InCARE

## Policy Brief No. 7

# Spanish policy brief on outcomes and impact of pilot project, sustainability, and potential for scale-up

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Executive summary:

With the aim of facilitating the continuity of social innovation projects, which are usually developed in a limited period of time under external funding, the following document describes the approach to sustainability and scalability of the Spanish InCARE pilot project developed in Gipuzkoa. The paper describes the work done on changing the role of psychologists in a support service for carers of people living with dementia in order to favour the coordination of services with social services of local councils and community resources.

The document describes the concept used to work on sustainability and scalability in the project, the key issues, barriers and potentials identified at local, regional and national level, the ecosystem of actors involved and their role in scalability, the different strategies used and the future steps after the end of the piloting period of the InCARE project. This document can be useful for those social innovation actors and different administrations looking to scale up a project, to facilitate possible developments of similar projects and to plan for possible barriers and potentials that may arise in the process of setting up innovation projects.

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## 1.    Pilot description
### 1.1.        Pilot target.

The project aims in 5 objectives to: 1) empower local communities, 2) implement pilot innovative community-based LTC services, 3) capacitate national and local multi-stakeholder groups for adapting and adopting socially innovative community-based LTC services, 4) to support inclusive policy processes and foster development and adoption of comprehensive national LTC strategies and reforms, and 5) to strengthen local capacity to generate and use evidence to inform policy to facilitate mutual support and transnational learning communities.

From these objectives, objectives related to scalability and sustainability are derived. They are focused on empowerment (informing, facilitating self-management, expanding people's capacities to develop and seek solutions), enabling different groups to adopt the innovation (increasing the number of people participating in this innovation), supporting different strategic processes to develop these policies (being able to scale up integrated solutions through legislation and administrative implementation) and enhancing informational (and receptive) capacity for the adoption of different practices.

The Spanish pilot plan of InCARE is integrated in a Theory of Change at state level. It seeks the generation of knowledge about social innovation to be transferred to the different groups of stakeholders, who can make use of the information to incorporate it into the strategy, train professionals and, in the end, benefit society.

The vision of the pilot project is outlined in the impact objective of: "enabling people caring for a person with dementia to have the care they need when they need it". This objective would already generate social impact, beyond the objectives of the pilot. However, the pilot is developed seeking achievable targets with a feasible number of people so that a social impact can be extrapolated beyond the responsibility ceiling by scaling up the project.

In order to guide the sustainability and possible scalability of the project, the core aspects of the model and the ancillary aspects are differentiated in the project.

The aim of this document is to provide information about the practices developed in the pilot project to the different interest groups, pointing out the keys and strategies for sustainability and scalability of the project.

### 1.2.  Core of the model.

It is considered that the core of the model that has guided the implementation to scale is the coordination from the knowledge of the needs and projects of the carers. The pilot project is built on the SENDIAN service, a mature service of psychological support to caregivers of people with dementia. The effectiveness of support groups has already been widely described in numerous studies as an effective psychological support in the scientific literature, so although SENDIAN is the base of the INCARE pilot project, the social innovation developed in the pilot focuses on the

coordination of care through support for case management. From the conceptual framework of the project, primary care social workers are relied upon to exercise the case management methodology.

Case management support can be a procedure that facilitates coordination and, therefore, the methodological way to facilitate the coordination of services. In the pilot experience, case management support was provided by psychologists working in SENDIAN with good results.(García-Soler et al., 2023)

Social work is a discipline that operates at the social and community level and from the work in primary care in local councils, it has agency for service provision, so that, knowing the person, it can in turn organise the provision of services and provide them with knowledge of the care system. For this reason, it is considered that case management support can be a procedure that facilitates coordination and, therefore, the methodological way to facilitate the coordination of services. In the pilot experience, given the barriers to developing case management by social workers (budget, adherence to the model, human resources, etc.), case management support was provided by psychologists working in SENDIAN with good results.(García-Soler et al., 2023)

