

# Science Communication Plan of the COST Action CA22152 - Supporting emerging care economy, empowering caregivers to provide safe care at home (BetterCare)

Each Action MC shall adopt a Science Communication Plan including a communication, dissemination, and valorisation strategy, as well as a plan to implement this strategy. The Science Communication Plan shall reflect the MoU in particular connecting to the aims and objectives of the Action. It is recommended that the Science Communication Plan is approved by the Management Committee not later than 6 months after the start date of the Action. It is recommended that the Science Communication Plan, including progress on implementation, is discussed on a yearly basis by the Action MC and reviewed or amended where necessary. ([Annotated Rules for COST Actions](#), article 5)

*This template is provided to COST Actions as a support for developing the Action Science Communication plan. Actions can adapt the plan structure and content according to their needs.*

## VERSIONS AND HISTORY OF CHANGES

Version	Date of adoption by MC	Notes (e.g. changes from previous versions)	Lead author(s)*
1	XX	First version	Hana Knežević Krajina
2	xx	xx	

*\* The Science Communication plan is developed, updated and its implementation monitored under the overall supervision of the Science Communication Coordinator, and in close collaboration with other relevant contributors.*

**This document is based upon work from COST Action CA22152 - Supporting emerging care economy, empowering caregivers to provide safe care at home (BetterCare), supported by COST (European Cooperation in Science and Technology).**

**COST (European Cooperation in Science and Technology) is a funding agency for research and innovation networks. Our Actions help connect research initiatives across Europe and enable scientists to grow their ideas by sharing them with their peers. This boosts their research, career and innovation.**

# 1. SUMMARY

The overall aim of this Action is to facilitate discussion and share scientific knowledge, perspectives, and best practices concerning the prevention of caregivers' errors occurring at home to implement joint efforts to increase recipients' safety, and to introduce an open dialogue and discussion among all stakeholders about the consequences of the caregiver errors based on a cross-national collaboration that integrates citizens, end users and different disciplines and approaches. Other aims understand and describing factors causing care provider errors, implementing a shame-free and safe environmental for speaking-up about errors, taking care of the economic aspect of this new paradigm, and all the ethical issues that may surround the act of care at home.

This Plan provides an overview of the strategy for communication, dissemination, working with media, intellectual property rights, and involving others in the action. This Plan is crucial in this Action to achieve the expected objectives.

Key objectives:

- Increasing stakeholders' awareness on the consequences of unsafe care and implications for the institutionalization policies
- Raising general awareness of the impact of errors on caregivers (considering gender differences) and their consequences in psychological, social, legal, ethical, and economic terms.
- Facilitating discussion of the ethical and organisational gaps while promoting a common understanding of factors underlying the interventions designed to empower caregivers to assure safe care at home.
- Agreeing on what to do after the occurrence of adverse events, sharing knowledge about research evidence and methods to tackle with these unsafe events.
- Introducing the qualification range of contents, and standards set for caregivers which should be used to capacitate them to provide safe home care.
- To provide a platform to develop an agenda involving relevant stakeholders to promote effective solutions and facilitate discussion of the legal, ethical, social, psychological, economic, and medical issues.
- To create a network for the integration of fragmented initiatives, identifying more effective measures, applying lessons learned and to foster knowledge exchange and dissemination of research results.
- To emphasize the situation of women who sacrifice their personal and professional pursuits to care for their family members.

In this document we use the term Science Communication to refer interventions and tools implemented for sharing our work and results with audiences outside the scientific areas represented by the participants in this Action. These audiences can be industry or SMEs, policymakers, the media or laypersons.

Dissemination is used to describe interventions and tools implemented for sharing results and ideas with our peers, by publishing in scientific journals and/or presenting at conferences, forums, training schools or webinars. This Plan is led by the Science Communication Coordinator (SCC). The SCC is responsible for the relationship with

communication office of the COST Association and co-ordination of the communication and dissemination strategy, which includes tools and channels such as: website, social media, videos, infographics, brochures, etc. SCC implements the decisions of the Management Committee (MC), reports on progress and submits its proposals to the MC, which is responsible for making decisions on the Plan.

Development and the maintenance of websites on caregivers at home to seek alliances could be included as one of the tasks to be done by WG1 as part of this Plan.

