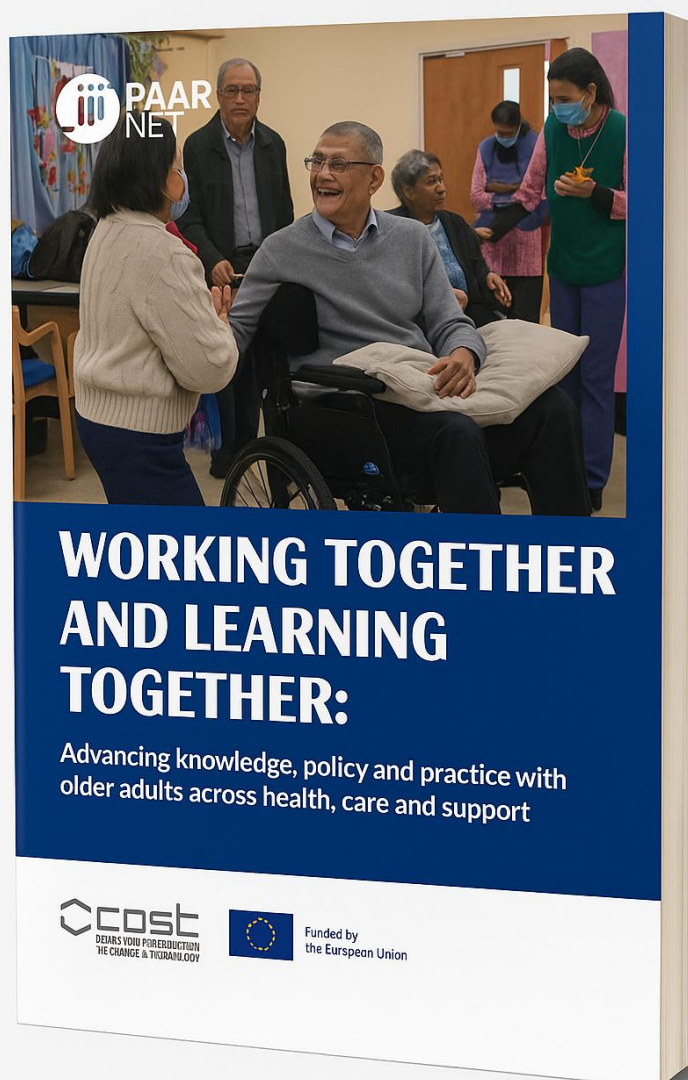


SPOTLIGHT ON CASE STUDIES IN WHITE PAPER 1 HEALTH, CARE AND SUPPORT



5 LEARNING AREAS

- Co-Designing Health & Care Solutions
- Reaching Marginalized Older Adults
- Building Capacity for Sustainable Care
- Measuring and Sharing Impact
- Creating Safe and Accessible Participation Spaces

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01

Co-Designing Health & Care Solutions

We learn from our case studies that co-design excels when it is an ongoing partnership. Embedding co-design throughout health and care projects creates user-driven solutions that are more relevant, practical, and sustainable.

Our **Health, Care and Support White Paper** shares experiences from

IDoService (UK)

Brought together 61 stakeholders, including people with mild-to-moderate dementia, carers, and service providers, to co-create the *“I Can Do” Pathway Toolkit*. Methods were adapted for accessibility, such as simplified consent forms and alternative meeting formats.



Access on pages 43–49

INOSEL (Türkiye)

Co-designed a 12-week group programme with older women experiencing loneliness. Participants helped select and shape activities like walks, theatre visits, and stress-management workshops, ensuring relevance and appeal.



Access on pages 50–53

Additional insights from relevant projects:



Serbia : Co-design with older volunteers and community leaders helped surface hidden issues like elder abuse in marginalised groups (including Roma communities) and shaped the design of culturally sensitive support services.



Netherlands: Living Labs in long-term care show that continuous co-design across research, education, and service development creates a culture of collaboration.

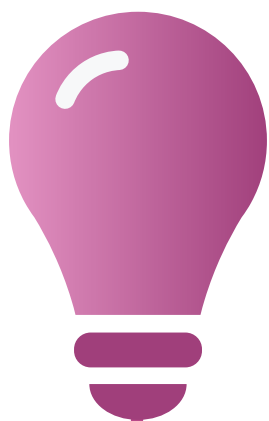


Austria & Spain: Highlight the importance of co-creation in multilingual and multicultural contexts, where shared language frameworks prevent exclusion.



Croatia & Germany: Report success in using creative methods (e.g., arts-based workshops, intergenerational dialogues) to make co-design engaging for diverse groups.





01

- **Co-design builds trust and ownership:**
Older adults are more engaged when treated as equal partners.

