HACK-IT-NET

D1.1.1 Report on Health & Care Actor Focused Innovation Transfer Toolkit, based on Social, Multi Actor Approaches

Report

Version 1

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Document control

Document Summary	
Project Number	ASP0500442
Project Title	HACK-IT-NET
Work Package/ Activity	WP1/ A1.1. Co-Create Capacity Building, Multi Actor Approach Transfer Toolkit & Alpine Space Health & Care Ecosystem Needs Analysis to Establish Key Health OUTCOMES (e.g. Green, Customized System Service Design)
Deliverable	D1.1.1 Health & Care Actor-Focused Innovation Transfer Toolkit, based on Social, Multi Actor Approaches
Deliverable Responsible (if applicable)	PP4/CUAS
Deliverable Reviewer (if applicable)	
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Dissemination Level		
PU	Public	PU
PP	Restricted to other programme participants	
RE	Restricted to a group specified by the consortium	
CO	Confidential, only for members of the consortium	

Document History			
Date	**Version**	**Issuer**	**Description of changes**
04.06.2025	Draft version 1	MCR	The first version of the full deliverable ready for PP4/CUAS review
11.06.2025	Draft version 2	MCR	The second version of the full deliverable, incorporating feedback from CUAS, is ready for consortium review.
25.06.2025	Final version	PP4/CUAS	Final version

1. Executive Summary

1.1. Project Overview

HACK-IT-NET aims to design, pilot and expand a multi-actor, social innovation-based user acceptance FRAMEWORK (TOOLKIT, NETWORK & APPROACH) to 1) enhance Alpine Space health and care actors' capacity to uptake innovation, and 2) create a healthier, digital and green Alpine Space, with work on UN Sustainable Development Goals (e.g. No.3 Health/Wellbeing).

HACK-IT-NET improves Alpine Space health and care delivery conditions by improving innovation transfer between Eco-System Innovation Actors and Healthcare Actors (doctors, nurses, policymakers, system administrators, end-users and citizens) powered by novel methods and digital tools. PPs design a transnational toolkit (O1.1) and operating model (O1.2) with Letter of Commitment enabling the APPROACH to address common OUTCOMES. PPs pilot the APPROACH (O2.1) in 3 Transnational Innovation Sandboxes (with 9 test zones and 9 extension zones). PPs take lessons and derive long-term solution (O3.1) and policy brief (O3.2) to enable FRAMEWORK's lasting use, via Lighthouse projects and transfer to Advisory Board and other Alpine Space / EU-territories with Memorandum of Understanding and Capitalization Plan.

The innovative system reflects specific Alpine needs, ensuring coordinated exploitation and unique Consortium-mix (policy, business support organizations, and hospitals) goes beyond existing initiatives in the sector and area.

1.2. Scope of Document & Summary

This document reports on the activities undertaken by the PPs to complete D1.1.1 and create a unique Toolkit consisting of stakeholder engagement methods, use cases bringing best practice examples and serving as inspiration for three APPROACHES, as well as reflecting on the three co-creation camps and the process of defining these APPROACHES. This report is structured to allow each partner to have an overview of the knowledge gathered and to use the Toolkit in other project activities. Thus, this report offer the following benefits:

- Provide an understanding of the links between the outputs and how this Toolkit can be used to help partners shape other activities;
- Provide an understanding of the process that PPs have taken to build the Toolkit and define three APPROACHES;
- Provide an overview of the three co-creation camps, reflecting on the PPs' inputs used to shape three APPROACHES and showcase final definitions;
- Present the use cases collected by the consortium, giving an overview of the best practices that can further help the PPs to shape their Pilots.
- Presenting stakeholder engagement methods, providing PPs and other stakeholders with a unique catalogue of different ways to engage stakeholders during and after the project.

1.3. Audience

This document is directed at all project partnership members because all members of the partnership should participate in WP1 ideation and implementation, more specifically A1.1 through this report. It should be considered an internal document, and the appropriate status should be reflected in the “Dissemination Level” table.

1.4. Change Control Procedure & Structure

PP4/CUAS created this report, and it is under standard project change control, whereby PPs are requested to give feedback on the stated definition or tools in writing to the deliverable responsible (here PP4/CUAS) in a timely manner (within 10 working days). As per normal procedure, at any time partners believe a project methodology should change, the request should be brought to the work package or work stream leader (in this case PP4/CUAS) and Lead Partner (in this case LP1/ProMIS), to consolidate feedback from other partners, and integrate and disseminate the final agreed changes. A new version of the document should be created and recorded in the document’s “Document History” table.

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2. Introduction

The goal of this document is to report on all the outcomes of the of A1.1 process *to co-create a capacity building Toolkit and network that identifies and promotes advanced health and care outcomes via a social innovation approach to enhance links, transfer, and uptake between EU/AS innovation suppliers and AS Health and Care Ecosystem Actors.* It should be remembered that all HACK-IT-NET activities are interlinked, and constantly considered when completing all objectives.

2.1. Background and Project's context

HACK-IT-NET aims to design, pilot, and expand an innovation transfer FRAMEWORK (NETWORK, TOOLKIT, and APPROACH) to: 1) enhance Alpine Space Health and Care Actors' (doctors, nurses, administration staff, policymakers, end-users) capacity to take up innovation (research, technology, know-how) and link to Innovation Actors (RTOs/BSOs/Enterprises), and 2) create a healthier, digital and green Alpine Space, boosting delivery conditions by addressing key Alpine Space and SDG Health and Care OUTCOMES (advancing green and e-hospitals, improving system-level service provision and boosting customized technology transfer).

The activities that guide project partners toward achieving the project's goals are structured under three work packages:

- **WP1 Focus on Design, Develop & Co-Create** - Co-creates a capacity building Toolkit (O1.1) and Network (O1.2) that identifies and promotes advanced Health and Care OUTCOMES via a Social Approach to enhance links, transfer, and uptake between EU / Alpine Space innovation suppliers and Alpine Space Health and Care Ecosystem Actors.
- **WP2 Focus on Pilot, Test & Transfer** - Innovation transfer path enhancing pilot (3 transnational sandboxes, 9 Alpine Space test zones + 9 expansion zones) to support Alpine Space Health and Care OUTCOMES (advancing green and e-hospitals, improving system-level service provision and boosting customized technology transfer) in 3 Actor Arenas (e.g. health and care workers, policymakers/administration and end-users).
- **WP3 Focus on Policy & Solution Expansion** - Exploit pilot results to a sustainable solution, link HACK-IT-NET's Innovation Transfer Tools and Approach to policy activities and enable conditions (policy/operational) for ongoing transfer of Alpine Space relevant innovation to Health and Care Ecosystem Actors.

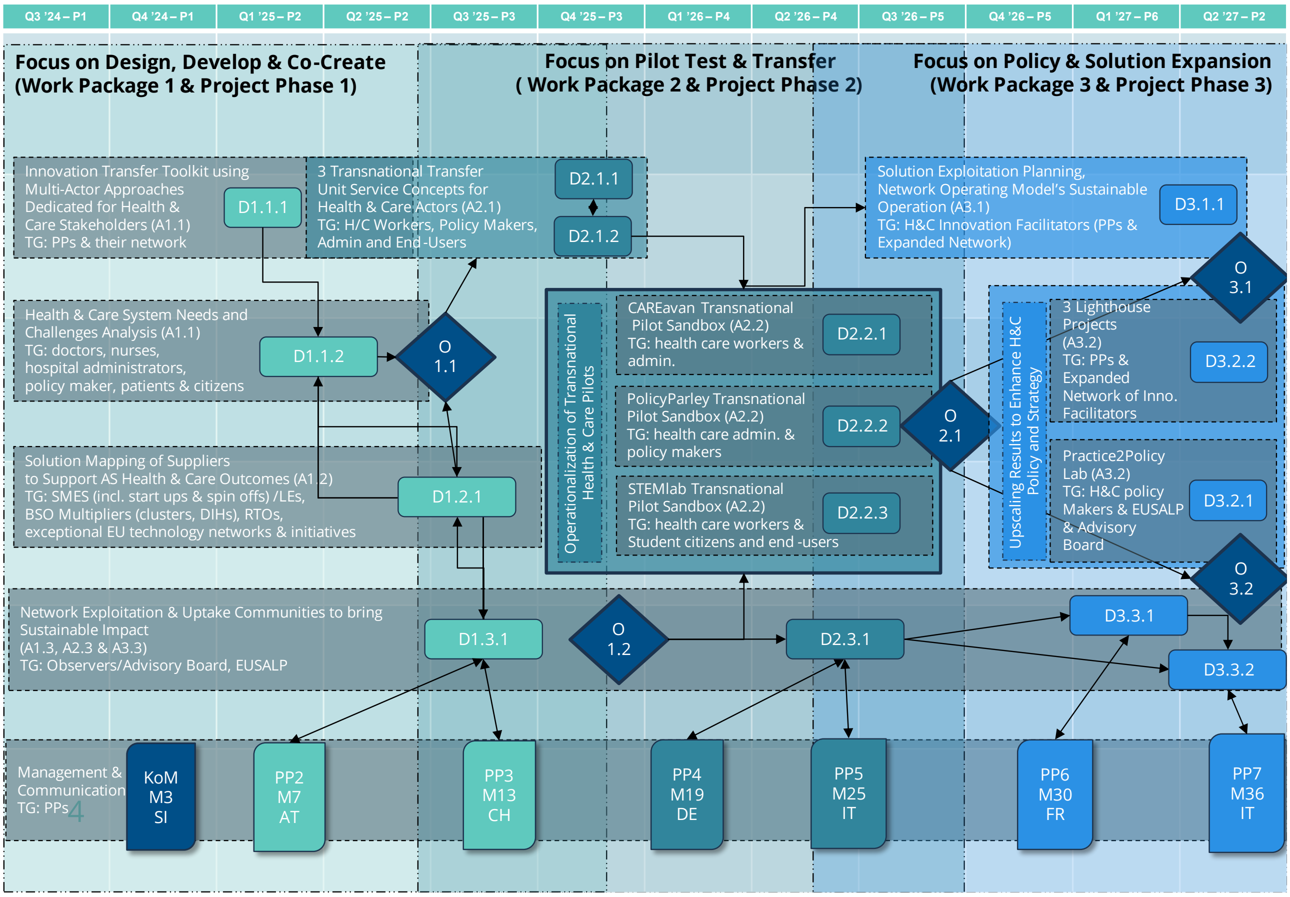


Figure 1 Project Deliverables and main Outputs (source: Project Generated, 2024)

The purpose of the Work Package 1 is to:

- **A1.1:** Co-create capacity building through hybrid Co-Creation Camps to promote the exchange of innovation transfer methodologies for improved user acceptance with health and care actors. Develop a multi-actor approach transfer toolkit for health and care actor engagement by designing toolkit portfolios for CAREavan, STEMlab, and PolicyParley. Conduct Alpine Space Health and Care Ecosystem Needs Gathering and Analysis by conducting over 90 interviews, organizing 18 Town Halls, and 9 Focus Groups to identify key Health and Care Outcomes (e.g., advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer).
- **A1.2:** Solution mapping of research, innovation, knowledge, technology, and suppliers relevant to supporting enhanced Alpine Space Health and Care Outcomes (e.g., advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer).
- **A1.3:** Establishment of the HACK-IT NET network operating model (via online workshops), including EUSALP and Advisory Board feedback loop outreach via 9 regional and 3 inter-regional Exploitation/Uptake Communities. A Communication, Dissemination, and

Exploitation Toolkit is established to help push outcomes to the network via the derived model.

Two outputs emerge from WP1:

- **Output 1.1:** Creation of the Capacity Building Toolkit, which includes the Social Innovation (SoI) Multi-Actor Approach (MAA) Methodological Framework, AS Health Need Outcomes, and Solution Use Cases.
- **Output 1.2:** Establishment of the Network Operating Model, including a Letter of Commitment (LoC) and the first Outreach and Uptake Events (HackITAthons) for anchoring.

The illustration below showcases the interconnections between activities and deliverables in WP1, as well as the two main outputs:

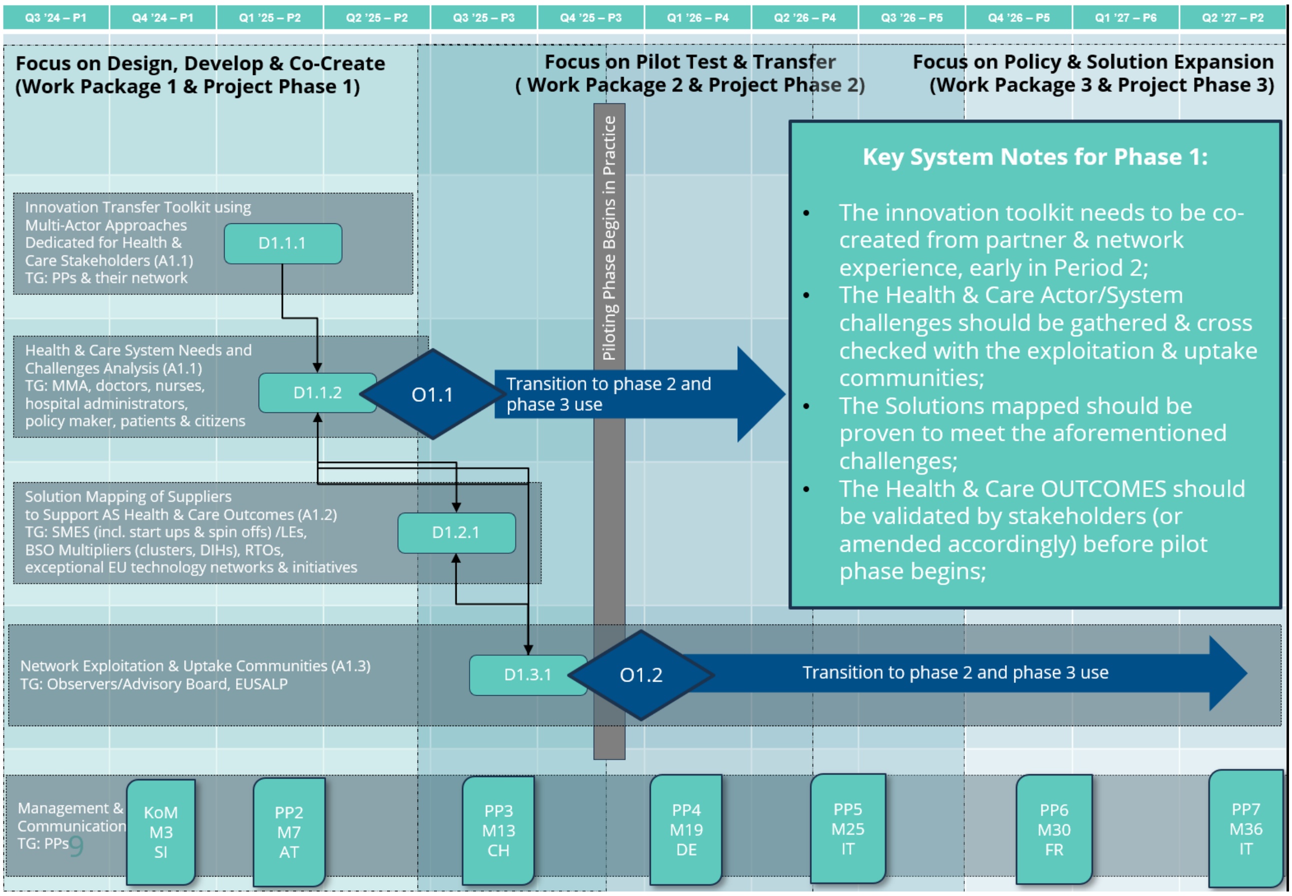


Figure 2 WP1 Deliverables and Outputs (source: Project Generated, 2024)

2.2. Mission Statement and Objective of D1.1.1

D1.1.1 *is a report on the Innovation Transfer Toolkit for Health & Care Actor Engagement, 3 co-creation camps, harvesting experiences from PPs to build the CAREavan, STEMLab & PolicyParley processes & consolidate toolkit portfolios.*

The aim of this deliverable is to gather methods for multi-actor, multi-stakeholder engagement and build the processes for three project's APPROACHES – CAREavan, STEMlab, and PolicyParley, for which concepts are created by engaging all PPs into three co-creation camps (M1, M3, and M7). The focus of the deliverable is to establish a collaborative framework for the project, introducing all PPs and their respective roles. Each approach is built on social innovation principles, aiming to bring innovative methods to address challenges in the health and care (H&C) sector of the Alpine Space (AS) region, while engaging key stakeholder groups. This provides PPs the opportunity to use their experience and knowledge from other projects and bring different use cases into the core concept of the three project's APPROACHES, choosing the best-fit methods for multi-stakeholder engagement. These methods will facilitate easier adoption of innovation in the health and care (H&C) sector and are integrated into the joint Toolkit (O1.1), which will serve as a resource for promoting the scaling and dissemination of successful innovations across the region. The report outlines the process for gathering methods (5/PPs) and approach use cases (3/PP), which are essential for the later stages of the project, especially the Piloting phase in A2.2. The methods and approach use cases are gathered into a publicly available toolkit, summarizing methods and use cases that are collected from PPs based on their experience from previous projects and other initiatives and built into the three project's approaches, providing detailed instructions on their usage and allowing partners to engage with stakeholders during their Piloting activities.

2.3. Further use of D1.1.1

D1.1.1 represents one of the key components of O1.1 – the Capacity Building Toolkit, with Social Innovation (SoI) Multi-Actor-Approach (MAA) Methodological FRAMEWORK & AS Health Need OUTCOMES & Solution Use Cases. This Toolkit directly contributes to A1.2 through the following deliverables:

- D.2.1.1 AS Transnational Transfer Service Concepts, links Toolkit with AS Health & Care OUTCOMES – by developing digital, transferable, and transnational service concepts (1 report, 3 concepts) that showcase a clear link between the WP1 Toolkit and Network, aiming to address health and care ecosystem actor needs & AS Health OUTCOMES (advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer).
- D.2.1.2 Pilot Plan Report (9 AS Pilot Zones, 3 Transnational Exchange Sandboxes & 9 AS Expansion Zones) by creating a transnational plan to describe pilot exchange sandboxes (with 9 AS Pilot Zones, 1/PP) and over 9 AS expansion zones (minimum 1/PP during Pilot) to deliver Service Concept (Network and Toolkit) in practice.

The Toolkit also contributes to A2.2, the Operationalization of the Transnational Health & Care Pilot (three sandboxes, with nine AS Pilot Zones and nine AS Expansion Zones), by linking health and care ecosystem actors to AS innovations. It addresses key outcomes through PPs activating a common Toolkit and Network approach, connecting health and care ecosystem actors to excellent AS innovation solutions. This approach focuses on addressing key target group OUTCOMES (advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer), and implements 3 Pilots, CAREavan (PP8, PP7 & PP4 - D2.2.1), PolicyParley (PP3, LP1, PP2, PP9 - D2.2.2) and, STEMLab (PP5, PP6 - D2.2.3), bringing advanced innovation to target groups (workers, policy/administrators, end-users)

2.4. Differentiation between D1.1.1 & D1.2.1

D1.1.1 & D1.2.1 are interlinked but pursue different objectives that should be clear to all PPs while harvesting the required information for both project's outputs:

- D1.1.1 focuses on delivering a portfolio of methods and approach use cases that help reach out to key stakeholders. Methods focus on defining the best way to directly engage with relevant stakeholders. Approach use cases (best practices) showcase examples of initiatives implementing solutions through the 3 APPROACHES (CAREavan, STEMlab, PolicyParley).
- D1.2.1 focuses on delivering a catalogue of solutions harvested from local, regional or European initiatives answering the key challenges identified within D1.1.2 in relation to the 3 Health and Care Outcomes (advancing green and e-hospitals, improving system-level service provision, boosting customized technology transfer).

2.5. Definitions

APPROACH: The APPROACH (**Pilot arena**) is a 'branded' name for the methodological framework that HACK-IT-NET develops to promote social-innovation-oriented exchange in a multi-actor context to improve how innovation is transferred to the health & care sector – namely the CAREavan, the PolicyParley, and the STEMLAB. However, the broader APPROACH definition also includes the network operating model which sets the network-agreed exchange which promotes the ongoing knowledge, innovation, and transfer exchange towards the social innovation contexts directly with H&C actors.

OUTCOMES: The OUTCOMES is a branded name for the specific, need-driven targeted improvements that the HACK-IT-NET consortium fosters through the APPROACH. All of the OUTCOMES were predetermined at the time of project writing, but should be adjusted to the territorial needs of the Alpine regions involved in the project. This adjustment occurs within the stakeholder interaction formulated as part of the project's Phase 1.

SOCIAL INNOVATION: Novel approaches (products, services, or models) that: (1) meet social needs related to large societal challenges such as demographic change, migration, and climate change; and (2) are being created and implemented not in a traditional for-profit setting but in collaborations and networks of the public, private and third sector and – more and more often – citizens and users of services.

METHODS: Structured approach or processes designed to guide a facilitator towards successful multi-stakeholder engagement. Methods define the *strategy* and *steps* for achieving meaningful engagement. Examples: brainstorming, brainwriting, focus groups, newsletters, etc.

USE CASES: Best practices and examples from other projects implementing similar concepts like CAREavan, STEMlab, and PolicyParley - helping PPs gain inspiration to build and define these three approaches.

TOOLKIT: A visually appealing document that gathers different stakeholder engagement methods, including clear instructions on how to implement them, as well as use cases (examples and best practices from other projects and initiatives) for three approaches.

3. Methodology

This section outlines the process PPs have taken upon to complete all the tasks within A1.1 and pave the way towards achieving project results and delivering key outputs (O1.1).

This section is divided into 3 parts:

1. **Process Overview** – A reflection on the process followed by the PPs to build the Toolkit. This includes outlining the data collection process, gathering use cases and methods, and the decision-making process for selecting which ones to include in the Toolkit.
2. **Co-creation Camps** – An overview of the three co-creation camps, showcasing the development of the three APPROACHES. The main aim is to demonstrate how these APPROACHES were further refined through collaborative interactions between the PPs and their contributions during these sessions.
3. **Categories Overview** – A presentation of the categories used in the Toolkit, designed to help users better understand the meaning of each category. This provides an understanding of how and for what purposes the tools can be used.

3.1. Process Overview

This section outlines the process and timeline PPs had for gathering methods and use cases, guided by multi-actor and multi-stakeholder engagement principles, as well as social innovation concepts, to shape the three approaches: CAREavan, STEMlab, and PolicyParley. These approaches are tested through the pilots that PPs plan to implement within A2.2.

PPs were tasked to gather: (1) **Five methods** - processes for multi-stakeholder engagement, allowing them to involve stakeholders in interactive activities within CAREavan, STEMlab, and PolicyParley, and (2) **Three use cases** - best practices and examples from other projects implementing similar concepts like CAREavan, STEMlab, and PolicyParley - helping them gain inspiration for these three approaches.

The process started with PPs identifying their Pilots and completing the Pilot description templates, as it was the starting point for further developing the three APPROACHES and identifying the most suitable methods and use cases.

Following this, PPs were required to conduct desk research and identify a minimum of three methods and one use case before the PP meeting in Klagenfurt in February. During the meeting, PPs participated in the third Co-creation Camp. The aim of the workshop was for PPs to better define the target groups and engagement goals for each APPROACH, and then to brainstorm on potential methods and use cases.

After the workshop, PPs continued their desk research and were expected to complete the following by May 9th:

- Use cases: PP had to provide **a total of 3 use cases per PP for their relevant approach** (CAREavan, STEMlab, and PolicyParley), along with detailed descriptions and links by updating the Methods & Use cases Mapping Excel sheet (Annex 1) by the 18th of April. Following this, PPs participated in the online APPROACH meetings, where they worked within their APPROACH (Pilot arena).
- Methods: Each PP was tasked with completing a minimum of one method description template before the 10th of March and testing one method provided by another PP during the second Town Hall. Afterward, PPs had until the 9th of May to complete five method description templates each.

PPs then had time to make any necessary updates in case the submitted descriptions lacked clarity. Finally, PP4/CUAS compiled all methods and use cases into the Toolbox, which PPs will use for multi-actor, multi-stakeholder engagement throughout the project.

The figure below showcases the full process with the timeline:

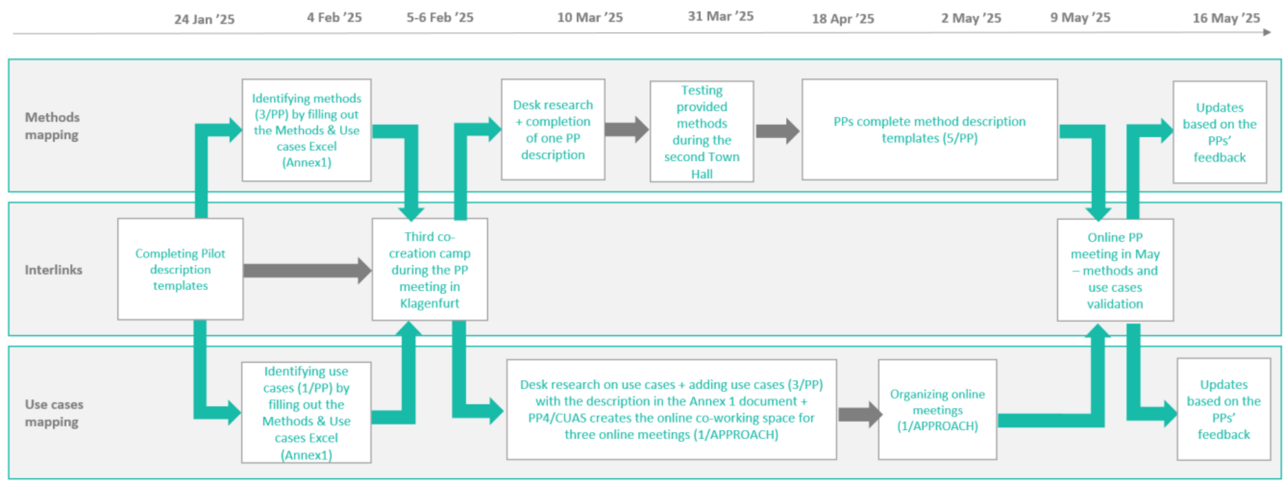


Figure 3 Process of gathering 45 methods and 28 use cases (source: Project generated, 2025)

All PPs managed to deliver the tasks on time, gathering a total of 28 use cases and 45 methods as showcased in the table below:

PP	Method Description Templates (5/PP)	Use Cases (3/PP)
LP1/ProMIS	5	3
PP2/PAT	5	4
PP3/NÖ LGA	5	3
PP4/CUAS	5	3
PP5/UKCM	5	3
PP6/BVF	5	3
PP7/BIOPRO	5	3
PP8/BI	5	3
PP9/HSLU	5	3
Total	**45**	**28**

3.2. Co-Creation Camps

To facilitate the definition of the three multi-actor APPROACHES (aka stakeholder engagement concepts)—CAREavan, STEMlab, and PolicyParley —three co-creation camps were foreseen in the Application Form (AF). The main aim of this activity was to engage PPs in a series of co-creation sessions, facilitated by PP4/CUAS, to support innovation transfer and the collection of good practices for the three multi-actor approaches.

3.2.1. First co-creation camp

The first co-creation camp was organized during the online Kick-off Meeting (KoM) **on the 24th of July, 2024**, aiming to foster strong connections among project partners and create a shared understanding of the key fields of operation to deliver the project's results, as well as identifying potential synergies. To achieve this, an online co-working space on Mural was created to facilitate partner introductions. Each organization was tasked with:

1. Presenting their perspectives on the Alpine Space's major Health & Care challenges.
2. Showcasing interesting innovations (knowledge, research, or specific technologies) that are helping to address challenges in their region.
3. Highlighting any noteworthy methods or use cases they propose for inclusion in the toolkit (A1.1) that have successfully fostered the uptake of innovation.

Through this process, PPs were also introduced to each other's project-related objectives, planned activities, and the knowledge and expertise they bring to the consortium.

