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Social Innovation Incubators for Inclusive Digital Healthcare

INVITE

Internal and External assessment of Social Innovation for Inclusive Digital Healthcare Toolkit

Developed by the *Project partner MEDITERRANEAN ECONOMIC FORESIGHT INSTITUTE (IPEMED)*



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1 Introduction: Rationale for Toolkit Assessment

The assessment of the *Social Innovation Toolkit for Inclusive Digital Healthcare* (Toolkit) is a critical component of ensuring its quality, relevance, and long-term usability in educational programmes. As the Toolkit is designed as a practical, implementation-oriented resource supporting medical vocational, educational and training (VET) schools in developing and delivering social innovation programmes, its effectiveness cannot be assumed—it must be systematically validated through user experience, application, and evidence-based feedback.

Within the INVITE project framework, the Toolkit is a methodological output and a transferable result intended for adoption across European VET schools. For this reason, structured assessment is necessary to verify whether the Toolkit is:

- clear, understandable, and pedagogically accessible for its primary users (teachers, school management, and trainers);
- feasible to implement within constraints of VET systems (time, resources, institutional capacity);
- relevant to current healthcare challenges, particularly those related to digital transformation and inclusion of vulnerable groups;
- effective in supporting the development of targeted competencies, including social innovation, digital readiness, collaboration, and user-centred thinking.

Importantly, the Toolkit itself promotes a **continuous improvement approach**, grounded in iterative cycles of application, reflection, and refinement. In this context, assessment is not a one-time validation exercise, but an integral part of the methodology. It enables the transition from a “designed” resource to a “validated and adoption-ready” tool.

The present assessment builds on feedback collected from teachers and school management who engaged with the Toolkit in practice. Their insights provide essential evidence on usability, clarity, applicability, and perceived impact. This dual perspective, methodological design and real-user validation, ensures that conclusions drawn from the assessment are both pedagogically grounded and operationally relevant.

Furthermore, the assessment serves a **dual purpose**:

- **Formative function** – to identify strengths, gaps, and areas for improvement, informing further refinement of the Toolkit;
- **Validation and adoption function** – to provide evidence of quality and usability for wider dissemination, transfer, and integration into other VET contexts and educational systems.



By systematically analysing user feedback and linking it to the Toolkit's intended objectives, this assessment helps strengthen its role as a robust, scalable, and evidence-based resource. Ultimately, it supports the broader goal of empowering medical VET schools to act as active contributors to inclusive digital healthcare innovation and to respond effectively to evolving societal and healthcare needs.

2 Methodology of the Assessment

The assessment of the Toolkit was designed as a structured, user-centred evaluation process combining quantitative and qualitative evidence. It follows a practical, implementation-oriented approach aligned with the Toolkit's own principle of continuous improvement and iterative validation.

The methodology is built around four key components: **target groups (who)**, **data collection approach (how)**, **indicators (what is measured)**, and **tools (with what instruments)**.

2.1 Target groups

The assessment focused on primary end-users of the Toolkit, ensuring that feedback reflects real implementation conditions:

- **Teachers and trainers** – responsible for applying Toolkit methods in teaching and mentoring contexts
- **School management and coordinators** – responsible for strategic integration, feasibility, and institutional adoption

These groups were selected because they represent both:

- **operational perspective** (delivery, usability, clarity), and
- **strategic perspective** (relevance, scalability, institutional fit).

Their combined feedback provides a comprehensive view of the Toolkit's applicability in VET systems.

2.2 Data collection, analysis approach, tools and instruments used

Data was collected through a **structured survey**, administered after users engaged with the Toolkit content. The survey was designed to capture both perception-based evaluation and practical usability insights.

Key characteristics of the approach:

- **Post-use evaluation model**: respondents assessed the Toolkit after reviewing and/or applying its content
- **Standardised question set** to ensure comparability across respondents
- **Combination of closed and open-ended questions**:
 - closed questions (e.g. Likert-scale ratings) for measurable indicators
 - open questions for contextual insights, suggestions, and identified barriers

Collected data was analysed using a **mixed-method approach**:

- **Quantitative analysis:**
 - aggregation of ratings across key dimensions
 - identification of trends (e.g. high/low scoring areas)
- **Qualitative analysis:**
 - thematic clustering of open responses
 - identification of recurring strengths, challenges, and suggestions

This combined approach ensures that:

- measurable trends are supported by **contextual explanations**, and
- recommendations are grounded in **real user experience**, not only numerical scores.

The primary evaluation tool was a **structured questionnaire**, implemented in a digital format (Google Forms), enabling efficient data collection and aggregation.

The questionnaire included:

- **Likert-scale items** (e.g. 1–5 scale) to assess agreement with key statements
- **Multiple-choice questions** to identify patterns in use and applicability
- **Open-ended questions** to capture:
 - qualitative feedback
 - contextual challenges
 - suggestions for improvement

In addition, the assessment implicitly draws on the Toolkit's own evaluation logic, including:

- **User feedback forms** as recommended in the Toolkit evaluation framework

2.3 Assessment dimensions and indicators

The assessment framework was structured around key quality dimensions derived from the Toolkit's objectives and Erasmus+ evaluation logic. Indicators were designed to be **specific, observable, and user-reported**, ensuring practical relevance.

A. Clarity and usability

- Perceived clarity of instructions and structure
- Ease of understanding concepts (e.g. design thinking, stakeholder mapping)
- Ease of navigation and use in practice

B. Relevance and applicability

- Alignment with real needs in VET and healthcare contexts
- Perceived usefulness for teaching and programme design
- Applicability within institutional constraints (time, curriculum, resources)

C. Feasibility of implementation

- Ease of integrating Toolkit elements into existing teaching
- Required level of preparation and support
- Perceived barriers to implementation

D. Contribution to competence development

- Support for developing:
 - social innovation skills
 - digital readiness
 - user-centred thinking
 - collaboration and teamwork

E. Institutional and ecosystem value

- Potential to strengthen school role in regional ecosystem
- Usefulness for stakeholder engagement and partnerships
- Contribution to innovation culture within the institution

F. Overall satisfaction and improvement potential

- Overall perceived quality and usefulness
- Identified strengths
- Suggested improvements and missing elements

These dimensions ensure alignment with:

- Toolkit objectives (practical implementation of social innovation),
- learner-centred pedagogy, and
- system-level impact (institutional and ecosystem engagement).

2.4 Methodological limitations

The assessment is based on **self-reported user feedback**, which reflects perceived rather than objectively measured impact. However, this is appropriate at the current stage, where the focus is on:

- usability, feasibility, and adoption readiness
- early validation of the Toolkit in real educational settings

Future iterations may complement this approach with:

- observation of implementation
- student-level learning outcome data
- longitudinal tracking of institutional adoption.

3 Results and Key Findings

The assessment of the Toolkit provides strong evidence of its relevance, usability, and applicability in real VET contexts. The findings are structured across the main evaluation dimensions, combining quantitative trends and qualitative user feedback.

INVITE Toolkit Evaluation Questionnaire – Teachers & School Management

This questionnaire aims to evaluate the usability, relevance, and applicability of the Toolkit. Your feedback will support continuous improvement and future implementation.

Instruction (Description):

Please indicate your level of agreement with the following statements.

Question type: Linear scale (1–5)

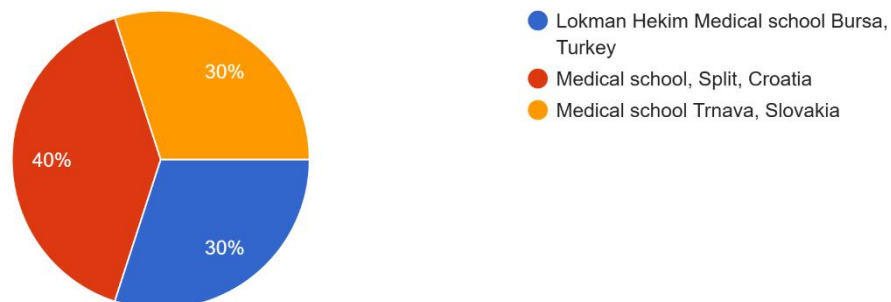
Scale:

1 = Strongly disagree

5 = Strongly agree

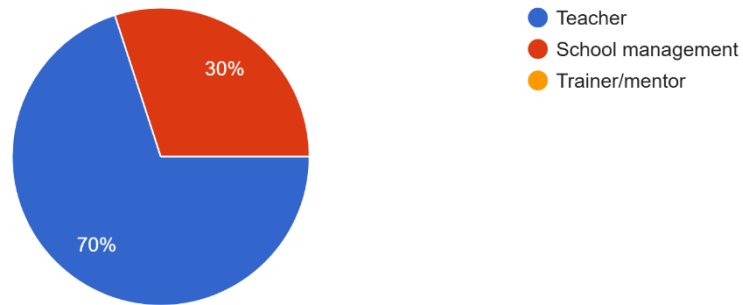
Please select your school:

10 responses



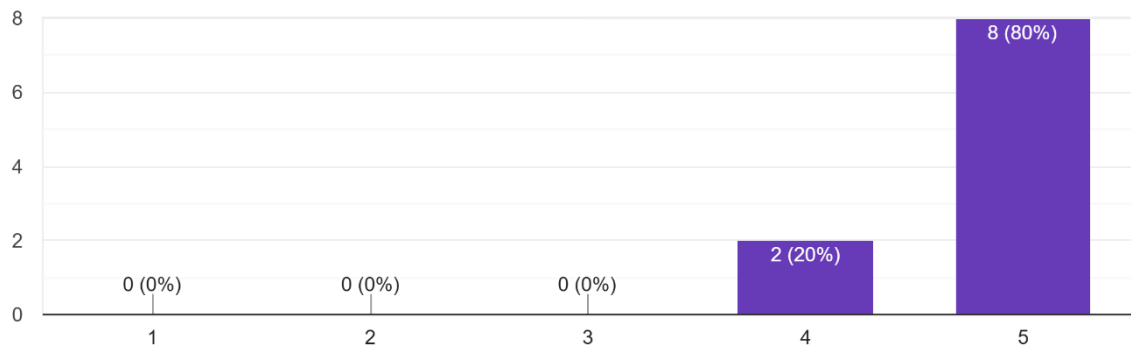
◆ SECTION 1: Respondent Profile 1.1 Your role

10 responses



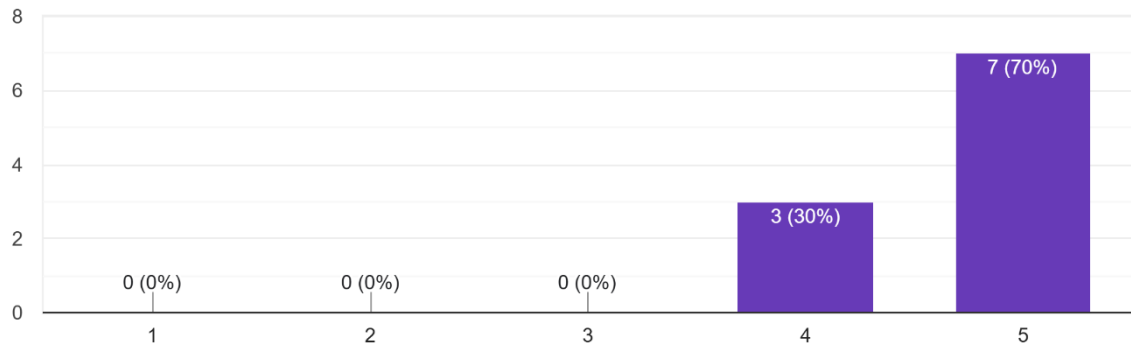
◆ SECTION 2: Overall Usefulness of the Toolkit 2.1 The Toolkit clearly explains its purpose as a practical guide for VET schools.

