

DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
<i>- 'EMOTIONAL SUPPORT GROUP FOR CARERS IN BARCELONA' -</i>	
2. Organisation responsible for the practice	
Barcelona Provincial Council, Spain	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. Summary of the practice	

Carer support groups were first established in 2009 after the signing of the agreement (no longer applicable) between the Department of Social Welfare and Family (Catalonia Government), the La Pedrera Foundation and the Barcelona Provincial Council (BPC).

Before the agreement, BPC offered training and carer support groups in cooperation with the Red Cross, but following the signing of the agreement, BPC has only offered carer support groups. This practice refers to the current programme that is not based on any agreement between institutions (Catalan Government and La Pedrera Foundation) except BPC and municipalities.

The overall objective is to improve the quality of life of non-professional primary carers of dependent people through a programme that facilitates emotional support and social interaction between caregivers who share similar situations.

The carer support groups, currently led by the BPC, constitute a model of care for caregivers based on a methodology of psychosocial intervention that aims to address the challenges associated with caring for someone.

In the first year (2009), 20 groups were created. By 2015, the number of groups had increased to 75, and the total number of groups established over the six-year period was 297, spread over 118 municipalities.

What worked well:

- The Goldberg test results show lower levels of anxiety/ stress after participation in the groups.
- The programme achieved high levels of satisfaction among its participants.
- Attendees of the groups have been willing to share their experiences and talk about their care situations.
- The overall very positive evaluations of the groups and the widespread demand from caregivers to continue the group sessions indicate how useful they are and how valuable a resource they are for municipalities.
- The very purpose of the groups: supporting informal caregivers emotionally and creating relationships between the participants, which often continue after the end of the group.

What didn't work well:

- Up to now, the Carer Support Group programmes usually started just before the summer holiday months, which made it more difficult to organise the initial phase.
- The information that was sent to participants before the start of the group meetings was not clear and comprehensive enough, which often led to uneven expectations, which led a few people even to leave the group.
- Another reason why people left the group was that there was nobody to take over care duties whilst the caregiver was participating in the group, given that no free home care services were provided.
- A number of participants said that the 15 hours were insufficient and they would have liked more sessions with their support group.

5. National/regional/local context of the practice

The approval of both the Act on Promotion of Personal Autonomy and Care for Dependency (39/2006) and the Act of Social Services (12/2007) was a turning point in the promotion of initiatives which support caregivers, leading to the creation of the carer support groups in the Barcelona region.

6. Staff involved

Municipalities: Municipal officers who are responsible for social services provision identify eligible people to participate in the groups. It is also the responsibility of the local council to provide a meeting room for the group that is accessible and safe and that allows for the necessary confidentiality and privacy of the group.

The Council also manages and coordinates the logistical organisation, implementation and evaluation of the groups in each municipality.

Suppliers: The service providers are responsible for conducting the sessions. The group activities are tracked monthly against a set of indicators, and after the last session of each group, a final report is produced for the Barcelona Provincial Council.

At the beginning of the initiative in 2010, three provider organisations participated. In 2015 there were eight participating provider organisations from the third sector. Barcelona Provincial Council is responsible for designing, planning and implementing the programme, in addition to financing the programme.

7. Target group

The carer support group is targeted at non-professional primary caregivers, regardless of whether their care provision had a degree of dependency recognised under the Dependency Act.

Prior to joining support groups, some of the caregivers participated in training programs with the Department of Social Welfare and Family of the Catalan Government, while others accessed the group directly.

The municipal social services councils in the province of Barcelona were responsible for the selection and referral of participants. The application to join one of the support groups can either be made proactively by social services providers who detect informal carers in need of support or by the caregivers themselves.

8. Aims of the practice

The aim of the initiative was to improve the quality of life of non-professional caregivers by facilitating mutual emotional support and interaction between caregivers in the same situation.

9. Issues for social services

Service Integration/ Cooperation across Services		Service Planning		Contracting	
Technology		Skills development (of the workforce)	x	Quality of services	x
Prevention and rehabilitation		Participation of service users		Volunteering	

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)		Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	x

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro-level practice:* a practice that involves individuals at the local level
- *Meso-level practice:* a practice that involves organisations or communities
- *Macro level practice:* a practice that involves large population groups

Meso

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisational management: The project is led and funded by the Barcelona Provincial Council. Through the initiative, participating organisations are showing their commitment to working together on a regional model of coordinated nonprofessional care provision.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

The carer support groups are part of the service portfolio of the Barcelona Provincial Council. The municipalities have to apply to take part in the programme.

