



Design, implementation and sustainability of the pilot in Austria

InCARE Short Report

Karin Ondas, Chance B, October 2023



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



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InCARE (Supporting Inclusive development of community-based long-term CARE services through multi-stakeholder participatory approaches) aims contribute to the design of a coordinated approach to the development of national long-term care policy and care services at local and regional level, by establishing socially innovative and participatory decision-making processes. We work with care users, care providers and policymakers in Spain, Austria and North Macedonia to design, implement and scale-up innovative care services.

More information on the project's website: <https://incare.euro.centre.org/>.

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Short Report

1. Introduction

Within the context of the existing LTC system, the Austrian case pilot intervention was designed to address the challenges faced by LTC services. In line with the overall framework of the InCARE project, the Austrian pilot intervention has been preceded by a Theory of Change (ToC) workshop in order to determine the broader impact that the intervention should achieve as well as the various outcomes and activities that need to be taken to reach this ultimate goal in a participative format with the stakeholders and the relevant actors.

Theory of Change Process

The Theory of Change workshop was conducted in June 2021. In a subsequent working group the ToC map that had been developed in the workshop was a) translated from German to English, b) transferred to a Mural whiteboard and c) further refined with expert support. At that stage, the indicators for the evaluation of the pilot project were also further discussed and refined. Further methodological details and design of the ToC workshops and the Theory of Change, more broadly, are available in the InCARE project evaluation report as well as in relevant project outputs.

The Austrian ToC map consists of seven pilot specific indicators. These pilot-specific indicators were added to the 36 general project indicators. Based on the ToC map, the defined activities were translated into an activity and milestone plan for the pilot implementation, specifying the succession of activities and which activity will take place in which phase of the project. These activities were summarized in five core areas of actions. The ToC map further consists of the expected outcomes, and the overall impact the pilot intervention was striving for.

For the implementation, an important consideration was that in some areas, Chance B - as one of several service providers in the field – was not able to generate change autonomously, i.e., solely related to the framework of the pilot project implementation. Since a lot of interdependencies had to be taken into account, we favoured the approach of “providing stimulus” – to try out changes and to offer our findings in an open, transparent and cooperative spirit to the other players in the field. We succeeded in framing this as “the InCARE approach”, both inner-organizational and inter-organizational. For doing so, it was very helpful to refer to the overarching target of social innovation in LTC.

2. Description of actions

The activity and milestone plan included more than 20 activities, impulses, and interventions. We worked with a process-oriented action plan and made adjustments when needed. Since we started with the implementation during the Covid-19 pandemic, this was both necessary and helpful. For thinking through the adjustments required, which were at times complicated and challenging, the Chance B InCARE team had several online coaching sessions with InCARE colleagues from Vilans.

Core areas of action in the Austrian pilot intervention plan

As we mentioned above, the pilot implementation activities were summarized in five core areas of actions:

TABLE 1: CORE AREAS OF ACTION IN THE AUSTRIAN PILOT INTERVENTION PLAN

A	Training modules for women [and men] care givers
B	Give impulses for more clarity on available services on local and regional level
C	Outreach – reaching more persons who need information, but who would not approach counselling services
D	The setting of professional mobile care service gets more flexible and more demand-oriented
E	Networking, Co-operation, and transfer of knowledge

For this report, a sixth category was added:

F	Dissemination: Further noteworthy activities
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A very detailed, illustrated report in German on all the implementation activities mentioned in this report will be available on the [Chance-B Website](#).

A - Training modules for women [and men] care providers

TABLE 2: SUMMARY OF ACTIONS 1-4

	action	specification	participants	period
1	Training module I	Resilience and self-care	19 participants	spring/ summer 2022
2	Training module II	Caring Communities approach	19 participants	spring/ summer 2022
3	Training module III	Support and counselling of informal carers, part I	20 participants	spring 2023
4	Training module IV	Support and counselling of informal carers, part II	11 participants	summer 2023

The Austrian intervention included training modules for care providers. We decided to split the training modules into two parts. The first round of trainings took place in spring/summer

2022, at a time where, especially in the long-term care sector, Covid-19 prevention measures were still strongly regulating the daily work. Therefore, in training content, we focused on the urgent topics related to self-care and resilience and on how the Caring Communities approach can be of help for networking and inter-professional relationships.