10 responses



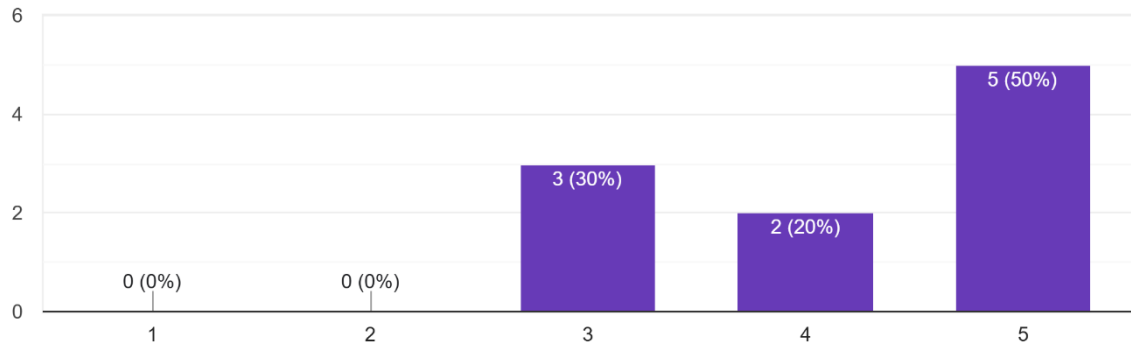
2.2 The connection between digital healthcare, social innovation, and education is clear.

10 responses



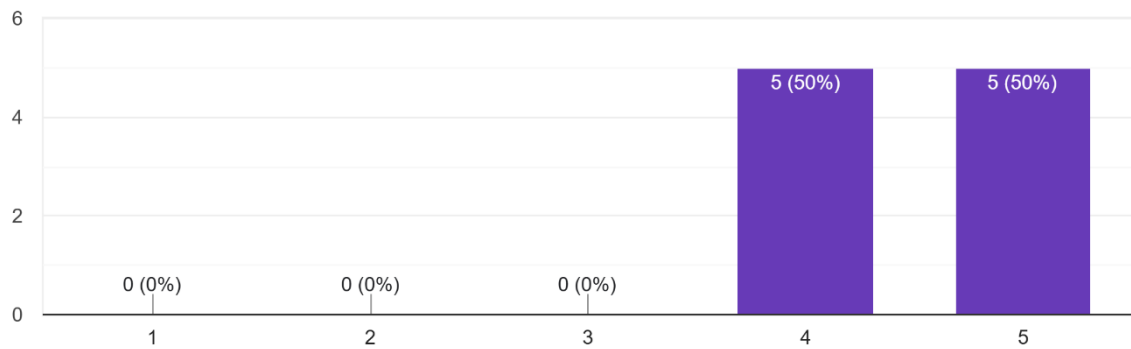
2.3 The Toolkit addresses real needs in my school context.

10 responses



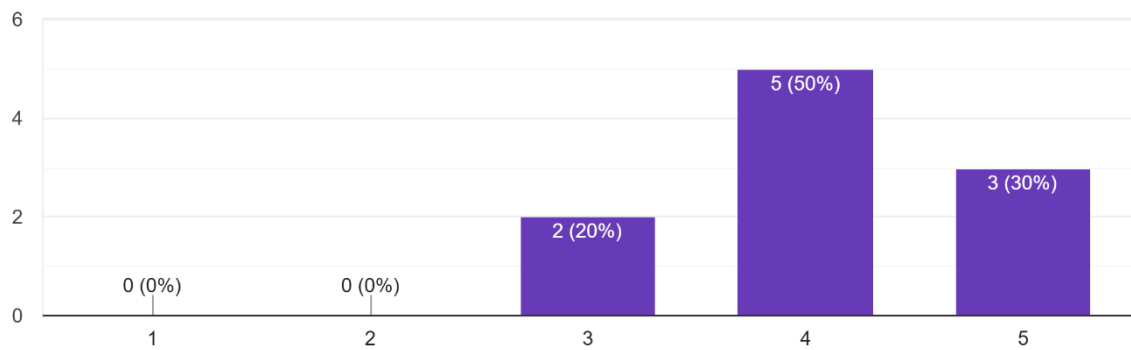
2.4 The Toolkit is easy to navigate and understand.

10 responses



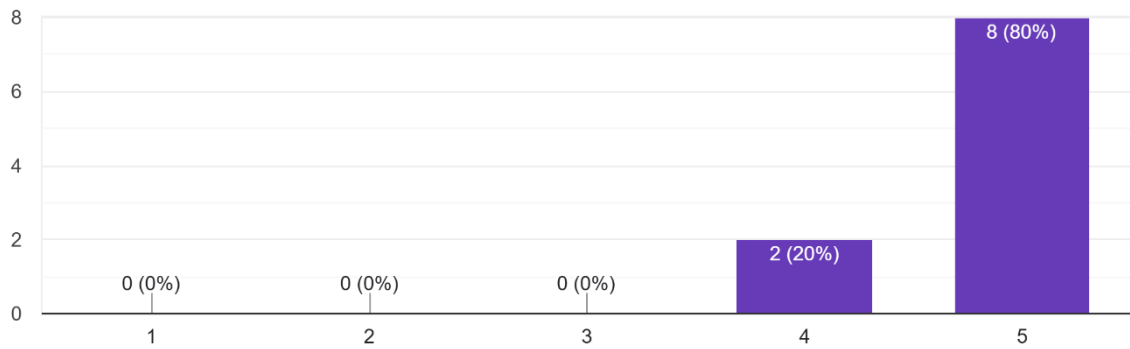
2.5 I can see how to apply the Toolkit in practice.

10 responses



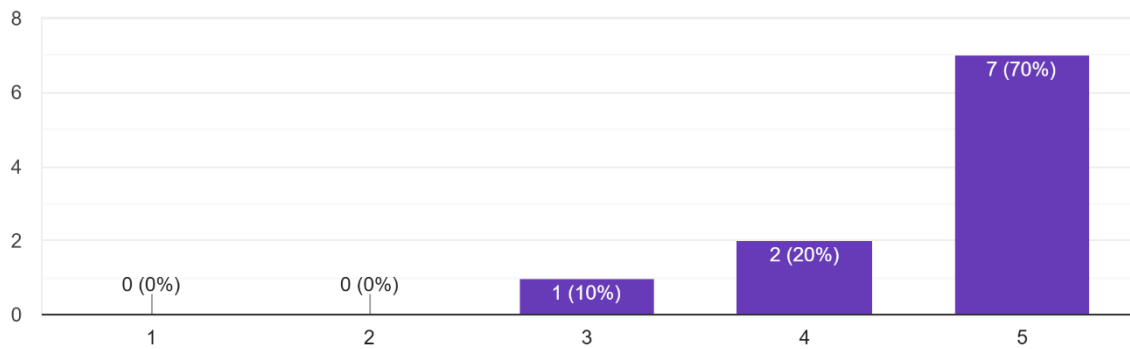
◆ SECTION 3: Conceptual Foundations 3.1 The concept of social innovation is clearly explained.

10 responses



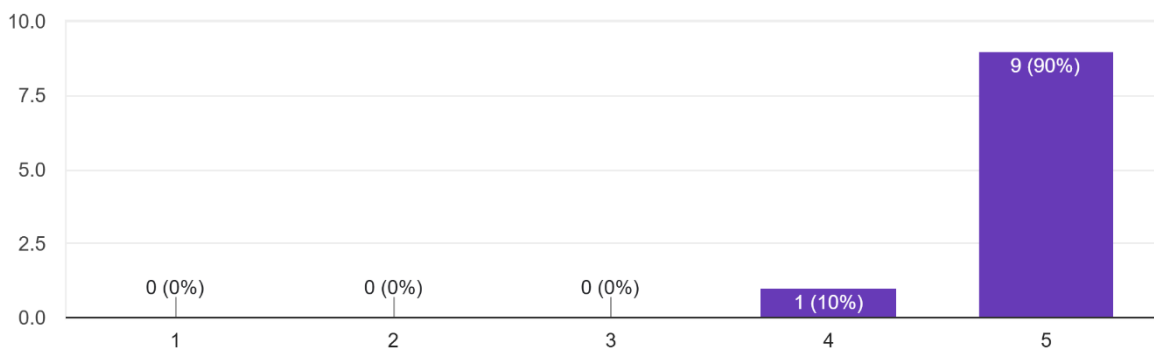
3.2 User-centred design (focus on patients, vulnerable groups) is understandable.

10 responses



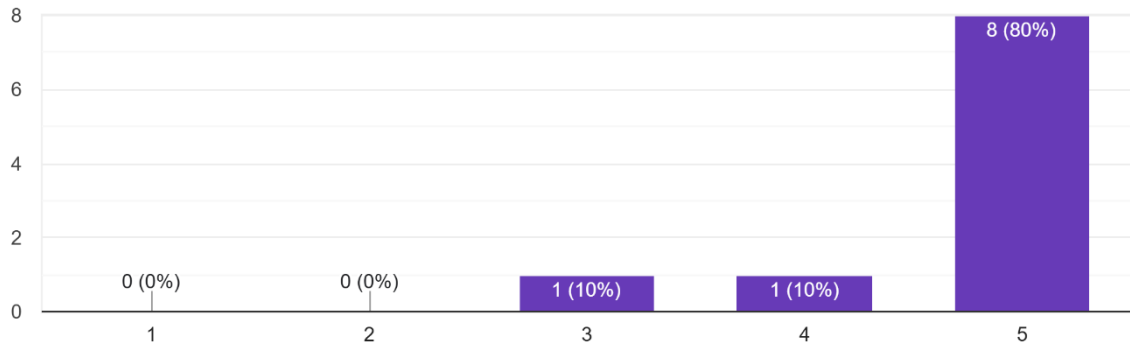
3.3 The concept of inclusiveness in digital healthcare is clear.

10 responses



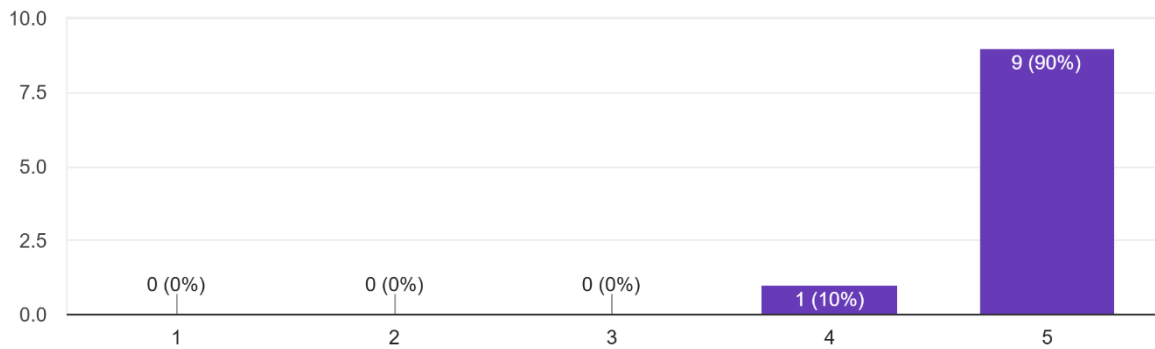
3.4 The concept of digital readiness is relevant and well-explained.

10 responses



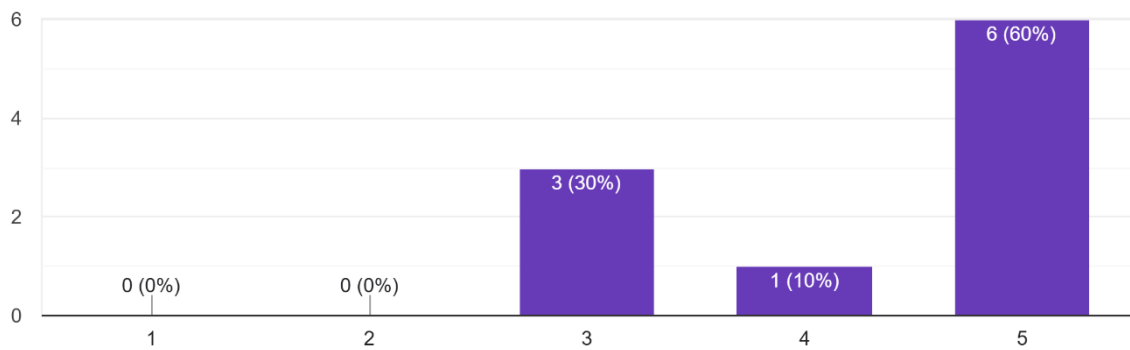
3.5 Design thinking methodology is clearly presented.

