



# The WELL CARE Project

## An overview after almost one year

Henk Nies (Vrije Universiteit Amsterdam) in collaboration with Elisabeth Hanson, Marco Socci, Ludo Glimmerveen and many other colleagues of the WELL CARE consortium

Eurocarers Research Working Group  
November 12th, 2024



Funded by  
the European Union

# Our goal

The **WELL CARE** project aims to **strengthen supports** available to LTC workers and informal carers **for improving their resilience and mental wellbeing** through **care partnerships**.

We work to **improve working and caring conditions** so they will **be well and care better**.



# Consortium Partners



**Linnæus University**  
(Project coordinator)



Funded by the European Union (Grant Agreement no. 101137468). Views and opinions expressed are however those of the authors only and do not necessarily reflect those of the European Union or the Health and Digital Executive Agency. Neither the European Union nor the granting authority can be held responsible for them



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# Key focus: care partnerships

By care partnership we mean the **coordination, integration, and mutual recognition of care and caring activities** performed by LTC workers and informal carers, in a vision of integrated LTC (European Care Strategy, COM/2022/440, WHO, 2022).

# The WELL CARE approach

**Collaborative approach** throughout project (Blended **Learning Networks; Local Implementation Teams**), **integrating research-based** and **practice-based knowledge**

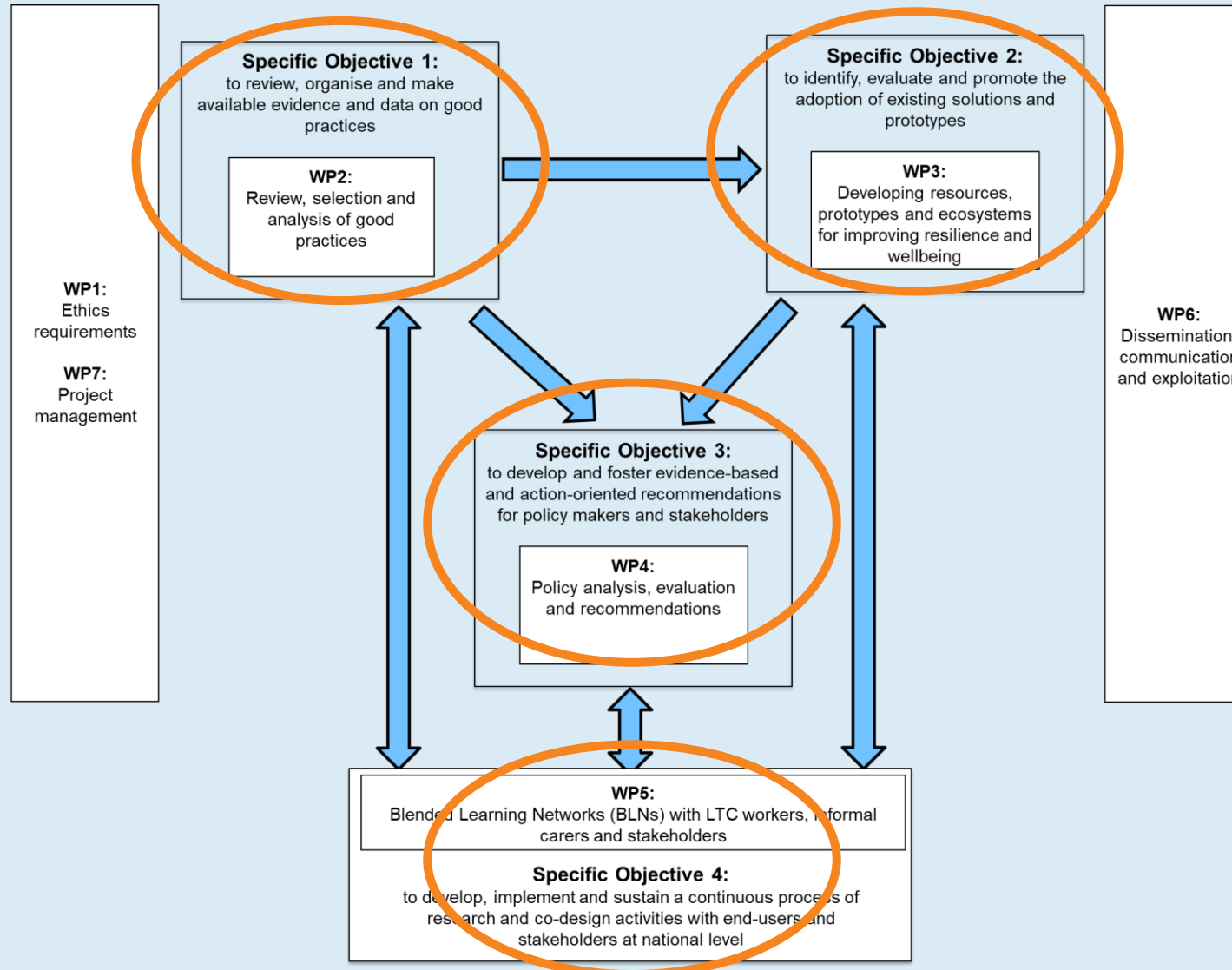
We **learn about effective support practices** and **translate** these lessons to **new settings**: importance of considering 'context'

We develop **solution prototypes**: 'semi-finished' models that still need to be tailored/tested within the context in which they are implemented

We take a **multi-level approach**: many issues affecting mental wellbeing/resilience lie beyond the domain of individual caregivers (e.g., organizational or societal context)



# WELL CARE PERT chart



# Activities

- **Finding good practices** of care partnerships in Europe on how to best support resilience and mental wellbeing (WP2)
- **Developing and implementing new models of care partnerships** in five EU countries (Germany, Italy, Netherlands, Slovenia, Sweden) (WP3)
- **Providing recommendations** to policy makers and stakeholders (WP4)
- **Involving end-users and stakeholders** throughout the research process (WP5)



# WP2: Finding good practices

## 2024

- Systematic review of scientific and grey literature (Milestone 2.1, M9) – **DONE!**
- Definition of selection criteria for good practices and methods – **IN PROGRESS**

## 2025

- Selecting and analysing 40 good practices across Europe



WELL CARE has received funding from the European Union's Horizon Europe research and innovation programme under grant agreement No 101137468

### WELL CARE

Investing in the mental wellbeing and resilience of long-term care workers and informal carers through the identification, evaluation and promotion of good practices across Europe

