Social Innovation Incubators for Inclusive Digital Healthcare

INVITE

Document: Social Innovation Toolkit for Inclusive Digital Healthcare

Developed by ***NetHub*** *and* ***UCCP***

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1. Introduction

The **Social Innovation Toolkit for Inclusive Digital Healthcare** (Toolkit) is a core output of the Erasmus+ project **INVITE – Social Innovation Incubators for Inclusive Digital Healthcare**, developed within Work Package 3 (WP3) Design of Social Innovation for Inclusive Digital Healthcare Toolkit as part of the project's *skills training* pathway. The Toolkit is designed as a practical, step-by-step guide to support **medical Vocational Education and Training (VET) schools** in becoming active drivers of social innovation within their regional health innovation ecosystems.

The Toolkit was developed in response to a recognised gap in medical VET education across Europe. While healthcare systems are undergoing rapid digital transformation, VET often lacks structured approaches to equip future healthcare professionals with the **innovation, entrepreneurial, and social competencies** needed to address real-life healthcare challenges, particularly those affecting **vulnerable groups**, such as the older population, who are disproportionately impacted by the digital divide. INVITE addresses this gap by combining **digital healthcare knowledge** (WP2) with **hands-on social innovation skills**, operationalised through this Toolkit.

Within the project framework, the Toolkit translates social innovation principles into concrete educational practices. It supports creativity, collaboration, and social responsibility by guiding VET schools in the design and implementation of **social innovation support programmes**, such as social innovation incubators, community-based health projects, or challenge-driven learning formats. In doing so, it contributes directly to INVITE's overarching objectives of strengthening innovation in VET, supporting digital readiness and resilience, and adapting VET to current and future labour market needs, in line with Erasmus+ priorities.

Target users

The Toolkit is intended for a broad range of actors involved in healthcare education and innovation, including:

- **Medical VET schools**, aiming to strengthen their role as innovation actors in their local and regional contexts;

- **Teachers, trainers, and mentors**, responsible for delivering innovative, learner-centred, and project-based education;
- **School managers and coordinators**, engaged in strategic development, curriculum innovation, and partnership building;
- **Local and regional health innovation stakeholders**, such as healthcare providers, social and patient organisations, small and medium size enterprises (SMEs), research bodies, and public authorities, whose engagement is essential for meaningful and sustainable social innovation.

Purpose and structure of the Toolkit

In line with WP3 objectives, the Toolkit is conceived as a **hands-on and adaptable resource**, rather than a prescriptive manual. It is designed to support VET schools in **co-designing, implementing, monitoring, and continuously improving** social innovation initiatives tailored to their specific territorial contexts.

The Toolkit brings together a collection of tools, methods, and resources organised around two complementary modules:

1. **VET schools as drivers of societal change in regional health innovation ecosystems**, focusing on stakeholder mapping, ecosystem analysis, vision building, and long-term engagement strategies;
2. **Social innovation support programmes in VET schools**, providing practical tools for design thinking, user-centred innovation, basic business planning, use of digital healthcare technologies, and evaluation of social innovation processes.

How to use the Toolkit

Users can engage with the Toolkit in different ways, depending on their institutional needs, maturity level, and available resources. In practice, the Toolkit can be used to:

- Apply its content step by step to design or strengthen social innovation incubators and similar initiatives;
- Select and adapt individual tools or modules relevant to specific learning objectives or organisational priorities;

- Integrate the Toolkit into existing curricula, training programmes, workshops, or extracurricular activities;
- Support collaboration between VET schools and external stakeholders through a shared methodological framework and common language.

This flexibility allows the Toolkit to be used both for pilot initiatives and for more strategic, long-term institutional transformation, ensuring transferability and sustainability beyond the project lifetime.

Expected outcomes

By using the Toolkit, medical VET schools are expected to enhance their capacity to **foster social innovation competencies** among students and staff, strengthen collaboration with regional health innovation ecosystems, and develop **inclusive, user-centred digital healthcare solutions**. Ultimately, the Toolkit contributes to the creation of empowered educational institutions, more adaptive healthcare professionals, and sustainable social innovation programmes capable of addressing societal challenges and reducing inequalities in access to digital healthcare.

2. Understanding Social Innovation Programmes

This chapter outlines the conceptual foundations underpinning the Toolkit. It explains the key principles that guided its design and use, helping readers understand not only what the Toolkit offers, but why it is structured as it is. These principles reflect the objectives of the INVITE project and respond to the evolving needs of medical VET education in a digitally transforming healthcare environment.

2.1. Social Innovation and Social Innovation Programmes

At the core of the Toolkit lies the concept of **social innovation**. In the context of INVITE, social innovation refers to the development and implementation of new or improved solutions, such as services, practices, processes, or models, that address unmet social and healthcare needs, while creating value for both individuals and communities. Unlike purely technological or market-driven innovation, social innovation explicitly focuses on social impact, inclusiveness, and user benefit, particularly for vulnerable groups.

Social innovation does not occur in isolation. It requires structured support environments, collaborative processes, and opportunities for experimentation. For this reason, the Toolkit adopts the model of social innovation programmes, such as social innovation incubators, as a central mechanism. These programmes provide a structured yet flexible framework in which learners can:

- Identify real-life healthcare challenges;
- Work collaboratively with peers and stakeholders;
- Develop, test, and refine user-centred solutions;
- Build transversal competencies, including teamwork, problem-solving, and entrepreneurial thinking.

Within medical VET schools, social innovation programmes act as learning-by-doing environments, bridging education, healthcare practice, and local innovation ecosystems.

2.2. User-centred design

A defining principle of the Toolkit is **user-centred design**. In healthcare education and innovation, solutions that are not grounded in users' real needs, capacities, and contexts risk

being ineffective or exclusionary. INVITE therefore places end users - patients, carers, healthcare professionals, and especially vulnerable groups - at the centre of the innovation process.

User-centred design encourages learners and educators to move beyond assumptions and engage directly with users through observation, dialogue, and feedback. This approach supports the development of solutions that are:

- Relevant to real-life healthcare challenges;
- Accessible and usable in practice;
- Adapted to users' digital skills, preferences, and constraints.

By embedding user-centred design into social innovation programmes, the Toolkit helps VET students develop empathy, critical thinking, and a deeper understanding of the social dimensions of digital healthcare.

2.3. Inclusiveness

Inclusiveness is a cross-cutting principle of both the INVITE project and the Toolkit. Digital healthcare offers significant opportunities to improve access, efficiency, and quality of care, but it also risks reinforcing inequalities if inclusiveness is not deliberately addressed. Factors such as age, digital literacy, socio-economic conditions, and geographic location can create barriers to access and use of digital health solutions.

The Toolkit therefore promotes inclusive approaches at multiple levels:

- Ensuring that social innovation challenges explicitly address the needs of vulnerable groups, particularly older people;
- Encouraging the active involvement of users and community stakeholders in the innovation process;
- Supporting the development of solutions that are accessible, understandable, and adaptable.

In this way, inclusiveness is treated not as an add-on, but as a core quality criterion of social innovation in digital healthcare.

2.4. Digital readiness

Digital readiness is another foundational principle shaping the Toolkit. In the INVITE framework, digital readiness goes beyond technical skills alone. It refers to the ability to understand, use, adapt, and critically assess digital technologies in healthcare settings, while recognising their social and ethical implications.

Social innovation programmes supported by the Toolkit help learners develop digital readiness by:

- Engaging with real digital healthcare tools and concepts (e.g. telemedicine, digital platforms, data-driven solutions);
- Applying digital technologies to solve concrete healthcare challenges;
- Reflecting on issues such as accessibility, data protection, and user trust.

By embedding digital readiness within social innovation activities, the Toolkit contributes to preparing future healthcare professionals who are not only digitally competent, but also socially responsible and adaptable.

2.5. Design thinking and continuous improvement

The Toolkit is informed by **design thinking** as a practical, human-centred approach to problem-solving. Design thinking provides a structured yet iterative process that typically includes understanding the problem, empathizing with users, generating ideas, prototyping, testing, and refining solutions. This approach aligns closely with the needs of social innovation in healthcare, where challenges are complex, and solutions must evolve through feedback and learning.

Closely linked to design thinking is the **principle of continuous improvement**. Rather than aiming for one-time, fixed solutions, the Toolkit encourages ongoing reflection, evaluation, and adaptation. Social innovation programmes are therefore designed as learning cycles, where insights from implementation and user feedback are used to improve both the solutions developed and the educational processes themselves.

2.6. Applied approach: co-creation, piloting, evaluation and replication

Bringing these principles together, the Toolkit adopts an applied approach structured around four interconnected phases (Figure 1):

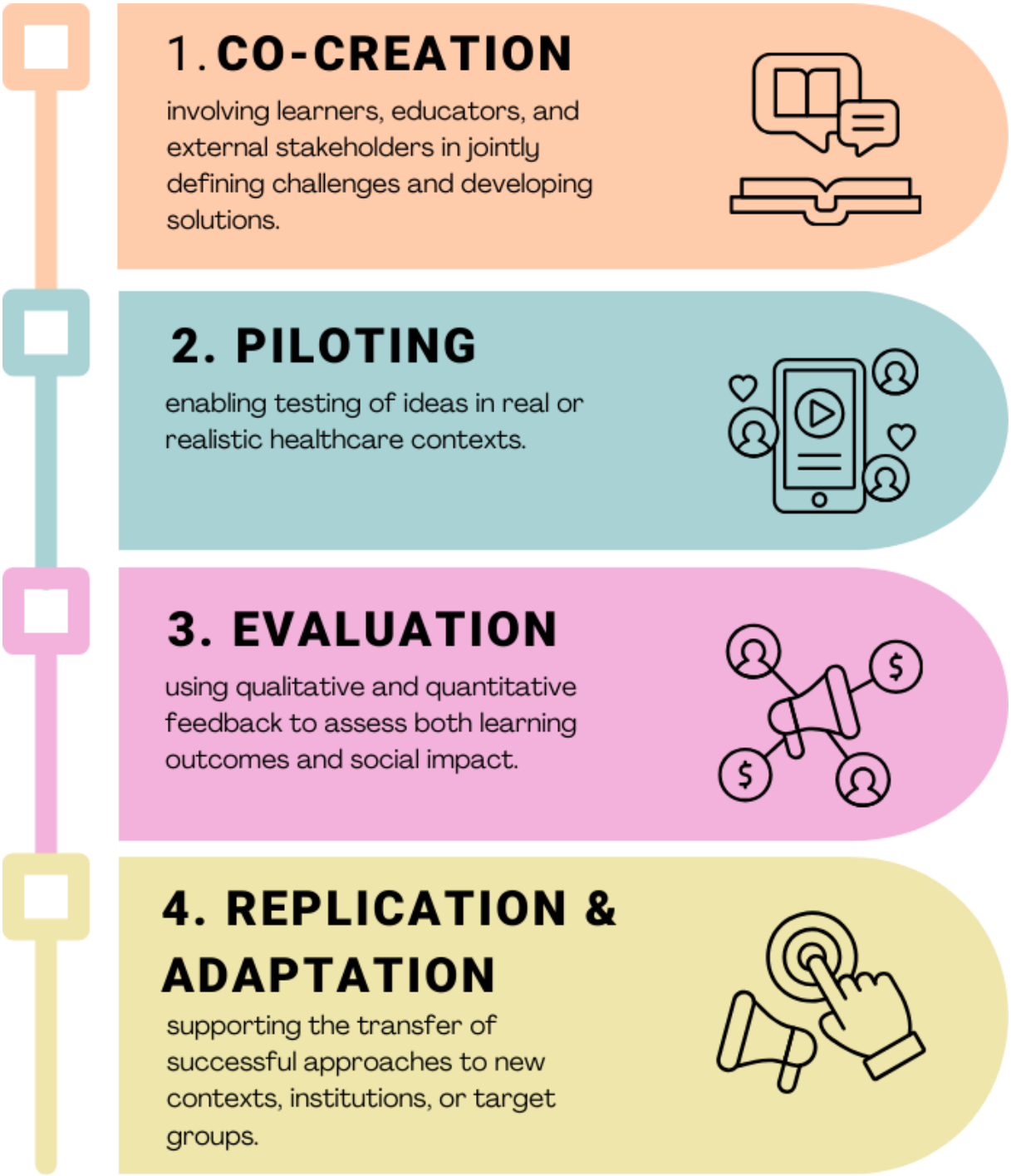


Figure 1 Applied approach: co-creation, piloting, evaluation and replication

This approach reflects the INVITE project's commitment to **sustainability and scalability**. By guiding users through these phases, the Toolkit supports medical VET schools in embedding social innovation as a long-term, repeatable practice, rather than a one-off experiment.

Module 1

VET Schools as Drivers of Societal Change

3. Module 1 – VET Schools as Drivers of Societal Change

Module 1 provides **medical VET schools** with the foundations to recognize their role as active participants in regional health innovation ecosystems. It guides VET schools through a structured process to understand their territorial context, identify key stakeholders and resources, shape a long-term vision, and establish collaboration and governance models that enable sustained social innovation.

This module builds on the approach introduced during the INVITE teacher training in Bursa (*Day 1: Understanding your regional innovation ecosystem*), which emphasizes that teachers are change makers and that VET schools are not passive institutions: they can actively spark and support change in healthcare and social systems.

3.1. Regional Analysis and Needs Assessment

A robust regional analysis helps schools answer two practical questions:

1. *Where do we stand as a school in our regional ecosystem?*
2. *Which unmet needs - especially those linked to vulnerable groups and digital transformation - should we address through social innovation programmes?*

This subchapter proposes a clear, replicable method to assess the regional health-innovation ecosystem and map priority needs.

3.1.1. What is a regional health-innovation ecosystem?

A **regional health innovation ecosystem** is the network of stakeholders, resources, infrastructures, policies, and relationships that collectively enable the development, testing, adoption, and scaling of innovative solutions in healthcare. It is not only a set of institutions, but a collaborative environment that supports the development and implementation of innovation through interaction, trust, and shared goals.

