Fair Care

Fair Care Methodology

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1. Introduction to the idea behind FairCare

The long-term care sector in Europe is marked by significant challenges: demographic ageing, increasing life expectancy, and evolving family structures have reshaped both the demand for care and the way care is organised. In many countries, informal caregivers continue to play a crucial role, often without sufficient support, while formal care systems remain fragmented and difficult to navigate.

Within this framework, FairCare proposes a shift in perspective: care is understood as a relational process, and its actors (people with care needs, informal carers, and professional carers) are placed on an equal footing, encouraging collaboration, communication, and shared learning.

FairCare proposes a comprehensive training programme, designed to empower people with care and support needs to exercise greater self-determination in the support they receiv. It also aims to improve communication between people in need of care, informal carers and formal care professionals, and to create spaces where experiences are exchanged and knowledge is co-constructed. This approach promotes autonomy, mutual understanding, and a redefinition of care quality as something built collectively through relationships and practices.

The methodological approach

FairCare introduces a holistic and inclusive training approach based on equal cooperation between three key groups: people with care needs, informal carers, and formal care professionals. Its innovation is grounded in three main methodological approaches:

The multi-stakeholder approach that promotes balanced power relations and equal participation among all actors involved in care processes. This approach draws from the FairShares model, a participatory governance framework that recognizes multiple stakeholders as equal contributors, acknowledges the importance of the human and social capitals, and emphasizes collaborative decision-making processes. Applied to FairCare, this model enhances recognition of relational and experiential knowledge, promotes inclusive participation in decision-making, and supports the development of flexible and sustainable care structures. Its implementation requires long-term commitment, transparency, and continuous training.

The peer counselling approach that positions participants as both learners and contributors, valuing experiential knowledge and fostering collaboration on an equal footing. Peer counselling is a structured form of support based on shared experiences, empathy, and mutual understanding. Unlike informal peer support, it follows defined methodologies and aims to empower individuals to develop their own solutions. Applied to FairCare, this model ensures equality between counsellor and client, empowerment and self-determination, experiential knowledge sharing and non-directive guidance. While highly effective, peer counselling also presents challenges, such as emotional involvement, limited professional training, and role ambiguity. These challenges can be mitigated through supervision, structured training, and collaboration with professional services.

The Social Innovation Education approach (SIE) that supports the development of communication, resilience, and change-making skills to enable participants to contribute to sustainable social change. Social Innovation Education is an educational approach centred on co-creation, collaborative learning, and problem-solving. It enables participants to develop key competences such as communication, teamwork, and creative thinking. Applied to FairCare, this approach enhances co-creation, allows all target groups to collaboratively design and implement care solutions, fostering mutual understanding and shared responsibility. Design thinking methodologies further support the development and testing of innovative ideas through iterative processes.

Together, these three approaches create an inclusive learning environment that enhances both individual empowerment and collective problem-solving.

Based on these approaches, the FairCare training programme is structured into three core modules:

- **Peer training**: enabling people with care/support needs and their caregivers to become peer counsellors and support others in articulating their needs and strengthening self-determination.
- **Co-operation training**: joint learning activities for all target groups aimed at improving communication, collaboration, and mutual understanding.
- **Community training**: strengthening local support networks and promoting solidarity-based approaches within care practices.

These modules are delivered both face-to-face and online, supported by digital tools including video tutorials, online courses, and collaborative platforms.

Other key principles of the FairCare methodology:

Environmental sustainability: FairCare promotes environmentally responsible practices, including digital learning and hybrid participation formats. It aligns with international policy frameworks, such as the UN Sustainable Development Goals, and adopts a flexible and context-sensitive approach to sustainability, recognising that individual needs—particularly those of people in need of care—may require adaptations that impact environmental footprint.

Inclusion: FairCare promotes a model of inclusive society in which diversity is recognised as a fundamental and enriching element, with inclusion as its ultimate goal. Despite existing policies, most European societies remain primarily integrative rather than fully inclusive. Key barriers include persistent stereotypes and lack of knowledge, inaccessible infrastructures and services, and societal attitudes that limit participation. Achieving inclusion requires not only structural changes but also shifts in attitudes, based on knowledge, empathy, and respect for diversity.

