could be: A young person from Bosnia participates in the European Volunteering Service at an outpatient service in Austria. Because the persons liked the work with care-dependent people decided to do vocational training in care after the volunteering services. The young person returns after five years working in Austria to Bosnia and start an own outpatient service business with the support of the Bosnian D-Care Lab.

⁹<https://www.oecd.org/health/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm>, <https://www.oecd-ilibrary.org/docserver/92c0ef68-en.pdf?expires=1631052646&id=id&acname=quest&checksum=2C44B00E140045FF6019C134A46795BD>

(7) Empower local communities

Challenges: *In rural areas, local communities are still very important, but because of changing societal conditions, many people move away from rural areas. Urban areas are often more anonymous and individualistic organised. There is a lack of a real caring communities.*

Specific target 7: Empower local communities to develop better support structures for care-dependent people and their relatives in local environments.

Explanations to specific target 7: *There is a need for combined care professional-citizen-technology-mix to solve the massive challenges in the supply of care-dependent persons in their home environments. Several years ago, Baden-Württemberg already started the innovative strategic policy initiative "Quartier 2030" to empower local community initiatives and strengthen neighbourhoods. In well-functioning municipalities beyond high-level public services, the "quality" of the local community is a key element. A vibrant, harmonious, and inclusive community could provide with joining together important informal home care services.*

The D-Care Labs as a new intermediary support structure

How can innovations in the field of home care be developed?

In the business world, it is recognised that specific innovation support structures are required. In the social area, these kinds of promotion are mainly focused on so-called social start-ups, which make up a relatively small market share and try to solve different social challenges. Several social innovation labs have been formed in several European countries. Based on the idea of a social innovation lab, there is a need for a specific social innovation structure focusing on the topic of home care and community-based services, which offers support for different kinds of actors in the field (e.g., private and public social service providers, local authorities, volunteering initiatives, social start-ups, IT companies). The following targets focus on intermediary structures for enabling social innovation processes by various stakeholders.

(8) Spaces for experimentation

Challenges: *In the field of home care, actors rarely have any space for experimentation to develop new solutions. If non-profit organisations receive additional funding for conceptualising pilot initiatives, failure as an option is usually not excepted. It is expected that every initiative produces the results which were promised in the respective funding applications. Social service providers often do not have capacities to develop new solutions without any additional financial support. For a couple of years, social entrepreneurship approaches have been introduced in some organisations and social areas. Social entrepreneurial culture and mindset can potentially support transformative processes in the home care field. In this way, failures are part of the development and learning process, which may lead to better and improved home care services and products.*

Specific target 8: Create spaces for experimentation, where new or improved home care services and products are developed.

Explanations for specific target 8: *The lab format as innovation support programs (e.g., incubators, accelerators) are accepted approaches in the economy. In Europe, there are also some lab approaches for the public sector (e.g., Mindlab in Denmark). The target group of social innovation labs are often mainly social start-ups. The D-Care Labs aim to bring together different stakeholders from all relevant sectors, such as social service providers, local public authorities, enterprises like IT companies or volunteering initiatives. The lab aims to provide a collaborative, experimental and interdisciplinary space to address complex challenges in home care. The iterative process is based on experiential learning, trial and error and the attempt to test prototypes of new solutions as early as possible with different users (beneficiaries) and expert groups. The human-centred design of the D-Care Lab programs (incubator) includes the following phases: (1) Identify a particular home care service/product need and empathise with the user group, (2) understand the root causes for the identified need and start ideating new solutions, (3) clustering and rating ideas and start prototyping, (4) testing the prototypes, (5) develop a business model for the prototypical solutions and (6) pitch prototypes and business model to potential business partners and social investors. The iterative process allows failures as part of the learning process, which helps to develop other or improved solutions. By bringing diverse perspectives and expertise together, the D-Care Labs can help to create more inclusive and resilient communities and drive positive change in home care and community-based services.*

(9) Interregional social innovation structures for home care and community-based services

Challenges: *In Europe, nation-states, their regions and local areas are responsible for social policy and social service provision. According to Lisbon Treaty (2009), the EU is responsible for improving working condition frameworks, supporting labour mobility and recognition of qualifications within the EU, social dialogue between employers and employees, promoting gender equality, combating discrimination as well as facilitating collaboration among EU states in the field of social issues and employment. Moreover, in the past years, EU-level pillars, strategies, and guidelines have been elaborated. The two most relevant documents for home care are the interinstitutional EU Pillar for Social Rights (2017) and European Care Strategy (2022). However, although EU members and Non-EU states in the Danube Region face similar challenges in the field of home care, there are no real transnational collaboration structures to learn from each other or to develop joint solutions.*

Specific target 9: Establish interregional and regional D-Care Lab structures to support social entrepreneurs and intrapreneurs to develop new innovative home care services and products.

Explanations for specific target 9: *The regional D-Care Labs aim to solve challenges defined by the European Care Strategy and to support the implementation of targets of the European Pillar of Social Rights. We need interregional collaboration structures because we face similar challenges, and we can create synergies if we connect different innovation ecosystems across Europe.*

(10) Platforms for policy dialogue and new ways of public-private collaboration

Challenges: *The challenges in the field of home care are enormous. No single actor, institution or organisation can solve these problems alone. No matter how much political power someone has. There are often conflicts about certain positions between resorts of ministries or different public institutions. Instead of focusing on solving problems together, they are often stuck in these conflicts or system challenges. Innovation also demonstrates that the best solutions involve a variety of different perspectives. Innovation is promoted by diversity. Therefore, we need new ways of dialogue and collaboration.*

Specific target 10: Establish more and better constructive dialogue and cooperation between policy level and social service providers and beneficiary representative organisation.

Explanation of specific target 10: *The regional D-Care Labs offer new forms of dialogue and collaboration of a variety of actors. Innovation approaches in policy dialogue may help to overcome the above-mentioned challenges.*

(11) Interregional community-building and collaboration

Challenges: *There is only rarely interregional cooperation in the field of home care and social innovation. Usually, there are only project-based activities which hardly sustain. There are EU programs- on the national and regional levels, but service providers are not involved.*

Specific target 11: Enable interregional-regional community-building and knowledge creation (including dissemination of best practices and allow local adaptations).

Explanations to specific target 11: *A Danube Region community of practitioners who share knowledge and experiences of innovative home care services and products create synergies. The interregional D-Care Labs structures aim to support this community-building process online and offline.*

(12) Ecosystems of social investment

Challenges: *In many Danube Region countries, social services are underfinanced and often, there is a lack of coordination between different funding instruments. Fundamental issues around home care include what is provided, to whom and how it is best funded. The mechanisms for resourcing and purchasing home care are closely related to the principles of eligibility for health and social services: universalism or targeting, entitlement and/or budget constraint and systems of assessment, boundary-setting, and cost-shunting. Funding issues include how resources are raised (such as via taxation, user contributions, individual payments, and market-type mechanisms) and how these are allocated to the individuals, such as services, vouchers with restrictions on how they are spent and cash payments without restrictions on how they are used. The consistency and sustainability of current systems for funding home care across Europe vary considerably, with evident disparities in terms of fundraising and distribution, access and quality of services, reimbursement mechanisms, public versus private delivery mix, degree of population coverage and satisfaction. Nevertheless, although funding arrangements across Europe are diverse and variable, there is a widespread trend to seek greater sustainability*

in light of increased demand. Common mechanisms include: Withdrawing some types of publicly funded home care services, such as help with cleaning and other household tasks, and providing cash-limited cash payments or vouchers rather than professional services (market mechanisms).¹⁰ Funding for social innovation structures is rarely available.

Specific target 12: Establish ecosystems of social investment to enable social innovation in home care.

Explanation to specific target 12: *The aim is to establish ecosystems of social investment to enable social innovators and D-Care Lab providers better access to different kinds of financial, social, and human capital. The ecosystem shall support the sustainability of innovation structures and home care innovation themselves.*

3. Strategy implementation

3.1 Interregional cooperation structures and the D-Care Lab model

The nine regional D-Care Labs provide space and support for the creation of innovative home care services and products. The iterative process is based on experiential learning, trial and error and the attempt to test prototypes of the new solution as early as possible with different users (beneficiaries) and expert groups. The D-Care Lab program takes several months and allow innovation teams to work also independently on their solution. The lab program comprises the following phases: (1) Identify a particular home care service/product need and empathise with the user group, (2) understand the root causes for the identified need and start ideating new solutions, (3) clustering and rating ideas and start prototyping, (4) testing the prototypes, (5) develop a business model for the prototypical solutions and (6) pitch prototypes and business model to potential business partners and social investors.

Regional D-Care Labs respond to current service provision needs in home care as a collaborative, participative and cross-sectoral way of fostering social innovation. On a strategic level, the lab approach in D-Care Labs ensures an open innovation process in which multiple stakeholder groups are involved in the process and implementation of social innovation. The unique feature of the lab approach lies in the combination of a bottom-up and top-down approach. The predefinition of the thematic framework, such as 'home care innovation' invites entrepreneurs and intrapreneurs to define it more precisely as a problem and to develop solutions on this basis in an iterative process. This way, the D-Care Labs engages heterogeneous participants to leave existing care practices behind and to reframe the institutional context.

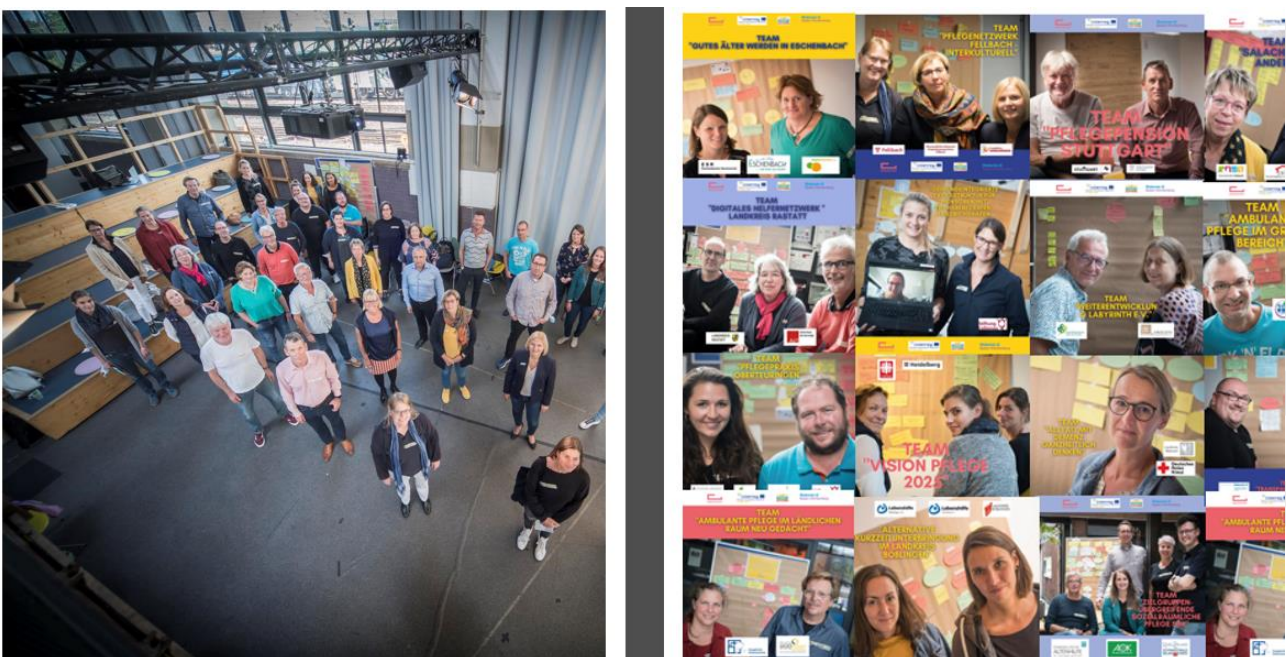
The key here is that these solutions are not developed in a sealed-off setting but driven by the multi-perspectivity of entrepreneurs/intrapreneurs, stakeholders, as well as user and customer groups, which are actively integrated into the process of business model development.

¹⁰ https://www.euro.who.int/__data/assets/pdf_file/0005/96467/E91884.pdf

In different phases of divergence and convergence, the lab participants work on the development of innovative solutions and are in exchange with their stakeholders for this purpose. However, the strength of the approach comes primarily from the systematic, methodical application of these phases in different steps. The functioning of the lab could thus be described as a combination of methodologically supported structure and iterative, collaborative processes.

The methodical steps of a social business model development underline the multi-stakeholder approach - a process that initially focuses on the involvement of civil society and clients and in the further course of the lab cycle, can be described as the integration of political, market-based and service actors. This is how social innovation labs can perceive different sector functions and combine them as hybrid social innovation solutions. Therefore, the first important step is a qualitative needs assessment to reframe the challenges of care from the view of beneficiary groups. This process of social innovation begins with the perspective of those who need care and nursing support. A deep understanding and problem analysis through a qualitative needs assessment is the basis of the solutions generated within the further process. The following steps of the lab cycle consist of the idea generation and hypothesis-driven testing of the solution, where beneficiary groups are again involved, and their feedback is integrated into the refinement of potential prototypes. Aiming at developing marketable solutions, social entrepreneurs and intrapreneurs get in touch with political and financial stakeholders. As they occur within different roles in a wider network of social innovation stakeholders, the D-Care Lab approach invites them to co-create implementation and diffusion strategies with the social entrepreneurs/intrapreneurs. So, in the later process of the lab cycles, the sustainability of the new solutions is provided by coaching and co-creation of social investors, which provide very different resources. Apart from the financial support, these formalised actors also function as promoters or political supporters. All the lab characteristics together allow the openness and flexibility needed to be adapted to different ecological contexts, such as welfare state conditions or specific regional needs.

Examples of D-Care Lab innovation teams:



We jointly developed and pilot-tested D-Care Labs in nine Danube Region countries: We have a great geographic coverage from wealthier countries at the source of the Danube to poorer states around the Black Sea.

D-Care Labs



In our D-Care Labs partnership, we share different kinds of knowledge, expertise, and background. Our diversity also supported our innovation processes of establishing social innovation labs for the field of home care.

Involved partners are:

(Support) organisations in the field of home care service provision: Töosz – Hungarian National Association of Local Authorities, Federation of Social NGOs in Bulgaria, Federation of Social NGOs in Transylvania Romania, Serbian Network of Organisations for Children of Serbia and Agapedia Moldova, are umbrella organisations of social service providers or delivering social services themselves.