For the second round – module III and IV – in spring and summer 2023, we decided on using the “train-the-trainer” approach for empowering a group of professionals on the topics of supporting and counselling of informal carers. The content of this training was developed in-house, with the aim of scaling it. The resonance was clearly positive, and we also succeeded in taking some significant steps for further upscaling.

B - Give impulses for more clarity on available services on local and regional level

TABLE 3: SUMMARY OF ACTIONS 5-8

	action	specification	involvement	period
5	Stakeholder Workshop I	Strengthening mobile care	17 participants: diverse group, including users, informal carers and decision makers	spring 2022
6	Stakeholder Workshop II	Support of informal carers	14 participants: diverse group, including users, informal carers and decision makers	autumn 2022
7	Info-Messe II	Open Day on Care provision: regional service providers present their services	Co-operation with the City of Gleisdorf and regional service providers; approx. 25 professionals	spring 2023
8	Structured overview	Supply gaps and waiting lists	several attempts at more clarity concerning data availability	06/22-06/23

Through InCARE, we created spaces where different persons and groups involved in LTC locally and regionally could meet, both online and in person. In the feedback surveys, many participants noted that exchanging opinions with relevant stakeholders with very diverse backgrounds was a very positive experience. In co-operation with the city of Gleisdorf, we succeeded in bringing together different care professionals for one afternoon both in 2022 and in 2023, presenting their services to visitors. In 2022, we did not succeed in attracting a wide audience of visitors. However, the event was covered in local newspapers, and we had a very positive resonance of the participating organizations for this networking opportunity. In that sense, the event of 2022 was, in the end, a pre-sequel for the event in 2023, where we attracted approximately 70 visitors. The visitors were, thus, able to get a very good overview of available services on the local and regional level.

Even though it was planned as an activity, we did not succeed in co-operating with the regional administration in developing a structured overview of supply gaps and waiting lists. There are some tentative approaches, but active involvement of NGOs and service providers in these attempts is not ranked as a priority.

C - Outreach – reaching more persons who need information, but who would not approach counselling services

TABLE 4: SUMMARY OF ACTIONS 9-11

	action	Specification	involvement	period
9	Info-Messe I	Open Day on service provision: regional service providers present their services	Co-operation with the City of Gleisdorf and regional service providers; approx. 12 professionals	spring 2022
10	Gesundheits-tage Ilztal	Open Day: regional Health service providers present their services	Local initiative, invitation to participate with the InCARE priorities	autumn 2022
11	Café Miteinander	Twice monthly since March 23	10 participants on average	03/23-10/23

The afternoon with information on services in May 2022 (Info-Messe I) was intended as an outreach activity to reach more persons who need information, but who would not approach counselling services. The event was located in Forum Kloster in Gleisdorf, a venue where many different cultural and social activities take place.

Though the resonance of our target group was low in that first attempt, there was a good media coverage and a positive resonance by service providers and the City of Gleisdorf, who hosted the event. We made a few small, but important changes for the second run, which might be one of the reasons for the better resonance in 2023.

Moreover, we took this as a starting point for launching a series of dementia café meetings (“Café Miteinander”), as an alternative way of reaching out to the public. This initiative has had a great resonance with the public until now.

And last but not least, we also experimented with having the theme of “care/being taken care of at old age” mentioned at center stage, or, on the opposite, include it more “undercover” in the engagement with health, healthy ageing and lifestyle. We applied this, for instance, by participating with an InCARE information booth in the “Health Days Ilztal”.

Our conclusions are mixed. On the one hand, “health” is much more appealing than “long-term-care”. On the other hand, we believe that the taboo around long-term-care is actually part of the problem; and using “undercover” thematization instead of putting it up front might be counter-productive for change.