FairCare represents an innovative and forward-looking model for long-term care systems. By combining participatory approaches, digital tools, and inclusive learning environments, it promotes self-determination, social inclusion, and improved quality of life. Inclusive, responsible, and environmentally sustainable care systems are necessary and achievable in contemporary European societies.

2. Country contexts analysis

The country context analysis was based on a comprehensive desk research approach examining the long-term care sector across the partner countries (Germany, Cyprus, Hungary, Italy, Ireland, and Spain). This analysis was complemented by the identification of best practices and will be further enriched by focus group findings exploring the needs, preferences, and challenges of three key stakeholder groups: people in need of care, informal carers, and formal carers.

The findings highlight significant diversity in care systems, reflecting different legal, cultural, and organizational frameworks. While some countries, such as Germany and Ireland, are moving towards more decentralized and home-based care models, others—like Hungary—retain more centralized systems. Cyprus stands out for its fragmented structure and strong reliance on informal and migrant carers, while Italy and Spain continue to be shaped by family-based care traditions.

Despite these differences, several common challenges emerge across all countries. These include persistent staff shortages, heavy reliance on informal caregiving, insufficient integration between health and social care systems, and increasing demand driven by demographic ageing. The long-term effects of the COVID-19 pandemic have further exposed structural weaknesses, particularly in residential and community care. Additionally, funding gaps and limited workforce development threaten the sustainability of existing systems.

In response to these challenges, a range of innovative programmes has been identified. These can be grouped into four main categories:

- **Community-based and inclusive living models**, which promote local support networks and early intervention;
- **Technology-enabled solutions**, enhancing safety, training, and communication;

- **Support initiatives for informal carers**, addressing their need for relief and guidance;
- **Home and personalised care services**, focusing on autonomy and tailored support.

Across these initiatives, a common trend is the shift towards person-centred and community-based care, enabling individuals to remain in their homes and maintain independence.

However, significant unmet needs persist. These include limited support and training for informal carers, insufficient participation of care recipients in decision-making processes, and a lack of coordinated communication among stakeholders. Innovative responses are emerging, yet they remain unevenly distributed across countries.

In this context, FairCare addresses shared needs by promoting collaboration, communication, and empowerment among all actors involved in care. While national differences exist, the overarching need for more inclusive, participatory, and integrated care systems is evident.

A notable best-practice example is the **Cyprus Respite for Carer Programme**, which provides temporary relief to informal carers through home-based support, day-care services, or short-term institutional care. Although this programme reflects increasing recognition of carers' needs, it also highlights ongoing challenges, such as administrative burdens and reliance on financial allowances rather than structured services. This underlines the importance of improved coordination and communication within care systems.

The comparative analysis reveals a broader European transition from fragmented and institutional care models towards more integrated, community-based, and person-centred approaches. Nevertheless, informal caregiving remains dominant in several countries, often without adequate support. Furthermore, people in need of care are still insufficiently involved in shaping care practices.

FairCare responds to these gaps not only as a practical solution but as a social justice initiative, aiming to enhance dignity, inclusion, and equality for all actors within the care ecosystem.

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3. User needs analysis

The survey was conducted across all partner countries between May and June 2025, through a questionnaire submitted to the three targets either in presence or online. The questionnaire was structured in four sections, aimed to explore and analyse:

- the characteristics of target groups,
- the challenges featuring the specific care systems,
- the conflictual and common aspects emerged from the answers,
- the qualitative feedback provided by the respondents through the answers to open questions.

The survey collected a total of 226 responses:

- people in need (87),
- informal caregivers (72),
- formal caregivers (67).

This document reports the findings emerged from the answers provided by the three targets, which form the basis for the development of targeted training recommendations within the FairCare project.

Results from people in need

Participants were well distributed across countries, with particularly strong representation from Spain and Italy. Most respondents live with family members, confirming the central role of informal care across all contexts. Notably, a significant proportion (33%) reported not being part of any formal care system, particularly in Spain.

Among those receiving care, the most common challenges include:

- **Cognitive difficulties**, especially memory and concentration issues;
- **Physical limitations**, particularly mobility and hearing impairments.