10 responses



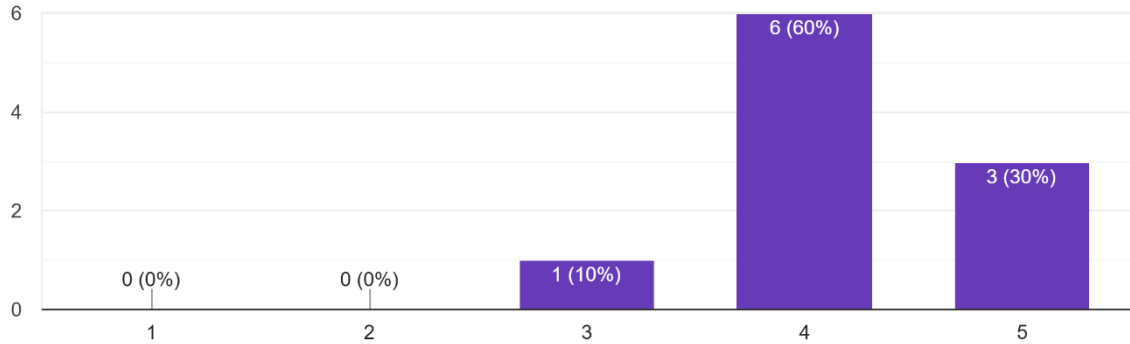
3.6 Continuous improvement (Plan-Do-Check-Act) is applicable in practice.

10 responses



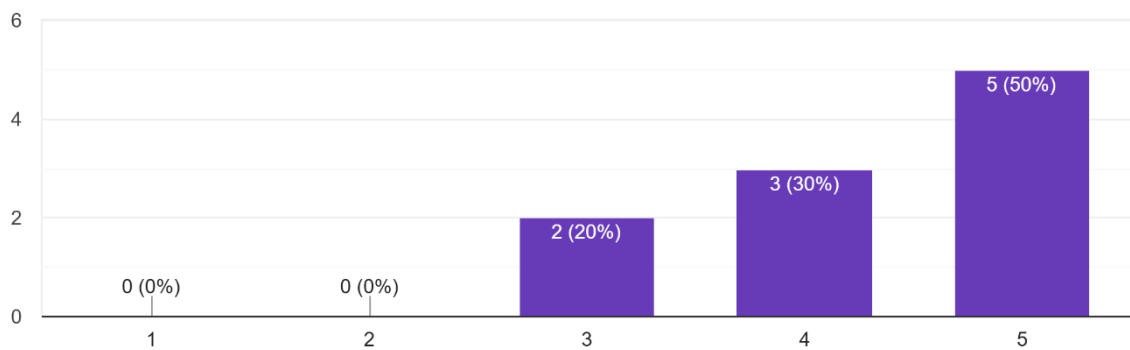
◆ SECTION 4: Module 1 – Regional Analysis & Stakeholders 4.1 The Toolkit provides clear guidance on analysing the regional ecosystem.

10 responses



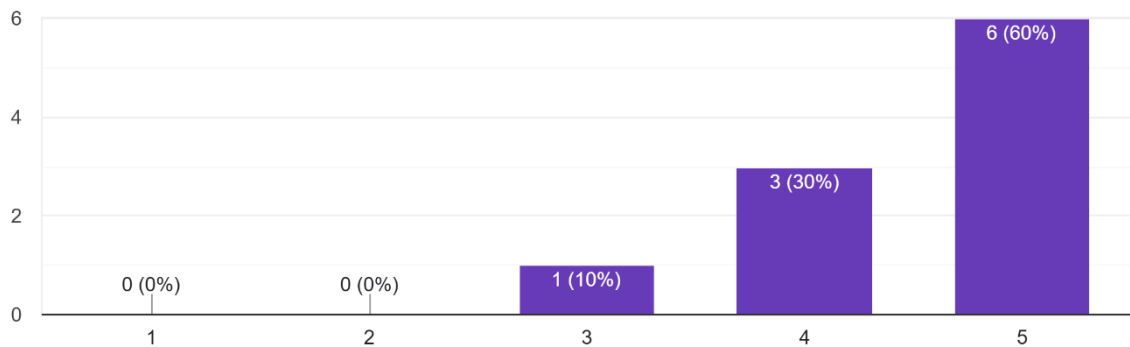
4.2 Suggested methods (interviews, SWOT, mapping) are feasible in my school.

10 responses



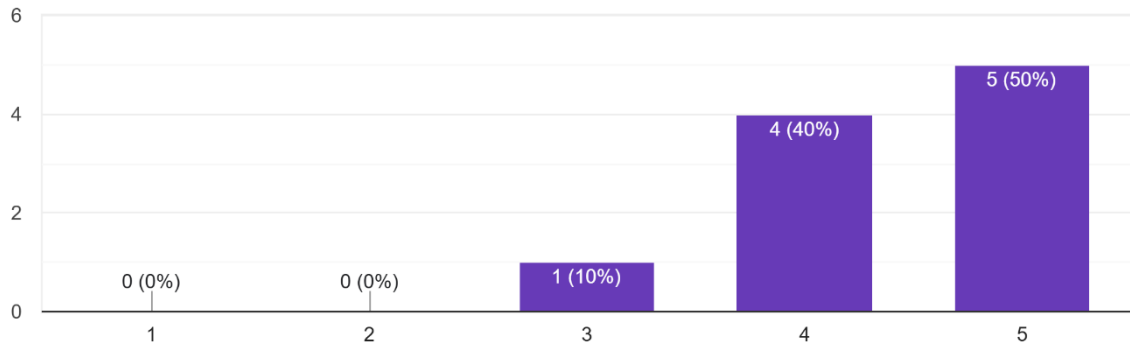
4.3 The SWOT analysis example is clear and useful.

10 responses



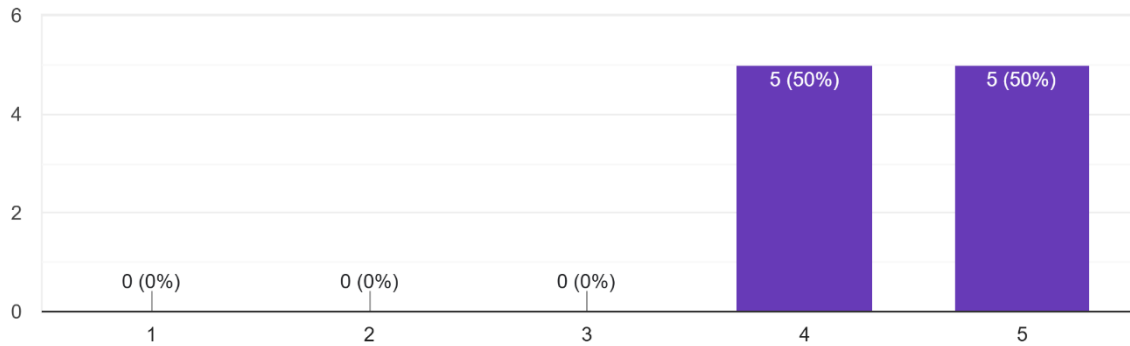
4.4 The Ecosystem Mapping tool is easy to understand.

10 responses



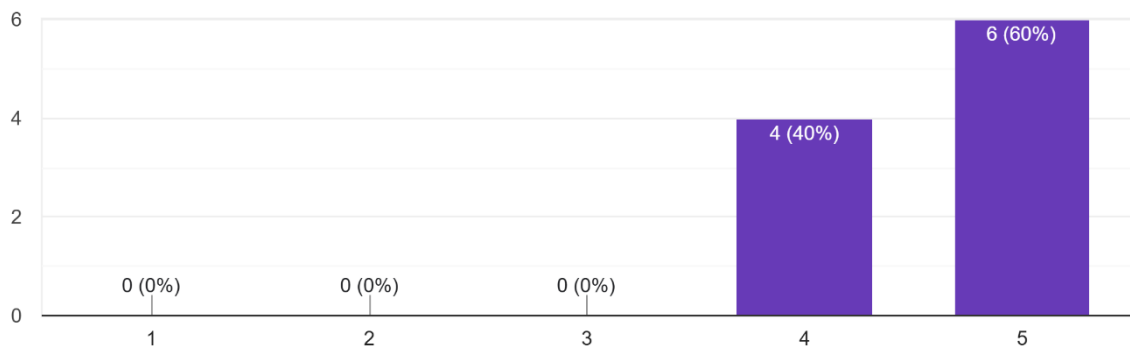
4.5 Stakeholder categories are clearly explained.

10 responses



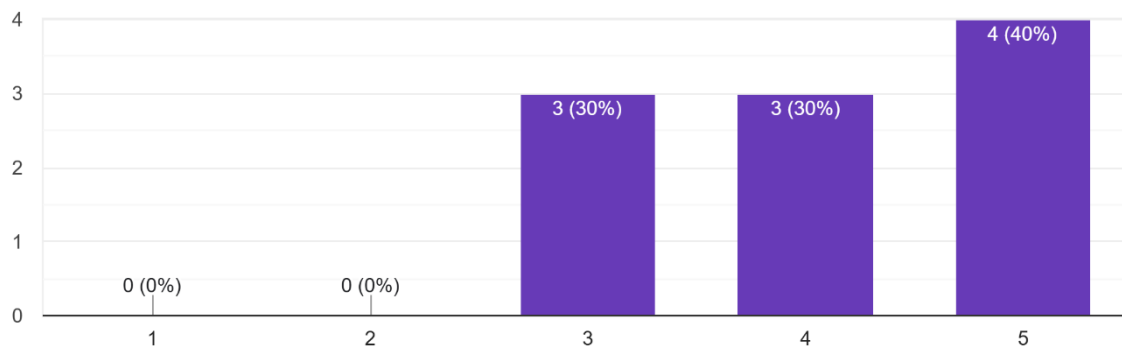
4.6 The Bull's Eye stakeholder mapping is practical for prioritisation.

10 responses



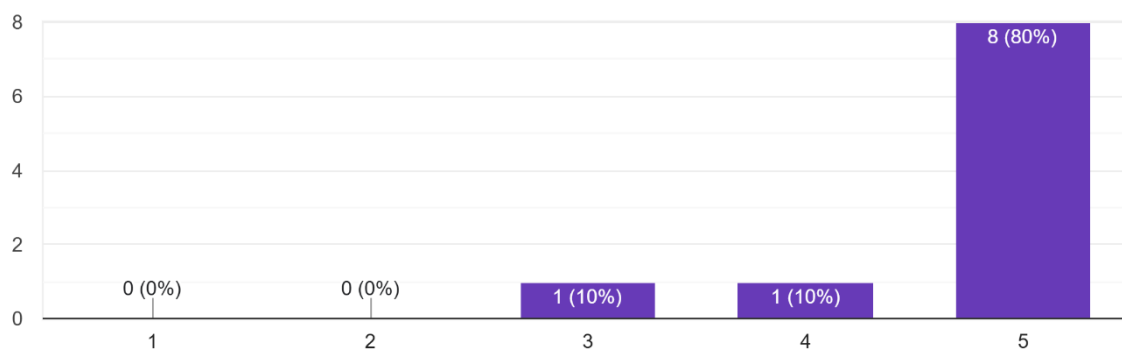
4.7 Suggested stakeholder engagement methods are realistic.