**WP2: Review, selection and analysis of good practices**

***MS2.1 Internal Report on completed systematic literature review***

Gabriele Morettini, Marco Socci, Maria Gabriella Melchiorre,  
Elizabeth Hanson

# WP3: Resources, prototypes and ecosystems

## 2024

- Guide for tailoring, implementation and evaluation (D3.1, M12) – **ALMOST DONE!**
- Establishment of local implementation teams (MS 3.1, M18) – **IN PROGRESS**

## 2025

- Local implementation teams in action



**The WELL CARE Project**  
**Guide for country-level tailoring, im-  
plementation and evaluation**

(complete draft for final round of revisions, October 2024)

Coordinated by  
Vrije Universiteit Amsterdam



# WP4: Policy analysis

## 2024

- Policy review at national and European level (D4.1, M9) – **DONE!**
- Definition of interview methods for in-depth data collection – **IN PROGRESS**

## 2025

- Interviews with key informants
- Development of country profiles



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<b>WELL CARE</b> Investing in the mental wellbeing and resilience of long-term care workers and informal carers through the identification, evaluation and promotion of good practices across Europe			
<b>D4.1</b> Report on analysis of legislation, policies, care frameworks and funding schemes version 1.1			
<i>Project details</i>			
Project acronym	WELL CARE	Start / Duration	1 January 2024 / 48 Months
Project number	101137468	Topic	HORIZON-HLTH-2023-CARE-04-02
Type of Action	RIA	Coordinator	Linnaeus University (Sweden)
Contact persons	Principal investigator: Elizabeth Hanson, <a href="mailto:elizabeth.hanson@lnu.se">elizabeth.hanson@lnu.se</a> Project manager: Francesco Barbabella, <a href="mailto:francesco.barbabella@lnu.se">francesco.barbabella@lnu.se</a>		

# WP5: User and stakeholder engagement

2024

- Establishment of national Blended Learning Networks (BLNs) (MS5.1, M3) – **DONE!**
- Feedback loop between WPs and BLNs – **IN PROGRESS**

2025

- Continuation of engagement activities
- European BLN meeting



# WP6: Dissemination and exploitation

## 2024

- Dissemination, exploitation and sustainability plan (D6.1, M6) – **DONE!**
- Website, social media and newsletter (D6.4, M6) – **DONE!**
- Participation in European webinars and conferences – **IN PROGRESS**

## 2025

- First scientific publications
- Popular science and layperson publications



# WP7: Management and monitoring

## 2024

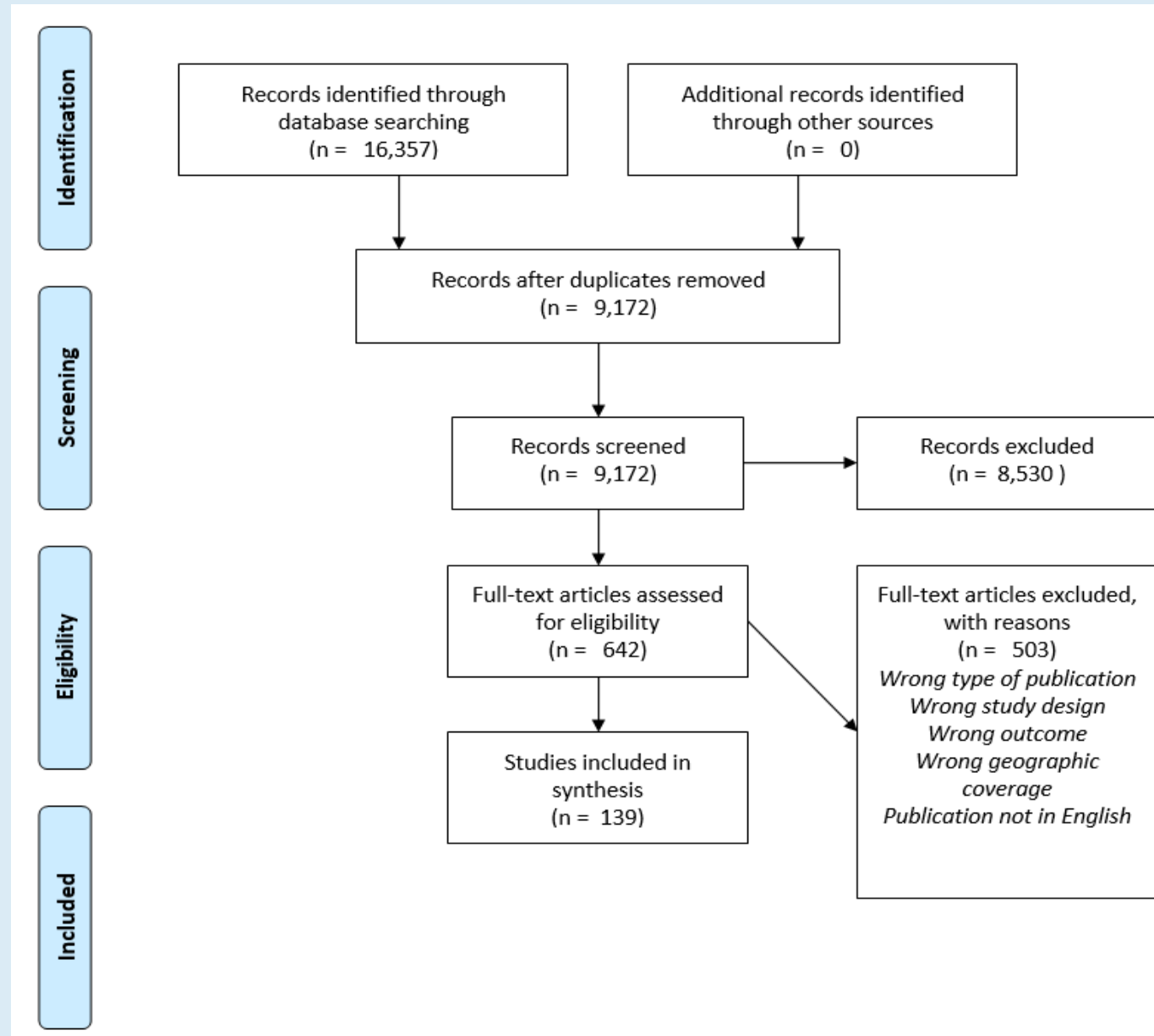
- Data management plan v. 1 (D7.1, M6) – **DONE!**
- Project management handbook – **DONE!**
- Ethics, gender, inclusion and intersectionality strategy (D7.2, M12) – **IN PROGRESS**

