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The ecosystemic shift in social policies: the case of the local care ecosystem

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Introduction

Social protection systems in Europe are undergoing profound transformations as they try to respond to increasingly complex challenges, such as an ageing population, reduction of family networks, sustainability of social services (not only in financial terms but also in their institutional, social and organisational viability) and fragmentation of service provision. These interrelated issues have been described as 'wicked problems' (Defries and Nagendra, 2017) that resist linear solutions and require adaptive approaches bringing together diverse actors and resources (Osborne, 2006; Rotmans and Loorbach, 2008) to offer comprehensive solutions. Traditional hierarchical models of public services have proven to be insufficient solutions to these dynamics, which has gradually led to a reorientation of social policies towards ecosystem models (Llena-Nozal et al, 2022; Castro-Spila et al, 2025).

The notion of ecosystems has gained importance in the design and implementation of strategies and public policies (Adner, 2017; Burn, 2023), emphasising the co-creation of value, understood as the collaborative process through which service providers, users, families and communities jointly shape and enhance the quality of services (Osborne et al, 2021). Trischler and Charles (2019) introduced the concept of 'ecosystem of services' in public policy analysis, highlighting the systemic and multi-level interactions through which public value emerges (Trischler and Charles, 2019). More recently, Ojasalo and Kauppinen have proposed a conceptual framework that frames public value creation as the result of ecosystem arrangements (Ojasalo and Kauppinen, 2024), and Trischler et al (2023) have highlighted the need to strengthen the ecosystem foundations of public service. These contributions converge on the idea that sustainable social policy outcomes cannot be generated by isolated agencies but require distributed coordination among a plurality of actors.

This ecosystem paradigm has roots in previous traditions of polycentric governance which argue that flexible and intersectional decision-making hubs provide resilience and adaptability in complexity (Ostrom, 2010). From this point of view, social policy ecosystems are not only organisational arrangements but also socio-technical systems characterised by experimentation, learning and adaptation (Castro-Spila et al, 2025).

At the institutional level, European frameworks are driving this shift towards integrated and ecosystem models. For example, related to health and care policies, the World Health Organization (WHO) explicitly emphasises the need for a transition from fragmented, institution-centred systems to coordinated, people- and community-centred models that meet people's needs and preferences across the lifespan (WHO, 2016). Similarly, the Organisation for Economic Co-operation and Development (OECD) has emphasised the importance of integrated, person-centred care as a system objective, emphasising that governance and evaluation must be adapted to support collaborative, cross-sectoral delivery of services (OECD, 2020). The European Union drive to promote stabilisation, community-based education and better coordination between health and social services has led to the implementation of new policies across member states (European Commission, 2023). These institutional orientations can be interpreted as manifestations that promote a logic and an ecosystem model of health and social care services.

At the same time, research in social innovation has highlighted the importance of inclusive governance, co-creation and experimentation in the transformation of social services (Murray et al, 2010; Unceta et al, 2017; Castro-Spila et al, 2025). Ecosystem approaches provide a framework for integrating these dynamics, linking local experimentation with broader processes of transfer and scaling, understood as the diffusion, adaptation and institutionalisation of practices and innovations beyond their original contexts, and stabilisation. They emphasise that sustainable transformation requires intermediate structures (exploring and experimentation), data infrastructures and learning mechanisms that can support multi-stakeholder collaboration (Castro-Spila et al, 2025).

The Department of Care and Social Policies (DCPS) (Provincial Council of Gipuzkoa, Basque Country – Spain) has launched the 'Agenda for care and social policies 20–30' (DCPS, 2021a), which promotes the design, development and evaluation of local care ecosystems (LCEs). LCEs are defined as local (municipal) spaces for coordination, participation and governance of care and support networks that coordinate social services, health services, community actors, users and families, as well as professionals, to improve the quality of life of older people (65+) who reside in their homes.

In this context, this chapter has two objectives. First, it provides a framework based on a review of the literature on social policy, linking

ecosystem concepts with social policies and services at European and international level. Second, the case of the LCEs of Gipuzkoa (Basque County) is analysed, identifying the infrastructures, governance mechanisms and evaluation strategies underpinning this territorial experience. In doing so, it contributes both to the theoretical refinement of the ecosystem paradigm in social policies and to practical knowledge of how public administrations can orchestrate inclusive and multi-stakeholder agreements to improve quality of life based on the personalisation of care, the coordination of services and the promotion of community care at the local level.

