

CITIZENS ENGAGEMENT STRATEGY (I02)

CONTRIBUTION TO WP2 - DESIGN OF PROJECT
METHODOLOGY

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This document is made in English, Italian and Spanish. In case of any contradiction or inconsistencies between what the English language version of the Citizen Engagement Strategy says and what the Spanish and Italian languages versions of the Citizen Engagement Strategy say, the English language version of the Citizen Engagement Strategy shall prevail.

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1. INTRODUCTION: Citizens' Engagement Strategy definition

1.1 InAble Cities Project

The project "InAble Cities: Developing Inclusive urban environments for physical activity for people with disabilities and senior citizens" is a consortium of several European organisations, which have joined forces with the main objective of promoting physical activity (PA) in urban environments among people over 65 and people with disabilities. The urban context has been given priority due to the increasing rate of urban population growth, rising inequality and vulnerability to social exclusion, mainly for people with disabilities and older people. They represent a large and growing segment of the general population, and are often less physically active than those without a disability.

To uncover the needs and priorities of this target group, the InAble Cities project aims to design and facilitate urban environments and measures that encourage physical activity by working closely with local authorities. Physical activity is vital for elderly and people with disabilities, not only to promote health and prevent diseases but also to reduce the number of secondary conditions that can result from an initial disability.

The project will be implemented within two urban areas with very different characteristics, especially in terms of population and dimension. The first Pilot territory is a densely populated urban area, while the other is a small urban centre. This will allow partners to test their methodology in completely different contexts and to develop recommendations for its further use, which will be suitable for any size of urban areas. These two territories have also been chosen due to the commitment of the respective municipalities to foster inclusion and to sustain accessibility policies within urban environments.

The choice of the first Pilot territory for the project implementation is the municipality of Bologna. Ranked one of the most developed cities in Italy, Bologna has a long tradition of putting health care and protection of its citizens at the centre of its administrative mission. The municipality participates in EU working groups and networks, promoting healthy-aging, accessible and inclusive cities. This is a great chance for learning for a smaller community already working elderly and people with disabilities. Indeed, Guadalupe - the second Pilot territory located in the east of Spanish region Extremadura - can learn from Bologna's experience and be more active in this field. These municipalities will help the project to build healthy, active and inclusive cities.

Within the PREPARATION PHASE of the project, it is necessary to develop the methodology to be used later in the IMPLEMENTATION PHASE. This methodology is strongly supported by the extensive research of previous experiences in other European and worldwide cities, collected in the document "Desk Research on Good Practices", as well as in the previous needs analysis and barriers of the target population of the pilot territories and the development of mechanisms for the involvement of the communities, or "Citizen Engagement Strategy". Finally, for the correct methodological development of the project, it is essential to have the necessary technical knowledge to be able to adequately design the interventions, so exhaustive research of the most recent scientific literature on physical activity and therapeutic exercise is carried out.

1.2 Context

The Citizen Engagement Strategy (CES) project has been conceived from a Policy Framework that includes three main documents. All of them recognize the need for more citizen engagement in the decision-making processes that affect their lives.

The CES echoes the Leipzig Charter on Sustainable European Cities (2007)¹ which advocates for a participative approach to urban development. According to this EU document, "urban development policy means simultaneous and fair consideration of the concerns and interests which are relevant to urban development. Integrated urban development policy is a process in which the spatial, sectoral and temporal aspects of key areas of urban policy are coordinated. The involvement of economic actors, stakeholders and the general public is essential".

Thus, citizen engagement represents an important factor regarding the urban development policy. As mentioned in EUROCITIES Declaration on citizens engagement (2019): "Cities can and must lead the way towards a more citizen focused European society. Representative democracy must be enhanced with participative mechanisms to respond to pressing public concerns."² The third document, "Europe closer citizens: the new policy objective. Strategies and tools for integrated territorial development in 2021-2027"³, defends the same principle. It stresses that the most relevant priority objectives for local and regional authorities is "a Europe closer to citizens supporting locally-driven development strategies and sustainable urban development across the European Union".

¹https://ec.europa.eu/regional_policy/sources/activity/urban/leipzig_charter.pdf

²https://eurocities.eu/wp-content/uploads/2020/08/2018_C4Europe-DeclarationCitizensEngagement-A4.pdf

³https://ec.europa.eu/regional_policy/sources/informing/dialog/2019/2019_02_28_urban_territorial.pdf

In this framework, the Citizen Engagement Strategy chooses to give a voice to elderly and people with disabilities to gather methods of community engagement for re-thinking urban environments and infrastructures (E&I) for practicing physical activity, and to propose methods and tools for involvement of target groups in Pilot PA activities.

1.3 Citizens' Engagement Strategy Definition and Objectives

The Citizen Engagement Strategy is a core project output of InAble Cities project which aims to improve opportunities to enable people with disabilities and senior citizens to be physically active in day-to-day life through different methods and tools. To pursue this objective, the CES aims to provide communication methodologies and tools for the engagement of elderly and citizens with disabilities in pilot project activities, and maintaining their motivation to participate in physical activities within urban centres after the project ends. It can be understood as a planned process for encouraging people with disabilities and elderly to actively take part in making decisions, in order to increase impact on decisions.

The CES wants to provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or situations, obtain public feedback on analysis and/or decisions, and to ensure that people with disabilities and elderly people's concerns and aspirations are consistently understood and considered.

This planned process developed by the members of InAble Cities consortium as well as specialists on communication and citizens' engagement of the city of Bologna with support of external experts, is built taking into account:

- The findings of the conducted Desk Research on communication campaigns, community / citizen engagement strategies promoting the engagement of people with disabilities and elderly people into PA within urban environments: practices, models, tools, methods, recommendations;
- Results of the Needs Analysis on elderly and people with disabilities' participation in physical activity exercises in urban environments carried out by the partners of InAble Cities project.

The objectives are to provide a clear vision on:

- Levels of citizens engagement and participation in the project implementation;
- Stages of citizen engagement in the project activities;
- Methods and tools for CES implementation;

- Guiding principles for CES implementation; and
- Procedures and indicators for evaluation of the CES implementation and results.

1.4 Guidelines for drafting

This part contains the indications of the modalities of elaboration of the CES aimed at elderly citizens and people with disabilities - namely the guiding principles for the project CES, the methodology and tools for a participatory definition of the CES, and a summary table of the process of construction of the CES.

1.4.1 Guiding principles for the project CES

Several guiding principles were agreed for the proper functioning of the project CES. Among them are:

- Foster a safe & trusting environment to enable citizens to provide input;
- Ensure citizens' early involvement;
- Share decision-making and governance control with citizens;
- Invest in citizens who feel they lack the skills and confidence to engage;
- Create quick and tangible wins and ensure citizens' input is actually used.

1.4.2 Methods and tools for a participatory definition of the CES

For a participatory definition of the CES it is proposed to set up “working groups” with “different composition” with the task of analytically defining the strategy itself and/or overseeing its implementation. The composition of the working groups must take into account the local governance models and, therefore, the characteristics of the various actors involved in providing services/interventions for the target group. Reference is made to:

- Public institutional entities (municipality, health company, other institutions...) - local non-profit and/or for-profit entities;
- Formal or informal organisations operating in the local community;
- Citizens sensitive to the theme; and
- Citizens belonging to the “target group”.