10 responses



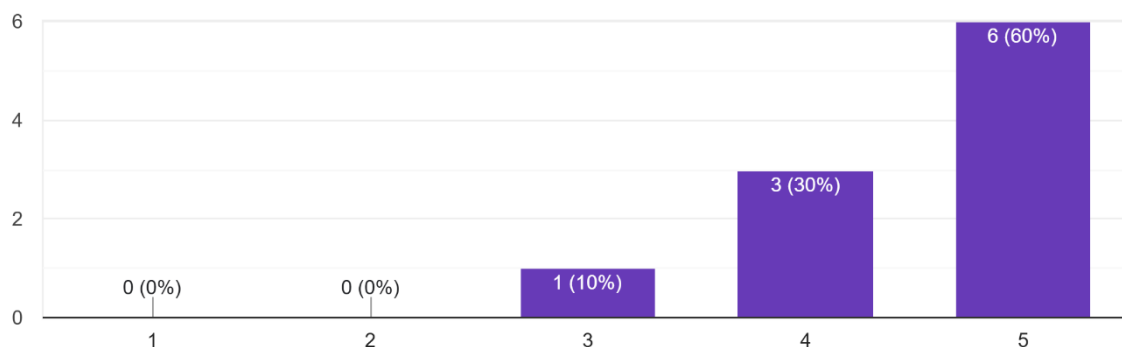
◆ SECTION 5: Culture, Vision & Governance 5.1 The difference between mission and vision is clearly explained.

10 responses



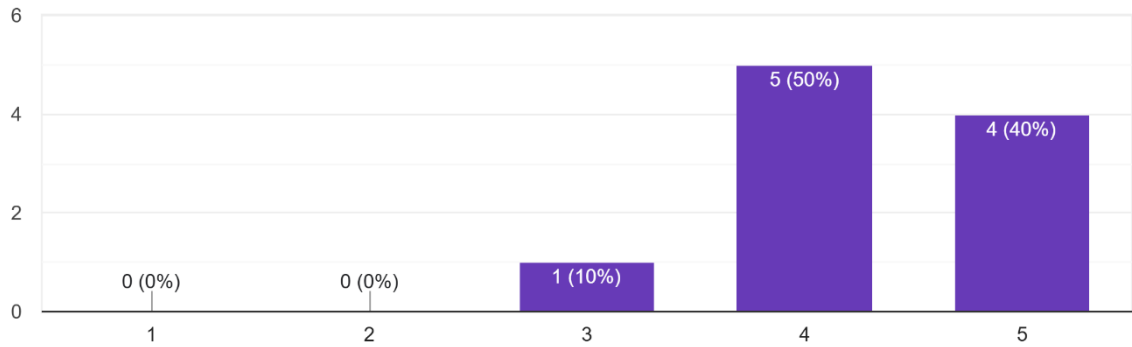
5.2 The Toolkit helps define a long-term vision for the school.

10 responses



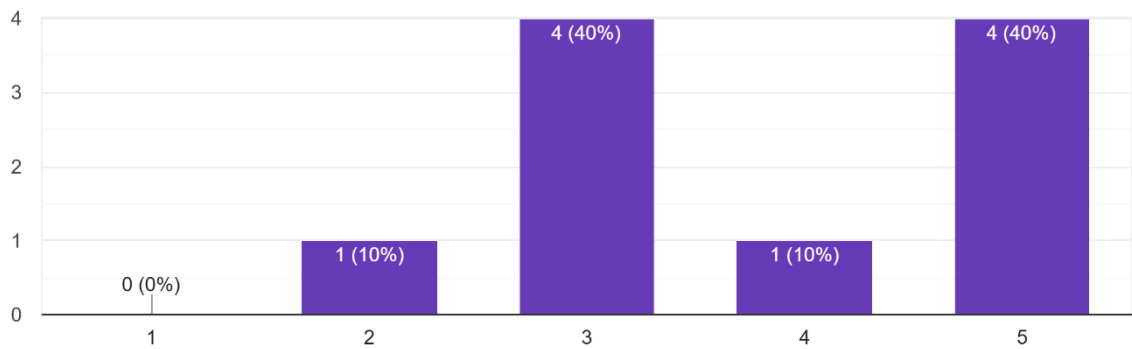
5.3 Suggested activities for an innovation culture are practical.

10 responses



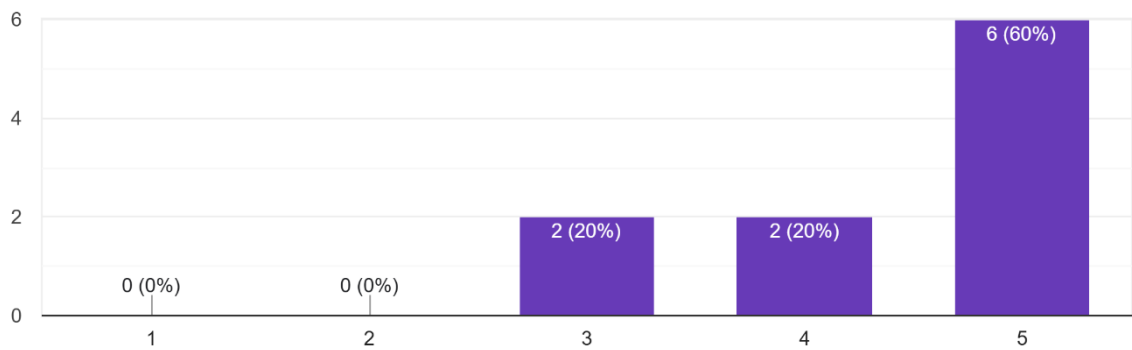
5.4 Innovation can be integrated into existing teaching (not an additional burden).

10 responses



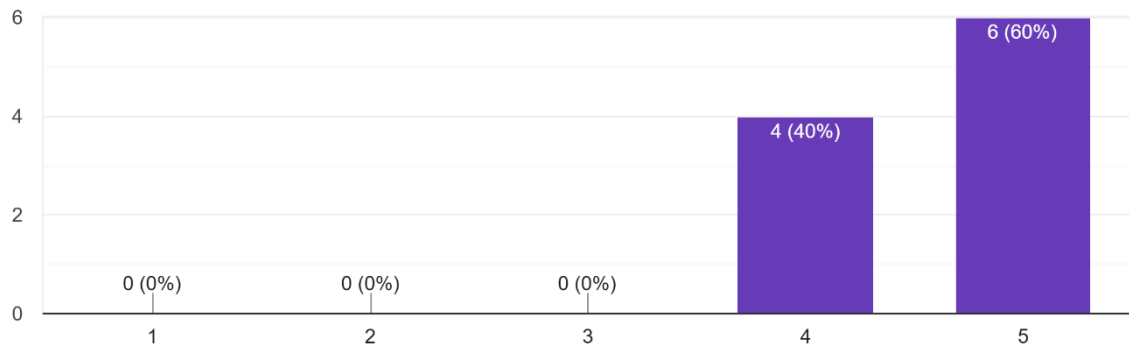
5.5 Governance structure (internal + external) is clear.

10 responses



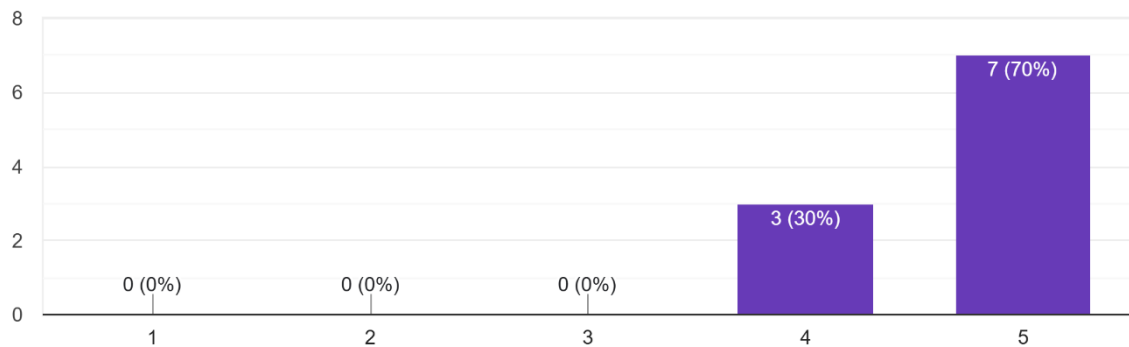
5.6 Roles and responsibilities are well defined.

10 responses



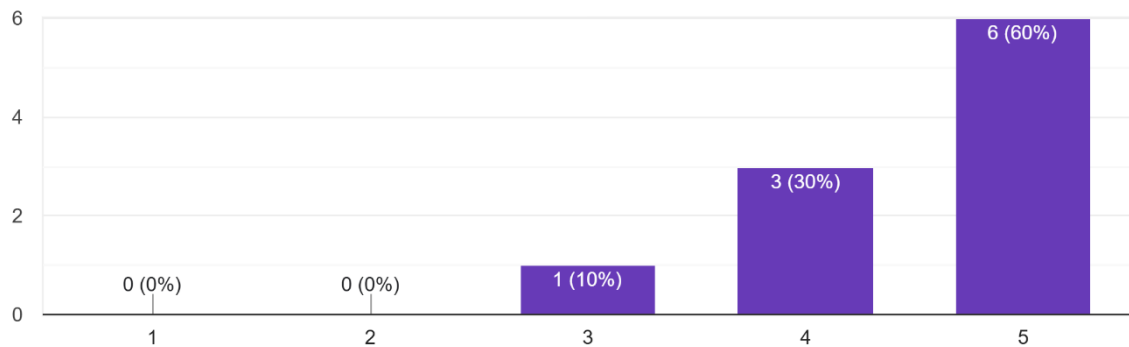
5.7 Guidance on collaboration with partners is useful.

10 responses



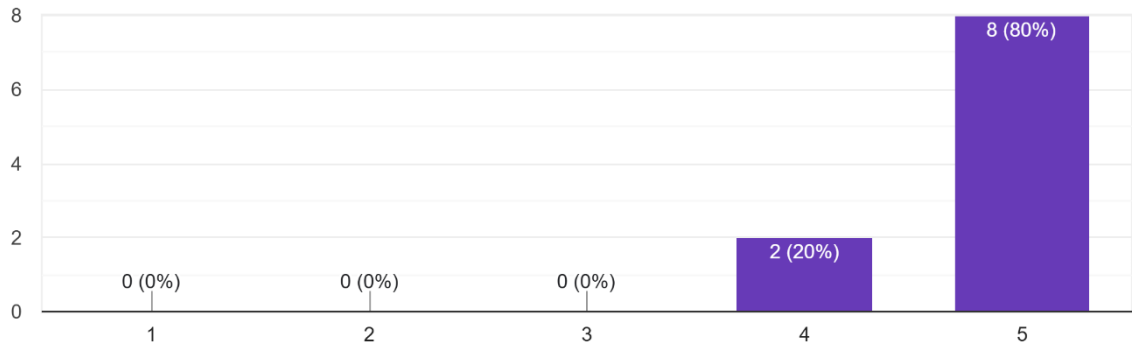
◆ **SECTION 6: Module 2 – Design Thinking & Student Work 6.1 The design thinking process is clear and applicable.**

10 responses



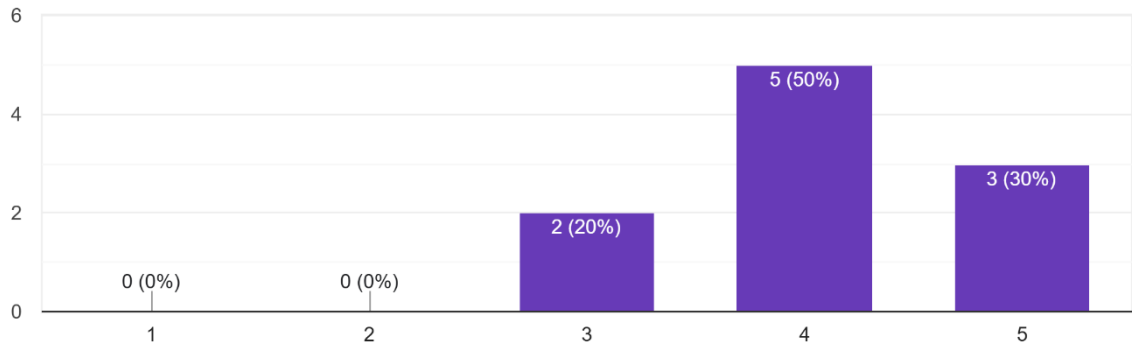
6.2 The provided example (older adults & telehealth) helps understanding.

