Dissemination Plan of the InCARE project

Supporting INclusive development of community-based long-term CARE services through multi-stakeholder participatory approaches

Claire Champeix, with input from all project partners

February 2021 (V1)

Acknowledgments

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Table of Contents

Executive Summary 4
Introduction 4
Overview of tasks in Work Package 7 (Dissemination & Policy Impact) 4
Detailed objectives of InCARE Dissemination Plan 5
1. Dissemination Plan : Why? To Whom? What? How? 9
Current context (Why) 9
Target audience (To whom) 10
Key dissemination messages (What) 11
The tools of dissemination (How) 13
Project visual identity 13
Project promotional material 14
Project Website 14
Newsletter 14
Publications 14
Social media: Facebook, Twitter, LinkedIn 15
Conferences and events 16
2. Monitoring the dissemination activities 16
Shared monitoring tool 16
Evaluation 17
Target indicators 17
How to assess the sustainability and influence of the project? 19
References 20
List of Annexes 20

Table of figures

Figure 1 - Dissemination Tasks 5
Figure 2 - intermediate dissemination actions 7
Figure 3 - Policy context at Eu level 9
Figure 4 - Mapping of target audiences at EU level 11
Figure 5 - Message house 12
Figure 6 - Acknowledgement of EU funding 13
Figure 7 - List of hashtags 15
Figure 8 - Monitoring tool 16
Figure 9 - Target indicators for dissemination 17

Executive Summary

The Dissemination Plan is a practical document that describes the dissemination activities to be undertaken by all InCARE partners **to contribute to the achievement of the project's overall objectives**, namely that older people with care needs and their informal caregivers have access to adequate and affordable care and they, together with their families, live well and with dignity at home.

The first version of this Strategy was presented by Eurocarers – WP7 – Dissemination & Policy Impact leader- at the beginning of the project and agreed on by all partners.

Following a general introduction, the document outlines the InCARE Dissemination Plan. It sets out in detail the objectives of the communication (why), then discusses the target groups (to whom), the key messages (what) and the tools to be used (how). It explains how Eurocarers is going to disseminate information about the project at European and global level, while **inviting partners to elaborate national-level dissemination plans for each pilot country**, providing guidance to that end. The Dissemination Plan also envisages how to monitor the dissemination activities carried out by the partners, in order to assess the implementation of the plan on a constant basis.

Introduction

Overview of tasks in Work Package 7 (Dissemination & Policy Impact)

As presented in the project description, the ambition of the InCARE project is to contribute to the development of national LTC policies and care services at local and regional level, building on participatory and innovative decision-making processes. This in turn will improve the well-being of and access to adequate and affordable care for older people with care needs deriving from cognitive or functional impairments.

Within this framework, the overall goal of WP7 (Dissemination and Policy Impact) is to share information about the project with all relevant stakeholders within European, regional and national contexts and the wider public, and ensure their buy-in by using a coherent, participative and coordinated approach implemented by InCARE.

This information sharing can only take place through a well-thought Dissemination Plan, capable of raising awareness of the issues tackled by the project, the outcomes of preparatory and formative research activities and the innovative approach implemented in the national pilots. The present document thus aims to translate the ambition into action, by providing information and guidance on how InCARE partners can coordinate their effort efficiently and effectively.
Our dissemination activities have to be approached as a **horizontal work package that concerns all partners**. The outcomes of the complementary work packages would indeed inevitably fall short of their

aim without adequate communication targeted towards the relevant audiences. Consequently, the entire project would fail to make its expected impact.

During the 36 months of the project, the Dissemination Plan will be adapted as necessary, in order to seize new opportunities linked to the developments of policy agendas at EU/ national levels, as well as to address the needs encountered by partners during the project's implementation. The state of play on dissemination will be reviewed briefly at the occasion of partners meeting, and an interim review will be conducted after 18 months of the project.

In each of the pilot countries, Policy Partners and Local Implementation Partners are invited to cooperate in order to draft their **National Dissemination Plan**, in line with the core messages, target and tools of this common Dissemination Plan. Guidance to do so is provided throughout this document in the coloured boxes. A Template for National Dissemination Plans will be provided in this objective. There is no deadline set for national dissemination plans, which will remain living documents throughout the project implementation. However, it is important that detailed working drafts are prepared at the start of the pilot, providing a common basis for in-country dissemination.

In line with the timetable indicated in the Description of Action and Work Plan, and the description of WP 7, the tasks will combine dissemination through publications and conferences, supported by a series of communications tools. Additionally, partners may also use social media, as they might prove efficient to reach our objectives.

FIGURE 1 - DISSEMINATION TASKS

Task	Timing	Deliverables	Due date
T7.1 Dissemination Plan	M 1-2	Dissemination Plan	M 2
T7.2 Tools & Publications	M 1-36	Project logo, project flyer, templates (letterhead, PPP), Project website, linked to project pages on each of the partners' websites, 6 e-newsletters One project brochure Presentation of project results at nat./internat. Conferences	
T7.3 Final Conference	M 34-36	Final project conference	M 36

Detailed objectives of InCARE Dissemination Plan

During month 2, two Theory of Change workshops allowed the partners to develop a **common vision of the main expected outcomes of WP 7**, in relation to the outcomes expected from other Work Packages, as well as the overall objectives of the project. In order to ensure a clear overview of all InCARE expected outcomes, WP 7 expected outcomes have been incorporated in the Theory of Change map (Annex 1) in a synthetic way into the objectives 5 ("the InCARE partners successfully disseminate knowledge about the project and findings to a variety of audiences"), 8 ("Learning & knowledge from InCARE project informs LTC development in Europe") and 16 ("InCARE pilot projects are scaled-up & sustainable").