The different working groups are defined below, including the purposes, composition, products and timing. The following groups are proposed:

- Steering Committee
- Extended working group
- Groups of potential target citizens

It should be emphasised that the public administration must oversee and supervise the entire process aimed at defining the CES.

It is also important that the health professionals (mainly physiotherapists) and other professionals involved in the implementation of motor activities for the target group are an integral part in the implementation of the CES and share the setting, coming into contact with the bridge-figures to make themselves known, conveying technical content regarding the motor activity that they will propose, thus generating a chain of knowledge and trust that is essential to reach the target group effectively.

Steering Committee

- Task: validation of tools, identification of participants in the various working groups, monitoring of outcomes, ex-post verification of outcomes and overall evaluation of the CES.
- Composition: referents of the European project (and/or of the institution or partnership that promotes the project), referents of local authorities (municipalities/services) that have ownership of actions aimed at the target group and experts in the application of participatory methods aimed at the direct involvement of citizens (public or research institutions, consultants).
- Timing: constitutes itself at the start of the whole process and meetings are held all along the action until the end of the implementation.
- Deliverables: periodic meetings and project management toolkits (minutes, Gantt Chart, monitoring reports...).

Extended Working Group

- Task: to build the Strategy of engagement of the target group (WHO, WHERE, WHEN, HOW).
- Composition: bridge/intermediary figures. Officials and staff of public organisations that offer services for the target group and members of non-public non-profit organisations (differently named according to the regulations of the partner countries) and for-profit organisations.
- Timing: it is formed at the start of the process, after the steering committee has identified the components. Meetings are concentrated mainly at the beginning of the process.
- Deliverables: The CES itself and other documents which contain:
 - WHO: i.e., a map of the actors (institutional and non-institutional) potentially and actually in contact with the project's target group.
 - HOW, WHERE, WHEN:

- A systematization of the ways of involving the target through the organisations operating in the area, and through what in the next point are defined as the 'community sentinels';
- Of the places to intercept them and of those places in the neighbourhood that could be regenerated and experienced by the target to increase psycho-physical well-being; and
- Of the timing of involvement.

Group of potential target citizens

- Tasks: to bring out the needs referred to the target group itself in the initial phase of the process; to contribute to the definition of the CES and to evaluate the results of the action.
- Composition: citizens target group.
- Timing: at the beginning of the project, before the definition of the CES, during and after the execution of the project action.
- Deliverables: Tool kit, focus group, semi-structured questionnaire.

Figure 1: Working Groups Structure



2. PHASE I: Research

As a first step of the InAble Cities project, our main priorities were to gather knowledge, good practices and information of previous and current experiences and programs implemented in Europe, but also to analyse the local context of our pilot cities. Our methodology was built based on two initial pieces of work and documents:

- Desk Research on good practices in a European and worldwide context;
- Needs Analysis of the target group in our pilot cities.

2.1 Desk Research

Our areas of focus, with regards to knowledge gathering literature and good practices, were focused mainly on:

- Communication campaigns and community/citizen engagement strategies promoting the engagement of people with disabilities and elderly people into PA within urban environments (practices, models, tools, methods and recommendations);
- Effective Health Enhancing Physical Activity methodologies and physiotherapy practices for people with disabilities and elderly people implemented within urban spaces;
- Effective methodologies to foster elderly and people with disabilities' adherence to physical activity within urban environments;
- Successful examples of urban environments and infrastructures re-thinking for practicing physical activity.

One of the main difficulties was the difference between the two target groups studied, with specific challenges and solutions found for each of them. But the question of engagement of various stakeholders in each field can still be translated into an overall and comprehensive strategy, building on the complementarity and similarities between the target groups.

We clearly identified, within the Desk Research, the synergies between this first phase of research, the identification of best practices and the creation of a Citizen Engagement Strategy, which will be applied within the project.

2.1.1 The benefits of sport and physical activity

One of the key aspects of engaging citizens and our target groups is to ensure clear and comprehensive information regarding **the benefits of sport** and physical activity on health, social inclusion and personal development.

On health and well-being, relevant and extensive literature is available to showcase the role and importance of sport and physical activities for our target

groups. For instance, the report “*2020 Guidelines on physical activity and sedentary behaviour*”⁴, issued by the World Health Organisation underlines:

- For elderly, the expected health benefits are cardiovascular diseases, diabetes, hypertension, mental health (anxiety and depression), cognitive health, and sleep. It also prevents falls and falls-related injuries and prevents declines in bone health and functional ability.
- For adults with disabilities, the expected health benefits are **the same for adults with or without disabilities** (and the same as benefits of physical activity for older adults). But additional benefits can be found in case of disability: improved physical function, and physical, mental and social domains of health-related quality of life.
- For young people with disabilities, the expected health benefits are **the same for children and adolescents with or without disabilities**, such as but not limited to improved physical fitness, cardiometabolic and bone health, cognitive or mental health (reduced symptoms of depression). But additional benefits can be found in case of disability: improved cognition in individuals with diseases or disorders that impair cognitive function, including attention-deficit/ hyperactivity disorder (ADHD).

On social inclusion, for both target groups, sport could be used as a tool to develop a social connection and contribute to their well-being and social health. Supporting or being involved in sport clubs allows them to build and maintain relationships with neighbours, colleagues, or with community-service providers. These abilities to build and maintain relationships and social networks are closely related to a range of social benefits.

On individual development, existing literature also integrates the question of mental and cognitive health for elderly people and reinforcement of self-confidence and self-esteem. Sport also allows for the individual development of people with disabilities.

One of the key aspects of a CES is to ensure a two-way communication, bottom-up for gathering feedback, ideas and recommendations from the civil society, but also top-down to share existing knowledge on the importance of sport and physical activity. As indicated in our Desk Research, data related to the benefits of sport and physical activity can be used as an entry point to consultation and engagement strategy, within communication campaigns for instance.

⁴ WHO guidelines on physical activity and sedentary behavior. Geneva: World Health Organization; 2020 - [here](#)

2.1.2 The barriers to participation in sport

Furthermore, if we wish to engage our target groups, it is necessary to identify the barriers which cause an absence of participation in sports activities. In the Desk Research, three main types of barriers to participation in sport that can be applied to all types of target groups were identified:

Intra-personal barriers: These barriers are factors determining whether a person will want to experiment with a new activity or event, and whether they are likely to persevere with something they have already tried out. These include for instance attitudes, beliefs, knowledge, and skills that every individual builds from their environment, culture, and past experiences predisposing people to participate or avoid participation. For instance, in “Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective”, J.J Martin⁵ highlights that the psychological and physical barriers are mostly related to the fear of failing and to the perception that undertaking physical activity would take a disproportionate amount of time to at the end just cause pain.

Inter-personal barriers: Motivation for engaging in sports is also influenced by people’s social environment. These barriers can come from the participant’s community, family or friends. Martin refers to this, naming it the social dimension of disability. In particular, the researcher points out that, according to the parents of children with disabilities, this lack of professional preparation could be seen among physical education teachers but also among doctors.