## 1.3. Level of performance of the pilot in relation to the core of the model.

The pilot project has been developed in a specific context by means of a quasi-experimental design in which the variables of education and training of the psychologists in the experimental group were controlled, other comparisons such as: public/private, different profiles of beneficiaries, regional/local government involvement, etc. have not been explored. This paper will describe the practices developed in the pilot, which are also linked to the national project BuiCaSuS (Building Capacity for a Sustainable Society; funded by the EU Programme for Employment and Social Innovation (EaSI)) (*BuiCaSuS Resumen Ejecutivo Centros de Referencia de La Innovación Social-Building Capacity for a Sustainable Society 31 May 2021 Fondo Social Europeo y Programa Europeo de Empleo e Innovación Social*, 2021) with the aim of building capacity for the sustainability of social innovation projects. According to the approach developed in the BuiCaSuS project, it is relevant to differentiate between the specific aspect that the project can export/scale up and the auxiliary aspects that could be adapted in another context without changing the project concept. In our case the following structure is proposed.

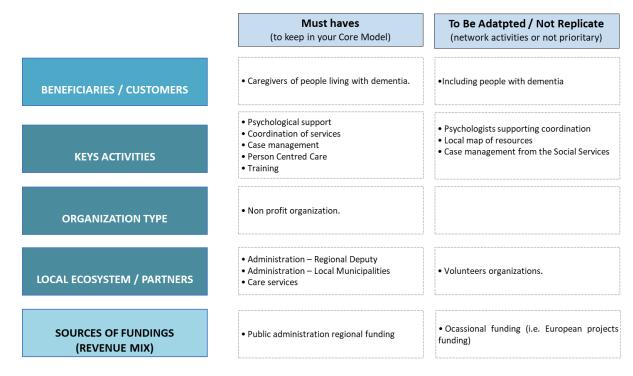| | Must haves<br>(to keep in your Core Model) | To Be Adatpted / Not Replicate<br>(network activities or not prioritary) |
|---|---|---|
| **BENEFICIARIES / CUSTOMERS** | • Caregivers of people living with dementia. | •Including people with dementia |
| **KEYS ACTIVITIES** | • Psychological support<br>• Coordination of services<br>• Case management<br>• Person Centred Care<br>• Training | • Psychologists supporting coordination<br>• Local map of resources<br>• Case management from the Social Services |
| **ORGANIZATION TYPE** | • Non profit organization. | |
| **LOCAL ECOSYSTEM / PARTNERS** | • Administration – Regional Deputy<br>• Administration – Local Municipalities<br>• Care services | • Volunteers organizations. |
| **SOURCES OF FUNDINGS<br>(REVENUE MIX)** | • Public administration regional funding | • Ocassional funding (i.e. European projects funding) |

FIG. 1 CORE OF THE MODEL DIAGRAM

The basic aspects of the pilot would be the accompaniment through psychological support to caregivers of people with dementia and coordination of social services.

# 2.    Definition of scalability.

Different definitions of scalability and sustainability can be found in the literature and in professional practice, depending on the context in which they are applied. In BuiCaSuS we have worked on different definitions, shared experiences, and developed enabling practices to facilitate the sustainability and scalability of projects. Using a broad definition, scaling up could be: a process of transferring proven social innovations to other actors or contexts, thus creating a wider impact. It consists of replicating, adapting, and scaling up innovative solutions to achieve greater impact. It can also consist of implementing or transferring the piloted solutions to public institutions or programmes. Scaling up involves complex and diverse processes: the dissemination or spread of a product or model, the promotion of changes in existing legislation or policies, and even the introduction of new laws (BuiCaSus, 2023).

Within the different possible escalation categories, the InCARE pilot approach would establish a three-tier approach:

- Scale up. The Project would ultimately seek to provide for the right of carers to receive care, given their fragile situation, by including in the regulations the carer support service (as provided for in the regional legislation Decreto Foral 29/2008, De 29 De Abril, Por El Que Se Aprueba El Programa "SENDIAN" De Apoyo A Familias Con Personas Mayores Dependientes A Su Cargo) and the right to receive coordinated care.
- External (Scale out). Given the positive effects identified in the project, the objective of reaching people in need in their local environment would be legitimate, increasing the number of beneficiaries in environments where the service is not perceived.
- Internal (Scale Deep). Ultimately, the project has favoured the change of role of the participating psychologists by broadening the focus from the provision of psychological care to favouring coordination from the point of view of Person-Centred Care, changing the values of the

professionals and their scope. Internal scaling would propose to extend this change of values to the professionals in the control group and to new professionals who become part of the carers' support services.