While these challenges are consistent across countries, significant differences emerge in participants' competences. Financial management is identified as the most difficult task overall, and digital skills vary widely, with strong disparities between countries (e.g., high competence in Hungary versus significant difficulties in Cyprus).

Informal caregivers, especially family members, predominantly carry out care provision across all countries. Professional care represents a secondary source of support, though its availability and form differ significantly. In some contexts, such as Cyprus, care is often mediated through institutional settings, while in Italy and Germany, live-in caregivers play a major role.

Support is mainly focused on daily living activities (housekeeping, hygiene, shopping), reflecting reduced autonomy due to mobility limitations.

Although 28% of respondents report a high degree of autonomy, a larger proportion (43%) rarely participate in decision-making, often delegating choices to family members. Significant cross-country differences exist, with lower autonomy reported in Italy and Crete.

Social isolation varies across contexts, being more prevalent in Italy and Hungary, while less pronounced in Germany. Satisfaction with care systems is generally positive but uneven, with some respondents reporting negative emotional experiences such as loneliness, sadness, and infantilization.

Participants associate self-determination with independence and freedom from reliance on others. However, they report limited involvement in decisions related to finances and health.

Barriers to social participation include mobility limitations, architectural obstacles, and lack of accessible opportunities for interaction, especially in rural areas. A recurring need is the increased availability of qualified professionals, improved accessibility, and clearer information about social opportunities.

Results from Informal Caregivers

Informal caregivers are predominantly female (81%), confirming the gendered nature of caregiving. They are mainly adult children or parents of the person in need, reflecting intergenerational care dynamics.

Caregivers report to be primarily responsible for the financial management, household tasks and mobility support.

Emotional experiences vary significantly. While some report positive feelings, stress is widespread, affecting around 40% of respondents. Country-specific differences are notable: Spanish caregivers report high levels of distress, while Hungarian caregivers feel more supported.

Overall, more than half of respondents feel insufficiently supported by the care system. The most requested forms of support are respite time, psychological support and opportunities for emotional exchange.

In contrast, technical training and practical tools are less frequently requested, although country-specific differences exist (e.g., Italian caregivers prioritize accessibility tools).

A key contradiction emerges between generally positive survey ratings and deeply negative qualitative responses, indicating hidden distress. Across countries, caregivers consistently express a lack of support, insufficient time for themselves and their private lives, the need for better communication and involvement.

National differences highlight specific needs, such as financial support (Hungary), psychological support (Spain), and practical assistance (Italy).

The answers to the open questions confirm the lack of time and the financial burden as the main practical problems informal caregivers must face in their caring tasks. Emotional strain and the difficulties in balancing caregiving with personal life are equally stressed.

Finally, informal caregivers report limited participation in care systems and challenges in communication with both family members and professionals.

Results from Formal Caregivers

Formal caregivers are predominantly female (91%) and highly experienced, with over half having more than 10 years of professional experience. Most are healthcare professionals (e.g., nurses, social health operators) managing multiple patients, often under demanding conditions.

The formal caregivers' tasks focus mainly on personal hygiene, mobility support and medical care.

Only a minority perform tasks typically associated with informal caregiving, reinforcing the reliance on families for daily support.

While survey responses suggest generally positive emotional experiences, further analysis reveals significant levels of stress and workload, particularly in Italy and Germany.

Formal caregivers express strong needs for emotional and psychological support, practical training for skills development and improved work conditions.

Communication and participation within care systems vary widely. Some professionals feel included and valued, while others report limited involvement and weak communication with families and care recipients.

Caregivers emphasize the emotional burden of their work, including the need to manage both physical and psychological demands. Key challenges include staff shortages, high workloads, and complex relationships with families.

Suggested improvements include increased staffing, better financial recognition, smaller care groups and improved organizational structures.