External factors becoming barriers: This said, external factors include the nature of the physical environment, the quality-of-service provision, the ease of access to reliable up-to-date information about services and the existence of stimuli, such as adverts or role models promoting activities or the benefits of these activities. Regarding the role of cities in promoting physical activity and sport amongst elderly for instance, the most efficient level of action are the external factors. As noted in the Desk Research, it is highly important for city planners to focus on developing connected neighbourhoods in order to give elderly people easier access to nearby recreational locations.

Those barriers, generally described here and in the Desk Research, are still linked to local context. Creating and implementing a Citizen Engagement Strat-

⁵ Martin, J. J. (2013) Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective. *Disability and rehabilitation*, 35(24), 2030-2037.

egy can be useful to better understand and identify existing barriers to participation in physical activity and sport in a given city, in complementarity with a comprehensive needs analysis of this context.

At last, a co-creation process can be useful to overcome those barriers and find common solutions to increase the level of participation in sport and physical activities for people with disabilities and elderly people. The last chapter of the World Health Organisation “*World report on ageing and health*”⁶ puts forward concrete solutions regarding this, making a distinction between intrinsic capacity and functional ability. If such a distinction is useful in terms of research and elaboration of public policies, its complexity may render it difficult to grasp for citizens. But it still put forward relevant aspects needed to promote and increase physical activities for our target group:

- Encouraging healthy behaviours, which brings us back to the promotion of the benefits of sport and physical activity.
- Providing services to foster capacity: According to Misener and Darcy⁷, the inclusion spectrum provides people with disabilities a choice to participate in sport in the way they want to, with whom and in the way they wish to participate.
- Creation of an enabling environment: The STEP model enables the creation of such an environment. STEP stands for *Space, Task, Equipment and People*. In the framework of STEP, the person with disability is not the one that needs to make efforts to adapt to the physical activity. On the contrary, physical activity (the movement or the environment in which the physical activity is taking place for instance) is adapted to individuals with disabilities.

A top-down approach to overcome the barriers may be insufficient to guarantee the inclusion of elderly people and people with disabilities in sport activities. Indeed, barriers to participation, however general, are still linked to personal opinions and beliefs. A co-creation process, in the frame of a Citizen Engagement Strategy, can strengthen the promotion of sport and physical activity by making our target group the own actors of their participation.

2.1.3 A comprehensive co-creation and consultation process

The three categories mentioned (benefits of sports, identifying the barriers and overcoming the barriers) need to be integrated in a comprehensive co-creation process of public policies.

⁶ World Health Organization. World report on ageing and health. 2015

⁷ Misener, L., & Darcy, S. (2014) *Managing disability sport: From athletes with disabilities to inclusive organisational perspectives*

For instance, the Active Communities Tool Assessment Modules⁸, as a self-evaluation tool, can be used to help users assess the strengths and weaknesses of community plans, policies, and resources for improving community-built environments for physical activity. As a tool from the United States, it cannot be the core of a European city policy, but this tool can be used to better identify relevant areas that can be used to build strong physical activity promotion campaigns and policies.

The report “Mapping on access to sport for people with disabilities”⁹ also showcases key lessons “*relevant to the funding, design and implementation of programmes across the EU*”¹⁰:

- **The role of dedicated professionals** in order to engage people with disabilities in sporting activities (in local municipalities, partnerships or mainstream sport federations);
- **The importance of consulting with people with disabilities** and their representants (carers and disability organisations) in designing activities;
- **The importance of inclusive activities** that encourage the integration of people with and without disabilities;
- **The role of ‘advocates’** (i.e. those who have taken part and benefitted from the activities) in promoting the programmes to reach other groups;
- **The development of new support systems** for disability sport through collaboration with different stakeholders (inter-sectoral, at regional/local level...);
- **The implication of different government levels** to identify specific needs, collaboration with specialist disability organisations and the development of tailored provision that utilizes the assets of local area;
- **The implication of national level agencies** to create synergies between national federations, local partnerships and disability organisations to develop new activities for people with disabilities.

In 2018, the World Health Assembly (decision-making body of WHO) adopted an overall strategy “Global Action plan on Physical Activity 2018 - 2030”¹¹, regarding the promotion of physical activity. Several recommendations are based on a consultation and co-creation process that can be useful in the creation of a

⁸ Centers for Disease Control and Prevention - Division of Nutrition, Physical Activity and Obesity. The Active Communities Tool (ACT): An Action Planning Guide and Assessment Modules to Improve Community Built Environments to Promote Physical Activity. Atlanta, GA: US Department of Health and Human Services; 2019 - [here](#)

⁹ European Commission, ECORYS, “Mapping on access to sport for people with disabilities - A report to the European Commission”, 2018, DOI 10.2766/061635 - [here](#)

¹⁰ Those ideas can also be used with other target groups, such as elderly people

¹¹ World Health Organization. Global action plan on physical activity 2018-2030: more active people for a healthier world. 2018 - [here](#)

Citizen Engagement Strategy, especially in the identification of relevant stakeholders and their means of action. For instance,¹² :

- With an implication of the person's relative, caregiver and sports and leisure providers, to review current policy, service, and strengthen the provision of accessible and appropriately tailored programmes aimed at increasing physical activity and reducing sedentary behaviour.
- With an implication of health professionals, as well as the education sector, to strengthen knowledge and teaching skills on the value of physical education, adaptive physical activity, and on how to include people with disabilities and elderly people.

A Citizen Engagement Strategy is an overall approach, but based on local context. By integrating the promotion of the benefits of sport, identifying and overcoming the barriers with relevant stakeholders and using the co-creation process in public policy elaboration, the objective of participation of elderly people and people with disabilities in sport activities can be strengthened. But more than creating a program from scratch, it may be useful to confront the situation of your municipalities with other similar examples. In our Desk Research, those examples are identified as good practices. Those methodologies and examples can indeed be used to better translate citizens' needs into efficient policies, but based on a local context and a comprehensive need analysis.

2.2 Needs Analysis

In the InAble Cities project, quantitative and qualitative methods have been used to identify the needs and barriers faced by people with disabilities and elderly people and enhance their participation in physical activity in urban environments. This Need Analysis aims at presenting the existing issues, barriers for people with disabilities and elderly one, and to understand how to increase their participation in activities. It was organised as follows:

1. Root Cause Analysis (RCA) for identifying existing barriers (individual, social, environmental) and needs faced by people with disabilities and elderly people on a way their participation in PA practice within urban environments. RCA is implemented through online focus groups methodology in two European communities: Bologna (Italy) and Guadalupe (Spain).

¹² European Commission, ECORYS, "Mapping on access to sport for people with disabilities - A report to the European Commission", 2018, DOI 10.2766/061635 - [here](#)

The qualitative part of this explorative study was conducted for elderly and people with disabilities and their relatives and caregivers. This study was conducted by reflecting on:

- Existing issues and barriers for elderly and citizens with disabilities to participate in PA exercises within urban environments; and
- understanding how to increase their participation in such activities.