## 2025

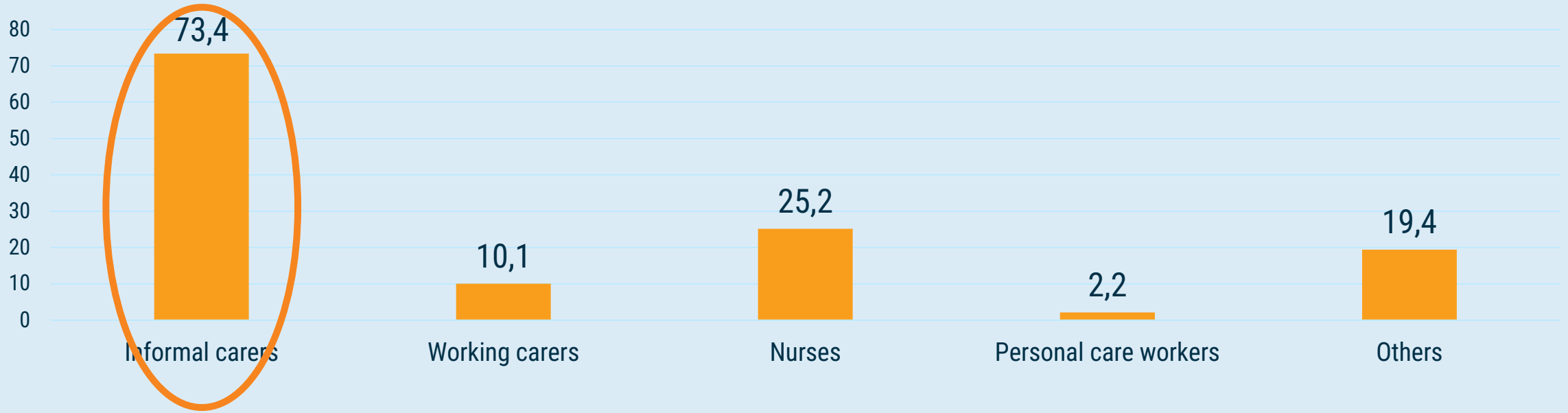
- Risk, compliance and quality monitoring
- 1<sup>st</sup> periodic reporting to the European Commission and project review (M18)



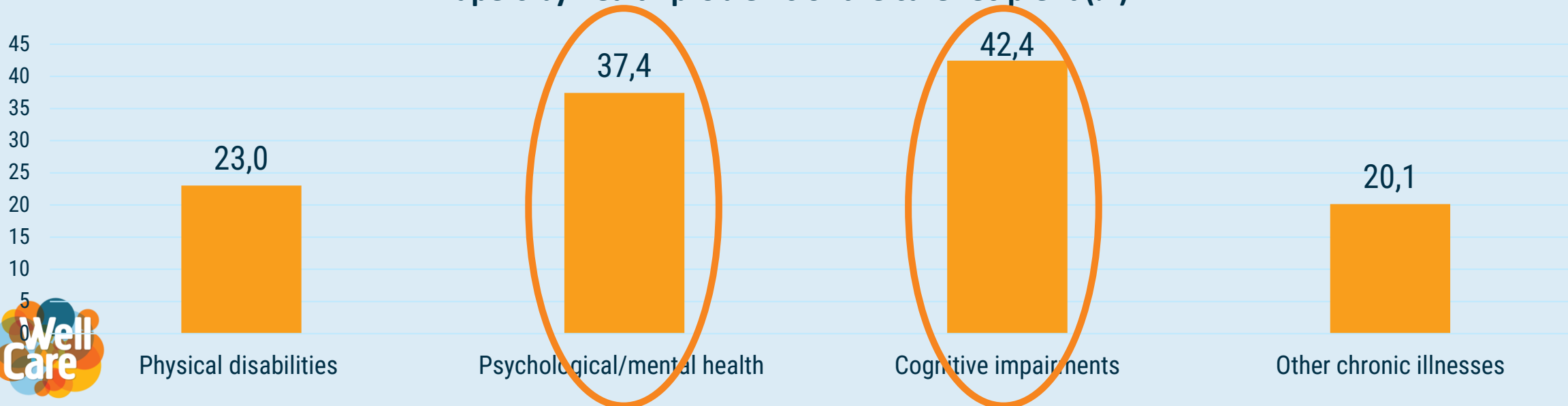
# Scientific literature review: PRISMA diagram



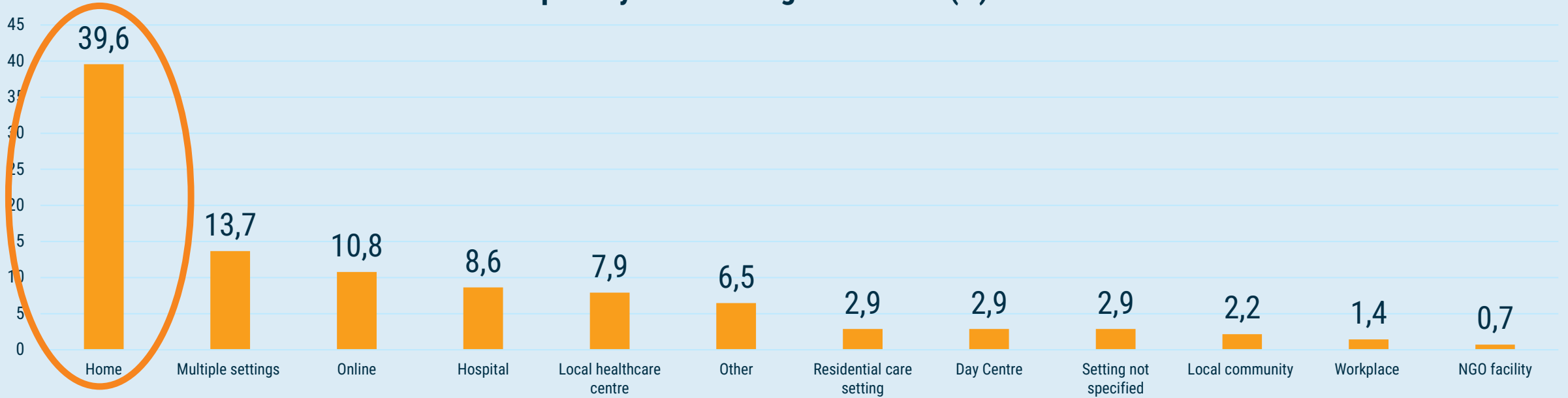
### Papers by target group (%)