It is important to note that several **intermediate actions** need to be implemented in order to achieve these objectives, considering on the one hand the various governance levels addressed, on the other hand the comprehensive approach that we promote with regard to LTC delivery. These intermediate actions, which can't be defined in detail in the ToC map, **are spelled out in the template below.**

The Theory of Change workshops also helped to distinguish among the expected outcomes of Dissemination activities, between those depending directly on the partners' efforts, and those remaining beyond the partnership's ceiling of accountability, as they will depend not only on dissemination activities undertaken, but also on the extent to which external actors will make use of the knowledge provided. Such an instrumental distinction is underpinning the presentation of the intermediate dissemination actions.

For each of the intermediate actions foreseen, a series of **activities/ outputs** is indicated, which will serve as a check list to guide our efforts (*in italic in the template below*). Eurocarers will coordinate the monitoring which will take the form of a qualitative report, based on information shared by partners regarding their activities.

In their National dissemination plans, policy and local implementation partners are invited to identify and adapt the objectives from the list below that are the most relevant to their context.

FIGURE 2 - INTERMEDIATE DISSEMINATION ACTIONS

Intermediate dissemination actions

→ Depending on the completion of the Dissemination Plan

ToC synthetic objective 5: "the InCARE partners successfully disseminate knowledge about the project and findings to a variety of audiences"

At EU level, dissemination activities will contribute to

- **Raise awareness about the issues at stake** with regard to access to adequate and affordable LTC for older people and the existence of the InCARE project;

  □ *Project website: home page and dedicated pages on situational analyses and main challenges in each country); newsletters including a short section dedicated to key challenges and goals), publications, presentations at conferences…)*

- Disseminate knowledge towards stakeholders concerning the **added value of participatory, socially innovative and integrated approaches to design LTC policies** and how InCARE can contribute to solutions;

  □ *Publication of our national pilot process, outcome & impact evaluations, presentations to international policy-makers & professionals forums…*

- Support transnational learning communities;

  □ *Trainings, number of webinars/learning sessions with internal & external participants; presentations at meetings/ conferences targeted at care practitioners…*

- Offer **comprehensive and accessible documentation** regarding InCARE method and outputs, facilitating an effective transfer of social innovation building on InCARE outputs

  □ *Publication in open access on project website of part of the training materials we will develop, provision of short descriptions/ summaries of all reports & publications produced in English and all project languages; newsletters targeted at a wide audience (therefore accessible); national websites in national language in each project country; policy briefs…*

- Translate InCARE findings into actionable **policy recommendations**

  □ *Policy briefs*

At **local/regional/national level**, the corresponding objectives pursued will be:

- To raise awareness of the shortcomings in the provision of LTC for older people **in the area**;
- To raise awareness on the InCARE project and **specifically the pilot;**
- To disseminate knowledge towards **local/regional stakeholders** around the added value of participatory, socially innovative and integrated approaches to design LTC policies and how InCARE can contribute to solutions
- To support **local /regional** learning communities

□ *Activities to be defined by national/local partner in parallel to the ones defined above for the EU level.*

→ Beyond In Care' s ceiling of accountability	**ToC synthetic objective 8: "Learning & knowledge from InCARE project informs LTC development in Europe"**
	At EU level, dissemination activities will aim at contributing to the following objectives • Ensure that the need to improve the well-being of and access to adequate and affordable care to older people with care needs is placed/ remains high on the **policy making agenda at EU level** (notably through the processes: European Semester, Social Pillar, Green Paper on Demographic Change…) • Ensure that the added- value of participatory, socially innovative and integrated approaches to design LTC policies and services delivery is recognised. □ *Integration of the project outcomes in our advocacy messaging, qualitative analysis of policy processes*
	ToC synthetic objective 16: "InCARE pilot projects are scaled-up & sustainable"
	At EU level: • Ensure InCARE is identified as a "good", promising or interesting practice, in policy and research publications. mentions/ citations of InCARE project and publications during the project lifetime □ *Monitoring of relevant policy and research developments* • Ensure InCARE is selected and visible in transnational platforms as a transferable good practice □ *Participating in and monitoring the activities of relevant platforms*
	At national level: • Encourage effective scaling up of the pilots in the countries of the pilots, and thereby influence service delivery design locally or nationally □ *Participation in national policy events, number of interactions with national level policy makers, mentions of pilot/ project in policy documents during the lifetime of the project.*
	At local/regional level, • Encourage stakeholders to support the sustainability of the project pilot. □ *Activities to be defined by national/local partners*

