

Action plan for EmpowerMed pilot site Primorska - Slovenia













GESCA







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1 Introduction

1.1 Purpose of the action plan

The purpose of this action plan is to fine-tune the plan for activities in the pilot site in Slovenia, Primorska. Activities in pilot site were initially planned in the phase of EmpowerMed project proposal, in September 2018. However, on one hand at that time the situation in the pilot site was not thoroughly researched and on the other hand the situation changes constantly (e.g. COVID-19 crisis). At this moment there is better insight into the situation in the pilot area, as well as better knowledge of the local actors, which is why now the practical actions of EmpowerMed in the pilot site can be fully designed. The implementation is adjusted to the circumstances of the moment and it is the purpose of this document to align the previously planned actions with the current situation in the pilot site, as well as on meetings with the local stakeholders, which were implemented from September 2019 – May 2020, this action plan lists and describes the measures that EmpowerMed will implement in the pilot region, as well as specifies the local actors and how EmpowerMed will work with them to implement its activities.

1.2 Energy poverty in the pilot site

EmpowerMed's pilot area in Slovenia covers 4 municipalities that line up the coast of Slovenia, Koper, Izola, Ankaran and Piran. The main focus of the activities will be in the coastal city Koper, but the actions will also target the other 3 coastal municipalities. Along with the rest of Slovenia, energy poverty in Obalno-Kraška region is becoming an increasing problem as rising energy prices surpass the rise of income of the population. Thus, the expenditure for energy for households in the first income quintile in 2015 represented 17.7% of all available resources of individual households. The area is marked by Mediterranean climate (hot summers, mild winters) and shares other specifics, targeted by EmpowerMed:

- lacking or inefficient heating and cooling systems,
- poor insulation and general deterioration of buildings,
- tourism related low quality jobs and
- tensions in real-estate markets due to tourist demand for housing.

The main harbour of Slovenia is located in Koper, which creates employment opportunities, but mainly for low quality and often precarious jobs. With almost 2.4 million of tourist stays, this region generates the largest share of tourist stays in the country, but tourism related jobs also have a highly precarious character. Although in terms of GDP per capita the second richest region in Slovenia, about 3% of inhabitants are recipients of regular social support. Against this backdrop, the following criteria will be used to prioritize actions of EmpowerMed in Slovenian pilot area:

- Unemployment
- Risk of poverty
- Receiving of social support

Unemployment and employment rate

Data on registered unemployment rate shows that unemployment rate in the Obalnokraška region is lower than the national average. On the municipal level, the lowest rate is in Ankaran (9%), and the highest in Piran (11.9%).

Table 23: Registered employment and unemployment rates according to the proportion of the active population (in %), for Slovenia, Obalno-Kraška region and 4 municipalities, in 2016 [1]

	Slovenia	Region	Koper	Izola	Piran	Ankaran
Unemployment	11.2	10.1	9.8	10.4	11.9	9
rate (in %)						

Poverty risk rate and number of people below the poverty line

Poverty risk rate represents the percentage of people living below the poverty line. People below the poverty line are those living in households with available income below 60% of median equivalent available income in the country. Risk of poverty rate in Obalno-Kraška region is lower than the national average, yet still high in absolute terms.

Table 25: Poverty risk rate and number of people below poverty line [2]

	1							
	2014	2015	2016	2017	2018			
Poverty risk rate (% of people)								
Obalno-kraška region	15.1	13.7	8.7	10.7	12.3			
Number of people below poverty line								
Obalno-kraška region	15,000	12,000	6,000	8,000	9,000			

Recipients of social support

There is no comprehensive statistics in this area. Latest available information is from 2017, when about 3% of inhabitants were recipients of regular social support (the situation was the same in all three coastal municipalities), which in absolute terms represents about 2,000 people and their dependent members of the family. All three municipalities detected a trend of growing demand for social support in recent years (e.g. in Piran the number of recipients grew by 14% from 2015 to 2017).

Existing measures against energy poverty

In Slovenia, the government supports households, affected by energy poverty in several ways. It offers free visits to households that implement energy audit and provide households with a package of free devices for saving energy and water plus a tailor-made advice. The other format of support are free subsidies of 100% for renovation of dwellings. However, in the pilot region both forms of support are not used by the affected people, which is what EmpowerMed will try to address with its measures in the pilot area.

2 Key activities and target groups in the pilot site

2.1 Household visits

Key activities

Household visits will be implemented to empower household members to reduce energy and water use. During the visit, energy audit and analytics will be performed by the energy advisors. The advisors will check the energy and water bills of the households, conduct a set of measurements (use of appliances, water use...) and discuss household's habits in energy and water use. By doing this, they will identify the potentials for saving energy and water in the households.