10 responses



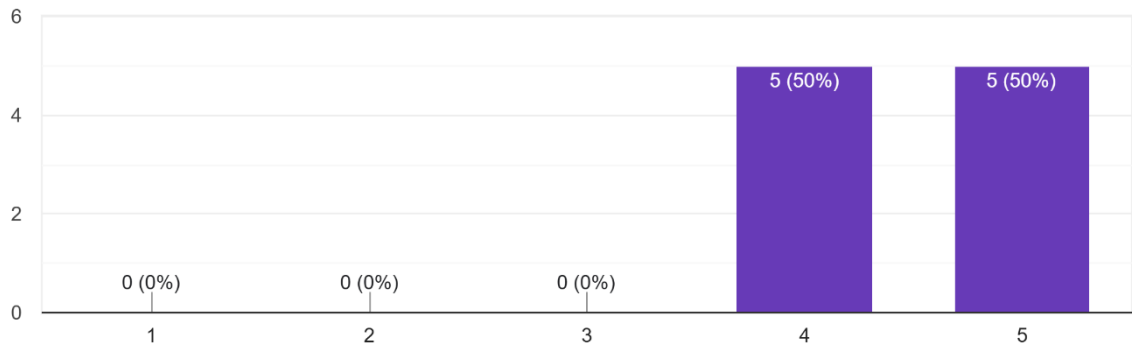
6.3 I feel confident facilitating design thinking activities.

10 responses



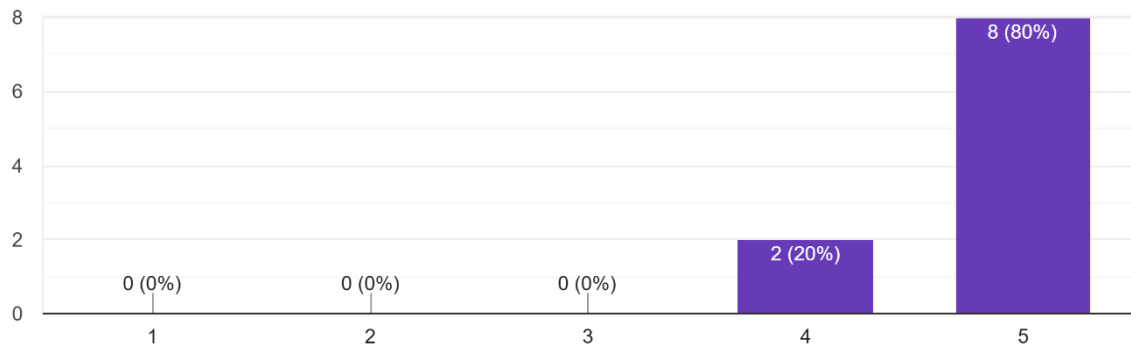
6.4 The tools (empathy map, brainstorming, prototyping, pitch) are easy to use.

10 responses



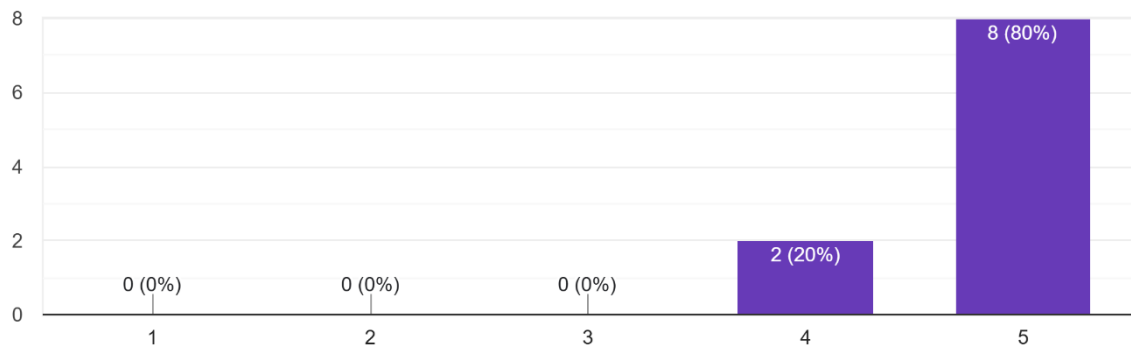
6.5 The Toolkit supports active student engagement.

10 responses



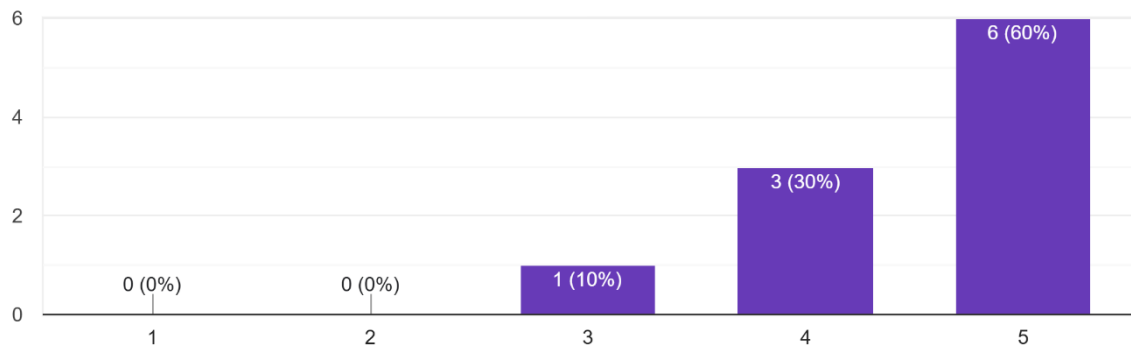
6.6 Guidance on working with vulnerable groups is clear and appropriate.

10 responses



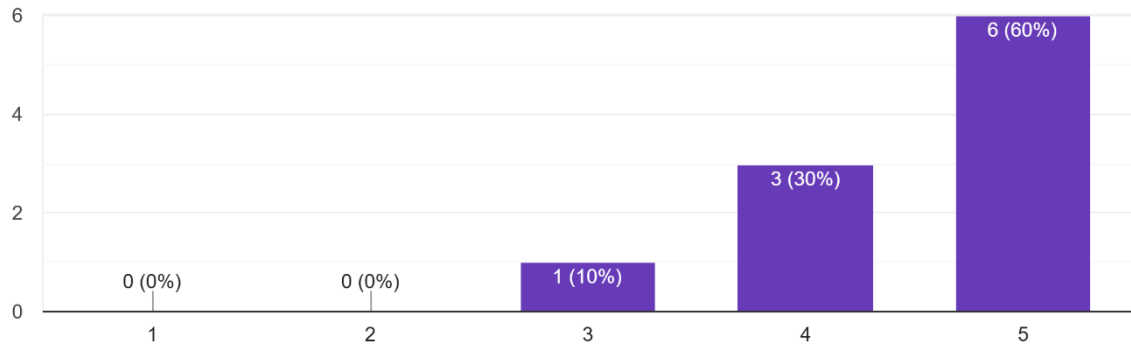
◆ SECTION 7: Business Planning & Sustainability 7.1 The concept of social business models is clearly explained.

10 responses



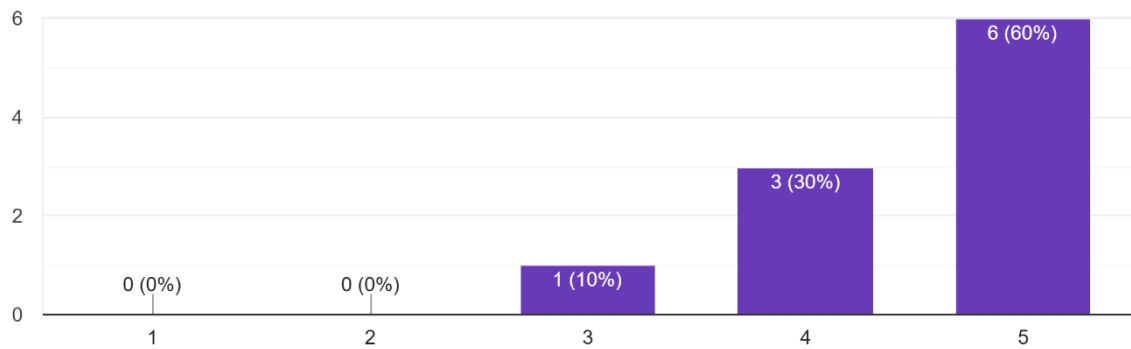
7.2 The value proposition concept is understandable.

10 responses



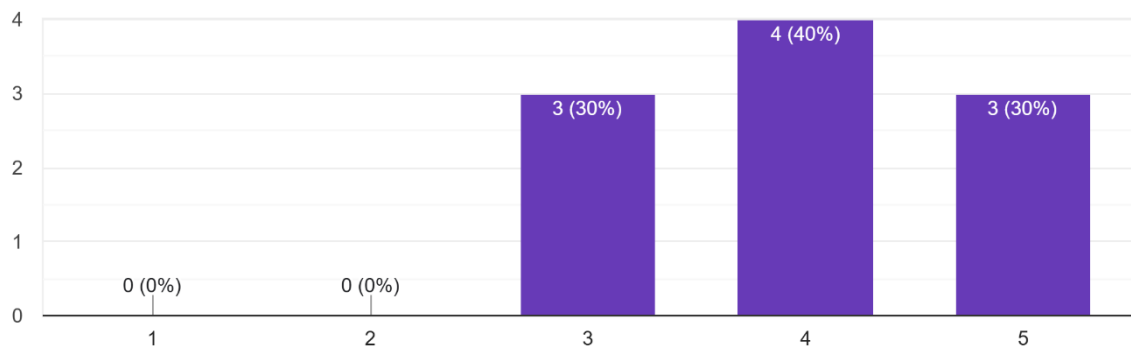
7.3 Examples provided are realistic and useful.

10 responses



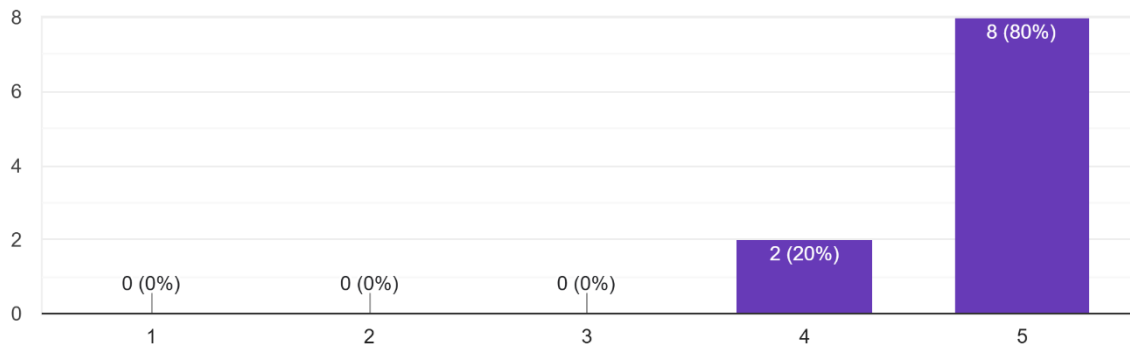
7.4 Business planning tools are suitable for students.