## 2. GENERAL AIM AND TARGET AUDIENCES

The specific objectives are to promote importance of development home support system of the caregivers in different contexts and achieve the Action objectives:

- to introduce an open dialogue and discussion among stakeholders about the consequences of the unsafe care at home and based on a cross-national collaboration that integrates different disciplines and approaches, including: legal, educational, professional, and socio-economic perspectives.
- to facilitate discussion and share scientific knowledge, perspectives, legislation and rules, and best practices concerning care errors at home to implement joint efforts to empower caregivers at home
- to investigate gender differences of caregivers
- to encourage discussion of the new care economy meaning by the development of home care support.

The target group of the action are informal and formal caregivers at home and out of healthcare institution, healthcare workforce, patient safety and education researchers, policymakers, managers of healthcare institutions, all professionals' profiles involved in patient safety such as jurists, academics, economists, sociologists, psychologists, students of healthcare sciences, journalists, and the general public.

We can also include associations of volunteers, social workers, patient associations representatives, professional societies (healthcare, legal, and so on context), quality and patient safety national and international agencies and institutions, Health Ministries of the European countries. In this plan we can suggest for each stakeholder that we will develop key messages linked to our aim and results. This should be a task for WG1 and WG2.

To reach the target audiences and hear their voice, we could engage them online or in physical or hybrid events.

Table 1. The channels to be usually used for each of the targets ([https://www.cost.eu/wp-content/uploads/2020/08/Guidelines-for-the-communication-dissemination-and-exploitation-of-COST-Actions\\_final-draft.pdf](https://www.cost.eu/wp-content/uploads/2020/08/Guidelines-for-the-communication-dissemination-and-exploitation-of-COST-Actions_final-draft.pdf)).

Audience	Channel	Tools
<b>Scientific communities, industry, other organisations</b>	Online	Websites (COST Action, university, conferences, etc.), social media, blogs, e-newsletters, e-books, online scientific journals, magazines targeting industry, articles in scientific magazines, videos, podcasts
	Events	Exhibitions, conferences, workshops, seminars, congresses, training school, videos, posters, brochures
<b>Policymakers, national authorities</b>	Online/Print/TV/Radio	Articles for EU policy/research websites & magazines, national/local media, press releases, videos, e-books, interviews, articles for national and/or regional/local press, dailies, weeklies, television, videos, podcasts
	Events	1-on-1 meetings, conferences, workshops, seminars, training school
<b>Layperson</b>	Online/Print/TV/Radio	Social media, educational material (videos), interviews, success stories, press releases, articles for national and/or regional/local press, dailies, weeklies, television, radio
	Events	Info days, lectures, festivals. Special events

### 3. PLAN FOR THE COMMUNICATION OF ACTION RESULTS

The communication strategy is in line with the different phases of the Action:

1) **Design phase** (11/2023- 02/2024): In the first months of the Action, the strategy is focusing on establishing conditions for successful communication and dissemination involving all MC Members in the different Working Groups (WG) to contribute the communication and dissemination activities in international, national and local levels. With MC Members, objectives for communication and dissemination activities will be specified

more precisely. The methods and channels will be described, likewise the roles of the MC members. Metrics for evaluating the results will be set.

2) **Implementing phase** (03/2024-01/2027): The WGs are actively implementing their agenda having ongoing dialogue with different stakeholders. The communication strategy is designed to maintain continuous and steady communication and dissemination. The results of the communication and dissemination are measured and evaluated regularly in every three months.

•Section 1. Describe good experiences and suggestions by the members themselves

• Section 2. Collecting the opinion of top researchers, patient representatives, policymakers, managers and staff of healthcare institutions

• Section 3. Promoting the activities (for example Short Term Scientific Missions) of the younger researchers

3) **Summarizing phase** (02/2027-10/2027): Most activities are concluding towards the end.

The communication strategy will focus on intensifying the dissemination of supporting caregivers at home to promote exploitation and sustainability of the results.

In communicating, different tools will be used to reach the target audiences attention and interest, these may include:

- Website
- Newsletters
- Number of the day (periodic online questionnaire for members)
- Social network
- News in Media
- Interviews in TV, radio, podcasts, etc.
- Videos
- Storytelling
- Workshops
- etc.

## 4. PLAN FOR THE DISSEMINATION OF ACTION RESULTS

Dissemination is used to describe interventions and tools implemented for sharing results and ideas with our peers, by publishing in scientific journals or presenting at conferences, forums, training schools or webinars. The language used is scientific language. The dissemination channels are peer-review journals, scientific conferences, ResearchGate, etc.