02

- **Flexibility is key:**
Adapting engagement modes (online, in-person, one-to-one) removes barriers.

03

- **Iterative development works:**
Design-test-refine cycles make outputs more practical and usable.

04

- **Multiple perspectives add value:** Carers, volunteers, and professionals alongside older adults strengthen solutions.

05

- **Embedding co-design changes culture:**
Practitioners shift from viewing older adults as “service users” to “knowledge partners.”

Prompt for Reflection:



How could you embed ongoing, iterative co-design in your current health or care projects? What resources or partnerships would you need to make this happen?

Quick Link



02

Reaching Marginalized Older Adults

We learn from our case studies that inclusion doesn't happen by default. It requires active outreach and tailored approaches. Embedding intersectionality into health and care projects ensures that those who are most excluded are engaged and supported.

Our Health, Care and Support White Paper shares experiences from

Maastricht University Living Lab in Ageing and Long-Term Care (Netherlands):

Created inclusive research and service development spaces where older adults from diverse backgrounds co-shape care models alongside practitioners, researchers, and educators.



Access on pages 36–40

Senior Citizens' Association & Caritas Austria (Austria):

Partnered with grassroots and faith-based organisations to reach isolated and migrant older adults, using culturally adapted participatory workshops to identify hidden risks of abuse and neglect.



Access on pages 41–42

Additional insights from relevant projects:



EmPreV (Serbia): Built trust by working with Roma community leaders and older volunteers to address elder abuse in marginalised groups.



INOSEL (Türkiye): Removed barriers to participation for rural older women by providing transport, meals, and safe spaces for group activities.



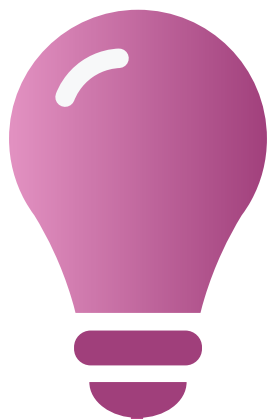
Spain & Germany: Highlighted how practical supports like stipends, accessible venues, and clear communication increase participation among low-income and mobility-limited older adults.



Croatia & UK: Show that trusted intermediaries (faith groups, peer advocates) can



successfully engage populations who are otherwise excluded from research and service planning.



01



Intersectional approaches are essential:

Consider how gender, ethnicity, income, disability, and geography combine to shape exclusion.

02



Community mediators build trust:

Partnering with local leaders or volunteers improves outreach and participation.

03



Practical supports enable involvement:

Transport, meals, stipends, and safe venues can remove common participation barriers.

04



Inclusive communication matters:

Using clear, respectful, and culturally adapted language helps reduce exclusion.

Prompt for Reflection:



Which groups of older adults are under-represented in your work? What supports, partnerships, or outreach methods could help engage them effectively?

Quick Link



03

Building Capacity for Sustainable Care

We learn from our case studies that building capacity for older adults, volunteers, and practitioners is critical to making co-creation sustainable. When people are trained, supported, and empowered, participatory practices can continue beyond individual projects.

Our Health, Care and Support White Paper shares experiences from

Cardiff University, PIRIT Toolkit Development (UK):

Developed a practical framework to help researchers, practitioners, and community members track and evaluate the impact of public involvement, strengthening skills in participatory research.



Access on pages 28–32

Croatian Red Cross, Healthy Ageing Training Programme (Croatia):

Delivered tailored training to volunteers and older adults on participatory engagement, enabling them to co-lead community health initiatives and strengthen support networks.



Access on pages 33–35

Additional insights from relevant projects:



Turkey & Germany: Showed how mentorship models pair experienced facilitators with new participants to grow skills and sustain engagement



Austria & Spain: Highlighted that capacity-building involves fostering confidence and leadership in older participants so they can shape decisions.

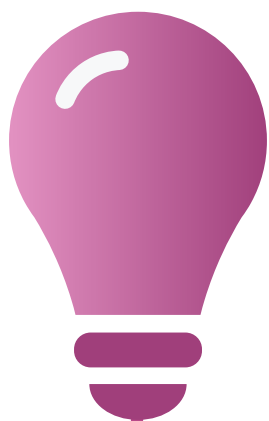


EmPreV (Serbia): Trained older volunteers to facilitate sensitive discussions about elder abuse, increasing community-level capacity to address complex issues.



Netherlands Living Labs: Integrated training for older adults, researchers, and care staff, creating collaborative “learning ecosystems” across services, education, and research.





01



Training boosts sustainability:

Skills development for older adults and professionals helps embed participation as standard practice.

02



Volunteers drive change:

Older volunteers are powerful advocates and bridges between communities and institutions.

03



Interdisciplinary learning works:

Cross-sector training (health, social care, education) enriches co-creation practices.