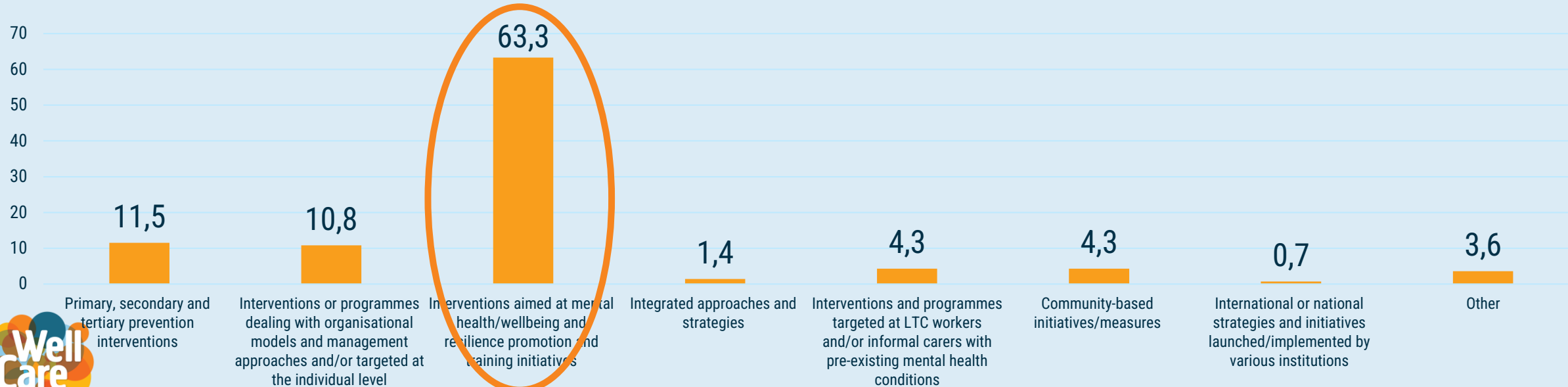
### Papers by health problems of the care recipient (%)



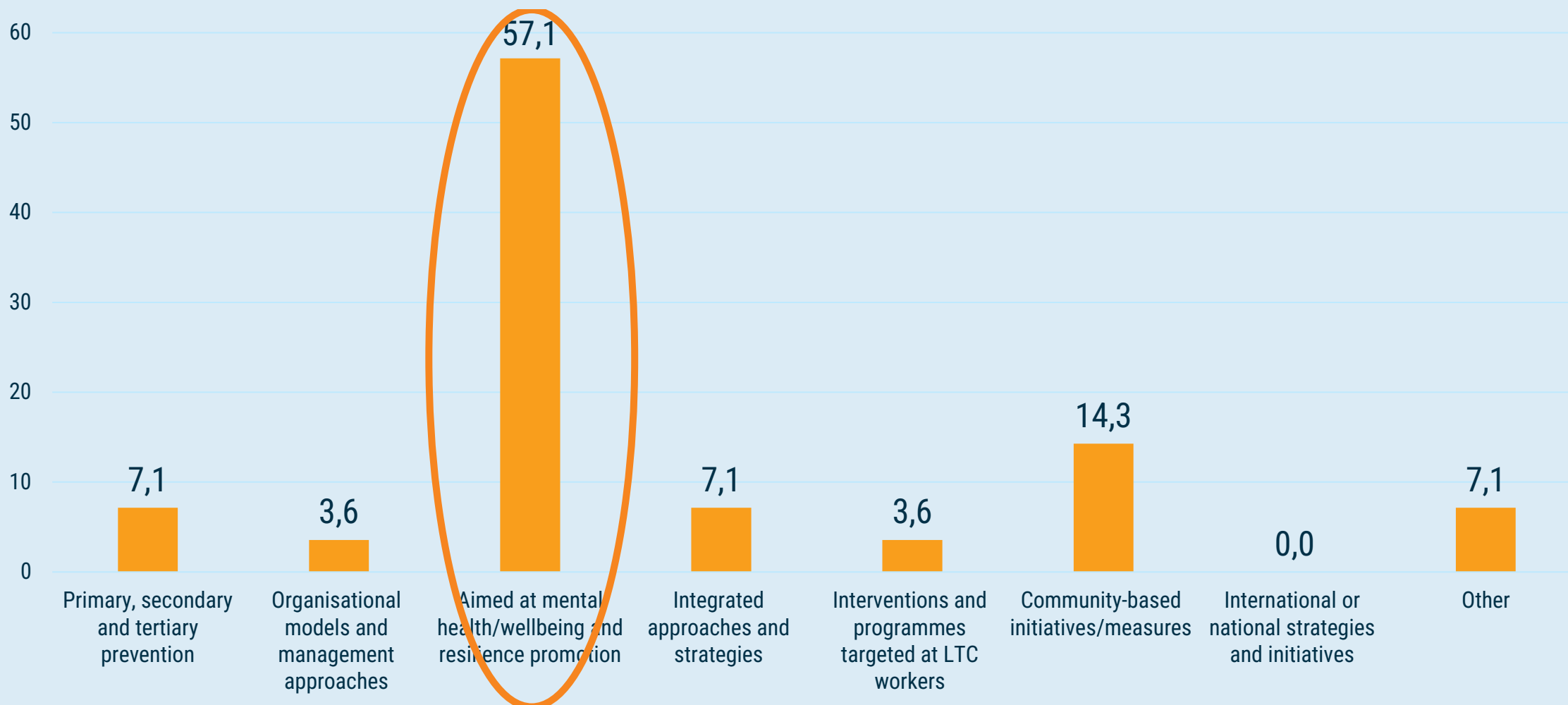
## Papers by main setting considered (%)