Main stakeholder groups typically include (Table 1):

Table 1 Main stakeholder groups in regional health innovation ecosystems.

Stakeholder group	Description
Education and training	medical VET schools, education agencies, training providers
Research and knowledge institutions	universities, research centers, academic hospitals, technology transfer offices
Healthcare and social care delivery	hospitals, primary care, nursing homes, social care services
Business and industry	health/social start-ups, MedTech/digital health companies, pharma and service providers
Intermediaries and support organizations	incubators, business parks, chambers of commerce, investors, innovation hubs
Public sector and governance	regional/local/national authorities with responsibilities in health, education, welfare
Users and civil society	patient organizations, community associations, NGOs (e.g., Red Cross), informal carers and citizen groups

Where do VET schools fit?

Medical VET schools can act as **connectors** between knowledge, training, and practice. They are uniquely positioned to:

- translate ecosystem needs into learning opportunities (curricula, projects, challenges);
- mobilise students as "innovation learners" through practical programmes (incubators, community health projects, hackathons);
- connect stakeholders who may not normally collaborate (e.g., care providers, SMEs and patient organisations);
- provide a structured entry point for users' perspectives (especially vulnerable groups) into innovation processes.

3.1.2. How to assess the regional health-innovation ecosystem?

A regional ecosystem assessment should focus on a few key dimensions, collected in a way that is feasible for schools:

A. Existing collaboration patterns

- Who already collaborates with the school (formal/informal)?
- What partnerships exist with healthcare providers, municipalities, NGOs, companies?

B. Innovation infrastructure and support

- Are there innovation hubs, incubators, business parks, funding support services?
- Are there established innovation leaders and intermediaries?

C. Talent and knowledge base

- What is the region's "talent pool" in health disciplines?
- Which educational institutions, research bodies, and training providers can support innovation capacity?

D. Digital maturity and readiness

- What is the level of digital skills and openness to digital health tools among professionals and citizens?
- Are there barriers to adoption (skills, trust, infrastructure, regulation)?

E. Skills needs and labour-market signals

- What new competencies are demanded in local healthcare services (e.g., telemedicine workflows, digital communication with patients, data literacy)?
- Where are the gaps between training and practice?

F. Funding availability and enabling conditions

- What regional/national funding schemes exist (health, education, innovation, social inclusion)?
- Are there regulatory or organisational constraints that affect experimentation?

Suggested methods (choose what fits)

Use a mixed approach combining quick evidence with deeper local insights:

- **Desk research**: local/regional strategies, health plans, demographic and digital indicators, mapping of institutions and programmes

- **Surveys**: short questionnaires to teachers, students, local providers
- **Interviews**: municipalities, hospital managers, primary care teams, NGOs, patient groups, start-ups
- **Focus groups**: caregivers, older adults, vulnerable groups representatives
- **Participatory workshops**: co-mapping sessions with stakeholders (1.5–2 hours)

Guiding questions (ready to reuse)

- *"Which regional actors are currently engaged in digital health innovation?"*
- *"Which organisations already cooperate with our school, and what is missing?"*
- *"What are the main barriers to cooperation (time, incentives, governance, trust, bureaucracy)?"*
- *"Where do we see the strongest unmet healthcare needs?"*
- *"Which vulnerable groups are most affected by the digital divide in our region?"*
- *"Which innovation support infrastructures exist (incubators, business parks, investors), and how can schools connect to them?"*

3.1.3. Mapping challenges for vulnerable groups and digital transformation

A core objective of INVITE is to address unmet healthcare needs linked to **vulnerability** and **digital exclusion**. Vulnerable groups are populations more likely to experience health disparities or limited access to services due to factors such as age, disability, chronic illness, socio-economic status, language barriers, or geographic isolation. Examples include:

- older adults,
- youth with chronic conditions,
- rural/mountain populations with limited access to services,
- migrants and ethnic minorities facing language barriers.

How digital exclusion and health inequalities intersect

Digital transformation can widen inequalities when people cannot access, understand, trust, or effectively use digital health tools. Typical local patterns include:

- access barriers (connectivity, devices, service availability),
- skills barriers (low digital literacy among users and sometimes staff),
- usability barriers (tools not designed for older adults or people with disabilities),
- trust and adoption barriers (fear of technology, data concerns, lack of support).

Collecting local insights (practical channels)

To identify real needs, schools can collect evidence through:

- interviews with caregivers and frontline providers (home care, nursing homes, primary care),
- conversations with community organisations (NGOs, Red Cross, Red Crescent, social services),
- meetings with patient associations and citizen groups,
- short user consultations with older adults (with safe, ethical facilitation).

Examples of digital transformation challenges to document

- lack of digital infrastructure or connectivity in rural areas,
- fragmented digital services (tools exist but are not interoperable or not explained),
- low digital literacy among users (especially older people),
- resistance to technology adoption among staff or users,
- limited time and incentives for organisations to collaborate on innovation.

3.1.4. Tools for analysing local needs: SWOT analysis and ecosystem mapping

This Toolkit recommends two complementary analytical tools to structure findings and enable action planning at ecosystem level:

1. **SWOT analysis** (to synthesise internal and external factors affecting the school's capacity for social innovation), and

2. **Ecosystem Mapping Canvas** (to visualise the regional health-innovation ecosystem, key actors, relationships and flows).

Together, these tools help schools move from general context analysis to strategic prioritization and concrete next steps.

A) SWOT analysis tailored to healthcare innovation

Step-by-Step guide

1. ***Define scope:*** choose a focus (e.g., "inclusive digital healthcare for older adults" in your region).
2. ***Assemble a small team***: teachers, management, 1–2 external stakeholders if possible.
3. ***Collect evidence***: desk research and 3–5 short interviews.
4. ***Fill the four SWOT boxes***:
    - **Strengths** (internal assets you can leverage)
    - **Weaknesses** (internal limitations to address)
    - **Opportunities** (external trends/resources you can use)
    - **Threats** (external risks/constraints)
5. ***Prioritise***: circle the top 2 items per box that matter most for action.
6. ***Translate into next steps***: identify 2–3 strategic actions (e.g., partnership building, staff upskilling, a pilot initiative).

A ready-to-use SWOT Analysis Template can be found in Annex A.

Short example (filled-in) – Focus: “Older adults and inclusive digital healthcare”(Figure 2)

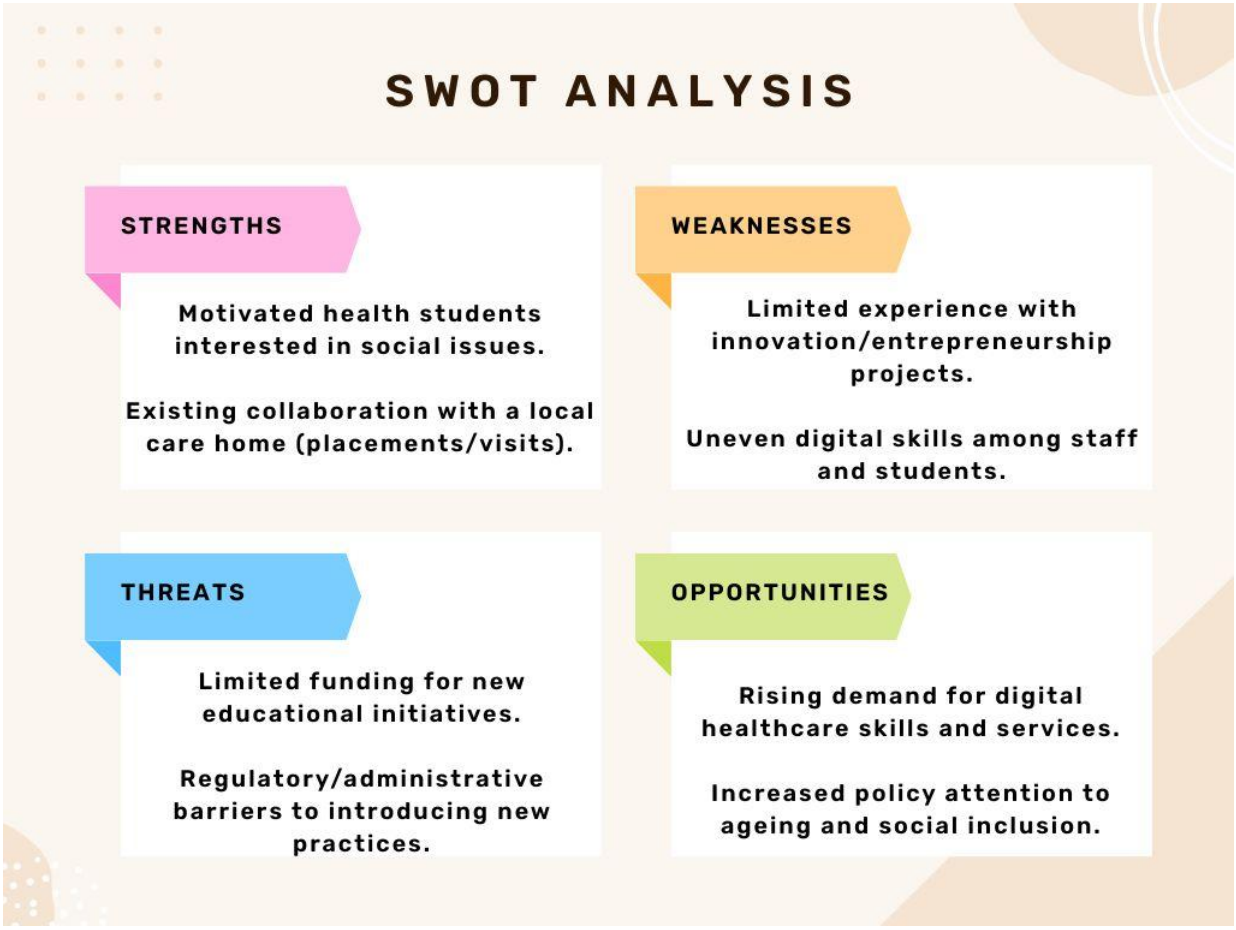


Figure 2 Example of SWOT analysis with the focus on “older adults and inclusive digital healthcare”.

TEMPLATE: “SWOT for Inclusive Digital Healthcare Innovation” – see Annex A

B) Ecosystem mapping

Ecosystem mapping helps schools make relationships visible: who interacts with whom, and how collaboration, information, and resources flow.

The Toolkit adopts a dedicated **Ecosystem Mapping Canvas** to support this process (***see Annex B)***.

How to use the Ecosystem Mapping Canvas

1. Place the **VET school at the centre** of the canvas, as a potential Social Innovation Hub.
2. List actors under the main stakeholder areas: education & research, healthcare providers, civil society & users, industry & SMEs, public sector & intermediaries.
3. Draw connections to indicate:

- **strong collaboration** (existing projects, formal agreements),
- **weak or occasional collaboration** (informal or ad-hoc contacts),
- **missing but desirable collaboration** (strategic targets).

4. Add flows where useful: information (training needs, user needs), resources (funding, mentoring, spaces), opportunities (pilots, internships, testing environments).
5. Use the map to identify **2–3 priority partnership areas**.

TEMPLATE: "Ecosystem Map Canvas" – see Annex B

➔ **Output: a 1–2 page Regional Analysis Report**

To keep the process practical, teams should summarise findings in a concise **Regional Analysis Report** (1–2 pages). Recommended structure:

1. Region snapshot (name, demographics, geographical specifics, key characteristics)
2. School identity and current community role (e.g., visits to care homes, awareness campaigns, community health days, inclusive education initiatives)
3. Ecosystem overview (key actors and existing collaborations; early gaps)
4. Vulnerable group focus (which group(s), main unmet needs, digital exclusion issues)
5. SWOT summary (top priorities)
6. Ecosystem map snapshot (key collaboration opportunities)
7. Priority directions for action (2–3 realistic next steps for the school)

This short report becomes the baseline for Module 1's next steps (stakeholder prioritisation, vision building, and governance choices) and prepares the ground for designing social innovation programmes in Module 2.

3.2. Stakeholder Mapping and Engagement Strategy

Building on the ecosystem analysis and mapping conducted in the previous section, this subchapter focuses on identifying, prioritizing, and engaging the most relevant stakeholders in a structured and strategic way.

Effective social innovation in healthcare cannot be achieved by schools acting alone. Medical VET schools operate within complex regional health innovation ecosystems, where change

emerges through collaboration between education, healthcare, public authorities, industry, and civil society. This subchapter provides a structured approach to identify, prioritize, and engage stakeholders in a strategic and sustainable way, building on the methods introduced during the INVITE training in Bursa (*Day 1: Understanding your regional innovation ecosystem*).

Stakeholder mapping is not a one-off exercise. It is an iterative strategic process that helps schools understand who matters, why they matter, and how they should be involved at different stages of social innovation programmes.

3.2.1. Identifying stakeholders: five main categories

Based on the INVITE methodology, regional health innovation ecosystems typically include **five main stakeholder categories** (Table 2). Each group plays a distinct role and brings specific motivations and resources to social innovation initiatives:

Table 2 Five main stakeholder categories in regional health-innovation ecosystems.