Cross-Cutting Analysis and Key Findings

Across all groups, several common patterns emerge:

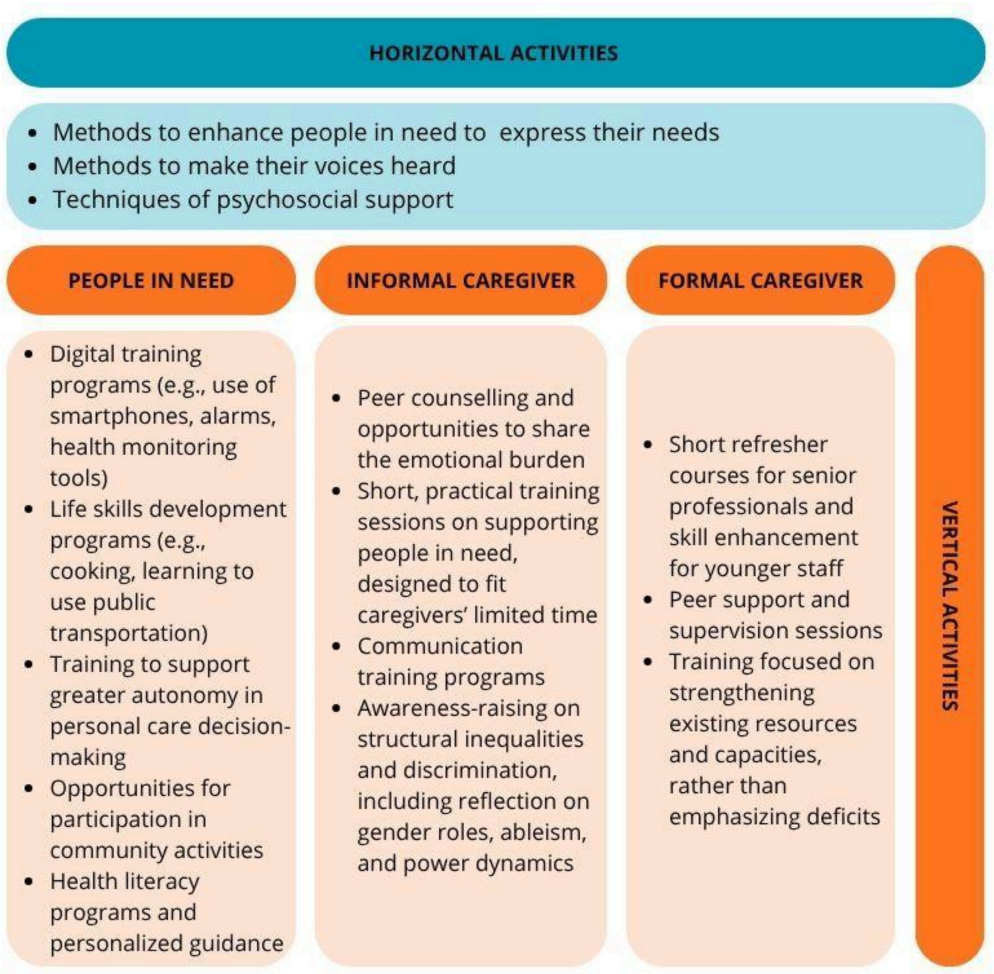
- Strong reliance on informal care, often without adequate support;
- Communication gaps between the three targets and other stakeholders;

- Limited participation of people in need and caregivers in decision-making;
- Emotional strain affecting both informal and formal caregivers;
- Structural inequalities, including gender imbalances in caregiving roles.

At the same time, discrepancies between quantitative and qualitative data suggest that underlying challenges are often underreported in structured survey responses.

The survey highlights both shared challenges and country-specific differences within European care systems. While there is a clear movement towards more inclusive and person-centred approaches, significant gaps remain in terms of support, communication, and participation

Based on the findings, the FairCare training priorities can be summarized as follows:



HORIZONTAL ACTIVITIES

- Methods to enhance people in need to express their needs
- Methods to make their voices heard
- Techniques of psychosocial support

PEOPLE IN NEED

- Digital training programs (e.g., use of smartphones, alarms, health monitoring tools)
- Life skills development programs (e.g., cooking, learning to use public transportation)
- Training to support greater autonomy in personal care decision-making
- Opportunities for participation in community activities
- Health literacy programs and personalized guidance

INFORMAL CAREGIVER

- Peer counselling and opportunities to share the emotional burden
- Short, practical training sessions on supporting people in need, designed to fit caregivers' limited time
- Communication training programs
- Awareness-raising on structural inequalities and discrimination, including reflection on gender roles, ableism, and power dynamics

FORMAL CAREGIVER

- Short refresher courses for senior professionals and skill enhancement for younger staff
- Peer support and supervision sessions
- Training focused on strengthening existing resources and capacities, rather than emphasizing deficits

VERTICAL ACTIVITIES

FairCare is well positioned to address these issues by promoting collaborative learning, strengthening stakeholder interaction, and enhancing the autonomy and well-being of all actors involved in the care process.