A purposive sampling method was used to recruit elderly and people with disabilities for the interviews through the collaborating partners in the communities of Bologna and Guadalupe. Recruitment strategies were tailored to the local circumstances and included invitations by the two municipalities in networks of people with disabilities and elderly people. The focus group interviews were led by a trained, native-speaking (Italian or Spanish) moderator. There was no pre-existing relationship between the moderator and the participants. The interviews were audio recorded and subsequently transcribed verbatim. The interviewees were asked about existing barriers (individual, social, environmental) and needs faced by elderly and people with disabilities on a way of their participation in PA practice within urban environments. The complete interview guide is presented in Annex 1.

2. A questionnaire (Annex 2) was passed on in both Italian and Spanish to people with disabilities, elderly people, their relatives and caregivers through municipalities' staff in cooperation with local institutions working with elderly and people with disabilities in two European communities: Bologna (Italy) and Guadalupe (Spain).

The purpose of this questionnaire was to map how the target group experiences its environment to this said physical activity. It dealt with individual, contextual, social and environmental factors and was divided into 5 parts:

- General data
- Illness and health
- Physical activity in public space
- Physical environment
- Social environment

The survey was prepared by researchers and distributed by municipalities' staff in cooperation with local institutions working with elderly and people with disabilities, their families and caregivers. The survey was open for a month. A reminder was sent two weeks after initial distribution of the surveys.

As indicated in our Practical intervention methodology (IO1), the final product of all this work has been the matrix of barriers and needs of the target population, which is detailed below in **Figure 2**.

Figure 2: Matrix of barriers and needs

	Barriers	Facilitators
Bologna	Laziness	Social contacts
(urban) &	Cultural differences	Continuity of programs
Guadalupe	Financial contributions	Activity aimed at the area
(rural)	Lack of motivation	Easy to use
	Physical difficulty	Knowledge that exercise is healthy
	Not feeling safe	Fun
	Lack of time	Exercise is good for self-reliance
	COVID-regulations	Good accessibility of facilities
	Complicated technology	
	Poor infrastructure	
	Poorly accessible facilities	
	Nuisance caused by burglars	
	Insufficient walking/cycling paths	
	Insufficient seating options	
Bologna	Dependency on others for PA	Maintained environment
(urban)	Poor road safety	
	Absence of parks	
	Insufficient control by police	
	insufficient control by a municipality or neighbourhood team	
Guadalupe	Health complaints	Having a dog
(rural)	Heat	Feeling safe
	Insufficient knowledge of the benefits of exercise	
	Insufficient safety of walking paths/sidewalks	

Among the facilitators, within our two pilot cities, we can see that some of the most important are:

- Social contact;
- That the programs are continuous;
- That the activity is fun and takes place in a local environment; and
- That this environment is safe and well cared for.

These aspects were taken into account when choosing the locations within the cities where the PA sessions of the InAble Cities project take place.

To conclude, in creating a Citizen Engagement Strategy, we would advise to link a more generic approach, based on existing literature and good practices as identified in our Desk Research, and an analysis of the local context, based on a study of the specific needs of the municipality. This preliminary work is essential to better approach and engage relevant stakeholders (Phase 2) and concretely implement the engagement strategy (Phase 3).

3. PHASE II: Target groups & Stakeholders

In order to embrace the objectives covered by the InAble Cities project, one of our priorities was to correctly consider which target groups and stakeholders should be included in the strategy development of the project. In this section, we identified and defined them, and presented how their involvement will be used for the benefit of the InAble Cities project.

3.1 Definition and mapping of target groups

As previously mentioned, the InAble Cities project aims to increase the participation of people with disabilities, especially the elderly, in Health Enhancing Physical Activities (HEPA) within urban areas. They represent a large and growing segment of the general population who are often less physically active than those without a disability. Moreover, elderly and people with disabilities are a growing population in Europe at risk of frailty. Thus, physical activity is vital for them, not only to promote health and prevent disease but also to reduce the number of secondary conditions that can result from an initial disability. Additionally, they have been among the groups most affected by the restrictions caused by the COVID-19 pandemic, and their physical, psychological and emotional condition has been seriously impaired.

In achieving this objective, the primary target group of the present project are elderly people with disabilities, but also young people with disabilities. They are the subjects to whom the InAble Cities project is dedicated, the group of people that this project is hoping to reach out to and that could make use of the results. As target groups, they are involved in decision-making process, in policy implementation, influence policy implementation and are the policy end-users.

The group of people with disabilities includes all types of physical or motor, sensory, organic or visceral, intellectual, psychic or multiple disabilities. Moreover, they are those who face barriers to participation associated with a long-standing health problem and/or a basic activity difficulty. Regarding the other target group, elderly people, we adopted the definition used by the Europe region World Physiotherapy in accordance with WHO. In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension, at 65 years old. This gives us a very heterogeneous population, with users having quite different functional situations and fitness states.

One of the main project's objectives is that people with disabilities do physical activity autonomously through the use of a Mobile App - the InAble Cities App

- without a physiotherapist to guide them. To do so it has been built a categorization process taking into account the functional capacity, autonomy and level of usual PA of the potential users of the App (elderly and people with disabilities) and using some of the most generally used PA tests and PA guidelines as inspiration. The 5 categories are:

- **CATEGORY 1:** people over 65 years old and/or with disabilities that cannot get up from a chair or are in a wheelchair, but can go out to the street with or without the help of a caregiver.
- **CATEGORY 2:** people over 65 years old and/or with disabilities that can get up from a chair with technical or a caregiver's help, but cannot walk around or need the help of 2 caregivers to do it. They do not feel safe walking, even on flat surfaces, and have serious balance problems (very high risk of falls).
- **CATEGORY 3:** people over 65 years old and/or with disabilities that need help from a caregiver or need walkers, crutches or any other mobility aid to wander around (even at home) or get up from a chair. They do not feel safe on uneven floors or stairs, and have balance problems. They are usually afraid of falling when walking, even on flat surfaces (high risk of falls).
- **CATEGORY 4:** people over 65 years old and/or with disabilities that can wander around freely, but only with the help of a cane or caregiver on the street. At home, they do not use any technical or caregiver's help and have no difficulties getting up from a chair. They do not feel completely safe on uneven floors or stairs, and have small balance problems. They are usually afraid of falling when walking on uneven surfaces (moderate risk of falls).
- **CATEGORY 5:** people over 65 years old and/or and people with disabilities that can wander around freely, without any technical aid or help from a caregiver. They feel safe in different terrain conditions (stairs, uneven floors, etc.), have no balance problems (they are not afraid of falling -low risk of falls-) and have no difficulties getting up from a chair.

People with disabilities, no matter the age, that cannot get up from a chair or are in a wheelchair, and cannot go out to the street are out of our target population.

Figure 3: Summary table of the target groups

Target groups	Role	Level of interest in the elaboration of the strategy	Level of interest in the implementation of activities
Elderly people with or without disabilities	Contributing to the development and improvement of the methodology.	HIGH Contribution: participated in the Root Cause Analysis for identifying existing barriers and needs faced by elderly people and people with disabilities, filled questionnaires to identify existing barriers to participation in PA practice within urban environments and their needs, took part in making decisions about re-thinking existing urban environments and structures through the CES.	HIGH Participation: participate in Pilot PA actions to improve their wellbeing.
Young adults with disabilities	Getting engaged in physical activity in urban areas.	Participation in focus groups to undertake the NEEDs analysis	Contribution in using the InAble Cities App.