1. Dissemination Plan : Why? To Whom? What? How?

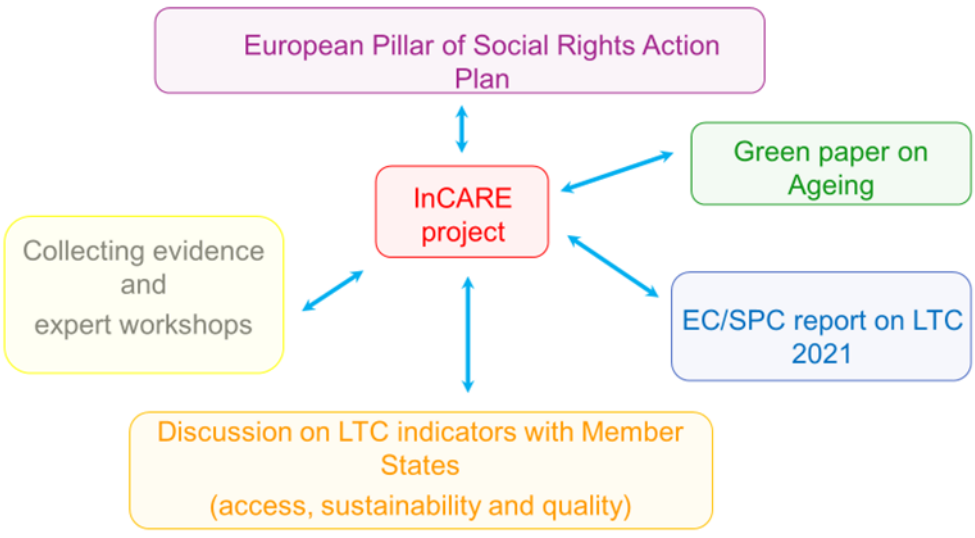
Current context (Why)

The InCARE project is particularly timely with regard to **European policy priorities**. As European countries face common challenges to provide adequate, affordable and sustainable support to their ageing population, at a time when the COVID 19 Pandemic is shedding light on the shortcomings of our long-term care systems, the EU has started to address the issue collectively. While health and social long-term care remains in the remit of Member States, and in most cases is implemented at the local or regional level, the enabling role of EU policies and programmes, aimed to foster the implementation of common principles and value, is becoming more and more evident.

The proclamation in 2017 of the **European Pillar of Social Rights**, recognising that "everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services" (principle 18), represented a first step in this direction.

Since then, **several initiatives** have been launched by EU institutions, representing as many opportunities to envisage common action at EU level. Key public consultations have been launched, or planned, in policy areas which are closely linked to formal and informal LTC issues, notably on the implementation of the Social Pillar, and on the challenges posed by an ageing population. A series of research and expert workshops have been organized by the European Commission in the last months, exploring further the issues at stake. The Social Protection Committee has been discussing new indicators for LTC provision, to complement existing social indicators at EU level. Members of the European Parliament ask for an ambitious EU initiative in the area of care.

FIGURE 3 - POLICY CONTEXT AT EU LEVEL



Eurocarers, who is well positioned as a knowledge broker on care and caring issues at EU level, is contributing actively to these policy discussions, highlighting the issues faced by informal carers and making recommendations to develop carer-friendly societies across Europe. Eurocarers' advocacy work builds on our capacity to illustrate our demands by relevant examples of innovative practices and outcomes of applied research from across Europe, showing 'what works', and how tangible processes could be achieved to the benefit of LTC users. The 'country fiches' available on our website, mapping for each EU country main challenges, recent policy developments and interesting initiatives in relation to informal and formal LTC, illustrates Eurocarers' willingness to contribute to informed policy making in this rapidly evolving area. Outcomes of the project will be used to update fiches for Austrian, Spain, and North Macedonia, hence contributing to raising awareness of the state of play and the implementation of the project in these countries.

The aims and outcomes of the InCARE project, being particularly relevant to the current policy developments, will easily fit in Eurocarers' communication, and **contribute certainly to make the case for integrated participative and innovative community-based long-term care provision**. Eurocarers will therefore use the most important channels provided by the current environment to share InCARE findings, insisting on the transferability of the approach implemented.

In the national dissemination plans, Policy Partners and Local Implementation Partners will analyse the current policy developments in their country, and identify the relevant debates or processes within which their dissemination activities might deliver the most impact.

Target audience (To whom)

Dissemination activities primarily target individuals, groups or organisations who have an interest in the achievement of the overall aim of the project (improving the well-being of and access to adequate and affordable care for older people with care needs), or/and are in a position to contribute to the design of LTC policies and service delivery. These include users (older people and their informal carers, patients), organisations representing them, researchers and academics; policy makers at local, regional, national and European level; health and social care providers; health and social care professionals; organisations active in the field of social protection and social inclusion…