	Stakeholder category	Typical roles	Motivations	Potential contribution	Notes
1	**Education and training institutions** ***(VET schools, universities, research centres, education agencies)***	• Knowledge creation and skills development. • Training of future healthcare professionals. • Applied research and pilot testing of innovations.	• Improve educational quality and relevance. • Strengthen links with labour market and healthcare practice. • Increase institutional visibility and impact	• Curriculum innovation and learning-by-doing environments. • Student engagement in real-life challenges. • Methodological expertise (design thinking, evaluation).	• Medical VET schools are central actors in this category and often serve as bridges between education and practice.
2	**Healthcare providers** ***(Hospitals, clinics, primary care centres, nursing homes, social-care providers)***	• Service delivery and frontline care. • Identification of unmet healthcare needs. • Testing and adoption of innovations	• Improve quality, efficiency, and accessibility of care. • Address workforce and digital skills gaps. • Respond to demographic and organizational pressures.	• Real-world problem definitions. • Access to users (patients, carers). • Practical testing environments for student projects.	/
3	**Industry and SMEs** ***(MedTech, IT, biotech, digital health start-ups, service providers)***	• Development of technologies, tools, and services. • Innovation scaling and market access. • Technical expertise and mentoring.	• Product development and validation. • Talent recruitment. • Visibility and collaboration opportunities.	• Technical mentoring for students. • Access to innovation tools and platforms. • Support for entrepreneurship-oriented activities.	/
4	**Public sector and intermediaries** ***(Regional and local authorities, innovation agencies, clusters, incubators, chambers of commerce)***	• Policy-making and regulation. • Funding allocation and programme support. • Ecosystem coordination.	• Regional development and social inclusion. • Improved healthcare outcomes. • Efficient use of public resources.	• Strategic alignment with policies and strategies. • Funding opportunities and institutional legitimacy. • Support for scaling and replication.	/

	Stakeholder category	Typical roles	Motivations	Potential contribution	Notes
5	**Civil society and patient organisations** ***(Community groups, NGOs, associations, informal carers, patient representatives)***	• Representation of user needs and lived experience. • Advocacy and community engagement. • Trust-building with vulnerable groups.	• Improve access to healthcare. • Reduce inequalities and exclusion. • Ensure solutions reflect real needs.	• User insights and feedback. • Co-design and validation of solutions. • Ethical and inclusive innovation perspectives.	• This category is essential for ensuring that social innovation remains user-centred and inclusive.

3.2.2. Prioritising stakeholders: influence, interest, and engagement level

Not all stakeholders need to be involved in the same way or at the same intensity. Medical VET schools are therefore encouraged to prioritise stakeholders based on a combination of criteria:

- ***Influence***: decision-making power, institutional authority
- ***Interest***: level of interest in digital health and social innovation
- ***Relevance***: alignment with school objectives and target groups
- ***Willingness to engage***: openness to collaboration and co-creation.

Based on these criteria, stakeholders can be grouped into:

- ***Core stakeholders***: high influence and high relevance
- ***Support stakeholders***: relevant but not involved in all decisions
- ***Peripheral stakeholders***: limited current influence but potential future value.

Visual prioritization: Bull's Eye stakeholder mapping

The Bull's Eye stakeholder mapping tool is recommended to visualize priorities and engagement intensity.

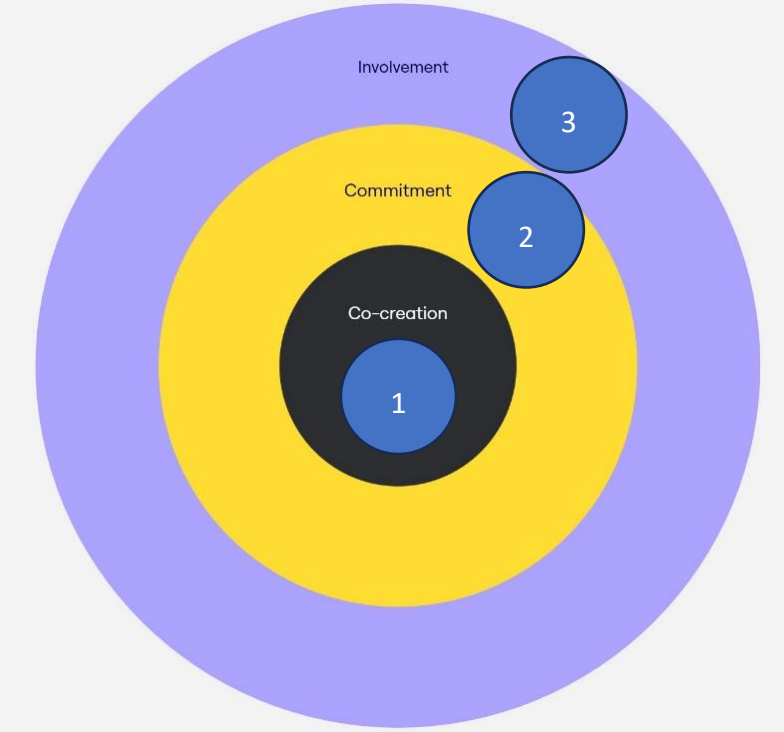


Figure 3 Bull's Eye Stakeholder Mapping template.

1. ***Inner circle. Core stakeholders***

   Actors with the **highest influence** and most direct involvement (e.g. school leadership, key healthcare partners, relevant authorities).

   → Engage regularly and actively.

2. ***Middle circle. Support stakeholders***

   Actors who contribute expertise or legitimacy but **are not involved daily** (e.g. NGOs, municipalities, researchers).

   → Engage periodically and keep informed.

3. ***Outer circle. Peripheral stakeholders***

   Actors with **low current influence** but **future potential** (e.g. media, local businesses, foundations).

   → Monitor and involve when relevant.

This visual approach helps schools decide who to involve, how often, and for what purpose.

All results can be documented in a ***Stakeholder Mapping Template***, linking prioritization to concrete engagement actions.

3.2.4. Methods for stakeholder engagement

Once stakeholders are identified and prioritized, schools need to select appropriate **engagement methods**, depending on the stakeholder type and the objective of interaction.

Focus groups

- Small, moderated group discussions
- Useful for gathering perceptions, needs, and feedback
- Suitable for users, caregivers, NGOs, and frontline professionals

When to use: exploring needs, validating assumptions, collecting user insights.

Semi-structured interviews

- One-on-one conversations guided by open questions
- Suitable for decision-makers, institutional leaders, industry representatives

When to use: exploring collaboration opportunities, understanding constraints, building trust.
Co-creation workshops • Participatory, hands-on sessions involving students and stakeholders • Focus on ideation, prototyping, and solution design **When to use:** developing solutions together, fostering ownership, building long-term partnerships.

Inclusivity and ethical considerations

All engagement activities should:

- ensure **informed consent** and transparency of purpose;
- be **accessible** (language, location, timing, facilitation);
- respect participants' time, experience, and perspectives;
- pay particular attention to **vulnerable groups**, ensuring safe and respectful participation.

3.2.5. Tools for stakeholder mapping and planning

To support practical implementation, the Toolkit includes two core tools introduced during the Bursa training.

A) Stakeholder Mapping Template

A structured table capturing:

- Stakeholder name
- Stakeholder category
- Level of interest
- Level of influence
- Proposed engagement strategy
- Next steps and responsibilities.

This template helps schools move from analysis to **action-oriented planning**.

A ready-to-use Stakeholder Mapping Template can be found in Annex B.

B) Bull's Eye stakeholder mapping

Practical guidance

- Update the map at least once per year or at key project milestones.
- Use it to plan invitations, co-creation activities, and governance structures.
- Compare maps over time to track ecosystem development.

A ready-to-use Bull's Eye Template can be found in Annex B.

By systematically mapping and engaging stakeholders, medical VET schools strengthen their role as **connectors and facilitators** within regional health innovation ecosystems. This strategic engagement lays the groundwork for the next steps of Module 1: shaping a shared vision, defining governance arrangements, and launching sustainable social innovation programmes that respond to real regional needs.

3.3. Building a Social Innovation Culture and Long-Term Vision in VET Schools

For social innovation programmes to be effective and sustainable, medical VET schools need more than isolated projects or one-off initiatives. They need to cultivate a shared culture of innovation and a clear long-term vision that aligns educational practices, stakeholder engagement, and institutional development. This subchapter supports medical VET schools in defining their mission and vision for inclusive digital healthcare innovation and embedding innovation-oriented mindsets and practices into everyday school life.

3.3.1. Developing a mission and vision for inclusive digital health innovation

A clear **mission and vision** provide direction, coherence, and motivation. They help schools articulate why social innovation matters, guide decision-making, and communicate their role within the regional health-innovation ecosystem.

Mission vs vision: what's the difference?

- **Mission** describes what the school does today and how it operates. It focuses on the school's purpose, core activities, and values.

- **Vision** describes what the school aims to achieve in the future. It expresses the desired long-term impact of the school on learners, healthcare systems, and society.

In the context of INVITE, both mission and vision should explicitly reflect **inclusive digital healthcare, social responsibility**, and **collaboration** with the regional ecosystem.

Guiding questions

To start the reflection process, schools can use questions such as:

- *What role do we want our medical VET school to play in regional health innovation?*
- *Which social or healthcare challenges do we want to contribute to solving?*
- *How should our graduates be prepared to work in a digitally transforming healthcare system?*
- *What future impact do we want our school to have on vulnerable groups and community wellbeing?*

Step-by-step activity: co-creating a shared vision

Involving staff and students in shaping the mission and vision increases ownership and commitment. A simple co-creation process can be organised as follows (Figure 4):

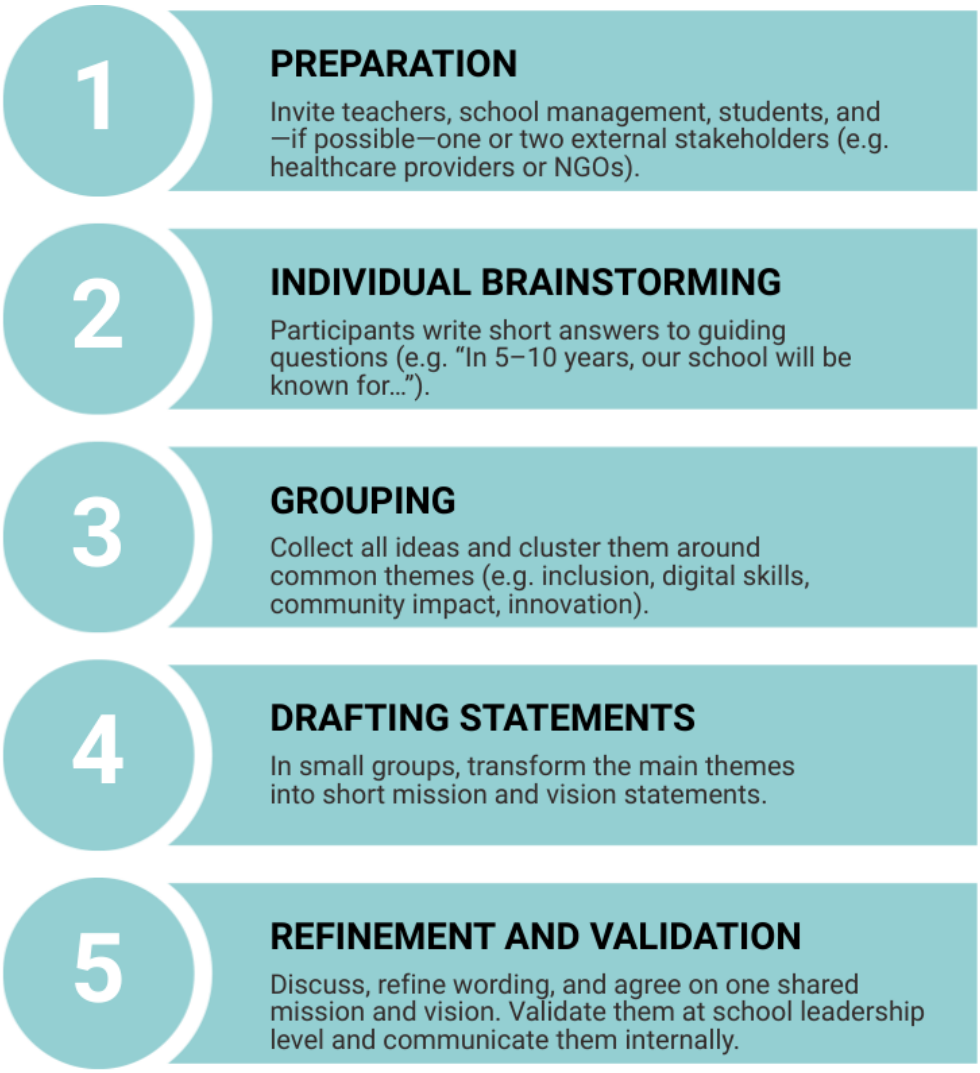


Figure 4 Process of co-creating a shared vision

Short example:

Mission

> *"Our school educates compassionate and digitally skilled healthcare professionals by integrating social innovation, user-centred learning, and real-world collaboration into vocational training."*

Vision

> *"We aim to become a regional reference point for inclusive digital healthcare innovation, empowering learners to co-create solutions that improve access to care and quality of life for vulnerable communities."*

3.3.2. Fostering innovative and entrepreneurial mindsets in staff and students *(optional section)*

A social innovation culture grows when innovation is seen as part of everyday learning, not as an extra task. Medical VET schools can gradually foster innovative and entrepreneurial mindsets through small, low-risk activities.

Introducing innovation thinking into school culture

- Regular idea-sharing or brainstorming moments in classes or staff meetings
- Short innovation challenges focused on real healthcare or community issues
- Recognition of creative ideas, even when they are not fully implemented

Supporting entrepreneurial skills

- Pitch training: students present ideas in short, structured formats
- Mini grant competitions: small internal budgets to test ideas or prototypes
- Mentoring: involving teachers, alumni, or local professionals as mentors

Simple activity examples:

- *"Problem of the Month"*: students identify one healthcare challenge and propose solutions
- *Mini pitch session*: 3-minute pitches at the end of a course module
- *Innovation reflection*: students reflect on what they learned from testing an idea.

These activities help normalise experimentation, teamwork, and learning from failure.

3.3.3. Embedding innovation principles in teaching and school activities

To ensure continuity, innovation principles should be embedded into existing structures, rather than added as separate components.

Integrating innovation into curricula

Innovation topics can be introduced within current courses, for example:

- digital health literacy and basic digital tools in healthcare modules;
- teamwork and communication skills through group-based assignments;

- design thinking or problem-solving exercises linked to clinical or care scenarios.

Teachers can adapt content without changing formal curricula by using **project-based learning**, case studies, or interdisciplinary tasks.