From their point of view, home care faces pressing needs for social innovation. This is also true for the umbrella organisation Diakonie Baden-Württemberg with members in the field of care and Caritas Vienna as social service providers. These two partners did already have some experience in processes of social innovation and were able to further elaborate, test and establish sustainable social innovation structures for the field of home care in their regions. The Bosnian Partnership for Public Health Association is a case for an innovative bottom-up initiative for the active ageing of older people. Hence different kinds of care-dependent target groups are covered by the partnership: older people, people with disabilities and children with special needs.

Professional lab providers: Mozaik Foundation/Bosnia, Act Group/Croatia, and Grünhof Social Innovation Lab/Germany share knowledge and experience of social innovation programs, community-building and social investment with Danube Region partners.

Scientific partners: The University of Heidelberg (Centre for Social Investment) acted as a transnational partner that guided and accompanied the establishment of the social innovation structures "D-Care Labs" and will provide scientific support in the future. As a leading scientific

institution in social policies and the role of the Third Sector, the University of Zagreb was scientifically supporting the Croatian partner Act Group and will get more involved in transnational scientific accompaniment in the future.

The Centre for European Perspective Slovenia promoted the D-Care Labs initiative in Slovenia and the whole Danube Region. Therefore, the newly formed social innovation structures D-Care Labs bring together diverse knowledge and experiences. Currently, D-Care Labs cover nine countries of the Danube Region.

3.2 Impact measurement and concluding remarks

The partnership jointly developed an impact measurement system to assess the newly established interregional D-Care Lab social innovation structures and their impact on the implementation of the Transnational Lab Strategy. The partners agreed upon a blueprint of impact categories and indicators. The final indicator set for impact analysis is characterised by a mix of impact and output-oriented indicators and a mixture of quantitative and qualitative assessments. The following summary is based on the impact measurement report and summarises results according to category, indicators, and results of the impact assessments.

Category	Indicator	Summary
Knowledge of operator	Increase of knowledge of lab provider (e.g., increase of knowledge innovation processes) (qualitative assessment)	The D-Care Labs project contributed to a significant increase of knowledge of partners in the field of social innovation programs that facilitate support for social entrepreneurs and intrapreneurs for developing new solutions in home care and community-based services. The Transnational Lab of Lab as was an important space for sharing experience and creating new transnational knowledge among European partners.
Reputation	Improvement of reputation because D-Care Labs program (qualitative assessment)	The partners gained national and international reputation because of D-Care Labs project. They were invited to e.g., UN Conference Ministerial Aging Conference, EU macro-regional week, European Social Economy Summit and to many national events. The national labs received more national recognition because of being part of a European collaboration.
Regional partnerships	No. of network partners created through D-Care Lab, types of network partners (e.g., local public authority, university), quality of collaboration	In addition to national partners and associate strategic partners of the Interreg partnership, D-Care Labs partners established new collaborations with in total 62 organisations in different countries on the level of regional labs: Scientific partners, local NGOs, umbrella organisations, national agencies and ministries, local authorities, service providers, for profit companies, foundations, banks, financial institutions, insurance companies. The intensity of cooperation varies but, in many cases, they were important part of the D-Care Lab support structures and help to disseminate results of the initiative.

External experts	No. of additional external experts involved in D-Care Lab; qualitative assessment of involvement	83 external experts were involved in implementing the pilot test of the D-Care Lab programs. The advantage of inviting external experts lies in their specific knowledge (e.g., digitisation in home care, organisational specialists). Most teams involved 5 – 10 external experts.
Social investors	No. of social investors identified and established relationships	About 200 social investors were identified by the D-Care Lab partnership. Public and private social investors provide financial, social, and human capital. Therefore, they are important for the sustainability of regional innovation programs and the home care innovations. We established many relationships and collaborations with social investors.
Impact on Organisations of lab providers	Influence of new D-Care Lab program and European project organisational development (qualitative description)	The lab providing partners have widened the perspectives of their teams and changed the way the organisation itself responds to innovation (e.g., application of social innovation method box developed during project, establishment of the new Diakonie Baden department "Innovation and Sustainability"). Several internal processes of lab providing partners were standardised and professionalised while digital collaboration tools became more widespread. Competences and knowledge in social innovation and social entrepreneurship as well as management and social investment/fundraising have greatly increased. Partners have strengthened their networks and gained more visibility.
Qualified social entrepreneurs/ intrapreneurs	Survey for all lab participants (self-assessment of own entrepreneurial competence development through D-Care Lab programs)	205 social entrepreneurs and intrapreneurs were qualified by the 9 D-Care Lab programs. Participants attended a survey which consisted of two parts: In the first part, all participants assessed to what extent they attend in the D-Care Lab cycle contributed to the development of their own entrepreneurial competences (ranking between 0 (= no competence development at all) and 4 (= high praise of competence level)). The overall competence development was confirmed by the participants to a quite high extent. In the second part, they evaluated the respective D-Care Lab program itself. All programs were very positive assessed.
Home care innovations	No. of home care innovations differentiated by types of strategy targets and classification of strategy targets; short descriptions of different innovations	In total, 50 home care innovations (target 1) were developed in the 9 D-Care Lab programs in the pilot phase. Out of them: 7 integrated home care innovations (target 2) 16 digital home care innovations (target 3) 10 home care innovations which support informal caregivers (target 4) 20 home care innovations which prevent care dependency (target 5) 10 home care innovations which support increase of professional care staff or alternative support (target 6)

		12 home care innovations which empower local communities (target 7). In the annex, a selection of home care innovations are presented in detail. Remark: 1 innovation may fall into different target categories.
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To sum up, the D-Care Labs proved to be an excellent space and support for the creation of innovative home care services and products (strategy target 1 – 7). The iterative process is based on experiential learning, trial and error and the attempt to test prototypes of the new solution as early as possible with different users (beneficiaries) and expert groups. Social entrepreneurs and intrapreneurs are professionally accompanied by lab staff, social investors, and further experts. The Labs are also platforms for knowledge exchanges with other innovation teams and enable wider network-building in the region and beyond in Europe. The innovation programs not only facilitate service/product development but also have an impact on organisational development, especially on existing social service organisations. In the program, social intrapreneurs and social entrepreneurs learn and apply new methods, ways of working and collaborating. All D-Care Labs developed strategies and approaches for continuing their labs after the project end.

The ecosystems of social investment help to sustain the innovation structures and implementation of home care innovations. However, in the pilot test of the D-Care Labs (incubators), it became clear that professional accompaniment in later phases of the innovation process is also important: Developing new accelerator innovation programs may offer support for further implementation phases and scaling of solutions in the field of home care. In public services of general interest, there are also often system challenges which need to be solved. A system innovation lab format would allow multiple stakeholders to work on solving such a system challenge on an eye level. For example, in all partner countries, it is very challenging to integrate home care innovations into the refinancing system. Sometimes there is even no financing structure for home care. Therefore, there is a need for evolving mechanisms to integrate home care innovations better and faster into the respective systems. Moreover, improved wider framework conditions are also required: Since we face in many countries a high level of bureaucracy in the field of home care, the establishment of more flexible and responsive frameworks would help to tackle significant challenges. Some countries also lack monitoring systems for service quality.

4. Annex 1 Examples of home care innovations from the D-Care Labs



Home Care Innovations - Austria



D-Care Lab Austria

In a user-centred iterative process of the social innovation D-Care Lab in Vienna, around 103 ideas emerged, from which 3 prototypical solutions for the respective challenges were developed. Two external facilitators accompanied the regional team through the design thinking process. At the end of the process we went further into testing and product development with one solution (Kuckuck).

The starting point of our design thinking process was a survey of the central needs in the care sector of Caritas Vienna. We were able to focus on 3 topics: Loneliness, mental health and time management of carers.

Three solutions were developed: Kuckuck, Sinnday, Carinote.

Caritas Vienna decided to go further with one of the solutions (Kuckuck) into the product development phase.

Following the design thinking process, we go on along the canvas business model for Kuckuck and to lay a foundation for piloting and further testing of the product.

Home Care Innovation - Austria

1 Regional team & country

For the process (incubator), we tried to get as many relevant stakeholders on board as possible. We had participants from various backgrounds: innovation, technical companies, from the university sector, start ups, concerned and carers. The team consisted of 16 people who worked on the topics in 3 small teams.

2 Type of innovation

Kuckuck is a digital meeting space that allows people to get to know other people quickly and easily in a playful way. We developed a platform to help people meet other people in a fast and uncomplicated way.

3 Brief description of the innovation

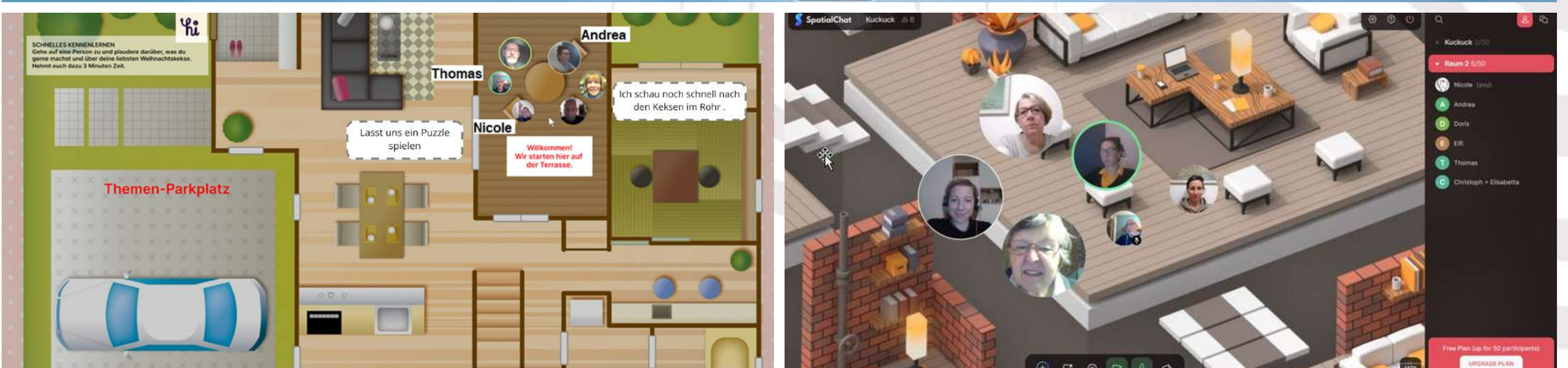
Kuckuck wants to counteract loneliness and bring people together a little more. From our research, we know how difficult it is for many people to approach new people or to get involved with the unknown. That's why Kuckuck offers a digital space where people can get to know each other in an informal and playful way. Kuckuck can be reached via a landing page, behind which we work with existing tools.

What is our USP:

Our digital platform Kuckuck for making new contacts/ helps people (50+) who would like to meet new people by breaking the typical barriers (artificial atmosphere, discomfort) when getting to know new people and enables socialising in an informal atmosphere in a group by doing things together (playing games, having conversations, exchanging ideas,...).

Kuckuck is highly scalable: different areas in Caritas (parishes, meeting point - chat partners) but also other initiatives against loneliness can use our meeting spaces for different target groups. This makes Kuckuck a platform that bundles several digital services.

Kuckuck can be used throughout Austria/ worldwide.



Home Care Innovations - BiH



Social Innovation Lab - Bosnia and Herzegovina

The Bosnia D-Care Lab is a part of the Startup Studio - a digital incubator with three physical spaces across the country located in Sarajevo, Banja Luka and Bihać. 6 social innovation teams worked on the development of their business model. They received continuous one-on-one mentoring support throughout the process.

Home Care Innovation - Bosnia and Herzegovina

1 Regional team & country

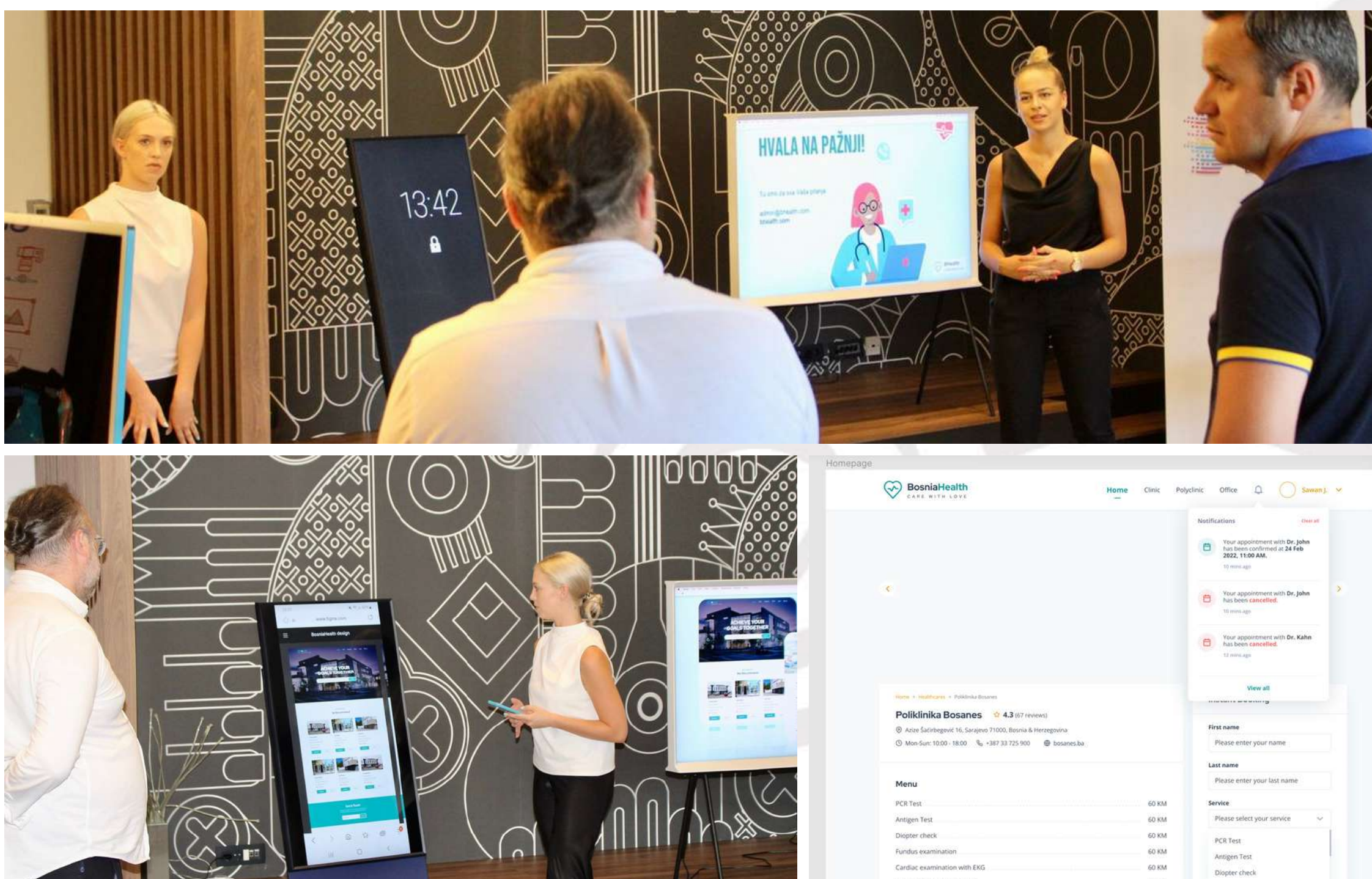
A team consisting of three young entrepreneurs, joined the BiH D-Care Lab as individual participants.