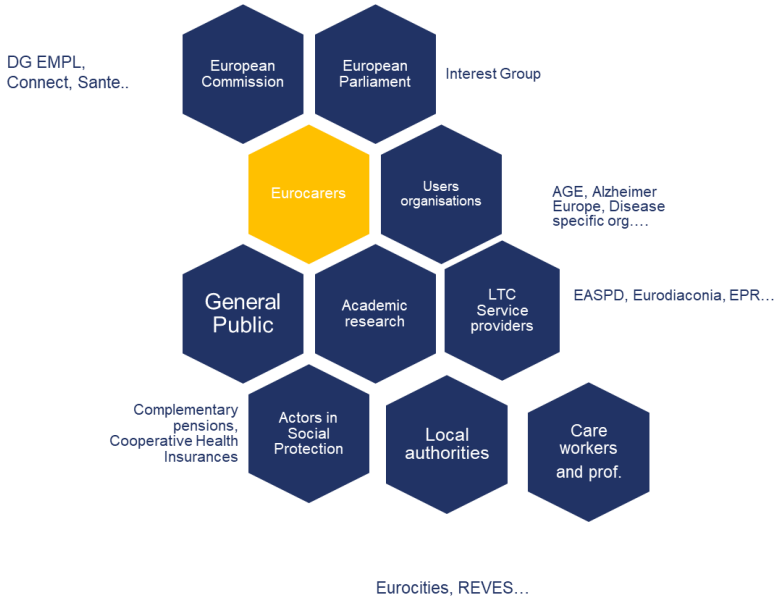
At EU level, a preliminary mapping has identified a series of relevant stakeholders that Eurocarers' dissemination activities will target with priority (see below figure 4) :

- EU institutions (European Commission-DG EMPL, European Parliament through the Interest Group on Informal Carers, Council - Social Protection Committee) and relevant EU Agencies and bodies (Eurofound, EIGE…)
- Users/patients organisations: AGE-Platform, Alzheimer Europe…
- Organisations representing LTC providers: EASPD, Eurodiaconia, EPR…
- Local authorities and managing authorities: Eurocities, REVES, European Funds Managing Authorities (through the ESF Transnational Cooperation Activities) and local social services (European Social Network)
- Social Protection actors: AIM (Health Mutuals), ESIP
- Care workers and professionals: EPSU (Trade-Union), EFN (nurses associations), EFPC (Primary Care)…

We will also focus on disseminating findings and establishing collaborations, where possible, with other international level actors with a voice in LTC and social protection globally: WHO Europe, OECD, European Observatory on health systems and policy, Global Brain Health Institute / Atlantic Institute

While we will not primarily focus on the general public outside these main categories, we appreciate the importance of disseminating our message as widely as possible given that care is "everyone's business" – sooner or late everyone faces care challenges in their personal or professional life. Some the organisations listen above, in particular users' organisations and organisations representing older people and their informal carers, can be considered as **opinion multipliers**, therefore likely to help the partnership reach a wider audience. The general public will also be targeted through the press and modern mass communication platforms (e.g., social media, contributions to blogs, etc.)

FIGURE 4 - MAPPING OF TARGET AUDIENCES AT EU LEVEL



Similarly, Policy Partners and Local Implementation Partners are invited to map out the target audience of their dissemination activities for each pilot country, using the different categories of stakeholders identified above, as far as relevant.

At local level, a mapping of relevant stakeholders locally and nationally will be part of the ToC preparation process, helping to identify dissemination targets.

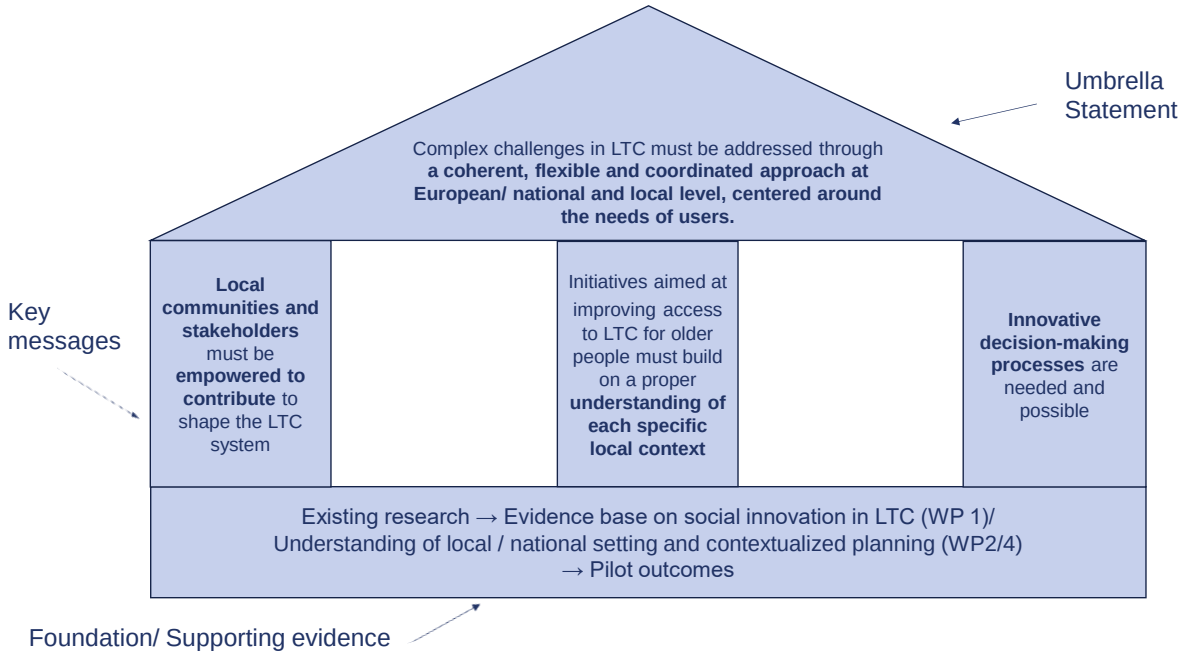
Key dissemination messages (What)