The BCP commissions third-sector social services providers to organise the service of the support groups in the municipalities, including coordinating and defining the contents of the service and compiling evaluative reports.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for an ongoing dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

The project specifically targets caregivers rather than service users.

The methodology underpinning the support groups is based on group dynamics, meaning that the interaction between the members and the issues discussed are based on participants' experiences, interests, needs, feelings and fears.

Each group has 15 hours that are spread over ten weekly sessions following a set structure:

Nine sessions of group dynamics: These sessions are conducted by a psychologist who is an expert in group dynamics. During these sessions, the group itself decides what subject will be discussed, depending on their needs, preferences and concerns. In the first session, the [Goldberg test](#) was introduced to the participants, which highlights signs and symptoms associated with depression.

In this last session, the facilitator closes the group and conducts the evaluation consisting of a satisfaction survey and a second completion of the Goldberg test.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house.'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

Barcelona Provincial Council is responsible for designing, planning and implementing the programme and funds the programme together with the participating municipalities. Below is the cost of the project broken down by each year.

2010: 50,250 EUR

2011: 60,250 EUR

2012: 80,250 EUR

2013: 97,000 EUR

2014: 108,725 EUR

2015: 119,830 EUR

Other resources:

A psychologist chairs, monitors and evaluates the group meetings, assesses the participants' situation, and provides them with tools and resources.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method*: use of both a qualitative and a quantitative approach
- *Single method*: qualitative or quantitative approach
- *Audit*: looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal*: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

The psychologists collected data from each group against a set of quantitative and qualitative indicators using the following variables:

- Attendance and absences in the group.
- Profile of attendees: gender, age, length of care provided, relationship with the person they care for, and whether the care provided is being recognised under the Dependency Act.
- Satisfaction survey for participants to fill in after the last group meeting to give feedback on the activity overall, the chair of the group, the space in which the meetings took place, duration and time, and overall satisfaction with the group. The participating caregivers also have the opportunity to suggest aspects that could enhance the group.
- Since 2014, the Goldberg test has been conducted at the beginning and the end of each group in order to assess to what extent caregivers' anxiety had decreased and what other positive effects participation in the support group had on caregivers.

17. Measurable effects of the practice and what it has achieved for...

Service users	n. a.
Formal caregivers	n. a.
Informal carers	<p>Feedback indicates that the support group has improved participating caregivers' self-esteem and quality of life.</p> <p>It helped caregivers to:</p> <ul style="list-style-type: none"> • reduce feelings of anxiety, guilt, sadness and loneliness; • verbalise problems and concerns in context; • analyse their overall situation as well as specific circumstances; • accept the loss of autonomy of the person they were caring for;

	<ul style="list-style-type: none"> • reduce behavioural problems such as eating or sleeping disorders;
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	<ul style="list-style-type: none"> • address attitudes of passivity, denial, victimhood, etc.; • regain control over their lives and develop strategies to cope with feelings of social isolation.
Organisations	The feedback caregivers provided in the satisfaction survey gave the group organisers more information about their problems and concerns and allowed them to get a better insight into caregivers' feelings as well as recognise the value of sharing experiences with other caregivers.
Other	n. a.

18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	Better support for the caregiver can lead to an improved level of care for the dependent person.
Formal caregivers	n. a.
Informal carers	Improvement in the quality of life for non-professional caregivers through mutual emotional support and interaction by participating in the support group.
Organisations	The organising body is more in touch with the circumstances and challenges facing caregivers.
Other	n. a.

19. How the practice has changed the way the service is provided (lessons learned)

The growing number of support groups being set up and positive feedback demonstrates that this is an effective strategy for providing a level of support to carers and highlights the importance of mutual support facilitated by the group network.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- *Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward •
Established: the project has been operational for several years

Established: The project has been operational for several years. The increasing demand for the service, the high satisfaction of people attending groups and the incorporation of the initiative in the service portfolio of the BPC indicate that the project can be sustained in the long run.

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential for transferability: there is considerable interest from outside organisations. Elements of the initiative have been taken up and used elsewhere, and material for transferability (training material) has been developed.

22. Further information

More information on: <http://www.diba.cat/web/benestar/gsam> Presentation of the Carers Support Group (in Spanish) [here](#)