In order to set up a scalability process, three requirements are established: effectiveness, demand and economic viability. In the case of the project, the social demand is clear, identified in the specialised literature and the main surveys in the field of care and operationalised in the identification of challenges during the Theory of Change. In the InCARE project, the different reports provide evidence in favour of effectiveness in relation to social impact in quantitative terms (burden, well-being and quality of life) as well as in qualitative terms. With regard to the economic viability and sustainability of the project, the costs must be assessed in terms of economic scenarios that establish the cost-effectiveness of the proposal.

# 3.   Context of INCARE.

The InCARE project is developed through a collaborative consortium approach that involves working "in hinge" between the pilot implementation partners, the policy partners and the technical partners.

According to the description in the InCARE project:

Technical partners aim to transfer knowledge on long-term care policy, services and social innovation to local partners, to help establish efficient work processes and to provide all needed support with research, outreach, policy and service design, implementation, evaluation and dissemination activities.

Policy partners at national level are key stakeholders in the national long-term care landscape with the ability to shape relevant policies and the strategic direction of the system. Their main objective is to work towards developing evidence-based and inclusive decision-making process to promote innovative and sustainable LTC system development in their countries. Furthermore, these co-applicants will act as facilitators for the successful implementation of the social innovation pilots, by providing support for implementation partners to work within the national policy framework.

Local implementation partners. Their main objective is to ensure the provision of high quality, affordable long-term care services, that local communities are engaged and empowered to shape service delivery and that the local pilot implementation is carried out effectively and it closely reflects the needs and goals of end users. With the support of technical partners, local partners have been empowered to shape the goals and direction of the pilot projects and to carry out all project activities in our local setting.

This relationship between the different roles of the partners in the project has enabled the national partners (implementation and policy) to co-create planning at both local (pilot) and national (long-term care strategy) levels. The planning also provided for feedback pathways from pilot to policy and outlined possible support pathways from administration to practice and vice versa.

In this context, the pilot was developed in the local setting of Gipuzkoa, through the SENDIAN program. Established in 2008, the SENDIAN program initially offered comprehensive support, including training, mutual support groups, psychosocial support, short term residential care and day care. However, the program now primarily focuses on support groups and individual therapy. This pilot was developed with the support of the Provincial Council of Gipuzkoa reaching 76 people in 14 municipalities.

# 4.   Ecosystem of actors

## 4.1.  Identification of actors involved and their roles in scalability.

The pilot can be envisaged in a network of agents who could support the sustainability of the project and its scalability. Also, beneficiaries could be an important part as prescribers for other caregivers, support in dissemination from their own experience, and policy enforcers in their own municipalities. Below, the table shows a possible categorization of the areas of influence of the stakeholders in the project.

- Impact on Law: Possibility of changing legislation or directly influencing the power mechanisms that enable the administration and regulation of services.
- Institutional Change: The area of influence in an institution that enables the management of institutions or other entities in a direct way, usually resulting from a change in processes.
- Change in values: The area of values held in the organisation itself (mission, vision, shared project, focus on person-centred care, etc.) or in society.
- Increase in numbers: Scalability by increasing the number of people receiving the service.
- Geographical extension: Scalability by providing the service in regions other than the one where the experience was initially established.

| Scalability Orientation | Impact on Laws | Institutional Change | Change in values | Increase in number | Geographical spread |
|---|---|---|---|---|---|
| **Matia Institute** | Low | Low | Moderate to high | Moderate to high | Moderate to high |
| **County Council F.G.** | Moderate to high | Moderate to high | Absence | Low | Low |
| **IMSERSO** | Moderate to high | Moderate to high | Low | Absence | Absence |
| **Volunteer Asoc.** | Absence | Absence | Moderate to high | Moderate to high | Moderate to high |
| **Municipalities** | Low | Moderate to high | Absence | Moderate to high | Moderate to high |
| **ESN** | Absence | Low | Moderate to high | Absence | Absence |
| **INCARE partners** | Low | Low | Moderate to high | Absence | Absence |
| **Participants** | Low | Low | Moderate to high | Low | Low |