4. Approaches to learning and training

The FairCare methodology provides a comprehensive and person-centred framework for learning and collaboration in long-term care for elderly people and people with disabilities. It is grounded in the idea that all individuals involved in care—care receivers, informal carers, and formal carers—possess valuable knowledge and experience. Rather than viewing care as a purely technical or medical activity, FairCare conceptualizes it as a social relationship based on respect, equality, and cooperation.

The methodology aims to move beyond traditional hierarchical models of care, where professionals dominate decision-making, toward a shared learning partnership in which all voices are equally valued. In this perspective, learning and care are interconnected: care becomes a space for learning, and education becomes a tool for improving care quality.

FairCare promotes self-determination and empowerment, particularly for people in need of care, while fostering collaboration among stakeholders at local, national, and European levels. It also integrates blended learning approaches, combining face-to-face interaction with digital tools, to enhance accessibility and digital competences.

Core principles of the FairCare methodology

The methodology is built on three core principles:

Peer Learning, which emphasizes mutual exchange of knowledge and experience among participants;

Social Innovation Education, which encourages creative problem-solving and new approaches to organizing care;

Multi-Stakeholder Cooperation, which promotes shared responsibility among care receivers, carers, and institutions.

These principles support key objectives, including:

- strengthening self-determination and independence of people in need;

- promoting equality between informal and formal carers;
- fostering inclusive and accessible learning environments;
- improving the quality of care and relationships;
- enhancing digital readiness;
- supporting the development of community networks.

By integrating these elements, FairCare challenges traditional care structures and promotes a more democratic, participatory, and sustainable model of care.

PRACTICAL IMPLEMENTATION OF THE METHODOLOGY

FairCare learning takes place in small, diverse groups, either in person or online. Training sessions are based on real-life experiences and include discussions, role-playing, and collaborative problem-solving activities. This experiential approach ensures that learning is both practical and emotionally meaningful.

Digital tools—such as video tutorials, online platforms, and virtual meetings—are integrated to provide flexibility and allow participation for individuals with mobility or time constraints.

Learning outcomes extend beyond technical knowledge and include:

- improved communication skills,
- increased confidence,
- stronger social connections,
- enhanced sense of belonging.

LEARNING OBJECTIVES FOR TARGET GROUPS

FairCare defines specific learning objectives for each group, while also promoting shared goals across all participants.

People in Need of Care

The methodology empowers individuals to become active participants in their care. They develop the ability to:

- understand and claim their rights,
- communicate needs and preferences,
- participate in decision-making,
- build digital skills,
- strengthen self-confidence and social connections.

Informal Carers

Informal carers are supported in transforming their role from an isolated responsibility into a recognized and shared practice. They learn to:

- apply person-centred care approaches,
- manage stress and prevent burnout,
- communicate effectively,
- balance caregiving with self-care,
- engage in peer support and use digital tools.

Formal Carers

- Formal carers enhance their professional expertise with emotional and relational competences. They develop skills to:
- collaborate with families and care receivers,
- communicate with empathy,
- apply FairCare values in daily practice,
- integrate cultural sensitivity,
- facilitate peer learning environments.

Learning Objectives shared by the three groups

Across all groups, FairCare promotes:

- empathy and emotional intelligence,
- effective communication,
- teamwork and cooperation,
- awareness of fairness and human rights,
- basic digital literacy,
- reflective thinking and social participation.
- This holistic approach combines knowledge, skills, and attitudes, fostering both personal growth and practical competence.