10 responses



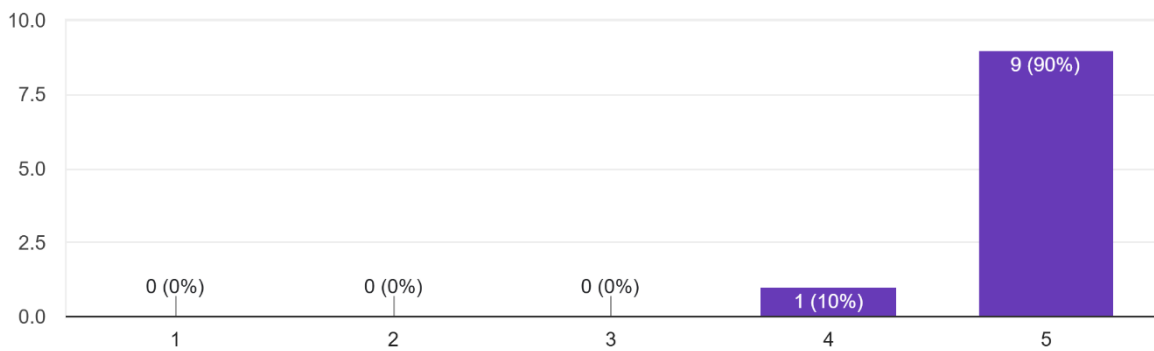
◆ SECTION 8: Technology & Ethics 8.1 The overview of digital healthcare technologies is clear.

10 responses



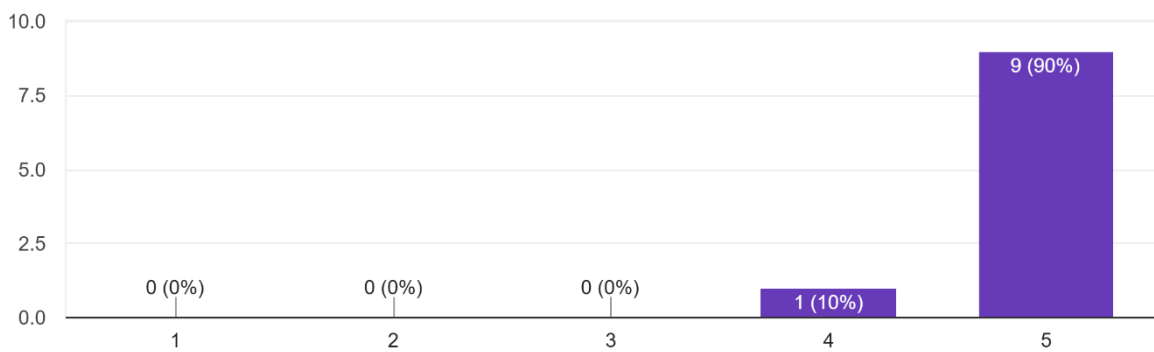
8.2 Benefits and limitations of technologies are well explained.

10 responses



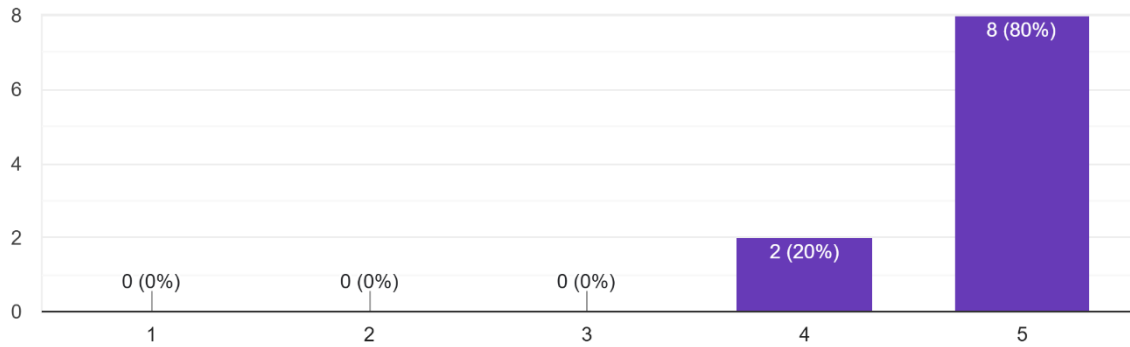
8.3 The Toolkit supports safe and ethical use of technology.

10 responses



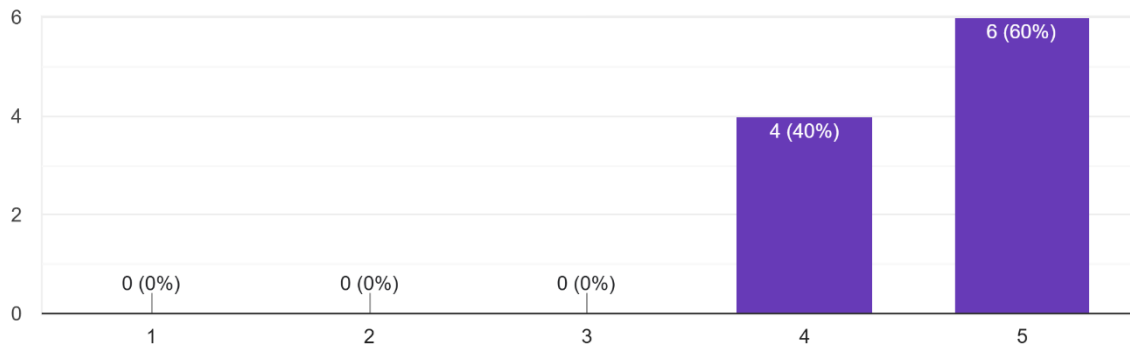
8.4 Accessibility and inclusion principles are clearly addressed.

10 responses



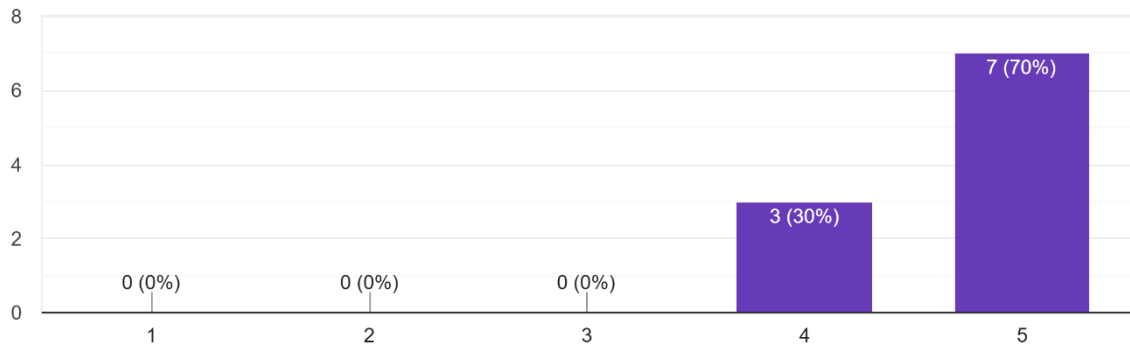
◆ SECTION 9: Monitoring, Evaluation & Impact 9.1 The difference between outputs, outcomes, and impact is clear.

10 responses



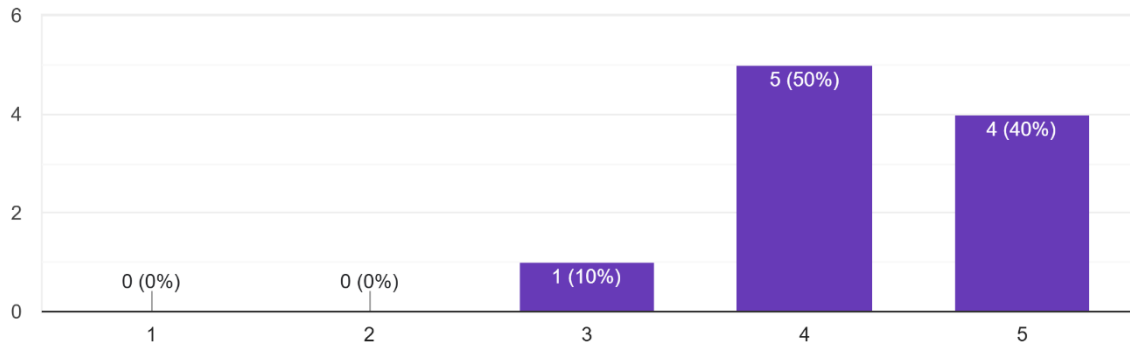
9.2 Suggested indicators are realistic and useful.

10 responses



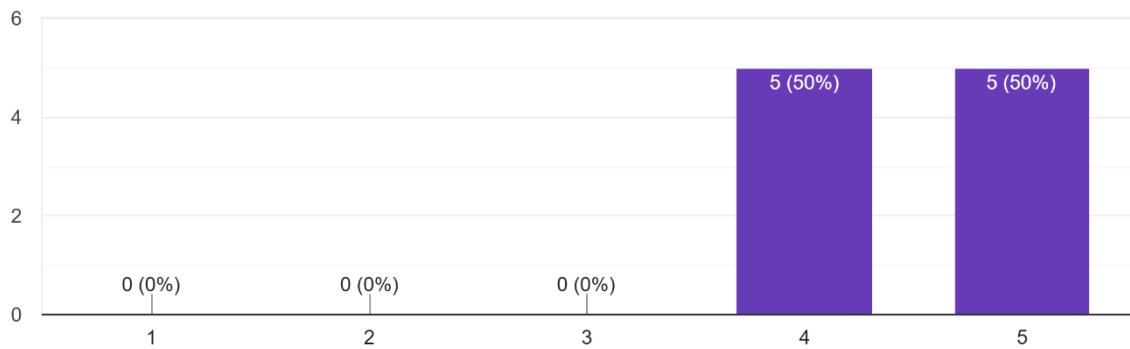
9.3 Evaluation tools (feedback forms, impact matrix) are easy to use.

10 responses



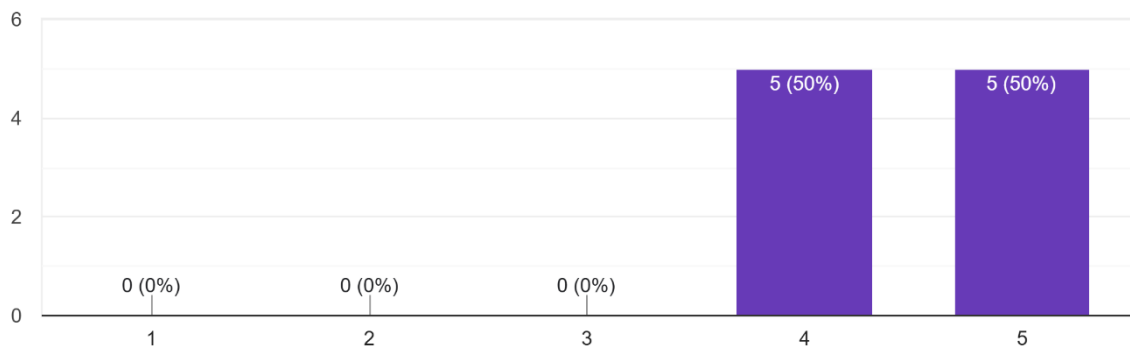
9.4 The continuous improvement cycle is applicable.

10 responses



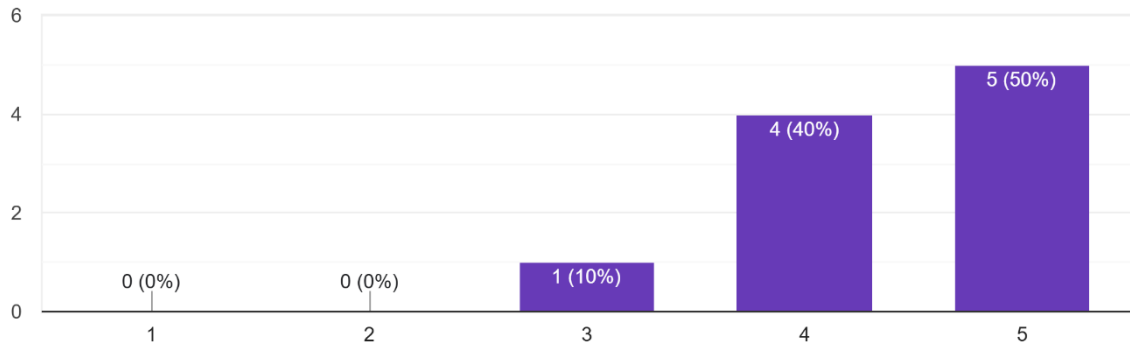
◆ SECTION 10: Implementation Process 10.1 The step-by-step implementation process is clear.