Legend:
- Low influence on the area,
- Moderate to high influence in the area
- Absence of influence

FIG. 2 AREAS OF INFLUENCE IN SCALABILITY

## 4.2. Leadership and involvement of partners

In order to give impetus and dynamism to the pilot project, it is important that a public administration takes the leading role. This entity must have the appropriate competences to do so, as well as the vision and constant commitment over time to promote a gradual transformation that can only take place gradually over the medium and long term. To achieve this support, it is essential that there is a shared vision among the actors on the change to be implemented.

In June 2023, the policy facilitation group was set up with staff from Matia Foundation, the Imserso, the Government of Castilla y León, experts in scaling up projects and staff from the Deputy of Guipúzcoa with the aim of assessing the possibilities of scaling up the pilot.

The InCARE pilot is currently part of another programme that has been in place in Guipúzcoa for many years, and the pilot aims to improve it with the perspective of the person-centred care model, the fact that it is part of another established programme makes it easier to scale up.

After consulting with the experts on the possibilities of scaling up and adaptation in other territories, they considered necessary to create a suitable ecosystem, to have a shared vision among all the actors on the change to be implemented, to have the necessary resources and tools to be able to coordinate and to work in a favourable administrative environment, The administration with appropriate competencies for change should lead the innovation project to promote gradual transformation in the medium and long term, with an adequate budget that lasts over time, not only in the pilot period.

In conclusion, the main objective of the InCARE pilot is to improve the well-being of carers through innovative elements such as case management, coordination of services and specific training, all based on the person-centred care model, which is in line with the European care strategy and therefore with the common objectives set out in the recommendations of this strategy and which must be implemented by all member countries.

## 4.3. Identification of potential partners

A key element of any scaling up is to have the support of the key institutions to develop the pilot project.

As participants in the project with an interest in internal scalability could be: Matia, because of its foundational interest in accompanying people to improve their quality of life, the administration at different levels, starting from local environments to provide people with the services they need, the people participating in the project as beneficiaries of the project and those who care for a person with dementia but do not receive the support service.

Other entities in the project's circle of contact that can collaborate by taking over the model proposed in the pilot or disseminating it could be:

- Public administrations in general, mainly deputies and city councils that support the dissemination of the programme among carers and care receivers.
- Entities like Matia, foundations and civil society organizations, starting from those that are already present in the territory.
- Social services, to support the dissemination and processing of the programme in an agile manner, facilitating the coordination and adjustment of support.

- Academic and training entities: University, Vocational Training, Masters Degrees...
- Associations (family, women's, care, etc.).
- Local voluntary organisations.
- Company generating services, products (telecare, assistive technologies, and equipment, etc.).
- Professional associations and scientific societies.
- Other professionals (SAD, personal assistance, etc.).

The involvement of different actors requires effective coordination that is user-friendly. It is important to promote this coordination and facilitate resources, as protocols and shared information tools, and sufficient staff with different roles working hand in hand from different institutions. This means not only recruiting and retaining the necessary staff, but also training them properly and looking after their wel-being. Staff must be adequately trained to provide quality services, as well as to promote the institutional cultural change necessary for the pilot implementation to work.

## 4.4.  Recipients of the escalation

Target audiences for scaling can be grouped according to the level of impact:

- Target audience of the final impact: all carers of people with dementia who require support, as well as people with dementia and other family members.
- Psychologists: Psychologists can benefit from the change of role by achieving a greater scope and intensity of the effects of their intervention on people, facilitating the conditions in which they can work in a network and developing a coordinated approach.
- Public policies and institutions: the exercise of innovative evidence-based practices enables the administration to address more effectively and efficiently requirements and needs of society. Providing information through documentation of project development can enable the administration to make informed decisions about public policy strategies and financing.
- Sector actors: other actors in the sector can benefit from networking to facilitate their work.
- Scientific Community: the project is oriented towards action-research so that information can be generated to contribute to the growth of the theoretical corpus and evidence-based practices in the framework of person-centred care in Spain. In this way, it is expected that the procedures to be implemented in the future in the field of integration and coordination of care can take advantage of the knowledge previously generated.
- Society: considered as a beneficiary as well as an agent, with the capacity to influence and raise awareness in the field of care. An aware society can promote long-term changes through the informed exercise of rights, governance and avoiding discriminatory and stigmatizing actions that affect caregivers and people in need of care. The dissemination of the project in different public channels, and the echo that can be made of scientific advances by transferring them to the community would be the actions oriented towards scalability in this profile.

# 5.  Adoption of scalability strategies.

The adoption of the different scalability strategies depends on the degree of maturity of the project, the economic context, the established relationships, etc. In the case of the pilot project, it has a mature base such as the SENDIAN project and a pilot approach with promising results. A more detailed assessment of the degree of success of the project would require more time for implementation and a detailed sustainability study and scalability scenarios. This pilot project is a first approximation for more concrete evidence and for a more comprehensive funding analysis.

## 5.1.  Scaling up strategy and scope

The implementation of the pilot project must be adapted to the characteristics of the context, taking into account the existing resources, the administrations and their competences, the territorial distribution, as well as the provision of social services and the current regulations.

The implementation of a pilot must be progressive. This way results can be obtained after each of its stages and build an empirical basis to make modifications and adjust the model to the reality of the environment.

This implementation phase must first change work practices and then transform the norms that underpin these actions. Otherwise, laws that are not useful in the context where the piloting is being carried out may be passed and lead to a failed implementation. For this reason, the different actors participating in the project must work in a flexible regulatory environment to allow experimentation and action.

## 5.2.  Financing options and financial sustainability

The pilot has received funding from the InCARE project of the EASI programme. In the development of the pilot, networks and partnerships have been established involving the regional level administration, local councils, and local community agents. Part of this work consists of changing the role and values of the professionals, modifying the way of working without increasing the dedication of resources. However, another part requires a sustainability analysis since it entails increased professional dedication in establishing the network.

Psychologists broad the focus of their work from the individual to the community, attending to variables external to the sessions and gathering information that can be useful to other agents. This may be done on existing work dedication or with a minimal increase. However, other coordination actions require meetings with other professionals (social work, volunteers, etc.) and additional dedication that must be considered in the increase of resources, identifying its cost and proposing scalability scenarios.

In addition, the work of the psychologists has incorporated information gathering actions to respond to the training needs of the people attending the groups, which can be developed within the support groups with continuity, not entailing additional costs.

The project also incorporates an initial training for the professionals that represents a single initial investment and could later be inserted into continuous training programs.

To carry out the change processes within this project, European funds are not enough, but specific funds and administrative collaboration at different levels are needed to allow progressive growth and learning for the application of the project in the real environment.

## 5.3.  Escalation communication plan

Since the main focus of the project is the support for the coordination of services for carers of people living with dementia, the following assumptions are considered in the communication plan:

- Our pilot has a clear social message. A social innovation project has been developed with promising results.
- The change generated is welcomed by the participants as beneficial to them. This from the point of view of the individuals promotes the message that it is worth adopting.
- The change generated involves several actors and the degree of impact depends on their participation and coordination.

- The results achieved, although beneficial, do not cover all the needs of the participants. There is work to be done in terms of socio-health and community coordination.
- Social awareness of the problems of carers and the equitable distribution of care is needed.

# 6. Results

The pilot did not consider scalability during the project implementation period, focusing on the development of the intervention and following the logical itinerary of evidence generation, dissemination, prescription and counselling for possible scaling up in terms of scaling out. However, increases in the results of the project were identified, possibly as a result of awareness raising and the establishment of networks and information channels:

The number of groups of participants increased by two during the development of the project (from 14 to 16 groups), thanks contact established with the municipalities where the SENDIAN project was not known, despite being a right established by decree.