School-wide activities promoting creativity

At institutional level, schools can organise:

- **Innovation weeks** dedicated to healthcare challenges;
- **Hackathons or challenge days** involving external stakeholders;
- **Idea walls or digital boards** where students and staff post problems and solutions.

Such activities reinforce the message that innovation is part of the school's identity and daily practice.

3.4. Governance and Collaboration Mechanisms (*optional section*)

For social innovation programmes to be effective, credible, and sustainable, medical VET schools need clear governance and collaboration mechanisms. Governance provides the structures through which decisions are made, responsibilities are shared, and collaboration with external stakeholders is organised. As highlighted during the INVITE training in Bursa, innovation thrives when roles are clear, coordination is structured, and partnerships are built on trust and transparency.

This section offers practical guidance on how VET schools can set up governance models that are lightweight, flexible, and proportionate, while still ensuring accountability and long-term impact.

3.4.1. Establishing effective internal and external governance models

In the context of social innovation programmes, governance serves several key purposes:

- **Coordination**: aligning activities across teachers, students, management, and external partners;
- **Transparency**: clarifying who is responsible for what and how decisions are taken;
- **Accountability**: ensuring commitments are respected and outcomes are monitored;
- **Continuity**: safeguarding initiatives beyond individual projects or staff changes.

Governance is not about bureaucracy; it is about creating a shared framework that enables collaboration and learning.

Based on the INVITE approach, schools are encouraged to adopt a **two-tier governance structure** (Table 3), combining internal and external dimensions:

Table 3 Two-tier governance model, based on the INVITE approach.

Internal governance (school level)	External governance (ecosystem level)
Internal governance ensures ownership and integration within the institution. Typical elements include: • a school-level steering group (school management and key teachers); • an innovation coordinator or focal point; • an innovation or social innovation committee, where relevant.	External governance connects the school to its regional health-innovation ecosystem. This can take the form of: • an advisory group or • a partnership council involving selected external stakeholders. **Typical members:** • healthcare providers, • public authorities or agencies, • industry or innovation intermediaries, • civil society or patient representatives.
Main functions • define strategic priorities and alignment with the school mission and vision; • approve activities and allocate resources (time, spaces, small budgets); • monitor progress and address operational challenges.	**Main functions** • provide strategic advice and real-world perspectives; • validate relevance and feasibility of initiatives; • support visibility, scaling, and sustainability.

To keep governance effective:

- internal steering groups may meet quarterly or at key milestones;
- external advisory groups can meet once or twice per year;
- decisions should be documented in short notes or action lists;
- clear escalation paths should exist for strategic or ethical issues.

3.4.2. Roles and responsibilities

Clear role definition is essential to avoid overload and ensure smooth collaboration (Table 4).

Table 4 Roles and responsibilities of main governance actors in social innovation programmes.

1	*School management*	• provide strategic oversight and long-term commitment; • integrate social innovation into institutional plans and policies; • allocate resources (staff time, facilities, recognition); • represent the school in high-level partnerships.	Management support signals that innovation is **institutionally valued**, not an optional activity.
2	*Innovation coordinator*	• coordinate activities and timelines; • act as main contact point for external partners; • support teachers and students in implementation; • ensure documentation, quality, and follow-up; • facilitate communication between governance levels.	The innovation coordinator acts as the **operational backbone** of social innovation programmes. This role can be formal or informal, depending on school size and capacity.
3	*External mentors and experts*	• provide professional guidance to students and teachers; • contribute to co-creation and evaluation activities; • share sector insights, constraints, and opportunities; • act as role models and connectors to wider networks.	External mentors bring **real-world relevance** and complementary expertise. Mentors may come from healthcare services, industry, NGOs, or public institutions.

3.4.3. Collaboration agreements with external partners

To ensure clarity and sustainability, collaboration with external stakeholders should be formalised, even in a light and flexible way.

Forms of collaboration agreements

Schools can use:

- **Memorandum of Understanding (MoU)** for long-term strategic cooperation;
- **collaboration protocols** or letters of intent for specific activities;
- **project-specific agreements** for pilots, mentoring, or placements.

Formalisation helps manage expectations and protects all parties.

A basic collaboration agreement should clarify:

- objectives of the collaboration;
- roles and responsibilities of each partner;
- expected activities and contributions;
- rules on data management and confidentiality;
- ethical considerations and safeguarding of users;
- evaluation and feedback mechanisms;
- duration and conditions for revision or termination.

Reviewing and updating partnerships

Partnerships should not be static. Schools are encouraged to:

- review collaboration effectiveness periodically (e.g. annually);
- discuss what works and what needs adjustment;
- update agreements as programmes evolve or scale;
- ensure continued alignment with the school's mission and vision.

Module 2

Social Innovation Support Programmes in VET Schools

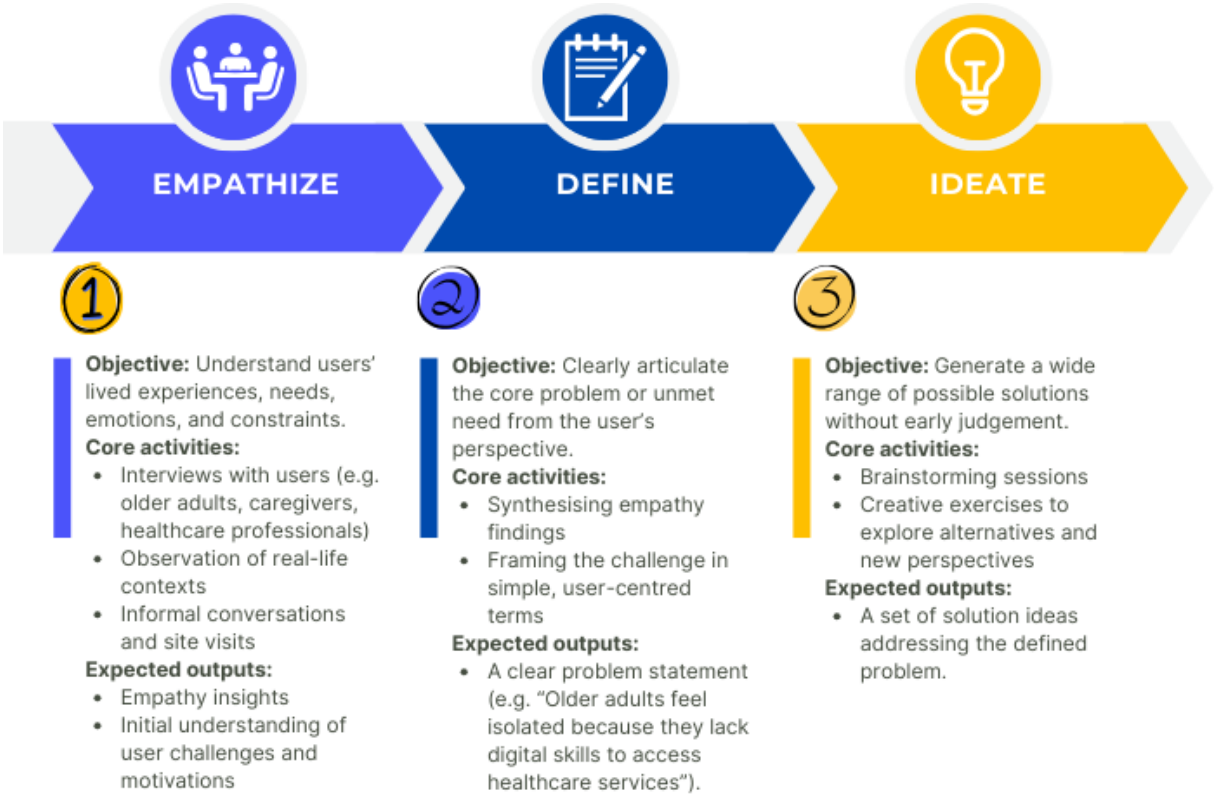
4. Module 2 – Social Innovation Support Programmes in VET Schools

4.1. Apply Design Thinking in VET Context

Module 2 translates the strategic foundations developed in Module 1 into hands-on social innovation support programmes that medical VET schools can implement with students. Building on the INVITE training held in Bursa (Day 2: *Designing Social Innovation Programmes and Student Incubator*), this module focuses on **design thinking**, **user-centred innovation**, and **practical tools** that enable learners to co-create inclusive digital healthcare solutions addressing real regional needs.

4.2. Step-by-step application of design thinking in VET education

Design thinking is a problem-solving methodology rooted in the practices of designers and innovators. It is particularly suited to healthcare and social innovation because it emphasizes deep empathy with users, collaborative ideation, and iterative learning through testing. In the INVITE framework, design thinking is adapted to the educational context of medical VET schools and structured around five stages (Figure 5):



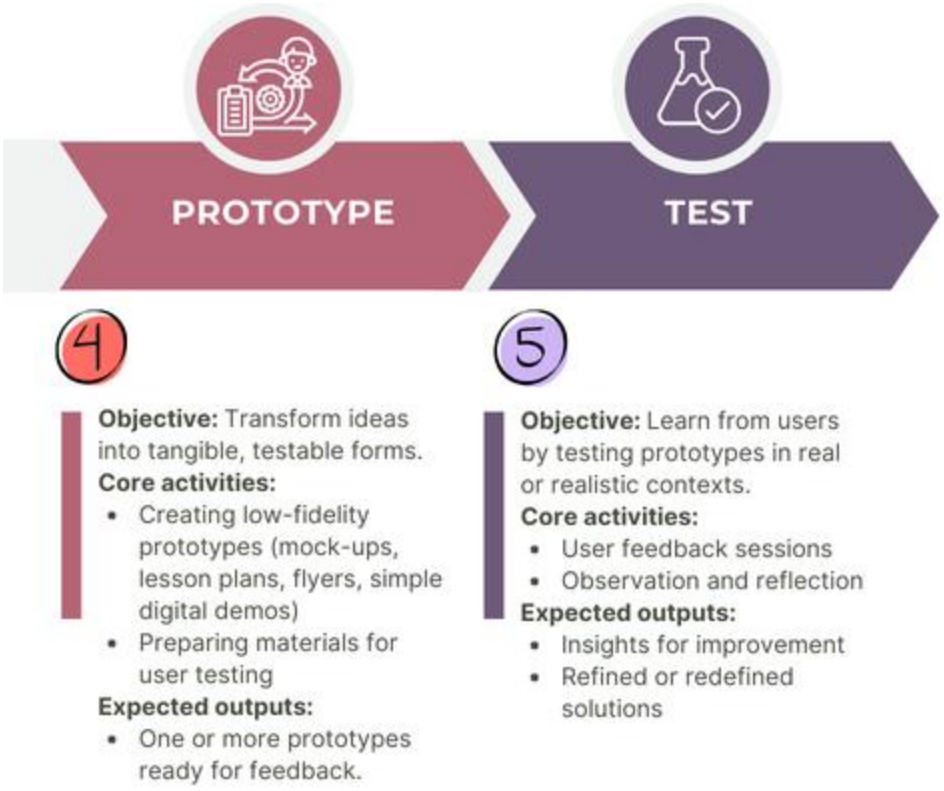


Figure 5 Design thinking in educational context

Short illustrative example

*A student team in a medical VET school identified **digital exclusion among older adults** as a local challenge.*

- *During the Empathize phase, students interviewed older adults and caregivers at a local care centre.*
- *In the Define phase, they framed the problem as difficulty accessing digital appointment systems.*
- *In the Ideate phase, they generated ideas ranging from printed guides to peer-support clubs.*
- *They Prototyped a simple "digital health tutoring session" run by students.*
- *During Testing, older adults participated and provided feedback, leading students to simplify language and extend session length.*

4.3. Adapting user-centric approaches for older adults and vulnerable groups

User-centricity is essential for **inclusive digital healthcare innovation**. Solutions designed without meaningful user involvement risk being inaccessible, ineffective, or exclusionary, especially for vulnerable groups such as older adults, people with disabilities, or individuals with low digital literacy.

Why user-centricity matters

- It ensures solutions respond to **real needs**, not assumptions.
- It reduces the risk of digital exclusion.
- It builds trust and acceptance among users.

Practical tips for engaging older adults and vulnerable users

- Use **simple, non-technical language** and clear visuals.
- Adapt materials for accessibility (large fonts, high contrast, plain wording).
- Allow **flexible schedules** and sufficient time for interaction.
- Create safe, familiar environments for engagement.

Gathering empathy insights ethically

Empathy work should always respect users' dignity and autonomy:

- Obtain **informed consent** and clearly explain the purpose of activities.
- Ensure participants feel comfortable and can withdraw at any time.
- Use interviews, observation, or role-playing carefully and respectfully.

Co-design as a core principle

Beyond consultation, INVITE promotes **co-design**, where users actively contribute to shaping ideas and solutions. Older adults, caregivers, or community representatives are not just "testers", but **partners in innovation**, whose insights guide decision-making throughout the process.

4.4. Design thinking tools: description and use

The INVITE Toolkit introduces a set of **practical design thinking tools** that teachers can easily integrate into classes, workshops, or incubator activities.

Core tools

- **Lightning Talks**

  Short, focused presentations used to share insights, challenges, or inspiration.

  Best used in: Empathize, Define phases

- **Empathy Maps**

  Visual tools to capture what users say, think, feel, and do.

  Best used in: Empathize phase

- **Brainstorming**

  Structured idea-generation sessions encouraging creativity and volume of ideas.

  Best used in: Ideate

- **Pitch Presentations**

  Short presentations to communicate ideas clearly and persuasively.

  Best used in: Test, communication with stakeholders

- **Prototyping**

  Creation of simple, low-cost representations of solutions.

  Best used in: Prototype, Test phases.

Templates and instructions for deploying these design thinking tools are available in Annex C of this document.

Optional complementary tools

- ***User Interviews*** *– Empathize*
- ***Persona Development*** *– Empathize, Define*
- ***HMW (How Might We) Questions*** *– Define*
- ***Crazy 8s*** *– Ideate*
- ***Storyboarding*** *– Ideate, Prototype*

- ***Role-Playing*** *– Prototype, Test*
- ***User Testing*** *– Test*

Each tool supports a specific phase of design thinking and can be selected depending on available time, learner experience, and learning objectives.