Background: governance, integrated systems and ecosystems

The ecosystem paradigm in social policies

The adoption of the ecosystem approach in social policies reflects the effort of the social sciences to develop frameworks capable of understanding complexity, interdependence and change in complex contexts (Bowlby and McKie, 2019). Derived from biology to describe the dynamic interactions of organisms and their environments, the concept has been transposed to management, innovation studies and governance, where it is used to understand systemic relationships and emergent properties (Granstrand and Holgersson, 2020). Its adoption in social policy reflects a desire to move beyond linear models of service delivery to a relational understanding of how the value of social policies and services is created, shared and maintained (Trischler and Charles, 2019).

Ecosystems as governance models

The logic of public service and the perspectives of the ecosystem of services are among the most influential theoretical currents underpinning new approaches in social policy. Osborne et al (2022) argue that public services are not provided to passive recipients but are co-produced with active users and communities. From this perspective, value does not come from organisational outcomes but from how individuals integrate services into their lives. Trischler and Charles (2019) extend this logic by introducing the concept of a 'service ecosystem' into public policies, emphasising that value emerges through multi-level and multi-stakeholder interaction systems, shaped by institutions, norms and resources (Trischler and Charles, 2019).

The ecosystem approach aligns with theories of governance. The concept of polycentric governance emphasises that complex social problems cannot be solved by a single central authority but require flexible decision-making centres that complement and overlap (Ostrom, 2010). This perspective resonates strongly with the challenge of coordinating health, social and community services, where local autonomy must coexist with regional and national frameworks of

quality of life and wellbeing (Castro-Spila et al, 2025). By situating health and care services within the broader logic of public service ecosystems, it becomes possible to understand both general principles and context-specific strategies for public service integration and sustainable transformation.

From integrated services to local ecosystems

It should be noted that the ecosystem metaphor is not limited to exploring new models of networked governance or integrated services. Networked governance describes the structural relationships between organisations, while integrated services bridge the gaps between social services and health services. On the other hand, ecosystem approaches are committed to new forms of value, knowledge and coordination through interaction, adaptation and co-evolution between public services, local entities or agents, users/families, communities and data infrastructures to structure a holistic and integrated approach to care (Castro-Spila et al, 2025). This distinction changes the approach to care management, overcoming organisational and institutional limits, integrating users and the community in the processes of mutual learning, feedback and adaptation of social services.

Policy convergence

At the policy level, ecosystem principles are increasingly visible in global and European frameworks. The WHO's promotion of person-centred care (WHO, 2016) and the OECD's focus on integrated people-centred systems (OECD, 2020) lend global legitimacy to this paradigm. The European Care Strategy puts these ideas into practice by calling for the stabilisation of innovations, investment in care staff and support provided by the community, integrating ecosystem logics into the European Union's wellbeing programmes (European Commission, 2023). In the case of the Basque Country, the 'Agenda for care and social policies 20–30' is deployed along the same lines of promoting an ecosystem approach to social services. These initiatives are described as transitional social policies: interventions that not only adjust existing systems but also seek to reconfigure the logics of prevention, experimentation, governance, evaluation and institutional architectures to integrate users, families and the community as key agents of social services for the improvement of quality of life and wellbeing (DCPS, 2021a).

The case study analysis

Regional context

The province of Gipuzkoa (Basque Country) is located in northern Spain; it features both mountainous and coastal landscapes and is bordered to the north

by the Cantabrian Sea and to the east by France. The province is experiencing accelerated population ageing: over 23 per cent of the Basque population is now aged 65 or older, while the proportion of those over 85 has increased from 0.4 per cent in 1976 to around 4.1 per cent today (EUSTAT, 2023). In addition, those over 85 years of age, who made up just 0.4 per cent of the population in 1976, comprised 4.1 per cent of the population in 2022, which is evidence of increasing longevity (EUSTAT, 2023). The average life expectancy for women in Gipuzkoa is 86.4 years and 81.1 years for men, positioning the province among those with the highest life expectancy in the world. But this ageing is accompanied by a low birth rate – the fertility rate is around 1.26 children per woman – which implies a smaller future generation and less demographic replacement (Barandarian et al, 2023).