## Papers by type of practice (%)



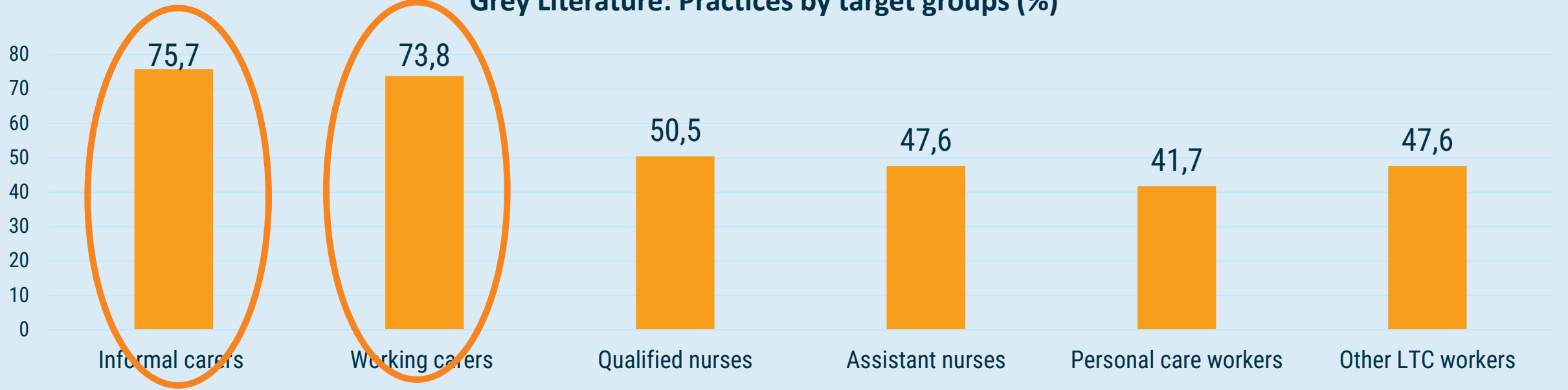
## Papers with potential for fostering care partnerships by main type of practice (%)



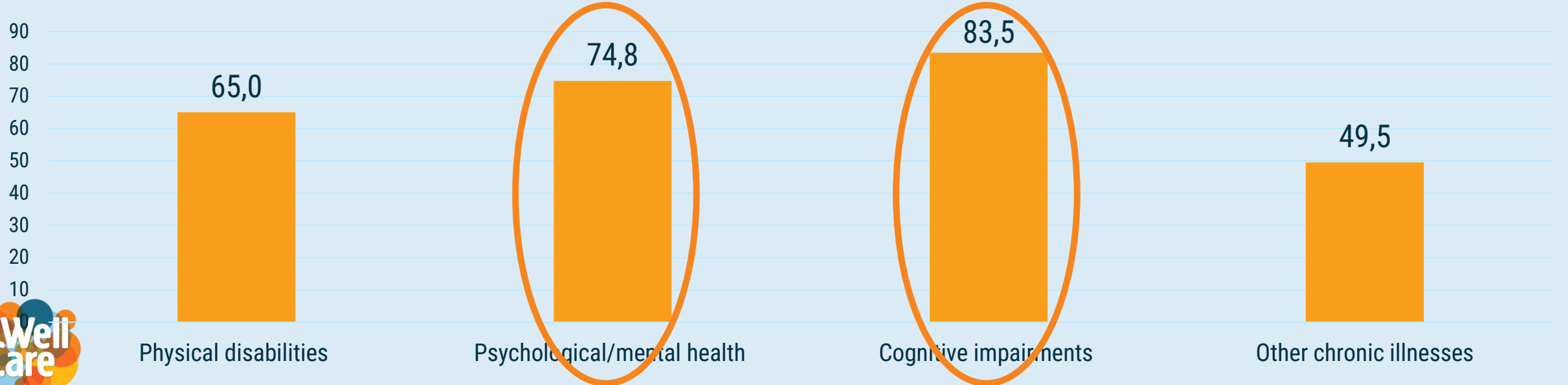
The analysis conducted identified **28 papers with potential for fostering care partnerships**, which can be traced back to various countries but **with a marked presence in the UK (46.4%) and in the Netherlands (21.4%)**



### Grey Literature: Practices by target groups (%)



### Practices by health problems of the care recipients (%)



1. Introduction
2. The **WELL CARE approach**: translating, promoting and evaluating good practices
3. About **care partnerships**
4. **Scoping**: determining what needs to be done
5. **Tailoring and implementing** prototypes: getting things done
6. Assessing the benefits of care partnerships: **monitoring and evaluation**

# The Guide

## Table of Contents

# Guide objectives

**Support national partners and stakeholders** in preparing and carrying out project activities within their country

(i.e., investing in care partnerships while working with **the solution prototypes**)

*How does the Guide provide such support?*

- Identifying **issues that require their attention** when **investing in care partnerships** (i.e., highlighting opportunities, risks)
- Signposting to relevant and practical **resources, tools and methods** that will help them to address these issues.
- Developing a **shared understanding and vocabulary** around (the pursuit of) care partnerships

# How the Guide can be used

The Guide can be used as a **reference book** throughout the project  
(sections can be read as **stand-alone** texts around specific themes)

As specific **activities** that will be undertaken within each of the 5 countries may be increasingly **diverse** (tailored to national/local context)....

- ...**this Guide** lays out **general principles** and presents **resources with broad relevance**
- ...for **each prototype**, '**mini-guides**' are developed with more specific guidance

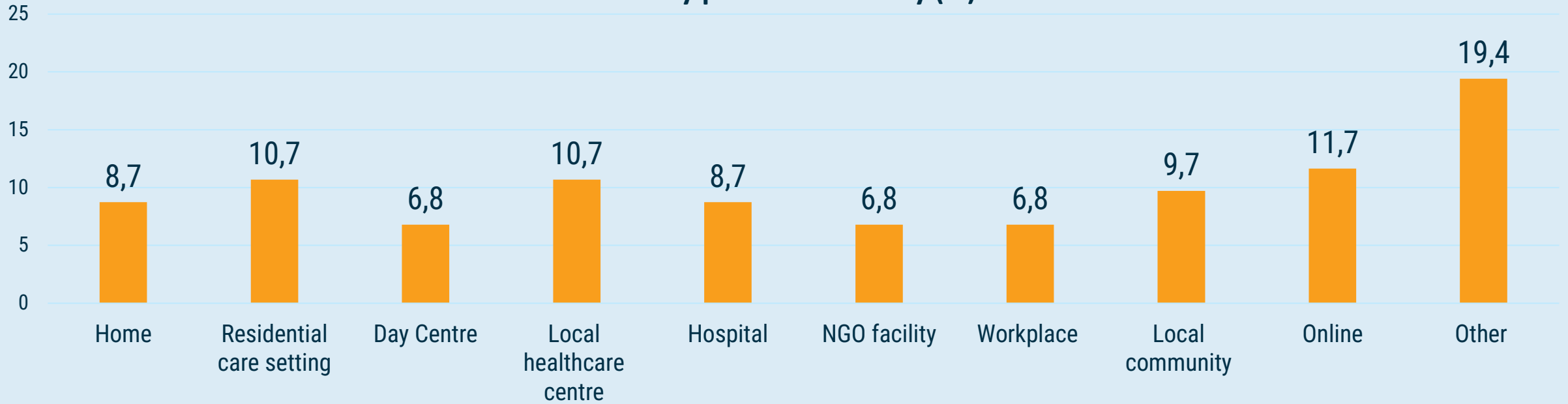
# Acknowledgments (and many others)