InCARE is a multifaceted project addressing complex issues, the outcomes of which will apply to different areas. One risk is that such an ambition turns out to be an obstacle to efficient communication. **To prevent our messaging being perceived as too complex or confusing, we will structure it into a set of distinct messages organised logically, using the "message house" method.** This involves an umbrella statement reflecting the main goal of the initiative, which is supported by two to three key messages. These messages, in turn, need a solid foundation, aligned with project goals but also the expectations

and vision of local stakeholders as described within the ToC process. This can be either facts or testimonies that are particularly illustrative and attract attention, or relevant data, adding credibility, or a mix of both, depending on the audiences.

In the case of the InCARE project, the message house will be shaped like in Figure 5.

FIGURE 5 - MESSAGE HOUSE



This set of messages will be adapted nationally, to address specific challenges identified, and shed light on the solutions implemented in the pilots.

While sticking to our core messaging, **partners will adapt their communication to each targeted audience, in terms of means and languages**. It will be important to look through the target audience's eyes, and to identify what they would potentially be interested to know about InCARE. The key messages should stress what makes the project different, and why recipients should care. Communication content could surprise target audiences with new information or provide convincing evidence to make a point. They should be concrete, credible and simple. Storytelling and concrete examples could be used to appeal to our target audiences and reinforce our messaging. In its role as a technical partner, the Eurocarers team will support national teams in tailoring and adapting their messaging and dissemination strategy.

The tools of dissemination (How)

Effective dissemination requires well-defined overall objectives in relation to communication, target audiences, and key messages, as outlined above. It also requires careful consideration of the channels and tools that can be employed to convey these messages.

Project visual identity

InCARE must have a clear brand, to profile and distinguish it from other initiatives, to be designed by Eurocarers. The InCARE logo will appear on the project website and all partners' webpages linking to the project. It will also form the basis of the project's visual identity, i.e., Word & PowerPoint templates for presentations of the project. All partners must use the logo and the templates when communicating about the project (e.g., in presentations or publications).

In addition to the project logo, the EU flag has to appear in all communication and promotion material and - next to it- the following acknowledgement of EU funding:

FIGURE 6 - ACKNOWLEDGEMENT OF EU FUNDING

When displayed together with another logo, the EU emblem must have appropriate prominence. Graphic rules apply to the use of the EU logo, which are detailed in the document Guidelines on the use of the EU emblem in the context of EU funding (Commission, 2012).

In addition, as indicated in the call for proposals (European Commission, 2019), any communication or publication that relates to the *action*, made by the beneficiaries jointly or individually in any form and using any means, must indicate:

(a) that it reflects only the author's view; and

(b) that the Commission is not responsible for any use that may be made of the information it contains.

While project partners will implement a harmonised use of InCARE visual identity, exceptions can be discussed and agreed upon on a case-by-case basis between each partner and the Dissemination WP lead.

Project promotional material

Eurocarers will produce – in coordination with the other project partners- promotional material (e.g. leaflets, posters…) to capture people's attention and guide them to the website, where they can find all relevant and detailed information about the project.

Project website

The website, to be available in the beginning of 2021 at the url http://incare.euro.centre.org will be the most important channel to communicate about InCARE. In addition, dedicated project pages will be hosted on the institutional websites of all partners (in national languages) and include a direct link to the main project website and project outputs when available.

The design and structure of this website will be accessible and easy to navigate. The website should be as multilingual as possible to facilitate dissemination at local level, while at the same time remaining simple to use and keep updated. Therefore: the main website will be in English, including an option of automatic translation (with a disclaimer), short summaries of all publications will be available in English and all project languages. Publications drafted in national languages (e.g. short national report, national policy briefs) will be posted on the project website in the original language.

The website will be structured around the following sections: About InCARE/ News/ Formative Research/ National Pilots/ InCARE Library/ Team /Contact.

While the website will be designed and hosted by the Project coordinator, Eurocarers will ensure it reflects the InCARE visual identity, and update it on a regular basis. Eurocarers may request partners to provide information for the website, and partners are encouraged to proactively contribute information on relevant events and new outputs by contacting Eurocarers.

Newsletter

As per the application, Eurocarers will prepare 6 newsletters, about the project in total, gathering information from the partnership and creating the lay-out. These newsletters will be disseminated to the usual recipients of Eurocarers' newsletter as well as a list of selected contacts. Besides, InCARE website visitors will have the opportunity to subscribe to the project's newsletter.

Partners will disseminate this newsletter to the contacts they find relevant. Depending on the audience targeted, they might translate the content of the newsletter in their language. The way partners intend to use the newsletter to support dissemination at national/regional /local levels should be presented in the National Dissemination Plan.

Publications

Professional or academic journals that reach target groups are also important channels through which to communicate about InCARE and its main findings. All partners should therefore consider which publications most effectively reach target audiences within and beyond their organisation and identify

the processes required to provide/publish information about InCARE via these channels, in coordination with Eurocarers and other partners.

