



Project name	InCARE
Support Programme	EaSI
Partners	<p>European Centre for Social Welfare Policy and Research, Austria Chance B, Austria Ministry of Social Affairs, Health, Care and Consumer Protection, Austria (associated partner) Matia Gerontological Institute, Spain IMSERSO (Institute for Older Persons and Social Services), Spain Red Cross of the Republic of North Macedonia, North Macedonia Ministry of Labour and Social Policy, North Macedonia Ministry of Health, North Macedonia (associated partner) Eurocarers, Belgium Vilans – National Centre for Expertise for Long-term Care in the Netherlands, Netherlands Care Policy and Evaluation Centre, London School of Economics and Political Science, United Kingdom</p>
Duration	11/2020-10/2023
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<p>What is the local social need not satisfactorily met so far?</p> <p>The need we are addressing is better long-term care for older people living in the community.</p> <p>Care for older people is often not integrated (e.g., due to information about options, flexible consultation, financial accessibility). It can be unsafe for older people to stay at home alone if they are frail (e.g., falls). Care quality is lower if informal carers are overburdened.</p> <p>We are carrying out pilot projects in three countries (Austria, Spain, North Macedonia) with different LTC systems and the aim to gain from the exchange among countries with very different situations of older people in need of LTC.</p> <p>The needs were identified by the project partners (e.g., care providers, policy makers, research organisations).</p> <p>In Austria, the social need is integrated care for older people, better information about options to receive care in the community, relief for informal carers, improved access to care. Older people with care needs and their informal carers are those who are in need. The Austrian pilot project takes place in Eastern Styria.</p> <p>In Spain the need is support for informal carers of people living with dementia in the Basque Country, in North Macedonia it is an emergency button service free of charge for older people living in the community in the city of Skopje.</p>	

How innovative is the local answer (new to which context) ?

In Austria, we are improving integrated care through various impulses in the pilot project.

- We organised several events that brought different stakeholders together.
- We re-designed the structure of the initial contact the person with care needs in the community with the nurse.
- We looked at barriers to receiving care: the administrative effort needed.
- We developed a training for care professionals through which they can better support informal carers.

In Spain, psychologists receive training to provide better support for informal carers and to improve case management.

In North Macedonia, older people living at home can use an emergency button service three of charge if they need help.

Is the social innovation project/initiative designed and implemented collaboratively, involving local groups of actors and end-users? Who are they?

We involved a diverse group of local stakeholders (advice centres, older people, informal carers' representative, local policy makers, advocacy groups,...) by approaching all of them individually and inviting them to the Theory of Change workshop in which we planned the respective pilot project. A Theory of Change workshop brings a group of people together to think about the impact they want to achieve with a project. They then work backwards, which outcomes do we want to achieve, which actions are necessary, to spell out their implicit theory of change and to agree on a shared idea of how the project should work. The pilot is different in each country – adapted to the local needs. The pilots are new for the locality. For example, community nursing was introduced after the project had started and we had to therefore rethink how we intervene with the pilot together with the local stakeholders. The stakeholders are not involved in decision-making during the implementation phase, but they were involved in the planning phase and keep connected through e.g. stakeholder workshops on specific topics. The 'local community' in this case is made up of local and regional policy makers/advice centres/community nurses/older people/representatives of informal carers.

Have results been proven positive (evaluation), or in case the project is not finished, how will you demonstrate your positive results ?

We are currently collecting data for the evaluation, e.g. satisfaction of users (aim to increase the share of users whose needs are met), guidelines for alternative consultation procedures, developed trainings for professional carers to support informal carers.

Has it been transferred/upscaled, or in case the project is not finished yet, is there any transfer/upscaling plan in place?

In the Austrian pilot, the trainings we develop and the consultation guidelines are 'open source' so that they can be used by other organisations. Other aspects of the pilot are small steps towards larger changes on the policy level (e.g. assessing whether co-payments in the region are stopping individuals from accessing the care they need) which go beyond the pilot.

In North Macedonia, there are plans to extend the service to other regions beyond Skopje.