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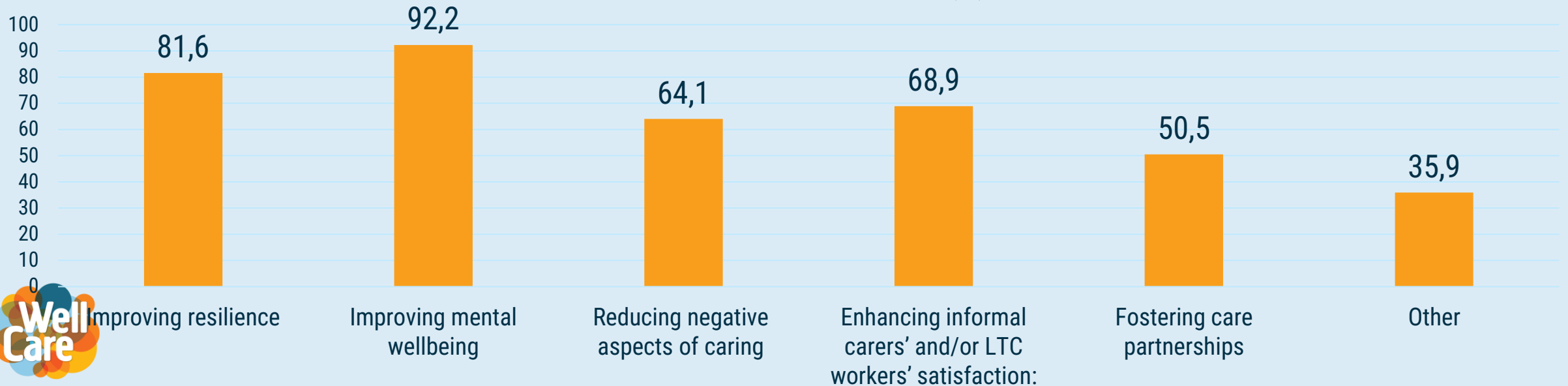




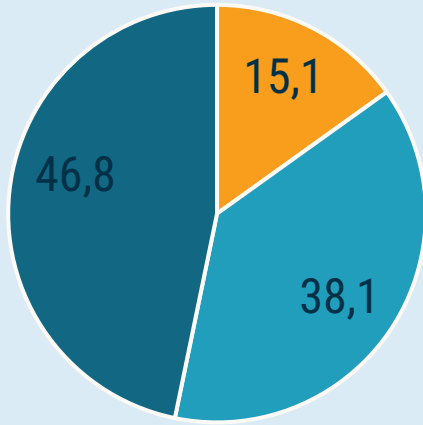
### Practices by places of delivery (%)