This scenario poses several challenges. First, adapting health systems, social services and nursing homes to respond to a growing demand for chronic care, dependency and diseases associated with old age (dementia, reduced mobility and so on). Second, to ensure that local environments – housing, public spaces – are accessible, safe and friendly to older people, favouring their autonomy and social inclusion. It is also key to strengthen community networks of support, home care and prevention to avoid unwanted loneliness. Finally, institutional innovation and coordination between administrations, the private sector and social organisations are required, both to optimise resources and to offer personalised care models that respect dignity and enhance quality of life during ageing.

Methods

This chapter describes and analyses LCEs as a case study. The LCEs are promoted by the DCPS, Provincial Council of Gipuzkoa (Basque Country-Spain) to provide responses to the social challenges of longevity (DCPS, 2021a, 2023c). The case study method is particularly suitable for the analysis of complex and contextual innovations in social policy as it allows for an in-depth exploration of governance processes, actors and dynamics (Taherdoost, 2022). Rather than trying to produce generalisable results, it is about generating analytical knowledge about the way in which LCEs are designed and operationalised in a specific context (Castro-Spila et al, 2025).

The case study analysis is based on multiple lines of evidence and methodological triangulation (Taherdoost, 2022). First, a bibliographic review of the official reports, policy guidelines and institutional documents prepared by the DCPS (Provincial Council of Gipuzkoa) between 2022 and 2025 was carried out. The study is also based on monitoring and evaluation data generated within the three infrastructures supporting LCEs: Zaintza HerriLab (territorial experimentation laboratory), Zaintza Datu Gunea (data interoperability platform) and Zaintza Scaling Hub (monitoring,

evaluation and scaling of ecosystems) (DCPS, 2025). These infrastructures provide information on service use, stakeholders' engagement, local needs and outcomes of care interventions, collected through a combination of surveys, administrative records, interviews and participatory workshops. Finally, the study is based on reports related to the monitoring and evaluation of LCEs that synthesise these data to inform the empirical framework for the interpretation of the conceptual approach (DCPS, 2023b; Legarreta-Iza et al, 2025).

The development of LCEs follows an iterative cycle defined by different phases (DCPS, 2025): (1) activation (formation of local steering groups), (2) exploration (diagnosis and mapping of local capacities to manage an LCE), (3) experimentation (testing and piloting of innovative ideas, projects, products and services), (4) stabilisation (integration of tested innovations in the offer of municipal services) and (5) scaling up/out (transversal processes of scaling and transfer of innovations).

This methodological framework for the case study aligns with policy experimentation approaches (Zeitlin, 2016), where iterative testing, local adaptation and mutual learning are emphasised as drivers of institutional change. The multi-level infrastructures of LCEs (experimentation laboratories, federated data platform and scaling and transfer laboratory) offer the conditions for the consolidation of LCEs (DCPS, 2025).

Finally, this methodological strategy allows for a detailed description of the implementation processes of LCEs, making explicit the lessons learned from the challenge of moving from fragmented service models to integrated ecosystem approaches (DCPS, 2021a, 2023c).