D -The setting of professional mobile care service gets more flexible and more demand-oriented

TABLE 5: SUMMARY OF ACTIONS 12-16

	action	specification	Period
12	Counselling setting in mobile care	Testing of different counselling settings, presentation of conclusions to stakeholders in charge	spring 22 – spring 23

13	Easy Read Version of terms and conditions	Easy Read version developed for mobile care support	winter 22 – summer 23
14	Meeting with 4 regional mobile care operational controllers	Knowledge transfer on scalable results of the project to other service providers	winter 22, spring 23
15	Bullet-points “Changes needed in the Mobile Care sector”	Drafted in working group, addressing stakeholders in politics and administration	winter 2022
16	Study visit to Caritas Vienna	Focus on implementation of “Buurtzorg” principles	autumn 2023

One of the most effective and lasting - but at the same time, most difficult – fields of action of the Austrian pilot was to introduce project results into the daily and routine operations in mobile care provision. In the set-up of the InCARE project, we put great emphasis on a well-functioning intersection between the project team and the routine operations of our Chance B service providing unit for elderly persons in need of support. In this part the project, we worked for long phases on seemingly small and simple tasks, like the introduction of an Easy Read version of the terms and conditions for mobile care support. However, to integrate even small changes in the daily routine means that they are amplified by the number of persons positively affected by these changes, measured in number of persons reached, spread over a period of time.

E. Networking, co-operation, and transfer of knowledge

TABLE 6: SUMMARY OF ACTIONS 17-20

	action	specification	period
17	Initiating networking events	Online and face-to-face	2021-2023
18	Participating in networking events	Numerous events, both online and face-to-face	2021-2023
19	Study visit to Vilans, Netherlands	study visit on integrated community-based care in the Netherlands	winter 2022
20	Webinar on Community Nursing in the NL, provided by Vilans	Follow-up on study visit, focus on Community Nursing	spring 2023

Networking was the only area where Covid-19 prevention measures and their resonance did have a positive impact on the project implementation. Online networking meetings became a commonplace in our field of work – which had been unimaginable until then. In retrospect, these manifold networking activities were crucial for the success of many impulses we developed in the project – and it would have been impossible to attend all these different meetings at different places in person. A combination of getting to know each other through online events, but also having the chance to meet at some point in person, proved to be a fertile ground for alliances and co-operation. The study visit to our colleagues at Vilans in the Netherlands and, consequently, the co-operation on offering a Webinar on Community Nursing in the Netherlands to a wider public in Austria was a good example on how access to knowledge was widened by an online event, based on having had the chance to meet in person and to see examples of successful integrated care first-hand.

F. Dissemination: Further noteworthy activities

TABLE 7: SUMMARY OF ACTIONS 21-25

	action	specification	Period
21	Community Nursing pilot project	Informing the local communities about the project call, provision of a summary of application requirements	summer 2021
22	Participation in national Caring Communities workshop	Invitation as expert in the field for defining an “ideal prototype” of Caring Communities	spring 2023
23	Pflegestützpunkt: Lange Nacht der Pflege	Invitation to radio program as InCARE project manager/expert in the field	spring 2023
24	CIRAC Conference	Poster presentation on InCARE findings	autumn 2023
25	Follow-up to Training module III and IV	Various follow-up activities; two follow-up trainings, development of a 2-days-training course, publication of training materials	summer/ autumn 2023

InCARE implementation results had an impact on the local and on the national level and succeeded in disseminating the findings of the project implementation phase on a quite large scale. InCARE was able to pass on relevant information on the national Community Nursing initiative to the local stakeholders. Two consortia formed in the region and applied for participating in this initiative, one of them successfully. On a national level, the InCARE implementation team leader was invited to a workshop for developing guidelines for Caring Community initiatives. We see this as proof that we became visible as active network partners, promoting mobile care in the regional context. An InCARE representative was also invited as speaking guest to a radio campaign of a local, highly innovative initiative promoting the interests of care workers.

On an international level, InCARE presented its findings in the local context at the CIRAC conference on Age and Care. And last, but not least, the train-the-trainer module is scaled up, both in continuing the training module and through publishing the materials that were developed.