FairCare adopts a **blended learning model**, combining:

- face-to-face activities, such as workshops, discussions, and peer exchange;
- online learning, including e-learning platforms, video tutorials, and virtual meetings.

This approach ensures accessibility for participants regardless of age, mobility, or background, while maintaining flexibility and inclusiveness.

The methodology is based on key educational principles, acknowledging learners as co-creators of knowledge, respecting individual dignity and promoting inclusive participation for all.

EDUCATIONAL METHODS AND STRATEGIES

FairCare integrates several adult learning approaches, including the constructivist learning, where knowledge is built through experience; the experiential learning, which promotes reflection and practice; the peer learning, which fosters collaboration. Besides, FairCare aims to promote community-based learning, which extends learning beyond the classroom, as well as reflective practices, aimed to foster self-awareness.

The training techniques include dialogue and storytelling, group work and peer counselling, role-playing and simulations, reflection activities, use of visual and digital tools.

These methods create an engaging and inclusive learning environment, supporting both emotional and practical development.

Accessibility is a central component of FairCare. Training environments—both physical and digital—are designed to be inclusive, ensuring clear and simple language, multiple formats (audio, large print, subtitles), accessible spaces and assistive technologies.

Digital tools such as Moodle, video conferencing platforms, and collaborative applications are used to enhance participation and interaction.

In this context, trainers act as facilitators rather than authority figures, promoting equality, encouraging participation, and adapting learning to individual needs. They support reflection, provide constructive feedback, and guide participants in using digital tools.

The FairCare educational strategy is expected to enhance greater self-awareness and empathy, to improve communication and teamwork, to increase digital confidence, to strengthen the sense of belonging and community, to ameliorate the quality of care and well-being.

By combining emotional learning with practical skills, FairCare creates inclusive learning communities that extend beyond training and contribute to long-term social impact.

The FairCare methodology represents an innovative and inclusive approach to learning in long-term care. By emphasizing empowerment, cooperation, and shared responsibility, it transforms care into a collaborative and educational process. Through blended learning and peer exchange, FairCare fosters communities based on fairness, dignity, and mutual support, promoting a vision of care that is not only efficient but also deeply human and socially just.

5. The FairCare Toolbox

The FairCare Toolbox is a set of digital and practical tools designed to facilitate **equal dialogue and collaboration** among the three main target groups in long-term care: people in need of care, informal carers, and formal carers. Its main purpose is to enable active participation, shared decision-making, and continuous exchange of experiences, addressing a common gap in care systems where these groups rarely interact on equal terms.

The toolbox includes three core components:

- **Digital collaboration tools,**
- **Video tutorials,**
- **E-learning platform**.

These resources are accessible and inclusive, allowing users with different skills and needs to engage effectively. A key element is a dedicated digital collaboration space (e.g., Discord), which supports everyday communication more effectively than traditional website forums. In addition, a project website provides information, training materials, and updates in multiple languages.

The **video tutorials** (10 in total) and the **Moodle-based e-learning platform** deliver training content developed directly from the needs and contributions of the target groups. This ensures that learning materials are practical, relevant, and oriented toward improving self-determination, competence, and cooperation in care contexts.

The toolbox is closely linked to the **FairCare Training Centres**, which act as local hubs for learning, counselling, and peer support. These centres provide access to digital resources while fostering community engagement and inclusive participation at the local level.

> Overall, the FairCare Toolbox bridges the gap between theory and practice by promoting communication, mutual learning and cooperation. It supports the creation of more democratic, inclusive, and person-centred care systems, where all stakeholders can contribute to improving quality of care and quality of life.

6. Implementation of Training Centre

The implementation of FairCare Training Centres should be understood as a methodological and pedagogical process. The Training Centre functions as a local, inclusive, and collaborative learning environment where people in need of care, informal carers, and formal carers engage in shared learning, reflection, and co-creation. It serves both as a space for delivering training and as a community hub for strengthening self-determination, communication, and cooperation in care relationships.