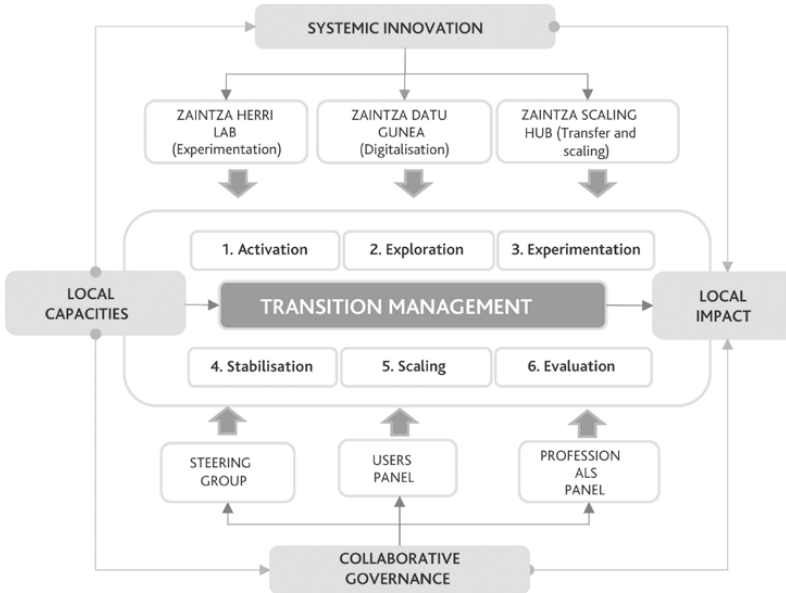
Framework

Definition and purpose

LCEs are defined as deliberate spaces for the coordination, participation and local management of care networks at the municipal level. LCEs coordinate social services, health services, social and health services and community services and neighbourhood networks, with the aim of improving the quality of life of frail and dependent older people, with support for their families. The model is based on three interdependent principles: (a) personalisation of care (through personalised care plans co-designed with users), (b) coordination of services (through protocols for coordination and management of the interoperability of social and health data) and (c) community care (through the strengthening of social support networks, reciprocity and participation in local life) (DCPS, 2025).

The aim of the LCEs is not only to meet the immediate needs of older people and their families but also to transform the architecture of social policy. LCEs function as 'care governance arenas', where municipalities,

Figure 4.1: LCE dynamics



regional institutions, civil society organisations, families, users, professionals and experts co-produce new forms of design, experimentation and evaluation of personalised, coordinated and community services.

Figure 4.1 describes the dynamics of LCEs. The figure shows five central axes: (a) Local Capacities, (b) Systemic Innovation, (c) Collaborative Governance, (d) Local Impact, and (e) Transition Management.

Local capacities

- *Institutional and governance capacities*: the cumulative capacities that municipalities and local social services possess to coordinate, plan and make decisions based on governance and experimental evidence. They also refer to the capacities to integrate innovations and changes in the care model (service innovation).
- *Technical and professional skills*: the cumulative capacities possessed by professional social services teams to explore, experiment, scale and evaluate new or improved products, processes, methods or services that enhance the personalisation of care, service coordination and community care.
- *Relational skills*: the capacities distributed among the different entities and local care networks to strengthen the community, provide mutual support and reinforce solidarity and co-responsibility in care.

- *Economic and management skills*: the capacities to mobilise financial, human and institutional resources to ensure the sustainability of innovations and improvements in the management of social services and the transition of the care model.

Systemic innovation

Innovation is defined as a multi-pronged approach integrating social innovation, digital innovation and institutional innovation at the local level, combining different processes of experimentation, innovation and scaling. Innovation in ecosystems is supported by the DCPS in a centralised way to offer different supports to municipalities that decide to promote an LCE.

- *Zaintza Herri Lab*: a regional laboratory that provides support to municipalities for the design, implementation and evaluation of experimental projects or pilot innovation experiences. The lab provides methodological tools for participatory diagnostics, innovative prototyping and impact evaluation of pilot projects (DCPS, 2025).
- *Zaintza Datu Gunea*: a federated data platform that enables secure data interoperability between health, social and community services. It supports personalisation by allowing the co-production of individual life plans and strengthens institutional coordination thanks to the monitoring of cases whose information is digitised (DCPS, 2025).
- *Zaintza Scaling Hub*: a territorial hub that supports municipalities to monitor, evaluate and scale the LCE. The lab systematises pilot experiences and innovations, develops transferable models and strengthens the learning capacity of municipalities by adopting/adapting innovations that work (DCPS, 2025).

Collaborative governance

Collaborative governance is understood as structured and managed spaces for collaboration and participation in which public institutions, social agents, users/families, professionals and citizens participate to share knowledge, experiences and structure processes for decision making related to the promotion of LCEs.

- *Panels of users and family members*: the panels aim to strengthen the active participation of users and family members. Each LCE engages a panel of around 20 service users and their families, selected to include individuals in situations of frailty. Participants complete an annual evaluation questionnaire assessing the perceived quality of social services and a quality-of-life questionnaire based on the Adult Social Care

Outcomes Toolkit model.[1] On the other hand, social services evaluate a representative sample of Individualised Care Plans to ensure that the personalisation of care is effective and improve the users' quality of life. Dashboards allow for the integration of experience-based knowledge (DCPS, 2025).