2 Type of innovation

Smart solution called BosniaHealth - Care with Love is a digital platform or app enabling patients to search and filter through different health care facilities.

3 Brief description of the innovation

The aim of this application is to improve the health care system in Bosnia and Herzegovina. Patients will be able to search services, filter them, compare prices and schedule appointments with more consistent examination of private clinics, polyclinics and other health care facilities. The aim of this project is to improve the health system in Bosnia and Herzegovina and provide the country with remote solution. The main motives for developing this app are the unorganized health system and difficulty of making an appointment with the doctor due to the busy lines, as well as the absence of such an application where the customers can find information regarding all health institutions, which are reliable. The application would offer a more consistent view of all clinics, polyclinics, and health offices in the country. Therefore, the patients will be able to search services, filter them, compare prices, and make an appointment. The proposed solution would not only provide higher level of medical digitalization in Bosnia and Herzegovina, but also facilitate the customers and employees by easier navigation.



Home Care Innovation - Bosnia and Herzegovina

1 Regional team & country

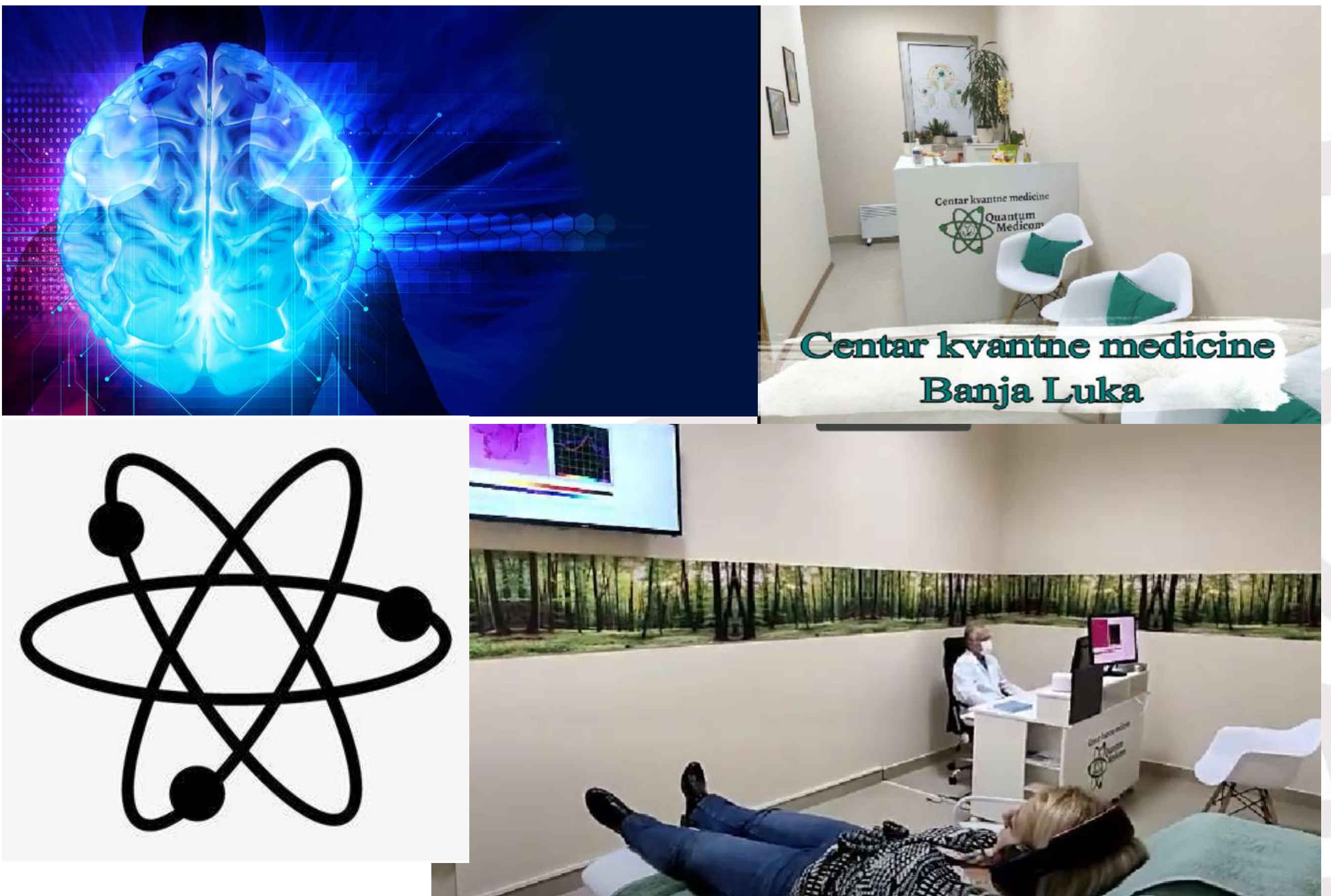
Quantum Medicum team consist of three people from Banja Luka, Bosnia and Herzegovina

2 Type of innovation

Quantum medicum center is new service center in Bosnia and Herzegovina developed by young entrepreneur and her team that consist of two people (among them it is her father who is a retired doctor)

3 Brief description of the innovation

This is a new approach to diagnostic that have the opportunity to solve health problems still unresolved by conventional medicine, specifically in the areas of chronic and degenerative diseases. It allows to see the complete organism - a holistic approach, and in a quick, painless way and without harmful radiation. Qunatum Medicum recognized the potential in the offered solution together with Startup Studio and decided to expand the business model through the franchise model and open new centers in BiH.



Home Care Innovation - Bosnia and Herzegovina

1 Regional team & country

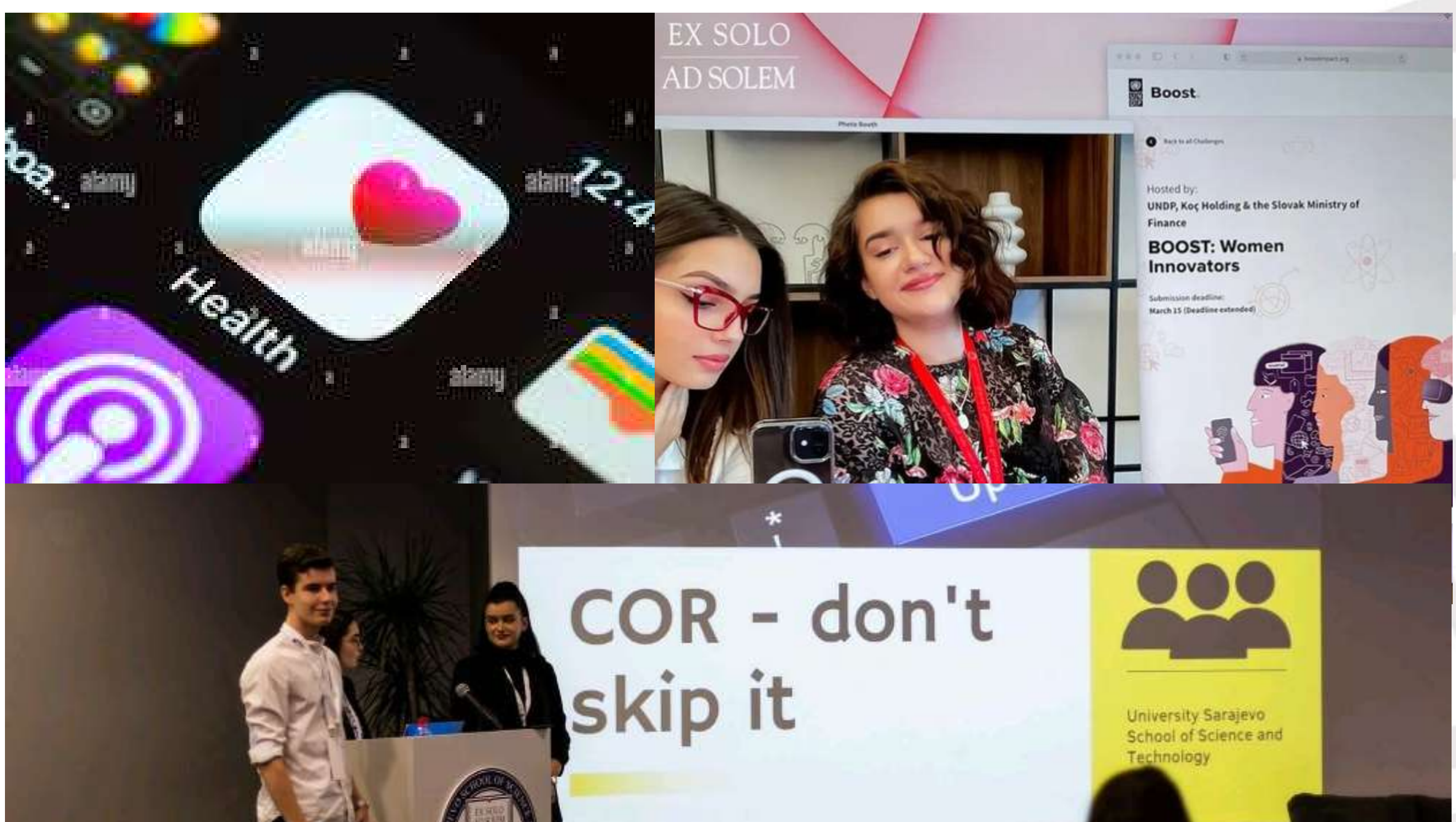
COR - don't skip it team consist of three people from Sarajevo, Bosnia and Herzegovina. All three team members are students of Sarajevo School of Science and Technology

2 Type of innovation

"COR – don't skip it" app for monitoring heart health was chosen as one of the 55 champions taking part in the Women Innovators program by UNDP Europe and Central Asia's BOOST, a regional acceleration program for social impact innovation

3 Brief description of the innovation

COR don't skip it is a symbolic name of the application because primary goal for development of this app is heart health. It is created for people who have heart problems but also for those who wants to monitor their health as a a preventive measure. It is a cheap small device that constantly monitor changes in heart rate, and patients are able to carry it around their arm. With careful monitoring of the heart beat, the application will be able to immediately report location and problem to emergency contact in case of some drastic anomalies. The ideal goal is full cooperation with the health system. By merging the collection of statistics and all the information received through device it is intended to create a connection between health care and technology. With this app, doctors have a complete insight into the condition of their patients, and thus will be able to make a better and more accurate diagnosis.



Home Care Innovations - Bulgaria



Social Innovation Lab - Bulgaria (LabSI)

The Bulgarian LabSI is one of the newcomer labs within the project. As the FSSB is in essence a network rather than an 'umbrella' of its member organizations and was established for members' benefit, it seemed important for the LabSI to focus on a target group of the social professions (intrapreneurs). In addition to the vocational training centre, which promotes and improves the competence of people from the helping professions, in the face of the Laboratory we have acquired a new structure to operate in the area of ideas and solutions to social challenges, especially those concerning fieldwork and affecting helping persons on the one hand, and the design of the home care on the other.

The pilot cycle on innovation in homecare took place online for the most part, and following the Design Thinking cycle, consisted of six modules - each consisting of two to three structured and as many more lean sessions as optional, where one of the modules was an iterative one, and another was extended with an additional optional qualifying training. The cycle ended with 7 innovative ideas/solutions at different stages of development and 16 participants qualified in entrepreneurship, validated through formative assessment during the Design-thinking cycle and the Business-modeling process, a Competence survey elaborated by Mozaik, and the EntreComp - Entrepreneurship Competence Framework by M. Bacigalupo et al. (2016).

Empowerment through Movement (Taking back control)



1 Regional team "EtM" - Bulgaria

A team was formed by three ladies, who joined the LabSI as individual participants - a humanitarian scientist and two physical therapists.