Based on the identified potentials, the advisors will implement low-cost measures by installing free devices, which will help the household reduce energy and water use. They will also give advice for using the devices, changing energy use habits and further possible steps. The package of devices for the households will be to some extent standard and to some extent tailored to the needs of the household. The advice for the household will be tailor-made, taking into consideration the situation and habits of the members. The household will specifically be notified about the structural problems in their households, such as poorly insulated building, too old heating system or mould. Advisors will be from the national network of energy advisors or from Focus.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Consulted actors expressed the concern that national program of household visits is barely used in Primorska region, hence it is needed to promote it better, plus expand the visits to people who are just above the census for the governmental visits. This is why EmpowerMed will support stronger promotion of the visits from the governmental program. EmpowerMed will also implement some visits for the people who are not on social support, but still have very low income. With the promotion of the visits we will study what are the main obstacles for people to not use these visits from the governmental program and based on that, form recommendations for the change of the governmental program as needed.

Scope of planned activities

It is planned that 200 household visits will be implemented. Of these we plan to implement about 120-150 through the governmental program of visits, whereby the role of Focus will be to support the promotion activities of Ecofund (the agency in charge of operationalising the program of visits), and about 50-80 visits directly done by Focus. The visits directly done by Focus will be for people who are just above the census for receiving social support, yet their incomes are so low that they do not ensure decent living.

Plan B in case of further Covid19 related quarantines

In the case of household visits, there might be some COVID19 implications. One issue is that EmpowerMed wants to work with elderly women as one of the key target groups of the action, but they are the most vulnerable to COVID19. This is why it might be needed to omit this target group or upgrade the action with extra safety measures (e.g. energy auditors wearing masks during the visits). In case of complete quarantine, the visits will not be possible to be implemented. An alternative solution is to postpone the visits for several months – in case the situation gets better, and if it does not then Empowermed will provide consulting service to the households over phone and mail the package of devices over post, together with tips for behaviour change and instructions for installation.

2.2 Collective assemblies

Key activities

Collective assemblies will be in form of meetings of around 20 people affected by energy poverty. Potentially the groups will be bigger, including also people who are not affected by energy poverty in order to erase the lines of vulnerability among people and motivate people, affected by energy poverty to attend the assemblies. The assemblies will be a combination of checking utility bills and discussing similarities and differences, but also sharing cases and trying to find help for the cases. It is expected to have 2-3 project people to guide the collective discussion/advice that is given to the people. The aim is not to have a bilateral or expert/affected approach, but rather a space where everyone's experience adds to the collective knowledge.

Initially, discussions will be focused on some issues that are easier to share with other people, such as the differences in energy bills, while with time, when some trust is established in the group, more difficult issues will be tackled (disconnections, debts etc.). It is expected the first versions will be more the type of assembly that Geres does, as we need to build know-how in how to solve some cases. We might need to engage legal experts in the work/support. In the assemblies EmpowerMed will collect information on what are the most often situations/cases, which will lead to systemic issues and challenges, which we can tackle with activities in WP5.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Several actors consulted believe that collective assemblies are a good idea. Yet they highlighted that trying to do collective work and gather the vulnerable people in groups is usually a challenge. Some of the consulted actors tried such approaches before, but faced challenges in gathering the people. For this reason, EmpowerMed will try to make groups of affected and not affected people, to erase the lines of vulnerability. This is also why it is planned to work with existing groupings, such as pensioners associations, to reach out to the people affected by energy poverty. Consulted actors appreciate the empowerment perspective of assemblies.

Scope of planned activities

It is planned that 5 collective assemblies will gather each about 20 persons, hence engaging a total of about 100 people affected by energy poverty.

Plan B in case of further Covid19 related quarantines

Similar as with the visits, in the case of new wave of the coronavirus, we will postpone the activities for several months. If the situation does not get better, EmpowerMed will try to prepare online workshops (via zoom), although the target group is not best suited for it; or shift the community approach to individual and do it as it will be done with the households visits – working with households via telephone.

2.3 DiY workshops

Key activities

These workshops will be linked to the collective assembly groups. We anticipate that some of the collective assembly meetings can be done in a more workshop style, where we will exchange experiences in how to implement small DIY measures (window insulation, installing tap aerators, cooling and ventilation techniques, planting the right plants on windows/balconies...). For these workshops we will try to work with existing groups, such as pensioners associations.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

In consultation with the local actors it was highlighted that DiY workshops will be useful for people, affected by energy poverty. Having and sharing some basic knowledge and skills on simple measures to improve your wellbeing is deemed useful by local actors. Because it is estimated that it will be difficult to motivate people to join the workshops, EmpowerMed will link the workshops to collective assemblies. Hence also here we will try to combine affected and not affected people to blur the lines between more and less marginalised groups

Scope of planned activities

It is planned that 3 workshops of about 20 people each will be implemented, reaching out to about 60 people in total.