3.2.2. Second co-creation camp

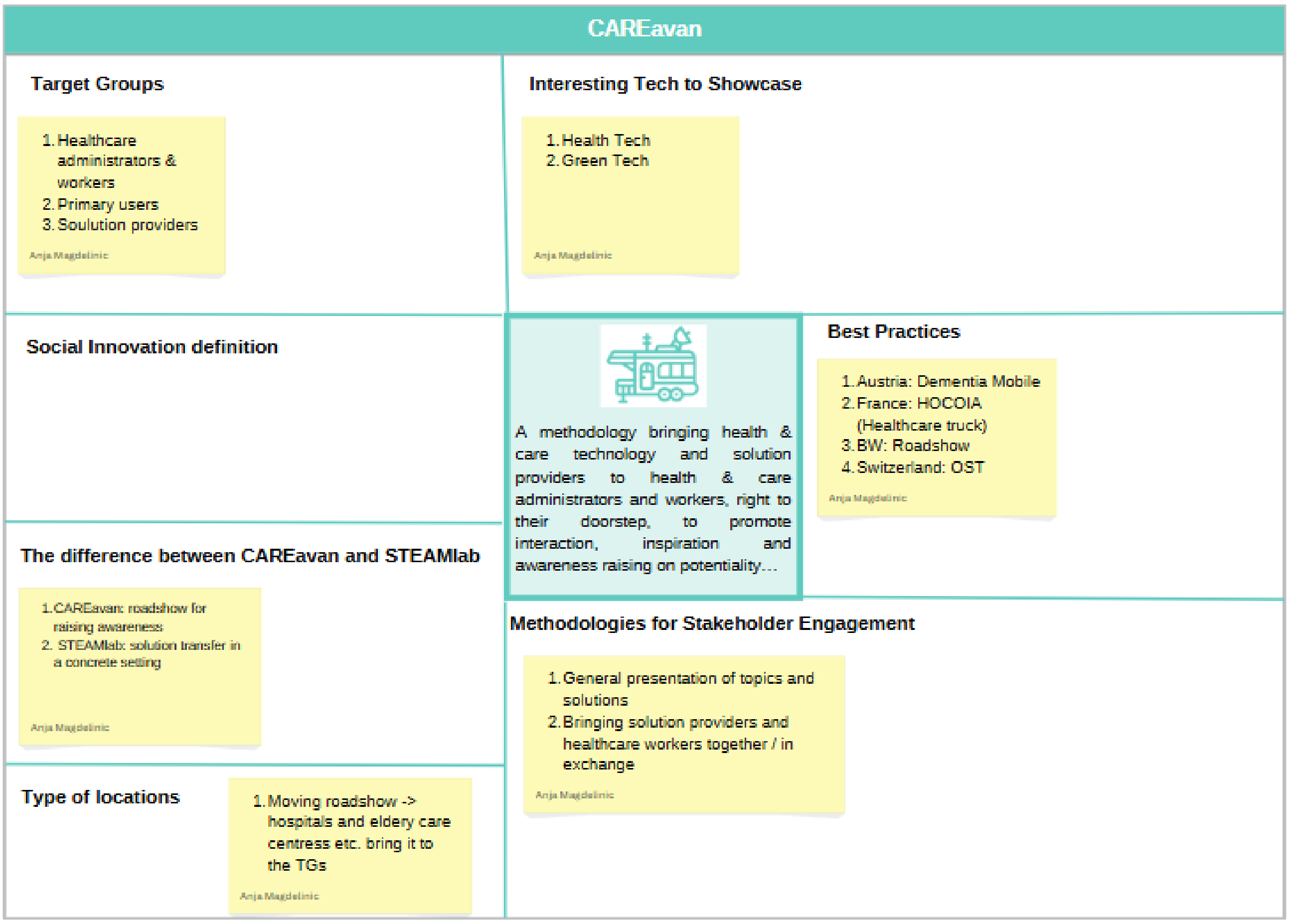
The second co-creation camp was organized during the in-person KoM in Maribor, aiming to further define the three multi-actor approaches—CAREavan, STEMlab, and PolicyParley. A top-down approach was used to draft the structure of each approach based on inputs from PPs, creating a framework at the transnational level, which was then further specified locally through each pilot.

Through the World Café approach, PPs were split in three groups based on the approach they wanted to work on (already defined at project development stage – stated in AF – 3 PP/ use case). This format created a space for dialogue and brainstorming on the potential structure and processes for each approach. Each group was given a poster with different questions and tasked with sharing their experiences, identifying best practices, and proposing potential solutions/answers.

PPs worked on the following categories:

1. Target Groups (all 3) – PPs defined the target groups they believed each approach could address, aligning their choices with their planned pilot activities.
2. Interesting Technology to Showcase (CAREavan and STEMlab) – This category focused on identifying innovative technologies that could be showcased within these two approaches and brought to key stakeholders.
3. Social Innovation Definition (all 3) – Since social innovation is a core element of each approach, PPs defined it from their perspectives and experiences, contextualizing it for each specific approach.
4. Best Practices (all 3) – PPs shared their experiences and knowledge to define best practices relevant to shaping each approach, building on existing knowledge.
5. Differences between CAREavan and STEMlab (CAREavan and STEMlab) – To distinguish these two similar approaches, PPs identified key differences to draw a clear line between them.
6. Type of Locations (CAREavan) – This question focused on defining the target locations for CAREavan.
7. Basic Elements of the STEMlab (STEMlab) – PPs brainstormed potential components and key elements for the STEMlab approach.
8. Purpose and Format of the Exchange (PolicyParley) – This discussion centered on specifying the purpose of the exchange with key target groups and determining the most effective format, such as one-on-one meetings, networking events, or round tables.

Key takeaways from the second co-creation camp – CAREavan:

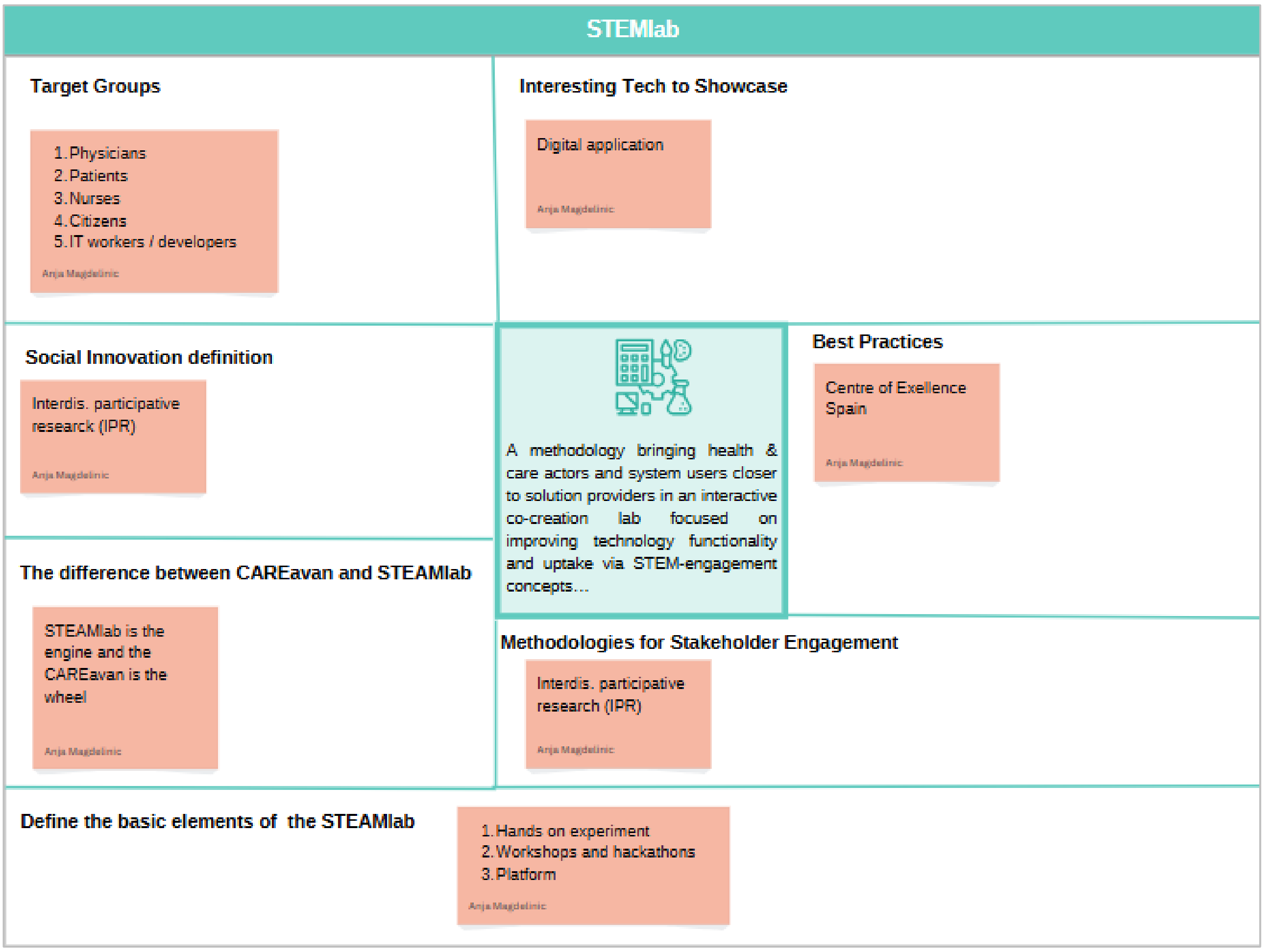


Project partners (PP8, PP7, PP6[1], PP4[2]) worked together to define the concept of the CAREavan, identifying healthcare administrators and users, primary users, and solution providers as key target groups. They see CAREavan as a moving roadshow targeting hospitals and elderly care centers. They envision general presentations of topics and solutions, along with creating a dialogue space between solution providers and healthcare workers, as the main methodologies for stakeholder engagement. Regarding the main differences between STEMlab and CAREavan, PPs from this group saw the first approach as a space for solution transfer in a concrete setting and the second one as a roadshow for raising awareness. PPs outlined GreenTech and HealthTech as interesting technologies to showcase.

[1] PP6/BVF worked on the CAREavan during this workshop, but later on decided to switch to STEMlab.

[2] As PP4/CUAS decided to change the APPROACH (Pilot Arena) they wanted to focus on from STEMlab to CAREavan, they split into two groups and participated in the co-creation of both APPROACHes – STEMlab and CAREavan – with the intention of working exclusively on CAREavan within their pilot.

Key takeaways from the second co-creation camp – STEMlab:



Project partners (PP5, PP2[3], PP4[4]) interested in further developing STEMlab identified physicians, patients, nurses, citizens, and IT workers/developers as the main target groups they aim to address, presenting them with digital applications. They see STEMlab as an engine and the CAREavan as a wheel, and that's how they define the key difference between these two approaches. When it comes to the best methodologies for stakeholder engagement, they see interdisciplinary participative research (IPR) as the right way to go. They consider that the basic elements of STEMlab can be hands-on experiments, workshops, hackathons, and a platform.

[3] PP2/PAT worked on the CAREavan during this workshop, but later on decided to switch to PolicyParley.

[4] One half of the PP4/CUAS team worked on this approach as outlined in the application form, but after completing administrative obligations, PP4 will continue working on CAREavan.

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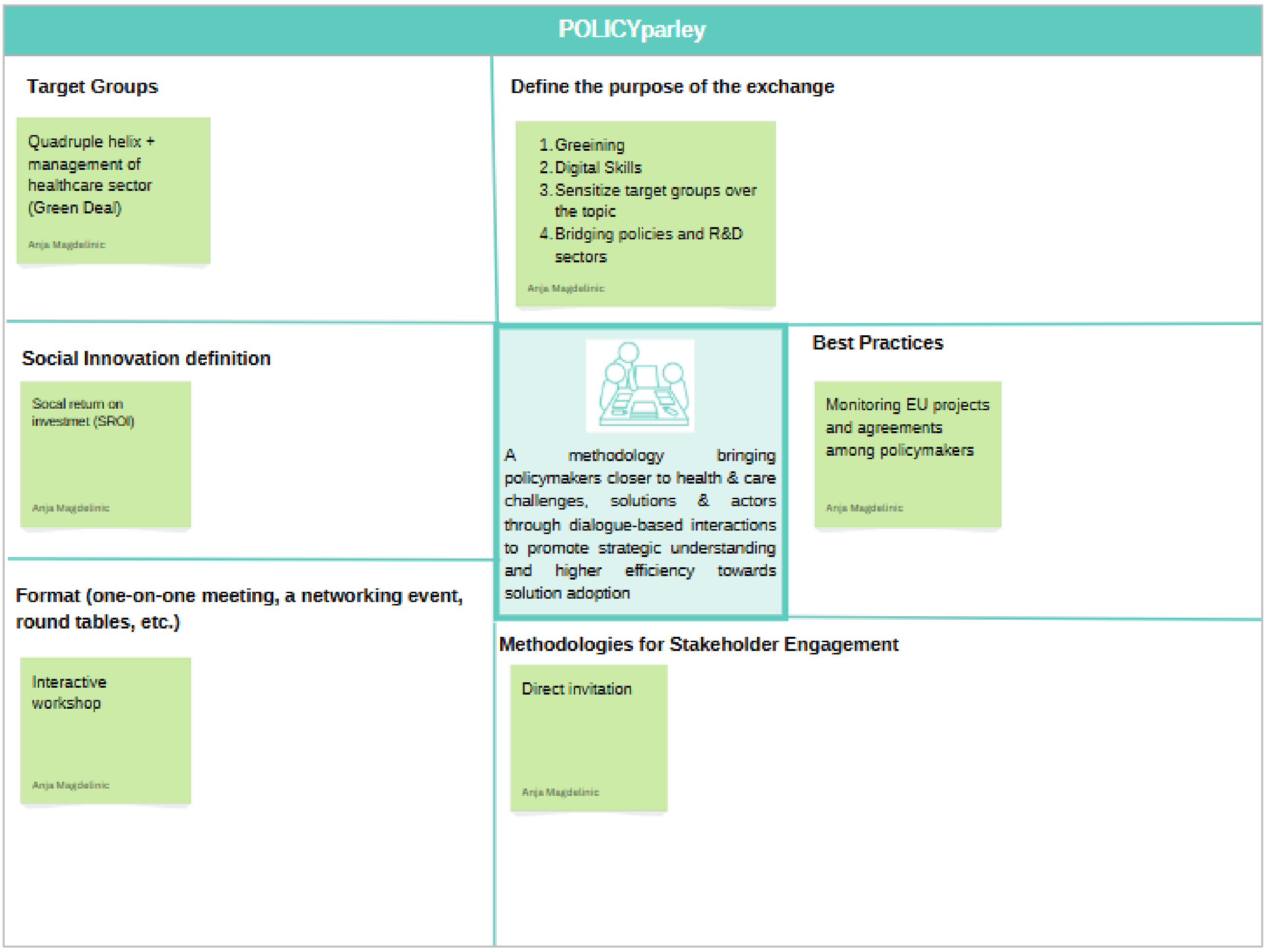
Key takeaways from the second co-creation camp – PolicyParley:



Project partners (PP3, LP1, PP9) interested in working on the PolicyParley aim to engage with the quadruple helix (public authorities, industry, academia and citizens) and the management of the healthcare sector, identifying interactive workshops as the best engagement format. They defined the purpose of the exchange through greening, digital skills, synthesizing target groups over relevant topics, and bridging the gap between policies and R&D sectors.

3.2.3. Third co-creation camp

During the in-person PP meeting in Klagenfurt on the **6th of February 2025**, PPs participated in a third co-creation camp facilitated by PP4/CUAS. Prior to the session, partners completed: (1) their pilot description, with a clear understanding of the activity they wish to implement within their pilot arena; (2) desk research on methods and use cases based on their previous experience.

The next step towards defining the best methods and use cases for stakeholder engagement was understanding the target group (TG) and the objectives of the engagement. To achieve this, PPs participated in the co-creation session, aiming first to better understand their TGs and engagement goals, and then to brainstorm potential methods and use cases.

Leadership roles for each APPROACH were predetermined and remain throughout all activities related to building three APPROACHes - CAREavan, STEMlab, and PolicyParley. The roles are explained in the table below:

Table 1 Leadership role for each APPROACH (source: Author generated, 2024)

APPROACH	Leader	Members
CAREavan	PP8/BI	PP4/CUAS[5], PP7/BIOPRO
STEMlab	PP5/UKCM	PP6/BVF [6]
PolicyParley	PP3/NO LGA	LP1/ProMIS, PP2/PAT [7]PP9/HSLU

The third co-creation session was divided into three parts:

Part 1 – Creating the framework for stakeholder engagement

To identify the best methods and use cases for each approach, PPs worked within each pilot arena to specify the engagement objectives at the arena level (also considering individual pilots). They selected options from a provided list, adding additional ones as needed, with a brief justification for each choice:

- **Inform** - The objective of engagement activities may focus on serving to inform and raise stakeholders' awareness of the innovation.
- **Understand** - The objective of engagement activities may focus on understanding the current status of the key stakeholders and what has to be done in order to help them.
- **Verify** - The objective of engagement activities may focus on verifying implementers' initial ideas about the implementation activities.
- **Enroll** - The objective of engagement activities may focus on serving to enroll stakeholders in the implementation process.

[5] PP4/CUAS changed their APPROACH from STAMlab to CAREavan and the AF was updated accordingly.

[6] PP6/BVF changed their APPROACH from CAREavan to STEMlab and the AF was updated accordingly.

[7] PP2/PAT changed their APPROACH from CAREavan to PolicyParley and the AF was updated accordingly.

- **Access** - The objective of engagement activities may focus on impacting the financial or material resources available for the implementation work.
- **Do** - The objective of engagement activities may focus on practically doing elements of the implementation work.

The results for each APPROACH are shown in the tables below:

Table 2 Engagement objectives within CAREavan (source: Project generated, 2025)

Engagement Objectives	Specific use within CAREavan
Inform	Informing Stakeholders about sustainability, technologies, benefits and how the solutions could help them in their daily work
Understand	Understanding how sustainability is useful and realizable
Verify	Feasibility and methodology
Enroll	Expectation management, workload, onboarding, story telling
Access	Easy access and low threshold, shared wording, target group, visualization, communication tools.
Do	Mini projects within the pilots, active use of the pilot project by the target group, gamification (quiz)

Table 3 Engagement objectives within STEMlab (source: Project generated, 2025)

Engagement Objectives	Specific use within STEMlab
Enrollment of H&C Professionals	Enrolling in the Testing of new Innovations (Digital Platform)
Verify the need of H&C professionals	Make a working session to involve all stakeholders: nurse, doctors, administrative, and maybe patient
Inform the H&C Professionals	Conduct Informing Sessions to share Information About the Solution and its Benefits.
Do with the H&C Professionals	Test a defined solution according to the common need and see if it answer to the defined needs

Table 4 Engagement objectives within PolicyParley (source: Project generated, 2025)

Engagement Objectives	Specific use within PolicyParley
Inform	Informing stakeholders about the project and its evolvement, new technologies, methods used in the pilot, the benefits of smart solutions and sustainability, and ways to address challenges
Understand	Understanding what are stakeholders: needs, barriers, constraints for a certain solution to be implemented (training, finances, additional resources, etc.) Understanding who could be enrolled - among the general public - into project partner's activities (according to her/his skills, competencies, ...)
Verify (not relevant for all PPs)	Verifying stakeholders views around the feasibility and acceptability of a solution or practice.
Enroll	Enrolling stakeholders in the implementation by activating a sound and long lasting network
Do (not relevant for all PPs)	Creating a local implementation team, which is responsible for delivering the implementation work.
Future Access	Gaining high-level endorsement from the appropriate people to access resources for the implement

After defining specific objectives for each pilot arena/ APPROACH, PPs proceed with a more detailed definition of key stakeholders for each pilot arena by specifying stakeholders and answering the following questions:

- **Stakeholder:** Specify the type of the stakeholder (e.g. local business, public authority, local hospital, doctors, etc.
- **Category:** Specify to which broader category these stakeholders belong (e.g. policymakers, health and care service providers/administrators, general public, etc.
- **Reasons to involve the stakeholders:** Briefly explain why it is important to engage these stakeholders.
- **Why the stakeholder may want to be involved:** Briefly explain what benefits stakeholders gain from participating in engagement activities (this can also help you later on when trying to engage stakeholders in the piloting phase.

The results for each APPROACH are shown in the tables below:

Table 5 Definition of key stakeholders for CAREavan (source: Project generated, 2025)

Stakeholder	Category	Reasons to involve the stakeholders	Why the stakeholder may want to be involved - BENEFITS
Health and Care workers	Health and Care service providers	Inform, motivate, onboard	Have an impact on the planet, self-efficacy, attractive for applicants (recruitment)
Administration and Management	Decision maker	Direct impact, top-down-approach to change the industry	Pressure from the health & care workers, politics/regulation
Healthcare industry	Sustainable solution providers	Make a change in the industry, systemic approach	Be the number one with new technologies / products
Patients & citizens	General public	Push the administration and management to more sustainability	Benefit from a better and greener environment, innovative approaches

Table 6 Definition of key stakeholders for STEMlab (source: Project generated, 2025)

Stakeholder	Category	Reasons to involve the stakeholders	Why the stakeholder may want to be involved - BENEFITS
Nurses from Internal, Surgical and Psychiatrics Departments	Health & Care Providers	End-User of the Digital Solution	Decrease of Worktime, Bureaucracy and Errors
Local hospital: nurses, doctors, and administrative staff	Health & Care Providers Health and care administrators	Maximize the impact of innovation projects	• Improved communication between teams; • Increased commitment from operational staff thanks to their direct involvement; • Reduced misunderstandings and duplication of effort. • Reduced failure rate thanks to an offer adapted to real needs.

Table 7 Definition of key stakeholders for PolicyParley (source: Project generated, 2025)

Stakeholder	Category	Reasons to involve the stakeholders	Why the stakeholder may want to be involved - BENEFITS
Health Care Professionals	Health and Care service providers	To implement our pilot action	To get a more sustainable working place
Organization Managers	Innovation and governance manager of the hospital	They can start up the digital change	Make the process in the hospital more efficient
Older Adults (e.g. 60+ years) having issues with health and care system in CH	Public	Can be provider of existing needs, barriers, solutions	• Happy to share own solution with others, • Want to help to change the health and care system bottom up • Wants to know reasons (and solutions) for current challenges
Policymakers CH: politicians from Cantons and municipalities	Policymakers	Key actors to define new politics, assure resources needed, create critical mass, and create the right conditions for the adoption of the innovation	• improve their own region • add to the success of political career of politicians • Obtaining data for informed decisions
General Public	General Public	They are the final users of the innovation and without their acceptance, the innovation path can fail	
External Experts - Innovation Providers	Service Providers	To offer ideas & solutions	• To sell their expertise and products • Marketing

Part 2 – Brainstorming session on methods and use cases for each pilot arena

PPs were engaged in a brainstorming activity, trying to identify the best use cases and methods for their APPROACH:

CAREavan:

- Methods – Headstand, Mind-mapping, 6-3-5, Role storming, Gamification, Envision of future and SCAMPER.
- Use cases – EDIH, HCBYS, GGHH, ÖVGK, Touring Exhibition Roadshow FHRBW and Digital Exhibition FHRBW.

STEMlab:

- Methods – Co-design, Co-production, Serious game, Living labs, and Food and Innovation.
- Use cases: eHealth, SNOMED, INOLAUNCH and app ''MY HEADACHE''.

PolicyParley:

- Methods: Good future dialogues, Theory of change, Implementation science, Gamification, 6-Thinking hats.
- Use cases: Erasmus+ Dialogical-work.

This exercise served as the starting point for developing the Toolkit with use cases and methods for multi-stakeholder engagement, offering PPs insight into each other's engagement objectives and key target groups, as well as allowing them to share their thought processes and criteria for selecting the most suitable methods and use cases, also ensuring alignment within each APPROACH.

3.3. Social Innovation and Engagement Method Categories

To establish a strong foundation for methods identification, it was crucial to understand the basic concept of social innovation as it is incorporated into three multi-stakeholder approaches: CAREavan, STEMlab, and PolicyParley. Defining categories of methods that clearly showcase the aim of engagement was essential. That enable partners to implement the methods more effectively during the piloting phase while testing the three approaches.

According to #socialinterreg, social innovation is connected to novel approaches (products, services or models) that:

- meet social needs related to the large societal challenges such as demographic change, migration and climate change in cities and regions of the EU and
- are being created and implemented not in a traditional for-profit setting but in collaborations and networks of the public, private and third sector and – more and more often – citizens and users of services**.**

Following this context, the three approaches—CAREavan, STEMlab, and PolicyParley—should address challenges in the health and care sector in the Alpine Space region through collaboration and cooperation among different stakeholders, each playing their role in the system. The main aim is to create a concept that unites these stakeholders and engages them in various activities to address these challenges in diverse ways. To achieve this, the best-fit methods for stakeholder engagement, which will be key to boosting social innovation, were selected.

To facilitate this process more effectively, method categories have been established using knowledge from the *I-STEM Toolkit for multi-stakeholder engagement*[8].

Table 8 Method Categories (source: The Implementation Stakeholder Engagement Model (I-STEM) Toolkit, 2024)

Engagement Approach	Description	Illustration	Context/Example
Assessing	Methods aiming to gather information from stakeholders	Assessing stakeholders' views on the acceptability of an intervention using interviews or surveys.	For example, if a certain technology is showcased within the STEMlab, participants can use these methods to assess the effectiveness of the approach and provide suggestions/feedback.
Disseminating	Disseminating involves giving out information	Methods for disseminating information and raising awareness about an	These methods can help PPs raise awareness and attract stakeholders to participate in

[8] Potthoff, S., Rapley, T., Finch, T.,Gibson, B., Clegg, H., Charlton, C. (2024). The Implementation STakeholder Engagement Model (I-STEM) Toolkit. Northumbria University. Online Resource. https://doi.org/10.25398/rd.northumbria.27248193.

	about the innovation → awareness raising	intervention using multimedia campaigns, conferences and other means.	one of the pilots they aim to implement, as well as increase awareness of specific topics through one of the 3 APPROACHES. For example, various methods within CAREavan can be used to raise medical staff's awareness of sustainable practices within hospitals.
Advocating	Advocating involves identifying and preparing champions who will support the implementation of the innovation.	Using champions who have clinical and systems knowledge and capacity to advocate and lay the groundwork for implementation.	These methods can be used, for example, within PolicyParley, to bridge the gap between stakeholders and provide a dialogue space necessary for understanding the needs of the sector and enabling a system that fosters innovation.
Supporting	Supporting involves providing stakeholders with the necessary training and resources to support the implementation of the innovation.	Delivering educational outreach visits and educational materials to develop implementation capacity.	These methods are used to help PPs deliver knowledge to key TGs and prepare them for innovation implementation. For example, within STEMlab, innovations can be showcased, and specific individuals can be prepared for their implementation, aiming to enhance service provision in healthcare.
Consulting	Consulting involves offering implementation-related information to selected stakeholders to seek their feedback.	Consulting with stakeholders with lived experiences to understand the potential impact the implementation would have on their care	These methods enable stakeholders to learn from others through best practice showcases.
Collaborating	Collaborating involves working with stakeholders on a common objective relating to the	Undertaking a series of workshops to co-design processes and procedures for implementation.	For example, engaging stakeholders in co-creation workshops where they can collaborate on potential solutions. This aspect is

	implementation of the innovation		integrated into all three approaches.

While mapping methods and use cases, PPs needed to understand the aim of each APPROACH and determine which engagement methods best fit. Based on this, they identified methods that aligned with the engagement objectives and categorized them into one of the six categories presented in the table above.

4. Defining the three APPROACHES

This section showcases the entire development journey of the three APPROACHES, from the initial co-creation camps to the first three APPROACH meetings. This allowed PPs to compile all their previous work into a unique definition of each APPROACH.

First Co-Creation camp
- PPs aligning their objectives, activities, and expectations from the project.

Second Co-Creation camp
- The initial work on the 3 APPROACHES involved fostering connections within each group and defining the basic outline.

Third Co-Creation camp
- Defining enegagement objectives, identifying the key TGs and brainstorming methods and use cases for each APPROACH.

APPROACH meetings
- Building on the inputs from the three co-creation camps, individual PP's Pilots and identified synergies with the use cases to define 3 APPROACHES.

Figure 4 Defining the three APPROACHES (source: Author generated, 2025)

After completing the journey of the three co-creation camps (see Section Two) and identifying three use cases per partner for their respective APPROACH, PPs were tasked with organizing three APPROACH meetings (one per APPROACH).

PP4/CUAS created an online co-creation space using a Canva board for all three APPROACHES. Prior to the meetings, PPs were asked to define the phases of their pilots and estimate the approximate duration of each phase. This provided a baseline for alignment within each APPROACH and will support the development of a Pilot Plan (D2.1.2).

The results from the previous co-creation camps were outlined, enabling PPs to build on them. They were also tasked with identifying synergies between their selected use cases and individual pilots, which then helped the definition of their APPROACHES. All key takeaways from the three meetings can be found at the following link.

This section is divided into three parts, one for each APPROACH, highlighting the definition of each APPROACH as developed by the PPs during the storytelling exercise in the APPROACH meetings. It also presents the use cases identified for each APPROACH and explains the synergies between each APPROACH and its related use cases.

4.1. CAREavan

CAREavan is led by PP8/BI and developed in collaboration with PP4/CUAS and PP7/BIOPRO. The project partners have achieved the following:

- Developed a unique definition of the CAREavan APPROACH through the storytelling exercise, aiming to summarize the key insights gathered from previous activities;
- Showcased use cases—best practice examples and inspiring initiatives—from which partners can learn while building their CAREavan APPROACH and individual pilots;
- Identified synergies between the mapped use cases and the CAREavan APPROACH.

4.1.1. Definition

Nowadays, health and care service providers, solution providers, patients, citizens, and decision-makers in administration and management face mounting challenges. The healthcare sector is under pressure to become more ecologically sustainable, yet **many stakeholders struggle to access the latest knowledge, technologies, and best practices that could help them reduce their environmental footprint**. Health and care workers are often overwhelmed by heavy workloads and lack easy access to solutions that could make their daily work more effective and meaningful. Administrators and managers are tasked with driving systemic change but face resistance, limited resources, and the need to comply with evolving regulations. Patients and citizens, meanwhile, want to benefit from healthier, greener environments and innovative approaches, but often feel disconnected from the decision-making process. These challenges result in missed opportunities for sustainability, innovation, and improved well-being across the health and care ecosystem. Without coordinated action, the sector risks falling behind in addressing climate change, attracting new talent, and meeting the expectations of both professionals and the public.