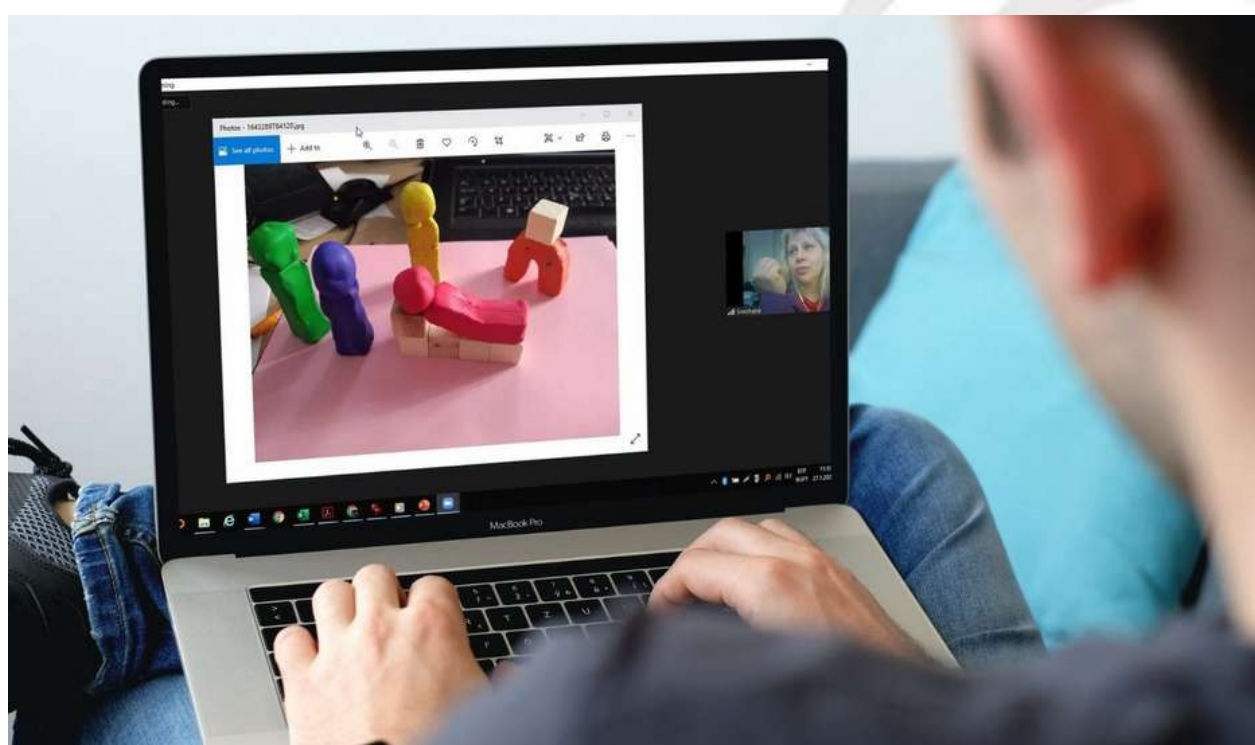
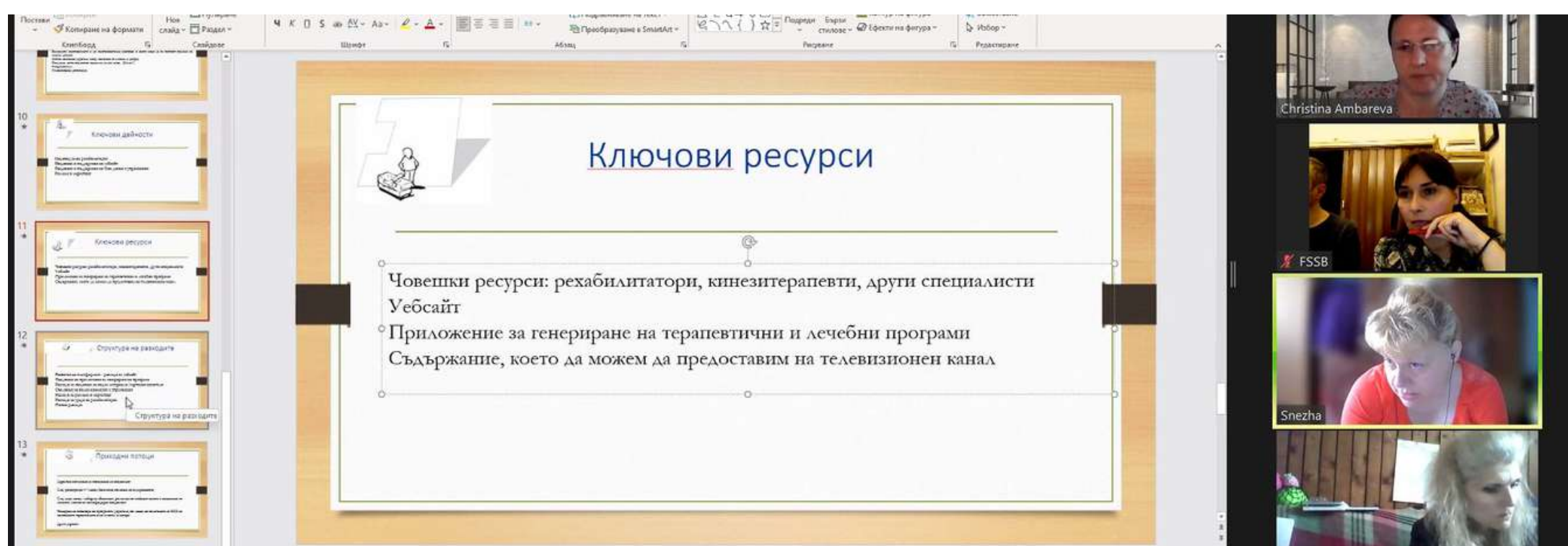
2 Type of innovation

Transformative. Digital. In the area of maintaining self-sufficiency and self-organizing daily activities and social life by preserving physical well-being of elderly women.

3 Brief description of the innovation

The three ladies who met each other as part of their participation in the Lab addressed the issue of care dependency of lonely elderly women.

They identified that the key to lasting functional independence and control over one's own life was curative exercises with an individual professional therapist. And since the service is expensive and cannot be executed on an everyday basis, the team came up with a smart solution to create an App for physiotherapists, where they could design customized routines. The elderly, their relatives and other caring professionals can access the customized routines via a lab partner's platform. A part of the business model is the engagement of socially responsible corporate clients to enrich their social work-package for their staff, providing such service to their employees', who live on their own in a different town.



Tele-care in Rural areas (Remote control)



1 Regional team "Dimovo" - Bulgaria

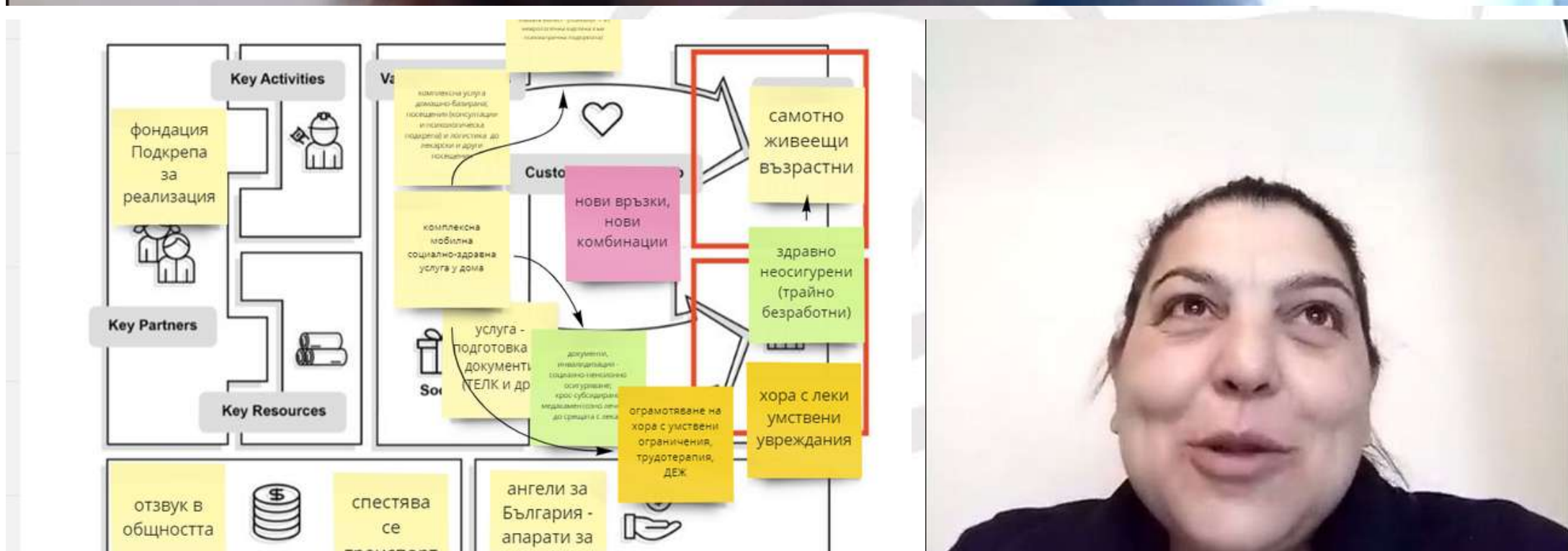
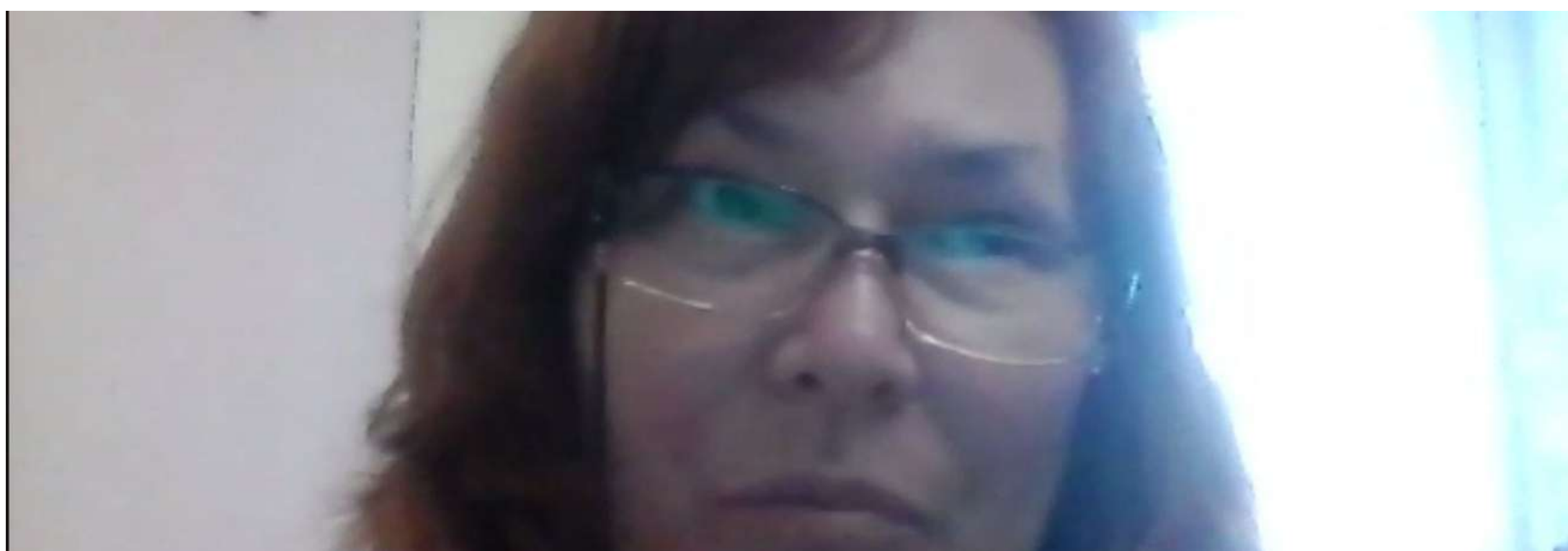
The team leader who is the head of the Centre for Social Rehabilitation and Integration – Dimovo in Northwestern Bulgaria (the poorest region in the EU) was joined by another staff member - O.T. specialist, during the last two modules of the lab cycle.

2 Type of innovation

Transformative (or sustaining organizational efficiency) innovation with a digital component and combining two different target groups' social needs, living in rural areas. A solution in the area of: cognitive and communicative abilities - for the long-term unemployed; and organizing daily social life for elderly or disabled people living on their own.

3 Brief description of the innovation

The team designed a telecare in-home service, in which a user who lives alone, logistically supported by the long-term unemployed young person, gets remote medical, legal, or other consultation via live online connection with a professional. The supporter assists in preparing any required application forms or paperwork needed prior to in-person visits in the city or elsewhere. The agile style of working on diverse daily needs requires very good alignment and effective coordination and communication between the professionals and local community members who are engaged with the individual needs of the supported individuals.



Supportive Decision-making Network (Shared control)



1 Regional team "Riviera" - Bulgaria

Association for Support of Persons with Mental Disabilities with their Centre for Social Rehabilitation and Integration "Chaika" and Day-care Center "Riviera" – Varna (a three-member ladies' team)

2 Type of innovation

Transformative innovation. Organizational solution with a digital component in organizing social life and independence of mentally disabled people.

3 Brief description of the innovation

To maintain independence and support the free choices of people with intellectual difficulties through establishing the Supportive Decision-making Network Model:

The team proposed a key role of the social facilitator, who would work with both the person and the parent; and elaborated the new job design with a procedure (protocol/script) for the first meeting of such professional with the user/client.

They used storytelling and real cases to promote the Model, prototyping interactive videos, where the spectator could try and take difficult choices instead of the family, for example. This way the network could get gain more publicity, support, and engagements.

Their distribution channel is the functioning own youtube channel called "Chaika TV", raising awareness about urgent issues, and seeing their clients as starring actors.



Mobile food supply - the Volunteers.BG

1 Team "Dobrovolcite" - Bulgaria

The team "Dobrovolcite" (the volunteers) was initially an informal group to take care of terminally sick people at the Alexandrovska hospital, Sofia started during the Covid-19 food supply on the street and mobile to poor, lonely living and sick people.

2 Type of innovation

Organizational innovation to mobilize voluntary manpower in local communities by franchising a food provision model.

3 Brief description of the innovation

The team of Foundation "Dobrovolcite" / Non-formal group of volunteers at "Alexandrovska" Hospital – Sofia (team leader Deyan Petrov, A.L.) tackled the problem of mobilizing voluntary manpower for social causes (feeding Mobile/street hot meals to the poor people in the neighbourhood) and networking donors with volunteers, helpers and other supporters thus their business model got them thinking about being a franchised brand, especially as they have a registered foundation: a food truck for delivering meals for poor people; the team elaborated an optimization of their model of organizational routine and a program for new volunteers.



Mobile hospice

1 Mobile hospice Ltd. - Bulgaria

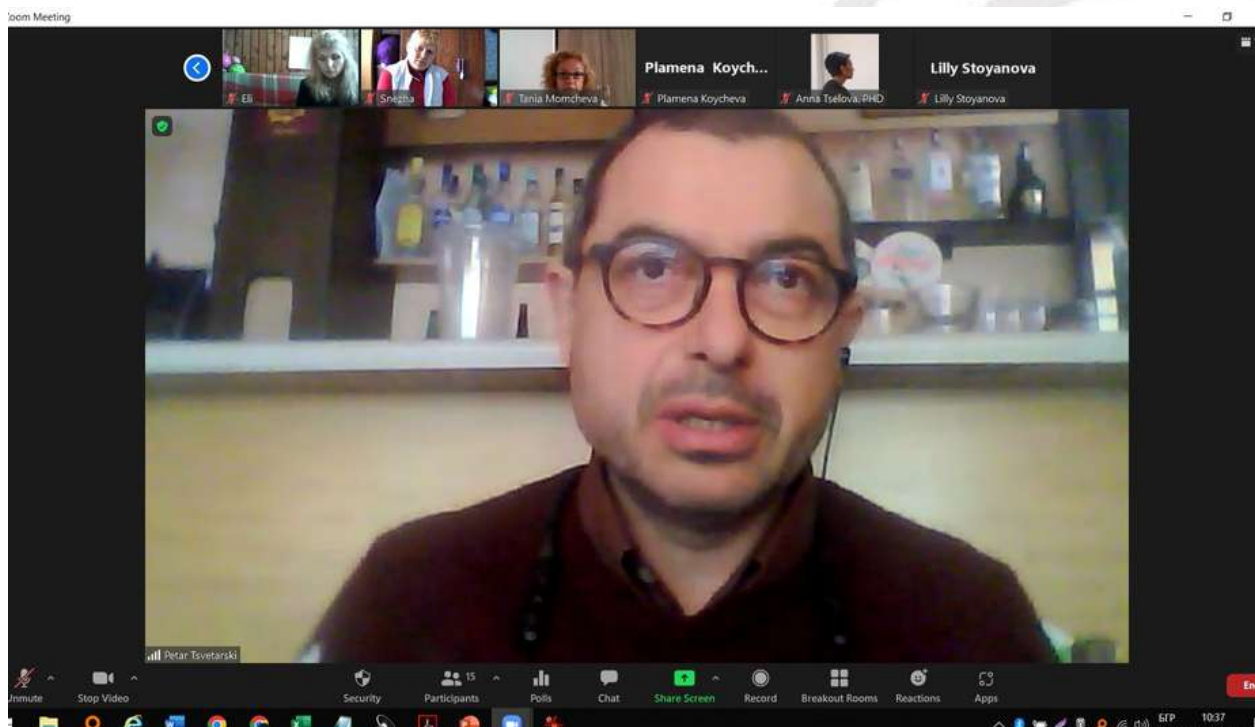
A two-member team of entrepreneurs, “Mobile hospice” Ltd. (Petar Tsvetarski, owner, and Elena Gigova).