**Permanent:** The permanent communication and dissemination activities are establishing and managing of a website of this Action. The website will include working papers, depository of best practices, database of proved interventions, blog entries, and other key outputs such as technical and scientific reports, publications, guidelines (including checklists), case studies, training manuals, and news and accessible reports for the general public.

The website will act as a platform to provide updated information about the Action and other relevant links (such as a repository of good practices enhancing changes in healthcare institutions), host reports and other documents produced during this Action, and invite

potential new members to join this Action. To create a dialogue between the project members and the users of the website "outside the Action" (patient associations, scientific and professional societies, general public and healthcare managers and providers), it is important that we include a channel in the website for contact us or a chat. The website will also support registration in the various activities during the duration of this Action.

**Non-permanent:** Activities include an international forum, number of national workshops (each partner will organize a national workshop throughout the project), and two Training Schools with all stakeholders invited to participate. Associations of volunteers, social workers, patients' representatives, professional organizations and policy makers will be invited to involve in active participation. In addition, STSMs will enable mobility between partners, particularly residents, novel formal caregivers, physicians, pharmacists, nurses, and PhD students.

Media communication and public announcements will be made by participants in this Action to increase dissemination and public attention to the activities of the Action.

The implementation of activities at national level in participating countries will require face-to-face meetings and informal meetings. In addition, two online meetings will be held yearly for the international management and coordination of the project. Social media will be used to maximize dissemination and debates; particularly geared towards general public (it is envisaged weekly question through the blog and the tool offered by LinkedIn, Facebook, Twitter, monitored through the Google Analytics and Twitter Analytics tool, which will allow us to better adapt to the audience).

The Action's dissemination activities as well as the dialogue with the general public will mainly be implemented by the Leaders of the Working Group 1 (WG; see section MoU 4.1.1), but will require input from the other WGs and, in many cases, from the Management Committee (see section MoU 4.1.3). The latter will participate in exploitation activities. All Action members will be encouraged to participate in dissemination activities, particularly those on social media.

In disseminating, different tools will be used to reach the target audience such as:

- Scientific publications
- Technical Reports
- Workshops
- Webinars
- National and International Conferences and Forums.
- Training Schools
- STSM
- Good practice repository
- Case Study of proved intervention
- Training Manual for implementing proved intervention

## 5. PLAN FOR THE VALORISATION OF ACTION RESULTS

Valorisation is a term used to describe the use of Action results by specific target audiences, resulting in a potential significant impact on society, economics, or policy. To gain a better understanding of what's happening with Action in the social sphere, social media metrics will be monitored during the Action period. The monitoring process will look at indicators

such as national audience index score studies, website visits, downloads of materials, followers, and impressions on social media. Using these metrics, it is possible to assess the level of interaction, popularity, and impact of a website, content, or brand across various platforms. To evaluate the effectiveness of communication strategies and understand audience behaviour and preferences, social media engagement and reach metrics are crucial. Other indicators, such as the number of attendees at meetings, association representatives, and other stakeholder groups, can also be measured.

The creation of a mechanism to collect ideas for building new connections within and outside the Action is necessary, with a focus on patient associations, scientific and professional societies, international institutions, and others. What methods can we use to highlight our public policy proposals, provide advice, and reach decision makers using evidence-based decision-making/policymaking?

The Action is dedicated to creating innovative ideas, concepts, and products. Some of these may involve intellectual property rights. Identification, exploitation, and protection are the primary principles of IP management. When applicable, the Action communication and dissemination plan should include a plan for protecting and exploiting intellectual property. (ANNOTATED RULES FOR COST ACTIONS- page 11 , <https://www.cost.eu/uploads/2022/12/COST-094-21-Annotated-Rules-for-COST-Actions-Level-C-V1.3.pdf>)

Background IP means any tangible or intangible input, from data to know-how, information, or rights that existed before the action started and that is needed to implement the COST Action or to exploit its results. Background IP disclosed by any participant to any other participant in the course of and for use in a COST Action shall at all times remain the exclusive property of the participant who introduced the background IP for use by the COST Action. (Guidelines for communication, dissemination and exploitation of COST Action results and outcomes 2017.)

Everyone involved in a COST Action is required to follow the COST Code of Conduct, which has provisions on confidentiality and IP. In this CA22152 action, IPR is protected. (Guidelines for communication, dissemination and exploitation of COST Action results and outcomes 2017). For example, in the Training Manual.

## ANNEX 1: LOGOS



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