Social media: Facebook, Twitter, LinkedIn

Social media can be an effective tool to increase the visibility of the InCARE project, to share information about its objectives and results with a broad audience. It also makes it easier to receive feedback and suggestions from stakeholders.

A project Twitter account will be created. Eurocarers will regularly create posts on Facebook and Twitter, which partners are encouraged to translate and share with their followers. Partners are also invited to create and share their own posts, in particular around the implementation of the pilots. In order to facilitate the identification of the project on the social media, when communicating through Twitter and Facebook, partners must include the hashtag **#InCARE- Europe** in their post, allowing people to retrieve all the tweets related to the project by simply clicking on this hashtag. In addition, they might pick any hashtag from the list below, in order to trigger the attention of people interested in and following these topics.

For consistent and efficient use of social media throughout dissemination activities, Eurocarers has developed a **short guide** listing a series of tips and advices to the attention of all partners (see document annexed).

FIGURE 7 - LIST OF HASHTAGS

List of hashtags likely to be used when communicating about InCARE	
MUST	#InCARE-Europe
Programme	#EaSI
Content	#LongTermCare #LTC #healthcare #communitybasedcare #ActiveAgeing …
Method	#TheoryOfChange #SocialInnovation

LinkedIn: partners may also disseminate about InCARE through their professional or organisation's LinkedIn account. A LinkedIn Group will also be created, for professionals interested in receiving information on the project through this channel.

Conferences and events

All partners, are encouraged to use participation in conferences and events to disseminate findings from InCARE whenever possible with a budget allocated to this purpose: Euro centre, Vilans, Red Cross NMK, Matia ES & Chance B. The coordinator will also participate in two meetings in Brussels to report on the project. During the project, implementation partners and mentoring partners will participate in one national and one international conference each with the goal of presenting finding and results from the InCARE project.

Eurocarers will seize the opportunity of relevant events to shed light on InCARE aims and outcomes at European level throughout the duration of the project. A final dissemination conference will be organised at the end of the project by Eurocarers with the support of the Austrian Ministry of Social Affairs, and the active participation of other partners. When relevant, Eurocarers will also draw the partners' attention to relevant events where they might present on InCARE.

When drafting the National Dissemination Plans, partners are encouraged to identify opportunities to present on InCARE at national and international conferences and events on relevant themes, involving relevant stakeholders.

They should inform Eurocarers if they are planning to present on InCARE activities and outputs at any major conferences, and develop presentation material in line with the project's visual identity (logo, templates…).

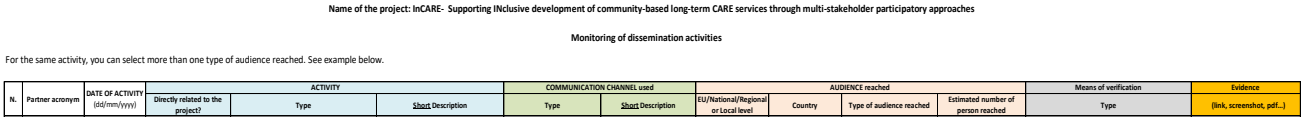
2. Monitoring the dissemination activities

Shared monitoring tool

The dissemination is intended as a joint effort and a continuous process. Therefore, a shared tool to monitor the activities implemented by each partner on a regular basis has been created at the onset of the project by Eurocarers (Figure 6), in the form of an Excel template including drop-down menus for each category of activities, allowing to capture all of them. This template is directly accessible to all partners in TEAMS in the file 'Dissemination').

All partners are invited to update the table when they implement the activities relevant for dissemination monitoring. In this way, the WP leader can verify whether the activities carried out are in line with the plan and thus monitor on an ongoing basis the implementation of the dissemination plan. Note that the structure of the template makes it possible to retrieve data for each country.

FIGURE 8 - MONITORING TOOL



Name of the project: InCARE- Supporting INclusive development of community-based long-term CARE services through multi-stakeholder participatory approaches

Monitoring of dissemination activities

For the same activity, you can select more than one type of audience reached. See example below.

N.	Partner acronym	DATE OF ACTIVITY (dd/mm/yyyy)	ACTIVITY			COMMUNICATION CHANNEL used		AUDIENCE reached				Means of verification	Evidence
			Directly related to the project?	Type	Short Description	Type	Short Description	EU/National/Regional or Local level	Country	Type of audience reached	Estimated number of person reached	Type	(link, screenshot, pdf…)

Evaluation

Target indicators

A shared dissemination monitoring template (Figure 8) will make it possible to monitor regularly activities implemented, and adapt our strategy if necessary. All partners will fill the template regularly with information concerning their dissemination activities. A selection of these data, complemented with other data collected along the project, will be used to evaluate the extent to which the main expected outcome of the WP 7, as identified in the ToC map, namely objective 5 ("The InCARE partners successfully disseminate knowledge about the project and findings to a variety of audiences will have been reached").

They relate to outcomes that are measurable and depend directly on the partnership's efforts.