2 Type of innovation

Organisational with a digital component

3 Brief description of the innovation

A two-member team of entrepreneurs “Mobile hospice” Ltd. revised their business model and in addition to caregiving services, started to offer medical supplies and sanitary products as an element of a compound service. This way they facilitate both caregivers and the patients and their families. Initially, they began to design a tool for performance feedback and a system for maintaining a database on caregivers' level of competence, as well as customer satisfaction, on which to base their hourly rate. Such an internal rating system would reduce tensions between employees and undercutting, as the caregivers sometimes tend to do.



Thermal bath and personal care (a project carried on by the lab team)

1 Team "Sign of love" - Bulgaria

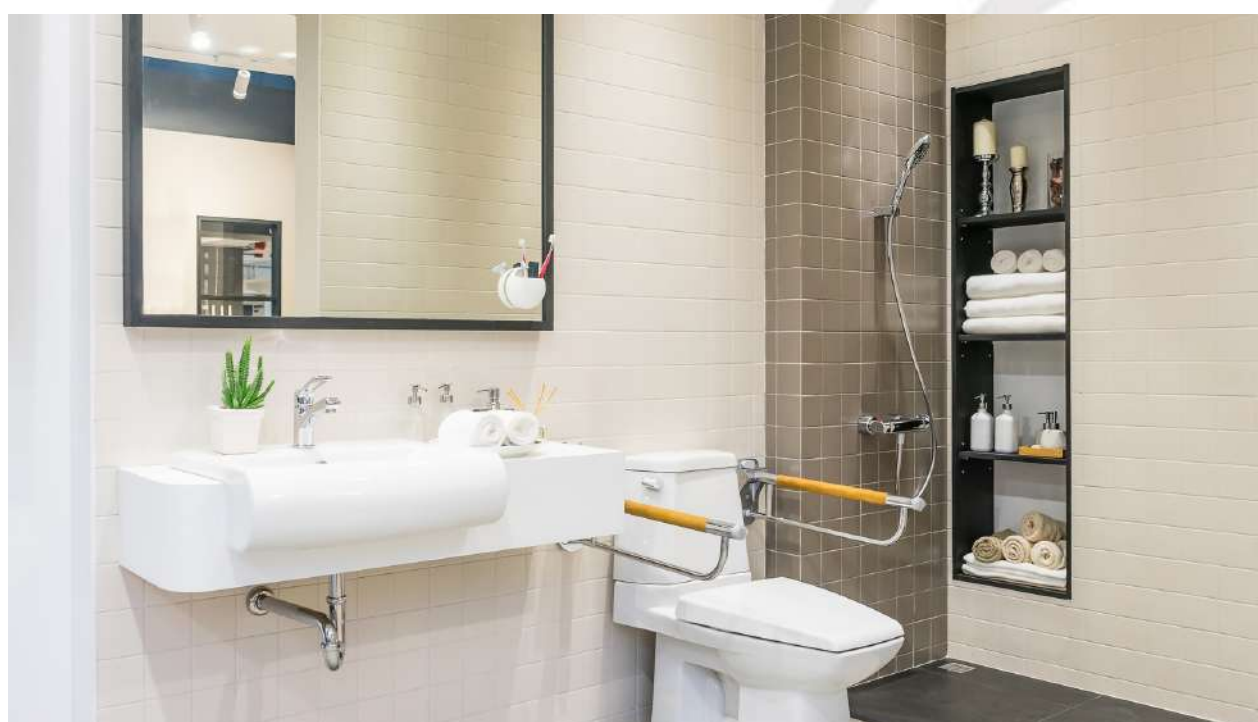
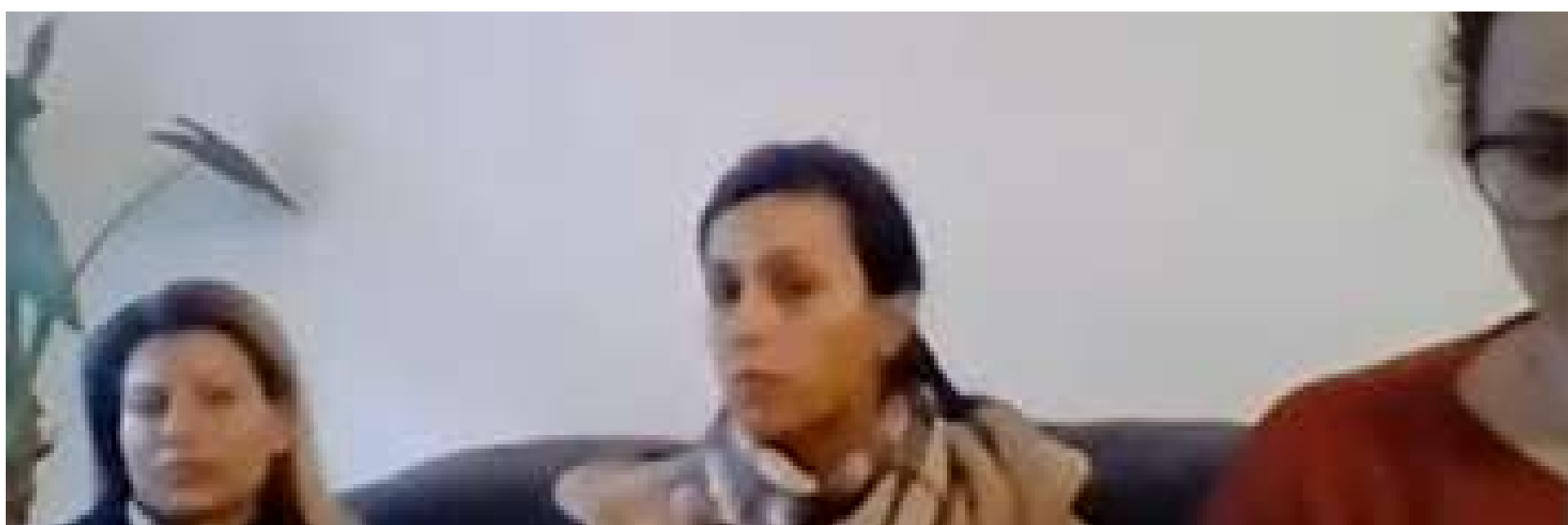
The Foundation "Sign of love" team, Gotse Delchev, is involved in a Daycare centre for elderly people and people with disabilities. They are seeking a solution to help their customers accept their new (permanent) condition and be supported psychologically.

2 Type of innovation

Improving the existing home care with personal service (thermal bath and hygiene); providing psychological support to the caring relative and home maintenance while the user is at her spa.

3 Brief description of the innovation

Additional specialized service of monthly out-of-home bathing and personal hygiene (haircut, nails, massage, etc.); and support to the relatives - caregiver (provided undercover or complimented with home maintenance), while the disabled person (most of the time – a child of the caregiver) is at bath/spa. Bulgaria is rich in thermal springs, and so is the region of Gotse Delchev, which is a great opportunity for testing and start-up modelling. A specially equipped bathroom with a small swimming pool and aids for carrying bedridden and physically challenged people would greatly ease, the lack of equipment and facilities in every home.



Social patronage - facilitating medical prescriptions and medicine deliveries

1 Team "St. Andreas" - Varna / Roncally - Burgas

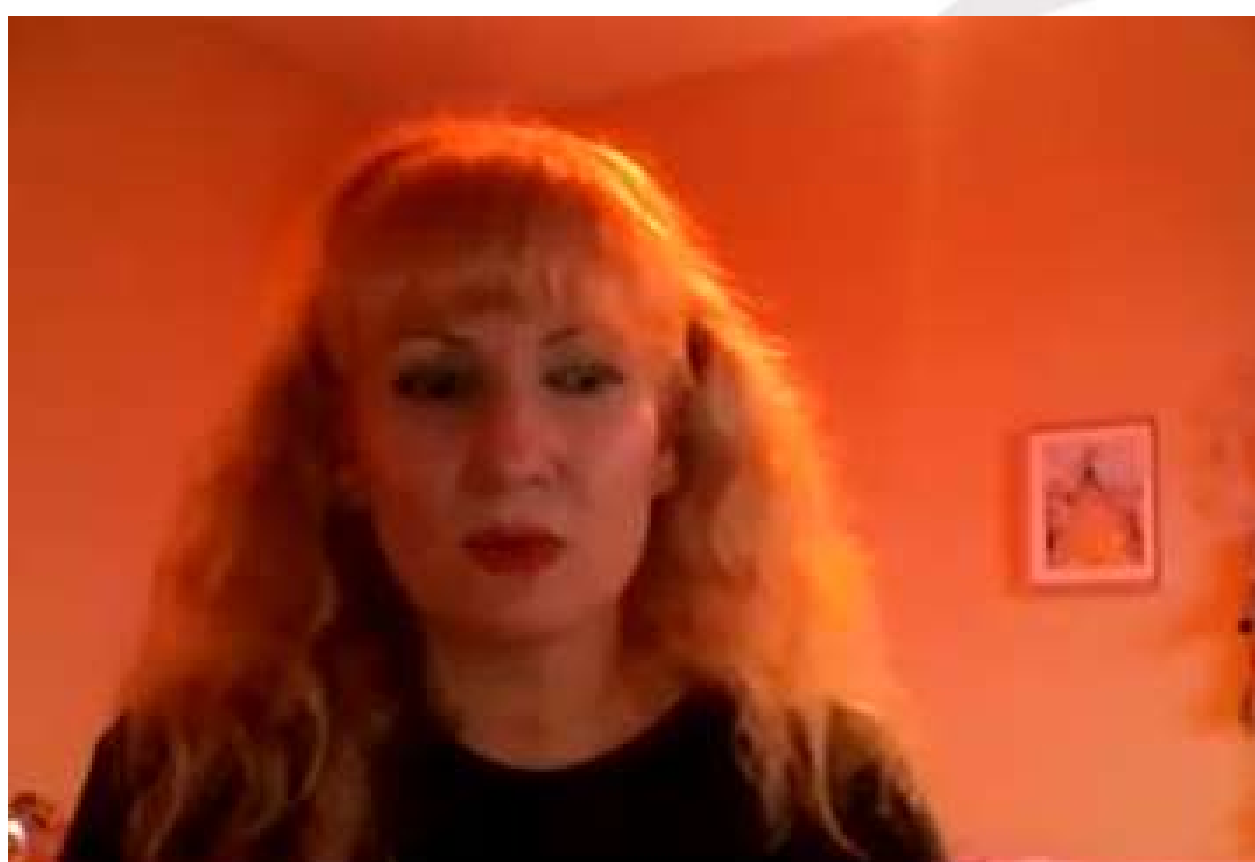
Representatives from partner/member Foundations "St. Andrey" – Varna / "Roncally" – Burgas (Julia Stoyanova and Maria Dimova) – worked on the idea of optimizing supporters' work and logistics of the patronage care.

2 Type of innovation

Organizational innovation with the improvement of existing service of social patronage in providing care.

3 Brief description of the innovation

Two ladies from partner/member Foundations "St. Andrey" – Varna / "Roncally" – Burgas (Julia Stoyanova and Maria Dimova) – worked on the idea of optimizing supporters' work and logistics of patronage care. They developed additional services with accompanying medicine prescriptions procedures for the chronically ill patients on permanent medication therapy, sparing several monthly visits to a physicians and the trips to the pharmacies.



Home Care Innovations - Croatia



Regional lab & country

The Center for Social Innovation is a support program for social service providers and social enterprises. CSI also offers mentoring services for the development of innovative services as well as support for innovators in the realization of ideas through the incubation program. CSI was created by ACT Group as a part of the D-Care labs network in 9 countries of the Danube region.

CSI participants are individuals and organisations motivated by organizational and personal development and a better understanding of the field of social innovation, and who want to contribute to the development of the ecosystem of social services in Međimurje County through innovative work on improving their service or product for the benefit of children, unemployed people, social enterprises/ start- to the elderly and infirm, as well as to the blind and visually impaired. 5 teams worked on the development of innovative services.

Home Care Innovation - Croatia

1 Green click!

Green click! is an association founded in order to improve, develop and raise the quality of life, especially in the field of sustainable development, ecology and with application to all social groups.

2 Type of innovation

We developed therapeutic activities for vulnerable social groups through a combination of permaculture/sustainable development/organic gardening and practical work with animals. New services are developed as a framework and specific programs to be adjusted in accordance with kindergardens, parents and home care centers.

3 Brief description of the innovation

Practical education/workshops to raise awareness of the broader community in the field of permaculture and sustainable development: organic gardening activities, work with smaller animals (therapeutic work), creation of permaculture models (e.g. hotel for insects, supporting plant community, irrigation, mulching, raised beds, a garden without a hoe, vertical garden, green roofs) which the collaborators would receive for permanent use so that they could continue to use them themselves and that they would be raised the quality of life, both in homes for the elderly and in educational institutions.

Home Care Innovation



Regional lab & country

The "D-Care Lab BW" is the innovation program for the development of new outpatient care concepts in Baden-Württemberg. Beginning in April 2021, it supported public, social-economy, entrepreneurial, and civic stakeholders in creating effective solutions for the current challenges in care. Until the end of the Project in December 2022, a total of 43 organizations in 16 teams were trained in effective innovation methods of design thinking or agile management and accompanied step by step in the development of an innovative outpatient care concept.

This is intended to stimulate and promote the implementation of innovations in the social sector. In addition, the "D-Care Lab BW" program serves to network the relevant players throughout Baden-Württemberg and is intended to result in a recommendation for action for political decision-makers. The "D-Care Lab BW" is carried out by Grünhof e.V. in partnership with Diakonie Baden as part of the Europe-wide and Interreg-funded project "D-Care Labs".

Grünhof e.V. offers funding programs, consulting, coworking, workshops, and events to increase the effectiveness, professionalization, and visibility of social innovation.