To overcome these challenges, Bayern Innovativ, BIOPRO Baden-Württemberg and CUAS developed together the CAREavan APPROACH. This APPROACH aims to **bridge the gap between sustainability goals and practical implementation in healthcare by bringing targeted knowledge, innovative technologies, and proven best practices directly to all key stakeholders: health and care workers, administrators, industry partners, and citizens.** The CAREavan APPROACH is built on a series of pilots and roadshows that deliver hands-on demonstrations, mini-projects, and interactive exhibitions to local institutions and communities. By doing so, it ensures that sustainability is not just a distant ideal but a realizable, tangible part of everyday healthcare. The APPROACH draws on successful models, which showed that hands-on demonstrations at local sites lead to high engagement among professionals, and initiatives, which proved that transformation requires inclusive knowledge transfer involving both professionals and patients as well as industry partners.

To address the identified problems, the CAREavan APPROACH employs a multi-phase strategy. Throughout these phases, the CAREavan APPROACH leverages best practices from diverse initiatives: integrating patients and non-professionals into knowledge transfer loops, providing training for climate managers, and fostering the exchange of experiences at both local and international levels. The approach is designed to be scalable and adaptable, ensuring that successful methods can be expanded to new regions and settings.

Stakeholder engagement is at the heart of the CAREavan APPROACH. By involving **health and care workers, administrators, industry partners, and citizens** from the outset, the program ensures that everyone has a voice and a stake in the transition to sustainable healthcare. Local partnerships, ongoing feedback, and participatory methods guarantee that solutions are relevant and widely accepted.

As a result, the CAREavan APPROACH is expected to deliver a **more sustainable, resilient, and innovative healthcare sector**. Health and care workers gain tools that make their work more impactful and attractive, administrators can drive meaningful change with broad support, industry partners can lead with cutting-edge solutions, and citizens benefit from healthier environments and greater involvement. Ultimately, **CAREavan creates a shared journey towards a greener, more inclusive future in health and care – one that everyone can be part of**.

4.1.2. Use Cases - CAREavan

This section provides an overview of the use cases, offering insights into the best practices and interesting initiatives that the PPs adopted when developing the CAREavan concept. For each use case, the goal, key target groups, engagement tools, main description and synergies identification are provided.

4.1.2.1. Digital exhibition of the Forum Health Region Baden-Württemberg

Country: Germany

The main goal: Promoting Awareness

Target groups: General public and stakeholders of the health and care ecosystem

Engagement tools: Videos, texts, audios, interactive graphics

Website: Click here.

Description: The virtual exhibition showcases groundbreaking advancements in modern medicine—ranging from 3D-printed medications and AI for disease prevention and treatment, to personalized therapies for illnesses such as cancer and Parkinson's. These innovations highlight how medical research continues to reach important milestones, creating new possibilities for diagnosis and care while aiming to preserve and improve public health. The exhibition offers a multimedia experience with text, graphics, video, and audio, guiding visitors through key themes such as the challenges of future healthcare, the growing role of digitalization, and how the state of Baden-Württemberg is working to ensure that all citizens benefit from medical progress. Visitors can navigate through different virtual sections and explore pioneering projects that are helping to shape tomorrow's healthcare system. The virtual exhibition shows six subject areas: Diagnostics, Therapy, Digitalization, Health Literacy, Production and Professionals. Visitors gain insights into the medicine of the future and innovative projects from the region.

Synergies: (1) Key learnings – visitors of the exhibition gain insights into the medicine of the future and innovative projects from the region; (2) Links to CAREavan - it can be perceived as a role model for engagement of (non)professionals.

4.1.2.2. Touring exhibition / Roadshow of the Forum Health Region Baden-Württemberg

Country: Germany

The main goal: Bring information about innovative approaches to the citizens

Target groups: General public and stakeholders of the health and care ecosystem

Engagement tools: Roadshow, Local events and campaigns

Website: Click here

Description: The forum's traveling exhibition brings information about innovative approaches throughout Baden-Württemberg to the citizens. The exhibition was on the road for several days at seven locations across the country. In the accompanying program, the stage belongs to projects of the forum and initiatives of local partners.

Synergies: (1) Key learnings - brings digital health tools and innovations to local citizens at their ‘market place’ or health care provider at their educational sites; (2) Links to CAREavan - can act as role model on how to engage local partners and initiatives.

4.1.2.3. Digital Health Truck

Country: Germany

The main goal: Bringing digital health tools and innovations to local citizens at their ‘market place’ or health care providers at their educational sites.

Target groups: General public and stakeholders of the health and care ecosystem

Engagement tools: Roadshow - demonstrating the tools´ functionality and encouraging visitors to experience them by themselves.

Website: Click here

Description: As part of the BDIH-KTBW, the Digital Health Truck (DHT) is established as a mobile experience format touring through Baden-Württemberg. It offers interested citizens or health care provider the opportunity to view and experience various health applications directly on site in public places. The DHT travels to various municipalities, institutions and events all over Baden-Württemberg, presents the digital world of the healthcare system of the future in a clear and tangible way and organizes all sorts of teaching formats with local partners as required. The DHT includes: telemedicine devices (digital stethoscopes, ECGs, dermatoscopes, etc.), smart medical devices for home use (blood pressure monitors, clinical thermometers, etc.), wearables (smartwatches or chest straps for monitoring heart rate, respiration, temperature, etc.), digital health applications, etc.

Synergies: (1) Key learnings - brings digital health tools and innovations to local citizens at their 'market place' or health care provider at their educational sites; (2) Links to CAREavan - can act as role model for engagement of (non-)professionals.

4.1.2.4. TruDI

Country: Germany

The main goal: It aims to relieve and empower employees in the social economy through digital and AI-supported applications. Employees learn and test how to use digital applications and develop skills and confidence in them.

Target groups: Employees

Engagement tools: Classic Roadshow with hands-on demonstration

Website: Click here

Description: The TruDi roadshow offers the opportunity to get to know and try out modern technologies for day-to-day work - practically and concretely, in local institution. TruDi is the digitalization truck of the *pulsnetz KI* project. Various technologies are demonstrated and explored, supporting the development of ideas for practical application in everyday professional settings.

Synergies: (1) Key learnings - roadshow with hands-on demonstration in the local institution leads to high engagement; (2) Links to CAREavan - can be used as role model on how to make a roadshow interesting with a high engagement by professionals.

4.1.2.5. Health Care BY Your Side | Gesundheitsnetz Franken

Country: Germany

The main goal: The establishment of needs-oriented, practical, effective and safe healthcare that focuses on the individual.

Target groups: Service providers, general public

Engagement tools: Workshops, Webinars, Roadshows, expert interviews

Website: Click here

Description: Health Care BY Your Side (HCBYS) is a project that complements the Telematics Infrastructure Model Region Franconia (TIMO-Franconia). The aim is to easily integrate digital applications into everyday healthcare in order to offer patients more efficient healthcare. Providers from medicine, care, therapy and other areas, the so-called service providers (LEI), are also to be supported in this. Initiated by the Bavarian State Ministry of Health, Care and Prevention (StMGP), HCBYS aims to present digital solutions to stakeholders in the healthcare system as well as citizens and familiarize them with their practical use.

Synergies: (1) Key learnings - successful transformation in healthcare requires a comprehensive, inclusive approach that builds literacy, actively involves all stakeholders, and supports both technological and organizational change; (2) Links to CAREavan – integration of patients and non-professionals into the knowledge transfer loop.

4.1.2.6. Plan H: Planetary Health

Country: Germany

The main goal: Support of healthcare facilities by the development and implementation of sustainability in their organizations.

Target groups: Employees of healthcare providers

Engagement tools: Workshops, webinars

Website: Click here

Description: This course supports clinics and care facilities in the development and implementation of a sustainability strategy as well as in the preparation of the mandatory sustainability report in accordance with the CSRD Directive and a greenhouse gas balance in order to identify potential for reducing emissions. The institutions begin implementing the measures developed during the training and are supported by experts. The action-oriented and interdisciplinary Planetary Health perspective provides the framework for the course.

Synergies: (1) Key learnings - course supports clinics and care facilities in the development and implementation of a sustainability strategies; (2) Links to CAREavan - provides best practices that can be implemented.

4.1.2.7. GGHH - Global Green and Healthy Hospitals

Country: Austria

The main goal: Awareness raising and education, promotion of green technologies and global reach with local impact

Target groups: Healthcare employees

Engagement tools: Traveling campaigns and events, collaborative demonstrations

Website: Click here

Description: The Global Green and Healthy Hospitals (GGHH) network is a comprehensive initiative where healthcare facilities, systems, and organizations collaborate to integrate sustainability into healthcare operations. GGHH is acting as a medium for promoting and implementing green technologies and sustainable practices across healthcare systems globally. It creates a virtual and sometimes physical space for hospitals to lead by example and educate others on sustainability in healthcare.

Synergies: (1) Key learnings – a global medium for promoting and implementing green technologies and sustainable practices across healthcare systems; (2) Links to CAREavan - provides best practices that can be implemented.

4.1.2.8. ÖVGK - Österreichischer Verband Grüner Krankenhäuser

Country: Austria

The main goal: Networking and information, sharing advocacy and public relations, education and training

Target groups: Healthcare institutions, healthcare professionals

Engagement tools: Workshops and seminars, publications and reports, and collaborative projects

Website: Click here

Description: The Österreichischer Verband Grüner Krankenhäuser (ÖVGK), or Austrian Association of Green Hospitals, is a network dedicated to promoting sustainability and environmental responsibility within Austria's healthcare sector. Established to address the increasing importance of ecological considerations in hospital management, the ÖVGK supports its members in implementing environmentally friendly practices and fosters the exchange of knowledge and experiences related to ecology, health, and resilience.

Synergies: (1) Key learnings - exchange of knowledge and experiences related to ecology, health, and resilience supports the implementation of environmentally friendly practice; (2) Links to CAREavan - provides best practices that can be implemented.

4.1.2.9. KLIK Green

Country: Germany

The main goal: Significant CO_2 reduction; broad participation and implementation - engage 250 hospitals and rehabilitation clinics across Germany to implement over 1,600 climate protection measures; capacity building - train facility staff to become climate managers; financial benefits; and long-term sustainability and networking - foster a network of climate managers through training, workshops, and professional exchanges.

Target groups: Medical personnel, administrative staff, and facility managers

Engagement tools: Training programs, workshops and seminars, online platforms, networking opportunities, incentive programs

Website: Click here

Description: The KLIK green project, funded by Germany's Federal Ministry for the Environment from May 2019 to April 2022, successfully concluded with the participation of 250 hospitals and rehabilitation clinics implementing over 1,600 climate protection measures. The initiative aimed to avoid at least 100,000 tons of CO_2 equivalents by training facility staff as climate managers to set specific climate goals and implement measures in areas such as energy, procurement, IT, mobility, waste reduction, and food services. Following its success, the BUND Berlin and KGNW launched the KLIK green+ event series to continue promoting climate protection in healthcare facilities.

Synergies: (1) Key learnings - training of specific climate managers helped improve the implementation of climate protection measures within healthcare facilities; (2) Links to CAREavan - provides best practices that can be implemented.

4.2. STEMlab

STEMlab is led by PP5/UKCM and developed in collaboration with PP6/BVF. The project partners have achieved the following:

- Developed a unique definition of the STEMlab APPROACH through the storytelling exercise, aiming to summarize the key insights gathered from previous activities;
- Showcased use cases—best practice examples and inspiring initiatives—from which partners can learn while building their STAMlab APPROACH and individual pilots;
- Identified synergies between the mapped use cases and the STAMlab APPROACH.

4.2.1. Definition

One of the biggest challenges in today's healthcare systems is the **gap between those who design innovations and those who use them**. Nurses and other healthcare professionals often encounter digital tools that disrupt workflows rather than support them. At the same time, technology providers struggle to understand what actually works in clinical practice, leading to solutions that are underused or quickly abandoned. Patients are also rarely involved in shaping the technologies that affect their care.

To overcome these challenges, the STEMlab approach was developed as **a cross-border model for co-creating, testing, and refining healthcare innovations directly with end-users**. It is being implemented across the Alpine region by partners such as University Medical Centre Maribor (UKCM) and BioValley France (BVF), each contributing their unique expertise and environments to the **shared goal of more effective, user-centered innovation**.

At UKCM, STEMlab focuses on **improving nursing practice by introducing a digital platform that uses standardized classifications** (NANDA-I, NIC, NOC) to simplify care documentation and improve safety. Nurses are engaged in the process from the start — testing the platform, providing feedback and shaping how the system fits into their daily work. Training and co-creation workshops help build digital competencies and ensure the solution works in practice, not just in theory. In parallel, BVF is using the STEMlab model to strengthen collaboration between healthcare professionals and technology providers. Through structured co-creation workshops, field surveys, and workflow analysis, BVF's pilot helps **identify real user needs and align them with tech solutions**. By improving communication between care teams and developers, BVF aims to reduce the failure rate of healthcare innovations and deliver market-ready products that actually serve patients and staff.

What connects both partners is the belief that **innovation must be collaborative, grounded and iterative**. In STEMlab, **healthcare workers are not just testers, they are co-designers**. Technology is not just introduced, it is adapted and improved through real-world use. Success is not just about deploying new tools, it's about ensuring those tools make care safer, more efficient and more human.

Together, UKCM and BVF show how STEMLab can be flexibly applied to different contexts while maintaining a shared approach: **one that values feedback, fosters engagement and drives meaningful change from the ground up**. **By turning clinical settings into active spaces of innovation, STEMLab helps bridge the gap between vision and reality, building stronger health systems for everyone involved.**

4.2.2. Use Cases - STEMlab

This section provides an overview of the use cases, offering insights into the best practices and interesting initiatives that the PPs adopted when developing the STEMlab concept. For each use case, the goal, key target groups, engagement tools, main description and synergies identification are provided.

4.2.2.1. Inno'Launch

Country: France

The main goal: Encourage co-development of an innovative solution between a hospital department and one or more companies.

Target groups: Caregivers, researchers, corporate R&D departments, executives.

Engagement tools: BioValley France innovation manager defines the requirements and presents them, along with the event concept, to a number of identified companies. As a result, those present knew why they were there and what expertise they could contribute to the project. The initial objectives were respected in terms of timing, the quality of exchanges and meals. Additionally, the signing of an NDA prior to the meeting encourages exchanges.

Description: Project implemented in collaboration with Strasbourg University Hospitals and various companies, focusing on internal-use pharmacy, anesthesia/intensive care, perioperative medicine, and rheumatology. The initiative is carried out in two phases: (1) a hospital or corporate department presents an innovative project for which it lacks some of the expertise needed for development. Experts from both the private and public sectors are brought together to brainstorm and co-develop a solution; (2) a lunch meeting offers a relaxed setting for further exchange, fostering the creation of meaningful connections between participants.

Synergies: (1) Key learnings - facilitates co-creation between hospitals and companies to solve healthcare challenges; (2) Links with STEMlab - models collaborative innovation, interdisciplinary teamwork, and real-world problem solving.

4.2.2.2. Pagode Ouverte

Country: France

The main goal: Raise awareness among everyone, especially carers, of the innovations being developed in Strasbourg.

Target groups: Doctors, caregivers, innovators, patients, general public

Engagement tools: Stay focused on the expertise of the players involved and make concrete progress on a specific idea

Website: Click here

Description: *Pagode Ouverte* is an event dedicated to promoting innovation in medical technology, held at the newly inaugurated building of the Nextmed campus within Strasbourg University Hospitals. This event brings together around twenty companies, providing them with a platform to present their latest healthcare innovations to professionals and visitors seeking new solutions. Attracting over one hundred attendees, *Pagode Ouverte* offers a unique opportunity to explore the healthcare technologies of tomorrow.

Synergies: (1) Key learnings - promotes awareness of medical tech innovation among carers and the public at Strasbourg's Nextmed campus; (2) Links with STEMlab - encourages science communication, community engagement, and exposure to real-world STEM applications.

4.2.2.3. Artificial Intelligence in Health community

Country: France

The main goal: To respond collectively in a specific region to shared issues or to the development of an innovation in the health sector (digital, bioproduction, access to healthcare, etc.).

Target groups: Managers or people wishing to get involved in the ecosystem

Website: Click here

Description: These communities are built around interaction, with events that foster collaboration, skill-sharing, and joint problem-solving. They focus on turning shared challenges into concrete projects including academic and institutional partners to support training and innovation. BioValley France's members include players with different profiles (academics, SMEs, industrial groups, hospitals, CROs, etc.), who work together to respond to a local issue or a call for projects. For example, **"Artificial Intelligence in Health" community** provides healthcare professionals with access to multidisciplinary expertise, such as clinical testing. It also enables solution providers to develop concrete solutions that meet institutional strategies, thus allowing them to increase their expertise and reputation. The community make it possible to improve the competitiveness of companies, research and to design innovative technical solutions.

Synergies: (1) Key learnings - builds regional collaboration to address shared challenges in health, tech, and environment. (2) STEMlab link - promotes interdisciplinary cooperation and regional problem-solving which are the key components of STEMlab's real-world focus.

4.2.2.4. eZdravje

Country: Slovenia

The main goal: The goal is to modernize and digitize Slovenia’s healthcare system, making services more efficient, accessible and secure. It aims to reduce administrative burdens, improve patient access to medical data, enable telemedicine and enhance data security. As part of Slovenia’s National eHealth Strategy, it also aligns with EU digital health policies, ensuring interoperability and cross-border healthcare integration.

Target groups: Doctors, caregivers, innovators/developers, patients, general public

Website: Click here

Description: eZdravje is Slovenia's national eHealth system, designed to digitize healthcare services. It includes ePrescriptions, eAppointments, electronic health records and telemedicine, improving efficiency, patient care and data security. It is part of Slovenian digital transformation in healthcare - an umbrella initiative for integrating digital solutions into the Slovenian healthcare system, improving patient care, efficiency, and data management.

Synergies: (1) Key learnings - digitizes healthcare (ePrescriptions, telemedicine) and improves data management; (2) Links with STEMlab - promotes systems thinking, data literacy and understanding digital infrastructure.

4.2.2.5. AI4HOPE

Country: Slovenia

The main goal: The objective is to deepen understanding of dementia by examining key symptoms like pain and distress and exploring how health determinants influence disease progression and treatment outcomes. It develops and tests holistic care models that address the physical, psychological and social needs of people with dementia to improve their quality of life. Innovative AI-driven digital tools are created to support clinical decisions, streamline workflows and enable personalized care. The project also generates scientific evidence to inform inclusive and sustainable health policies and legal frameworks at both EU and global levels.

Target groups: Doctors, caregivers, innovators/developers, patients, general public

Website: Click here

Description: AI4HOPE is tackling the growing need for quality palliative care for people with dementia. Using digital health tools, like mobile apps, online platforms, and Virtual Reality, combined with AI, the project supports symptom management, care planning, education, and communication for patients, caregivers, and professionals. It aims to create trustworthy, inclusive digital solutions that address care gaps, cultural diversity, and professional barriers, ultimately improving quality of life and shaping national and international health policies.

Synergies: (1) Key learnings - shows how digital tools (VR, AI, and apps) improve dementia care through inclusive, ethical design; (2) Links with STEMlab - encourages real-world problem solving, user-centered design and ethical discussions in STEM projects.

4.2.2.6. HosmartAI (Humanoid Robot FRIDA)

Country: Slovenia

The main goal: FRIDA aims to enhance healthcare by assisting medical staff with routine tasks, reducing workload and improving patient monitoring through AI-driven automation. It enhances patient care by providing real-time vital sign tracking, enabling remote consultations, and offering interactive support. Additionally, Frida promotes AI integration in hospitals, optimizing workflows and advancing medical robotics research.

Target groups: Doctors, caregivers, innovators/developers, patients, general public

Website: Click here

Description: FRIDA, the humanoid robot (pilot in Horizon 2020, HosmartAI project) developed in Slovenia, is an advanced healthcare innovation designed to assist medical staff with routine tasks, improve hospital efficiency, and enhance patient care. Created by the Faculty of Electrical Engineering and Computer Science (FERI) at the University of Maribor, Frida is equipped with AI-driven capabilities that allow it to monitor vital signs, measure temperature and blood pressure, and facilitate communication between patients and healthcare providers.

Synergies: (1) Key learnings - AI-powered robot assists healthcare staff and patients in hospitals; (2) Links with STEMlab - offers hands-on robotics, AI, and ethics-in-tech learning opportunities.

4.3. PolicyParley

PolicyParley is led by PP3/NÖ LGA and developed in collaboration with LP1/PAT, PP2/PAT and PP9/HSLU. The project partners have achieved the following:

- Developed a unique definition of the PolicyParley APPROACH through the storytelling exercise, aiming to summarize the key insights gathered from previous activities;
- Showcased use cases—best practice examples and inspiring initiatives—from which partners can learn while building their PolicyParley APPROACH and individual pilots;
- Identified synergies between the mapped use cases and the PolicyParley APPROACH.

4.3.1. Definition

Nowadays, health and care service providers, patients, and policymakers face various problems, including **a lack of coordination and exchange between different types of stakeholders** (R&D, policy-makers, citizens/patients, doctors/nurses); **limited resources** that must be allocated, so it is important to properly assess where to invest these scarce resources; citizens/patients who are often powerless when shaping the healthcare sector of which they are the primary users; and **innovation that cannot be achieved without the engagement of all parties** (quadruple helix), among others. These issues **reduce access to efficient health and care services**, **hinder innovation and increase trust issues** among all parties regarding the future of healthcare.

Within the PolicyParley APPROACH, these problems will be addressed by **simplifying and facilitating dialogue between different types of stakeholders, facilitating the implementation and adoption of innovations and research in practice, and working at local, regional, national and European levels to create consistency and complementarity between ecosystems**.

Through initiatives of LGA, PROMIS, PAT, and HSLU, platforms for open, structured and sustained dialogue will be established. At the heart of the HSLU model lies citizen science, where citizens, patients and experts actively contribute their experiences and data. This approach empowers individuals to play an active role in shaping the future of care.

PolicyParley is more than a theory—it's a response shaped by real experiences across Europe: The JACARDI initiative showed how improved coordination between stakeholders at various levels can reduce cardiovascular disease. By aligning actors across the system, they turned fragmented care into integrated action. At the EU level, the THCS (Transforming Health and Care Systems) highlights how partnerships can shape system-wide transformation. Within this framework, PROMIS helps assess the impact of engaging policymakers by tracking how participation in dialogue changes attitudes, actions, and policies over time. Austria's Gesundheitsziele strategy put the quadruple helix into practice by creating cross-sectoral working groups to define and drive national health goals. Similarly, the Österreichischer Strukturplan Gesundheit (GÖG) demonstrated the power of broad inclusion, including everyone from doctors and nurses to researchers and regulators. The Patient and Public Involvement (PPI) frameworks have shown how citizens can meaningfully contribute to clinical research, with the support of resources and guidelines ensuring their voices are heard. Projects like AG Citizen Science in Medizin und Gesundheitsforschung in Germany emphasize community building and the establishment of long-term relationships with the public to embed co-creation in health research.

All these efforts — large and small, local and European — lead to the belief that the best healthcare systems are not built in isolation, but through structured, inclusive and iterative dialogue. PolicyParley brings people together at all levels — local, regional, national and European — to rebuild trust, encourage collaboration and create a healthcare system that is truly co-designed and resilient for everyone. The future of healthcare should not be designed for people. It should be designed with them.

4.3.2. Use Cases

This section provides an overview of the use cases, offering insights into the best practices and interesting initiatives that the PPs adopted when developing the PolicyParley concept. For each use case, the goal, key target groups, engagement tools, main description and synergies identification are provided.

4.3.2.1. HCS - Transforming Health and Care Systems

Country: EU Initiative

The main goal: THCS aims to support the transition towards more sustainable, efficient, and resilient health and care systems through research and innovation.

Target groups: Policymakers, healthcare providers, researchers, patient organizations

Engagement tools: Stakeholder workshops, policy dialogues, co-creation sessions.

Website: Click here

Description: THCS is a European partnership that fosters collaboration among stakeholders to co-create solutions addressing systemic challenges in health and care. The project emphasizes the alignment of research outcomes with policy agendas to drive systemic reforms. THCS raises awareness among policymakers, citizens, and health authorities about the urgent need to transform European health and care systems toward sustainability, equity, and resilience. It highlights systemic challenges and the role of innovation in addressing them. The project provides a multi-level platform for collaboration among decision-makers, researchers, clinicians, and social stakeholders to co-design actionable solutions that respond to real system needs. THCS supports pilot initiatives across EU countries to show how integrated and evidence-based approaches can be practically implemented and adapted to diverse healthcare settings. By promoting new models of governance, financing, and service delivery, THCS encourages the development and testing of scalable, future-oriented healthcare solutions.

Synergies: (1) Key learnings - EU partnership to transform the healthcare sector. PROMIS is involved in impact assessment on healthcare transfromation (involvement of policy-makers and how to measure their involvement); (2) Links with PolicyParley - how to engage with policy-makers and how their interest can change following some actions/discussions.

4.3.2.2. JACARDI - Joint Action on CARdiovascular DIseases and Diabetes

Country: EU initiative

The main goal: To reduce the burden of cardiovascular diseases (CVD) and diabetes across EU Member States by implementing evidence-based interventions and fostering policy integration.

Target groups: National and regional health policymakers, healthcare providers, patient organizations, and public health institutions.

Engagement tools: Stakeholder workshops, conferences

Website: Click here

Description: JACARDI is a European Joint Action under the EU4Health programme, focused on reducing the burden of cardiovascular diseases (CVD) and diabetes across Member States. Its core mission is to support the implementation of evidence-based, scalable interventions for prevention, early detection, and management of these chronic diseases through coordinated action at national and EU levels. JACARDI increases visibility of the growing burden of cardiovascular diseases and diabetes in Europe, underlining the need for integrated and preventive health policy responses. The project enables structured cooperation among Member States, health professionals, and institutions to align efforts, share practices, and develop coordinated strategies across regions. Through the identification and replication of best practices, it facilitates the implementation of effective interventions in national and regional health systems. JACARDI drives innovation in prevention, early detection, and care management by combining clinical knowledge, digital health tools, and health policy expertise.

Synergies: (1) Key learnings - reduce cardiovascular disease through better coordination among stakeholders at different level; (2) Links with PolicyParley - JACARDI embodies the PolicyParley methodology by actively engaging policymakers in structured dialogue with healthcare professionals, researchers, and patient organizations. It fosters policy-level understanding of systemic health challenges and facilitates co-creation of strategies that improve the adoption of effective solutions. Through workshops, knowledge exchange platforms, and policy briefings, JACARDI promotes informed, collaborative decision-making aligned with real-world healthcare needs.

4.3.2.3. ENBEL - Enhancing Belmont Research Action to Support EU Policy Making on Climate Change and Health

Country: EU initiative

The main goal: To bridge the gap between scientific research and policymaking by translating evidence from climate, environment, and health studies into actionable insights for EU and national policies.

Target groups: EU and national policymakers, public health officials, climate adaptation stakeholders.

Engagement tools: Stakeholder mapping, policy-relevant meetings, development of targeted knowledge products.

Website: Click here

Description: ENBEL engages with decision-makers and stakeholders involved in climate adaptation and health policies to understand their evidence needs. The project conducts stakeholder mapping, evidence gap analyses, and develops knowledge products tailored to policymakers. ENBEL brings attention to the health impacts of climate change, translating complex scientific findings into clear messages for policymakers and public health communities. The project unites researchers, health authorities, and environmental agencies in a dialogue-driven process to align scientific knowledge with policy development. ENBEL produces policy briefs, stakeholder-informed reports, and knowledge products that directly support decision-making at EU and national levels. By advancing interdisciplinary methods and bridging climate-health research with governance, the project contributes to innovative approaches for health-informed climate policies.

Synergies: (1) Key learnings - connection between researchers and policy-makers for climate change and healthcare; Links with PolicyParley - ENBEL's approach of direct engagement with policymakers to inform and shape health-related climate policies is a good way of fostering strategic understanding through dialogue.

4.3.2.4. Erasmus+ project Dialogical-work

Country: Italy

The main goal: Dialogical Work aims to promote integrated and multi-professional work between professionals from social, health and education organisations, through the practice and dissemination of innovative dialogical approaches oriented towards the active participation of stakeholders and actors from local and national work settings (bottom up).

Target groups: Professionals from social, health and education organisations, policy makers, citizens

Engagement tools: Guidelines for creating and supporting governance towards a dialogic approach

Website: Click here

Description: A dialogical approach increases and enhances the skills necessary for strengthening and consolidating integrated and multi-professional working methods oriented towards collaborative practices, thereby overcoming bureaucratic and sectorial approaches in educational, health and social contexts. This is because it is functional to the evolutionary subsistence of complex organisational contexts that are continually challenged by changes. It is also strategic in spreading the necessary change of perspective to promote generative and permanent networks of collaboration involving citizens, intermediate bodies, services and institutions on an equal footing.