3.2 Definition and mapping of stakeholders

InAble Cities project has identified other actors who perform actions towards the target group, who have an interest in the topic targeted by the project because they could be either benefited from, or affected by the issue the project is tackling. They are the stakeholders.

First of all, the present project is an opportunity to encourage a broad understanding of disability, how to communicate terminology, etiquette, legislation, barriers and solutions to participation in the engagement of elderly and people with disabilities in sport among physiotherapists - and more broadly among health professionals. These stakeholders are professionals who are about to or have recently successfully completed a professional entry level programme that enables them to identify and maximise quality of life and functional movement potential. This encompasses physical, psychological, emotional and social well-being.

However, research shows that the lack of professional training and disability awareness among the community is a remarkable barrier.

That is why the project involves Physical Activity Managers (PAM), who are physiotherapists (who lead the activities) and other health and non-health pro-

professionals, in a series of activities that encourage elderly and people with disabilities' participation in the project and in physical activities. In order to guide the participants in the PA sessions, they receive the necessary knowledge on the subject by being informed on the general WHO recommendations on PA, on ways of grading physical activity intensity, on components of a proper training session... Through a better understanding, PAM will then be able to deliver face to face physical activity sessions to participants, motivating them to perform the exercises by themselves, reminding them of tips on how to perform the exercises properly to prevent injuries, and answering questions that may have arisen with the exercises.

Physiotherapists and health professionals represent important stakeholders in the project's development. However, we face challenges in recruiting working physiotherapists - mainly because of the incompatibility between their timetables and those of the pilot rounds. To overcome this issue, the partners decided to recruit retired physiotherapists, as well as last year university students. In addition to this, a diploma is issued by the Europe region World Physiotherapy to all physiotherapists who get involved in the project in order to encourage their participation.

Moreover, InAble Cities project aims to develop inclusive new practices and policies at local level by involving other stakeholders in program design, implementation, communication and dissemination, as well as monitoring and evaluation. The following stakeholders have been identified in the strategy development of the project:

- Families / Friends / Caregivers: Elderly people or people with disabilities are normally very reliant on family members, caregivers as well as friends. For that reason, it is important to consider measures to inform and engage those and make them empowering to the person with disability and/or elderly, promoting their independence and self-assurance and supporting them in getting engaged in PA.
- Local/Regional administrations: It falls to local and regional governments to recognise and implement principles of inclusion in urban planning, so that people with disabilities can develop their lives and old people can live independent lives in everyday settings. Their role is critical in creating environments and opportunities for physical activity, while providing community information and referral services, as well as support services to elderly and people with disabilities willing to engage in physical activities.
- Communication managers (CM) from local organisations are the ones who endorse this role. They are a key element in the development of the

project by engaging and maintaining the interest of the participants. Indeed, their role consists of: informing the target population about important health devices, to improve their diet, sleep habits, maintain the interest of the participants by contacting them by phone or email to remind them of the physical activity sessions...

- Policymakers at local, regional and EU level: They can influence policies related to promoting Physical Activity for vulnerable groups such as elderly and people with disabilities in urban contexts. Policymakers, at all levels, are interested in maintaining active partnerships with the relevant sectors, which can provide them with empirical evidence that can rightly inform their work.
- Citizens and general public: Citizens are involved through the Citizen Engagement Strategy to rethink urban environments and infrastructures for practicing PA there with the objective of promoting “reverse integration” and more social cohesion. It gives them a voice and will jointly create comfortable, accessible and inclusive urban areas.

Figure 4: Summary table of the stakeholders

Stakeholders	Role	Level of interest in the elaboration of the strategy	Level of interest in the implementation of activities
Physiotherapists and other health /non health professionals	Identify and maximize quality of life and functional movement potential of elderly and people with disabilities.	Participated in training to be involved in the implementation of the Pilot PA actions. Contributed to the elaboration of the strategy by giving practical recommendations and participating in a quantitative analysis of the impact of the implemented intervention.	Participated in the implementation of the Pilot PA actions (delivering face to face physical activity sessions to participants, using the App in the training sessions and helping participants learn its use...). Contributed to the implementation of activities by completing 3 measures to evaluate the intervention. Regarding information: interact with families, caregivers, and other community-based service providers.
Families, friends and caregivers	Help to promote people with disabilities and elderly's independence and self-assurance. Support elderly and people with disabilities in getting engaged in physical activity.	Contributed by identifying existing barriers to participation in PA practice within urban environments and the needs of the target group through a questionnaire.	Contribution in using the InAble Cities App. Contribution in getting elderly/ people with disabilities active in participation to PA sessions.

Local/Regional administrations	Creating environments and opportunities for physical activity, while providing community information and referral services.	Communication managers participated in training to support the implementation of the Pilot PA actions in the participant municipalities. Regarding contribution: involved in the design of the Citizens Engagement Strategy, distributed questionnaires to elderly and people with disabilities.	Participated in the implementation of the Pilot PA actions, rolling out of the project Citizen Engagement Strategy within the Pilot territories. Contributed to the implementation of activities by organizing socio-cultural events in the context of their functions as social assets in the community.
Policymakers at local, regional and EU level	Influence policies related to promoting Physical Activity for elderly and people with disabilities in urban contexts.	Mandated technicians/managers to participate in the extended working group for the development, definition and implementation of the CES.	Regarding information: will share the recommendations and findings from the evaluation among other cities, community organizations...
Citizens and general public	Help to create comfortable, accessible and inclusive urban areas. . Help to identify the potential beneficiaries; Help to identify the factors favouring target group involvement.	Collaborated in building the CES in the extended working group by bringing their views on identifying beneficiaries, on favourable conditions of participation, and on identifying areas in which putting in place the activities.	Concerning information: contributed to disseminate information about the activities, to identify participants, to create trusting relationships for the target group, to find organizational ways to encourage participation as well.

The table that is presented above is a preliminary analysis of the main stakeholders who are necessary for the success of the project. These are the “hooking subjects” whose engagement is key to maintain involvement of the target groups during and after the project. This table serves as a starting point for a municipality/organisation willing to create and implement its own CES document. However, an in-depth study of the context should be made case by case in order to tailor the stakeholder matrix to the reality of each territory.

3.3 Action plan: how can we engage the target group and the stakeholders?

It is important that the target group is also involved in the implementation of the engagement strategy at various stages. In fact, for an effective hook-up, it is necessary to involve the target group and collect the point of view of the beneficiaries of the action at various points in the process.

Stages of involvement of the target group in project activities:

- Phase 1: involvement in the needs assessment. As written in the previous paragraphs, a representation of the target group shall be listened to in

some focus groups to understand what are the actual needs of this segment of the population with regards to psycho-physical well-being.