Home Care Innovation - Germany - Digitales Helfernetzwerk Landkreis Rastatt

1 Regional team & country

The public-private partnership consists of the County of Rastatt and the enterprise AVT in Baden-Württemberg in Germany. The social entrepreneur and IT expert Thomas developed together with colleagues from the county smart innovation. Of course, further stakeholders like municipalities of the counties and volunteers were involved in the Design-Thinking process.

2 Type of innovation

App Digital Volunteering Network

3 Brief description of the innovation

The App Digital Volunteering Network intends to support care-dependent persons. The core idea: Based on existing volunteering initiatives in local areas the App helps to organize volunteering help in a very easy and fast way. At the same time, it reaches new potential (young) user groups (volunteers).

How to use the App? A person can write the demanded support in the App or can call at the respective city hall. As soon as the need is published, volunteers can announce possible support. All volunteers are checked by local authorities and the App has a high data protection standard. Team motivation: "We want to help people in need of care and support to be able to live self-determined lives in their home environment for longer by offering a digital brokerage service for everyday services provided by civically engaged people."



Home Care Innovation - Germany - Pflegenetzwerk Fellbach – interkulturell

1 Regional team & country

In Fellbach, small-scale, neighbourhood-based services are to be developed to provide good outpatient care for the population. Older migrants and their relatives are to be considered as a special target group. The Integration Committee of the Fellbach City Council has decided to establish a working group to develop measures for good outpatient care for this target group.

2 Type of innovation

Support program

3 Brief description of the innovation

We offer a special support program for migrants in need of care and their relatives to provide them with information and knowledge about the care and support system in their native language in the region in their native language so that ALL people in need of care and their relatives in Fellbach are fully aware of and can use the available services.



Home Care Innovation - Germany - Alltag mit Demenz ganzheitlich Denken

1 Regional team & country

The number of people in need of care will also continue to rise in the Biberach district by 2030. The distribution of care (nursing, care, domestic support, advice...) among many different providers means that people in need of care have several contact persons for their care. Especially for people suffering from dementia, the constant accompaniment by a caregiver is of particular importance.

2 Type of innovation

Outpatient dementia service

3 Brief description of the innovation

We provide an outpatient dementia specialist service for people with dementia and their relatives in the home environment so that those affected can live self-determined lives at home with individual support from a specialist, and relatives gain confidence to act to meet the increasing need for individual support in remaining in their home environment.



Home Care Innovation - Germany - Kurzzeitunterbringung für Kinder und Jugendliche mit Behinderung

1 Regional team & country

Team consisting of representatives from District Office Böblingen, and organizations Lebenshilfe Böblingen and Lebenshilfe Leonberg.

2 Type of innovation

Alternative short-term placements for children and young people with disabilities

3 Brief description of the innovation

Families of children and adolescents with disabilities often face significant stress in their daily lives, as they are often required to provide around-the-clock care and support.

These challenges can push families to the edge of their resilience and beyond.

We are creating a range of alternative short-term placements for children and young people with disabilities to provide support and relief for families, either preventatively or in an acute crisis situation.



Foto: Nils Theurer, textour, www.textour-freiburg.de

Home Care Innovation - Germany - Ambulante Pflege im „Grünen Bereich“

1 Regional team & country

The team consists of the Deaconry station Wieslauftal Welzheimer Wald - outpatient nursing service in Wieslauftal and Welzheimer forest and district office Rems-Murr-Kreis

2 Type of innovation

Counselling service

3 Brief description of the innovation

In the D-Care Lab BW, Rems-Murr Kreis is pursuing the creative development of ideas for possibilities for early detection with the aim of setting the course early and offering help, preventing loneliness and finding people who would otherwise "fall through the net". Due to the shortage of legally stipulated counselling sessions and the time and fee regulations, the necessary counselling and information for those in need of care and family caregivers cannot be provided, or can only be provided "en passant. The indirect consequence can be psychological and/or physical violence by relatives against those in need of care.



Home Care Innovation - Germany - Ambulante Pflege im ländlichen Raum neu gedacht

1 Regional team & country

The team consists of the Diakonie outpatient services Friedrichshafen GmbH & nursing base Landratsamt Bodenseekreis

2 Type of innovation

Comprehensive outpatient care

3 Brief description of the innovation

We offer comprehensive outpatient nursing care in the rural area of Tett nang / Neukirch / Langenargen for people of all ages in need of care by establishing a Buurtzorg team. In this way, we meet the high demand for outpatient care in this region.

The Lake Constance district is a rural district, especially in the hinterland of the Lake Constance shore. Currently, it is only worthwhile to have a care service in metropolitan areas with the shortest possible travel distances: How can care services also reach rural regions? In addition, the "processing" of service complexes causes dissatisfaction among specialists, because the time-intensive billing leaves little room for individual adaptation to the daily condition of the customer.



Home Care Innovation - Germany - Gutes Älter werden in Eschenbach

1 Regional team & country

The team consists of members from the Municipality of Eschenbach, Eschenbacher Seniorenrat (centre established in 2022, focusing on the needs of older people) and Wohnviefalt e.V., a non-profit association and provider of care for the elderly.

2 Type of innovation

Comprehensive support, care and nursing services

3 Brief description of the innovation

The municipality of Eschenbach has drawn up a sustainable community development concept for 2035 and determined that there is a clear undersupply locally for older people. There is no local nursing service, on-site counselling centre, neighbourhood assistance or the like, and even in the event of a severe need for care, there is no local alternative. The municipality of Eschenbach and its mayor Mr Schubert wants to remedy this deficiency and create a sound and sustainable offer for everyone, especially in old age. Also, the caring relatives will be noticeably relieved by an offer to be created.

We offer local support, care and nursing services according to the Buurtzorg principle, which is based on the actual needs of the customer, gives time and also gives the care worker good working conditions. Each location has a care WG plus low-threshold care and home care in the neighborhood (small-scale).



Home Care Innovation - Germany - Pflege im Quartier Ulm

1 Regional team & country

The team consists of members from the City of Ulm and the organization AWO Sozial gGmbH (one of the major providers of social work in Baden for many decades).

2 Type of innovation

Outpatient support network with voluntary providers

3 Brief description of the innovation

Particularly in the event of a crisis, as is currently the case with the Covid 19 pandemic, the lack of family and socio-spatial care structures becomes apparent. This particularly affects people in need of care, people with limited mobility, people from educationally disadvantaged backgrounds with inadequate help-seeking behaviour and people with a migration background without sufficient knowledge of the help structures. Outpatient care, financed by health insurance, can rarely do more than just provide nursing care.

We offer older people in the neighbourhood who are beginning to need care an offer and exchange, which both mediates offers and offers opportunities to offer offers themselves so that participation in life in the community, caring structures and relationships in the neighbourhood are created and the mobility of older people is increased. In order for a functioning outpatient support network to emerge and be used, the networking of full-time and voluntary providers in the neighborhood is strengthened.



Foto: Nils Theurer, textour, www.textour-freiburg.de

Home Care Innovation - Germany - Pflegepension Stuttgart

1 Regional team & country

The team consists of members from the City of Stuttgart Social Welfare Office, Department of Social Planning & Diakoniestation Stuttgart).

2 Type of innovation

Barrier-free care pension

3 Brief description of the innovation

The provision of care for people in need of care is one of the central challenges in the state capital Stuttgart. There are currently 5,219 inpatient care places on offer, and an additional 2,243 places will be needed by 2030 due to demographic change and the implementation of the State Home Construction Ordinance. Short-term care places are already not available in sufficient numbers. We offer a barrier-free care pension in Stuttgart, where in addition to the usual hotel services such as accommodation, breakfast and tourist offers, services from the field of outpatient care and support up to day-care can be booked. In this way, we support visitors to Stuttgart with care and support needs and enable them to participate and recharge their batteries and resources.



Home Care Innovation - Germany - Salach hilft anders

1 Regional team & country

The team consists of members from the Nursing Association Salach e.V. & Alb Fils Clinic geriatric point & Municipality of Salach

2 Type of innovation

Day centre with outpatient care

3 Brief description of the innovation

Salach is a project municipality of the International Building Exhibition StadtRegion Stuttgart 2027. The concept and construction of a multigenerational house or open meeting place with a daycare center and 1,200m² of living space for "social needs" is planned. This could be a prototype for noticeable improvements in discharge management in the medium term through subsequent outpatient care.

The geriatric focus of the Alb Fils Kliniken is hoping for better interlinking with local outpatient care after discharge from the hospital. The nursing association would like to further increase its attractiveness for people in need of care and caregivers, while at the same time taking advantage of the opportunities available to Salach as a project municipality of the International Building Exhibition StadtRegion Stuttgart 2027.



Home Care Innovation - Germany - Gemeindeintegrierte Tagesstruktur für Menschen mit Teilhabebedarfen Friedrichshafen

1 Regional team & country

The team consists of members from Liebenau Teilhabe gGmbH organizational units work and education & social management & LRA Bodenseekreis district office.

2 Type of innovation

Community-integrated daily structure for people with participation needs.

3 Brief description of the innovation

Finding an adequate solution for community-integrated participation in working life for people with disabilities is a major challenge. At the same time, many people from community-integrated residential services have to travel to central, rural specialized centres for their day structure. Thus, no connection to the social space can be established and there are few points of contact between people with and without participation needs. In Friedrichshafen, there are currently no day-structuring services that people with high participation needs can attend.

We want to develop a person-centred, meaningful day structure for adults of all ages with medium to high participation needs that correspond to their interests and abilities and bring them into contact with others and their social environment. This is intended to meet the need for community-integrated and participation-oriented day structure services close to home in Friedrichshafen.



Home Care Innovation - Germany - Pflegepraxis Oberteuringen

1 Regional team & country

The team consists of members from Liebenau Lebenswert Alter gGmbH, municipality Oberteuringen and Oberteuringen medical association.

2 Type of innovation

Nursing practice

3 Brief description of the innovation

Nursing practice is to open in Oberteuringen. The interaction between physicians and outpatient care services (e.g. by delegation), as well as interfaces/support possibilities with the municipality, must be worked out for this. There is a promise of subsidies from the Innovation Program Care 2020 of the Federal State of Ba-Wü. In addition, corresponding agreements and arrangements must also be made with cost bearers.

We provide a point of contact for issues related to long-term care, which acts as a healthcare interface for those potentially in need of long-term care (short- and long-term) and their family members, but also for local primary care physicians to address nursing concerns and organizational hurdles to meet the high demand for long-term care in the community of Oberteuringen and relieve the burden on primary care physicians.



Home Care Innovation - Germany - Transparenz-bericht Pflege

1 Regional team & country

The team consists of members from Diakonie Lahr, Evangelical Stift Freiburg (a national, non-profit social enterprise that provides all services in the field of care) & Ev. Welfare center Hemsbach & AOK.

2 Type of innovation

Transparent care service

3 Brief description of the innovation

There is an acute shortage of nursing specialists in the nursing services of the cities of Hemsbach and Lahr, which inhibits the adequate care of people in need of nursing care. In addition, the central contact person of nursing service, the nursing service management, is entrusted with so many tasks that it is not possible to handle all the requirements in detail. Under the prevailing conditions of the billing and care module system, the professionalism of the care specialist is not the focus, which means that the person in need of care cannot be cared for according to individual needs and also possibilities.

We offer people in need of outpatient care a transparent and simplified solution to care by charging for care on a time basis. This simultaneously presents professional and individualized care. By introducing the Primary Nursing care model, people are closely accompanied by a trusted nursing professional. At the same time, nursing is strengthened in its professionalism.



Foto: Nils Theurer, textour, www.textour-freiburg.de

Home Care Innovation - Germany - Vision Pflege 2025

1 Regional team & country

The team consists of members from the City administration of Heidelberg & Caritas Association Heidelberg e.V..

2 Type of innovation

Impact-oriented support for potential care providers

3 Brief description of the innovation

In Heidelberg, the need for low-threshold care through housekeeping services, cleaning, and janitorial work can be met less and less, so a growing number of people in need of care do not receive the necessary support in everyday life. The desire of most of those affected to remain in their own homes for as long as possible is thus in jeopardy, and inpatient care is becoming more likely.

For the installation of new services of low-threshold care offers in Heidelberg, we are developing, with the participation of relevant stakeholders, an impact-oriented support offer for potential providers that helps them to overcome financial, bureaucratic, legal and structural as well as municipal hurdles well in order to motivate services to close the gap.



Home Care Innovation - Germany - Weiterentwicklung Labyrinth e.V.

1 Regional team & country

The team consists of members from the Association Labyrinth & Nursing Service Klaus Klee.

2 Type of innovation

Support for the coordinator position

3 Brief description of the innovation

The association Labyrinth was founded in 2003 and is the sponsor of 2 residential communities for people with dementia in Freiburg-Ebnet, the Hirschen-WG and in Kirchzarten-Burg the Birkenhof-WG. Due to a low number of residents and a high care key, it is possible here to accept even difficult residents who live there until the end of life and can also be cared for palliatively.

We are seeking sponsors for our planned coordinator position, which will relieve the association's board and family members of their volunteer duties, thus avoiding making paying for the position another financial burden for family members.



Home Care Innovation - Germany - Sozialraum-beteiligung im Schwarzwald- Baar-Kreis

1 Regional team & country

The team consists of members from Evangelische Altenhilfe Sankt Georgen gGmbH & Schwarzwald-Baar-Kreis district & AOK (health insurance company).

2 Type of innovation

Network building for relieving burden on service providers

3 Brief description of the innovation

Nursing and care services often take place within the family or the primary social network. Particularly in rural areas, there is a need for targeted relief for caregivers.

We initialize a citizens' meeting in the municipalities in which the needs for care, support and assistance are addressed with the aim of building networks that aim to ensure care and support and relieve the burden on service providers. In this context, the service providers and service suppliers act in an advisory and supportive capacity.



Home Care Innovations - Hungary



Regional lab & country

D-Care Lab Budapest is currently being developed by TÖOSZ, the Hungarian partner in the project

TÖOSZ – Hungarian National Association of Local Authorities was founded in 1989 and it unites 1600 municipalities whose sizes range between small villages and larger cities. It is the biggest association of local governments in Hungary with the mission of serving the interests and needs of municipalities. TÖOSZ supports local governments and their leaders in improving their services with a special focus on innovation, democratic governance, and social integration. TÖOSZ has a permanent staff of 7 that makes up the Secretariat. Besides the expertise provided by the Secretariat employees, the association has access to a network of experts with a demonstrated history of facilitating municipal projects.

In D-Care Lab Budapest we combine the knowledge stemming from years of managing municipal projects and the relationship TÖOSZ maintains with the central level – with innovative approaches like Design Thinking, and Lean Startup methodology to achieve truly innovative solutions in the municipal sector. The municipal sector is mostly devoid of innovative approaches as bureaucracy tends to restrict innovations – this is what we aim to overcome. D-Care Lab Budapest is proud of the 6 innovation teams that worked hard on their innovative ideas and completed the Lab cycle. Within the innovation teams, there are local governments, a foundation and two start-ups.