Synergies: (1) Key learnings - active listening and dialogic approach fostering collaboration in work settings; (2) Links with PolicyParley - pilot represents ideal context for applying dialogic methods.

4.3.2.5. TrentinoSalute4.0 - Competence Centre for the development of Digital Health in Trentino

Country: Italy

The main goal: The main strategic goals of TrentinoSalute4.0 are to align the agendas of the relevant stakeholders in eHealth services; cover the entire supply chain in health services from research to innovation; accelerate the process from testing new technologies to implementing innovative health services; implement effective 4-helix approach through co-creation processes.

Target groups: Healthcare professionals, physicians, general practitioners, nurses, citizens, patients, patient organizations.

Engagement tools: End-users are involved in co-creation processes through living labs in order to ensure effective and accepted solutions, provide on-the-job training and strengthen the commitment of all actors involved.

Website: Click here

Description: The competence centre for the development of digital health in Trentino was formally established by a provincial government act in 2016 to realize a strategic policy intervention in e-health which was foreseen by the Provincial Law on health of 2010. The centre includes the Autonomous Province of Trento in the role of decision maker, the Provincial Healthcare Trust (APSS) in the role of provider of services and the Bruno Kessler Foundation (FBK) as a research institute. TrentinoSalute4.0 also involves citizens, health professionals and sector companies according to a quadruple helix approach. The governance of TrentinoSalute4.0 is entrusted to two bodies, composed of representatives from each of the three bodies that make up the Centre: the Steering Committee and the Executive Committee. The Steering Committee is responsible for defining and proposing the high-level strategies (guidelines) of TS4.0, overseeing their implementation and evaluating the results achieved. The Executive Committee defines the programmes, plans the activities, and ensures the implementation of projects and the monitoring of the results achieved. Furthermore, the Executive Committee meets on a monthly basis the programme manager of TS4.0 and all the project managers working in the Centre to be aligned on ongoing and upcoming activities.

Synergies: (1) Key learnings - inter-institutional governance to integrate digital innovation in healthcare; (2) Links with PolicyParley - formal agreement for inter-institutional collaboration.

4.3.2.6. EUCanScreen - European Joint Action on Cancer Screening

Country: EU initiative

The main goal: The general objective of EUCanScreen is to assure sustainable implementation of high-quality screening for breast, cervical and colorectal cancers, as well as implementation of the recently recommended screening programs – for lung, prostate and gastric cancers.

Target groups: National and regional health policymakers, healthcare providers, patient organizations, and public health institutions.

Engagement tools: Stakeholder workshops, conferences

Website: Click here

Description: EUCanScreen is a European Joint Action under the EU4Health programme. The European Beating Cancer Plan highlights the need for a new EU-supported cancer screening programme to ensure high performance of cancer screening programmes in all Member States. The overall objective of EUCanScreen is to ensure sustainable implementation of high-quality screening for breast, cervical and colorectal cancers, as well as the implementation of the recently recommended screening programmes for lung, prostate and gastric cancers. EUCanScreen will facilitate the reduction of cancer burden and the achievement of equity across the EU. The EUCanScreen Work Plan builds on the achievements of key EU activities in screening and consists of eleven interconnected work packages.

Synergies: EUCanScreen embodies the PolicyParley methodology by actively engaging policymakers in structured dialogue with healthcare professionals, researchers, and patient organizations. Alongside several work packages, engagement of different stakeholders will be encouraged to foster exchange of ideas and alignment towards a common goal.

4.3.2.7. EUVECA - European Platform for vocational Excellence in Healthcare

Country: EU initiative

The main goal: EUVECA aims to increase the quality and appeal of vocational training and lifelong learning within the European healthcare sector and the health care education system; support the implementation of the European Skills Agenda 2020 by ensuring continuous and high-quality VET (Vocational education and training) is available to professionals in the health care sector, with a focus on lifelong modern skills training; and contribute to the development of the European Education Area by fostering long-term, sustainable collaboration across the higher education and VET sectors.

Target groups: National and regional health policymakers, healthcare providers, Universities, healthcare professionals, students and teachers

Engagement tools: Education4Health Platform; Creation of RVEH - Regional Vocational Excellence Hubs

Website: Click here

Description: EUVECA is an ERASMUS+ project designed to support the development of future-oriented skills within the health and care sector. At the heart of the project is the creation of 7 European Regional Vocational Excellence (RVE) Hubs, which will collaborate through a European Platform for Vocational Excellence.

Synergies: (1) Key learnings - VET driving innovation and sustainability in healthcare sector; (2) Links with PolicyParley - capacity building / education hubs.

4.3.2.8. Pilotprojekt „Gesundheit.Region.Waldviertel"

Country: Austria

The main goal: The primary objective of the Gesundheitsregion Waldviertel was to strengthen the healthcare infrastructure and improve the accessibility and quality of healthcare services in the Waldviertel region of Lower Austria. By fostering collaboration between policymakers, healthcare providers, researchers, and local communities, the initiative aimed to address regional healthcare challenges such as limited access to services in rural areas, demographic changes, and workforce shortages. The project focused on developing sustainable healthcare solutions tailored to the specific needs of the region, while also promoting preventive care and innovative approaches to health service delivery.

Target groups: Regional political decision-makers, healthcare facilities and care providers in the Waldviertel, scientific partners (e.g. Danube University Krems), citizens and patient organisations, nursing and medical organisations.

Engagement tools: Regional strategy workshops, coordination rounds with municipalities and stakeholders, local pilot measures, participation through focus groups and interviews, co-operative steering groups with politicians and service providers.

Website: Click here

Description: The Gesundheitsregion Waldviertel initiative was a pilot project that brought together regional stakeholders to co-create and implement strategies for improving healthcare services in the rural Waldviertel area. Key activities included workshops, stakeholder dialogues, and public engagement sessions aimed at identifying regional healthcare challenges and collaboratively developing solutions. The project emphasized preventive healthcare measures, such as health literacy campaigns and community-based programs, and explored innovative healthcare delivery models, including digital health solutions and cross-sectoral partnerships. The initiative also focused on addressing demographic challenges by improving healthcare access for aging populations and supporting healthcare workforce development through targeted training and recruitment strategies. This collaborative and region-specific approach made it a blueprint for similar initiatives in other rural areas.

Synergies: (1) Key learnings - healthcare stakeholders created a network to promote health services; (2) Links with PolicyParley - how the quadruple helix come together in one network.

4.3.2.9. „Gesundheitsziele Österreich“ - A National Public Health Strategy Process

Country: Austria

The main goal: To define a long-term, intersectoral health policy strategy for Austria with the aim of improving health outcomes and reducing health inequalities through collaborative, participatory policymaking. The process involves broad stakeholder engagement to co-develop and implement 10 national health targets.

Target groups: Federal ministries (health, education, environment, social affairs), state governments, social insurance institutions, NGOs and advocacy groups, professional associations (e.g. medical chambers), academia and research institutions, and citizens (via civil society representation).

Engagement tools: Intersectoral working groups, consensus-building conferences, stakeholder consultations and surveys, online feedback platforms, strategic workshops and public dialogues, and continuous monitoring and evaluation sessions.

Website: Click here

Description: "Gesundheitsziele Österreich" is a policy initiative launched in 2011 that brings together actors from various sectors – including health, education, environment, and social affairs – to collaboratively shape national health policy. The process is structured, inclusive, and consensus-driven. It defined 10 long-term health goals (e.g. health literacy, healthy lifestyles, psychosocial health) and includes regular working groups, cross-sectoral action planning, and monitoring. It is coordinated by the GÖG and stands out for its strong emphasis on inter-ministerial and stakeholder dialogue, making it a model PolicyParley initiative.

Synergies: (1) Key learnings: national strategy - defines health goals and creates cross-sectoral planning and working groups; (2) Links with PolicyParley – bringing all TG representatives to work together.

4.3.2.10. Österreichischer Strukturplan Gesundheit (ÖSG)

Country: Austria

The main goal: The goal of the ÖSG is to ensure coordinated, needs-based, and quality-oriented healthcare planning across Austria. Developed jointly by federal and regional authorities along with social insurance, the plan defines healthcare goals, service standards, and structural quality criteria to improve accessibility, efficiency, and sustainability of the healthcare system.

Target groups: Health policymakers (federal and state level), social health insurance representatives, healthcare institutions (hospitals, outpatient centers), medical and nursing professional associations, planning experts and public health researchers, and patient advocacy groups (indirectly involved through need assessments).

Engagement tools: Expert working groups and panels, formal consultation processes with national and regional authorities, intersectoral coordination committees, publicly accessible documents and reports for transparency, and stakeholder workshops and structured consensus-building meetings.

Website: Click here

Description: The Austrian Health Structure Plan is a national strategic planning tool that guides healthcare delivery across regions. It sets clear targets for the development of inpatient, outpatient, and cross-sectoral healthcare services. The plan is regularly updated through an iterative, participatory process involving a wide range of stakeholders. It serves as a practical framework to address demographic change, digitalization, and regional disparities in access to care.

Synergies: (1) Key learnings - national strategic planning tool established to optimize healthcare delivery; (2) Links with PolicyParley - Lots of target groups have been involved from policymakers to doctors, researchers, and nurses to create this structure.

4.3.2.11. Patient and Public Involvement (PPI)

Country: Switzerland

The main goal: Patient and public involvement in clinical research

Target groups: Public, scientists, policymakers

Engagement tools: Info on subsection of national association, factsheet and newsletter

Website: Click here

Description: A partnership based on both mutual trust and transparent communication is what forms the foundation of a dialogue between researchers and those affected by research. The SCTO (Swiss clinical trial organisation) promotes this dialogue and advocates for the support and implementation of patient and public involvement (PPI) in academic clinical research. PPI in clinical research can be defined as research that is carried out *with* or *by* patients or members of the public instead of *to*, *about*, or *for* them. It means they are involved in a research project or initiative as equal partners, for example by:

- Working with research funding organizations to prioritize proposed research projects according to their relevance for those affected by the research.
- Providing advice on a specific project as a member of a decision-making body.
- Contributing to research information materials by providing feedback on them or helping develop them.

Synergies: (1) Key learnings - how to involve patients and the public on clinical trials; (2) Links with PolicyParley – resources and guidelines available on how to motivate citizens scientists.

4.3.2.12. AG Citizen Science in Medizin und Gesundheitsforschung

Country: Germany

The main goal: Citizen Science in medicine and health research involves patient and citizen participation.

Target groups: General public including scientists, patients, and others.

Engagement tools: Website, Online-Café

Website: Click here

Description: Citizen Science in medicine and health research involves the participation of patients and citizens in the scientific process. It presents unique opportunities, such as enhancing data collection and fostering broader public engagement, but also challenges, including issues of data quality, ethics, and participant privacy. To address these questions, the Citizen Science in Medicine and Health Research working group was established at the Citizen Science Forum 2021. Interested individuals are invited to learn about the group's goals and actively contribute to its development.

Synergies: (1) Key learnings - Use citizen science in the health and care sector. It would be interesting to see their infrastructure, as the objective is to maintain contact over a longer period of time and build a community. (2) Links with PolicyParley - citizen science approach in health and care can help develop research question with input from the public.

4.3.2.13. TRANSFORM SFC (Science for change)

Country: EU initiative

The main goal: To facilitate collaborative research between different agents to co-design solutions to challenges that concern citizens and contribute to evidence-informed public policies.

Target groups: Public, scientists, policymakers

Engagement tools: Citizen Science, participatory approaches

Website: Click here

Description: In TRANSFORM, three European regions (Catalonia, Lombardy and Brussels-capital) join forces to experiment and adopt innovative methodologies of public participation and co-creation. The goal: to make their research and innovation (R&I) activities and policies more accountable and aligned with societal needs, applying the principles of “Responsible Research and Innovation” (RRI). In Catalonia, the methodology implemented is citizen science, so two pilot projects have been developed based on this methodology, specifically applied to the field of waste management and health. In both pilot projects, a multi-stakeholder working model has been followed, involving a diversity of actors.

Synergies: (1) Key learnings – Citizen science in practice; (2) Links with PolicyParley - Validating the model for using citizen science. They also have European regions where they use a participatory approach for the health pilot.

5. Health & Care Actor-Focused Innovation Transfer Toolkit, based on Social, Multi Actor Approaches

This section provides a unique overview of the methods for multi-actor, multi-stakeholder engagement collected by the project partners. These methods will be used on various occasions throughout the project activities where the involvement of different stakeholders is crucial. They have been specifically gathered for stakeholder engagement within the three project APPROACHES – CAREavan, STEMlab, and PolicyParley.

The gathered methods are organized into six categories, explained in Section 3. An overview is also provided in a table that showcases the categories, basic descriptions, and the methods belonging to each category.

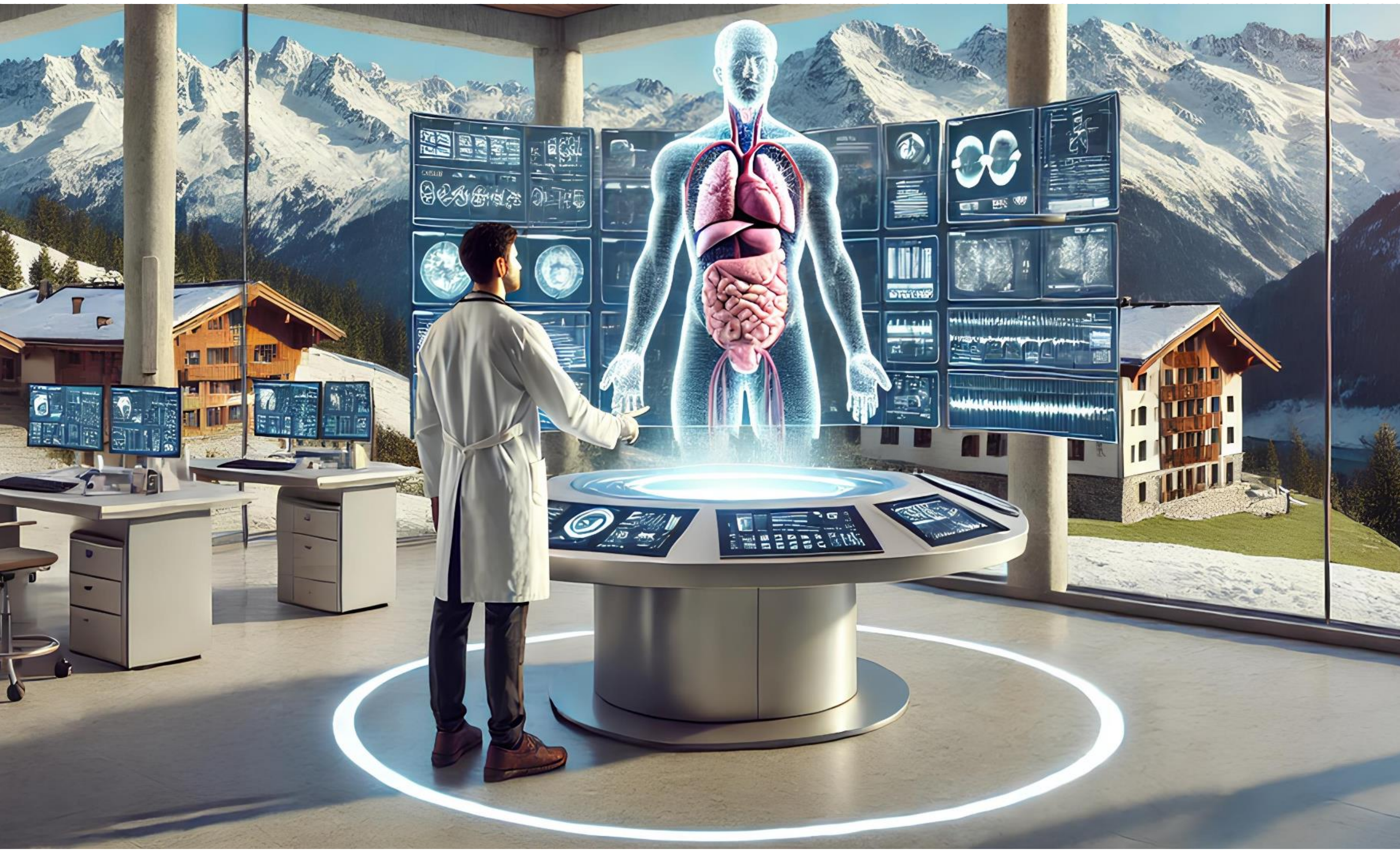
The aim of this categorization is to help PPs and other users more easily find the stakeholder engagement methods they need based on their specific objectives. Therefore, before using this Toolkit, the stakeholder engagement objectives should be clearly defined, along with the stakeholder groups, their relevance, and the benefits they will receive. These elements were established for each APPROACH during the third co-creation camp and can be found in Section 2.3 of this document.

In total, PPs have gathered 44 methods for multi-stakeholder engagement, distributed as follows: 10 for assessing, six for disseminating, one for advocating, two for supporting, eleven for consulting, and fourteen for collaborating.

It is recommended that, prior to each stakeholder engagement activity and before selecting the appropriate methods, PPs conduct a preparatory exercise to define both the stakeholders and the stakeholder engagement objectives.

For each method, the basic information provided includes: a short description, the recommended number of participants (either per group or in total), materials needed for implementation and preparation, tips for facilitators highlighting key considerations for organizing the event, potential risks to consider along with mitigation plans, and the steps for implementation.

The Toolkit is designed to be saved separately from this document, having its own specific design and cover page. If the consortium agrees, the Toolkit can also be made available to external stakeholders and published on the project website, allowing others to build on the knowledge gathered by the consortium.



Health & Care Actor-Focused Innovation Transfer Toolkit, based on Social, Multi-Actor Approaches

Content Overview

Category descriptions:

Assessing (ASSE) - Methods aiming to gather information from stakeholders. For example, assessing stakeholders' views on the acceptability of an intervention using interviews or surveys.

Disseminating (DISS) - Disseminating involves giving out information about the innovation - awareness raising.

Advocating (ADV) - Involves identifying and preparing champions who will support the implementation of the innovation.

Supporting (SUP) - Supporting involves providing stakeholders with the necessary training and resources to support the implementation of the innovation.

Consulting (CON) - Consulting involves offering implementation-related information to selected stakeholders to seek their feedback.

Collaborating (COLLAB) - Collaborating involves working with stakeholders on a common objective relating to the implementation of the innovation.

Methods	Engagement category						Duration
	ASSE	DISS	ADV	SUP	CON	COLLAB	Execution
Think-Pair-Share	☐	☐	☐	☐	☒	☐	1 hour
Crazy 8	☐	☐	☐	☐	☒	☐	1 hour
Reverse Thinking/Negative Brainstorming	☐	☐	☐	☐	☒	☐	1-2 hours
Expert Interview with Audience	☐	☒	☐	☐	☐	☐	1-2 hours
Fishbone Diagram	☒	☐	☐	☐	☐	☐	1-2 hours
Lotus Blossom Technique	☐	☐	☐	☐	☒	☐	1-2 hours
Headstand	☐	☐	☐	☐	☒	☐	1-2 hours
Round Robin Brainstorming	☐	☐	☐	☐	☒	☐	1-2 hours
SCAMPER	☐	☐	☐	☐	☐	☒	1-2 hours
Mind Mapping	☐	☐	☐	☐	☐	☒	1-2 hours
NAF Technique	☒	☐	☐	☐	☐	☐	1-2 hours
6-3-5 Brainwriting	☐	☐	☐	☐	☐	☒	1-2 hours
Role Storming	☐	☐	☒	☐	☐	☐	1-2 hours
Nominal Group Technique (NGT)	☒	☐	☐	☐	☐	☐	1-2 hours
Most Significant Change (MSC)	☒	☐	☐	☐	☐	☐	1-2 hours
TOP 100	☒	☐	☐	☐	☐	☐	1-2 hours
Walt Disney	☒	☐	☐	☐	☐	☐	1-2 hours
Webinar	☐	☒	☒	☐	☐	☐	1-2 hours
Timeout Model	☐	☐	☐	☐	☐	☒	2 hours

Methods	Engagement category						Duration
	ASSE	DISS	ADV	SUP	CON	COLLAB	Execution
SWOT Analysis	☐	☐	☐	☐	☒	☐	2-3 hours
Storytelling Circles	☐	☒	☐	☐	☐	☐	2-3 hours
Collaborations around Funding (community)	☒	☐	☐	☐	☐	☒	2-3 hours
Sketching and Prototyping	☐	☐	☐	☐	☐	☒	2-3 hours
Action Planning Workshop	☐	☐	☐	☒	☐	☐	2-3 hours
Envision the Future	☐	☐	☐	☐	☐	☒	2-3 hours
Rapid Prototyping Sessions	☐	☐	☐	☐	☐	☒	2-3 hours
Good Future Dialogues	☐	☐	☐	☐	☐	☒	2-3 hours
Serious Game	☐	☒	☐	☒	☒	☐	2-4 hours
Puimala Methodology	☐	☐	☐	☐	☐	☒	3 hours
Six Thinking Hats	☐	☐	☐	☐	☐	☒	3 hours
Megatrend Method	☒	☐	☐	☐	☐	☐	3-4 hours
Food and Innovation	☒	☒	☒	☒	☒	☒	3-5 hours
Appreciative Inquiry (AI)	☐	☐	☐	☐	☒	☐	3-6 hours
Open Space Technology (OST)	☐	☐	☐	☐	☐	☒	4-6 hours
Design Thinking, Project-in-a-day	☐	☐	☐	☐	☒	☐	5-6hours
Scenario Building	☐	☐	☐	☐	☒	☐	5-6 hours
Community Score Cards (CSC)	☐	☐	☐	☒	☐	☐	9-10 hours
Future Lab	☐	☐	☐	☐	☐	☒	2-3 days
Policy Delphi Method	☐	☐	☐	☐	☒	☐	2-3 days
Digital Platform for Communication	☐	☒	☒	☐	☐	☒	2-4 months
Citizen Science	☐	☐	☐	☐	☐	☒	1 year
Brainstorming	☒	☐	☐	☐	☐	☐	N/A
Survey	☒	☐	☐	☐	☐	☐	N/A
Gamification	☐	☒	☐	☐	☐	☐	N/A

Contact points:

- **LP1/ProMIS:** Appreciative Inquiry, Community Score Card, Open Space Technology, Round Robin Brainstorming, and Storytelling Circles.
- **PP2/PAT:** Future Lab, Good Future Dialogues, Puimala Methodology, Six Thinking Hats, and Timeout Model.
- **PP3/NÖ LGA:** Action Planning Workshop, Crazy 8, Policy Delphi Method, Scenario Building, and SWOT Analysis.
- **PP4/CUAS:** MindMapping, Negative Brainstorming, NGT, Role Storming, and SCAMPER.
- **PP5/UKCM:** Lotus Blossom Technique, Rapid Prototyping Sessions, Reverse Thinking, Sketching and Prototyping, and Think-Pair-Share.
- **PP6/BVF:** Collaboration around Funding, Digital Platform for Communication, Food and Innovation, Serious Game, and Webinar.
- **PP7/BIOPRO:** Brainstorming, Envision the Future, Gamification, Survey, and TOP 100.
- **PP8/BI:** Design-Thinking, 6-3-5 Brainwritting, Expert Interview with Audience, Most Significant Change and Headstand.
- **PP9/HSLU:** Citizen Science, Fishbone Diagram, Megatrend Method, NAF, and Walt Disney.

Info Sheet

About the Toolkit

This Toolkit was developed within the HACK-IT-NET project and provides a step-by-step guide for using 44 different multi-stakeholder engagement methods aimed at boosting social innovation through six engagement approaches: assessing, disseminating, advocating, supporting, consulting, and collaborating. Each method is linked to one or more of these approaches, offering users a wide variety of options and ways to choose the most suitable method and adapt it to their specific situation or objective. For each method, basic information is provided, including a description, the suitable number of participants, the tools and materials needed for implementation, tips for facilitators, as well as potential risks and challenges. This enables facilitators to prepare effectively for the activity and follow a detailed, step-by-step implementation process.

Who is this Toolkit for?

This Toolkit is intended for anyone seeking to address the challenges and needs of the health and care system by engaging diverse stakeholders and leveraging the perspectives they bring to develop innovative solutions. It supports all actors who foster multi-stakeholder engagement, especially within the quadruple-helix model, by incorporating insights and experiences from stakeholders across different sectors.

The Toolkit aims to:

The Toolkit supports the planning and implementation of multi-stakeholder engagement activities by providing the most suitable methods for a given situation and objective, along with detailed implementation instructions.

Legend

Recommended number of participants, either in total or per group.

Materials required for the successful implementation of the selected method.

The engagement category or categories the method is associated with.

Collaborations Around Funding (community)

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Target regional, national or international financing tools to bring together, at a round table (online or face-to-face), players identified as being able to respond jointly to this call for projects. Allows value enhancement of an innovation, while providing funding for its development, which is often an identified obstacle.

10-30 participants

Presentation software; collaborative documents and whiteboards; project management tools.

Assessing, Collaborating

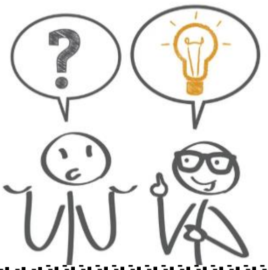
TIPS

Encourage Participation: Ensure all participants have the opportunity to contribute and that their voices are heard.

Facilitate Open Dialogue: Foster an environment where diverse perspectives are valued and openly discussed.

Be Flexible: Adapt the meeting format and tools as needed to accommodate participants' preferences and technical capabilities.

Potential risks/challenges: (1) Engagement - Maintaining participant engagement, especially in larger groups or longer meetings, can be challenging; (2) **Coordination** - Scheduling meetings with multiple stakeholders can be complex; and (3) **Follow-up -** ensuring that action items are completed after the meeting requires ongoing communication and accountability



Implementation

Phase 1: Planning and Preparation

Define Objectives: Establish clear goals for the collaboration meeting, such as securing funding, developing project proposals, or fostering partnerships.

Identify Stakeholders: Determine key players who can contribute to the project, including industry experts, potential funders, and innovators.

Phase 2: Invitation and Coordination (Time: 1-2 weeks)

Send Invitations to identified stakeholders.

Coordinate Logistics: Arrange the meeting venue or set up the virtual meeting.

Phase 3: Meeting Execution (Time: 2-3 hours)

Introduction and Welcome: Welcome participants and introduce the meeting's purpose and expected outcomes.

Presentations and Discussions: **(1)** Facilitate presentations from key stakeholders, followed by Q&A sessions; and **(2)** Encourage open discussions and brainstorming to generate innovative platform

Phase 4: Follow-Up and Action Plan (Time: 1-2 weeks)

Summarize Outcomes: Document key insights, decisions, and action items from the meeting.

Develop Action Plan: Create a detailed action plan outlining next steps, responsibilities, and timelines.

Communicate Follow-Up: **(1)** Share the meeting summary and action plan with all participants; and **(2)** Establish a communication channel for ongoing collaboration and updates.

TOP 100

The TOP 100 list is an approach to capture a large number of ideas at a high level and a technique that invites contributions from participants. The technique is very simple in principle: write your problem or question at the top of a blank sheet of paper and create a list of one hundred answers or solutions to it. The Top 100 List can also be used as a “background activity” during a learning event to collect loose ideas that otherwise would be lost. Just start the Top 100 list on a flipchart that is available for participants, also during break.

2-15 participants

TGs: Researchers, CSOs, Users, Industry, consumers, citizens

Flip charts, paper hanging on the wall, a whiteboard, colored cards, or a collective notepad.

Assessing

TIPS

Tips: (1) Instruct participants to avoid full sentences as they consume precious time and energy; (2) Consider using acronyms or short phrases to save time and energy; (3) Encourage participants to keep the pace fast and avoid overthinking; and (4) Reassure participants that even unusual or "crazy" ideas are welcome.

Time restrictions can hinder the completion of the list. Make sure you allow enough time to complete the list, as it will only be effective if it is completed in a single session or over a period of time (e.g. during a three-day training event).

Distractions can interfere with the action. Clear the room of all distractions. This includes switching off mobile devices and finishing all drinks.

Repeated ideas can provide clues to the thought processes of the participants. Therefore, only address them at the end of the session.

Implementation

Phase 1: Create working space

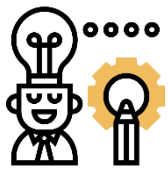
Identify the problem/question to be tackled with a list of possible solutions and related ideas.

Prepare a space to make the Top 100 list accessible to all (with flip charts, paper hanging on the wall, a whiteboard, colored cards, or a collective notepad).

Write the problem at the top of the working space, followed by the numbers 1 to 100 (Note: The high number is what makes the method effective. It forces a profound level of reflection that reaches all corners of the mind).

Phase 2: Working process

(Time: 30-45 min)



Ask participants to contribute their ideas as quickly as possible. All ideas should be recorded, even if they seem obscure or irrational.

The first 30 ideas are usually the obvious, as they come from the recent memories or most-frequently repeated experiences.

The next 40 ideas will highlight patterns and trends. These ideas are usually the most difficult to develop because they require diverging from the usual approach.

The final 30 entries are often the most imaginative and innovative, perhaps even absurd, because by this time the most common options have already been exhausted. This is the most profitable phase of the process, where a change in perspective is most likely to occur.