- Phase 2: Involvement in the validation of the methodology of intervention. Organisation of enlarged working groups and focus groups for the construction of the CES.
- Phase 3: involvement in the prearrangement of actions. Here concrete actions shall be developed to engage potential beneficiaries of the activities. Some seniors over 65, already involved in the previous phases, will participate in the training session of the project.
- Phase 4: execution of the pilot actions with the support of the physiotherapists and the rest of PAM.
- Phase 5: final evaluation. the citizens of the target group are involved in the longitudinal evaluation at the end of the action for which they were 'engaged' in order to acquire lessons learnt for the future.

At the same time, during the implementation phase of the CES it will be key to identify specific actions to keep stakeholders engaged. Their commitment is essential to maintain the target group's active involvement in the project as they will encourage them to participate and perform the exercises reflected on the Project Intervention Methodology.

4. PHASE III: Implementation plan - the example in creating a CES in Bologna

To test our methodology for the creation and implementation of a Citizen Engagement Strategy, we based our work on the context and involvement of our two pilot cities, Bologna (Italy) and Guadalupe (Spain).

4.1. First considerations and guidelines for drafting

4.1.1 Election of territories for the InAble Cities project & first lessons learnt

Bologna

With a population of 390.849 inhabitants in its municipality area and of over 1Million in its metropolitan area, the Municipality of Bologna, has a long tradition of putting health care and protection of its citizens at the centre of its administrative mission. Bologna's 2019-2021 Main Programming Document states that "maintaining a healthy lifestyle and keeping ones' body in action" is the key element for all prevention measures".

In the field of Welfare policies, the Municipality of Bologna is strongly committed to implement health promotion and ill prevention interventions. The adoption of correct lifestyle habits, such as physical activity for all, is at the forefront. It is highly promoted, especially in public and green areas, also for its cultural, recreational and social function; a measure aiming at the "inclusion" of all, particularly the most vulnerable people.

Moreover, Bologna is the first Italian Municipality creating innovative synergies among public Institutions on the issue of prevention and health promotion by signing an Inter-institutional Protocol Agreement (September 2018) on the promotion of health together with the University of Bologna, Sant'Orsola City Hospital, Bologna Health Agency and the local Board of Education. The Protocol Agreement has become a planning and strategic "drive" through a Steering Committee - composed of representatives of those Institutions - for co-programming and co-designing health promotion interventions at local level.

Guadalupe

Municipality of Guadalupe is located in the east of the Spanish region Extremadura. It has a population of 1,862 inhabitants and an area of 68.2 Km² which means a population density of 28.74 inhabitants/Km², indicating its high degree of rurality.

The municipality actively works with elderly people, providing them with a Day Centre, where they can go on their own or they are given a transport that takes them from their homes. In the Centre, senior citizens enjoy all services such as in an internal residence: meals, physiotherapist service and hairdresser, before coming back to their houses. Municipality of Guadalupe also has a Residence of the Third Age, where some places are subsidized for those neighbours who have fewer financial resources. In addition to that, the Municipality of Guadalupe provides a Functional Enabling service Centre for elderly people with disabilities. This Centre provides services, aimed at achieving the maximum degree of personal autonomy and social integration of these individuals. Among these services provided by this Centre there are physiotherapy activities.

First results

In the first phase of the project, after performing a needs analysis in both cities, a clear difference appeared between the two municipalities. Bologna, and relevant administrative services, used the project and its methodology to build on its current organisations and involvement in the topic of promotion of sport and physical activity for our target group. It resulted in an empirical approach of creating and implementing a CES, that will be presented throughout this part as a good practice and an example.

However, difficulties appeared with Guadalupe in the implementation of the project. In a difficult context, linked to the COVID19 situation, the involvement of key stakeholders was insufficient to create and implement a Citizen Engagement Strategy. This is why only the example of Bologna will be found in the following part, due to insufficient data to be considered as good practice and create relevant and comprehensive recommendations.

The lessons taken from this situation would be our first recommendation: to guarantee the strong involvement of the municipality and its actors in the early phase of such policies.

4.1.2 Guiding principles for implementing the CES

To make sure that the target groups' needs are well understood, it is worth adopting a "participatory method" in every phase of the process aimed at drafting the CES. This means involving the potential beneficiaries of the intervention/project action, but also officials and operators of public organisations that provide services for these potential beneficiaries and individuals of private non-profit organisations (differently named according to the regulations of the partner states) and for-profit organisations.

At the basis of this methodological choice is the firm belief that the community is the bearer of sensitivity that must be intercepted, supported and accompanied in paths of participation. This is to connect all those who work, in various capacities, for the welfare and health of the community and the places where it comes to life.

In addition to the guiding principles mentioned above (point 1.4.1.) the creation of a Citizen Engagement Strategy for Bologna elaborated and implemented with participatory methods is inspired by the following guiding principles:

- Care: the social 'capacity' to implement actions aimed at improving the well-being of citizens;
- Proximity: the ability to be 'close' to people, to know them, that is, to listen to their needs, to effectively communicate useful information to improve their well-being;
- Trust: between citizens and institutions (formal and non-formal) as a condition underlying the engagement itself;
- Pleasantness: ability to create welcoming and pleasant situations that increase the motivation to participate;
- Accessibility: ability to make proposals accessible (reassuring, 'accompanied/supported') to the target population;

4.1.3 Methods & tools for the implementation of the CES and training sessions

Testing of the methods and tools in Bologna

During the preparation phase, some participants to the working groups proposed to involve as "hooking subjects" a series of bridge figures and community sentinels, specifying in some cases the methods and/or instruments of action. Some of the proposals emerged were: *Social workers, Responsible of the various departments of the Residential Home Care for Elderly (C.R.A.) and psychologists of the Local Public Company, but also representatives of the Committee of family members of the Residential Home Care for Elderly.* Since these bridge-figures are already part of the extended group for the construction of the CES, they are already informed of the initiative. These groups of interest have been included in the list of stakeholders which can be found in point 4.3 of this document.

Directions for implementing a training session in the frame of the CES

For an effective implementation of the engagement strategy, it is necessary that all those involved in the engagement itself are aware of the structure (phases, tools) of the CES and also of the concrete ways of implementation.

To this end, it is important to carry out a training session involving all those who are in contact with the target group: reference is made to the bridge-figures in part already present in the extended working group and more generally to all stakeholders involved in the action.

This training must be carried out in a timely manner from the drafting of the CES itself to its implementation and should be carried out by the expert who coordinated the work of the extended working group, with the supervision of the project referents and the Public Administration involved.

4.2 Research in Bologna

4.2.1 Desk research

Based on the desk research (deliverable 2.1. of the InAble Cities project) which main findings have been remarked in point 2.1. of this document, the approach by the municipality of Bologna for the design of the CES has been bottom up. It is necessary to have the feedback from the individuals that compose the target groups in order to build a strategy that effectively engages them.

4.2.2 Need analysis

During the phase of needs analysis three focus groups were held with target citizens in Bologna. During these meetings the moderator asked the audience questions that were later on useful to build the CES. Some of these questions were:

- Proper communication of initiatives would be important. With which communication channels?
- How would you like to be informed about the use of an APP to promote physical activity for the elderly?
- Who should inform you on the use of the app?

In the construction phase of the CES: the target population was also involved in a focus group in which to express their evaluation on the first draft of CES developed by the Stakeholders Group. The objective was to collect their point of view on the engagement strategies designed for them.