3. Impact assessment

During the implementation of the pilot project, a range of successes and challenges have emerged, providing us with valuable insights. One of the core principles we have established is the importance of providing local stakeholders with easy access to information about care and support options across the district. Our successful implementation of an Open Day on care provision, with regional service providers presenting their services, has been a pivotal step. This initiative will be continued by local actors as a yearly or biennial event, ensuring that the pilot’s impact endures beyond its completion.

However, providing tailored care and support, particularly in a region with substantial need for such service remains to be challenging. Despite the efforts put forward, accessing personalized care remained to be difficult for older adults and their families. A number of external factors have impacted the intended progress. We do believe that our activities such as the “Café Miteinander”, and training for both formal and informal care providers have been valuable in the effort to improve the quality of life for care recipients while supporting care providers.

The pilot intervention activities exhibited varying degrees of complexity. While some have been difficult to achieve, others have unfolded in a manner that exceeded our expectations. Remarkably, we witnessed a transformation of two of the four initially planned training courses into advanced “train the trainer” sessions. This was made possible by harnessing the knowledge and expertise present within InCARE team. Some other parts, that seemed to be rather simple to procure at the outset – such as a structured overview of supply gaps – were a tough challenge to address until the very end of the project.

In mid-October, the last local public InCARE-get-together took place. On that occasion, one of our municipal co-operation partners gave us a letter with a beautiful feed-back that reflects, in a nutshell, the special spirit of the InCARE implementation:

“We want to thank you again and wholeheartedly for the extraordinary good cooperation in the InCARE project! The time and effort and commitment that you invested in that project in order to improve the lives of the citizens of Gleisdorf in old age is a big revenue for us. We appreciate that a lot and we are grateful that we had the opportunity to collaborate in this project. We will continue to implement plenty of this project also in the future in our daily work.”

Thanks

To all our colleagues in the InCARE consortium; to our colleagues at Chance B, especially in the home care unit and in the department for innovation & development; to our local and regional implementation partners; to all the stakeholders who contributed their knowledge, their ideas and critical reflections. Special thanks to Dr.in Rosemarie Kurz, who, at the age of 87, is always on the go and supported InCARE as a benevolent mentor and critical adviser.

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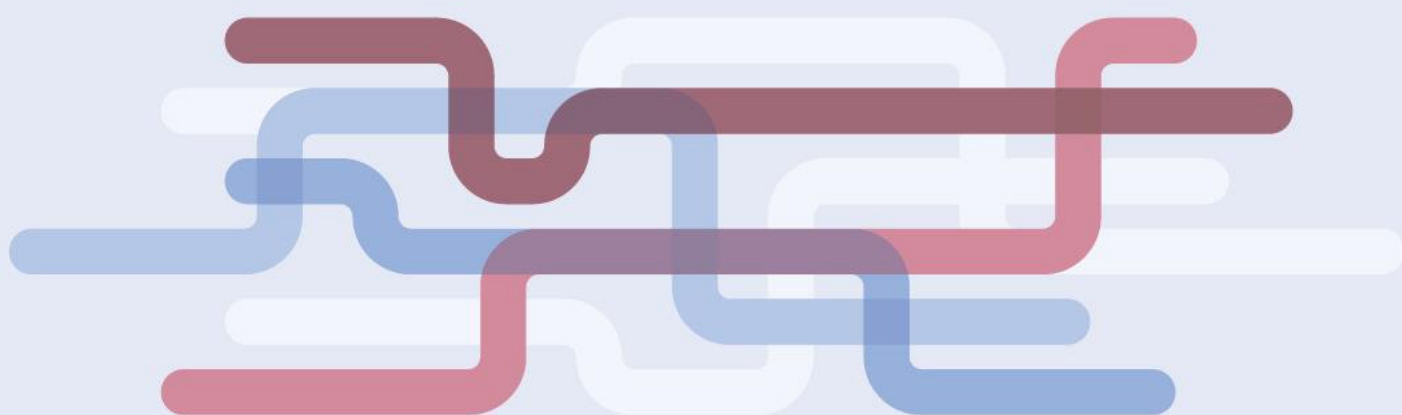
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