MDIT Ltd - Doctor's Reply telemedicine solution

1 MDIT Ltd

MDIT Ltd was founded by a pediatrician with the aim of providing quick and reliable medical help through an online platform/application


2 Type of innovation

It is a smart solution.

3 Brief description of the innovation

In the aftermath of the Covid-19 pandemic, many people realised that digital solutions should be more widespread because, with their help, more people can receive fast and professional medical services. This innovative product system could mean a solution for the lack of medical staff and as well as could lessen the waiting time.

What we are asking for

<p style="font-size: 2em; font-weight: bold;">37M Ft 91M Ft</p> <p style="font-size: 0.8em;">Developing a chatbot function to answer questions about common health problems and advise patients</p> <p style="font-size: 0.8em;">Knowledge library - making animated films Purchase and integration of smart tools Marketing costs Operational costs</p>	 <p>Capital required</p> <p style="font-size: 2em; font-weight: bold;">128 M Ft</p> <p>2-year growth plan:</p> <ul style="list-style-type: none"> • 500 GP users • 200 000 registered, active patients • Expansion of elderly care • Support for specialised care in health care institutions
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✉ info@orvosvalasz.hu

The Team



Soma Szostak

Full stack szoftver developer



Dr. Adam Schmidt

Founder
CEO
Pediatrist



Dr. Dávid Szalay

Cofounder,
COO



Zsombor Barabás

Full stack developer

Szocware -Software for social service providers to reduce their time needs of the red tape

1 Regional team & country

Szocware is a privately owned company providing municipal solutions. The innovation team consists of Lőrinc Balázs who is the CEO of Szocware and his colleagues who joined him at workshops

2 Type of innovation

Smart specialized solution

3 Brief description of the innovation

Social service providers, nurses and other assistants working with elderly people living in nursing homes or in their own apartments are suffering a lot of red tape to ensure the transparent and accountable use of the budgetary support. The software packages provided by Szocware make this process easier, and smoother to reduce the time needed for bureaucracy, which could be affordable for the versatile personal support of their clientele.



Shelter-Dementia Training Center Competence &

1 Regional team & country

The team is composed of employees of the municipality of Alsómocsolád. Lead team member is the head of the local retirement home run by the local government of Alsómocsolád and she was joined by her colleagues all dedicated to elderly care. Őszi Fény Retirement Home is an exemplary nursing home funded by a small municipality. The team has experience in participating in international projects and constantly looking for new ways to improve the living standards of their elderly citizens

2 Type of innovation

They would like to set up a model house with rooms, refurbished and digitalized to serve the needs of elderly people suffering from dementia and assist the work of their relatives/caretakers, to create a safe and easy access environment

3 Brief description of the innovation

The planned “Dementia show rooms” will provide opportunities to teach and adapt the best available tools, vehicles and methods /treatments for informal caregivers so they could care for their relatives at home. Developed and tested -with good results-three potential packages, where the prices follow the estimated payable demands. The innovation has significant stakeholder basis: universities, municipalities, private investors, relatives, architects, etc.

**Oltalmazó innováció
- ezüst tudást tiszta forrásból -**



*„Önmagát becsüli meg minden nemzedék azáltal, hogy tudomásul veszi:
a világ nem vele kezdődött.”*

Sütő András

Salva Vita - Supported living - Independent & safe living in inclusive communities

1 Regional team & country

Salva Vita is a foundation which was founded in 1993 and has a mission of helping those affected by mental disability. Their innovation team is composed of the managing director of Salva Vita and an affected parent who has an autistic child.

2 Type of innovation

The innovation aims to create and maintain the conditions for independent living for young people with disabilities by providing housing and on-demand services, such as household management (inc. cooking, cleaning, laundry, shopping, etc.), psychological and life coaching, community building.

3 Brief description of the innovation

In Hungary the state provides service only in residential homes for young people with disabilities, so most parents keep them in their homes while worrying about who will take care of them once they won't be able to. The innovation of the Salva Vita Foundation offers a solution for mentally impaired and/or autistic young people who are partly able to live independently with complex service support. The innovation aims to create and maintain the conditions for independent living for young people with disabilities by providing housing and on-demand services, such as household management (inc. cooking, cleaning, laundry, shopping, etc.), psychological and life coaching, and community building. The foundation also provides all services to the number of mentally impaired and autistic young people living with their parents. Beyond that, the SVF provides a test apartment, which prepares the members of the target group (young adults and their parents) for independent living, before they take the chance of moving in.



The Municipality of Budakeszi – VR glasses to relieve depression

1 Regional team & country

The innovation team of Budakeszi consists of the head of social affairs in the municipality and her colleagues - all working for the municipality.

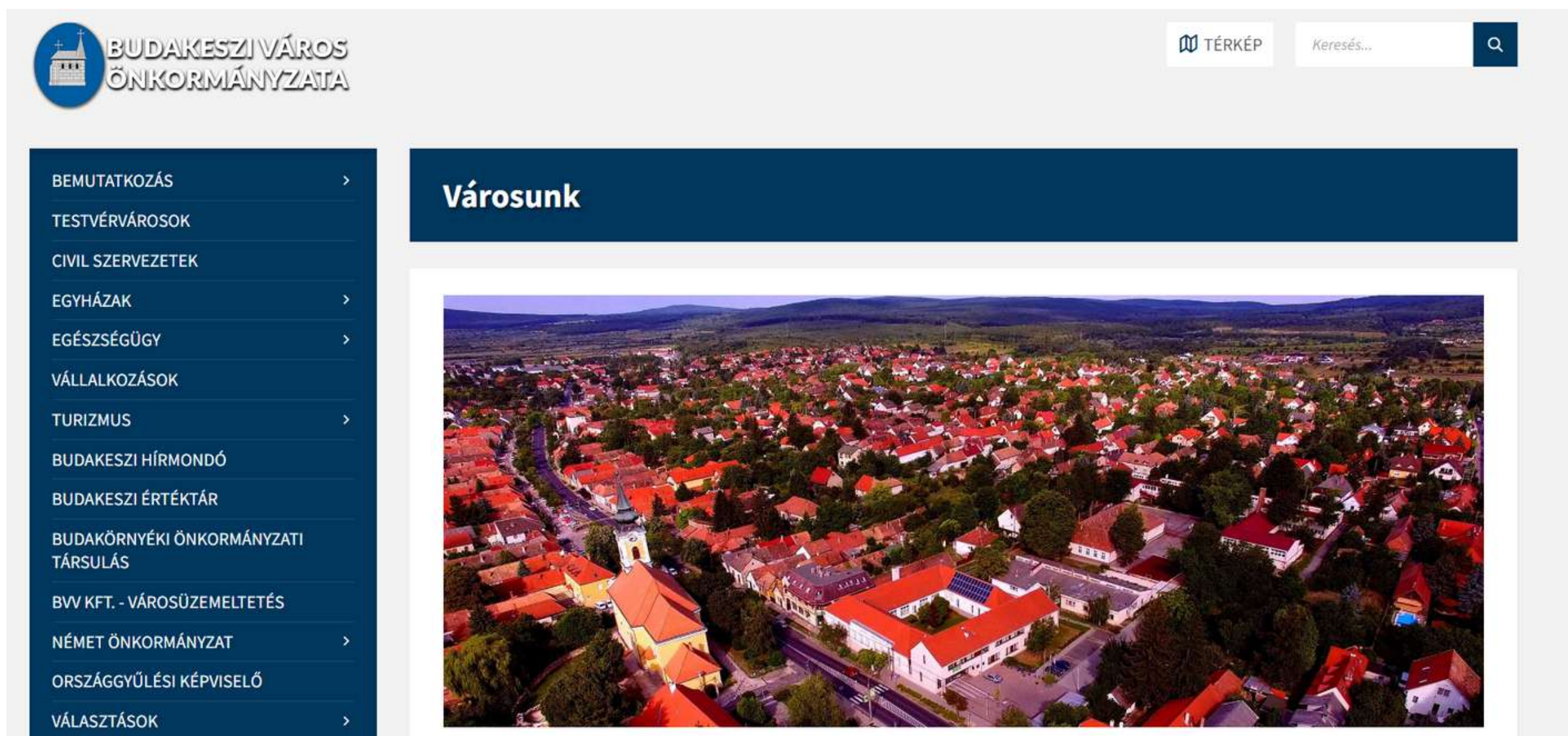
2 Type of innovation

This innovation is truly from the 21st century. There have been projects using VR glasses to treat depression, but not in Hungary, especially not targeting the elderly.

3 Brief description of the innovation

The Municipality of Budakeszi, together with the settlements of the Buda Környék Cooperative, thought about a long-term sustainable service for older people struggling with depression and limited mobility using VR glasses.

It provides an experience that the injured and sick person is completely deprived of. During VR therapies led by a trained specialist, in the artificial and safe virtual environment that affects several senses, it is possible to relieve people of suffering.



The Municipality of the XIII District of Budapest – Integrated Approach

1 Regional team & country

The innovation team representing the XIII. district consists of the deputy notary of the district and colleagues working at social service providers run by the municipality. All of them are dedicated to cause of better elderly care.

2 Type of innovation

Their innovation aims to change the system by introducing an integrated approach.

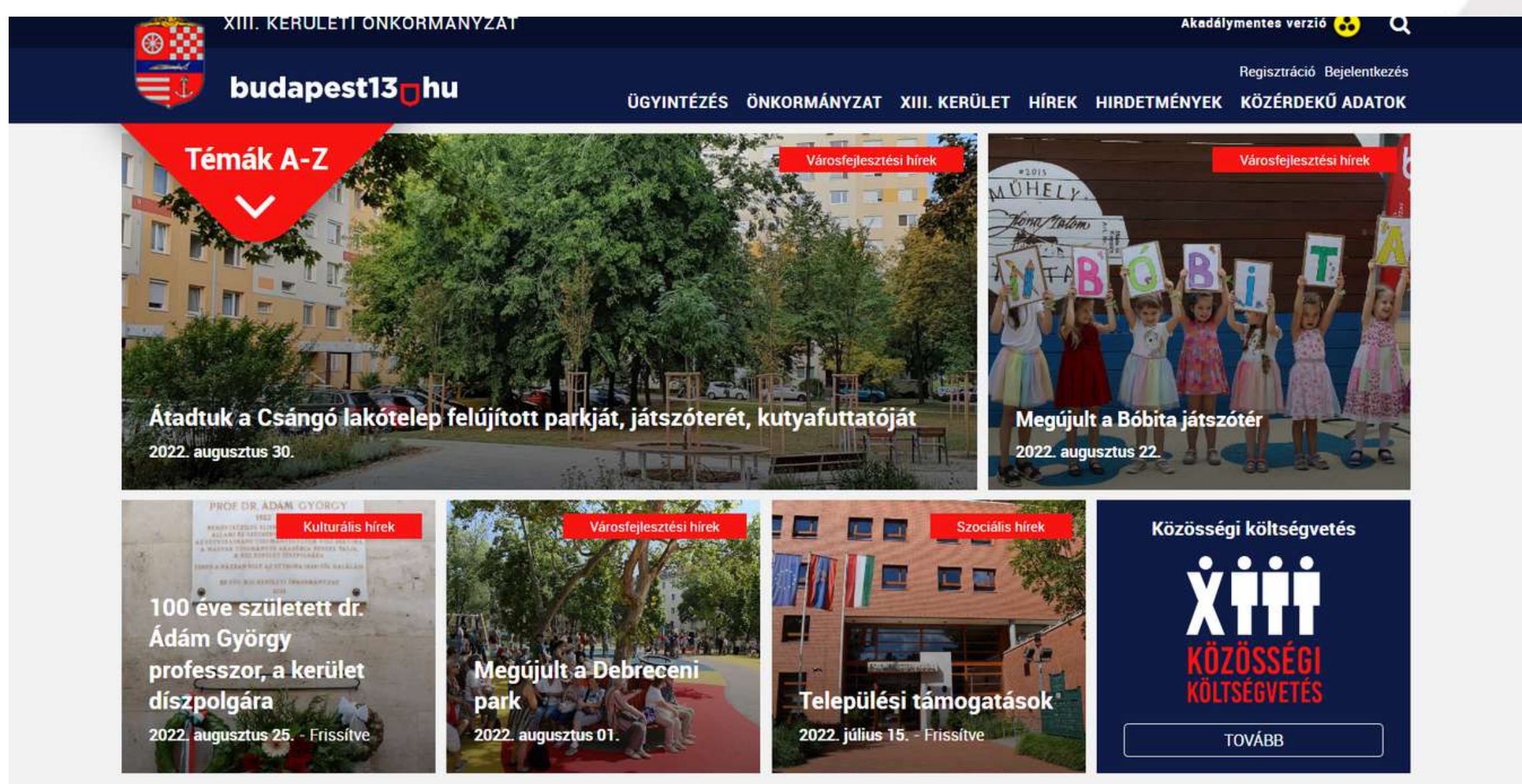
3 Brief description of the innovation

The Municipality of the XIII District of Budapest has been thinking about developing innovative and comprehensive care and support system for a long time that aims to ensure independent living in the home environment for as long as possible, according to individual needs, with professional and individual (family, relatives) care and support.

After the experience of the research process, a second innovation will be created: the introduction of tools to enable older people to live at home and maintain their independent living for as long as possible. There are already many technological innovations, but they are not used or not used properly so a thematic showroom will be created for them.

The strength of the programme is that, after learning the methodology of design thinking and co-creation, the target groups involved in the development process are also involved in the decisions about the innovations.

Other relevant social innovations of the project include the extension of cooperation between the professionals involved and the strengthening of partnerships.



Home Care Innovations - Moldova



Regional lab & country

Agapedia Foundation Moldova organized 4 social innovation laboratories to enable social service providers to design and implement better and more innovative care services at home. The Lab program consists of 4 hands-on workshops and individual coaching sessions with each individual team. Within the workshops organized, the participants defined the core problems in the field of home care. The workshops aimed to identify new solutions to the problems and to start the work on the prototype of the innovative home-based care services

Home Care Innovation - Moldova

1 Regional team & country

The most important stakeholders are the Ministry of Labor and Social Protection, Municipal Direction for Social Assistance and Home Care Services service providers from the local and regional levels. We have 22 participants from different sectors.

2 Type of innovation

The innovation of the new concept involves the following elements: automation and digitization of repetitive and paper-based processes; introduction of collaborative documents; the beneficiary's card; viewing the beneficiaries' file in real time by family members; exporting data and interpreting them in the form of reports; integration with government infrastructure (Mcloud, Mpass, Mconnect)

3 Brief description of the innovation

The integrated home care service involves a new approach in the field of home care. It contains a complex of medico-social and recovery services provided at the beneficiary's home, whose primary purpose is to maintain the person's autonomy and prevent the worsening of the dependency situation. Service Providers are public or private providers, registered in accordance with the legislation, having the field of activity in the social and medical sphere.