FIGURE 9 - TARGET INDICATORS FOR DISSEMINATION

Target indicator	Data and source	Approaching
125 participants in InCARE meetings (Multistakeholders ToC workshops (WP3) and final conference (WP7)	**Data:** Number of participants attending InCARE events **Source:** shared dissemination monitoring template, to be updated by partners regularly.	To what extend we fulfil the objectives regarding the number of participants in InCARE meetings (TOC workshops and final conference) set in the Application
At least 10% of participants in InCARE meetings (ToC workshop in WP 3 and final conference (WP 7) belong to each of these groups: policy makers/LTC users/ informal carers/ health care professionals/ LTC services providers/others	**Data:** Proportion of the participants from the various target audiences identified in InCare meetings. **Source:** data collected through the registration process for InCARE events, to be stored in a dedicated file in TEAMS or sent to cc@eurocarers.org	To what extent we managed to engage with an audience reflecting the variety of stakeholders targeted through these meetings

75	**Data:** Number of participants attending event that are not organised in the framework of InCARE but where partners have the opportunity to present InCARE[1] **Source:** shared dissemination monitoring template, to be updated by partners regularly.	The intensity of our dissemination effort outside the partnership.
2000	**Data:** Number of individual emails containing information on InCARE disseminated[2] **Source**: shared dissemination monitoring template to be updated by partners regularly.	The intensity of our dissemination effort outside the partnership to our partners' relevant contacts
5000 (in total / objective to be re-evaluated each year)	**Data:** Number of views of social media posts related to InCARE **Source:** shared dissemination monitoring template to be updated by partners regularly.	The intensity of our dissemination towards a wider public
5000	**Data:** Number of page views on the main site (and, if available on partners dedicated webpages) **Source**: number of views on the website collected by Eurocarers directly by every six months	To what extent we managed to raise the attention of the audience reached, to such a point that people were eager to visit our websites.
500	**Data:** Number of downloads of InCARE publications from main site **and partners dedicated webpages.** **Source**: number of downloads collected from all partners directly by Eurocarers	The extent to which our audience is interested in the outcomes of the project, and the deliverables effectively picked up

[1] International conferences, events, peer learning ….

[2] The includes mailing to share the newsletter, in addition to any other communication about InCARE by email.

How to assess the sustainability and influence of the project?

Besides, while outcomes related to the sustainability and influence of the project are beyond the ceiling of accountability and can't be measured during the timeline of the project, they might be approached qualitatively towards the end of the project, and after it is completed. In this objective, we invite partners to keep track of any evidence showing that external stakeholders are spontaneously interested in the outcomes of the project. A shared register will be created towards the 2nd year of the project. Partners should add to this list any sign of interest from external partners they are aware of, likely to reflect the impact or influence of the project on policies and practices, such as for example: a demand for detailed information or advice, a mention in a publication, an invitation to present the project, another project building on the outcomes of InCARE, an initiative aimed to replicate InCARE, even partly, a reference in a policy document

All partners are invited to keep track of any evidence showing external stakeholders' spontaneous interest in the outcomes of the project, reflecting its potential impact or influence.

References

Commission, E. (2012). The use of the EU emblem in the context of EU Programs.

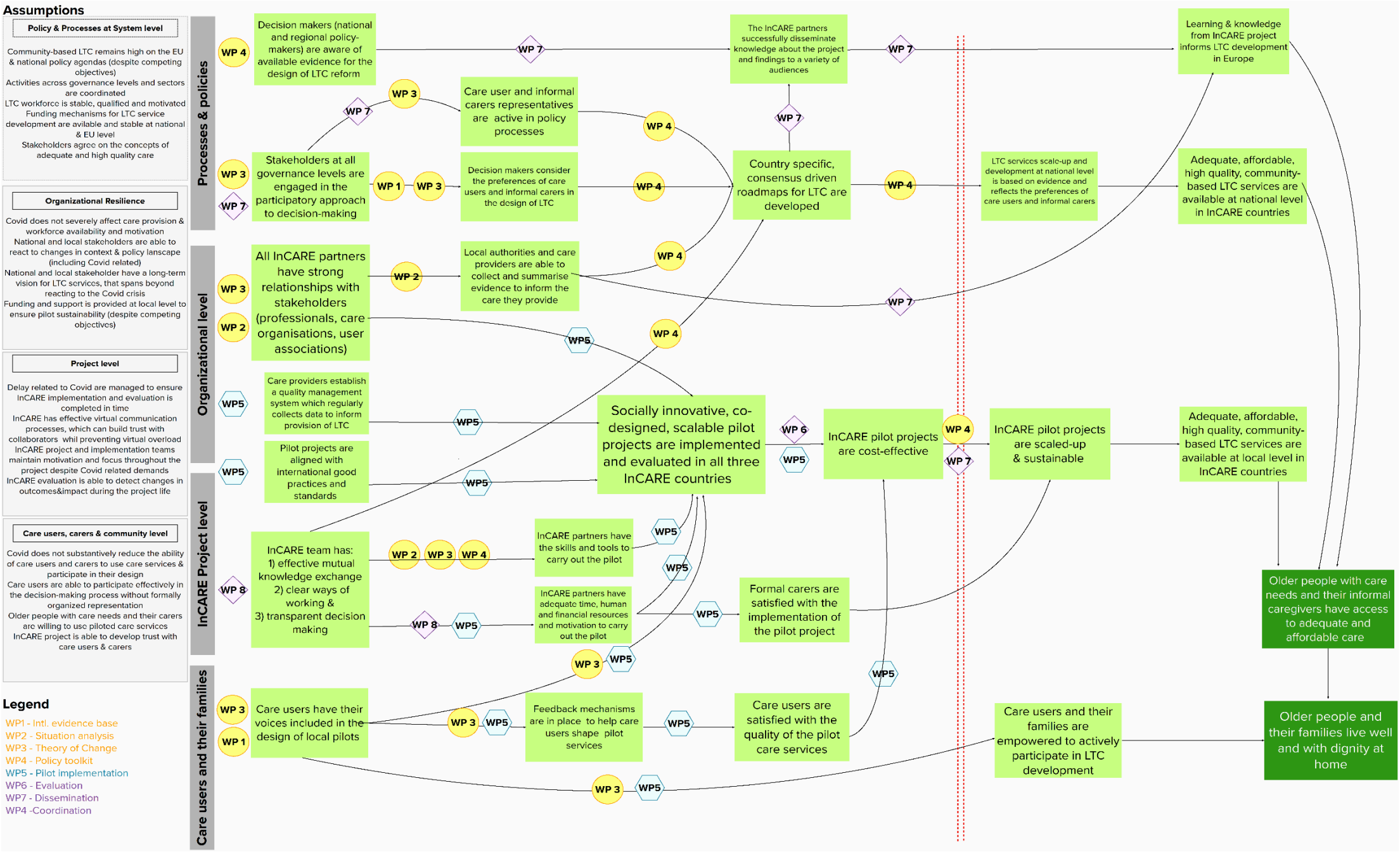
European Commission. (2019). Call for poposals VP/2019/003/0033.