- *Steering group*: the steering groups of LCEs are made up of municipal social services, provincial social services, regional health services and third-sector entities. They have the function of strategically guiding the development of the LCE, coordinating the actors of the ecosystem, supervising the implementation of innovative projects, participating in monitoring and impact evaluation (DCPS, 2025).
- *Panels of professionals*: the panels of professionals are structured as a space for meeting, reflection and co-creation made up of professionals from different fields related to care (social, health, community). The panels comprise around 25 members, including technical staff from social services, professionals from third-sector organisations and academic experts in care evaluation. These panels assess LCEs as a whole, using monitoring reports, structured questionnaires and an annual interactive evaluation workshop, providing systematic feedback to inform improvement and policy decisions (DCPS, 2025).

Transition management

Transition management is a collaborative governance approach that seeks to guide and accelerate processes of systemic change – social, institutional or technological – through experimentation, learning and structured participation of multiple actors (Rotmans and Loorbach, 2008; Nill and Kemp, 2009). From a transition management perspective, ecosystems are unfolded in different phases or moments (DCPS, 2025):

- *Activation*: the activation of an LCE begins by establishing a steering group coordinated by the municipality, responsible for the governance and strategic planning of the ecosystem, and made up of technical people from social services, health services and local entities. On the other hand, panels of users/relatives and professionals are activated who participate by offering their different experiences for the improvement of services and the care model.
- *Exploration*: exploration refers to conducting participatory assessments that identify local needs, resources and capacities. The result of the exploratory or diagnostic phase is a Local Action Plan that organises the transition of social services towards an ecosystem model of care.
- *Experimentation*: experimentation refers to the implementation and evaluation of experimental projects or pilot projects that are applied in real

contexts and with specific users, especially around prevention, personalised care, socio-health coordination and community participation.
- *Stabilisation*: innovations that work, that is, that drive or improve personalisation, coordination and community care in a local setting and that are sustainable over time, have the potential to be integrated into the social services portfolio. The integration of innovations into the service portfolio is a key indicator of stabilisation.
- *Scaling*: the scaling and transfer of successful innovations are systematised and transferred through the Learning, Training and Transfer Network (LTTN). LTTN implements training programmes, learning seminars and mentors the transfer of innovations between municipalities.
- *Evaluation*: ecosystem impact monitoring and evaluation is a complex system that evaluates pilot projects and improves quality of life, the cost–benefit ratio and the institutional performance of the ecosystem as a whole.

Transitions management manages a cycle of incremental, adaptive and iterative improvement of social services (Castro-Spila et al, 2025). These improvements are measured and evaluated according to the degree of personalisation of care, coordination of services and promotion of community care. Thus, LCEs evolve through feedback, experimentation and learning rather than the linear implementation of improvements.

Results

The deployment of LCEs in Gipuzkoa has generated a set of tangible results that illustrate how social policies can be operationalised at the local level.

Currently (2026), LCEs are being implemented in 18 municipalities in the province of Gipuzkoa, serving 1,200 people and 167 families, involving 124 care givers and collaborating with 230 third-sector organisations, social and technological enterprises, universities and public sector entities (Castro-Spila et al, 2025). In addition, some intangible results of the implementation of LCEs can be highlighted.

Improving the personalisation of care

One of the most significant results concerns the personalisation of care. The introduction of participatory diagnostics and the development of personalised care plans have enabled municipalities to go beyond standardised service packages. Users and families are increasingly involved in co-design processes, defining their needs, preferences and priorities. In several municipalities, this has resulted in a diversification of service interventions, including preventive initiatives for people at risk of frailty, mixed professional–community support

for dependent people and new services tailored to care givers. The focus on personalisation has begun to shift the logic of local social services from reactive responses to proactive and anticipatory planning (DCPS, 2023a).

Strengthening intersectoral coordination

A second set of results concerns coordination between social services, health services and various community-led organisations. Through the Zaintza Datu Gunea, the municipalities tested interoperable data systems (clinical data, social assistance benefits, social evaluation) that allow accredited professionals (health and social care staff) from different sectors to exchange data about service users. These exchanges include information on the services received, covering health, social and community care, and users' fragility status, and alerts for situations of risk, all while maintaining strict privacy safeguards (DCPS, 2025). This has facilitated the creation of joint protocols for complex cases, where social and health actors and community-led organisations can design integrated interventions. The 'local care measures' established in several municipalities have institutionalised these practices, thus fostering stable inter-organisational collaboration. Early assessments suggest that these mechanisms have improved continuity of care, reduced duplication of services and increased job satisfaction (DCPS, 2023b).