Plan B in case of further Covid19 related quarantines

See section for collective assemblies, similar is valid for DiY.

2.4 Support for financial schemes

Key activities

Slovenia has several financial schemes for energy poverty, but mostly they are not well used. We will select some people through visits or collective assemblies, to whom we will assist with the filling in of the application forms for the free full subsidies for renovation and insulation measures.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Slovenian Eco Fund that implements financial schemes for energy poverty reports rather strong underusage of the funds available. The main reasons are complex application procedures and stigmatisation of having to use energy poverty funds. This is why EmpowerMed will provide support to people in filling in the application forms and accessing the funds. The activity will not only be used to support the people affected by energy poverty, but also to gain practical experience in accessing and using the funds. In this way we will get to know the challenges from practical experience, which will help us to formulate proposals on how to reduce the obstacles in accessing the funds for energy poverty. Once we know better where the main challenges are, we will be able to formulate policy recommendations on how to change/improve the financial schemes and their application in practice. It takes a long time to change the existing rules for using the funds, so it might take a long time before the Eco Fund resolves the problems.

Scope of planned activities

It is planned that EmpowerMed will support 20 people in accessing and using funds for energy poverty.

Plan B in case of further Covid19 related quarantines

In case of repeated quarantine this activity can be fully implemented through means of communication, such as telephone, skype or zoom. Support can be done fully without having to be in meetings with the affected people. Should reaching of numbers be problematic with the visits and collective assemblies, it is possible that we provide support to more people under this activity.

2.5 Health workshops

It is expected that the workshops will be done with three types of personnel: social workers

that visit homes, health workers that visits homes and elderly people's home personnel that visits homes. With these three types of personnel we will exchange know-how on how to easily spot situations of energy poverty and what can be 'the first aid' steps, as well as who can provide further support or help to tackle the situation. The workshops will be a mixture of lessons and discussions for exchange of experiences and know-how.

Target groups

This activity will address the frontline workers, more specifically the following target groups that were identified with the help of the local actors:

- social workers that visit homes,
- health workers that visits homes and
- elderly people's home personnel that visits homes.

Answering the needs

Almost all consulted actors find it that the health aspects of energy poverty are underexplored and believe that various types of personnel that works in the field with people (home visits, work with local groups...) are ill equipped with know-how on energy poverty, while they could be an important actor detecting energy poverty and taking the first steps to resolve the main issues. We want to implement these workshops in a more collaborative manner, as consulted actors believe that many of the health or social personnel can also share some useful experiences and know-how. After the workshops we will see if it would make sense to make such workshops nation-wide and if this is the case, we can propose this to the responsible actors with the activities of WP5. The three types of personnel we plan to work with are usually very busy and burdened with many 'users', hence we need to find a way to gather them in the least intrusive manner possible.

Scope of planned activities

It is planned that 3 workshops of about 20 people each will be implemented, reaching out to about 60 people in total.

Plan B in case of further Covid19 related quarantines

Should it not be possible to implement the workshops for real, EmpowerMed will implement the workshops over Zoom. With this target group such a format should be fully possible.

3 Key local actors in the pilot site and their engagement

Stakeholders and actors are all organizations and institutions that can support the campaign for recruitment and involvement of household affected by energy poverty or provide any other kind of support for the implementation of EmpowerMed project. The following key local actors will be engaged in activities in the pilot site of Primorska:

Local actor	Engagement	Activities
Municipalities of Koper, Ankaran, Izola and Piran	Household visits Collective assemblies and DiY workshops	 Proposing visits to the users of heating support in Koper Communicating the visits in municipality's communication channels Communicating the assemblies and workshops in municipality's communication channels
	Support for financial schemes	• Proposing support for using financial schemes to the users of heating support in Koper
Centres for social work of Koper, Izola and Piran	Household visits	 Presentation of the visits to the employees of social centres Promotion stands of EmpowerMed and Ecofund during the office hours of the centres Direct promotion of visits with the users of the services of the centres
	Collective assemblies and DiY workshops	 Presentation of the activities to the employees of social centres Direct promotion of activities among the users of service Placards in centres
	Support for financial schemes	Direct promotion of activities among the users of service
	Health workshops	• Frontline staff taking part in the workshops
Local social organisations (Caritas and	Household visits	 Presentation of the visits to the employees Direct promotion of visits with the users of the services of the organisations
Red Cross)	Collective assemblies and DiY workshops	 Presentation of the activities to the employees Direct promotion of activities among the users of services Placards in organisations
	Support for financial schemes	 Direct promotion of activities among the users of services
Pensioner's associations	Household visits	 Presentation of the visits to the members during meetings Communicating the visits in associations' communication channels
	Collective assemblies and DiY workshops	 Presentation of the activities to the members Communicating the workshops in associations' communication channels Placards in associations' spaces