### Practices by main outcomes (%)

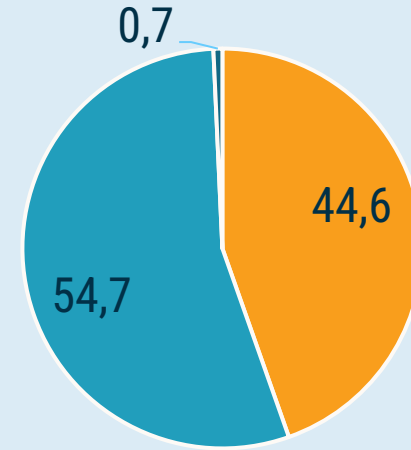


### Papers by year of publication (%)



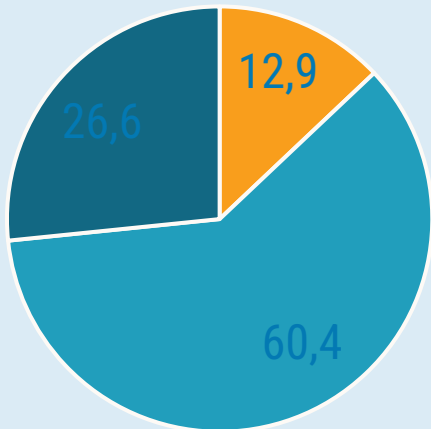
2013-2015 2016-2020 2021-2024

### Papers by type of study (%)



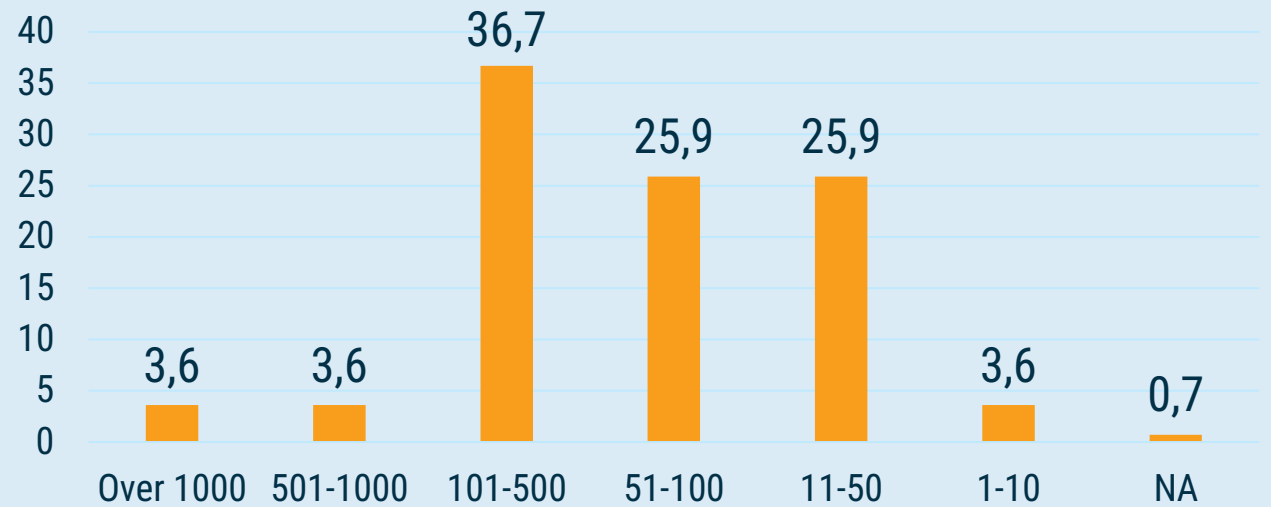
Research article Trial Other

### Papers by research method (%)



Only Qualitative Only Quantitative Mixed method

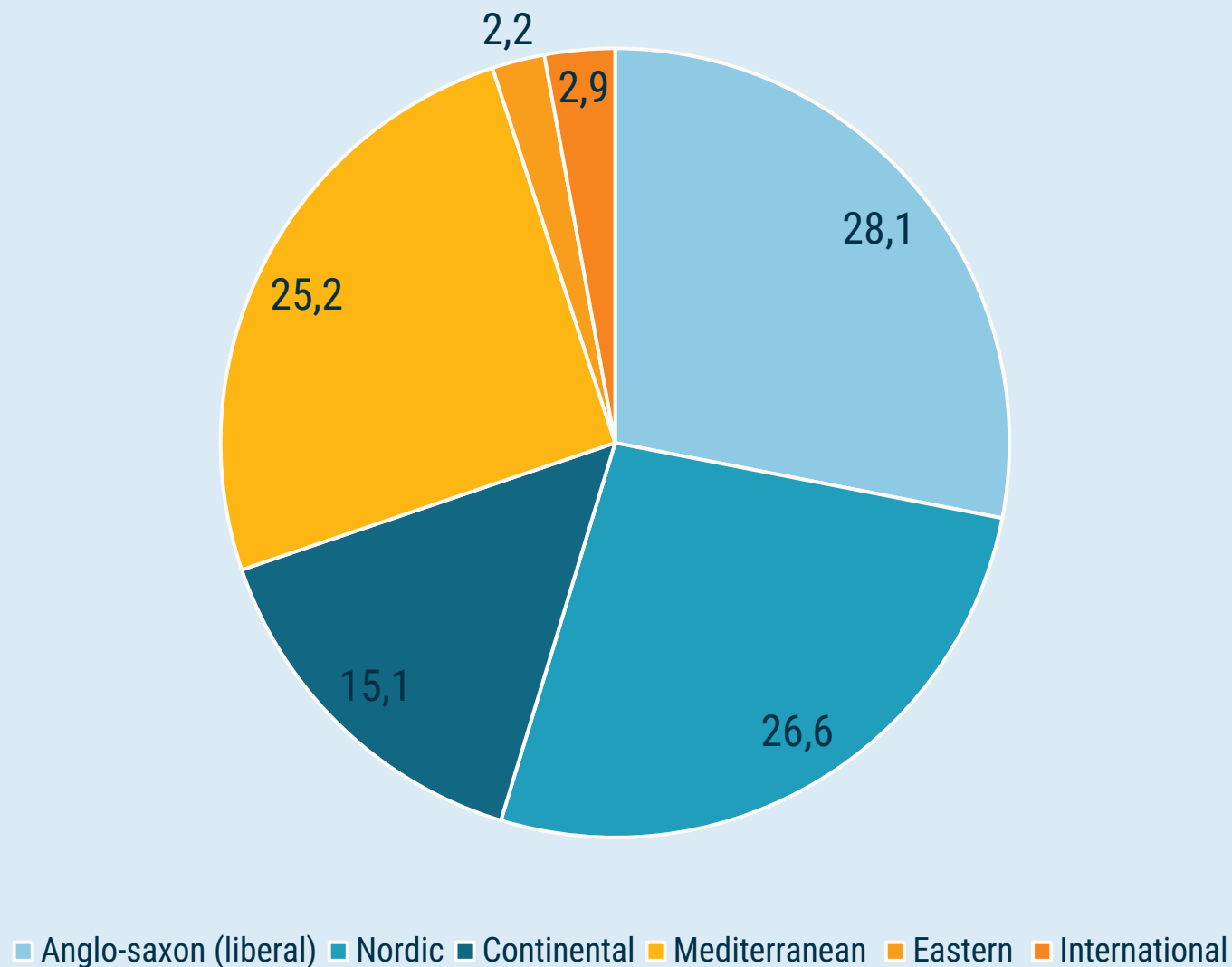
### Papers by sample size (%)



Papers by country (a.v. and %)

Country	a.v.	%
UK	38	27,3
Spain	20	14,4
Germany	19	13,7
The Netherlands	16	11,5
Sweden	8	5,8
Italy	7	5,0
Belgium	4	2,9
Denmark	4	2,9
Lithuania	4	2,9
Greece	4	2,9
Portugal	4	2,9
International	4	2,9
Norway	3	2,2
Ireland	1	0,7
Finland	1	0,7
Iceland	1	0,7
Austria	1	0,7
<b>Total</b>	<b>139</b>	<b>100,0</b>
<b>Main 4</b>	<b>93</b>	<b>66,9</b>
<b>Main 6</b>	<b>108</b>	<b>77,7</b>