Phase 3: Reflection process

(Time: 15-30 min)

Lead a reflection process once 100 ideas have been produced. This should analyze the general trends and patterns, as well as the plausibility of the entries themselves. The information can then be used in a variety of complementary exercises that analyze and use the information produced. One approach is to cluster and then prioritize them.

Fishbone Diagram

Fishbone Diagram

The fishbone analysis tool is used as a visual technique to capture and understand various factors, including the root causes of a problem. The completed diagram is structured to resemble a fish skeleton. The diagram can be used in quality improvement, process optimization, troubleshooting complex issues, and brainstorming sessions to support root cause analysis. It helps participants visualizing relationships between a problem and its contributing factors, making it easier to identify actionable improvements.

5-10 participants

Assessing

Basic materials: Whiteboard or large flip chart, markers or pens, sticky notes or index cards, paper and notebooks for participants to take notes.

Digital alternatives: Online Whiteboard Tool (Miro, Mural, etc.), Video Conferencing Software (MS Teams, Zoom, etc.), and Shared Document/Spreadsheet.

Optional: Facilitation guide, timer, projector.

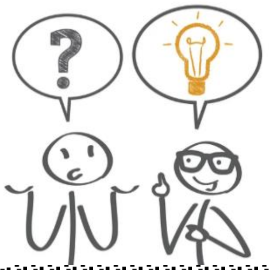
TIPS

Understand the Problem Deeply: Be familiar with the issue to guide discussions effectively.

Choose the Right Participants: Ensure a diverse team with relevant expertise.

Set Clear Expectations: Explain the session's goal, process, and timeline in advance.

Potential risks/challenges: (1) Risk of Superficial Analysis; (2) Avoid Bias and Subjectivity; (3) Risk of Missing Key Causes (knowledge gaps in team; (4) failure to translate insights into concrete actions; (5) While the fishbone analysis is a powerful tool for uncovering root causes, its effectiveness depends heavily on the quality of the process and the expertise of the participants involved.



Implementation

Phase 1: Preparation (before the Session)

Define the Problem Statement: (1) Clearly outline the issue to be analyzed; (2) Ensure it is specific, measurable, and agreed upon by the team; (3) Example: *“Why are customer orders being delayed?”*

Gather Materials: Physical - Whiteboard, markers, sticky notes, flip chart, paper; (2) Digital - Online whiteboard tools (Miro, MURAL, Lucidchart), video conferencing software (Zoom, Teams).

Form the Team: Ideal size - 5-10 participants from diverse backgrounds related to the problem; Ensure a mix of roles to gain multiple perspectives.

Phase 2: Facilitation (during the Session)

Step 1: Introduce the Method (5-10 minutes)

- **Explain the purpose of the Fishbone Diagram** (Ishikawa Diagram): (a) Helps identify root causes of a problem; and (b) categorizes causes into meaningful groups.
- **Show an example** diagram to illustrate the concept.

Step 2: Draw the Fishbone Structure (5 minutes)

- **Center Spine:** Draw a horizontal line (the "spine" of the fish).
- **Head of the Fish:** Write the problem statement at the right end.
- **Main Bones (Categories):** Draw 4-6 diagonal lines branching from the spine: (a) Common categories:
  - **Manufacturing/Processes:** Methods, Machines, Materials, Measurement
  - **Service/Business:** People, Process, Policies, Environment, Technology
  - **Healthcare:** Patients, Procedures, Equipment, Environment, Regulations;

  And (b) Customize categories based on the problem context.

Step 3: Brainstorm Potential Causes (15-30 minutes)

- **Ask participants**: *"What factors might contribute to this problem?"*
- Write down each cause on sticky notes and place them under the relevant category and encourage discussion and refinement.

Step 4: Dig Deeper (10-20 minutes)

- Ask **"Why?"** repeatedly (5 Whys technique) to drill down into **root causes**.
- Place sub-causes under the main causes to create deeper branches.

Step 5: Identify the Most Critical Causes (10-15 minutes)

- Review all causes and identify the most impactful ones.
- Use **dot voting** or a prioritization matrix if needed.

Phase 2: Facilitation (during the Session)

Phase 3: Follow-up (after the Session)

Summarize Findings

- Document the final Fishbone Diagram
- Highlight key insights and prioritized causes

Develop Actionable Solutions

- Assign responsibility for investigating or addressing root causes
- Create an action plan with timelines

Monitor Progress

- Set follow-up meetings to track improvements

Megatrend Method

The megatrend method is a strategic foresight approach used to identify and analyze long-term, global forces that are shaping the future across multiple domains (e.g., society, technology, economy, environment, and politics). These megatrends are large, transformative processes that typically evolve over decades and have broad, cross-sector impacts.

1-20 participants

TG: strategic decision-makers (executives, policymakers, board members), social services and public health autoritie and local economic development agencies

Assessing

- Beamer
- Post-it notes
- Posters or cards with megatrends
- Writing materials and paper

TIPS

Depending on the overall focus of the guiding question, it may be useful to give participants more time for the idea cards or Post-its.

If needed, this method can be repeated after a group discussion.

Implementation

Phase 1: Preparation (Time: 1-2 hours)

Define the objective: What decisions or strategies should the workshop inform?

Select relevant megatrends: Choose 5–10 major trends that align with the context (e.g., demographic change, informal caregiving).

Prepare materials: Posters/cards with megatrends, Post-its, markers, paper, and beamer (if needed).

Welcome and set the scene: Explain purpose, structure, and expected outcomes.

Introduce the concept of megatrends: Brief overview with examples.

Present the selected megatrends: Visually and clearly.

Phase 2: Introduction (Time: 30 min)

Phase 3: Exploration (Time: 1+ hour)

Small group discussion: Assign each group 1–2 megatrends to analyze.

Key questions:

- What impacts does this trend have on our field?
- What opportunities or risks arise?
- Who are the affected stakeholders?

Share insights with the whole group: Use posters or boards to visualize.

Identify overlaps, tensions, and synergies between trends.

Optionally: Use a matrix or system map to organize insights.

Phase 4: Mapping and clustering

(Time: 30+ min)

Phase 5: Implications and Actions (Time: 45+ min)

Translate findings into implications:

- What strategic options emerge?
- Where should we innovate or adapt?
- Define possible actions or policy responses.

Phase 6: Wrap-up (Time: 15+ min)

- Summarize insights and decisions.
- Gather feedback from participants.
- Define next steps or follow-up actions.

NAF Technique

NAF Technique

The NAF technique is a decision-making and idea evaluation method that helps teams assess and prioritize ideas based on three key criteria:

- Novelty (N) – How original or innovative is the idea?
- Attractiveness (A) – How desirable or valuable is the idea for stakeholders?
- Feasibility (F) – How practical or achievable is the idea given available resources?

1-100 participants

Assessing

TIPS

Useful tips for moderators: (1) Encourage open participation – Ensure everyone contributes, not just the most vocal; (2) Keep the discussion focused – Gently steer the group if the conversation drifts; and (3) Encourage independent ratings – Ask participants to score individually before discussing as a group.

RISKS

Risks: (1) Difficulty in quantifying criteria; (2) Overloading the session with too many ideas; and (3) No follow-up action.

Basic Materials (For In-Person Sessions): Whiteboard or flip chart; markers and pens; sticky notes or index cards to allow participants to write and share ideas before scoring; and score sheets or printed templates to record and calculate NAF scores.

Digital Tools (For Remote/Hybrid Sessions): Online collaboration tools (Miro, MURAL, Jamboard, or Microsoft Whiteboard for idea mapping); spreadsheet software; video conferencing platform (Zoom, Microsoft Teams, or Google Meet); and survey or polling tools (Mentimeter, Google Forms, or Slido to collect participant scores).

Optional Materials: Timer, voting stickers or dots, and facilitation guide.

Implementation

Phase 1: Preparation

- Define the objective
- Gather 5–10 participants
- Set up materials (whiteboard, sticky notes, or digital tools).

Phase 2: Facilitation

Idea Generation (10–20 min): Brainstorm and list ideas clearly for evaluation.

Scoring (15–30 min) – Rate each idea on a 1–10 scale for:

- Novelty (N) – How original is it?
- Attractiveness (A) – How valuable is it?
- Feasibility (F) – How practical is it?
- Sum the scores to rank ideas.

Prioritization & Decision (15–20 min) – Identify top-scoring ideas and select the most impactful and feasible ones.

Action Planning (10–15 min) – Assign responsibilities, set deadlines, and plan follow-ups.

Brainstorming

Brainstorming

Brainstorming is a creative technique used to produce a wide range of ideas. Participants are encouraged to think freely and quickly suggest thoughts or solutions related to a specific topic, challenge, or opportunity. Two main guidelines apply: all ideas are welcome, no matter how unconventional, and no judgments or evaluations are allowed during the process. This open approach allows even the most unexpected suggestions to spark innovative thinking. Brainstorming is typically used as a divergent method to encourage creativity and is later followed by convergent steps for organizing and assessing the ideas.

3-10 participants

TGs: Researchers, CSOs, users, industry, consumers, citizens etc.

Assessing

TIPS

Useful tips for moderators: If participants seem hesitant to speak up, consider switching to written brainstorming – have each person write down one idea per card or sticky note.

RISKS

Risks: Some participants may feel that the rapid pace of brainstorming dilutes deeper ideas. Pay attention to promising suggestions that may need further development afterward.

- A large number of cards (10 x 20 cm / 4 x 8 in) or multi-colored sticky notes and markers for capturing and organizing ideas
- A flipchart or a laptop with a projector to present the brainstorming question. The brainstorming question should remain visible at all time.
- Flipchart sheets on walls or pinboards for displaying the ideas
- Optional: colored dots or stickers for prioritization or ranking ideas/ cluster of ideas.

Implementation

All ideas are acceptable, regardless of how wild or unusual they seem. Imagination is encouraged, as even the most far-fetched ideas can lead to valuable insights.

The focus is on generating ideas only – no criticism or evaluation should take place during this phase, as judgment can hinder creative flow.

- The facilitator presents the **central question or challenge** to be addressed.
- Participants either share their ideas out loud or write them down to present later. If ideas are spoken, the facilitator documents them on a whiteboard or flipchart. Alternatively, using cards allows individuals to contribute ideas independently.
- Let the session unfold naturally without steering it too much. If the flow of ideas slows, a moment of silence can help inspire additional contributions.
- Once idea generation has clearly ended, move to the next phase – organizing and evaluating the ideas. This can include grouping similar thoughts or using tools like voting or ranking to prioritize them.
- It's often useful to conclude with a brief reflection, as participants are frequently surprised and energized by the creativity they've witnessed.

Facilitation

Walt Disney Method

The Disney Creativity Strategy model is based on the notion that any planning process involves the distinction and coordination of three stages or sub-processes:

Dreamer: the person for whom all things are possible.

Realist: the person who is pragmatic and sorts things out.

Critic: the person who picks up on the bits that don't fit.

1-5 participants per team

TGs: cross-functional teams, strategic planners and policy designers

Assessing

- 4 (virtual) Rooms
- Labeling plates
- Pencils, board markers
- Computer/Laptop

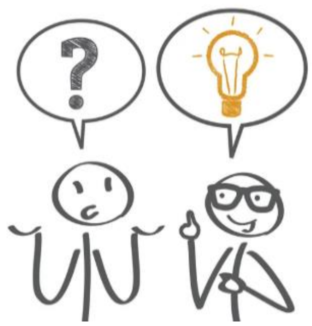
TIPS

Useful tips for moderators:

- In case of larger groups, divide them into teams for each role.
- Define clear rules for each phase explicitly.
- To emphasize on the distinction between the phases, you could get participants to change their environment, e.g. a different room.

Risks/challenges:

(1) Success depends on clear structure, balanced roles, and skilled facilitation; (2) **Blurry Roles** – Confusion if Dreamer, Realist, and Critic roles aren't clearly separated; (3) **Unbalanced Thinking** – Overemphasis on one mindset can skew results; (4) **Group Dynamics** – Dominant voices or hierarchy may limit creativity; (5) **Rushed Process** – Skimming through phases leads to weak outcomes. (6) **Poor Facilitation** – Ineffective guidance undermines the method.



Implementation

Process

Prepare **the Dreamer's area** in a comfortable environment. It should include all the creativity tools you and your team might need. **The Realist's area** will be less comfortable and more practical. It should provide the Realist's with all the tools they need to fully analyze the ideas brought in from the creative area. Prepare **the Critics area** in a small, uncomfortable room, without chairs in order to put people on edge to speak their minds. Additionally, this environment should be uncomfortable enough that no one wants to stay long for complaining or hanging out.

Phase 1 (30–45 minutes before the session): Create Three Distinct Spaces (or Online Rooms)

Phase 2: Introduction and Framing (15–20 minutes)

Phase 3: Dreamer / Realist/ Critic Phase (30–45 minutes)

Phase 4: Synthesis and Debrief (20–30 minutes)

Nominal Group Technique (NGT)

Nominal Group Technique (NGT)

NGT is a structured method for group brainstorming that encourages contributions from everyone and facilitates quick agreement on the relative importance of issues, problems, or solutions. Team members begin by writing down their ideas, then selecting which idea they feel is best. Once team members are ready, everyone presents their favorite idea, and the suggestions are then discussed and prioritized by the entire group using a point system.

5-10 participants

TGs: Teams, committees, focus groups, and decision-making bodies in organizations, educational settings, and community discussions

Assessing

Flip charts or whiteboards, sticky notes or index cards, markers and pens, voting sheets or ranking forms, digital tools. If virtual then: online brainstorming software (e.g., Miro, Mural, Google, Jamboard), polling tools (e.g., Mentimeter, Slido)

TIPS

Clear problem definition: The facilitator must clearly frame the problem or question for discussion.

Time management: Allocating sufficient time for each step to keep the process structured.

Encouraging equal participation: Ensuring that all participants contribute without domination from a few voices.

Neutral facilitation: Avoiding bias while recording and presenting ideas.

Proper tools: Availability of ranking sheets, markers, or digital tools to support the

Potential risks/challenges: (1) **Dominant personalities may try to influence others** - this can be managed by enforcing the structured process strictly; (2) **Lack of engagement from quieter participants** - encouraging all members to share ideas individually first ensures participation; (3) **Time constraints** - the process can be time-consuming, especially in large groups; and (4) **Difficulty in reaching consensus** - participants may struggle to agree on the final ranking, requiring additional discussion or compromise.

Implementation

Introduce the Problem or Topic

Time: 5-10 min

The facilitator clearly defines the problem or question to be addressed.

Silent Idea Generation

Time: 10-15 min

Individual Work - Each participant independently writes down their ideas without discussion.

Round-Robin Sharing

Time: 15-20 min

One by one, participants share their ideas in a structured manner while the facilitator records them visibly for everyone. No discussions or critiques are allowed at this stage.

Clarification and Discussion

Time: 15-20 min

The group discusses each idea to clarify meanings, merge similar ideas, and address questions.

Individual Voting and Ranking

Time: 10-15 min

Participants privately rank or vote on the ideas (e.g., assigning points or prioritizing top choices).

Final Ranking and Decision

Time: 5-10 min

The facilitator compiles the votes and identifies the most preferred ideas. The group can discuss the results if needed and decide on action steps.

Most Significant Change (MSC)

MSC technique is a participatory monitoring and evaluation method for complex development interventions. It focuses on collecting and analyzing stories of significant change from project stakeholders, rather than using predefined quantitative indicators. This approach helps capture unexpected outcomes, encourages diverse perspectives, and enables broad participation in evaluating the project's impact. MSC is particularly useful for complex, large-scale initiatives focused on social change, where traditional monitoring methods may be challenging to implement.

20-100+ participants

TGs: beneficiaries of the program, field staff, community leaders, and other stakeholders involved in the project

Assessing

Documentation tools: notebooks or digital devices, audio recorders, cameras or video equipment; **Story collection templates:** standardized forms including details on who provided the story, when and where the change occurred, and the significance of the events described. **Analysis and selection materials**: flipcharts or whiteboards, markers, and pens; Communication tools: computer and internet access and a projector.

TIPS

Tips: (1) Moderators should ask clear, open-ended questions—such as, "What do you think was the most significant change in [domain] during the past [time period]?"—and encourage reflection on why the change is important; (2) During group discussions, they should ensure everyone feels comfortable contributing while keeping the conversation focused. They guide the group in selecting the most important story through debate and consensus-building; (3) Moderators should also document discussions, capturing both the stories and the reasons behind their selection, and provide feedback to participants; and (5) They should be ready to adapt their approach based on group dynamics while maintaining the participatory and inclusive spirit of MSC.

Risks/challenges: (1) MSC is time-consuming and requires significant staff and management effort. Limit review cycles and ensure efficient facilitation to manage this. (2) Sustaining engagement across different groups can be difficult—create a supportive environment and offer regular feedback. (3) Bias may arise, such as favoring success stories or articulate storytellers; use specific domains for negative stories and ensure diverse selection panels. (4) Story selection can be subjective—document criteria and foster open, honest discussion. (5) Anonymity, confidentiality, and consent must be addressed by clearly explaining how stories will be used and obtaining proper consent.

Implementation

Phase 1: Preparation (Time: 15-20 min)

Starting and Raising Interest: Introduce MSC to stakeholders and generate commitment to participate. Identify "champions" within the organization to promote and support the MSC process. Consider running a small pilot to demonstrate the method's effectiveness.

Defining Domains of Change: Identify broad areas of change to be monitored, often based on project objectives. Include an open-ended domain to capture unexpected changes.

Defining the Reporting Period: Determine how frequently changes will be monitored (e.g., monthly, quarterly).

Phase 2: The Process

(Time: Story collection 30-45 min; Discussion and voting 30-45 min)

Collecting Significant Change Stories: Ask participants and field staff to share stories of the most significant changes they've observed. Use a standardized template to record stories, including who provided the story, when and where the change occurred, and its significance.

Selecting the Most Significant Stories: Organize selection panels at different levels of the organization. Have panels review collected stories and choose the most significant ones. Document the selection criteria used by each panel.

Feeding Back Results: Share selected stories and selection rationales with stakeholders. Use methods such as email newsletters or team meetings to disseminate this information.

Verifying Stories (Optional): Fact-check selected stories and gather additional details if needed.

Quantification (Optional): Collect numerical data related to the stories, such as number of beneficiaries or activities.

Secondary Analysis and Meta-monitoring (Optional): Analyze patterns across stories and monitor the MSC process itself.

Revising the System: Periodically review and adjust the MSC process based on lessons learned during implementation.

Survey

Surveys are a structured method for gathering information, opinions, or feedback from a specific group of people. They are used to collect both quantitative and qualitative data and are especially useful when aiming to understand trends, measure satisfaction, or assess needs. Surveys can be administered in various formats, including paper-based, online, or through interviews, and they often contain a mix of closed-ended and open-ended questions.

TGs: Researchers, CSOs, users, industry, consumers, citizens etc.

Assessing

Printed questionnaires, digital survey tools (e.g. Google Forms, LimeSurvey), or tablets/computers for online completion.

A clear set of questions tailored to the objective of the survey.

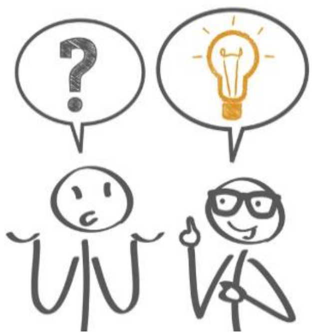
Tools for analyzing the results (e.g. spreadsheet software or specialized survey analysis platforms).

TIPS

- Keep surveys short and focused to avoid participant fatigue.
- Avoid leading or biased questions to ensure objective results.
- Ensure accessibility – for instance, provide surveys in multiple languages if needed.

Potential risks/challenges:

- Low response rates can affect the reliability of the data – consider incentives or reminders.
- Misinterpretation of questions can lead to unclear responses, so clarity and simplicity are crucial.
- Data protection regulations (e.g., GDPR) must be observed when handling personal information. Consider anonymous surveys to address this challenge.
- Surveys are generally not suitable for determining the reasons for



Implementation

Process

Phase 1: Define the purpose

Clearly determine what you want to learn from the survey. This will guide the question design.

Phase 2: Develop the questionnaire

Include a variety of question types – such as multiple choice, Likert scales, and open-ended items – depending on what kind of data is needed. Ensure your questions properly address your research questions.

Phase 3: Pilot the survey

Test it with a small group to ensure questions are clear and the format functions well.

Phase 4: Distribute the survey

Select the most suitable method for your audience (e.g., face-to-face, email, web link).

Phase 5: Collect responses

Ensure that participants understand the confidentiality and purpose of the survey. Provide support if needed.

Phase 6: Analyze the data

Compile and examine the results to identify patterns, insights, or areas for improvement.

Phase 7: Present findings

Summarize the key takeaways in a clear and accessible format for stakeholders or project partners.

Storytelling Circles

Storytelling Circles

Storytelling Circles invite participants to share meaningful personal or community experiences. In health and social care, they reveal lived realities of patients, staff, or marginalized groups, creating empathy and guiding user-centered design or policy. It's ideal for Community Groups, suitable for patients, families, frontline workers, or community members.

6-25 participants

Comfortable space, facilitator, audio recorder or digital platform.

Disseminating

TIPS

Useful tips for moderators: (1) Build trust and emotional safety; (2) Avoid interrupting stories; (3) Normalize emotions—these stories are powerful tools; and (4) Be ready to support vulnerable participants.

RISKS

Risks: (1) Build trust and emotional safety; (2) Avoid interrupting stories; (3) Emotional vulnerability—ensure a respectful, non-judgmental space; and (4) Risk of overrepresentation by dominant voices—rotate who speaks first.

Implementation

1. **Phase 1 - Introduction & Theme Setting (15–20 min):** e.g., "Tell us about a time you felt truly heard in the healthcare system."
2. **Phase 2 - Sharing Round (60–90 min):** Each participant takes the floor. No interruptions. Use a talking object if helpful.
3. **Phase 3 - Reflection (30 min)**: Discuss themes, surprises, or insights.

Gamification

Gamification is the application of game design elements and game principles in non-game contexts for education purposes, behavioral change purposes, crowdsourcing. It leverages elements like competition, rewards, storytelling, and progress tracking to make activities more engaging and goal-driven. In stakeholder engagement, gamification can encourage active participation, improve knowledge retention, and foster collaboration among diverse groups.

Any group size

TGs: Researchers, academia, and civil society

Disseminating

Online: platforms or tools for integrating game elements; gamification approaches – point scoring, achievement badges, progress bars, virtual currency, leaderboards, and narrative/story elements.

Offline: Cards, tokens, or printed badges; whiteboards or flipcharts for tracking progress or scores; timers or counters; time boards or visual aids; and story cards or scenario scripts

TIPS

Games that are embedded in a story or have a realistic background are often more motivating and improve the learning effect. You can also experiment with unusual or humorous stories.

To prevent (virtual) points and badges losing their motivating effect, a link can be created between the (virtual) game environment and the real world.

RISKS

Multiple legal restrictions may apply to gamification (data storage and data privacy, virtual currencies and virtual assets, or labor laws etc.).

No regulation regarding and legal uncertainty regarding the virtual currency schemes.

Basics

Gamification strategy: e.g. rewarding players for accomplish tasks or competition to engage players

Incentive: Rewarding types include points for desired tasks, achievement badges or levels, rankings, filling of a progress bar, providing (virtual) currency.

Encouraging to compete: Making rewards for accomplishing tasks visible to other players or providing leader boards.

Gaming approach: Using techniques that include meaningful choice, onboarding with a tutorial, increasing challenge, and adding narrative make existing tasks feel more like games.

Implementation

Process

Step 1: Identify the challenge.

Step 2: Define your expectations and desired goals.

Step 3: Determine your main topic.

Step 4: Identify your time resources (time to prepare the materials, duration of implementation, etc.).

Step 5: Identify required skills for creation.

Step 6: Analyze your target group (number, personas, usage types, etc.)

Step 7: Develop a concept:

- Define the game idea (topic, story, etc.)
- Identify event format (presence, virtual, hybrid; synchronous or asynchronous)
- Emphasize central game elements
- Establish a connection between your context and the game
- Plan the use of technologies (tools, media)
- Check the use of technical resources (internet access, projector, PC, smartphone, etc.)
- Define required material

Examples: Quiz, single-choice or multiple-choice test, memory, survey, riddle, educational, Escape Rooms, definitions/technical terms/formulas/components taboo; formula/synonyms/technical terms bingo.

Expert Interview with Audience

Expert Interview with Audience

A participatory knowledge-sharing format where experts engage in a live Q&A with the audience, focusing on real-time questions rather than pre-prepared presentations. Expert Interviews with Audience serve multiple purposes, including introducing new topics, eliciting knowledge without extensive preparation from experts, and exploring potentially controversial subjects. They can be effective at the beginning of workshops or as alternatives to formal keynote presentations.

This method can accommodate any number of participants, including:

1. **Experts:** Up to 3 subject matter experts.
2. **Audience:** There is no strict limit on the number of audience members.

The specific target group would depend on the topic of expertise and the goals of the interview session. It's important to select participants who are representative of the intended audience and have a genuine interest or stake in the subject matter.

Essential Materials: (1) Chairs - Set up in an inverted V shape, with up to three chairs for experts on one side and two chairs for participants on the other; (2) Microphones **-** One for each expert and 1-2 for participants asking questions, and (3) Open space or room - Large enough to accommodate all participants.

Optional Materials: Pin board, flipchart sheets and marker pens, laptop computer, LCD projector, audio recording device/app, and video recording device/app.

Disseminating

TIPS

Create active, engaging space while maintaining structure: Explain the session's purpose and introduce the experts – skip long bios. Connect with both experts and the audience early on to create relaxed setting. Pay attention to responses, interlink ideas from different participants, and ask follow-up questions.

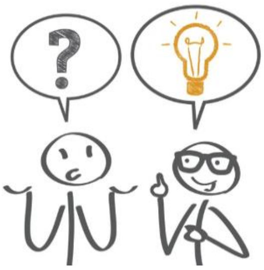
Encourage audience participation: Integrate their questions during the session, not just at the end. Make sure all speakers take part in the discussion.

Don't stick to a strict order of questions: Vary your approach by asking targeted or provocative questions to get different views.

Manage time effectively: Limit answers to 2–3 minutes**.**

Stay clear in your role as a facilitator, not a speaker, highlight the experts and keep the audience interested with interaction and some light humor when appropriate.

Potential risks/challenges: **(1) Bias and Neutrality** - moderators must avoid expressing personal opinions or showing favoritism towards particular panelists or viewpoints; **(2) Managing Dominant Participants** - Some experts may dominate the conversation. Moderators need tactful strategies to interrupt politely and ensure balanced participation; (3) **Handling Sensitive Topics -** moderators must be prepared to defuse potential conflicts and maintain a respectful atmosphere; (4) **Time Management** - keeping the discussion on track and within time limits is challenging but essential; and **(4) Audience Engagement -** balancing expert discussion with audience participation can be tricky.



Implementation

Phase 1: Preparation

Identify and invite experts (up to 3) relevant to the topic of interest.

Set a date and time for the interview, considering the availability of experts and potential audience members.

Prepare the venue, ensuring it can accommodate the expected audience size.

Arrange the seating in an inverted V shape, with chairs for experts on one side and two chairs for audience participants on the other.

Phase 2: Research and Planning

(Time: 3h)

Conduct thorough research on the experts' backgrounds, work, and previous interviews.

Develop an interview guide with key topics and questions based on your research and audience needs.

Prepare open-ended questions to encourage detailed responses.

Phase 3: Pre-Interview Setup

(Time: 30 min)

Set up necessary equipment (microphones, recording devices, projector if needed).

Brief the experts on the format and expectations of the interview.

Assign roles: facilitator to manage the session and rapporteur to capture key points.

Phase 4: Conducting the Interview

(Time: 45-60 min)

Start by establishing rapport with the experts, creating a welcoming atmosphere.

Begin with introductions and a brief overview of the session's purpose.

Open the floor for questions from the audience, allowing them to rotate through the two designated chairs.

Facilitate the discussion, ensuring a balanced interaction between experts and audience members.

Encourage follow-up questions and deeper exploration of topics as they arise.

Phase 5: Wrapping up

(Time: 10 min)

Conclude with open-ended questions, such as "What question should we have asked but didn't?"

Thank the experts and audience for their participation.

Inform participants about any follow-up activities or

Phase 6: Post-Interview

(Time: 20-30)

Review and organize the captured information.

Consider conducting additional one-on-one interviews with the experts if needed.

Create a knowledge asset or report based on the insights gathered during the session.

Serious Game

Use of tools similar to board games to understand the issues and stakes involved in innovation from the perspective of a different business. For example, this enables an innovation department to understand the issues and constraints of other departments (human resources, marketing, etc.). Another example: a card game to help you understand the different stages involved in the development of a medical device (ISO13485).

4-20 participants

Disseminating, Supporting Consulting

Board game components (board, cards, tokens, etc.); **Card decks** for different scenarios or stages (e.g., ISO13485 stages for medical device development); Rulebooks or instruction manuals; **Presentation** tools (e.g., projector, screen) for introducing the game and debriefing; **Timers**; **Notepads** and pens; **Whiteboard** or flipchart.