Home Care Innovations - Romania



Regional lab & country

Dedication Social Innovation Lab is the first innovation structure in the field of home care. The Federation of Social NGOs in Transylvania launched this lab in May 2021 and a number of 32 persons registered. After several meetings, 6 teams were formed by 15 persons, social intrapreneurs, experts in home care and social assistance. In the last stage of design thinking, 5 teams decided to finalize the program.

Dedication Lab also organized 8 online workshops facilitated by an expert in social assistance, and these online events were attended by more than 250 participants from all over Romania.

In addition, a training course in social enterprises was organized in cooperation with Fundația "Alături de Voi" 20 participants attended this online training event.

All these activities created the opportunity of a professional community formed by more than 300 experts in social assistance from Romania.

Home Care Innovation - Romania

1 Regional team & country

Team number 1 - Asociația "Bastonul Alb" was formed by social intrapreneurs, member in this association for visual dissabilities.

2 Type of innovation

The team proposed an awarness home care innovations which prevent care dependency.

3 Brief description of the innovation

The idea proposed by the "White Cane" Association is inspired by the concept of "Dialogue in the Dark" a social enterprise offering an experience in the dark for sighted people to raise awareness of the everyday problems of people with visual disabilities. Basically, visitors will experience several rooms simulating everyday experiences (shop, pedestrian crosswalks, walk in the woods, boat, etc.). The innovation element that the White Cane Association brings to this project is the simulation of a domestic experience, at home, in a standard apartment where visitors will understand what the daily life of a blind person is like. The guides will be people with visual dissabilities.



Home Care Innovation - Romania

1 Regional team & country

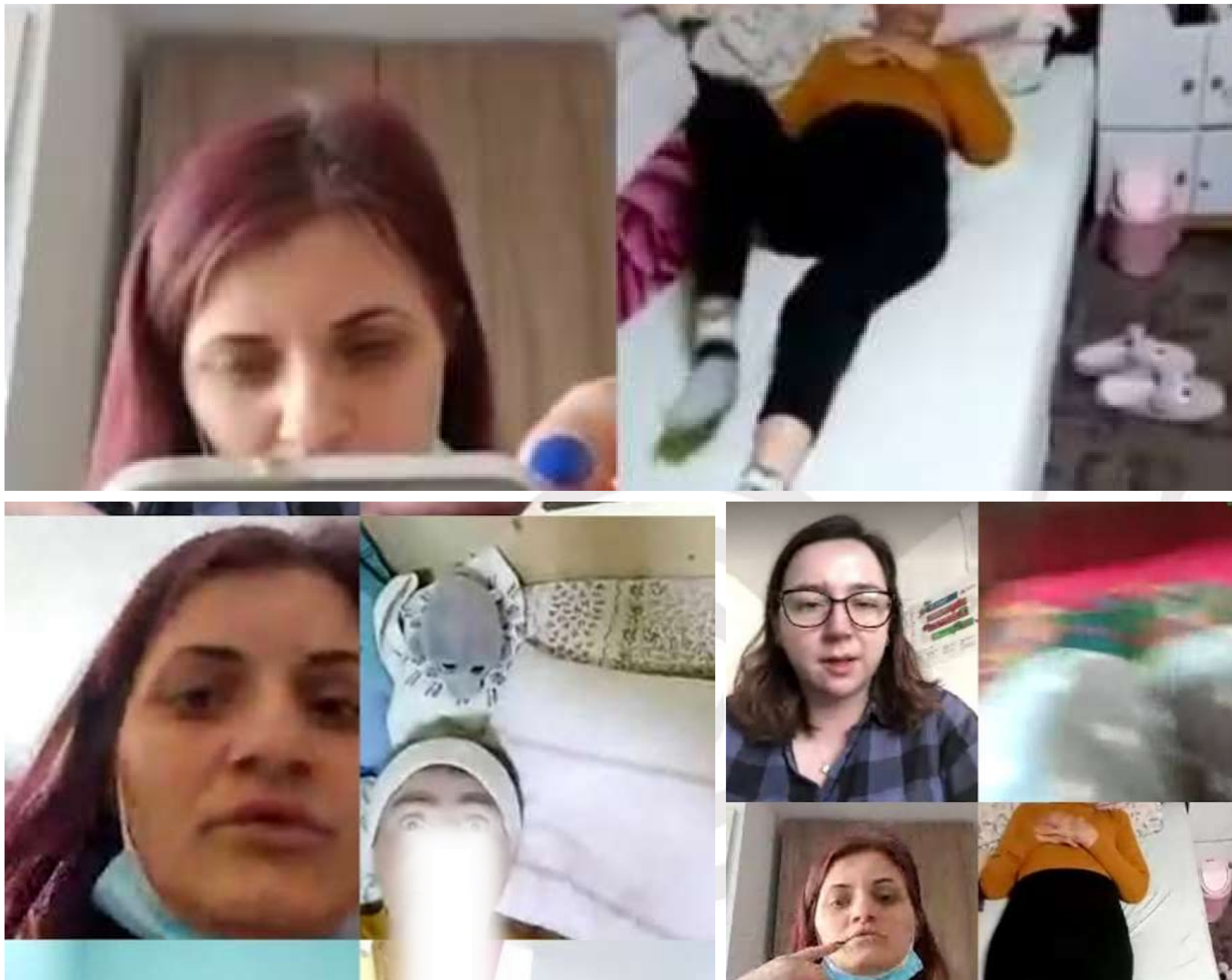
Team number 2 was Association "Ingrijiri Acasa" formed by 3 members experts in home care services in Brasov county.

2 Type of innovation

The idea developed in the lab was integrated home care innovations related to improving the fitness of their beneficiaries by organizing exercise sessions facilitated by their experts using online platforms.

3 Brief description of the innovation

The main idea was to organize a series of physical exercises for beneficiaries via whatsapp. This idea was tested in the social innovation process but it wasn't well received by testers. It was difficult for their family to use the cell phones to film the executions of exercises and they didn't feel comfortable in the online environment.



Home Care Innovation - Romania

1 Regional team & country

Assisto team has 3 members with experience in home care providing (private sector), a European project in rural home care also provider and an expert from a local social work institution. They have mixed experience blending social intrapreneurs with public institution experience in home care.

2 Type of innovation

They put together the accumulated experience and the needs identified from direct interaction with elderly people and their carers in some rural areas of Brasov county and proposed the solution: integrated home care innovations

3 Brief description of the innovation

The Assisto team aims to be present in these communities with a visible and tailored message to both the elderly and their carers to let them know that there is ASSISTO, a socio-medical complex where they can request integrated home care services.

The centre's offer includes palliative, social and medical services, socialisation programmes, medical equipment rental, social ambulance, catering services and counselling and psychological support for both vulnerable people and their carers. The services are provided by a specialised staff consisting of a manager, a social worker and three nurses.



Home Care Innovation - Romania

1 Regional team & country

Diakonie Sf. Gheorghe team has three members with relevant experience, social intrapreneurs with practical expertise in coordinating and providing home care services in Covasna county.

2 Type of innovation

Home care innovations which prevent care dependency / digital home care innovations. This team has identified the need for seniors to become familiar with the technology. This conclusion emerged both from daily interaction with seniors and through detailed questionnaires

3 Brief description of the innovation

Thus the team proposes to develop the digital competencies of the elderly by creating "Senior connection points" - training, guidance and assistance points for the elderly to learn and develop the use of digital technology.

This solution will bring relevant benefits to the users through the acquisition of new skills, the creation of administrative independence, the development of personal contacts through communication, and the streamlining of daily life management.



Home Care Innovation - Romania

1 Regional team & country

Team number 5 is composed of 3 psychologists, and social intrapreneurs with various experiences in home care, addictions, personal development.

2 Type of innovation

This team has focused on home care innovations that prevent care dependency and the mental health of people who have various addictions or are going through difficult events (divorce, job loss, illness, depression, disability). These people are mentally unsupported and often do not know where to turn for help to maintain their mental health.

3 Brief description of the innovation

The proposed solution is to set up a day centre that will help in the recovery of the psycho-social and professional health of the family in crisis situations, and will guide or support them correctly to manage a difficult period in life. The Swan Centre will be the first day centre in Brasov for independent living and maintaining the emotional balance of the family.

The centre will offer group and individual sessions with specialised psychologists and will provide practice sessions for students specialising in mental health.



Home Care Innovation - Romania

1 Regional team & country

Diakonie team Baraolt has 2 members, social intrapreneurs and specialists in home care (seniors activities coordinator, 1 medical nurse with relevant experience in home care).

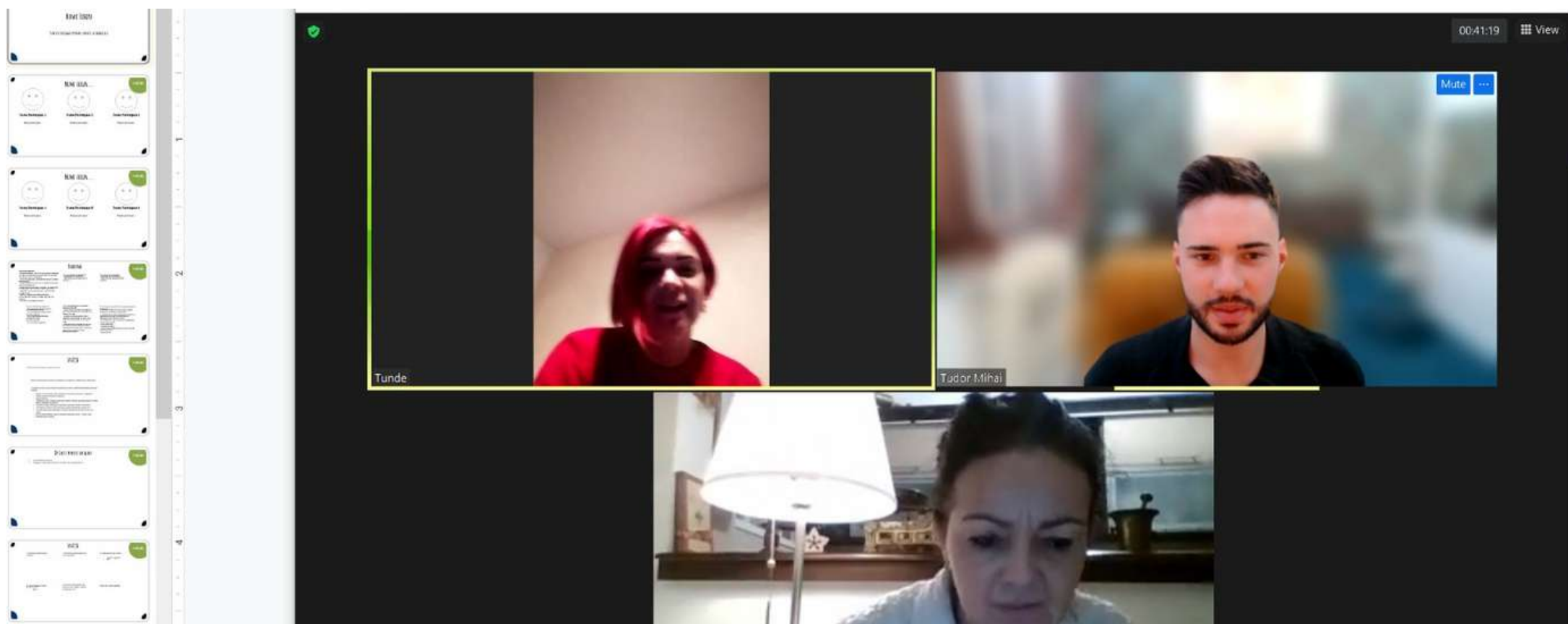
2 Type of innovation

The solution proposed by the team is related to home care innovations which empower the local community and concerns the creation of a social-ecological laundry that would provide these services at a reduced price to the beneficiaries of the association and, at the same time, be a service provider for the guesthouses in the area that can otherwise support the social side of the business.

3 Brief description of the innovation

Their idea started from the situation of beneficiaries who do not have running water and therefore cannot use a washing machine to sanitize their clothes or linen. At the same time there are a significant number of accommodation units in the area that collaborate with laundries more than 60 kilometres away.

This solution will also create jobs in an area where unemployment is high.



Home Care Innovations - Serbia



Regional lab & country

Due to the need for innovative solutions to improve children's lives in Serbia, within the "D-Care Labs" project, we developed the MODS Social Laboratory - Incubator for services for children and families. As part of the Social Laboratory, we offer a support program for associations and providers of social protection services from Serbia in developing new products and services that will support the lives of children with developmental difficulties in the family.

The social laboratory provides space for thinking and discussion, developing new ideas and their further implementation. The laboratory consists of a series of workshops (on entrepreneurship, design thinking methodology, resources for developing innovative ideas, business models, go-to-market strategy, product promotion and distribution, and finance) involving different stakeholders acting equally.

Ten innovation teams received support in the first cycle for developing a prototype product or service by applying an innovative design thinking method. In the second cycle, five innovation teams, which go from an innovative idea to a service prototype, received support for developing a business model, connecting with investors for social innovation, presenting products at a special event and raising funds with continuous mentoring support.

Home Care Innovation - Serbia

1 Regional team & country

The team consists of four members, experts in social work from Pancevo. "Na pola puta" is an association that develops and provides new forms of support for families and people with intellectual disabilities, autism and other pervasive disorders.

2 Type of innovation

Developing app for people with disabilities living alone that checks and reports when the food in the refrigerator has expired.

3 Brief description of the innovation

The innovation aims to provide conditions in the community for people with intellectual disabilities and their families for a better quality of life.



Home Care Innovation - Serbia

1 Regional team & country

The team from the municipality of Kula consists of three members from the organization “Plavatica”, which works to improve the quality of life of people with disabilities by providing social protection services at the highest level.

2 Type of innovation

Web service - „sEt-up”- online support for parents with children with disabilities

3 Brief description of the innovation

Through the web service „sEt-up”, the parent addresses experts from his home and provides an exchange of experiences with other parents with the same or similar problems.



Home Care Innovation - Serbia

1 Regional team & country

Center for social services in Kikinda - a local centre where various services are developed for persons with disabilities with the aim to support their life in the community and family.

2 Type of innovation

A smart home for independent living for people with disabilities

3 Brief description of the innovation

New service - assistance for independent living of persons with disabilities in order to prevent their placement in an institution once they are left without parental assistance. Students of the higher school for educators visit the users as part of their internship and help them with their basic life needs.

