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Outcomes and impact of the Austrian pilot project: sustainability and potential for scale-up

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Introduction

Based on the experience and lessons learnt from the pilot implementation, we summarize some key points about sustainability and potential for scale-up. We will discuss the results according to the seven project implementation indicators that were developed in line with the Austrian Theory of Change workshop:

- (1) Local stakeholders can access the same information about options to receive care and support all over the district.*
- (2) People with care and support needs and their social networks can easily access timely information about options to receive care support all over the district.*
- (3) Care users have a choice in the type of care that reflects their preference.*
- (4) Older people with care and support needs can access tailored care and support at the right time and place.*
- (5) Older people with care and support needs have a high quality of life.*
- (6) Women [and men] who provide care work (formally and/or informally) experience relief.*
- (7) Women [and men] who provide care work (formally and/or informally) can provide quality care.*

(1) Local stakeholders can access the same information about options to receive care and support all over the district.

This objective was the guiding principle when establishing the Open Day on Care provision where regional service providers present their services. We supported the City of Gleisdorf in 2022 and in 2023 in organizing this Open Day. The City of Gleisdorf wants to continue this Open Day as a yearly or biennial event. We also suggested regional scaling of this format by approaching the regional operational department for care management and by offering our practical know-how on how to organize such an event. Key factors are: close cooperation with the local administration; involvement of relevant political representatives; access to the field of professional service providers and knowledge about the range of available services in the region; access to and use of the local information channels to inform the public about the event.

(2) People with care and support needs and their social networks can easily access timely information about options to receive care support all over the district.

We gave impulses for better networking in the area of counselling, both with the Open Day on Care provision and with the training modules. We also gave impulses for a better general setup of counselling in mobile care. Our assessment of information policy was presented at an international conference in Graz. An easy-read version of the terms and conditions for mobile services was finalized and is about to be implemented. These steps aim to facilitate and ensure longevity of the project activities and their results.

We believe that a key factor for access to information is to have a lot of knowledge about how and where to get support in the immediate vicinity of the person in need and his/her relatives and friends. Getting support has a lot to do with opening up in a trustworthy environment. Therefore, we believe that the knowledge in the social network around a person is a key initial factor and can be at least as efficient as “neutral” information points that have to be pro-actively contacted by persons in need. We believe that a train-the-trainer approach in that context would create a snowball effect (based on a very wide definition of “trainer” – e.g., an active community member).



(3) Care users have a choice in the type of care that reflects their preference.

In the first stakeholder workshop, we took up the claim for a capping of deductibles in mobile care for the whole region of Styria, as it was already implemented in the City of Graz. During the implementation phase of InCARE, this step was taken by the regional government, meaning that especially care users with low income now have better access to mobile care. This is, of course, no direct effect, but there might be some indirect linkage.

We believe that having a choice depends on having access to all the relevant information. We need better and easy access to information about the services available, and we need better information about what is not sufficiently covered by the existing services. Care users and persons close to them providing informal care do not have a strong lobby; neither do the professionals who work in mobile support services. When these groups do voice their needs, this has to be amplified and reinforced. The InCARE survey on attitudes, experiences and expectations on long-term care was a very valuable step in that direction.

Continuous assessment and feedback mechanisms should be in place to monitor the effectiveness of person-centered care as well as other initiatives and make necessary adjustments. Regularly seeking feedback from care users, families and care providers can identify areas of improvement and refine the delivery of care services.

(4) Older people with care and support needs can access tailored care and support at the right time and place.

This area of the project and its goal has been the most difficult aspect of the pilot where it is difficult to assess our success. There is a huge need for tailored care and support (and timely information), and, as the project ends, we still encounter a lot of examples where older people with care and support needs and their families find it very difficult to access tailored care and support (and timely information). We believe that many of the InCARE impulses had an at least indirect positive effect on care users. It is, however, difficult to draw a direct line between InCARE and an advancement of tailored care and support in the region.

Effective communication and collaboration among healthcare providers, care users and their families are paramount. Creating and promoting a culture of open dialogue and shared decision making can help ensure that care plans align with the individuals' preferences and needs. Regular meetings and active listening to the care recipient's concern and goals can lead to more personalized and satisfactory care experiences. For the care recipient, the time that is needed for building up this relationship should not be as liable to deductibles as the actual service provided.

There is a direct connection between aiming at tailored care and support, and ensuring that the professionals that deliver these services have the possibilities and the power to do so. In Austria, there is a very strong power imbalance between the position of "doctors" and the position of "nurses". To tackle this power imbalance would have a lot of reverberation in the sector.

(5) Older people with care and support needs have a high quality of life.

In the implementation phase of InCARE, we gave an impulse to start the "Café Miteinander", a meeting opportunity twice monthly for persons with dementia and their relatives. It is a new leisure time opportunity for this target group. While it was developed as an impulse for the region within the project framework, it will be continued after the end of the project implementation phase.



While we need to think big and envision changes beyond the current status, it is as important to connect to the immediate needs of vulnerable groups within the communities we are talking about. The steady, constant and reliable care that was provided day after day by both professionals and informal carers while InCARE was implemented was the backbone of everything that we were envisioning and experimenting with. We have to appreciate what is often unrecognized and invisible when it comes to the provision of care: the regular workflows and the daily routine of so many women, who consider their contribution not even worthwhile mentioning. Sustainability depends on connecting to that deeper layer and making the invisible seen and valued.

(6) Women [and men] who provide care work (formally and/or informally) experience relief.

Both the training modules 3 and 4 and the further publication of materials developed in connection with the trainings aimed at relief of and qualitative information for informal carers. Feed-back to the training modules showed that these aims were achieved and demonstrated that our approaches in the trainings have been successful.

To put the experiencing of relief high on the agenda is extremely important for both formal and informal carers – it is one of the key elements for ensuring quality care.

Whatever steps are taken after this prolonged phase of Covid-19 prevention measures: “Respite” should be a guiding principle. We did experience a phase of extraordinary co-operation between persons in charge of administrative matters, care providers and practitioners. We should use this experience better - for the advancement of a sustainable, enduring and truly interwoven long-term care landscape.

(7) Women [and men] who provide care work (formally and/or informally) can provide quality care.

Both the training modules 3 and 4 and the further publication of materials developed in connection with the trainings are aimed at qualitative information for and relief of informal carers. We gave several impulses for more suitable framework conditions for quality care in the formal care sector; a number of these impulses were successful.

Training and education play a crucial role. Not only should healthcare providers receive training in person-centered care principles and practices to enhance their ability to provide individualized care; they should also be able to access training on support and counseling of informal carers/relatives. This training should extend beyond professional skills and encompass empathy, cultural sensitivity and effective communication techniques.

While not being familiar with the concept of missed nursing care at the onset of our interventions, a lot of our initiatives were centered around that theme. We were trying to improve workflows and processes so that the core practice of comprehensive nursing can be performed under more suitable conditions – which, at the end, is a crucial factor for quality improvement.

Final note

We hope that some of our findings will be taken up and taken into consideration when new projects and interventions are planned and implemented.



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InCARE (Supporting **In**clusive 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/>