10 responses



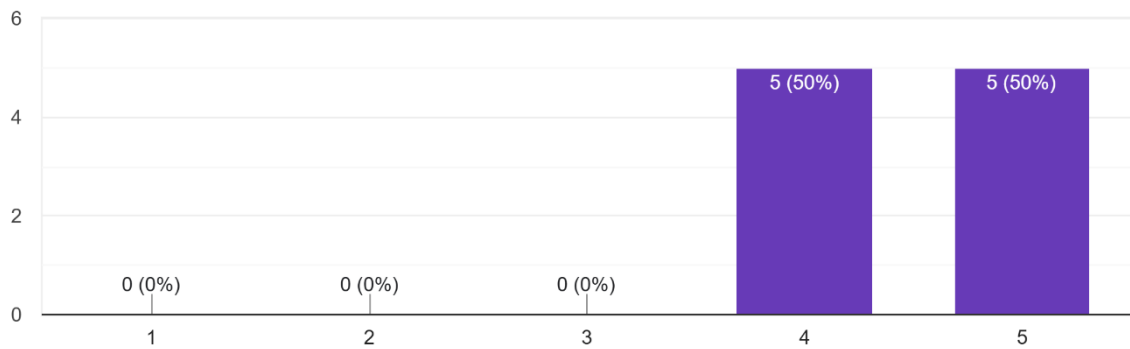
10.2 The student recruitment and selection process is realistic.

10 responses



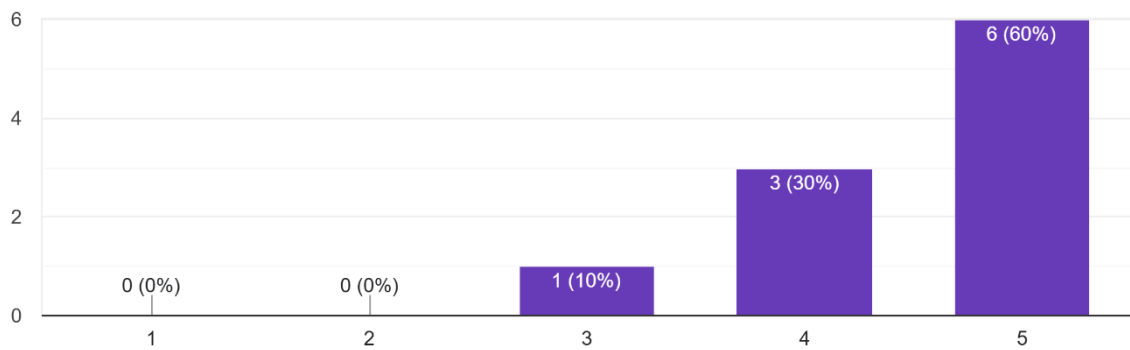
10.3 Workshop structure is practical.

10 responses



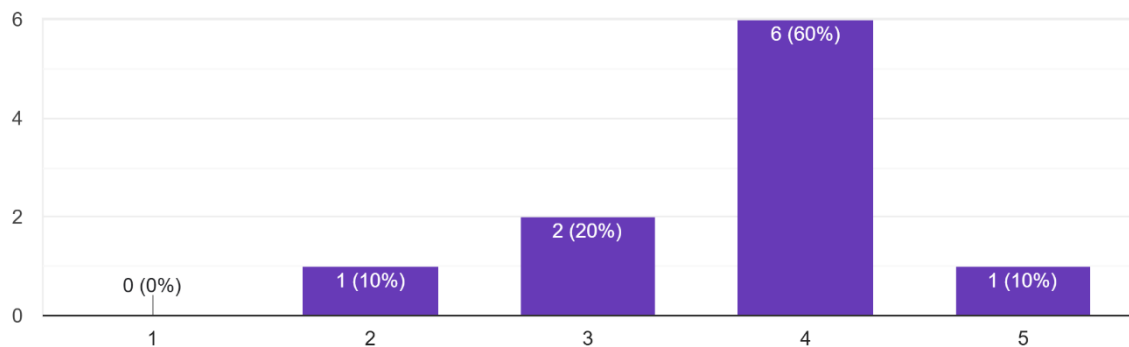
10.4 Demo Day concept is useful and motivating.

10 responses



10.5 The overall implementation is feasible in my school.

10 responses



◆ SECTION 11: Open reflection 11.1 What is the strongest aspect of the Toolkit?

9 responses

The strongest aspect of the Toolkit, as highlighted by respondents, is its **practicality and clarity**, with a well-structured and easy-to-follow format that enables direct application in real classroom and VET settings. Many emphasized its **step-by-step approach**, adaptability to different teaching contexts, and usability in everyday practice. Additionally, the Toolkit is seen as **innovative, sustainable, and flexible**, allowing educational institutions to adjust it to their capacities and resources. Its engaging activities and clear layout further support its effectiveness, making it a valuable and user-friendly resource for educators.

11.2 What could be improved or simplified?

6 responses

Overall, respondents suggest that while the Toolkit is comprehensive and detailed, it could benefit from **simplification and greater clarity**. Several noted that the **language could be made easier to understand**, and some sections could be **shortened or streamlined** to improve navigation and usability. There is also a recommendation to **reduce the number of steps** and include **quick-start guides, summaries, or introductory overviews** to help users more quickly grasp and apply key content. However, one response indicated that no further improvements are necessary, highlighting that the level of detail is also seen as a strength.

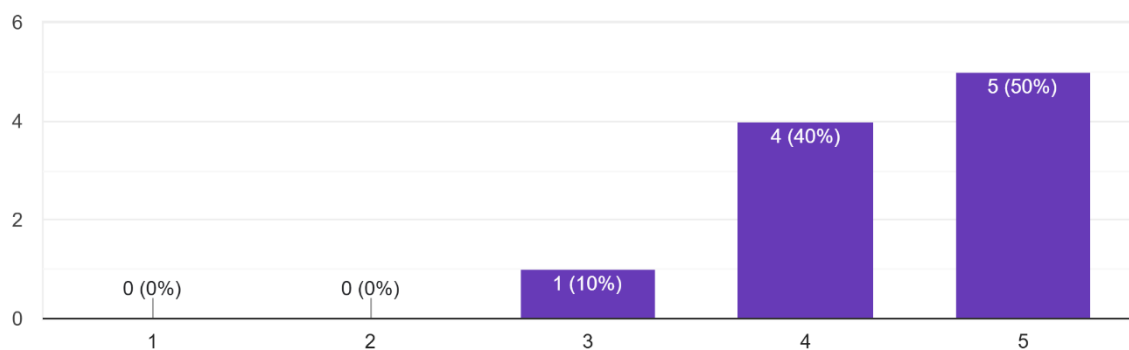
11.3 What support would you need to implement this Toolkit in your school?

8 responses

Respondents highlighted that successful implementation of the Toolkit would require a combination of **time, training, and organizational support**. Key needs include **initial and continuous teacher training**, as well as **ongoing pedagogical and technical support**. Many emphasized the importance of **dedicated time for planning, collaboration, and sharing experiences among staff**, along with **clear guidance materials**, such as summary templates and ready-to-use resources. Additionally, **motivation and leadership support within the school** were seen as important factors. Practical considerations, such as **adequate space, flexible classrooms, and funding for materials or pilot activities**, were also mentioned, along with the value of **networking with other schools** to exchange experiences and best practices.

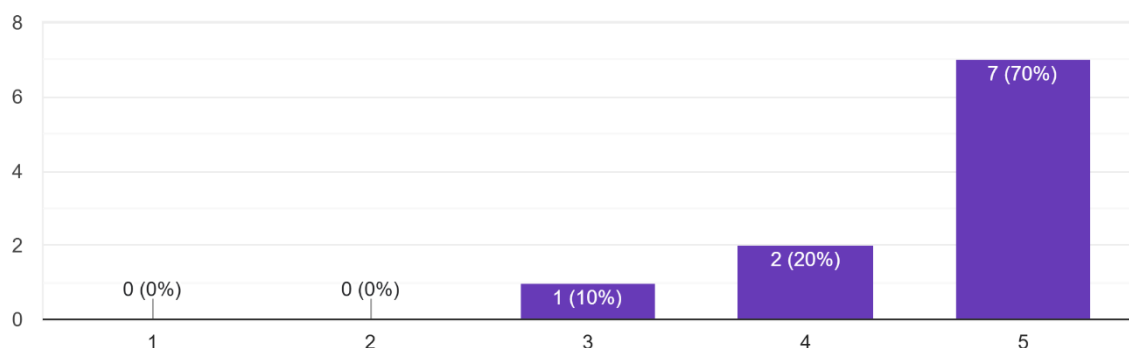
◆ SECTION 12: Final Assessment 12.1 The Toolkit is practical and applicable.

10 responses



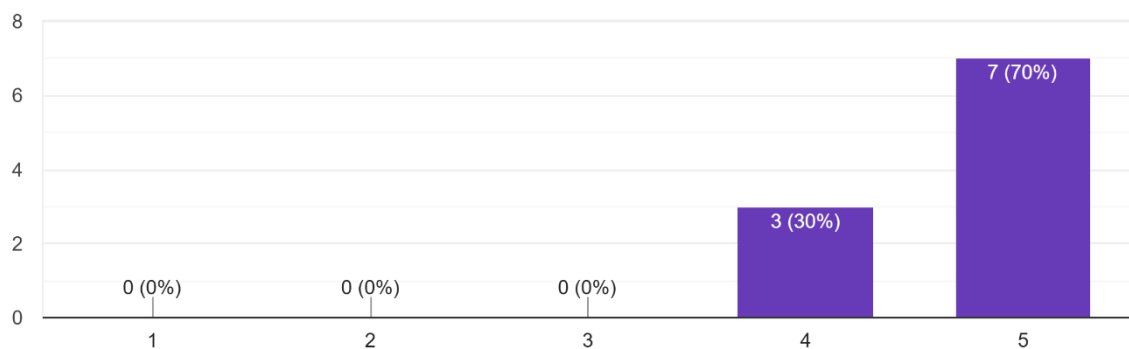
12.2 The Toolkit supports innovation and inclusion in VET.

10 responses



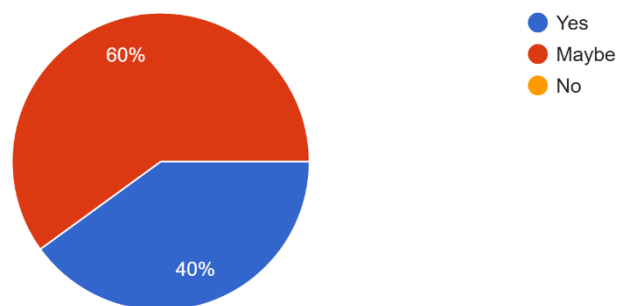
12.3 I would recommend this Toolkit to other schools.

10 responses



12.4 Would your institution consider implementing this Toolkit?

10 responses



3.1 Clarity and Usability

Overall, respondents perceived the Toolkit as **clear, well-structured, and logically organised**. Users particularly appreciated:

- the **step-by-step approach**, which supports gradual implementation;
- the **modular structure**, allowing flexible use depending on needs;
- the inclusion of **practical tools and templates** (e.g. SWOT, stakeholder mapping, design thinking tools).

Several respondents highlighted that the Toolkit effectively translates complex concepts such as social innovation and design thinking into accessible, **actionable guidance**.

At the same time, some feedback indicates that:

- certain sections could benefit from **further simplification or visual support** (e.g. summaries, diagrams);
- First-time users may require **initial guidance or facilitation** when applying more complex tools.

Key finding:

The Toolkit demonstrates a high level of clarity and usability, with minor improvements needed to simplify selected sections and enhance user guidance.