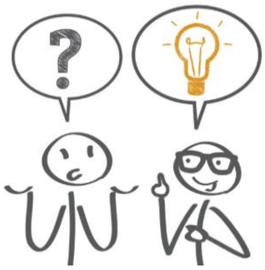
TIPS

Stay Neutral: Avoid influencing the game's outcome; let participants make their own decisions.

Manage Time: Keep the game moving at a steady pace to maintain engagement and stay in flow.

Be Adaptable: Be prepared to adjust the game rules or structure based on participant feedback or unforeseen challenges.

Potential risks/challenges: **(1) Engagement of participants is lower than expected** - Ensuring all participants are actively engaged can be challenging, especially in larger groups; **(2) Complexity of the game** - The game may be too complex for some participants, leading to confusion or frustration; **(3) Loss of time during the game** - Balancing the time spent on gameplay and debriefing can be difficult; and (4) **Game relevance into real-world actions -** Ensuring the game's scenarios are relevant and applicable to participants' real-world experiences.



Implementation

Introduction

By simulating real-world scenarios through gameplay, participants gain insights into the challenges and constraints faced by other departments, such as human resources, marketing, and finance. This method enhances empathy and communication, also stimulates creative problem-solving and strategic thinking. It is also effective in addressing complex innovation challenges, as it encourages participants to consider diverse perspectives and collaborate on solutions.

Phase 1: Preparation

Identify the business or innovation challenge to be addressed.

Design or Select a Suitable Game: Choose an existing serious game or develop a custom game with industry-specific scenarios.

Prepare Game Materials: (1) Develop cards, tokens, board elements needed for gameplay or use existing games; (2) Set up a scoring or decision-making system to track progress; and (3) Ensure all materials are ready for use.

Phase 2: Gameplay and Discussion (Time: 2-3 hours)

Introduction of the rules, objectives, and how the game connects to real-world challenges (10-30 minutes).

Engage in Gameplay (1-2 hours): (1) Start the game and monitor progress, ensuring all participants are engaged; and (2) Provide guidance and clarify rules as needed.

Facilitate Reflection (30-45 minutes): Lead a discussion to reflect on the game experience.

Phase 3: Conclusion and Action Plan (Time: 30-45 minutes)

Summarize Key Takeaways: (1) Document findings and ideas from the session; and (2) Identify transferable insights to apply in daily work.

Encourage Collaboration and Follow-Up: Plan further discussions or pilot projects based on game insights

Digital platform for communication

Digital platform for communication

Development of a web platform where content is created to be shared with a dedicated audience that can be precisely targeted. This avoids generic communication via newsletters or LinkedIn posts, for example, which lose interest over time. This platform can also enhance the activity of its members, while encouraging their exchanges.

Around 1000 participants (or more)

Disseminating, Advocating, Collaborating

Web development frameworks; Database management systems; integrated chat or messaging systems; Web analytics tools; Multimedia creation tools.

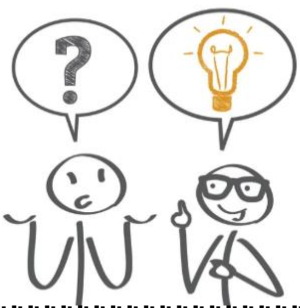
TIPS

Be Proactive: Regularly engage with the community to encourage discussions and sharing.

Continuous users' participation: Post fresh information to engage discussion and launch monthly advancing discussion.

Promote regular evaluation: Encourage constructive feedback and positive interactions among members.

Potential risks/challenges: (1) **Users are not willing to engage**: Ensuring consistent user engagement can be challenging, content must be continually refreshed and relevant; (2) **Occurring technical issues**: Platform downtime or bugs can disrupt user experience and require prompt resolution; and (3) **Keep up content quality**: Maintaining high-quality content is crucial to keep users interested and engaged.



Implementation

Phase 1: Planning and developing

(Time: 1-2 months)

Define Objectives and Target Audience: (1) Identify the specific goals of the platform (e.g., knowledge sharing, collaboration); (2) Define the target audience and their needs.

Platform Design and Development: (1) Design the user interface (UI) and user experience (UX) to be intuitive and engaging; (2) Develop the platform using chosen technologies, ensuring scalability and security

Phase 2: Content creation and integration

(Time: 3-6 weeks)

Create high-quality, relevant content tailored to the target audience.

Implement a content curation strategy to keep information fresh and engaging.

Phase 3: Testing and Quality

(Time: 2-4 weeks)

Phase 4: Launch and Onboarding

User Onboarding and Engagement: Implement engagement strategies (for example, gamification or rewards systems).

Moderation and Community Management: (1) Establish guidelines for community behavior and content sharing; (2) Appoint moderators to oversee discussions and ensure adherence to **guidelines.**

Analytics and Feedback:

- Monitor user activity and engagement using analytics tools.
- Collect feedback from users to improve the platform continuously

Phase 5: Continuous Improvement

Webinar

Webinar is an online workshop, presentation, or meeting offering an educational or business value. It usually takes the form of a live video presentation or discussion along with interactive elements, like Q&A, polls, and chats. Around a well-defined topic (financing, exploring new markets...), find specialist speakers to present their know-how. Participants register and log on to learn from the experts and ask questions.

5-10 participants

Video conferencing tools, registration platforms, Slide presentation software, Q&A tools, polls, and chat functions, Tools to record the session.

Disseminating, Advocating

TIPS

Engage the Audience: Use interactive features like polls and chat to keep participants engaged throughout the session.

Manage Time Effectively: Ensure speakers adhere to their allocated time to allow for a productive Q&A session.

Facilitate Discussion: Encourage open dialogue and ensure all participant questions are addressed thoughtfully.

Be Prepared for Technical Issues: Have a backup plan in case of technical difficulties, such as pre-recorded content or alternative communication methods.

Potential risks/challenges: (1) **Technical Difficulties** - Internet connectivity issues or platform malfunctions can disrupt the webinar; (2) **Time Management** - Balancing presentation time with Q&A sessions requires careful planning and moderation.

Implementation

Phase 1: Planning and Preparation

1. **Define Topic and Objectives.**
2. **Select and Invite Speakers:** (a) Identify and invite specialist speakers who can provide valuable insights on the topic; and (b) Coordinate with speakers to confirm their availability and discuss presentation content.
3. **Choose Webinar Platform.**

Phase 2: Setup and Promotion (Time: 2-3 weeks)

Event Registration: (1) Set up an event registration page with details about the webinar, speakers, and agenda; and (2) Promote the event through email campaigns, social media, and relevant online communities.

Technical Setup: (1) Test the webinar platform to ensure it meets the event's requirements; and (2) Conduct a dry run with speakers to familiarize them with the platform if they are not and address any technical issues.

Prepare Presentation Materials: Gather all materials (presentations, videos, pictures, and links) for the webinar.

Phase 3: Conducting the Webinar

(Time: 1-2 hours)

Introduction: Welcome participants and introduce the webinar's purpose and expected outcomes.

Speaker Presentations and Q&A: (1) Deliver the main content through expert presentations aligned with the webinar's objectives; (2) Open the floor for questions from participants and moderate the Q&A session to ensure all questions are addressed effectively.

Phase 4: Follow-Up and Evaluation

Post-Webinar Communication:

1. **Send a follow-up email** with a recording of the webinar and any additional resources.
2. **Send a form for quick feedback** (Google form, Typeform, Mentimeter, SmartSurvey) for around 5 minutes to fill.

Role Storming

Role Storming

Role Storming is a creative brainstorming technique where participants assume different roles or personas to generate ideas from unique perspectives. By stepping into another character's mindset, participants can overcome self-consciousness, break habitual thinking patterns, and explore innovative solutions. This method encourages imaginative problem-solving and is particularly useful for tackling challenges from multiple viewpoints.

5-12 participants

TGs: Businesses, creative teams, educators, students, customer service teams, and organizations seeking fresh perspectives on problem-solving.

Advocating

Role cards or character descriptions, flip charts, sticky notes, or whiteboards, markers and pens, costumes or props (optional, for added immersion).

Digital tools: Online whiteboards (e.g., Miro, Mural, Google Jamboard), video conferencing tools (e.g., Zoom, Microsoft Teams), collaborative documents (e.g., Google Docs, Notion)

TIPS

Selecting relevant roles: Choosing personas that align with the problem context.

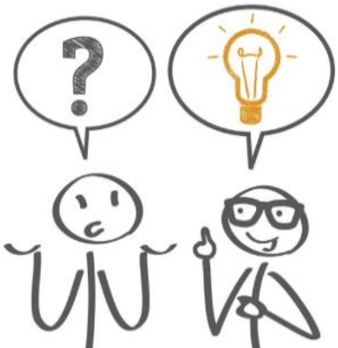
Encouraging engagement and creativity: Participants should feel comfortable immersing themselves in their roles.

Managing group dynamics: Ensuring all voices are heard and ideas are respected.

Guiding idea refinement: Helping transition from creative brainstorming to practical solutions.

Using interactive tools: Providing role prompts, props, or digital tools to enhance participation.

Potential risks/challenges: (1) **Participants may feel uncomfortable acting in roles -** some individuals may hesitate to fully embrace their character; **(2) Difficulty staying in character -** participants may revert to their own viewpoints rather than thinking from their role's perspective; **(3) Lack of relevance in chosen roles** - if characters are too abstract, they may not contribute meaningful insights**;** **(4) Time constraints** - the process can take longer than traditional brainstorming; and **(5) Resistance to unconventional methods -** some participants may view role-playing as unstructured or unnecessary.



Implementation

Define the Problem

Time: 5-10 min

Clearly state the issue to be addressed.

Assign Roles or Characters

Time: 5-10 min

Participants take on different personas (e.g., a customer, competitor, historical figure, industry expert, fictional character).

Brainstorm from the Assigned Perspective

Time: 15-20 min

Each participant generates ideas based on how their assigned character would approach the problem.

Share and Discuss Ideas

Time: 15-20 min

Participants present their insights, explaining how their character influenced their thinking.

Identify and Develop Practical Solutions

Time: 10-15 min

Extract the most valuable ideas and refine them into actionable strategies.

Summarize and Plan Next Steps

Time: 5-10 min

Create an implementation plan based on the best solutions generated.

Community Score Cards (CSC)

Community Score Cards (CSC)

CSC is a participatory tool to assess and improve public or community-based services through joint evaluation by users and providers. In health and social sectors, it promotes transparency and user-driven service improvement—ideal for monitoring patient satisfaction, community health outreach, or care facility performance.

20-60 participants

TGs: patients, caregivers, community representatives, and service staff

Supporting

Scorecard templates (printed or digital), pens or tablets, colored voting dots, visual rating scales, facilitation and reporting kits.

TIPS

Useful tips for moderators: (1) Use visual aids for scoring (e.g., smiley/frowny faces); and (2) Highlight agreements and use disagreements constructively.

RISKS

Risks: (1) Tensions may arise between users and providers; (2) Mistrust or defensiveness—build rapport in advance; (3) Scores may be influenced by subjective experiences—triangulate with facts; and (4) Difficulty in sustaining action—follow-up mechanisms needed.

Implementation

Phase 1: Indicator Development (2 hours) - Community and provider groups define what matters (e.g., "staff courtesy," "cleanliness").

Phase 2: Scoring (3 hours) - Separate groups rate indicators based on recent experience.

Phase 3: Interface Meeting (2–3 hours) - Both groups share results, discuss differences, and agree on root causes.

Phase 4: Action Planning (2 hours) - Jointly propose solutions, assign responsibilities, and plan follow-up.

Action Planning Workshop

An Action Planning Workshop is a structured approach for identifying concrete steps and responsibilities for achieving a specific goal or solving a problem. Stakeholders collaborate to break down an objective into actionable tasks, set timelines, and assign roles.

6-15 participants

TGs: project team members, stakeholders, or leaders who are directly involved in implementing the action plan.

Supporting

Whiteboard or flipchart, markers, sticky notes, printed templates for action planning (optional).

TIPS

Useful tips for moderators: (1) Ensure that tasks are realistic and broken down into manageable steps; (2) Make sure all participants understand their responsibilities and deadlines; and (3) Encourage open communication to resolve any concerns or resource gaps.

RISKS

Risks: (1) Participants may overestimate their capacity, leading to unrealistic timelines or expectations. Ensure deadlines are practical and adjust them if necessary; and (2) Tracking progress can be challenging without clear follow-up mechanisms. Set up regular check-ins or status updates to ensure that tasks are completed on time.

Implementation

Preparation (1.5-2.5 hours): Defining the problem, identifying and inviting participants, preparing templates and materials, technical setup

Phase 1 (15-20 min): Start by clearly defining the goal or challenge that needs to be addressed.

Phase 2 (30 min): Break the goal into smaller, manageable objectives or tasks.

Phase 3 (30 min): Assign deadlines for each task and designate responsible individuals or teams.

Phase 4 (30 min): Discuss the necessary resources, support, and steps required for each task's completion.

Phase 5 (30-45 min): Create a timeline or Gantt chart to visualize the action plan.

Phase 6 (20min): Agree on a system for tracking progress and accountability (e.g., regular check-ins or progress updates).

Appreciative Inquiry (AI)

Appreciative Inquiry (AI)

A participatory change management methodology that focuses on discovering and amplifying what already works well in a system, team, or community. Instead of analyzing problems, AI explores strengths, achievements, and aspirations, fostering positive dialogue and co-creation of future visions. It is particularly suitable in health and social care sectors for promoting collective ownership and collaboration.

10-50 participants

TGs: hospital staff, patients, community organizations, or cross-sectoral teams.

Consulting

Facilitator guide, flipcharts or shared online documents, colored pens, stickers, large post-its, audio recorders

TIPS

Useful tips for moderators: (1) Prime participants with real examples of success; (2) Encourage storytelling rather than just listing ideas; and (3) Reinforce the strength-based framing throughout the workshop.

RISKS

Risks: (1) Some participants may default to problem-solving mode; and (2) Outcomes might remain abstract—follow up with action planning.

Implementation

Estimated time: 3 to 6 hours, or spread across 2 sessions.

Phase 1: Define the topic of inquiry (30 min), e.g., "What works in our hospital greening efforts?"

Phase 2: Discover (60–90 min) **-** Participants conduct interviews or pair exercises to identify success stories in past health/environmental initiatives.

Phase 3: Dream (45–60 min) - Small groups imagine what the system would look like if those strengths were fully scaled.

Phase 4: Design (60 min) - Propose concrete steps and enablers to achieve the shared dream.

Phase 5: Deliver (30 min) - Participants identify quick wins and champions to follow up.

SWOT Analysis

SWOT Analysis

SWOT Analysis is a strategic planning tool that helps identify the internal strengths and weaknesses of an organization or project, as well as external opportunities and threats. It allows stakeholders to assess key factors influencing success or failure, leading to better-informed decision-making.

6-12 participants

TGs: stakeholders, leaders, and team members with knowledge of the project or organization

Consulting

Whiteboard/flip chart or digital tools (e.g., Miro, Google Docs), markers, post-it notes.

TIPS

Tips: (1) Ensure participants feel comfortable providing honest feedback in all four categories; (2) Encourage detailed and actionable insights, particularly in the “weaknesses” and “threats” sections, as they can often be overlooked; and (3) Use visual aids like charts or matrices to help organize the SWOT analysis and make it easier to identify connections.

RISKS

Risks: (1) Participants may focus too heavily on positive aspects or downplay weaknesses. To avoid this, emphasize that the analysis should be comprehensive and realistic; and (2) It can be challenging to draw clear distinctions between internal and external factors. Encourage group discussions to help clarify these boundaries.

Implementation

Phase 1 (10-15 min): Divide the participants into four groups - Strengths, Weaknesses, Opportunities, and Threats.

Phase 2 (30-40 min): Ask each group to brainstorm ideas and contribute to each category. Make sure to focus on both internal factors (strengths/weaknesses) and external factors (opportunities/threats).

Phase 3 (30 min): Once the brainstorming session is complete, have each group share their ideas with the whole group.

Phase 4 (30 min): Discuss the results, identifying common themes and areas that require further attention.

Phase 5 (30-45 min): Based on the analysis, formulate strategies to leverage strengths, minimize weaknesses, exploit opportunities, and mitigate threats.

Policy Delphi Method

The Policy Delphi Method is a way of asking experts to share their thoughts on complicated issues, through the use of a questionnaire. It facilitates structured stakeholder engagement, encourages diverse viewpoints, and helps policymakers navigate complex challenges by building consensus or clarifying areas of disagreement. The main aim of the Policy Delphi is to give decision-makers a wide range of views and ideas for what to do.

6-12 participants

TGs: The selection should ensure diverse perspectives and expertise to provide a comprehensive understanding of the issue

Consulting

Questionnaires or sets of theses to collect expert opinions; Communication tool/platform to distribute and gather responses; and Software for statistical analysis and synthesis of results.

TIPS

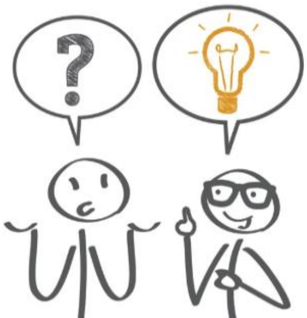
Maintain neutrality: The moderator should remain impartial and avoid influencing participants.

Ensure clear communication: Questions must be precisely formulated, and participants should understand the survey's objectives.

Guarantee anonymity: Anonymizing responses prevents undue influence and bias.

Be flexible: Adapt the questionnaire based on participant feedback when necessary.

Potential risks/challenges: (1) **Participant fatigue** - Too many rounds may lead to declining engagement. Solution: Limit the number of rounds and ensure an efficient process; (2) **Dominant opinions** - Despite anonymity, certain perspectives may overshadow others. Solution: Maintain strict anonymity and treat all viewpoints equally, and (3) **Unclear questions**: Ambiguous or overly complex questions can result in unusable responses. Solution: Carefully formulate questions and conduct pre-tests if necessary.



Implementation

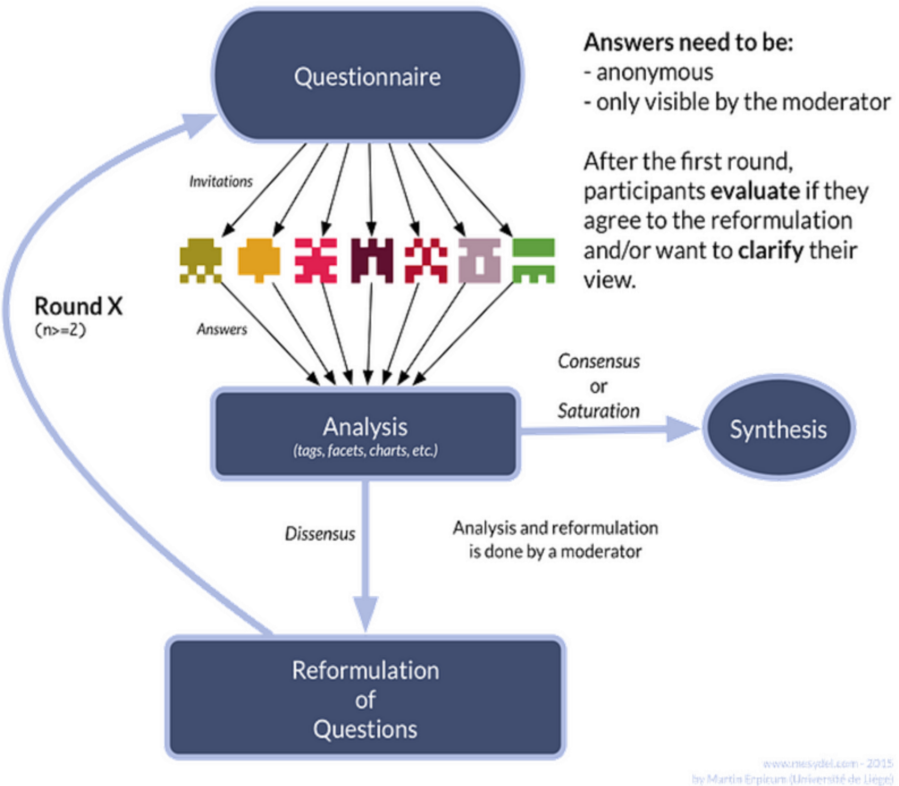
Process

Preparation (1 day): Define the topic and formulate the key questions or theses. Select a diverse group of experts.

Day 1 - First Round (30-45 min per participant): Distribute the questionnaire to the experts and collect their individual responses.

Day 2 – Analysis (3-4 hours): Evaluate responses, identify conflicting opinions, and summarize the findings. **Feedback (30-45 min):** Share the summarized results with the experts and request further input, particularly on contentious points. **Subsequent Rounds:** Repeat the process (Analysis and Feedback) until no new insights emerge or a sufficiently broad information base is reached.

Day 3 – Conclusion (4 hours): Compile and present the final results, highlighting differing viewpoints and arguments for decision-makers.



Reverse Thinking / Negative Brainstorming

Reverse Thinking / Negative Brainstorming

Reverse Thinking (also known as Problem Reversal) is a creative problem-solving technique that encourages participants to look at challenges from an unconventional angle by flipping the problem around. Instead of asking "How do we solve this?" participants ask "How could we cause or worsen this problem?" The main aim is to uncover hidden assumptions, identify new solutions, and generate fresh insights by reframing the issue.

4-12 participants

TGs: Staff, designers, facilitators or mixed stakeholder groups.

Consulting

Flipcharts or whiteboards; markers and sticky notes; worksheets with guiding questions (optional); notepads or digital tools for capturing ideas; and space suitable for group discussion and movement.

TIPS

Set a playful and non-judgmental tone to reduce fear of saying "the wrong thing."

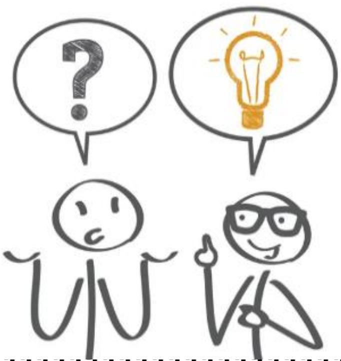
Use humor to stimulate engagement but keep the process goal-oriented.

Be clear about the reversal logic so participants stay on track.

Encourage participants to challenge their assumptions.

Make time for reflection—translating reversed ideas into meaningful solutions is key.

Potential risks/challenges: (1) **Confusion over the reversal** - participants may struggle with the idea of thinking "negatively." Provide concrete examples to clarify the method; **(2) Too literal thinking** - encourage creative thinking beyond surface-level opposites; **(3) Lack of follow-through** - if insights are not properly translated back to the original problem, the value may be lost. Ensure sufficient time for reflection and synthesis; and (4) **Group discomfort -** Ensure the group is psychologically safe, as imagining negative outcomes can sometimes feel uncomfortable.



Implementation

Define the Problem

Time: 10–15 min

Clearly state the challenge or issue the group is addressing.

Time: 10 min

Reframe the problem into its opposite. For example:

- Original: “How can we help users feel more relaxed?”
- Reversed: “How can we make users feel more stressed?”

Reverse the Problem

Generate Ideas

Time: 20–30 min

Brainstorm ways to achieve the reversed problem. Encourage wild and humorous ideas.

Time: 15–20 min

Review the “reversed” ideas and extract insights. What do they reveal about the real problem?

Analyze

Reframe into Solutions

Time: 20–30 min

Translate key findings into positive, constructive actions that address the original issue.

Time: 10 min

Discuss next steps and how the insights can inform design or decision-making.

Wrap-up

Lotus Blossom Technique

Lotus Blossom Technique

The Lotus Blossom Technique is a structured brainstorming method that helps participants explore a central idea by breaking it into subtopics and generating related ideas around each one. The main aim is to expand thinking creatively and systematically by visualizing layers of related concepts, much like the petals of a lotus blossom.

3-10 participants

TGs: Designers, facilitators, stakeholders and even end-users.

Consulting

Pre-drawn Lotus Blossom grids (a central box with 8 surrounding boxes, repeated outward); Pens, markers, sticky notes; and Whiteboard or large paper sheets

Optional: digital templates or online whiteboard tools (e.g., Miro, Mural)

TIPS

Start with a well-scoped and **clearly phrased central issue** to guide the session.

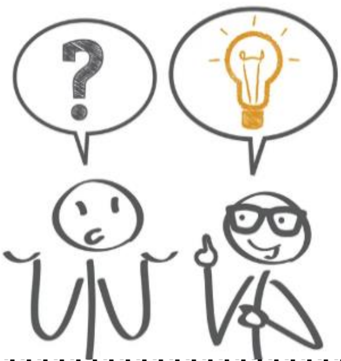
Allow **quiet thinking time** before group inputs to support participation from all members.

Assign roles if needed (e.g., timekeeper, note-taker, presenter) to keep the process flowing.

Use color coding or symbols to track themes or priorities.

Encourage divergent thinking—wild or unusual ideas are welcome.

Potential risks/challenges: (1) **Overwhelm due to complexity -** the technique generates many ideas quickly. Use visual aids to stay organized; (2) **Group fatigue -** sessions can be long. Plan breaks and adjust the number of subtopics explored if needed; (3) **Off-topic ideas -** without focus, ideas may drift. Regularly return to the central theme to stay on track; and (4) **Inaccessible layout -** for some participants, especially those with cognitive difficulties, the layout may be confusing. Provide verbal explanations and use simple visual support.



Implementation

Define the Central Idea

Time: 5–10 min

Place the core problem, challenge, or concept in the center box of the grid.

Generate Subtopics

Time: 10-15 min

Brainstorm 8 related themes, aspects, or questions and write them in the boxes around the center.

Expand Each Subtopic

Time: 20–30 min

For each of the 8 subtopics, use a new grid to explore 8 more ideas that relate specifically to that subtopic.

Group Discussion

Time: 15–20 min

Review all branches of the lotus. Discuss connections, patterns, and surprising insights.

Prioritization

Time: optional, 10–15 min

Identify the most promising ideas or areas for further development.

Think-Pair-Share

Think-Pair-Share

Think-Pair-Share (TPS) is a structured, collaborative discussion technique that enhances individual reflection and group dialogue. The main aim is to encourage participants to think deeply about a topic, share their thoughts in pairs, and then expand the conversation in a larger group. This method helps surface diverse perspectives and builds confidence in expressing ideas.

4-30 participants

TGs: Suitable for mixed groups.

Consulting

Paper and pens or notepads; Prompt questions or discussion topics; and Chairs arranged for easy pairing and regrouping.

Optional: timer, whiteboard or flipchart for sharing key points.

TIPS

Keep the question clear and thought-provoking, avoiding yes/no answers.

Monitor timing to ensure a good balance between thinking, pairing, and sharing.

Encourage equal participation during the pair and group sharing stages.

Use visual tools (e.g., whiteboard) to record key insights.

Create an inclusive and supportive environment to help quieter participants feel comfortable.

Potential risks/challenges: (1) **Uneven participation -** one partner may dominate the discussion. Suggest taking turns during the pair phase; (2) **Superficial sharing -** without clear guidance, discussions may lack depth. Choose prompts that invite meaningful reflection**; (3) Time pressure -** conversations can be cut short. Adjust timing flexibly based on group dynamics; and **Group discomfort -** in new or mixed groups, participants may feel shy. Use icebreakers or simpler prompts to ease into the activity.

Implementation

Pose a Question or Prompt

Time: 2–5 min

Present a clear, open-ended question or topic for reflection.

Think

Time: 2-3 min

Participants reflect silently and write down their thoughts.

Pair

Time: 20–30 min

Participants form pairs to discuss their ideas, compare perspectives, and clarify understanding.

Share

Time: 10–15 min

Pairs share highlights of their discussion with the whole group. The facilitator captures insights or themes.

Optional Extension

Time: 10+ min

Use follow-up questions or activities to deepen the discussion.

Headstand

Headstand

The Headstand technique is a creative problem-solving method that reverses the original question or problem to generate new ideas and perspectives. This approach, also known as the inversion technique or flip-flop technique, involves reformulating a challenge in opposite or negative terms. For example, instead of asking "How can I motivate my team's creativity?", you would ask "How can I demotivate my team's creativity?". This reversal helps eliminate established thought patterns and promotes unexpected insights.

2-20 participants

TGs: inexperienced participants in creativity techniques, introverted employees who may be hesitant to participate in traditional brainstorming and Teams looking for innovative solutions to complex problems.

Consulting

Physical Setting: Large whiteboard or flipchart; Markers in various colors; Sticky notes; and Timer or stopwatch

Virtual Setting: Virtual collaboration tool (e.g., PADLET, Google Jamboard, or Miro); Video conferencing platform (e.g., Zoom, Microsoft Teams, or Google Meet); and Digital timer or stopwatch

Additional materials: Presentation slides for explaining the process; Prepare question or problem statement; and Note-taking tools for participants (pens and paper or digital devices).

TIPS

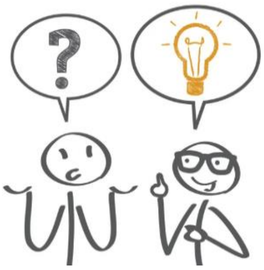
Preparation and Setup: Clearly define the problem or challenge to be addressed and ensure all participants understand it. Set guidelines for brainstorming, emphasizing that all ideas are welcome and that there will be no immediate evaluation of suggestions.