An initial comparison was made by selecting the months in which the intervention in the pilot had made it possible to establish relationships with the municipalities. In this period, larger increases in the number of sessions and in the number of participants were identified.

### Experimental Group

|  | 2022 | | 2023 | |
|---|---|---|---|---|
|  | P1 (EG) | P2 (EG) | P1 (EG) | P2 (EG) |
| May | 23 | 32 | 44 | 31 |
| June | 23 | 30 | 45 | 33 |
| July | 24 | 21 | 36 | 25 |
|  | 70 | 83 | 125 | 89 |
|  | 153 | | 214 | |

### Control Group

|  | 2022 | | 2023 | |
|---|---|---|---|---|
|  | P3 (CG) | P4 (CG) | P3 (CG) | P4 (CG) |
| May | 29 | 9 | 42 | 6 |
| June | 32 | 10 | 35 | 6 |
| July | 24 | 10 | 37 | 4 |
|  | 85 | 29 | 114 | 16 |
|  | 114 | | 130 | |

\* P: Psychologist
\* EG: Experimental group
\* CG: Control group

FIG. 3. NUMBER OF SESSIONS COMPARISONS BETWEEN GROUPS

The number of sessions in the experimental group increased by 28.5% while it only increased by 12.3% in the control group.  Regarding the number of participants taking part in the groups, the experimental group increased by 30.9% from 96 to 139 (n=43) while the control group decreased by 9% from 55 to 50 (n=5).

In addition to the increase in participants and sessions delivered during the pilot period, in terms of scaling up by dissemination strategies the project has disseminated the project's progress and results through the InCARE platform, national and international conferences and through Matia's social networks.

# 7.  Conclusion

The pilot project has been developed according to the approach of a ToC co-created with relevant actors at national and local level. This planning established lines of action with professionals and carers in order to meet the needs of carers. The different processes had to be adapted and the intervention made more flexible to address the potential unidentified barriers that may arise when operating in a complex system. In this process, actions were developed in different contexts and with different actors to adapt to the specificities of the psychological support groups and the different local settings where people live and receive services.

Among the main actions carried out in favour of coordination was the training of psychologists to enhance the coordination of services and the establishment of networks with local councils and the Provincial Council. The training of psychologists for the coordination and support of case management allowed for coordination actions to be carried out with social workers, volunteers and other services, maintaining the coordination of care at the heart of the project. Possibly, the development of the case management methodology by social workers can be also effective and efficient for coordination, in terms of execution and provision of services, opening a two-way information channel with people, streamlining procedures as a one-stop shop and can produce positive effects on people. (García Soler et al., 2022). Additionally, it can be explored whether networking with other agents trained in coordination and case management (such as psychologists from support groups or individual therapy of SENDIAN in the framework of the InCARE project) can produce additional effects or achieve interdisciplinary synergies that facilitate the continuum of care and improve the quality of life of caregivers.

In order to establish the sustainability of the pilot, specific studies are required that consider not only efficacy but also cost-effectiveness, with the administrations being careful not to prioritise efficiency and thus fall into the appropriation of projects that imply less cost instead of a greater positive impact on society. In the case of the pilot project, it would be advisable to carry out a cost study in collaboration with the regional administration to explore the sustainability of the project and the possibilities of extending it to other municipalities.

For the changes carried out in the project that have obtained good results to be consolidated in the competent institutions, regulatory and financing modifications are necessary to provide stability to all the actors involved and to be able to implement the model on a larger scale.

It is advisable to develop projects that document and generate evidence of effectiveness in collaboration with the administrations. Based on a relationship of trust with the administration, processes can be established to generate information through social innovation and to promote the existence of channels for the incorporation of this type of intervention. It is also recommended that cost studies be carried out in a broad framework that considers not only the increase in the cost of social services, but also the savings in the health system, in delaying the institutionalisation as other possible savings and economic returns.

The scalability of the project is proposed in different areas: the change in social policies that facilitate the exercise of carers' rights, the increase in the number of people who receive support and care services, and the change in society's values. This requires working with established collaborative networks so that the process of replication, information provision and scaling up can take place and be hosted in a mature collaborative environment.

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## Recommended citation:

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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