Strengthening community support networks

LCEs have also strengthened networks of care and support throughout the community. Many municipalities have encouraged neighbourhood initiatives, self-help groups and volunteer programmes to complement professional services. Examples include the creation of care cooperatives run by migrant women providing home care, companies offering support to family care givers and third-sector organisations facilitating local networks that connect isolated or vulnerable people with volunteers to provide social support and prevent loneliness. These developments not only address care needs but also contribute to social cohesion and resilience in local communities (Castro-Spila et al, 2024).

Innovation and new services

Pilot projects implemented as part of the experimentation phase have introduced incremental innovations in local social services. Examples include integrated home-based day-care programmes, support for (family) care givers, frailty assessment models and community intervention programmes, development of shared spaces for intergenerational activities and application of predictive technologies to anticipate dependency. These services embody

the ecosystem principle of combining formal and informal resources to create hybrid and adaptive solutions. Several pilot projects have moved into the experimental phase and are in the process of stabilisation as permanent services (DCPS, 2023b).

Learning assessment and outcomes

Finally, the ecosystem monitoring and impact assessment has generated useful knowledge. The use of participatory monitoring tools, impact evaluation methodologies and cost-effectiveness analyses has allowed municipalities to assess improvements in the quality of life, wellbeing and satisfaction of users, families and professionals. These evaluation processes also reveal challenges that need to be addressed, such as the variety of evaluation capacities among municipalities, the need for sustainable financial resources to measure results and the weakness of management cultures to design evidence-based improvements. However, monitoring and evaluation processes provide a solid way to adjust strategies and consolidate ecosystems as long-term policy instruments (DCPS, 2023b).

Contributions of the ecosystem model to a new social policy framework

Contribution to transitional social policies (ecosystemic models)

LCEs operationalise the 'Agenda for care and social policies 20–30: Gipuzkoa, territory of care' (2021a), offering a territorial model that integrates personalisation, coordination, and community participation from an ecosystemic perspective.

New modes of collaborative governance

The case of LCEs shows that it is possible to design and stabilise new modes of governance in which municipalities, professionals, users/families and communities collectively shape the organisation of care. By integrating personalisation, socio-health coordination and community participation into their design, LCEs demonstrate how theoretical principles of ecosystem governance can be operationalised in real-world contexts.

Connecting local experimentation with institutional consolidation

The development of intermediary infrastructures – HerriLab, Zaintza Datu Gunea and the Scaling Hub – has enabled municipalities to link local experimentation with system-level consolidation (Huitema et al, 2018). These infrastructures provide capacities for participation, data interoperability,

collective evaluation and support for municipal implementation, illustrating that ecosystem approaches require institutional and technological scaffolding.

Adaptive transfer of innovations

Instead of relying on linear models of policy dissemination, the LCE adopts an iterative, adaptive model of transfer aligned with principles of experimental governance. Innovations are systematised, but their transfer to other municipalities takes place through processes of adaptation, mentoring and mutual learning. This has facilitated the emergence of a territorial ecosystem where municipalities share practices and tools without erasing local specificities.

Challenges and risks

Tensions between innovation and stabilisation

The case study reveals significant tensions between fostering innovation and achieving stabilisation. While HerriLab promotes experimentation, municipal legal frameworks make it difficult to incorporate and standardise innovations as public services. This reflects the 'dilemma of co-creation' (Ansell et al, 2024): balancing openness and adaptability with the need for sustainable structures. The Scaling Hub plays a mediating role, but the tension remains structurally embedded.

Limits and challenges of the transfer model

Although adaptive transfer has enabled contextualised learning, it also creates uncertainty about the conditions under which innovations can be reliably reproduced in municipalities with different capacities. The heterogeneity of local contexts raises questions about scalability, comparability of outcomes and long-term institutionalisation.

Dependence on intermediary infrastructures

Ecosystems cannot thrive on municipal initiative alone. Without intermediary organisations and technological infrastructures, experiments risk remaining isolated rather than becoming systemic transformations. This dependency exposes the fragility of the model: if infrastructures weaken (financially or politically), ecosystem dynamics could stagnate.

Territorial inequalities and risks for equity

Not all municipalities have the same administrative, financial or organisational capacities to activate ecosystems. This leads to asymmetric development and

potentially unequal access to personalised and community-based services. Although provincial governance aims to support weaker municipalities (financing innovation programmes, institutional agreements, monitoring and evaluation), the risk of divergence persists.