Local health groups of Izola and Piran	Visits, collective assemblies and DiY workshops Health	 Implementing assemblies and workshops during the associations' meetings Presentation of the activities to the members of the groups Communication of the activities in the groups' communication channels Frontline staff taking part in the workshops 						s of
Health centres	workshops Health workshops	• Frontline staff taking part in the workshops						
Youth and other civil society centres	Visits, assemblies and DiY	•	Presentation channels	of	the	activities	through	their
People's University	Assemblies and DiY	•	Presentation channels	of	the	activities	through	their

4 Reaching out to the households

The main way to reach households will be communication through the centres for social support and other social actors, such as pensioners networks or Red Cross. The listed actors will reach out to households in different manners. The centres for social work and other social actors work directly with households affected by energy poverty, so they will reach out in direct contact/meetings with the households, but also with leaflets and placards. The other actors will reach out to households and through notifications for their members, after initial contacts also through snowballing. The activities are specified in the table in section 3.

Also, regular communication of the activities through the local media will be an important manner for reaching out to the households. EmpowerMed will implement regular appearances in the local media to inform households about the activities and attract them to use them. Presence of EmpowerMed's staff on local radios and TV shows, as well as regular articles in the local print will support the reach out of the activities of EmpowerMed.

In terms of promoting household visits, they key messages to be used will be focused on messages like: Having trouble paying your electricity, water or heating bills? How to save on payments? We offer you free energy advice at home, free energy and water saving devices and savings of up to EUR 100 per year in energy and water costs.

5 Summary of the action and communication plan

Summary of the action plan

Actions	Key Tasks	Objectives	Responsibility	Timeline	Resources
Community approaches	 Promote assemblies Implement assemblies Accompany people if necessary 	5 assemblies of about 20 people	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Focus staff, venue, promotion materials (placard)
Household visits	 Promote visits Implement visits	200 visits	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Energy auditors, Focus staff, energy and water saving devices, promotion materials (leaflet)
Do-it- yourself solutions	Promote workshopsImplement workshops	3 workshops of about 20 people	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Focus staff, venue, energy and water saving devices, promotion materials (placard)
Support for small investment	 Promote support Implement support	20 people supported	Focus, municipalities, centres for social work	November 2020 – January 2022	Focus staff
Health workshops	Inform about the workshopsImplement workshops	3 workshops of about 20 people		November 2020 – January 2022	Focus staff, venue, workshop materials

Summary of the communication plan

	Target group(s)	Objectives	Key messages	Tools / format	Channels	How often / many	Responsibility
Community approaches	 Elderly women Single mothers Unemployed / working poor 	1000 people reached	To be developed at a later point	 Placard Word of mouth Media 	 Municipality channels Centres for social work Social organisations Pensioner's networks Church Utilities Local media Public transport monitors 	 50 placards 5-8 media appearances 	Focus and local actors
Household visits	 Elderly women Single mothers Unemployed / working poor 	1000 people reached	Having trouble paying your electricity, water or heating bills? We offer you free energy advice at home, free energy and water saving devices and savings of up to EUR 100	 Leaflet Word of mouth Media 	 Municipality channels Centres for social work Social organisations Pensioner's networks Church Utilities Local media Public transport monitors 	 1000 leaflets 5-8 media appearances 	Focus and local actors
Do-it- yourself solutions	 Elderly women Single mothers Unemployed / working poor 	500 people reached	To be developed at a later point	 Placard Word of mouth Media 	 Municipality channels Centres for social work 	 50 placards 5-8 media appearances 	Focus and local actors

					 Social organisations Pensioner's networks Local media Public transport monitors 		
Support for small investments	 Elderly women Single mothers Unemployed / working poor 	500 people reached	Wish to access funds? We help you work through the procedure.	 Leaflet Word of mouth Media 	 Municipality channels Centres for social work Social organisations 	• 100 leaflets	Focus and local actors
Health workshops	 social workers that visit homes health workers that visit homes elderly people's home personnel that visit homes 	100 people reached	What is energy poverty? How to recognise it? How to help it with basic steps?	Direct invitation	 Centres for social work Health centres 	 3 e-mail invitations 	Focus and local actors

6 References

- Statistični urad, 'Občina Koper'. https://www.stat.si/obcine/sl/2016/Municip/Index/68.
 Statistični urad, 'Stopnja tveganja revščine'. https://pxweb.stat.si:443/SiStatDb/sq/3448.

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