Facilitation Techniques: Foster an environment where participants feel comfortable sharing unconventional ideas. Remind them that the goal is to think outside the box. Start with bold, provocative questions to stimulate thinking. Include individuals from different departments or backgrounds to bring fresh insights.

Idea Generation: Use timeboxing for each phase of the activity to maintain focus and momentum. Instead of immediately flipping negative ideas into positives, consider a gradual approach.

Engagement and Follow-up: Actively engage all participants, especially those who may be quieter.

Potential risks/challenges: **(1) Cognitive Overload** - the technique can be overwhelming for some participants, leading to frustration and limited creativity; (2) **Convergence on Existing Patterns** - experienced teams may quickly fall back into familiar thinking patterns; **(3) Loss of Original Problem Focus** - participants might concentrate too much on reversed ideas, losing sight of the actual problem to be solved; (4) **Selective Reversal** - there's a risk of participants unconsciously reversing only simple aspects of the problem, leaving important elements unconsidered; and (5) **Difficulty in Transforming Ideas** - translating reversed ideas back into usable solutions can be challenging.



Implementation

Phase 1: Preparation

Choose a suitable space (physical or virtual) and gather necessary materials (whiteboard/flipchart or digital collaboration tool).

Explain the process and brainstorming rules to participants.

Set a timebox for each phase of the activity.

Phase 2: Execution

Step 1: Reverse the question (10 min)

Present the original problem or question to be solved; Reformulate the question negatively, turning it "upside down".
Example: "How can we demotivate our team's creativity?" instead of "How can we motivate our team's creativity?"

Step 2: Negative Brainstorming (30-40 min)

Ask participants to generate ideas that would worsen the situation or cause failure. Encourage participants to think freely and creatively about negative outcomes. Document all ideas without evaluation.

Phase 2: Execution

Step 3: Idea Consolidation (10-15 min)

Review the collected negative ideas as a group.

Consolidate similar ideas and clarify any ambiguous suggestions.

Step 4: Reversal to Positive (15-20 min)

Take each consolidated negative idea and reverse it into a positive action or solution.

Discuss and refine these positive ideas as a group.

Step 5: Idea Evaluation (10-15 min)

Assess the reversed positive ideas for feasibility and potential impact.

Prioritize the most promising solutions.

Phase 2: Execution

Phase 3: Follow-up

Summarize the key findings and prioritized solutions.

Discuss next steps for implementing the best ideas.

Gather feedback on the process how they can access the recorded session.

Round Robin Brainstorming

Round Robin Brainstorming

A structured, turn-based ideation method where each participant contributes one idea per round, promoting equal voice and diverse thinking. In health innovation settings, it's useful for policy idea generation, patient engagement strategies, or facility redesign concepts.

4-15 participants

TGs: Healthcare professionals, patients and patient representatives, policy makers and administrators, technical staff and innovation teams, cross-sector partners.

Consulting

Paper or digital whiteboard (e.g., Miro), markers or keyboards, timer.

TIPS

Tips for moderators: (1) Begin with a warm-up question or energizer to help participants feel comfortable and ready to contribute; (2) Keep rounds quick to maintain energy; (3) Allow a pass option but revisit; and (4) Encourage building on others' ideas ("Yes, and…").

RISKS

Risks/challenges: (1) Risk of repetition—use clustering to combine similar inputs; (2) May feel rigid—allow reflection time before or after rounds; (3) Some participants may hesitate to share unconventional ideas in a structured format—remind them that all contributions are valuable and judgment-free.

Implementation

Estimated time: 45–90 minutes.

Phase 1 - Introduction (10 min): Present the challenge (e.g., "How can we reduce wait times in our outpatient clinic?").

Phase 2 - Rounds of Ideation (30–45 min): Each person shares one idea per round; 2–4 rounds depending on time.

Phase 3 - Clustering (15–20 min): Group similar ideas visually.

Phase 4 - Discussion and Voting (15 min): Reflect on clusters and prioritize next steps.

Crazy 8

Crazy 8

Crazy 8 is a rapid ideation method where participants sketch 8 different ideas in 8 minutes. This encourages creative, divergent thinking, helps overcome mental blocks, and results in a wide range of innovative ideas in a short amount of time.

4-12 participants

TGs: Patients and families, community members, frontline health and social workers, policy makers and health administrators, designers and innovation teams

Consulting

Pens, paper (or digital sketching tools such as tablets or whiteboards), timer, etc.

TIPS

Tips for moderators: (1) Emphasize that there are no bad ideas – the focus is on quantity, not quality; (2) Make sure participants stick to the time limit and focus on sketching rather than perfection; and (3) Foster an atmosphere that encourages participants to step out of their comfort zone and develop unconventional ideas.

RISKS

Risks/challenges: (1) Participants may feel blocked if they struggle to come up with ideas quickly. A short "warm-up" activity or providing example ideas can help stimulate the creative process; and (2) Sometimes there may not be enough diverse ideas. In this case, a short break or changing the focus might help generate fresh perspectives.

Implementation

Preparation (30-60 min): topic framing, space setup, and participant briefing

Phase 1 (5-10 min): Explain the task and set the theme.

Phase 2 (8 min): Ensure each participant has 8 minutes to sketch 8 different ideas. **Tip:** Encourage quick work to maintain creative flow.

Phase 3 (15-20 min): After 8 minutes, participants present their ideas to the group.

Phase 4 (15-20 min): Collect feedback and discuss which ideas could be further pursued.

Design Thinking, Project-in-a-day

Design thinking in a day is a condensed version of the full design thinking process, typically lasting 6-8 hours. It aims to solve complex problems or generate innovative solutions through a user-centered approach. The process consists of four main stages: Empathize, ideate, prototype, and test. The method encourages rapid ideation and decision-making, making it suitable for kick-starting projects, addressing specific challenges, or fostering innovation within organizations.

6-12 participants

TGs: The key is to include a diverse group of participants with complementary skillsets and experiences that align with the workshop's objectives. This diversity fosters creativity and ensures that various viewpoints are considered during the process

Workspace materials: Whiteboards for recording ideas; masking tape for posting storyboards and materials on walls; and clock or timer to keep time and maintain focus during exercises.

Writing and drawing tools: Sticky notes, whiteboard markers, felt-tip pens and paper or sketchbooks.

Prototyping Materials (depends on desired outcome): Colored cardboard paper; glue sticks and tape; LEGO bricks and figurines; toothpicks and wooden skewers; scissors and craft knives, etc.

Miscellaneous: Snacks and drinks; camera.

Consulting

TIPS

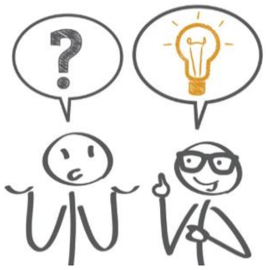
Preparation is Crucial: Conduct preliminary discussions with participants to understand their expectations and concerns. Research the subject area to speak the language of participants and maintain credibility. Define clear objectives and create a detailed agenda.

Create the Right Environment: Encourage participants to express "crazy" ideas to break down mental barriers. Maintain neutrality. Use icebreakers to warm up the team and help them get to know each other.

Effective Facilitation Techniques: Keep the user at the center of all discussions and activities. Ensure all participants have a chance to contribute, not just the talkative ones. Use techniques like brainwriting followed by guided discussion to encourage participation.

Time Management: Stay on schedule and achieve stated goals. Display timing and countdowns to keep participants aware of time constraints.

Potential risks/challenges: (1) Participants may be confused about why they're there or what the expected outcome is; (2) Running out of time without achieving results can cause resentment and loss of credibility; (3) Failing to keep the user at the center of discussions and activities; (4) Participants may be resistant to change or unfamiliar with design thinking; (5) Participants may struggle to think creatively or share "crazy" ideas; (6) Teams may struggle to let go of prototypes or ideas that aren't working; and (7) Remote workshops present unique difficulties in engagement and collaboration.



Implementation

Definitions

Empathize: Participants research and understand user needs through activities like creating personas or empathy maps.

Define: The team identifies the core problem based on user insights, framing it from the users' perspective.

Ideate: This stage involves brainstorming and generating numerous ideas without judgment, encouraging creativity and diverse thinking.

Prototype: Participants create scaled-down versions or representations of potential solutions.

Phase 1: Preparation

Define the challenge and set objectives for the workshop

Identify and invite **key stakeholders** (6-12 participants)

Secure a **suitable location** with ample wall space

Plan a detailed **agenda** with time slots for each activity

Gather necessary materials (whiteboards, sticky notes, markers, prototyping supplies)

Phase 2: Workshop Execution

Introduction (30 minutes)

Welcome participants and introduce the workshop objectives

Conduct a brief icebreaker activity

Phase 2: Workshop Execution

Empathize (1 hour): Introduce empathy techniques (e.g., personas, empathy maps). Have participants research and understand user needs.

Define (45 minutes): Synthesize findings from the *Empathize* phase. Formulate a clear problem statement.

Ideate (1 hour): Conduct brainstorming sessions to generate diverse ideas. Use techniques like mind mapping to structure ideas. Narrow down to the most promising solutions.

Prototype (1 hour): Create low-fidelity prototypes of selected ideas. Use simple materials like paper, cardboard, and sticky notes.

Test (45 minutes): Conduct quick user testing sessions with prototypes. Gather feedback using methods like feedback grids.

Phase 5: Wrapping up

Time: 30 minutes

Summarize key insights and decisions

Outline next steps for further development

Collect participant feedback on the workshop

Phase 6: Post-Workshop

Time: 30-60 minutes

Document workshop outcomes and share with stakeholders.

Plan follow-up activities to refine and implement solutions.

Scenario Building

Scenario Building

Scenario Building is a method for planning and preparing for uncertainty by developing possible future scenarios. It helps evaluate different courses of action, identify risks, and make strategic decisions that address current and future challenges.

6-15 participants

TGs: Leaders, experts, and stakeholders who influence long-term planning and strategy.

Whiteboards or flip charts, markers, post-it notes, printers, or digital tools for creating scenario templates (e.g., Miro or mind mapping software).

Consulting

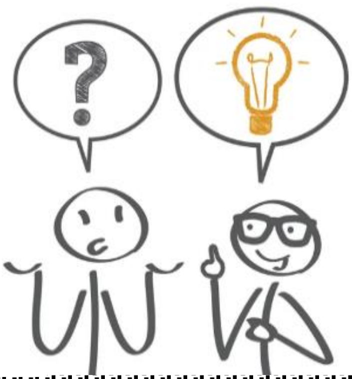
TIPS

Ensure all **relevant influencing factors** (including uncertain and unpredictable ones) are considered to get a comprehensive view of possible futures.

Encourage **open discussion** where no idea is immediately dismissed, especially if a scenario initially seems unrealistic.

Emphasize the importance of **long-term perspectives** and flexibility in planning.

Potential risks/challenges: (1) It may be **challenging to identify or prioritize** all relevant influencing factors. In this case, involving experts or multiple perspectives can help ensure completeness; **(2)** The scenarios might become **too speculative or unrealistic**. A clear framework and realistic assumptions are essential to keep the scenarios relevant; and (3) Participants may have **difficulty thinking beyond the current reality** and envisioning alternative futures. A guided reflection on trends and potential turning points can help overcome this**.**



Implementation

Define the Problem

Time: 20-30 min

Define the central theme or problem for which scenarios will be developed.

Gather the Trends

Time: 45 min

Gather relevant trends and influencing factors that could affect the topic, either through research or a brainstorming session.

Categorization

Time: 45-60 min

Categorize these influencing factors by their uncertainty and potential impact.

Scenario Building

Time: 90 min

Develop 3-5 different scenarios, each describing plausible future developments. Each scenario should include a clear storyline, involved actors, and possible risks and opportunities.

Discussion

Time: 60 min

Have participants discuss the scenarios and identify risks, opportunities, and strategies to react to these scenarios.

Roadmapping

Time: 45-60 min

Create a joint roadmap or action recommendations based on the scenarios.

SCAMPER

SCAMPER

SCAMPER is a creative thinking and problem-solving technique that helps generate innovative ideas by systematically modifying existing products, processes, or services. The acronym SCAMPER stands for Substitute, Combine, Adapt, Modify, Put to another use, Eliminate, and Reverse, which are seven thinking approaches used to explore different ways to improve or innovate. This method encourages participants to question and rethink existing ideas to find new solutions.

3-10 participants

TGs: business teams, product developers, designers, educators, students, and anyone involved in innovation, problem-solving, or creative thinking.

Collaborating

Whiteboards or flip charts, SCAMPER worksheet or template, markers and pens.

Digital tools (for virtual brainstorming): Online collaboration tools (e.g., Miro, Mural, Google Jamboard), SCAMPER digital templates (e.g., in Notion, Google Docs, or Trello).

TIPS

Clear problem definition: Ensure participants understand the focus of the SCAMPER session.

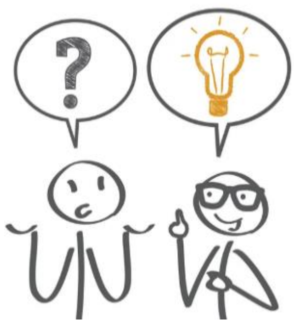
Encouraging open-mindedness: Participants should think freely without fear of judgment.

Providing structured guidance: The facilitator should help keep the brainstorming on track using the SCAMPER categories.

Balancing creativity with feasibility: Help participants assess which ideas are both innovative and practical.

Using the right tools: Ensure SCAMPER templates or digital collaboration tools are **available if needed.**

Potential risks/challenges: (1) **Difficulty in generating ideas for certain categories -** some SCAMPER prompts may feel less relevant, requiring facilitators to provide examples; (2) **Participants may struggle with creative thinking -** some individuals may need extra encouragement or warm-up exercises; (3) **Time constraints -** covering all SCAMPER categories thoroughly can take time**;** (4) **Resistance to change -** some participants may find it difficult to question existing systems or products; and (5) **Overwhelming number of ideas -** the group may generate too many ideas, making it hard to choose the best ones.



Implementation

Define the Central Topic

Time: 5-10 min

Define the Problem or Idea to be innovated. Identify the product, service, or process that needs improvement.

Apply the SCAMPER Questions

Time: 25-35 min

Use each SCAMPER category to generate new ideas by asking relevant questions:

- **Substitute:** What can be replaced?
- **Combine:** What ideas, products, or functions can be merged?
- **Adapt:** What can be adjusted or modified to work better?
- **Modify:** How can we change the size, shape, or features?
- **Put to another use:** How else can this be used?
- **Eliminate:** What is unnecessary and can be removed?
- **Reverse:** What if we reversed or did the opposite?

Brainstorm Solutions for Each Category

Time: Integrated in step 2

Encourage participants to list as many ideas as possible without judgment.

Evaluate and Prioritize the Best Ideas

Time: 15-20 min

Identify the most promising ideas and discuss their feasibility.

Develop an Action Plan

Time: 10-15 min

Select the best solutions and define the next steps for implementation.

Rapid Prototyping Sessions

Rapid Prototyping Sessions are short, intensive co-creation workshops designed to quickly generate, test, and iterate on low-fidelity prototypes of tools, services, or experiences. The main aim is to encourage creativity, involve users early in the design process, and gather direct feedback that informs further development.

5-10 participants

TGs: End-users, designers, facilitators and relevant stakeholders.

Collaborating

Paper, pens, markers, sticky notes; Templates or sketch sheets; Predefined themes or scenarios; Table space and a quiet environment

Digital tools (optional): tablets/laptops with simple prototyping software

Optional: recording devices (audio/video), consent forms

TIPS

Foster a safe and open environment that values all input, especially from non-expert participants.

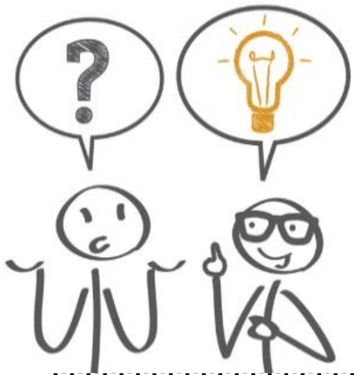
Use time limits to keep energy high and progress steady.

Keep instructions clear and encourage visual or hands-on expression.

Be ready to guide the focus back on goals if discussions drift.

Capture the process with notes or recordings for later analysis.

Potential risks/challenges: (1) **Low engagement or intimidation** - Some participants, especially vulnerable groups, may feel overwhelmed. Use warm-ups and simple tools to build confidence; (2) **Time constraints**: Sessions may run over time. Keep a strict schedule and prioritize key steps; (3) **Unclear outcomes**: Without clear goals, sessions may produce unfocused results. Define and communicate the objectives early; (3) **Technology barriers**: Avoid reliance on digital tools unless participants are comfortable with them; focus on accessible, low-tech prototyping.



Implementation

Preparation

Time: 20-30 min

Define the session's focus and prepare materials. Recruit participants and obtain consent.

Time: 10-15 min

Brief participants on the goals, the format, and the theme.

Introduction

Idea Generation

Time: 20-30 min

Facilitate brainstorming in small groups using prompts or challenges.

Prototyping

Time: 30-45 min

Each group selects one idea and creates a low-fidelity prototype (e.g., paper sketch, physical mock-up).

Sharing and Feedback

Time: 20-30 min

Groups present their prototypes, and others provide feedback.

Iteration

Time: optional, 20-30 min

Based on feedback, teams refine or redesign their prototype.

Time: 10-15 min

Discuss what was learned, next steps, and document outcomes.

Wrap-up

Mind Mapping

Mind Mapping

Mind Mapping is a visual technique used to organize information, generate ideas, and improve comprehension. It involves creating a central concept and branching out with related ideas in a structured yet flexible manner. This method enhances creativity, problem-solving, and memory retention by visually linking ideas.

3-10 participants or individually

TGs: students, educators, professionals, brainstorming teams, and anyone needing to structure thoughts, plan projects, or enhance learning

Collaborating

Large sheets of paper, whiteboards, or notebooks, colored markers, pens, or sticky notes.

Digital tools (for virtual or tech-based implementation): Mind mapping software like XMind, MindMeister, Coggle, Miro or Lucidchart; Tablets or computers for digital drawing.

TIPS

Well-defined central topic: The facilitator should clearly state the main idea or question.

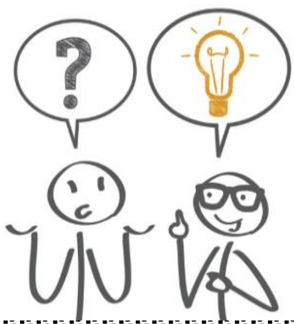
Encouraging creativity: Participants should feel free to express ideas without restrictions.

Providing structure while allowing flexibility: Ensure logical connections, but avoid overcomplicating.

Choosing the right tools: Decide between paper-based or digital mind mapping depending on the group’s needs.

Time management: Allocate sufficient time for brainstorming and discussion.

Potential risks/challenges: (1) **Overcomplicating** - excessive branches can make the map confusing instead of clarifying ideas; (2) **Lack of organization** - poor structure may lead to unclear relationships between ideas; **(3) Time constraints -** large or detailed maps may require more time than available; **(4) Resistance from participants unfamiliar with visual thinking -** some may struggle with non-linear brainstorming methods; and (4) **Technology barriers -** if using digital tools, some participants may need guidance on software use.



Implementation

Define the Central Topic

Time: 5-10 min

Write the main idea or problem in the center of the page or screen.

Generate Main Branches

Time: 10-15 min

Identify key themes or categories related to the main idea and draw branches extending outward.

Expand with Sub-Branches

Time: 15-20 min

Participants form pairs to discuss their ideas, compare perspectives, and clarify understanding.

Use Colors, Symbols, and Images

Time: 10-15 min

Enhance the map with colors, arrows, or icons to create associations and improve understanding.

Review and Refine

Time: 5-15 min

Evaluate the connections, reorganize if necessary, and discuss insights or solutions generated.

Sketching and Prototyping

Sketching and Prototyping is a creative method used to visually express ideas and translate concepts into tangible representations. The main aim is to quickly explore, communicate, and evaluate potential solutions through sketches or simple prototypes, often in co-creation settings with end-users and stakeholders.

3-10 participants

TGs: End-users, designers, facilitators and relevant stakeholders.

Collaborating

Sketching materials: paper, markers, pencils, coloured pens; Prototyping materials: cardboard, scissors, glue, modelling clay, printed templates; Optional digital tools: tablets with sketching apps, presentation software; Table space and comfortable seating; and Optional: inspiration boards or visual examples to prompt creativity.

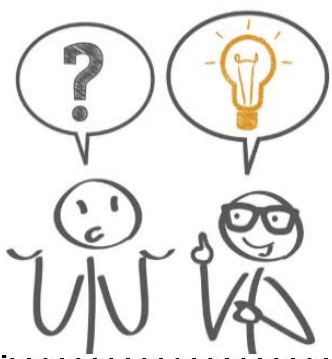
TIPS

Emphasize that the **quality of drawings or prototypes does not matter**—focus on expressing ideas.

Encourage divergent thinking — there are no wrong answers.

Offer guidance and encouragement, especially for participants who are not confident in their creative skills.

Potential risks/challenges: (1) **Self-consciousness**: Some participants may feel shy or unsure about their drawing/prototyping skills. Reassure them that clarity, not artistry, is the goal; (2) **Overcomplicating**: Participants might focus on detail too early. Encourage rapid iteration and simplicity; (3) **Lack of focus**: Without clear framing, activities may veer off-topic. Define the problem space and give structured prompts; and (4) **Material limitations**: Make sure materials are inclusive and adaptable to participants' abilities.



Implementation

Preparation

Time: 15-20 min

Define the goal or problem to be addressed. Prepare sketching and prototyping materials in advance.

Introduction

Time: 10-15 min
Explain the purpose of sketching and prototyping and set expectations.

Idea Generation

Time: 15-30 min

Invite participants to individually or collaboratively brainstorm ideas, using quick sketches.

Prototyping

Time: 30-45 min

Participants select an idea to develop into a simple prototype using available materials.

Sharing and Feedback

Time: 20-30 min

Participants present their sketches/prototypes and gather feedback from the group.

Optional Iteration

Time: optional, 15-30 min

Time permitting, allow revisions based on group discussion and reflection.

Wrap-up

Time: 10 min

Summarize key insights and document the results.

Future Lab

It is a participatory tool designed to identify aspirations and projects, promoting the development of innovative ideas. Future Lab encourages the exploration of a probable *versus* a desirable future, assessing the capability to build networks and plan for change within the community. This method entails a deliberative process initiated by an institutional mandate to plan the various phases with groups of people. It is also considered a research-action aimed at facilitation and training, using participant observation, debates, and the collection of materials such as notes.

50-300 participants

TGs: formal and informal group of professionals working in welfare services, citizens.

Collaborating

An appropriate setting to host the participants; a folder to use as a guiding tool for participants; stationery (large sheets, colors); video/screen (in case a dystopian film will be projected); and microphone

TIPS

Tips: (1) Ensure clarity around the decision-making process, including the objective of the workshop, and previously assess the opportunities for implementation, co-decision, and financing of the project; (2) Stimulate creativity using evocative techniques and asking provocative questions that push beyond the boundaries of ordinary; and (3) Help participants translate utopian ideas into achievable goals defining concrete actions.

Risks/challenges: Engaging a large number of participants and using creative means might generate discomfort or disorientation. Moderators should ensure clear guidance throughout the process, creating a supportive environment and giving structure to the workshop.

From the first to the second phase, participants should move from an individual narrative of daily struggles to a shared vision of the future. This transition should be facilitated through creative methods to engage participants.

Implementation

Introduction

Future Lab can be held in a single day or over several days/months. Before the event, ideas on the workshop's topic may be gathered by the organizers.

Future Lab is articulated in 3 phases, facilitated by a main moderator and a group of facilitators, with additional skilled professionals if creative languages (e.g., theater, music) are used.

Phase 1: "Vision of fear" (Time: ½ day/full day)

In plenary session, participants are encouraged to imagine a vision of a probable future, by answering the question "*What could happen if we continue in the same way with future generations*?", and sharing their fears and challenges. The answers can be reinterpreted through creative means like theater and music (e.g. Forum Theater). Facilitators help participants categorizing and giving a priority order to their fears.

Phase 2: "Utopia": (Time: ½ day/full day)

Participants individually envision an ideal future through the question: "*What would happen in 50-100 years if we realized our desires?*". A smaller group of 'visionaries' present their 'desirable future' and participants adhere to one of these visions by forming working groups. Facilitators guide the discussion in working groups creatively while collecting notes.

Phase 3: Transition (Time: ½ day/full day)

Working groups focus on the question "*Which actions should be put in practice to implement our desired future?*". Answers can take a creative form (e.g. through theater tableaux). Participants work in co-design groups to identify the steps for implementing the desired future.

Puimala methodology

The "Puimala methodology" refers to a set of research and development approaches used by VTT (Technical Research Centre of Finland) to support organizations in enhancing their internal and external communication capabilities. It involves combining methods like organizational development (OD) and constructive interaction. The methodology was used in a project focused on developing communication skills within and between organizations, with VTT playing a key role in its implementation.

Maximum 90 participants

TGs: Stakeholders from different backgrounds who are directly involved in the topic of discussion.

Collaborating

A **setting** and **chairs** that accommodate all participants and allow for arranging them in circles.

A **flip chart** with markers or other visual aids.

TIPS

Create a welcoming environment, setting a comfortable atmosphere with music or videos, and ensure that participants can see each other and engage visually;

Plan the listening sequence carefully and manage speaking time effectively to ensure balanced participation;

Guide the conversation actively, introducing interactive techniques (e.g., movement, storytelling) to keep participants engaged.

Risks/challenges:

Exclusion of participants from the discussion. Moderators should be mindful of any perspective that might be overlooked and ensure that all participants have equal space to speak.

Low engagement or discomfort with interactive methods. Moderators may gradually introduce participants to a diverse range of interactive methods, providing a safe space for self-expression.

Implementation

Phase 1: Preparation

(Time: ½ day/full day)

Facilitators can prepare a toolkit of methods that can be used to engage participants (e.g., mapping, visual storytelling).

Participants are split into two groups, which engage in the discussion, with the possibility of an additional group for 'observers'.

The first two groups are called **'inner circles'** and are arranged at the center in semicircles facing each other.

The audience constitutes the outer circle, seated either in front of or around the semicircles.

Facilitators, positioned between the semicircles, present the method and introduce the topic of discussion for the inner circles.

Phase 2: Working process

(Time: 30 min)

Phase 3: Dialogue
(Time: 2.5-3 hours)

The **first inner circle** engages in discussion (20 min), while the second inner circle listens. Then, the **second group** continues the dialogue (20 min), building on what has been said. The first group is then invited to compare the two discussions. This process can be repeated multiple times (min 2). The **external group** listens to the discussion and, at the end of the process, can be interviewed (20 min) about the topic. Throughout the exercise, facilitators encourage dialogue with questions, manage the time, and take notes on a flip chart or visual aids to guide the discussion. The dialogue can also be facilitated with creative methods.

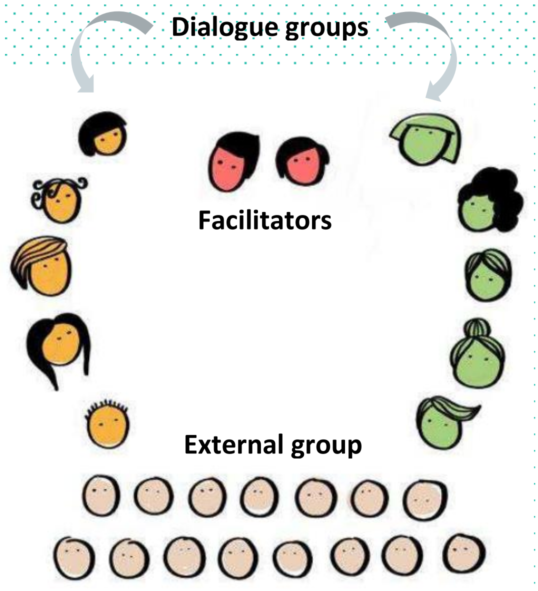


Figure 5 Dialogical Facilitator Guidebook by Heikki Ervast & Jukka Hakola, © Dialogues & Design Ltd 2024, Graphic design and illustrations by Sara Galeotti.

Six Thinking Hats

The Six Thinking Hats is a decision-making and problem-solving technique developed by Edward de Bono. It involves looking at a situation from six distinct perspectives, represented by different colored hats. Each "hat" represents a different mode of thinking, and the method helps groups or individuals explore a problem from multiple angles to make well-rounded decisions.

4-8 participants

TGs: Researchers, students, academia, and risk assessors.

Collaborating

Hats or any other item (e.g., t-shirts, pens, etc.) that can come in 6 different colors (white, yellow, black, red, green, blue); copies of the roles and descriptions of each "hat"; flip chart and markers (or other means to record comments).

TIPS

The recommended duration of the workshop is 1.5 hour, although it can vary depending on the number of participants.

Carefully choose which hat and for how long should be worn by the group based on the aim of the workshop. For instance, if all participants are already familiar with the facts of a topic, you can skip or reduce the use of the yellow hat. Also the order of hats can be adapted to suit the thinking process.

Risks/challenges:

Introducing the method and roles: Since participants are not usually familiar with the 'rules' of this method, they need to first understand how the thinking process works, including which kind of thinking each hat represents;

Overuse of the black hat: Moderators should ensure that critical comments under the black hat are justified, and prevent this approach from dominating the thinking process.

