



Delivering innovation during Covid-19 - How AAL projects overcame challenges caused by the pandemic

The Covid-19 pandemic has accelerated the use of digital solutions supporting the daily life of older adults and their formal carers; at the same time, it has strengthened the collaboration for active & healthy ageing in order to keep up related research activities in meaningful and viable ways.

The co-creation approach of AAL funded projects aims to actively involve older adults and carers from the solution's concept idea to its validation and commercialization. The lack of access and contact with those target groups during the pandemic represents a critical challenge in the implementation of the projects.

In order to identify effective ways for overcoming or coping with the restrictions imposed by the Covid-19 crisis, an analysis of practices and measures put in place by ongoing AAL projects¹ has been carried out over the month of November 2020².

¹ AAL ongoing projects and relevant coordinators' contact details can be found here: <http://www.aal-europe.eu/projects/>

² The document is also partly inspired by the results of a workshop carried out by the Utrecht University of applied sciences – "Co-design in times of COVID-19"

The result of this analysis is offered to project participants, possible future applicants as well as the overall AAL community. While the described measures in this document may be suitable to some projects, they might be less relevant for others. Each project has its own specificities and this document is meant to provide some reflections for project consortia to cope and overcome some of the difficulties incurred by the current Covid-19 situation³.

Finally, this document is also used to inform and remind about the revamped AAL Projects Public Deliverables [webpage](#), which provides publicly available information on the outcomes of finished AAL funded projects. The webpage offers the possibility to browse the deliverables by category (“end users”, “testing/pilots”, “technology”, “commercialization” and “privacy & ethics”) as well as an analysis of the deliverables’ contents in the 5 areas mentioned before. Participants may therefore benefit from data and knowledge already generated by previous AAL funded projects.

The below practices and measures to deal with the restrictions of the Covid-19 pandemic on the project implementation have been listed according to four main areas:

- 1) Alternative ways to involve end users;**
- 2) Overcoming the lack of access to end users to perform pilots and testing;**
- 3) Adjustment of project deliverables and outcomes to get to meaningful results;**
- 4) General project organization and management.**

³ Please notice that some of the measures reported in the document are good practices applicable to any AAL project. Those related to change in the original project concept should be well thought and approved by the AAL Programme

1) Alternative ways to involve end users - Which ways of end user involvement turned out to work well when it comes to co-creation, co-design and usability testing, during the Covid-19 crisis?

- Investing in a good video conferencing tool like Zoom or others (the share screen option being very helpful for testing). Also, the use of videos to explain the prototype functionality to end users proved to be very efficient in some cases.
- Creating an innovative methodology to carry out co-creation with end users online (see [POSTHCARD](#) project for some guidelines on how to carry out online co-creation).
- Implementing “one-to-one “interviews at home (where relevant and possible); this offered more valuable insights and qualitative data since users feel more at ease in their personal environment.
- Testing through online mockups with the preparation, implementation and follow up being carried out via teleconferencing systems and the support of a formal or informal carer. Some projects made use of online surveys to gather information from end users, instead of face-to-face interviews.
- Testing a prototype first in an online setting with experts (also outside the consortium). This allows to develop an improved version of the prototype to be properly deployed and tested at a later stage.
- Extensively testing the solution in a lab environment. This helped to identify potential issues and improve them during the real time pilots at a later stage, thus anticipating possible drawbacks.

General tip: when performing tests with end users from a distance it is crucial to secure good feedback. It is therefore suggested to make sure that prototypes that are tested with end user in a pilot are highly reliable, so as to get valuable result/feedback when tests/pilots are carried out from a distance. Therefore enough time should be devoted to come up with a reliable prototype, making profit of the lockdown period.

2) Overcoming the lack of access to primary end users - How did you overcome the lack of access to primary end users for your project's tests and pilots?

- If conditions allow it, organise a mix between physical and online meetings with end users. This was possible in some projects which had access to a significant number of older adults in one location (like in care homes or hospitals).
- Focusing on smaller groups of end users and shorter testing periods, but with more iterations.
- Where relevant, replacing individual recruitment with recruitments of groups that already have an established schedule and means of meeting, “piggybacking” on their meetings with sessions dedicated to the AAL project.
- Developing a prototype that is remotely adjustable, so that the technical project partners do not have to visit older adults' physical environments to fix bugs.
- Putting in place a more proactive approach by bringing the end users (primary or secondary) directly to the testing environment (dental clinic, lab, other), where and when possible.
- Adapting the target group (where relevant): some projects moved from intramural to extramural users, leveraging on acquaintances or family members, some others tested the prototypes with formal or informal carers instead of the concerned older adults, when suitable.
- Creating mockup or lab environments at home or making use of 3D- printing technology to develop prototypes and mockups.

3) Adjustment of project deliverables and outcomes to get to meaningful results - How did you successfully adjust certain deliverables to generate interesting outcomes for the project?

- Adapting the project original concept into something more suitable to the current situation, focusing on aspects such as digital communication, social interaction and support to formal and informal carers. The updated Description of Work, sometimes accompanied by an extension request, must be submitted by the consortium and accepted by AAL.
- Fine-tuning the project scope - in some cases, the delays in starting the trials allowed the consortium to focus and rethink on aspects such as technological aspects as well as commercialization strategy.
- Improving the consortium's knowledge - the increased relationship with health and care organizations provided more useful insights to project consortia than in normal situations, strengthening the consortium's knowledge and providing inspiration for a shift in the project scope.
- Postponing the date of some key deliverables and milestones to be sure to fulfill the project obligations (these decisions were agreed with the AAL Programme).
- Shifting deliverables that are most effected by Covid-19 to a later stage of the project and try to bring others forward.

4) General project organization and management - How does the consortium deal with organisational and management issues as a result of Covid-19?

- Making greater use of online shared working software (for instance, Miro and Trello). This facilitates co-working on the same topics in the project.
- Where possible (and in agreement with national agencies and the CMU), shifting costs originally planned for travels towards shipping of technical components and material to partners and users' organisations or implementing new project-relevant activities, agreed with the funding agencies.
- Dedicating more time to online meeting preparation to make them more efficient and get the most out of them, allowing for flexibility in terms of timing and topics to be discussed.
- Organising shorter and more regular online meetings in order not to lose the consortium members' motivation,
- Focusing the agenda and time monitoring in the project are key. This way you make sure that all partners are still capable to fulfill their tasks and provide a signal in time when an adjustment is needed. Adjusting the project planning everytime it is necessary.