The implementation is based on four interrelated conditions, interacting to create a socially innovative and sustainable educational model:

Understanding the social environment and the context conditions: a Training Centre must be grounded in its local context, reflecting demographic, social, and cultural realities. Their implementation requires a contextual analysis that considers diversity and intersectionality, recognizing that care needs vary depending on factors such as age, disability, gender, socioeconomic status, and social isolation. Mapping the local care ecosystem is essential to identify services, organizations and networks already in place. This allows the Centre to complement existing structures, avoid duplication, and add value through improved communication and cooperation.

Accessibility is a core principle and must include physical, digital, and communicative dimensions, ensuring participation for all. Additionally, alignment with local policies and governance structures supports legitimacy, sustainability, and long-term integration.

Ensuring stakeholders’ participation: the FairCare model is based on the active involvement of three main groups. Participation must be voluntary, inclusive, and ethically safeguarded, with particular attention to power imbalances between groups. Participation strategies should ensure diversity and inclusion, reaching individuals who may otherwise be excluded due to mobility, digital barriers, or social marginalisation. Ethical considerations include informed consent, privacy, emotional safety, and mechanisms to manage conflicts or sensitive situations. Support structures—such as facilitation, communication assistance, and digital guidance—are essential to enable equal and meaningful participation.

Designing inclusive learning environments: the FairCare learning environment is multidimensional, including physical, relational, and pedagogical aspects.

Physically, spaces must be accessible and adaptable, supporting different needs and rhythms of participation.

Relationally, the environment should foster trust, mutual respect, and dialogue, especially important given the diverse experiences and potential inequalities among participants.

Pedagogically, the approach is participatory and experiential, focusing on real-life care situations, peer learning, and collaborative problem-solving. Learning is not about transmitting knowledge, but about transforming relationships, practices, and attitudes.

Establishing cooperative partnerships: cooperation is central to FairCare. Training Centres must be embedded in local partnerships involving care organisations, community groups, public institutions, and educational providers. These partnerships enhance outreach, legitimacy, and sustainability, while ensuring that the Centre is integrated into the local ecosystem. Cooperation is therefore both a methodological principle and a practical requirement.

ORGANIZATIONAL AND EDUCATIONAL STRUCTURE

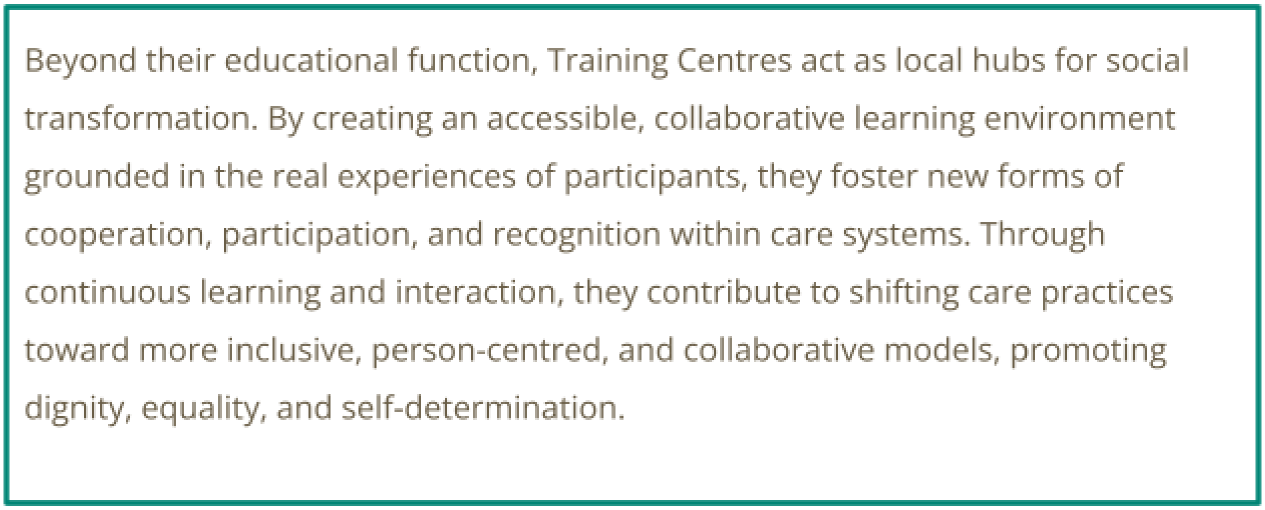
The organisational structure translates FairCare principles into practice. Training Centres operate as non-hierarchical, collaborative spaces, where all participants contribute as learners and knowledge holders. The model includes three interconnected training strands:

- Peer training for people in need of care,
- Cooperation training involving all groups,
- Community training addressing the broader environment.