Some of the key questions were as follows:

- How to effectively deliver information to the target group about motor initiatives designed for them?
- What are the most effective ways to convince them to participate?

- What are the factors that encourage the creation of bonds of trust between citizens and the public administration?

4.3 Stakeholders and target groups in Bologna

4.3.1. Outcomes of the focus groups with the target groups and general recommendations

The contents that emerged in the two focus groups with the target group, one per neighbourhood, confirm the methodology developed in the meetings of the enlarged working group. However, some points were underlined:

- To effectively inform and to involve seniors over 65 it is necessary that the communication comes through a trusted person: social worker, other known figure of the Neighbourhood (administrative, for example, counter operators, etc.), social animator, but also commercial merchants (bartenders in primis), employees of the Cup, librarians, volunteers of the associations / neighbourhood houses attended, acquaintances (friends, neighbours, condominiums, etc.);
- Word of mouth is the most relevant method of engagement (also on the basis of past or current experience of focus group participants);
- Brochures/leaflets posted/posted in places recognized as social centres (neighbourhoods, libraries, bars, supermarkets, etc.) are a good channel of information, also because they allow people to store information and memorize it even at a later date;
- The use of the App both to socialize and to do motor activity at home or in any case independently appears to be a viable channel for some people (for example, many of those present in the focus of the Savena neighbourhood) who have declared themselves open to this type of tool (there are also testimonies of elderly people eager to learn and experiment). For other people, more fragile, more alone, and perhaps without a smartphone, this is not an effective channel for disseminating InAble Cities activities.

During the extended working groups sessions, several 'transversal' recommendations emerged for the entire engagement process that are important to take into consideration:

- i. It is important to intercept bridging figures and sentinels who have already established or could establish a relationship of trust with the elderly person and are capable of maintaining this relationship over time;
- ii. Be careful to respect the "principle of proximity", i.e. being close to the elderly and the elderly with disabilities, both in identifying the "bridge

- figures” and in identifying the places where the activities are to be carried out. These places must be accessible to potential beneficiaries, as spread out as possible throughout the territory and also be places already known and frequented by the target group;
- iii. It is important to encourage the participation of bridging figures and sentinels in the training on the engagement strategy (to be held in November in Bologna);
 - iv. For the distribution of information material of the project by the bridging figures and sentinels, it is necessary to identify the places and moments most frequented by the target group: for example, it is proposed to distribute it in the district (especially in Savena District, for Bologna) along with the bags for recycling. One can take advantage of this moment to distribute the project leaflet and to involve the operators in order to explain the activities it contains;
 - v. It is necessary to make the best use of some 'information channels' already active (some specific to each district) such as, for example, the toll-free number dedicated to caregivers (through which to get information about the initiative to callers); or, it may be effective to post brochures in some particularly attentive and sensitive businesses that will also take charge of transmitting the initiative to the target group (the Network Office in Navile district of Bologna for example can identify this type of subjects).

The feedback from the target groups helps the Consortium to narrow down the best means of communication with them. Furthermore, all this information is key for pinpointing the main stakeholders in the territory, as well as for identifying the activities to be done within the project in relation to engaging these groups of interest.

4.3.2. Definition and mapping of the specific stakeholders in Bologna

Figure 5: Definition and mapping table of the specific stakeholders in Bologna

STAKEHOLDERS	TARGET GROUP	ROLE	LEVEL OF INTEREST
Caregivers, relatives and friends of the target group	Elderly persons /people with disabilities receiving/not receiving public assistance services in the city districts and their caregivers.	Participated directly to the activities or contributed to identify participants and have senior/disabled people/or their assisted persons participated.	Contribution in using the InAble Cities App. Direct participation to PA sessions program. Participation to PA sessions program by their assisted senior/disabled persons.
Social assistants dealing with the non-self-sufficiency area of the Districts.	Elderly persons receiving/not receiving public assistance services in the districts and their caregivers.	To inform them on the initiative and on the methods of its realization by the person in charge of the reception area and/or services for care of non-self-sufficient citizens.	Contributed to the implementation of activities Regarding information: interact with families, caregivers, and other community-based service providers, as well as Physical Activity Managers (in particular Physiotherapists and Graduates in Sports Sciences).
Physiotherapists	Elderly/ people with disabilities receiving/not receiving public assistance services in the districts and their caregivers.	Implemented the PA sessions program with participants groups, after attending a training sessions course on PA program to be tested during pilot phases Motivated and encouraged groups in continuing the PA program also with the use of the App. Supervised the groups activities: during the PA sessions all sets of exercises done in safety.	Participated in the implementation of the Pilot PA actions (delivering face to face physical activity sessions to participants, using the App in the training sessions and helping participants learn its use...) Contributed to the implementation of activities by completing 3 measures to evaluate the intervention. Regarding information: interact with families, caregivers, and other community-based service providers.
Graduates in Sports Sciences	Elderly/ people with disabilities receiving/not receiving public assistance services in the districts and their caregivers.	Implemented in cooperation with Physiotherapists, the PA sessions program with participants groups after attending a training sessions course on PA program to be tested during the pilot phases. Motivated and encouraged groups in continuing the PA program also with the use of the App.	Participated in the implementation of the Pilot PA actions (delivering face to face physical activity sessions to participants, using the App in the training sessions and helping participants learn its use...). Contributed to the implementation of activities by completing 3 measures to evaluate the intervention. Regarding information: interact with families, caregivers, and other community-based service providers.

<p>Social workers, Responsible of the various departments of the Residential Home Care for Elderly (C.R.A.) and psychologists of the Local Public Company, but also representatives of the Committee of family members of the Residential Home Care for Elderly.</p>	<p>Caregivers of the elderly hosted in public facilities managed by the Local Social Services provider (ASP in Bologna).</p>	<p>Key contribution to the involvement of participants in the pilot actions as well as to the organisational aspects (communication/information, active engagement of the target group, identification of outdoor and indoor places/sites/locations to carry out the PA sessions).</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers, and other community-based service providers, as well as Physiotherapists and Graduates in Sports Sciences (PAMS).</p>
<p>Operators of third sector entities that manage condominiums.</p>	<p>Elderly and/or elderly with disabilities resident in the condominiums where these third sector entities operate.</p>	<p>To inform them on the initiative and the modes of its realization by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers.</p>
<p>Public housing company-agency operators.</p>	<p>Elderly and/or the elderly with disabilities residing in the blocks of flats.</p>	<p>To inform them on the initiative and on the methods of its realization by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers.</p>
<p>Floor managers”, inhabitants who are particularly active in the blocks of flats.</p>	<p>Elderly and/or persons with disabilities residing in the apartment buildings of reference.</p>	<p>To inform them on the initiative and on the ways of its implementation by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers.</p>
<p>Volunteers from non-profit third sector organizations.</p>	<p>Elderly and/or the elderly with disabilities who already benefit from the activities/services of the organization.</p>	<p>To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers Provision (from third sector organisations) of spaces/ outdoor and indoor sites/locations.</p>
<p>Volunteers from union organizations.</p>	<p>Elderly and/or retired elderly with disabilities who benefit from the activities/services of the organization.</p>	<p>To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers.</p>
<p>Parishioners, charities’ volunteers and pastors.</p>	<p>Elderly and/or the elderly with disabilities who frequent the parish or who benefit from some of the activities/services activated by it. In addition, many of the parishioners who are active in</p>	<p>To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.</p>	<p>Contributed to the implementation of activities Regarding information: interact with families, caregivers Provision of spaces/ outdoor and indoor sites/locations.</p>