3.2 Relevance and Applicability

The Toolkit was consistently evaluated as **highly relevant** to both educational and healthcare contexts.

Respondents confirmed strong alignment with:

- current **digital transformation in healthcare**;
- the need to address **digital inclusion and vulnerable groups**;
- VET priorities related to **practical, skills-based, and project-based learning**.

Teachers reported that the Toolkit:

- provides **ready-to-use content** for teaching and workshops;
- supports **real-life problem orientation**, increasing student engagement;
- aligns well with **interdisciplinary and competence-based education approaches**.

However, applicability is influenced by contextual factors such as:

- available time within curriculum;
- institutional flexibility;
- prior experience with innovation-based teaching.

Key finding:

The Toolkit is highly relevant and adaptable across contexts, with successful application depending on institutional readiness and available time/resources.

3.3 Feasibility of Implementation

Findings indicate that the Toolkit is **feasible to implement**, particularly when used in a flexible and modular way.

Respondents identified as enabling factors:

- the possibility to **select and adapt individual tools** rather than apply the full Toolkit;
- integration into **existing courses or project-based activities**;

- use in **workshops, extracurricular activities, or innovation programmes.**

At the same time, key challenges were identified:

- **time constraints** within formal curricula;
- need for **teacher preparation and confidence** in using new methodologies;
- limited prior experience with **stakeholder engagement or co-creation processes.**

Key finding:

Implementation is feasible and realistic, especially when modular and supported, but requires consideration of time constraints and teacher support.

3.4 Contribution to Competence Development

A strong and consistent finding is the Toolkit's perceived contribution to **key transversal and professional competencies.**

Respondents reported that the Toolkit supports development of:

- **social innovation skills** (problem identification, solution design);
- **user-centred thinking and empathy**, particularly towards vulnerable groups;
- **digital readiness**, including critical understanding of digital health tools;
- **collaboration and teamwork**, through group-based activities;
- **communication skills**, especially through pitching and presentation elements.

Key finding:

The Toolkit strongly supports competence development aligned with Erasmus+ priorities, particularly in social innovation, digital readiness, and user-centred approaches.

3.5 Institutional and Ecosystem Value

Respondents recognised the Toolkit's potential to strengthen the role of VET schools as **active actors in regional innovation ecosystems.**

Key contributions identified include:

- improved capacity for **stakeholder mapping and engagement**;
- support for building **partnerships with healthcare providers, NGOs, and local actors**;
- positioning schools as **connectors between education, practice, and community needs**;
- fostering a **culture of innovation and collaboration** within institutions.

However, respondents also noted that:

- effective ecosystem engagement requires **time and sustained effort**;
- schools may need external support or facilitation in the early stages.

Key finding:

The Toolkit has potential for institutional transformation and ecosystem engagement, with gradual implementation needed for full impact.

3.6 Overall Satisfaction and Improvement Areas

Overall satisfaction with the Toolkit is **high**, with users recognising it as:

- a **practical and well-designed resource**;
- a **valuable addition to VET education**;
- a tool with **clear potential for wider adoption and transferability**.

Identified strengths include:

- practical orientation and real-life relevance;
- strong alignment with current societal and healthcare needs;
- comprehensive yet flexible structure.

Key areas for improvement include:

- further **simplification of selected sections**;
- addition of **visual elements and summaries**;
- provision of **examples of implementation in different contexts**;
- potential development of **training or guidance for teachers**.

Key finding:

The Toolkit is positively evaluated across all dimensions, with clear, actionable recommendations for refinement.

3.7 Synthesis of Findings (Evaluator-style conclusion)

The assessment confirms that the Toolkit is:

- **Relevant** – aligned with current VET and healthcare transformation needs;
- **Usable** – clear and structured, with minor improvements needed;
- **Feasible** – implementable in real contexts with flexible application;
- **Impact-oriented** – supporting key competencies and institutional development;
- **Adoption-ready** – with strong potential for transfer and scaling.



At the same time, findings highlight the importance of:

- **teacher support and capacity building,**
- **modular implementation strategies,** and
- **continuous refinement based on user feedback.**

4 From Findings to Action: Targeted Improvements per Toolkit Chapter

Building on the assessment results, the following section translates key findings into **concrete, actionable improvements**, directly mapped to the Toolkit chapters. This ensures a clear link between user feedback and refinement, strengthening the Toolkit's quality, usability, and adoption potential.

4.1 Chapter 1–2: Introduction & Conceptual Foundations

Key findings addressed:

- Need for clearer entry point for new users
- Some concepts perceived as abstract (e.g. social innovation, ecosystem thinking)

Improvement actions:

- Add a **“How to start in 30 minutes” quick-start guide** (1-page visual overview of steps)
- Include a **short glossary of key concepts** (social innovation, ecosystem, digital readiness, etc.)
- Add **1–2 concrete real-life examples early in the document** (before theory)
- Provide a **visual roadmap of the Toolkit structure** (flow diagram of modules and steps)

Expected effect:

Faster onboarding, improved accessibility for first-time users, and reduced cognitive load.

4.2 Chapter 3: Module 1 – Regional Analysis & Ecosystem Engagement

Key findings addressed:

- Strong perceived value, but some difficulty in practical application
- Limited experience with stakeholder engagement

Improvement actions:

- Add a **fully worked example of a Regional Analysis Report (1–2 pages)**
- Provide **sample filled-in stakeholder mapping and SWOT templates**
- Include **“minimum viable version” guidance**:
 - e.g. “If you have only 2 hours, do this...”
- Add **scripts for interviews and focus groups** (3–5 ready-to-use questions)
- Include **tips for first contact with stakeholders** (email/phone examples)

Expected effect:

Increased feasibility, reduced hesitation, and stronger real-world application.



4.3 Chapter 3.2–3.4: Stakeholder Engagement, Vision & Governance

Key findings addressed:

- High perceived value for institutional development
- Need for clearer operationalisation in schools

Improvement actions:

- Add a **simple stakeholder engagement plan template (1 page)**
- Provide an **example of a school-level governance model (diagram + roles)**
- Include **“starter partnership scenarios”** (e.g. school + care home + NGO)
- Add a **checklist for building first partnerships**
- Provide **examples of lightweight collaboration agreements (MoU outline)**

Expected effect:

Stronger institutional uptake, clearer translation from concept to action.

4.4 Chapter 4: Module 2 – Design Thinking & Implementation

Key findings addressed:

- Highly valued but requires facilitation confidence
- Some users need more structure in delivery

Improvement actions:

- Add **ready-to-use workshop agendas** (e.g. 2h / half-day / full-day formats)
- Provide **facilitator instructions per phase** (what to say, what to watch for)
- Include **timing guidance per activity**
- Add **common challenges + solutions** (e.g. low student engagement, unclear ideas)
- Include **example student project journey (from idea → prototype → pitch)**

Expected effect:

Higher teacher confidence, easier classroom implementation, improved learning experience.

4.5 Chapter 5: Business Planning & Pitch

Key findings addressed:

- Useful but sometimes perceived as abstract or “too business-oriented”



Improvement actions:

- Add **simplified version of business model (1-page “light canvas”)**
- Provide **2–3 concrete examples of student-level projects**
- Include **step-by-step pitch template (with sentence starters)**
- Add **evaluation rubric for pitch presentations**
- Include **short video/script examples (optional future upgrade)**

Expected effect:

Better accessibility for VET students, stronger development of communication skills.

4.6 Chapter 6: Technology in Digital Healthcare

Key findings addressed:

- Relevant but potentially too broad or theoretical

Improvement actions:

- Add **“technology selection guide”** (how to choose tools for projects)
- Include **simple comparison table (when to use what technology)**
- Provide **more VET-level examples (low-tech + high-impact solutions)**
- Add **short case scenarios focused on vulnerable users (e.g. older adults)**
- Include **“what NOT to do” (common mistakes in digital health solutions)**

Expected effect:

More practical application, better alignment with student level and real contexts.

4.7 Chapter 7: Monitoring, Evaluation & Impact

Key findings addressed:

- Evaluation is seen as important but sometimes unclear or complex

Improvement actions:

- Add **ready-to-use evaluation package:**
 - student feedback form
 - teacher reflection form
 - simple impact tracker
- Provide **example of completed evaluation report (1–2 pages)**
- Include **“minimum evaluation version” (quick 10-minute approach)**



- Add **clear link between activities → outcomes → impact (visual)**
- Include **examples of indicators (RACER-aligned but simplified)**

Expected effect:

Stronger evaluation practice, easier reporting, better evidence for adoption.

4.8 Chapter 8: Implementation Process

Key findings addressed:

- Strong value, but users need reassurance and flexibility

Improvement actions:

- Add **3 implementation scenarios:**
 - light (2–4 weeks, classroom-based)
 - medium (1 semester project)
 - full (incubator model)
- Provide **timeline templates (visual)**
- Include **teacher workload estimation (realistic guidance)**
- Add **risk & mitigation table (e.g. low engagement, time constraints)**
- Include **tips for inclusive student selection and support**

Expected effect:

Improved feasibility, adaptability, and planning confidence.

4.9 Cross-cutting improvements (applies to entire Toolkit)

Key findings addressed:

- Need for simplification, visuals, and usability enhancements

Improvement actions:

- Add **visual summaries at the end of each chapter** (1-page key takeaways)
- Introduce **icons/labels:**
 - “Quick win”
 - “Advanced step”
 - “Time-light option”
- Increase use of **diagrams, flowcharts, and tables**
- Provide a **repository of real examples (annex or online platform)**



- Develop **teacher support package (training slides / short videos)**

Expected effect:

Higher usability, stronger adoption, improved transferability.

5 Final synthesis

The mapping of findings to targeted improvements demonstrates a clear **evidence-to-action pathway**, ensuring that the Toolkit evolves from a well-designed resource into a **validated, user-informed, and adoption-ready instrument**.

The proposed refinements focus on:

- **Reducing complexity without losing depth**
- **Supporting first-time users and non-experts**
- **Strengthening practical implementation and facilitation**
- **Enhancing institutional and ecosystem integration**

5.1 From Findings to Action (Prioritised Improvements)

Key Finding (from assessment)	Priority Improvement Action (focused, low-effort)	Expected Impact (Erasmus+ aligned)
Users need a clearer entry point; some initial cognitive overload when first approaching the Toolkit	Add a 1-page “Quick Start Guide” (how to use Toolkit in 3 steps + visual flow of Module 1 → Module 2 → Implementation)	Faster onboarding; increased usability for first-time users; improved accessibility across diverse VET contexts (Quality, Relevance)
Strong content, but some concepts perceived as abstract (social innovation, ecosystem, design thinking)	Add 2–3 short, concrete examples early in the document (real VET use cases with students and vulnerable groups)	Stronger practical relevance; easier understanding; improved alignment with real-world needs (Relevance, Impact)
Teachers value the Toolkit but lack confidence in facilitation and implementation	Provide 1 ready-to-use workshop scenario (2–3 hours) with clear steps, timing, and instructions	Increased implementation feasibility; higher teacher confidence; immediate usability in classroom settings (Quality, Impact)



Key Finding (from assessment)	Priority Improvement Action (focused, low-effort)	Expected Impact (Erasmus+ aligned)
Stakeholder engagement seen as valuable but difficult to initiate	Add 1 simplified stakeholder engagement template + 3 ready-to-use outreach questions	Reduced barrier to ecosystem engagement; increased collaboration with real actors; stronger institutional role (Impact, Sustainability)
Implementation constrained by time and curriculum limitations	Introduce “Minimum viable implementation” option (what can be done in 2–4 sessions using selected tools)	Higher adoption in constrained environments; flexibility across institutions; improved transferability (Quality, Impact)
Evaluation perceived as important but unclear or time-consuming	Provide 1 simple evaluation package (short student feedback form + 3 key indicators)	Easier monitoring and reporting; stronger evidence of results; supports continuous improvement cycle (Quality, Impact, Sustainability)