Learning formats remain flexible but consistently dialogic, inclusive, and practice oriented.

Facilitators play a guiding rather than authoritative role, supporting dialogue, participation, and co-creation. They create safe environments, balance power dynamics, and encourage mutual learning. The relationship between facilitators and participants is partnership-based, recognising the equal value of professional knowledge, informal experience, and lived experience. Special attention is given to building trust and confidence, particularly in mixed groups.

FairCare Training Centres operate through a **hybrid model**, combining face-to-face and digital learning. The FairCare Toolbox supports this structure, providing collaboration tools, video tutorials, and e-learning resources. The digital infrastructure is designed to enhance accessibility and participation, offering flexible, user-friendly, and inclusive learning pathways. Accessibility is integrated across all dimensions—physical, digital, communicative, and organizational.



Beyond their educational function, Training Centres act as local hubs for social transformation. By creating an accessible, collaborative learning environment grounded in the real experiences of participants, they foster new forms of cooperation, participation, and recognition within care systems. Through continuous learning and interaction, they contribute to shifting care practices toward more inclusive, person-centred, and collaborative models, promoting dignity, equality, and self-determination.

7. Dissemination strategy

The FairCare communication strategy aims to promote the project's objectives, results, and values, while fostering civic engagement, participation, and awareness of learning opportunities. It is designed as a flexible and evolving plan, developed collaboratively by all partners and adapted throughout the project.

Its main objectives are to raise awareness, to engage and inform stakeholders, to promote exchange and learning, and to ensure the sustainability of the results.

The FairCare Communication Plan

The communication plan is structured around key elements: defining goals, identifying target groups, selecting dissemination methods, and allocating resources. Its output include:

- tangible results, such as websites, training materials, events, and publications;
- intangible results, such as experiences, feedback and engagement.

All materials are produced in multiple languages and shared under open-access principles to maximise reach and impact.

Internal Communication: it ensures effective collaboration among project partners. It is based on regular interaction, transparency, and democratic decision-making. Activities include online meetings, in-person transnational meetings, and continuous information sharing. Accessibility is considered essential, ensuring participation of all members, including people in need of care. Strong internal communication supports team cohesion, motivation, and shared learning, which are fundamental to project success.

External Communication: it focuses on engaging both direct and indirect stakeholders, including care recipients, carers, institutions, policymakers, and the wider public. Different communication tools and messages are tailored to specific audiences. The strategy emphasizes the importance of involving all three target groups, promoting dialogue and cooperation that are often lacking in traditional care systems.

Exploitation, Marketing and Sustainability

The exploitation plan ensures that project results are effectively used during and after the project. It defines goals, identifies opportunities and challenges, and establishes marketing and sustainability strategies, with a focus on social inclusion and participation, communication and self-determination in care.

Outputs include educational materials, methodologies, partnerships, and practical experiences that can be adapted and transferred to other contexts.

Marketing Strategy and Key Messages: they focus on communicating clear and accessible messages tailored to different audiences. These messages highlight the project's core idea: collaboration among all actors in care to promote independent and self-determined living.

The marketing strategy: different versions of the message are developed for general audiences, people in need of care, stakeholders and institutions, media and press.

Sustainability and Long-Term Impact: they are central goals of FairCare. The project aims to ensure that its results continue beyond its duration through online learning resources accessible to all, local Training Centres as permanent learning hubs, adaptable methodologies and materials, strengthened networks and partnerships.

Future developments may include follow-up projects, expansion to new contexts, and further innovation in care and education.

The dissemination, exploitation, and sustainability strategy of FairCare supports the long-term impact of the project by promoting awareness, engagement, and collaboration. By combining communication, learning, and partnership-building, FairCare contributes to more inclusive, participatory, and sustainable care systems, where all stakeholders can actively shape better care practices.