Risk of labeling people: Moderators should prevent participants being tagged based on the frequent use of a certain hat (e.g., a person is identified as 'critic' as they often share critical perspectives under the black hat). Moderators should emphasize that each participant is capable of switching roles, wearing different hats at different times.

Implementation

Phase 1: Preparation

(Time: 1 hour)

Use the flip chart or other means to display 6 colored hats (white, yellow, black, red, green, blue). This will be used to record notes under the corresponding hat during the discussion.

Phase 2: Introduction

(Time: 15 min)

The facilitator instructs the participant on which kind of thinking each hat represents:

White hat: Facts and information, generating knowledge and insights on a specific topic.

Yellow hat: Positive, highlighting the potential benefits.

Black hat: Critical, assessing risks and weaknesses.

Red hat: Feelings, emotions, and intuitions.

Green hat: Creative, exploring new ideas, alternatives, and possibilities.

Blue hat: Organizing and managing the thinking process.

Then, the facilitator states the issue or the idea that should be addressed. By wearing the blue hat, the facilitator sets the structure of the discussion and defines the thinking process (e.g., which and for how long every participant will 'wear' the hat).

Phase 3: Dialogue

(Time: 45 min))

For a limited period of time (approximately 3 minutes), each participant will use the same 'hat' and approach the topic from the thinking perspective associated with that hat. There is no fixed order and not all hats need to be used during the discussion. The choice of which hats to use and for how long might depend on the topic addressed. For each hat, the facilitator writes participants' comments on the flip chart (or other means).

Phase 4: Debriefing

(Time: 30 min)

By putting on the blue hat, the facilitator summarizes the ideas discussed (with the support of the flip chart), collects feedback on the thinking process, and helps the group decide on the next steps.

Good Future Dialogues

Good future dialogues (also called dialogues on the future or anticipatory dialogues) were born within the Dialogical Approach, a working method oriented towards network dialogue for all sectors and all professionals who work with minors, young people, and families. Dialogues in the future can be used when there is a concern about a situation, both in working with service users and at team level. They allow us not to get stuck in our worries or the past, to reduce the worry, and to start listening to others again.

The number of participants may vary based on the situation at stake. The dialogue includes one person concerned with a particular situation, one professional raising that case for discussion, a varying number of people from the care and social networks, and two facilitators (one facilitating the dialogue and the other taking notes).

A **circular setting arrangement** so that all participants can have visual contact with one another; a **flip chart with markers**, visible to all participants, to record key points (optional).

Collaborating

TIPS

The recommended duration is **2 to 3 hours**; each participant should be given approximately 2 minutes to speak during each roundtable.

Use metaphors, gestures, and concrete references to help participants move from present to future and vice versa.

RISKS

Risk of abstraction: When talking about the future, the risk may be that the discussion becomes “detached” from reality. Facilitators should ask concrete questions that encourage reflection on practically feasible actions.

Introduction

The professional raising the case for discussion introduces the facilitators. The facilitators, after inviting participants to introduce themselves, clarify that each participant is encouraged to share their views, without expressing any comment on the perspectives of others. The professional is invited to briefly present the case for discussion. The facilitators will ask participants to think about a time in the future in which the situation will be improved (e.g., in six months). One facilitator will then “guide” participants into the future (e.g., pressing a “button” to travel in time).

Implementation

Phase 1: Dialogue activation

(Time: 1-2 hours)

Dialogue is stimulated by the facilitator through questions about 1) the desired future, 2) the kind of actions and support needed, and 3) a reflection on past concerns. The discussion is structured in three rounds, addressing each of these questions:

First round: People from the support network of the person concerned with the case are asked to share their views about the "present" (their desired future).

Second round: All participants are invited, in turn, to talk about the actions they took and the support they received to achieve the desired future.

Third round: All participants are encouraged to reflect on their past concerns and to share how these concerns have been reduced or alleviated.

During each round, one facilitator takes notes on a flip chart visible to all participants.

Phase 2: Back to present

(Time: 1 hour)

The facilitator will then "guide" participants back to the present and, based on the notes taken, he/she will help review the actions required to achieve the desired future and develop a feasible action plan to address the issue.

Closing

At the end of the meeting, the facilitator gathers feedback from participants on the meeting. The professional who raised the case thanks the participants for their contributions.

Open Space Technology (OST)

Open Space Technology (OST)

OST is a dynamic facilitation method that allows large groups to co-create an agenda around a central issue, fostering spontaneous discussions and collaborative outcomes. Especially effective in interdepartmental hospital or regional health meetings, it encourages stakeholder ownership and uncovers emergent topics.

20-100 participants

TGs: policy stakeholders, community members, cross-sector partners, or multidisciplinary health teams.

Collaborating

Open space (physical or virtual), markers, large paper, post-its, digital collaborative tools (e.g., Online videocall systems with breakout rooms, Virtual Board (such as Canva, Miro, Jamboard).

TIPS

Tips: (1) Foster a "host" rather than "lead" approach; (2) Prepare volunteers to document each breakout session; (3) Encourage cross-pollination by inviting participants to switch groups if they feel they've contributed all they can, maintaining the energy and diversity of ideas; and (4) Create a welcoming and inspiring physical or virtual environment.

Risks/challenges: (1) Shy groups may initially hesitate to suggest topics; (2) Ensure tangibile follow-up steps post-event to avoid losing momentum; (3) The lack of a pre-defined agenda may feel unsettling to participants used to structured formats—introduce the method with clarity and share past success stories to build trust.

RISKS

Implementation

Estimated time: 4–6 hours (or full day).

Phase 1 - Opening Circle (30 min): Explain OST principles and state the theme (e.g., "How can our hospital lead the region in climate-smart health?").

Phase 2 - Marketplace Setup (30 min): Participants propose session topics and post them on a time-space board.

Phase 3 - Breakout Sessions (2–3 rounds x 45 min): Parallel discussions in different rooms or breakout groups.

Phase 4 - Harvesting (60 min): Each group documents key insights and presents briefly in the closing plenary.

Envision the Future

Envision the Future

A method for creating scenarios that invite collective reflection on plausible future scenarios. It works by imagining a point in the future and assuming that the organization, section or local presence has achieved important goals. A scenario-building method that invites collective reflection about plausible futures. It works by imagining a time point in the future and assumes that the organization, section or field presence has achieved important goals.

4-6 participants

TGs: Risk assessors, researchers, academia

Collaborating

Flip chart for each group, instructions for each participant, markers, pencils.

TIPS

For Option A: If the exercise is a competition, this should be announced from the beginning. Each group can prepare to convince the plenary with creative presentation. **For Option B:** By building a future vision in a collective process, the ownership form the entire group will be stronger.

Risks: (1) Plan in advance, so that the vision element of the activity will not be defeated; (2) The timeframe is too short; (3) Unbalanced group dynamics; (4) Lack of follow-up – no plan to revisit or implement the vision.

RISKS

Implementation

Defining the organizational entity

Decide which organizational entity will be in focus.

Defining the time frame of the vision

Decide when in the future the envisioning will take place (Note: choose a time not too close to the present, not too far in the future – 5 to 6 years is appropriate).

Announcing a positive assumption about the future

Time: 10 min

Announce a positive assumption, either in general or more specific. (Example: "Imagine that in five years the healthcare sector will be more sustainable" or "Imagine that in five years a circular economy has established in the healthcare sector, sustainability is part of the procurement process in hospitals and the environmental impact is reported for every process").

Asking questions about what, why and how

Time: 20 min

Together with announcing the positive assumption several questions should be asked, aimed at eliciting the elements and details to explain what was achieved, why and how.

Group Work

Time: 1 hour

Dividing and working into groups (4-6 people) to answer the questions.

Presenting the vision

Time: 30 min

After the group work, re-convene in plenary, where each group:

Option A: Competing for the best vision

The participants can be asked to vote for the presentation that convinced them the most.

Option B: Building a common vision:

The plenary build a common vision with the contributions from the different groups through a consensus process.

Citizen Science

The main aim of Citizen Science (CS) is to engage the public in scientific research by enabling non-professional scientists to contribute to data collection, analysis, and problem-solving. This collaboration enhances scientific knowledge, broadens research scope, and fosters public interest in science. It democratizes research, **accelerates discoveries, and addresses large-scale challenges** that require extensive data collection.

Minimum 10 participants

TGs: CS is an inclusive approach that allows participation from all target groups. The core principle of CS is to engage non-scientists in data collection, analysis, and problem-solving, making scientific research more accessible and collaborative.

Community and Engagement Resources: Workshops and Webinars for skill development and engagement; Forums and Social Media Groups for knowledge exchange and discussion.

Technology and Platforms: Cloud Storage and Collaboration Tools; Online Databases and Portals (e.g. SciStarter) for data submission and access.

Data collection tools: questionnaires

Collaborating

TIPS

Tips for moderators: (1) Clearly Define Objectives - ensure participants understand the project's goals and expected outcomes; **(2) Provide Simple and Clear Instructions** - use easy-to-follow guidelines for data collection and submission; **(3) Engage and Motivate Participants -** foster enthusiasm through regular updates, recognition, and community engagement; **(4) Ensure Data Quality -** implement validation steps, cross-check submissions, and offer feedback; **(5) Use Accessible Tools -** choose user-friendly platforms and technologies to encourage participation; **(6) Encourage Collaboration and Discussion -** facilitate knowledge exchange through forums, social media, or workshops; **(7) Monitor Progress and Adapt –** regularly assess project development and adjust methods if needed; and **(8) Acknowledge Contributions** – show appreciation through certificates, mentions in publications, or community events.

Potential risks/challenges: **(1) Fear of Science or Self-Doubt** – some potential participants may feel intimidated by scientific work or believe they lack the necessary skills to contribute effectively, leading to lower participation rates; **(2) Data Quality and Reliability** – variability in participant expertise may lead to inconsistent or inaccurate data; **(3) Participant Engagement and Retention** – volunteers may lose interest over time, affecting long-term project success; **(4) Ethical and Privacy Concerns** – handling personal data and ensuring ethical research practices is crucial; **(5) Lack of Scientific Rigor** – if not well-structured, CS projects may lack the methodological rigor required for scientific validity; **(6) Limited Funding and Resources** – many CS projects rely on volunteers and have minimal financial support; **(7) Technology Barriers** – some participants may struggle with digital tools or have limited internet access; **(8) Bias and Sampling Issues** – uneven geographic or demographic participation can skew results; and (9) **Collaboration and Coordination** – managing a large, decentralized group of contributors can be complex.

Implementation

Phase 1 (2 weeks): Define the Research Question - Identify the scientific problem and objectives. Organize two sessions (2 hours each). Alternatively, the host can provide a pre-defined research question (1 hour per session). Between sessions "homework" for participants possible.

Phase 2 (2 sessions, 1 hour each): Plan the Methodology - Select data collection techniques, tools, and participant roles. Organize two sessions (2 hours each). Alternatively, the host can provide a pre-defined research question (1 hour per session).

Phase 3 (2 hours): Engage and Train Participants - Provide clear instructions, workshops, or digital guides. The aim is to equip the participants with the necessary skills so they can effectively onboard newcomers who will join in the future.

Phase 4 (6+ months): Collect Data - Volunteers gather and submit observations using predefined methods.

Phase 5 (2 hours per month): Validate and Analyze Data - Ensure accuracy through expert review, cross-checking or AI tools.

Phase 6 (2 hours): Interpret and Share Findings - Analyze results, publish insights, and engage the community. Alternatively, 2 sessions a 1 hour with participants to identify and perform the analysis (possibly also with support of participants)

Phase 7: Ensure Continuity and Feedback - Encourage ongoing participation, updates, and refinement.

Food and Innovation

Food and Innovation is a collaborative approach that can be applied when a hospital or corporate department wants to develop an innovative project but lacks the necessary expertise. To address this, experts from the private and public sectors are brought together to help brainstorm and co-develop a solution. Lunch provides a relaxed setting for further discussion. It favors the creation of real links between participants.

11-40 participants

Representatives from the hospital: 5-10

Other stakeholders: 5-10

Moderators: 1-3

Collaborating, All

Name tags and labels; **Presentation and feedback tools:** projector, laptop, Slido or Mentimeter; **Brainstorming Materials:** Whiteboards, sticky notes, markers, flip charts, bell; **Catering/Arrangements:** Lunch setup with tables, buffet, or pre-ordered meals.

TIPS

Encourage participation: Use open-ended questions and ensure everyone participate.
Facilitate collaboration: Group experts strategically to maximize knowledge-sharing.
Make networking natural: Introduce icebreakers to ease interaction during lunch.
Ensure actionable outcomes: Summarize key takeaways at the end of the session.

RISKS

Risks/challenges: (1) Participants are not flexible with their ideas - Use techniques such as role reversal or lateral thinking exercises to encourage open-mindedness. Establish clear guidelines promoting adaptability; **(2) Two different worlds do not know how to interact** - Use facilitators to bridge communication gaps and ensure smooth interaction; and (3) **Low engagement during lunch** - Plan structured networking activities to encourage interaction.

Introduction

The "Food and Innovation" method fosters collaboration between hospitals or corporate departments and external experts to develop innovative solutions. It is conducted in two phases: Brainstorming & Co-Development, followed by Lunch & Networking.

Implementation

Phase 1: Brainstorming and Co-Development (Time: 2-3 hours)

1. **Define the Innovation Challenge: (10 minutes)**
   Begin with a short presentation outlining the challenge, objectives, and expected outcomes.
2. **The main Innovation Exchange: (1.5-2 hours)**
   - Use structured brainstorming techniques to generate ideas.
   - Document ideas digitally and on physical boards.
3. **Summarize and Define Next Steps: (20 minutes)**
   - Identify the most promising insights and potential solutions.
   - Assign follow-up tasks to individuals or teams for further exploration and development.
   - Establish a timeline for follow-up meetings or reports

Phase 2: Lunch & Networking (Time: 1.5-2 hours)

4. **Provide food and refreshments** to create a welcoming environment (10-15 minutes setup, ongoing during lunch)
5. **Encourage Continued Exchange** (1 hour)
   Use discussion prompts placed on tables to keep conversations aligned with the innovation topic.
6. **Gather Feedback and Follow Up** (10 minutes)
   - Document key takeaways and distribute them to all participants.
   - Plan follow-up meetings or collaboration sessions to continue developing the proposed solutions.
   - Conduct quick feedback forms to evaluate the effectiveness of the session.

Timeout Model

Timeout Model

This model brings together people with different backgrounds and offers the possibility of a low threshold of involvement so that everyone can choose how and how much to be involved. It creates a space for peer-to-peer exchange that offers opportunities to listen to individual experiences, promote empathy, learn from each other, explore sensitive topics and tensions with confidence, develop new ideas, and prepare to make decisions. This encourages greater commitment to pursuing a common goal. The Timeout dialogue is used during negotiation or decision-making processes when there is a need to gain a deeper understanding of the topic or the area of action. It serves as a 'warm-up' before moving on to the next stages.

6-20 participants, with each dialogue involving max 10.

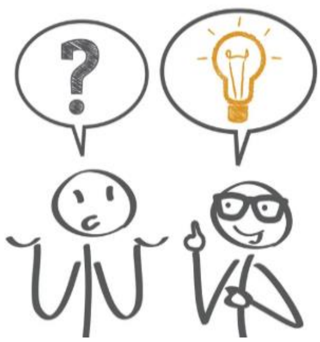
Collaborating

The **timeout template** with the dialogue's structure, along with other tools (e.g., 'questions for planning a discussion'); a comfortable **venue** with movable chairs to allow for changing seating arrangements.

TIPS

Tips: (1) Ask dialogic (open) questions to encourage in-depth discussion and use visual aids or prompts to help tune into the topic; (2) **Manage the timing** of the discussion to ensure that it sticks to the schedule; (3) Make sure that **the 'ground rules' are followed** during the discussion; (4) **Create an environment** where participants feel comfortable sharing their own experiences, and have an equal opportunity to speak; (5) **Guide participants through discussion** by pointing out the links between different points of view, reflecting on tensions, and calling attention to points of view that have gone unnoticed; and (5) Designate **a person responsible for recording** the key points of the discussion.

Risks/challenges: (1) **Difficulties in activating quiet participants.** Moderators should encourage input from all; using pairs or small groups before a large-group discussion can help. (2) **Risk of a few dominating.** Moderators should limit the number and length of individual contributions. (3) **Deadlock situations.** Moderators should recognize a standstill and invite participants to suggest ways forward. (4) **Challenge in selecting a topic.** When multiple themes arise, focus on one that affects most, creates tension, or offers new insights. (5) **Emotional outbursts.** Moderators should acknowledge strong emotions as key moments, encourage sharing, and suggest a break if needed.



Implementation

Introduction

Time: 15 min

The facilitator welcomes participants and helps them get to know each other. At this stage, 'ground rules to ensure a constructive dialogue' are presented, and the theme of discussion is introduced.

Dialogue

Time: 1 hour

The dialogue phase can be structured according to the session's objectives. Different methods can be chosen and combined to engage participants. A suitable sequence for dialogue methods is as follows:
First, participants are invited to buzz in pairs or engage in self-reflection to tune into the topic. Participants may be asked to write down their own experiences and points of view on the topic, which can be discussed in pairs or used to start a dialogue within the group. Then, they contribute to a joint dialogue where everyone has the chance to speak.
To deepen the discussion, the facilitator identifies a topic raised during the dialogue and guides participants into pair discussions, followed by a joint dialogue, to explore it further.
Finally, participants are asked to reflect on the insights they gained on the topic discussed and share them with the group.

Wrapping up

Time: 30 min

If the discussion aims to convey insights to external stakeholders (e.g., to find solutions, make decisions, etc.), the facilitator ensures that a designated person accurately documents the discussion and then reviews the key themes with the group.

Feedback

Time: 15 min

At the end of the session, the facilitator asks participants for feedback on the discussion and thanks them for their contributions. If the dialogue aims to inform a broader co-creation process, the facilitator also inquires how key takeaways could be valued in the next steps.

6-3-5 Brainwriting

6-3-5 Brainwriting

The 6-3-5 method, also known as brainwriting, is a structured brainstorming technique designed to generate a large number of ideas quickly and efficiently. This technique is particularly valuable for tackling complex problems, fostering innovation, and broadening perspectives in team projects. Its structured approach ensures efficient idea generation while encouraging creativity and collaboration among team members.

Group of 6 participants

Collaborating

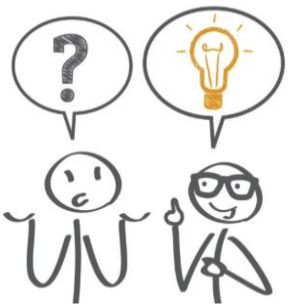
Physical materials: Worksheets - Each participant needs a worksheet divided into a grid with 6 rows and 3 columns. The worksheet should have a space at the top for writing the problem statement or question; Pens or pencils; a Timer; Sticky notes; Table.

Digital alternatives: Digital whiteboard - Platforms like Lucidspark offer templates for 6-3-5 Brainwriting; Digital documents; and Video conferencing software (e.g. Zoom).

TIPS

Tips: (1) Start by clearly defining the problem and preparing 6x3 grid worksheets for each participant in a quiet, distraction-free space; **(2) Explain the process** before beginning, emphasize the importance of silence during the 5-minute idea round and use a visible timer. **(3) Encourage building on others' ideas** in later rounds, aiming for quantity over quality in a judgment-free environment; **(4) Involve diverse** participants for a broader perspective. **(5) Keep the pace steady** by signaling when to pass worksheets, stay available for quick clarifications, and ensure balanced participation. **(6) After the session,** help categorize ideas, discuss top concepts, and use methods like dot voting for prioritization.

Risks/challenges: (1) Low participant engagement if individuals aren't kept active or if creativity and open-mindedness aren't encouraged; (2) Idea quality may decline as the rounds progress, with redundancy becoming an issue unless participants are guided to build on existing ideas; (3) Poor time management can disrupt momentum, so strict 5-minute intervals should be maintained, though flexibility is needed if the pace feels too fast; (6) Ideas may lack clarity if participants don't write concisely, so clear guidance on expression is important; (7) Even in silent formats, introverts might feel pressured, making it essential to foster a judgment-free atmosphere and emphasize quantity over quality.



Implementation

Preparation

Time: 10 minutes

Gather 6 participants (4-8 can work, but 6 is ideal). Prepare worksheets with a grid of 6 rows and 3 columns for each participant. Write the problem statement or "How Might We" question at the top of each worksheet. Provide pens or pencils for all participants. Set up a timer for 5-minute rounds.

Execution

Time: 5 minutes

Explain the process to all participants. Distribute worksheets and writing tools. Display the problem statement visibly for all participants

Ideation Rounds

Time: 30 minutes

Start the first 5-minute timer

1. Participants write 3 ideas in the top row of their worksheet
2. When the timer ends, pass worksheets clockwise to the next person
3. Reset the timer for 5 minutes and begin the next round
4. Participants read previous ideas and add 3 new or expanded ideas in the next row
5. Repeat steps 3-5 for a total of 6 rounds

Feedback

Time: 20-30 minutes

Collect all worksheets. Review and remove duplicate ideas. Cluster similar ideas together. Optionally, conduct a voting session to identify top ideas.

Options

Optional Variations

Use sticky notes instead of writing directly on worksheets for easier clustering. Adjust time per round (3-5 minutes) based on the complexity of the problem. For remote sessions, use digital whiteboards or shared online documents.

HACK-IT-NET main info:

Website: here

LinkedIn: here

This Toolkit was delivered by the HACK-IT-NET consortium:

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6. Conclusion and Next Steps

6.1. Connections with other deliverables

The Toolkit is one of the key deliverables that will serve as the foundation for all other project activities involving multi-stakeholder engagement, especially those related to the three APPROACHES – CAREavan, STEMlab, and PolicyParley. Therefore, it is of utmost importance to understand the interconnections between future activities and the use of the Toolkit in relation to the following deliverables:

- **D2.1.1 AS Transnational Transfer Service Concepts** – This deliverable links the Toolkit with AS Health & Care OUTCOMES. It should clearly outline the connection between the Toolkit and the Network, creating three unique service concepts, each corresponding to one APPROACH.
- **D2.1.2 Pilot Plan Report** (9 AS Pilot Zones, 3 Transnational Exchange Sandboxes & 9 AS Expansion Zones) – This deliverable outlines pilot plans that define the pathway towards implementing the service concepts (Network and Toolkit) in practice.
- **A2.2** – The methods from the Toolkit should be the baseline for the Piloting activities, ensuring effective interaction among different stakeholders and fostering social innovation through co-creation.
- **A2.3** – Within the Open Innovation Days organized by PPs, different methods from the Toolkit can be used to structure stakeholder engagement and ensure meaningful participation during the events.
- **D3.1.1 Capitalization Plan, Long-Term Operating Model, and Memorandum of Understanding Expansion** – This includes a transfer unit and a long-term operating plan for using the developed tools and approaches to help health and care ecosystem actors address common AS Health OUTCOMES.
- **A3.2** – Focuses on upscaling results to enhance health and care policy and strategy on common AS Health & Care OUTCOMES via the Practice2Policy Lab (9 regional and 3 transnational Labs) and three lasting Lighthouse Projects. Within **D3.2.1**, feedback should be collected on how to improve the strategic positioning of the Network and the tools for long-term, sustainable use.
- **A3.3 Network Exploitation & Uptake Communities Phase 3: Interregional Anchoring & Sustainability** (e.g., EU Week of Regions/Cities, EUSALP & Interregional Workshops, and the Alpine Health & Care Innovation Forum) – The Toolkit can be used to structure uptake and exploitation workshops, ensuring that participants are aware of the Toolkit and prepared to apply the knowledge derived from it.

As all project activities are interlinked, PPs should aim to build upon the knowledge already gathered in each activity, ensuring that the project Outputs are fully utilized and widely disseminated.

6.2. Conclusion

The delivery of the Innovation Transfer Toolkit for Health & Care Actor Engagement (D1.1.1) marks the completion of the first project output (O1.1) – the Capacity Building Toolkit with Social Innovation (SoI) Multi-Actor-Approach (MAA) Methodological FRAMEWORK & AS Health Need OUTCOMES & Solution Use Cases.

This concludes the capacity-building phase and initiates the testing phase, during which project partners activate the common Toolkit and Network approach. Together, these link health and care ecosystem actors with leading AS innovation solutions, addressing key target group outcomes—advancing green and e-hospitals, improving system-level service provision, and boosting customized technology transfer. These are tackled through three pilot arenas defined by the three multi-actor APPROACHES: CAREavan, PolicyParley, and STEMLab, each delivering advanced innovations to specific target groups.

The purpose of this document is to provide an understanding of the three APPROACHES and how they were developed through three co-creation camps. It compiles the knowledge gathered into a comprehensive Toolkit, offering insights into the use cases that serve as inspiration for PPs when designing their pilots. It also includes methods for engaging diverse stakeholders throughout the project, ensuring social innovation through co-creation.

All PPs are required to provide feedback on the Toolkit to ensure alignment with the final deliverable.

6.3. Next Steps

The table below showcases the critical path to ensure the completion of the activity in due time according to AF expectations (due in Period 2). The responsibilities are defined and attributed following the RACI methodology (R: Responsible, A: Accountable, C: Consulted, I: Informed). For further planning, please refer to the sections "Timeline" showcasing the critical path for the deliverable D1.1.2 to be achieved.

Task to achieve	**Deadline (maximum date for implementation and delivering the template)**	**Responsibilities (RACI methodology)**
D1.1.1 The draft version is ready for the consortium to review.	11 June 2025	R: PP4/CUAS; A: PP4/CUAS; C: All PPs
The consortium reviews the D1.1.1 document and provides feedback.	25 June 2025	R: All PPs; A: PP4/CUAS
PP4/CUAS integrates the feedback and provides the final version of the document	30 June 2025	R: PP4/CUAS; A: PP4/CUAS; C: All PPs

7. Annex

7.1. Annex 1 – Methods & Use cases Mapping

An online shared Excel designated for methods and use cases mapping can be found here. The screenshots below showcase the structure of this online co-working space.

Table 9 Use cases Mapping Sheet (source: Author generated, 2024)

APPROACH	PP	Use case	Source (connected project/initiative)	Objective (describe what the objective was during the implementation of this use case within other project/initiative)	Brief description (explain theuse case)	Target groups (name the stakeholders use case aimed to involve)	Engagement tools (name the tools that were used to engage involved stakeholders)	Other PPs' comments (If you have any additional comment or experience relevant/related to this use case, add it here with the breif description)
CAREavan	PP6/BVF							
	PP7/BIOPRO							
	PP8/BI							
STEMlab	PP2/PAT							
	PP4/CUAS							
	PP5/UKCM							
POLICYparley	LP1/ProMIS							
	PP3/NO LGA							
	PP9 - HSLU							

Table 10 Methods Mapping Sheet (source: Author generated, 2024)

PP	Method	Breif Description	Method Category (assessing, disseminating, advocating, supporting, consulting, collaborating)	Connected Approach (CAREavan, STEMlab, POLICYparley)	Other PPs comments Space where other PPs can add comments connected to the suggestedmethod. Leave your organization's name	Description responsible Indicates which PP wants to complete the description of the suggested method
LP1/ProMIS						
PP2/PAT						
PP3/NO LGA						
PP4/CUAS						
PP5/UKCM						
PP6/BVF						
PP7/BIOPRO						
PP8/BI						
PP9/HSLU						

7.2. Annex 2 - Method Description Template

You can find the Method Description Template by following this link. Each PP must fill in 5 templates by the 8th of May. To be able to check on progress, each PP is invited to upload the templates as soon as possible on the shared Google Drive in the folder: Method Descriptions

Table 11 Method Description Template (source: Author generated, 2024)

Method Description Template	
This template is used to establish a common structure for the description of the methods *that will be gathered in the joint toolkit. Based on the* methods *identified in the Methods and Use cases Mapping Excel sheet, each PP must provide the description of five* methods*, with clear information on the usage of each specific method. This will serve as usage guidelines for future users of the provided stakeholder engagement* methods*, so a clear and accurate description is crucial. Note that the description shouldn't be too long but should still be clear for future users.*	
Name of the method	
Method category (see section 3.3, page 20) *(Assessing, disseminating, advocating, supporting, consulting, collaborating)*	Wählen Sie ein Element aus.
Description *(A brief description outlining the main aim of the activity)*	
Participants *(The number of participants to engage in the activity (approximately), and the specific target group (if applicable))*	
Materials *(Explanation of the materials, technologies, and objects needed for the method to be implemented)*	
Implementation *(Clear steps that need to be followed in order to implement the method)*	
Tips for the moderators *(Key takeaways for instructors on how to facilitate the activity in the most effective way)*	
Risks/challenges *(Identification of potential challenges that moderators may face, along with suggestions for avoiding them)*	

8. Acronym List

Acronym	Word/Phrase
AB	Advisory Board
AF	Application Form
AS	Alpine Space
H&C	Health & Care
KoM	Kick-off Meeting
LP	Lead Partner
PP	Project Partner
RACI	Responsible, Accountable, Consulted, Informed
TG	Target Group
WP	Work Package
WS	Work Stream