5. Business Planning for Social Innovation

Social innovation projects in healthcare are most effective when they **combine social impact with long-term sustainability**. Within the INVITE framework, **business planning** is not about maximising profit but about ensuring that innovative ideas developed by students and schools can be implemented, maintained, and potentially scaled over time. As introduced during the INVITE training in Bursa (Day 2), business planning for social innovation places people and purpose at the centre, while still addressing feasibility and resource needs.

This chapter introduces the basics of business modelling adapted to health-related social innovation and provides practical tools that VET schools can use in social innovation support programmes and student incubators.

5.1. Basics of business modelling for health-related social innovation

5.1.1. Why business planning matters for social innovation

Even when driven by strong social values, social innovation initiatives require a minimum level of **financial, operational, and organisational sustainability**. Without this, promising ideas risk remaining short-lived pilot projects.

Business modelling helps student teams and schools to:

- clarify how value is created and for whom;
- understand which resources are needed to operate;
- identify partners and supporters;
- consider how the initiative can continue beyond initial testing.

In the INVITE approach, business modelling is used as a **learning and reflection tool**, not as a rigid or commercial exercise.

What a simple business model helps teams understand

A basic business model encourages teams to reflect on:

- ***Value creation***: What problem is addressed? What positive change is created?
- ***Beneficiaries and users***: Who benefits directly and indirectly?
- ***Resources and activities***: What is needed to deliver the solution?

- ***Support mechanisms***: Who contributes time, expertise, space, or funding?

This approach is particularly suitable for **school-based social innovation projects**, where complexity needs to remain manageable and learning-focused.

5.1.2. Business modelling concepts adapted to social impact projects

When adapted to social innovation in healthcare, business modelling typically includes:

- **Social value proposition**

  A clear statement of the social or health benefit created (e.g. improved access to care, reduced isolation, increased digital literacy).

- **Stakeholders and partners**

  Organisations and individuals involved in delivering, supporting, or benefiting from the solution (schools, healthcare providers, municipalities, NGOs, companies).

- **Resources and activities**

  Human resources (students, teachers, mentors), physical resources (spaces, equipment), and organisational inputs (coordination, training).

- **Revenue or support sources**

  Not necessarily commercial income, but any form of support that enables continuity (public funding, sponsorship, in-kind contributions).

Short illustrative example

A school-run telehealth support initiative.
A medical VET school develops a student-led programme where learners support older adults in using telehealth services.

- ***Social value**: improved access to healthcare and reduced digital exclusion among older adults.*
- ***Partners**: local primary care centre, municipality, senior association.*
- ***Sustainability**: the municipality provides a small annual grant, local businesses sponsor equipment, and the school integrates the programme into practical training hours.*

This model allows the initiative to continue beyond the pilot phase while remaining aligned with educational goals.

5.2. Value proposition, sustainability, and funding models *(optional section)*

5.2.1. Defining a clear value proposition

A **value proposition** explains what problem the innovation solves and why it matters. In social innovation, this includes:

- the user group or community addressed;
- the unmet need or challenge;
- the positive change created compared to existing solutions.

A clear value proposition helps teams communicate their idea to partners, users, and potential supporters.

Sustainability dimensions

Social innovation projects should consider sustainability from three complementary perspectives:

- **Economic sustainability**: Are there sufficient resources to continue activities?
- **Social sustainability**: Does the initiative strengthen inclusion, trust, and wellbeing?
- **Environmental sustainability** (where relevant): Are solutions resource-efficient and responsible?

Balancing these dimensions supports alignment with broader healthcare and education policies.

Basic funding and support options

Common funding and support sources for school-based social innovation include:

- school budgets or internal innovation funds;
- support from local or regional authorities;
- partnerships with healthcare providers or companies;
- crowdfunding or community fundraising;
- EU or national programmes supporting education, health, or social inclusion.

Reflection questions for teams

- *Who benefits most from this solution?*
- *Who would be interested in supporting or funding it?*
- *What would be needed to keep the initiative running for one more year?*

5.3. Pitch presentation: Communicating a Social Innovation Idea

A **pitch presentation** is a short, structured presentation used to clearly communicate an innovative idea, its value, and its potential impact to an audience. In the context of social innovation in education, pitching is not only a tool for attracting funding or partnership, but also a **learning exercise that helps students articulate their ideas, refine their thinking, and communicate solutions effectively**.

Within the INVITE framework, pitch presentations are typically used during **project presentations**, **innovation challenges**, **incubator programme**, **workshops** or **final demonstrations of students' projects**. They allow teams to present their proposed solutions to teachers, healthcare professionals, mentors, or external stakeholders.

Pitch presentations are particularly useful in educational environments because they encourage participants to focus on the **core value of their idea** and present it in a clear, structured, and engaging way. At the same time, pitching helps students develop important transversal skills such as **communication**, **teamwork**, and **critical thinking**, which are essential in innovation processes.

A good pitch helps teams explain **several key aspects** of their project:

- What problem they are addressing
- Who is affected by the problem
- What solution they propose
- Why the solution matters
- How the solution could be implemented or sustained.

Typical structure of a simple pitch

In educational and social innovation contexts, a pitch presentation usually lasts **3-5 minutes** and follows a clear logical structure:

1. **Problem:** clearly describe the problem that the project addresses. The problem should be relevant to healthcare practice, community needs, or the wellbeing of older adults and other vulnerable groups.
2. **Target group:** explain who is affected by the problem and who will benefit from the solution. Identifying the target group demonstrates that the idea is grounded in real needs.
3. **Proposed solution:** present the idea or solution developed by the team. This may include a digital tool, service concept, awareness campaign, or community-based intervention.
4. **Value and impact:** explain why the solution is useful and what positive change it could create. This may include improvements in healthcare accessibility, efficiency, or quality of life.
5. **Implementation approach:** briefly describe how the solution could be implemented. This may involve partnerships, resources, or simple needs to start the initiative.
6. **Sustainability:** explain how the initiative could continue over time. This might include collaboration with healthcare institutions, integration into educational programmes, or support from community stakeholders.

Tips for an effective pitch

Successful pitch presentations usually share several common characteristics:

- **Clarity:** the idea is easy to understand and well structured
- **Focus:** the presentation highlights the most important elements of the solution
- **Relevance:** the idea addresses a real and meaningful problem
- **Engagement:** presenters communicate their involvement and enthusiasm.

In social innovation incubators and educational programmes, pitching often represents the **final stage of the innovation process**, where teams present their ideas, receive feedback from mentors and experts, and reflect on the next steps for developing their solutions.

5.4. Tools for business planning in social innovation *(optional section)*

To keep business planning accessible and practical, the INVITE Toolkit proposes simplified tools adapted to educational settings.

1. **Lean Canvas – Social Innovation version**

A **Lean Canvas adapted for social innovation** is a one-page template capturing:

- the social or health problem;
- the proposed solution;
- beneficiaries and users;
- key partners and stakeholders;
- required resources and activities;
- expected social impact;
- sustainability or support strategy.

This tool helps teams see the full picture of their idea at a glance.

2. Cost–benefit templates

Cost–benefit templates support reflection on:

- ***Inputs:*** time, skills, materials, coordination effort;
- ***Outputs***: services delivered, users reached, learning outcomes;
- ***Long-term value***: social benefits, avoided costs, community impact.

They encourage realistic planning without excessive complexity.

3. Partnership models

Partnership models illustrate how collaboration can be structured between:

- VET schools (education and coordination);
- healthcare providers (real-world context and users);
- companies or NGOs (expertise, tools, sponsorship).

Clear partnership roles strengthen trust and sustainability.

Templates and instructions for deploying these business planning tools are available in Annex D of this document.

6. Technology Resources for Inclusive Digital Healthcare

Digital technologies are transforming how healthcare is delivered, accessed, and experienced. For medical VET schools involved in social innovation programmes, technology should be understood as an enabler of inclusion, access, and quality of care, rather than as an end in itself. This chapter provides an overview of key digital healthcare technologies relevant to inclusive innovation, explains how to assess their relevance and readiness for VET contexts and vulnerable groups, and outlines essential criteria for safe, ethical, and inclusive use.

The pedagogical objective is not to turn students into technology experts, but to help them understand how digital tools work, what problems they can address, and how they can be applied responsibly in real-life healthcare and social contexts.

6.1. Overview of key enabling technologies

Table 5 Overview of key enabling technologies

Enabling technology	Definition	Key benefits	Limitations	Educational and student project examples
Telemedicine	Telemedicine refers to the delivery of healthcare services at a distance using digital communication technologies, such as video consultations, remote monitoring, or secure messaging.	• Improves access to care for people in remote or underserved areas • Reduces travel and waiting times • Supports continuity of care.	• Requires stable internet connection and basic digital skills • Not suitable for all types of medical examinations • Potential trust and privacy concerns.	• Simulating teleconsultations in training settings • Designing user guides for older adults on how to prepare for video visits • Developing support services to help patients access telemedicine platforms.
Artificial Intelligence (AI) in healthcare	AI in healthcare refers to systems that analyse data to support decision-making, diagnostics, or service organisation (e.g. decision-support tools, risk prediction, chatbots).	• Supports clinical decision-making • Improves efficiency and consistency • Can personalise care pathways	• Risk of bias in data and algorithms • Limited transparency ("black box" systems) • Ethical and regulatory challenges	• Analysing how AI tools support (but do not replace) healthcare professionals • Exploring ethical scenarios related to AI-supported decisions • Creating awareness materials on trustworthy AI in healthcare.
mHealth (mobile health)	mHealth includes health-related services and information delivered via mobile devices, such as smartphones and tablets (apps for monitoring, reminders, education).	• High accessibility and portability • Supports self-management and prevention	• Digital literacy barriers • Overload of apps with variable quality • Data protection concerns	• Evaluating usability of health apps for older adults • Co-designing simple reminder tools or learning materials

Enabling technology	Definition	Key benefits	Limitations	Educational and student project examples
		• Encourages user engagement		• Comparing apps based on accessibility and clarity.
eHealth tools and platforms	eHealth refers to broader digital systems used in healthcare, including electronic health records, patient portals, and online health information platforms.	• Improves information sharing and coordination • Empowers patients with access to their data • Supports integrated care.	• Fragmentation across systems • Access and usability challenges for vulnerable users • Dependence on institutional infrastructure.	• Mapping patient journeys using eHealth portals • Identifying barriers faced by users when accessing digital records • Proposing improvements for user-friendly interfaces.

6.2. Assessing relevance and readiness for VET and vulnerable groups *(optional section)*

Not all technologies are equally suitable for every educational or social context. Before selecting a digital tool, schools and student teams should assess **relevance**, **feasibility,** and **readiness**.

6.2.1. Criteria for evaluating feasibility

- Availability of the technology locally
- Cost and licensing requirements
- Required technical skills (students, teachers, users)
- Compatibility with existing infrastructure

Assessing digital readiness

Digital readiness concerns both the **tool** and the **users**:

- Is the tool intuitive and user-friendly?
- Do users have access to devices and connectivity?
- Are support and guidance available?

Checklist for serving vulnerable groups

- *Does the technology reduce barriers rather than create new ones?*
- *Is the interface accessible (font size, contrast, navigation)?*
- *Is language clear and understandable?*
- *Can the tool be adapted to different needs and abilities?*

6.3. Criteria for safe, ethical, and inclusive use

Responsible use of technology is essential in healthcare education and innovation.

Ethical principles

- Respect for users' autonomy and dignity
- Transparency about how technologies work and are used

- Accountability for decisions supported by digital tools

Data protection and privacy

- Compliance with **GDPR** and national data protection laws
- Collection of only necessary data
- Secure storage and clear consent procedures
- Avoidance of sharing sensitive personal data in student projects

Accessibility and inclusion

- User interface design that supports diverse abilities
- Use of plain language and culturally appropriate communication
- Consideration of assistive technologies and alternative formats

Gender sensitivity and non-discrimination

- Avoid reinforcing stereotypes in design or content
- Ensure solutions are inclusive across gender, age, and background
- Reflect diversity in user personas and testing groups

6.4. Examples of Successful Social Innovation Support Programmes

This chapter presents a selection of short, practice-oriented case studies illustrating how VET schools and partner organizations have successfully supported student-led social innovation in healthcare. The examples draw on approaches discussed within the INVITE project and related European practices, showing different formats such as incubators, challenge-based programmes, and community-oriented initiatives.

Each case study follows a common structure—context, challenge, solution, outcomes, and lessons learned—and highlights how similar approaches can be adapted and transferred to other medical VET schools, regardless of national or institutional differences.

Case Study 1 – Student Social Innovation Incubator for Inclusive Digital Health

Context

A medical VET school partnered with local healthcare providers and civil society

organisations to establish a student social innovation incubator focused on inclusive digital healthcare. The initiative was embedded as an extracurricular programme supported by trained teachers and external mentors.

Challenge

Older adults in the region faced difficulties accessing digital healthcare services, including telemedicine appointments and online health information, due to low digital literacy and limited confidence in technology.

Solution

Student teams worked through a structured design thinking process to co-create solutions with older adults and caregivers. Supported by teachers and healthcare professionals, students developed simple digital support activities, including guided telehealth preparation sessions and easy-to-use instructional materials.

Outcomes

- *Increased digital confidence among participating older adults*
- *Improved student competencies in empathy, teamwork, and digital health literacy*
- *Strengthened partnerships between the school, care centres, and local authorities*

Lessons learned

- *Real user involvement from the start is essential for relevance and acceptance*
- *Low-tech, simple solutions can have high social impact*
- *Teacher mentoring is key to sustaining student motivation*

How to apply in your school

- *Start with a small cohort of motivated students*
- *Partner with one local healthcare or social care organisation*
- *Use short design thinking cycles rather than long projects*
- *Focus on one clearly defined vulnerable group.*

Case Study 2 – Challenge-Based Hackathon on Community Health Needs

Context

A regional innovation agency collaborated with a VET school to organise a health innovation hackathon involving students, teachers, healthcare professionals, and local NGOs.