Political and fiscal sustainability

Ecosystem practices demand long-term political and financial commitment, which is vulnerable to election cycles, leadership changes and budget constraints. Maintaining participatory, personalised and community-based approaches requires sustained investment that may be difficult to secure.

Risks associated with co-responsibility

While personalisation and community-based care respond to users' preferences, they may unintentionally reinforce the formal–informal mix of care responsibilities, potentially increasing the burden on families – especially women – unless safeguards are put in place. For example, families who receive direct government benefits may misuse them by hiring informal and precarious workers.

Conclusions and lessons learned

The experience of LCEs in Gipuzkoa provides a series of important lessons for the design and implementation of ecosystem-based social policies, both in Spain and in the European context. These lessons can be grouped into four interrelated dimensions: futures, governance, infrastructure and sustainability.

First, LCEs are developed within the framework of the 'Agenda for care and social policy 20–30' (DCPS, 2021a), a long-term strategy that plans the transition of the care system over ten years, establishing a horizon of (future) impact that organises social policies (DCPS, 2021b). This implies that the transition of the care model requires political commitment and institutional agreements to be successful.

Second, the case demonstrates that ecosystem-based governance is possible when it is supported by structured and inclusive participation mechanisms. The creation of Steering Groups, user and professional panels, participatory diagnostics and innovation co-design processes has shown that municipalities can bring together various actors – users, families, professionals, civil society organisations and administrations – around common objectives. However, effective co-creation requires clear roles, facilitation and ongoing support from the outside (such as HerriLab, the Zaintza Datu Gunea and the Zaintza Scaling Hub). Without this, participation risks becoming symbolic rather than transformative (DCPS, 2025).

Third, the model of LCEs highlights the central role of infrastructures that facilitate ecosystem change. The Zaintza HerriLab, the Zaintza Datu Gunea and the Zaintza Scaling Hub illustrate that experimental governance cannot depend solely on goodwill. It needs laboratories for innovation, digital systems for interoperability and hubs for transfer and evaluation. These infrastructures serve as the backbone of ecosystems, ensuring continuity across policy cycles and creating the conditions for institutional learning. The lesson for other regions is that investing in enabling infrastructure is just as important as funding the services themselves.

Fourth, the challenge is to find a balance between innovation, stabilisation and equity. Pilot projects generate creativity, experimentation, innovation and local participation, but without adequate stabilisation and formalisation, they run the risk of remaining isolated experiments. At the same time, stabilisation can stifle innovation and reproduce existing bureaucratic logics (weight of trajectory). The LCE approach suggests that this balance can be managed through adaptive cycles that combine experimentation and gradual integration into service portfolios. However, maintaining these cycles requires political commitment, adequate resources and strategies to avoid territorial inequalities between municipalities of different capacities.

More broadly, LCEs exemplify the ecosystem shift of social policy that reorients the care model from fragmented, service-centric models to connected, people- and community-centred services. They embody principles that are now central to European and international policy frameworks – personalisation, coordination, community engagement and co-responsibility – while providing original ideas on how to put these principles into practice through territorial governance and innovation infrastructures.

The lessons for social policies are twofold. For local and regional governments, they demonstrate the viability of ecosystemic approaches when based on participatory processes and infrastructures for innovation, sharing and data transfer. For European and international debates, they provide empirical evidence that the ecosystem paradigm can be more than a rhetorical aspiration: it can be stabilised as a concrete policy model, capable of improving quality of life, strengthening institutional coordination and fostering more resilient, adaptable and community-based welfare systems.

Note

[1] The stratification variables used in the analyses were sex, age group (60–65, 66–70, 71–75, 76–80, 81–85 and ≥ 86 years), and the official degree of dependency (I, II and III). Additional explanatory variables included the percentage of certified disability in three bands (< 33 per cent, 33–65 per cent, ≥ 66 per cent), the total number of benefits received, the receipt of home help and the household's economic hardship. This architecture makes it possible to separate structural effects (age, sex, degree) from contextual effects (supports, housing, economy) while preserving comparability with the residential module of the project. The analysis shows that respondents living at home are concentrated in

intermediate and low levels of autonomy, with a particularly marked impact on control over their lives, social participation and meaningful use of time, while more basic activities such as eating or personal hygiene retain greater margins of independence.

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