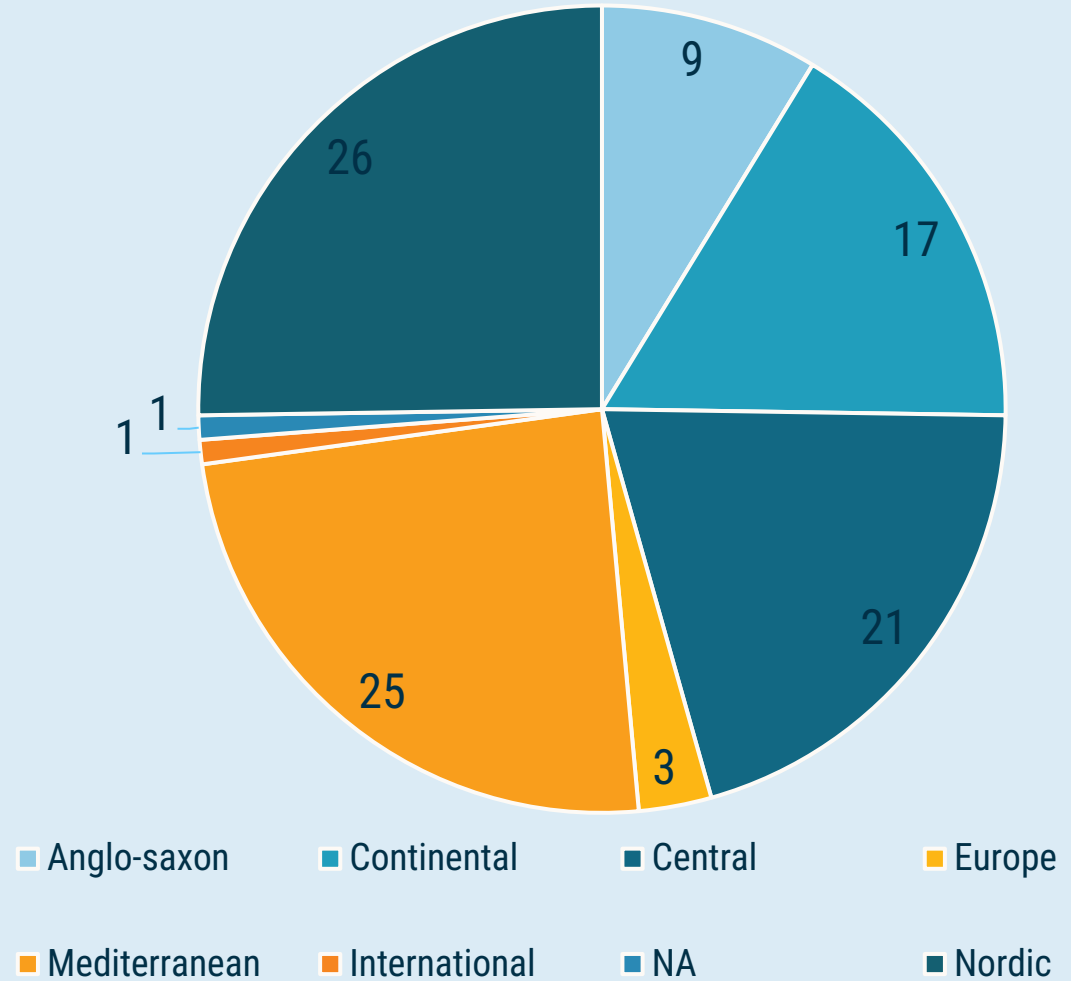
Papers by welfare system (%)



Practices by country (a.v. and %)

Country	Practices	
	a.v	%
Italy	17	16,5
The Netherlands	17	16,5
Slovenia	14	13,6
Germany	14	13,6
UK	8	7,8
Sweden	7	6,8
Spain	5	4,9
Czech Republic	4	3,9
EU/Europe	3	2,9
Greece	2	1,9
Slovakia	2	1,9
Austria	1	1,0
Belgium	1	1,0
Denmark	1	1,0
France	1	1,0
Ireland	1	1,0
Luxembourg	1	1,0
Poland	1	1,0
Portugal	1	1,0
More countries	1	1,0
NA	1	1,0
<b>Total</b>	<b>103</b>	<b>100,0</b>
<b>First 4 countries</b>	<b>62</b>	<b>60,2</b>
<b>First 6 countries</b>	<b>77</b>	<b>74,8</b>

Practices by welfare system (%)



# SECTION 3:

## About care partnerships

Care partnerships are a key notion in the project—but **what do we mean by them?**

- Informal carers and LTC workers **do not operate in isolation**: their actions, resilience, and wellbeing affect one another
- Care partnerships: **cooperative, mutually supportive relationships** between informal carers and LTC workers

*Important to note:*

- Care partnerships can include a wide **variety of actors**;
- Their **relationship** and **nature of their mutual support** can be diverse and dynamic.
- Not all relationships are partnerships: they can be **source of stress and anxiety**

# SECTION 3:

## About care partnerships

- Care partnerships as supportive – **to what end(s)?**
  - Sharing care (preventing each party from getting overburdened)
  - Sharing knowledge (jointly finding out what works best in a situation)
  - Relationship as its own support (e.g., recognition, appreciation, ‘shoulder to cry on’)
- There is not one ‘best’ purpose, and this purpose may evolve over time

# SECTION 4:

## Scoping: determining what needs to be done

- How do we **decide what is relevant to pursue** within our particular context?
- Several '**decision moments**' that affect the scope of our **project** activities:
  - **Which good practices** to report on and select for the case studies?
  - **Which solution prototypes** to **develop**, on which existing practice are they based?
  - **Which solution prototypes** are tailored/tested/**implemented** in our country?

# SECTION 4:

## Scoping: determining what needs to be done

- Practical tools and resources for 'scoping':
  - Collaborative problem analysis
  - Selecting (and further developing) ideas and practices to work with
  - Stakeholder mapping
- Tools may be used in Blended Learning Networks, Local Implementation Teams, or by other partners/stakeholders

# SECTION 5:

## Tailoring and implementing prototypes

- **Never a matter of 'just' implementing** good ideas that proved effective elsewhere. **Tailoring and translating** to local setting are necessary.
- **Local implementation teams** as a 'hands-on' platform for local implementation
- Activities two-fold focus:
  - Working with the **solution prototypes** (i.e., developing care partnership practices)
  - Investing in **supportive ecosystems** (i.e., creating conducive environment for this)

# SECTION 5:

## Tailoring and implementing prototypes

- Building on **design thinking**, we engage in a **cyclical process** of **tailoring, testing, adapting, and implementing** care partnership practices
- Practical tools and resources:
  - Stakeholder engagement
  - Awareness raising
  - Project management

# SECTION 6:

## Monitoring and evaluation

- Discusses **underlying principles** of monitoring/evaluation activities:
  - E.g.: not 'just' assessing whether objectives were met, but generating **actionable insights**
- Not yet a clear-cut evaluation framework: more **specific guidance** on monitoring/evaluation is provided with each **solution prototype**
- **Realistic evaluation**: not only assessing *whether* an intervention works, but also asking *how* it works, *for whom*, and under *what circumstances*
- Key **evaluation cycle**: defining, empirically 'testing' and refining **program theories** about **what/how/for whom/when** an intervention works

# SECTION 6:

## Monitoring and evaluation

- **Social Return on Investment (SROI) as a key methodology:**
  - Assessing the **social value that is created** for the various stakeholders
  - Assigning **monetary values** to outcomes generally not accounted for in cost-benefit analyses
- **Serving multiple purposes:**
  - As tool for **ex-ante cost-benefit analysis** ('what to expect if we pursue this?')
  - As tool for developing a **(social) business case** (e.g., to acquire funding)
  - As basis for **evaluation cycle**, as we collect data to check whether a practice delivered what was expected