Challenge

Fragmented communication between healthcare services and young patients resulted in low awareness of preventive health services.

Solution

During a two-day hackathon, mixed teams worked on predefined community health challenges. Using brainstorming, prototyping, and pitch sessions, students proposed digital and organisational solutions, such as youth-friendly health information channels and peer-support tools.

Outcomes

- *High student engagement and teamwork across disciplines*
- *Practical ideas ready for further development*
- *Increased visibility of the VET school within the regional innovation ecosystem*

Lessons learned

- *Time-limited formats encourage creativity and focus*
- *External mentors add realism and credibility*
- *Clear challenges help teams stay user-centred*

How to apply in your school

- *Organise a one- or two-day challenge instead of a long programme*
- *Invite local stakeholders as mentors or jury members*
- *Use simple evaluation criteria focused on impact and feasibility*
- *Treat outcomes as starting points, not finished products.*

Case Study 3 – Community-Based Health Innovation Project Integrated into Curriculum

Context

A medical VET school integrated a community health innovation project into an existing course module, linking theoretical learning with local practice.

Challenge

People with chronic conditions experienced difficulties navigating available digital health services and understanding how to use them effectively.

Solution

Student groups collaborated with patient associations and healthcare professionals to map user journeys and identify barriers. They developed practical support tools, including step-by-step guides and awareness workshops, which were tested in community settings.

Outcomes

- *Improved learning outcomes through real-life application*
- *Stronger collaboration with patient organisations*
- *Increased student awareness of social and ethical aspects of digital healthcare*

Lessons learned

- *Curriculum integration increases sustainability*
- *Community partners provide valuable feedback and legitimacy*
- *Reflection sessions help connect practice with theory*

How to apply in your school

- Embed social innovation tasks into existing modules
- Use project-based assessment instead of exams
- Involve community partners early in course planning
- Allocate time for reflection and evaluation.

These examples demonstrate that successful social innovation support programmes do not depend on large budgets or complex infrastructure. What makes them transferable is:

- a clear focus on **real local needs**;
- active involvement of users and stakeholders;
- flexible formats adapted to school capacity;
- strong teacher facilitation and institutional support.

Medical VET schools can start small, adapt formats to their context, and gradually build more structured programmes over time. The key is to treat social innovation as a **learning process**, not a one-off project, and to continuously reflect, adapt, and collaborate within the regional health-innovation ecosystem.

7. Monitoring, Evaluation and Impact Assessment

Monitoring, evaluation, and impact assessment are essential components of effective social innovation support programmes. They help medical VET schools understand what works, what can be improved, and what long-term value is created for learners, institutions, and communities. Within the INVITE framework, evaluation is conceived as a learning-oriented and practical process, not as a purely administrative requirement.

This chapter provides guidance on how to plan and implement simple yet meaningful evaluation activities that support accountability, learning, and continuous improvement.

7.1. Measuring success and impact in social innovation programmes

7.1.3. Output, outcome, and impact: understanding the difference

To evaluate social innovation programmes effectively, it is important to distinguish between three levels of results:

- ***Outputs*** refer to what was produced directly through activities. *Examples:* number of workshops delivered, student projects developed, or tools created.
- ***Outcomes*** describe short- to medium-term changes resulting from the activities. *Examples:* improved student skills, increased stakeholder collaboration, greater user awareness.
- ***Impact*** refers to longer-term, broader changes in systems or behaviours. *Examples:* sustained partnerships, improved access to digital healthcare for vulnerable groups, cultural change within the school.

Understanding these distinctions helps schools set realistic expectations and choose appropriate indicators.

Building an evaluation plan from the start

Evaluation should be considered **from the beginning of programme implementation**, not only at the end. A simple evaluation plan should:

- define what success looks like;
- identify what information needs to be collected;

- clarify who is responsible for monitoring and evaluation;
- integrate evaluation activities into the programme timeline.

Early planning ensures that relevant data is available, and that evaluation does not become an additional burden.

7.2. Setting measurable goals

Clear, measurable goals provide a reference point for evaluation and decision-making.

Simple data collection methods

Medical VET schools can rely on accessible and low-cost methods, such as:

- **Surveys** (online or paper-based) for students, teachers, and partners;
- **Interviews** or focus groups to gather deeper insights;
- **Observation** during workshops, co-creation sessions, or user testing activities.

These methods can be combined depending on available time and resources.

Practical examples of indicators

Quantitative indicators help track scale and participation:

- number of students participating;
- number of social innovation projects developed;
- attendance rates at workshops or events;
- number and type of external partners involved.

Qualitative indicators help capture learning and experience:

- student satisfaction and motivation;
- feedback from partners and users;
- self-assessed learning outcomes (e.g. empathy, teamwork, digital skills);
- perceived inclusiveness of activities and processes.

Using a mix of quantitative and qualitative indicators provides a more complete picture of programme performance.

7.3. Useful tools for evaluation

To support structured and manageable evaluation, the Toolkit proposes three core tools.

Evaluation Framework

Purpose

The Evaluation Framework outlines:

- what will be measured (outputs, outcomes, impact);
- when data will be collected;
- who is responsible for collection and analysis.

This framework helps schools stay focused and ensures consistency over time.

Participant Feedback Forms

Purpose

Feedback forms capture participants' perceptions immediately after activities. They can include:

- satisfaction levels;
- perceived learning and relevance;
- suggestions for improvement.

Feedback forms are easy to administer and provide quick insights for adjustment.

Impact Matrix

Purpose

The Impact Matrix links activities to expected results across time horizons:

- short-term (outputs and immediate outcomes);
- medium-term (behavioural or organisational change);
- long-term (systemic or societal impact).

This tool supports strategic thinking and helps schools articulate the broader value of their programmes.

Templates and instructions for deploying these evaluation tools are available in Annex E of this document.

7.4. Continuous improvement cycle: collect, analyse, adapt, share

Evaluation is most valuable when it informs **continuous improvement**.

Using results to improve future programmes

Evaluation findings should be discussed within the school team to:

- identify strengths and weaknesses;
- adapt programme design, methods, or tools;
- refine partnerships and engagement strategies.

Small adjustments based on evidence can significantly improve effectiveness.

7.4.1. The learning cycle: Plan – Do – Check – Act

A simple learning cycle can guide continuous improvement:

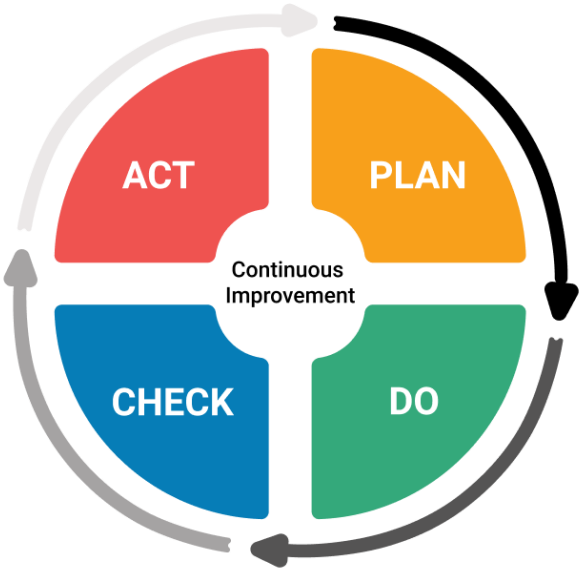


Figure 6 The learning cycle in the continuous improvement perspective.

1. ***Plan:*** define objectives, activities, and indicators;
2. ***Do***: implement the programme;
3. ***Check***: collect and analyse evaluation data;

4. ***Act***: adjust and improve future actions.

This cycle encourages reflection and learning at all stages.

Sharing lessons learned

Schools are encouraged to **share insights and experiences** with partners and peers through:

- short reports or case notes;
- newsletters or school websites;
- presentations at meetings or events.

Sharing lessons learned strengthens collaboration, supports replication, and contributes to a wider culture of innovation within and beyond the INVITE project.

8. Toolkit application and continuous improvement

This section explains how medical VET schools can operationally apply Module 1 and Module 2 of the Toolkit through a structured yet flexible implementation cycle involving students, teachers, and external stakeholders.

While **Module 1** supports schools in understanding their regional context, ecosystem, and strategic priorities, and **Module 2** provides tools for hands-on social innovation activities, the implementation guidelines presented here show how these modules are translated into practice over time.

The Toolkit is implemented through a project-based training cycle that combines digital learning, teamwork, workshops, and reflection. The process enables schools to move progressively from awareness-building to experimentation, evaluation, and improvement. In particular, it supports:

- progressive and inclusive student engagement,
- transparent selection and mentoring processes,
- practical application of design thinking and business planning tools,
- collaboration with external stakeholders and users,
- learning-oriented monitoring, evaluation, and continuous improvement.

Each implementation round typically involves:

- around **30 students** in the preparatory phase,
- a **core group of approximately 10 students** in the hands-on programme,
- a **workshop-based innovation pathway** lasting several weeks.

8.1.1. Step 1: Student recruitment and preparation *(Module 2, Preparatory phase)*

The first step focuses on **broad engagement and capacity building**. Its objective is to prepare students to meaningfully engage with the social innovation process introduced in Module 2, ensuring a shared baseline understanding of inclusive digital healthcare and user-centred innovation.

Key actions

- Launch an open call for participation within the school, targeting students enrolled in health-related VET programmes.
- Aim for approximately **30 applicants** per implementation round.
- All selected applicants complete an **online learning phase**, using the Toolkit's OERs introducing:
    - digital healthcare basics,
    - social innovation concepts,
    - user-centred design and design thinking.

Monitoring tools

- Participation log to track completion of OERs
- Short self-assessment quizzes after each OER module.

This phase ensures a common knowledge base before moving into hands-on activities and allows teachers to observe students' engagement and motivation.

8.1.2. Step 2: Selection of participants for the innovation programme

Following the OER phase, schools select students for the hands-on social innovation programme. This step balances inclusiveness with feasibility, ensuring manageable group sizes and effective mentoring.

Key actions

- Define and clearly communicate **transparent selection criteria**, such as: motivation and commitment, teamwork and communication skills, creativity and problem-solving attitude, level of engagement during the OER phase.
- Select around **10 students** to continue into the workshop-based programme.
- Document the process to ensure fairness and clarity.

Recommended tools

- Evaluation rubric
- Motivation statement or short reflective form

8.1.3. Step 3: Group formation and team diversity

Once selected, students are organized into small, interdisciplinary teams, creating the conditions for collaboration, peer learning, and creativity.

Key actions

- Form **2–3 teams**, ensuring diversity in: skills and interests, learning backgrounds, personal perspectives.
- Assign each team a **mentor or facilitator** (teacher, healthcare professional, innovation coach).
- Organise a **short orientation session** to clarify programme objectives, teamwork rules, timeline and expectations.

8.1.4. Step 4: Workshop series and project development *(Module 2 – Core implementation)*

This step represents the core practical application of Module 2. Students participate in a structured series of interactive workshops aligned with the Design Thinking methodology, using the tools and templates provided in the Module 2 Annexes (Annex C and Annex D).

Workshop 1: Empathize & define the problem

Activities

- Stakeholder and user interviews
- Empathy mapping
- Identification of unmet healthcare needs

Outputs

- User profiles or personas
- Clear problem statements

Workshop 2: Ideate & explore solutions

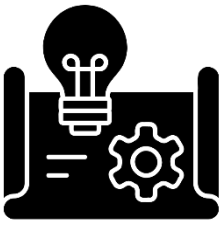
Activities

- Brainstorming sessions
- Idea clustering and prioritisation
- Storyboarding

Outputs

- List of potential solutions
- Selected concept for further development

Workshop 3: Prototype development



Activities

- Low-fidelity or digital prototyping
- Definition of value proposition and core functionality

Outputs

- Prototype or conceptual model

Workshop 4: Testing with users

Activities

- Pilot testing with peers, teachers, or external users (e.g. older adults, patients)
- Feedback collection

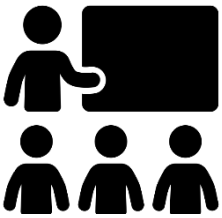
Outputs

- User feedback summaries
- Improvement notes

Workshop 5: Presentation skills workshop

Activities

- Storytelling techniques for social innovation
- Structuring presentations and visual communication
- Public speaking, time management, and Q&A handling
- Pitch rehearsals with mentor feedback



Outputs

- Final presentation slides (pitch)
- Confident and prepared presenters.

8.1.5. Step 5: Demo Day and presentation

The **Demo Day** marks the public culmination of the innovation programme and provides an opportunity to showcase student work and engage the local ecosystem.

Key actions

- Organise a Demo Day with an audience including students and teachers, mentors, local stakeholders (SMEs, healthcare providers, patient organisations).
- Each team presents:
    - the identified problem and target group,

- the developed solution and prototype,
- user feedback and outcomes,
- reflections on teamwork and learning.

***Optional**: A small jury provides feedback, recognition, or symbolic awards.*

Demo Day increases visibility, motivation, and stakeholder engagement.

8.1.6. Step 6: Reflection and evaluation (Module 2 + Continuous improvement of Module 1)

The final step consolidates learning and supports **continuous improvement**. Evaluation results feed back into both Module 2 (improving future student programmes) and Module 1 (updating ecosystem understanding, partnerships, and strategic priorities).

Key actions

- Conduct structured reflection sessions with students and mentors.
- Use evaluation templates (Annex E) to assess:
  - learning outcomes,
  - collaboration quality,
  - innovation relevance,
  - inclusiveness of the process.
- Gather feedback from:
  - external stakeholders,
  - end-users involved in testing.