List of Annexes

1- ToC Map (enclosed)

2- Template for national Dissemination Plan (see separate document)

3- Twitter Guide (see separate document)


Assumptions
Policy & Processes at System level
Community-based LTC remains high on the EU & national policy agendas (despite competing objectives)
Activities across governance levels and sectors are coordinated
LTC workforce is stable, qualified and motivated
Funding mechanisms for LTC service development are avilable and stable at national & EU level
Stakeholders agree on the concepts of adequate and high quality care
Organizational Resilience
Covid does not severely affect care provision & workforce availability and motivation
National and local stakeholders are able to react to changes in context & policy lanscape (including Covid related)
National and local stakeholder have a long-term vision for LTC services, that spans beyond reacting to the Covid crisis
Funding and support is provided at local level to ensure pilot sustainability (despite competing objectives)
Project level
Delay related to Covid are managed to ensure InCARE implementation and evaluation is completed in time
InCARE has effective virtual communication processes, which can build trust with collaborators whil preventing virtual overload
InCARE project and implementation teams maintain motivation and focus throughout the project despite Covid related demands
InCARE evaluation is able to detect changes in outcomes&impact during the project life
Care users, carers & community level
Covid does not substantively reduce the ability of care users and carers to use care services & participate in their design
Care users are able to participate effectively in the decision-making process without formally organized representation
Older people with care needs and their carers are willing to use piloted care services
InCARE project is able to develop trust with care users & carers
Legend
WP1 - Intl. evidence base
WP2 - Situation analysis
WP3 - Theory of Change
WP4 - Policy toolkit
WP5 - Pilot implementation
WP6 - Evaluation
WP7 - Dissemination
WP4 -Coordination
Processes & policies
Organizational level
InCARE Project level
Care users and their families
Decision makers (national and regional policy-makers) are aware of available evidence for the design of LTC reform
The InCARE partners successfully disseminate knowledge about the project and findings to a variety of audiences
Learning & knowledge from InCARE project informs LTC development in Europe
Care user and informal carers representatives are active in policy processes
Stakeholders at all governance levels are engaged in the participatory approach to decision-making
Decision makers consider the preferences of care users and informal carers in the design of LTC
Country specific, consensus driven roadmaps for LTC are developed
LTC services scale-up and development at national level is based on evidence and reflects the preferences of care users and informal carers
Adequate, affordable, high quality, community-based LTC services are available at national level in InCARE countries
All InCARE partners have strong relationships with stakeholders (professionals, care organisations, user associations)
Local authorities and care providers are able to collect and summarise evidence to inform the care they provide
Care providers establish a quality management system which regularly collects data to inform provision of LTC
Pilot projects are aligned with international good practices and standards
Socially innovative, co-designed, scalable pilot projects are implemented and evaluated in all three InCARE countries
InCARE pilot projects are cost-effective
InCARE pilot projects are scaled-up & sustainable
Adequate, affordable, high quality, community-based LTC services are available at local level in InCARE countries
InCARE team has: 1) effective mutual knowledge exchange 2) clear ways of working & 3) transparent decision making
InCARE partners have the skills and tools to carry out the pilot
InCARE partners have adequate time, human and financial resources and motivation to carry out the pilot
Formal carers are satisfied with the implementation of the pilot project
Older people with care needs and their informal caregivers have access to adequate and affordable care
Care users have their voices included in the design of local pilots
Feedback mechanisms are in place to help care users shape pilot services
Care users are satisfied with the quality of the pilot care services
Care users and their families are empowered to actively participate in LTC development
Older people and their families live well and with dignity at home

InCARE

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