04



Mentorship multiplies impact:

Pairing experienced participants with new ones builds confidence and spreads participatory culture.

Prompt for Reflection:



How are you building capacity for participatory work in your organisation or community? What training, mentorship, or partnerships could make your initiatives more sustainable?

Quick Link



04

Measuring and Sharing Impact

We learn from our case studies that evaluating and openly sharing the outcomes of participatory projects is crucial. It demonstrates value to funders and policymakers, builds trust with communities, and helps others replicate success.

Our Health, Care and Support White Paper shares experiences from

University of Vienna Evaluation of Participatory Dementia Care (Austria):

Developed participatory evaluation frameworks with older adults and carers to measure how co-created dementia services improve quality of life.



Access on pages 60–62

Maastricht University, Living Lab Reporting System (Netherlands):

Established standardised reporting templates for Living Lab projects, making results accessible for researchers, practitioners, and policymakers.



Access on pages 63–66

Autonomous University of Barcelona Community Driven Research Dissemination (Spain):

Piloted participatory methods for sharing findings (co-authored reports, community workshops) to ensure older adults see and shape how research is used.



Access on pages 67–69

Additional insights from relevant projects:



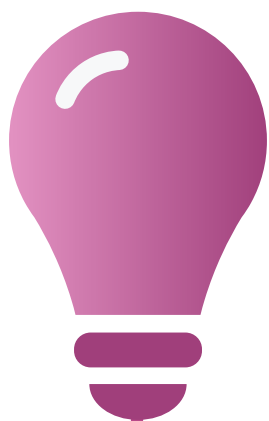
PIRIT Toolkit (UK): Provides a practical structure for measuring involvement impact across projects and reporting to stakeholders.



EmPreV (Serbia): Demonstrated how sharing findings with local authorities leads to concrete changes in elder abuse responses.



Turkey & Croatia: Showed that evaluation goes beyond numbers. Qualitative storytelling can capture lived experiences in meaningful ways.



01

→ **Evaluation builds credibility:**

Clear evidence helps secure funding and policy attention.

02

→ **Accessible reporting matters:**

Findings need to be shared in formats older adults and communities can use.

03

→ **Co-produced evaluation works:**

Involving older adults in defining and measuring outcomes improves relevance.

04

→ **Sharing widely multiplies impact:**

Dissemination across communities, academia, and policymakers increases uptake of good practice.

Prompt for Reflection:



How do you measure the impact of participatory work in your projects? What could you do to make your findings more accessible and influential?

Quick Link



05

Creating Safe and Accessible Participation Spaces

We learn from our case studies that participation is only meaningful when older adults feel safe, respected, and able to contribute fully. This requires careful planning to remove physical, cultural, and emotional barriers to engagement.

Our Health, Care and Support White Paper shares experiences from

Slovenian Association of Pensioners Community Health Access Programme, (Slovenia):

Developed accessible, multilingual engagement sessions for older adults in urban and rural areas, with trained facilitators creating safe, respectful spaces.



Access on pages 70–73

German Institute for Social Gerontology Trauma-Informed Engagement in Elder Care, (Germany):

Integrated trauma-informed approaches into participatory sessions with older adults, fostering trust and emotional safety.



Access on pages 74–76

Portuguese National Institute of Public Health Inclusive Public Health Planning (Portugal):

Held co-creation workshops in community venues chosen by participants, providing translation, mobility assistance, and culturally sensitive facilitation.



Access on pages 77–79

Additional insights from relevant projects:



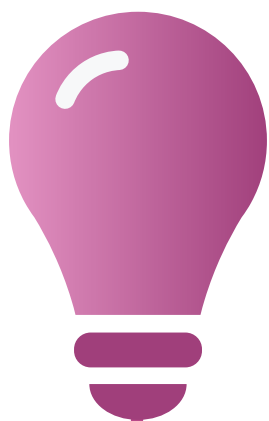
INOSEL (Türkiye): Provided transport, meals, and group support to enable rural older women to join participatory programmes.



EmPreV (Serbia): Created trust-building processes for older Roma women through peer-facilitated discussions.



Netherlands & Austria: Stressed the importance of co-creating ground rules for sessions to ensure respect and shared ownership.



01



Accessibility drives inclusion:

Venues, transport, and assistive supports make participation possible for those with mobility or sensory challenges.

02



Emotional safety matters:

Trauma-informed facilitation builds trust and allows sensitive topics to be explored.

03



Cultural responsiveness boosts engagement:

Adapting language, translation, and session formats makes workshops inclusive for diverse groups.

04



Shared ground rules create respect:

Co-designed participation principles make older adults feel heard and valued.

Prompt for Reflection:



What steps could you take to make your participatory activities safer and more accessible for diverse groups of older adults?

Quick Link