Outputs

- Short evaluation report
- Improvement plan for the next implementation round

Continuous improvement logic

The Toolkit follows a simple **learning and improvement cycle**:

Implement → Reflect → Improve → Reapply

Each implementation round builds on lessons learned from the previous one, allowing schools to:

- refine selection and mentoring methods,
- adapt workshop formats,
- strengthen partnerships,
- improve inclusion and user engagement.

Optional implementation checklist (summary)

☐ Call for students launched

☐ OER phase completed and monitored

☐ Transparent selection completed

☐ Teams formed and mentors assigned

☐ Design thinking workshops delivered

☐ User testing conducted ethically

☐ Demo Day organised

☐ Evaluation completed and documented.

9. Conclusion and Next Steps

The Social Innovation Toolkit for Inclusive Digital Healthcare brings together all the essential components that enable medical VET schools to take an active and strategic role within their regional health-innovation ecosystems. By combining social innovation principles, digital healthcare awareness, and practical learning methodologies, the Toolkit supports schools in equipping students with the competencies required for inclusive, digitally ready healthcare innovation.

Module 1 provides the strategic foundation. It helps schools understand their territorial context, analyse local needs, and recognize their position within regional health-innovation ecosystems. Through regional analysis, stakeholder mapping, vision building, and governance planning, schools are supported in defining a clear long-term direction and in establishing the partnerships and structures necessary for sustained social innovation.

Module 2 translates these strategic insights into hands-on implementation. It guides schools in designing and running social innovation support programmes based on design thinking, user-centred approaches, basic business modelling, responsible use of digital technologies, and structured monitoring and evaluation. In doing so, it turns analysis and intent into concrete educational practice and real-world experimentation.

Together, the two modules establish a complete and coherent pathway—from ecosystem awareness to innovation practice. This pathway supports the development of a shared innovation culture, practical tools, and transferable competencies that are essential for sustainable change in healthcare education and service delivery.

The Toolkit is intentionally designed as a living document. Its value will increase through repeated application, feedback from teachers, students, and stakeholders, and continuous refinement. As digital technologies evolve and healthcare priorities shift, the Toolkit can be updated to reflect new methods, emerging tools, and changing societal needs, ensuring long-term relevance and adaptability.

Ultimately, the Social Innovation Toolkit for Inclusive Digital Healthcare aims to empower medical VET schools to act as catalysts of social impact. By nurturing a new generation of learners who are empathetic, collaborative, and digitally competent, the Toolkit contributes to

improving health outcomes, strengthening digital inclusion, and supporting more resilient and inclusive healthcare systems within local communities and beyond.

Module 1, Annex A – SWOT Analysis Template for Inclusive Digital Healthcare Innovation

This template supports medical VET schools in conducting a **structured SWOT analysis** focused on **inclusive digital healthcare and social innovation**. It helps schools reflect on their internal capacities and external context, with specific attention to vulnerable groups and digital transformation.

The SWOT analysis can be used:

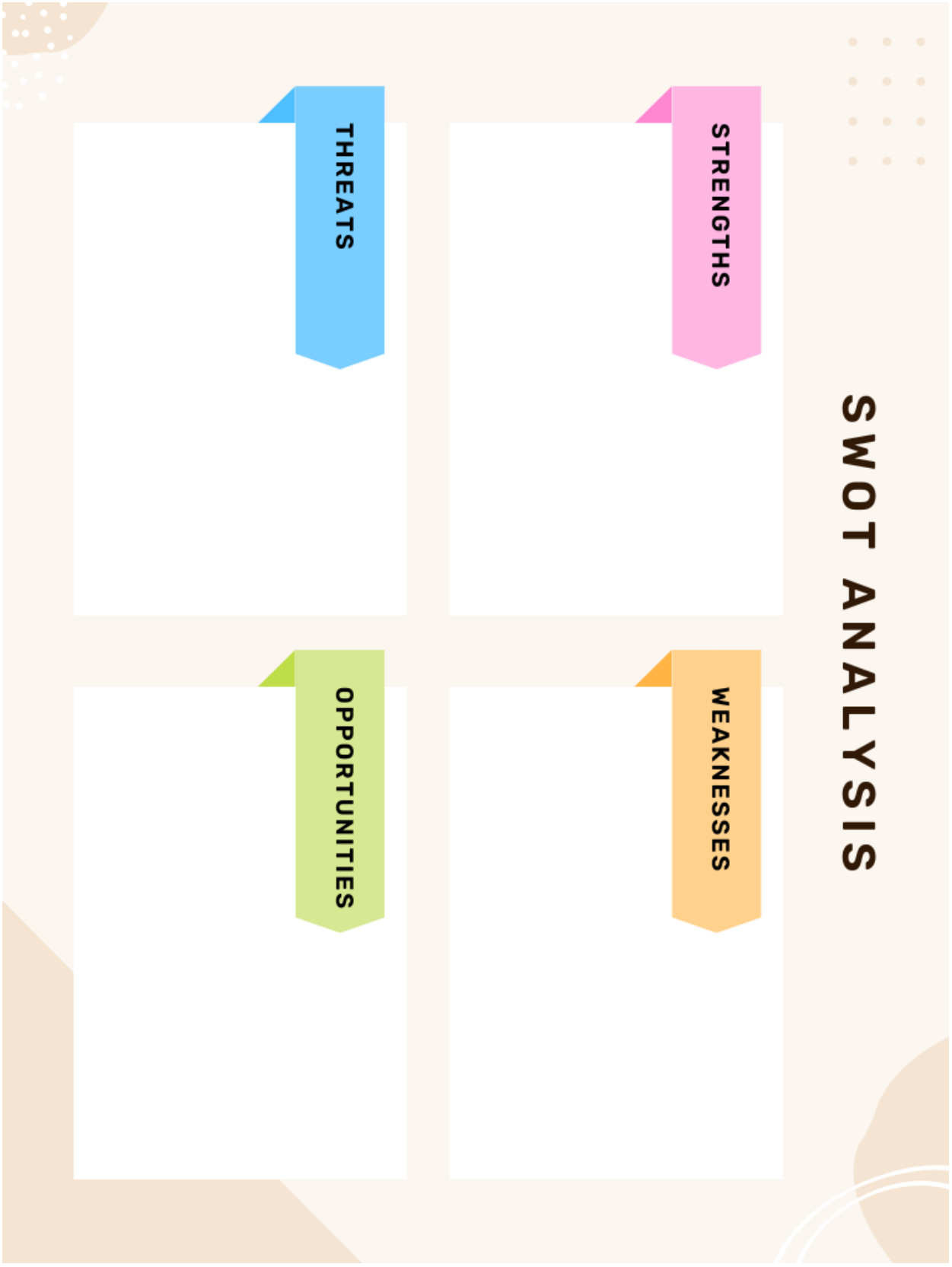
- during **Module 1 – Regional Analysis and Needs Assessment**;
- as preparation for stakeholder engagement and vision building;
- as a baseline document for programme planning and evaluation.

The present template can be printed and filled in manually, or it is possible to create a digital version using a free account on Canva: https://www.canva.com/s/templates?query=swot

How to use the SWOT template

1. Define the focus of the analysis
   (e.g. "Inclusive digital healthcare innovation for older adults in our region")
2. Work in a small group (teachers, management, possibly one external stakeholder).
3. Collect basic inputs through:
   - desk research,
   - short interviews,
   - internal discussion.
4. Fill in 3–5 elements per box.
5. Highlight the top 2 priorities in each quadrant.

A.1 SWOT Analysis Template



Guiding questions

Focus area:
(e.g. Digital inclusion for older adults / Telehealth access / Student social innovation incubator)

Strengths (Internal)	Weaknesses (Internal)
What assets does the school already have?	**What limits our capacity?**
• Motivated students interested in social issues	• Limited experience with innovation projects
• Strong teaching staff in health disciplines	• Uneven digital skills among staff/students
• Existing collaboration with care providers	• Limited time within curriculum
• Community trust and visibility	• Lack of structured innovation processes

Opportunities (External)	Threats (External)
What external trends or resources can we use?	**What external risks or barriers exist?**
• Growing demand for digital health skills	• Limited funding opportunities
• Policy focus on ageing and inclusion	• Regulatory constraints
• Availability of EU/national programmes	• Resistance to change
• Presence of NGOs and patient groups	• Digital divide in target groups

Reflection questions (optional)

- *Which strengths can we leverage immediately?*
- *Which weaknesses must we address before launching a programme?*
- *Which opportunities align best with our mission and vision?*
- *Which threats require mitigation strategies?*

Output

Schools are encouraged to summarise results in:

- a 1-page SWOT summary, and
- 2–3 priority actions derived from the analysis.

Module 1, Annex B – Ecosystem and Stakeholder Mapping Templates

This annex provides **practical mapping tools** to help medical VET schools understand, visualize, and actively engage their regional health innovation ecosystem. The tools support schools in moving from a generic list of actors to a strategic understanding of relationships, roles, and collaboration priorities, as introduced in Module 1 of the Toolkit.

Annex B includes **three complementary tools,** each serving a different purpose:

1. **Ecosystem Mapping Canvas** – to understand the broader system and relationships
2. **Stakeholder Mapping Template** – to document and plan engagement actions
3. **Bull's Eye Stakeholder Mapping** – to prioritize stakeholders by relevance and involvement.

Used together, these tools support evidence-based decision-making, partnership building, and governance design.

B1. Ecosystem Mapping Canvas

The Ecosystem Mapping Canvas is a visual tool designed to help teachers, students, and school management:

- identify the main actors in the regional health-innovation ecosystem;
- visualise existing collaborations and missing connections;
- understand flows of information, resources, and opportunities;
- position the VET school as an active Social Innovation Hub.

The canvas is particularly useful during regional analysis workshops, stakeholder engagement sessions, vision-building and strategy discussions.

Structure of the Ecosystem Mapping Canvas

The canvas places the **VET school at the centre**, surrounded by five key stakeholder areas:

- **Healthcare providers**
  (hospitals, clinics, primary care, nursing homes, social-care centres)

- **Education & research**

  (universities, research centres, training providers)

- **Industry & SMEs**

  (MedTech companies, digital health providers, start-ups)

- **Public sector & intermediaries**

  (municipalities, regional authorities, innovation agencies, clusters)

- **Civil society & end-users**

  (patient organisations, NGOs, community groups, carers)

Participants are encouraged to add:

- names of specific organisations,
- notes on existing or potential collaborations,
- arrows showing relationships, cooperation intensity, or gaps.

How to use the Ecosystem Mapping Canvas

1. Place the **VET school** at the centre of the canvas.
2. List key actors in each stakeholder area.
3. Mark: existing collaborations (solid lines), weak or informal links (dashed lines), missing but strategic connections (question marks or notes).
4. Discuss:
    - Which actors are critical for inclusive digital healthcare innovation?
    - Where collaboration is strong or weak?
    - Which partnerships should be prioritised?

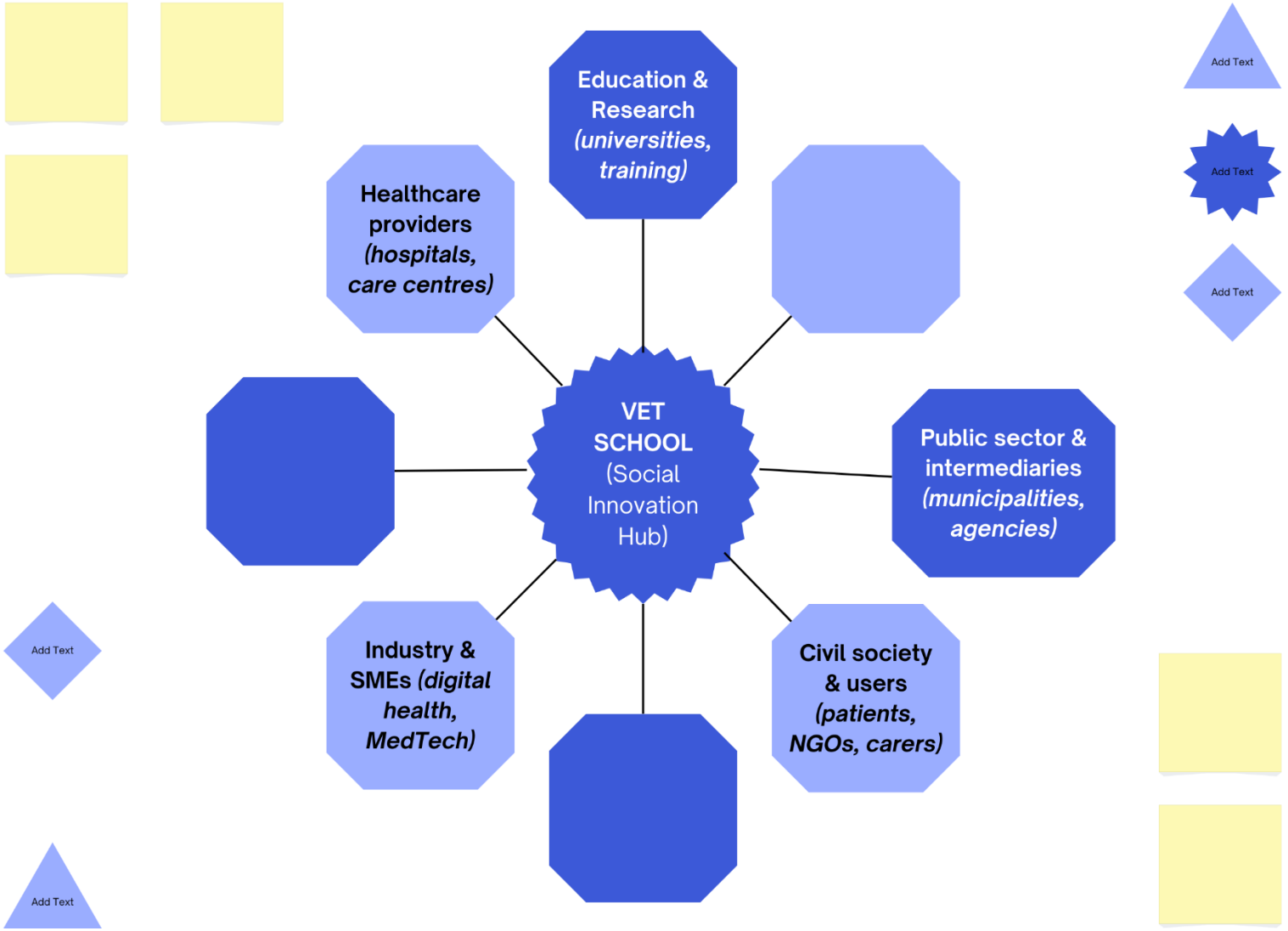
Output:

A shared visual overview of the ecosystem, supporting strategic planning and stakeholder engagement.

Use this template as a model to manually draw the Ecosystem Map, or recreate it with a free Canva account for a digital, interactive version: Ecosystem Map Templates.

Regional health-innovation Ecosystem Map

1. Add key actors, existing collaborations and missing links in each box.
2. Use arrows to show relationships, weak or informal links, missing but strategic connections.
3. Identify 2-3 priority partnerships to activate.



B2. Stakeholder Mapping Template

How to use

The **Stakeholder Mapping Template** translates the ecosystem overview into an **action-oriented planning tool**. It helps schools document key stakeholders, assess their relevance, and define concrete engagement strategies.

Typical uses

- planning engagement activities;
- preparing workshops or Demo Days;
- documenting partnerships for reporting or evaluation.

The table should be updated regularly, especially when new partners are involved.

Stakeholder Name	Category	Interest Level	Influence Level	Engagement Strategy	Next Steps
Local hospital	*Healthcare provider*	*High*	*High*	*Core partner, regular meetings*	*Invite to mentoring*
Municipality	*Public sector*	*Medium*	*High*	*Strategic alignment*	*Meeting with health dept*
Senior association	*Civil society*	*High*	*Medium*	*Co-design & testing*	*Organise focus group*
MedTech SME	*Industry*	*Medium*	*Medium*	*Mentorship, demo day*	*Contact innovation lead*
University dept.	*Education*	*Low*	*Medium*	*Knowledge exchange*	*Explore joint workshop*

Legend

- Interest level: Low / Medium / High
- Influence level: Low / Medium / High

B3. Bull's Eye Stakeholder Mapping

The **Bull's Eye Stakeholder Mapping** tool supports **stakeholder prioritization** by visually ranking actors according to their relevance and level of engagement.

How to create the Bull's Eye Map

1. Draw three concentric circles.
2. Place stakeholders based on relevance, influence, and engagement intensity.

4. Inner circle – Core stakeholders

High influence and direct involvement. Examples: school management, key healthcare partners, public authorities.

Engagement: regular meetings, co-decision.

5. Middle circle – Support stakeholders

Relevant but not involved in daily decisions. Examples: NGOs, municipalities, academic experts.

Engagement: periodic updates, consultation.

6. Outer circle – Peripheral stakeholders

Low current influence but future potential. Examples: media, foundations, local businesses.

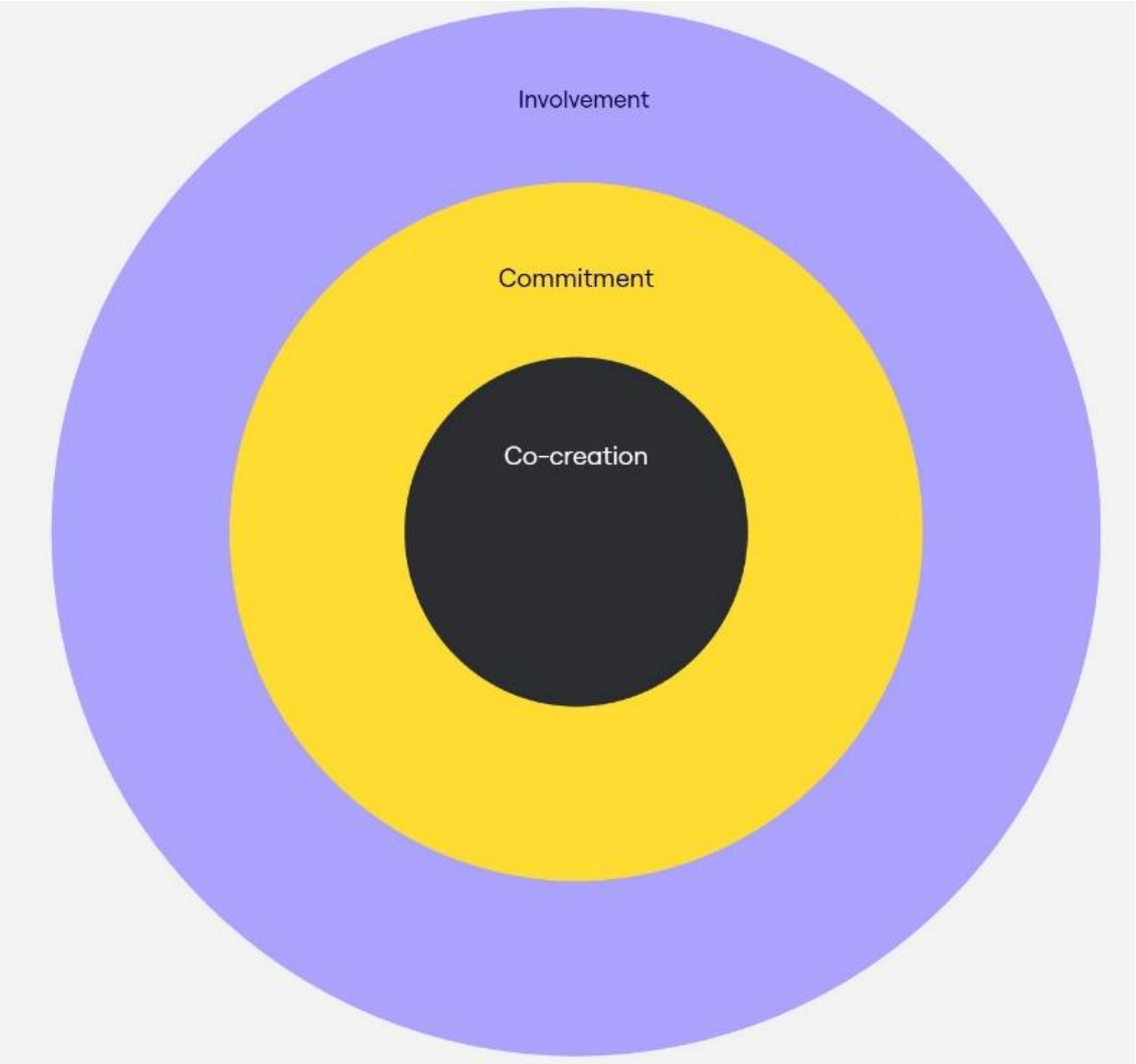
Engagement: monitoring, ad-hoc involvement.

How to use the Bull's Eye Mapping

1. Start from the Ecosystem Mapping Canvas.
2. Select the most relevant stakeholders.
3. Place them in the appropriate circle based on:
    - influence,
    - relevance,
    - willingness to engage.
4. Use the map to:
    - define governance bodies,
    - plan communication and engagement frequency,
    - allocate time and resources realistically.

Use this template as a model to manually draw the Bull's Eye Map, or recreate it with a free Canva or Miro account for a digital, interactive version.

Schools are encouraged to include the **Ecosystem Mapping Canvas**, the **Stakeholder Mapping Table**, and the **Bull's Eye Map** as annexes to their **Regional Analysis Report** or social innovation programme documentation.



Practical tips

- Compare Bull's Eye maps over time to track ecosystem evolution.
- Use the map to:
    - plan invitations to workshops or Demo Days,
    - define governance bodies,
    - allocate engagement efforts realistically.

Module 2, Annex C – Design Thinking Tools for Social Innovation in VET Schools

This annex provides **practical design thinking tools** that teachers and students can use during social innovation support programmes. The tools support teamwork, creativity, and user-centred problem-solving, and are suitable for classroom use, workshops, or extracurricular activities.

C1. Lightning Talks

Lightning Talks are short, focused presentations used to share insights, problems, or early ideas quickly. They help teams align understanding and stimulate discussion without overloading detail.

When to use

- Empathize phase (sharing user insights)
- Define phase (presenting problem statements)
- Before ideation sessions

How to use (guidelines)

- Duration: 2–3 minutes per speaker
- Focus on *one key message only*
- No long explanations or technical detail

Template (structure)

- Topic / insight
- Why it matters
- One key question or takeaway

C2. Empathy Map

Empathy Maps help teams understand users' perspectives, especially older adults or vulnerable groups, by capturing emotions, needs, and behaviours.

When to use

- Empathize phase

How to use (guidelines)

- Base inputs on interviews, observation, or role-play
- Avoid assumptions not grounded in evidence
- Work collaboratively in small groups

Template (four quadrants)

- **Says** – What the user says
- **Thinks** – What the user thinks or worries about
- **Feels** – Emotions, fears, motivations
- **Does** – Actions and behaviours

Use this template as a model to manually draw the Empathy Map, or recreate it with a free Canva account for a digital, interactive version: https://www.canva.com/online-whiteboard/empathy-map/

Instructions:

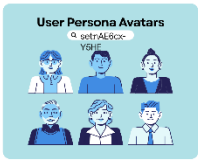
- **Define your focus.** Identify the user or persona you're exploring.
- **Research, don't assume.** Ground your insights in real observations and user data.
- **Identify gaps.** Look for differences between what users say, think, and do.
- **Summarize insights.** Use the "Pains" and "Gains" sections to highlight key findings.
- **Collaborate.** Invite your team to contribute diverse perspectives for a fuller picture.

Empathy Map

Date: January 1, 2030

1. User Persona

- Add a photo or avatar to represent your user.
- Who are we empathizing with?
- What are their key demographics?



2. User Insight

Says

What does the user say?

Thinks

What does the user think or worry about?

Does

User's actions and behaviours

Feels

User's fears, emotions, motivations

C3. Brainstorming

Brainstorming supports divergent thinking, allowing teams to generate many ideas before selecting solutions.

When to use

- Ideate phase

How to use (guidelines)

- Set a clear problem statement
- No criticism during idea generation
- Encourage quantity over quality first

Template (structure)

- Problem statement
- List of ideas (post-its or bullet points)
- Initial clustering (themes)

C4. Prototyping

Prototyping turns ideas into tangible representations that can be tested and discussed.

When to use

- Prototype phase

How to use (guidelines)

- Keep prototypes simple and low-cost
- Focus on functionality, not perfection
- Use sketches, mock-ups, role-play, or digital wireframes

Template (structure)

- Solution name
- Target user
- What the prototype shows

- What feedback is needed

C5. Pitch Presentations

Pitch presentations help students communicate their ideas clearly and persuasively to peers, teachers, and external stakeholders.

When to use

- Test phase
- Demo Day

How to use (guidelines)

- Time limit: 3–5 minutes
- Use storytelling, not technical jargon
- Focus on impact and learning

Pitch structure

1. Problem and target group
2. Proposed solution
3. Why it matters (impact)
4. What was learned from testing

Module 2, Annex D – Business Planning Tools for Social Innovation

This annex introduces **simplified business planning tools** adapted to social innovation and educational settings. The focus is on sustainability and feasibility, not commercial profit.

D1. Lean Canvas – Social Innovation Version

The Lean Canvas helps teams structure their idea on one page, focusing on social value, stakeholders, and sustainability.

When to use

- After ideation
- During prototype refinement

How to use (guidelines)

- Keep descriptions short and simple
- Focus on social impact and partnerships
- Revise the canvas as ideas evolve

Template sections

- Problem
- Target users / beneficiaries
- Solution
- Social value proposition
- Key partners
- Key resources and activities
- Sustainability / support strategy
- Expected impact

Use this template as a model to manually draw the Lean Canvas, or recreate it with a free Canva account for a digital, interactive version: http://canva.com/online-whiteboard/lean-canvas/

Lean Canvas

01 Problem	02 Target Users/Beneficiaries	04 Social Value Proposition	05 Key Partners	06 Key Resources and Activities
	03 Solution		07 Sustainability/Support Strategy	

08 Expected Impact

D2. Cost-Benefit Template

This tool helps teams reflect on what is needed versus what is gained, supporting realistic planning.

When to use

- Before Demo Day
- During evaluation

How to use (guidelines)

- Include both tangible and intangible elements
- Keep estimates approximate

Template (table)

Inputs (Costs)	Outputs / Benefits
Time	*Learning outcomes*
Skills	*Social impact*
Materials	*Community value*
Support	*Long-term potential*

D3. Partnership Models

Partnership models help teams define who does what when collaborating with external actors.

When to use

- During ecosystem engagement
- When scaling or sustaining projects

How to use (guidelines)

- Clarify expectations early
- Keep agreements proportional to project scale

Template (structure)

- Partner name
- Role in the project
- Contribution (expertise, space, funding, users)
- Benefits for the partner

Module 2, Annex E – Monitoring, Evaluation and Impact Assessment Tools

E1. Evaluation Framework

The Evaluation Framework defines what is measured, when, and by whom.

When to use

- At programme planning stage

How to use (guidelines)

- Keep indicators simple
- Combine quantitative and qualitative data

Template (table)

Objective	Indicator	Method	Timing	Responsible

E2. Participant Feedback Form

Feedback forms capture participants' experiences and perceptions immediately after activities.

When to use

- After workshops
- After Demo Day

How to use (guidelines)

- Keep it short (5–10 questions)
- Combine scales and open questions

Example questions

- *What did you learn?*

- *What worked well?*
- *What could be improved?*
- *Did you feel included and listened to?*

E3. Impact Matrix

The Impact Matrix links activities to results over time, supporting strategic reflection.

When to use

- After programme completion
- During reporting

How to use (guidelines)

- Focus on realistic impacts
- Use it as a reflection tool, not a reporting burden

Template (table)

Activities	Short-term outputs	Medium-term outcomes	Long-term impact