	volunteer work are potentially part of the target group.		
Volunteers involved in activities related to accompaniment and safety.	Elderly and/or the elderly with disabilities who perform these volunteer activities (for example, in Bologna, see the regional “Pedibus” project).	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	Contributed to the implementation of activities Regarding information: interact with families, caregivers.
General Practitioners.	Elderly and/or elderly with disabilities patients and their caregivers.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	Regarding information: interact with families, caregivers.
Post office staff	Elderly/ frequenters of post offices with disabilities.	To inform them by the members of the extended working group who have contact with them.	Regarding information: interact with families, caregivers.
Pharmacists and other sensitive shopkeepers who come into contact with the target group on a daily basis.	Elderly clients and/or elderly clients of commercial businesses with disabilities.	To inform them by the components of the enlarged working group that have contact with them.	Regarding information: interact with families, caregivers.

4.3.3 Action plan specific stakeholders in Bologna

Figure 6: Action plan table of specific stakeholders in Bologna

STAKEHOLDERS	STRATEGY	PURPOSE	ACTIVITY AND WHO IS IN CHARGE
Caregivers, relatives and friends of the target group	To involve elderly/people with disabilities and themselves as active participants in the project PA sessions, seeking to involve senior/citizens with disabilities in the project pilot actions, and to activate trusting relationships, as well as to logistically-organizationally enable active participation.	To participate/make seniors/people with disabilities participate in PA sessions program.	To contribute to engage older people and themselves actively to participate in the project pilot actions, to activate trusting relationships, to logistically-organizationally allow participation (e.g., in some groups, transportation provided to enable people to participate).
Social assistants dealing with the non-self-sufficiency area of the Districts.	To inform them on the initiative and on the methods of its realization by the person in charge of the reception area and/or services for care of non-self-sufficient citizens.	To make sure that the information is passed on in a clear and appropriate manner to the target group.	To pass on the information during interviews with citizens receiving/non receiving public assistance (and/or other methods such as phoning some citizens considered potential beneficiaries), taking care to give the information also to those who turn to the service for a social need or to simply ask for information; during meetings of groups already active in the district (or in collaboration with the district's administration) that involve elderly/caregivers (for example the project "Badabene alla salute" implemented in the 6 city districts of Bologna, of self-mutual help, groups that carry out cultural activities, socialization groups, etc.). The social worker will also take care to inform on the initiative the referents of the parishes with which a collaboration is on.
Physiotherapists	To motivate the target group to continuously in PA program participation.	To get people to continuously participate in the PA program.	To propose physical activities appropriate to the functional characteristics of the participants and supervising the activities done in whole safety. To promote socialization, and to create a friendly and pleasant environment as well.

<p>Graduates in Sports Sciences</p>	<p>To motivate the target group to continuity in PA program participation.</p>	<p>To get people to continuously participate in the PA program.</p>	<p>To propose physical activities, appropriate to the functional characteristics of the participants with the careful supervision by physios for the aspect of the participants' practice of the program exercises in whole safety.</p> <p>To promote socialization, and to create a friendly and pleasant environment as well.</p>
<p>Social workers, Responsible of the various departments of the Residential Home Care for Elderly (C.R.A.) and psychologists of the Local Public Company, but also representatives of the Committee of family members of the Residential Home Care for Elderly.</p>	<p>To identify communication managers in order to engage senior/people with disabilities in project activities; to maintain a constructive relationship over time.</p>	<p>To get people to continuously participate in the PA program.</p> <p>To provide opportunities also to those elderly/ people with disabilities with greater difficulties and especially who was not already taking advantage of other opportunities offered by the city district.</p> <p>To create new collaborative networks, as well as to strengthen existing networks both at the territorial (neighbourhood) level and at the central one of the Municipality/City.</p>	<p>Key contribution, through trusted relationships, to seek availability and cooperation from the organisations/entities already active in the city districts (parishes, community centres for the elderly, recreational clubs, etc.) to participate in the program's activities by offering - indoor and outdoor spaces, by identifying 'bridge-figures'/communication managers, by identifying possible participants, disseminating information, by developing and disseminating information tools, identifying participants in focus groups with whom the Ces structure was shared, by monitoring the progress of the program's activities once the activities began (continuity of participation, adequacy of spaces, etc.) and also by enhancing existing networks in other local health promotion projects (for instance Badabene alla salute) to identify participants.</p> <p>To pass the information during the visits in the structure, during the interviews with the psychologist, etc.</p>
<p>Operators of third sector entities that manage condominiums.</p>	<p>To inform them on the initiative and the modes of its realization by the members of the extended working group who have contact with them.</p>	<p>To make sure that the information is passed on clearly and adequately to the target group.</p>	<p>To disseminate the information-in the condominiums about the purpose, time, place, and way of participation to potential participants.</p>
<p>Public housing company-agency operators.</p>	<p>To inform them on the initiative and on the methods of its realization by the members of the extended working group who have contact with them.</p>	<p>To pass on the information in a clear and appropriate manner to the target group.</p>	<p>To pass on the information by means of the contacting of the inhabitants who are the referents of the blocks of flats (e.g., the block leaders), people who are "trusted" and close to the target group.</p>
<p>Floor managers", inhabitants who are particularly active in the blocks of flats.</p>	<p>To inform them on the initiative and on the ways of its implementation by the members of the extended working group</p>	<p>To pass on the information in a clear and appropriate manner to the target group.</p>	<p>To disseminate the information-in the blocks of flats about the purpose, time, place, and way of participation to potential participants.</p>

	who have contact with them.		
Volunteers from non-profit third sector organizations.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	Through the lists of members of these activities/services and through personal knowledge. To provide suitable indoor and outdoor locations and spaces for conducting PA sessions program.
Volunteers from union organizations.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To pass on the information through the lists of those enrolled in these activities/services and through the vis a vis interviews.
Parishioners, charities' volunteers and pastors.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To pass on the information through volunteer parishioners and caregivers of the elderly who attend the parish and benefit from some of the services it offers. To provide suitable indoor and outdoor locations and spaces for conducting PA sessions program.
Volunteers involved in activities related to accompaniment and safety.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To contribute to identify the elderly, seeking to involve them in the project, to activate trusting relationships, to logistically-organisationally enable participation (e.g., transportation was provided in some groups to enable the elderly to attend the PA sessions), especially in the Parishes.
General Practitioners.	To inform them on the initiative and on the modes of its implementation by the members of the extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To pass on the information during the interview with the doctor, informing the target group in the doctor's office. This is a good way to inform the target group in the medical office, informing the target group in the medical office of the initiative.
Post office staff	To inform them by the members of the Extended working group who have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To be identified (presumably during operations at the counter). Posting the initiative brochure in doctors' offices, also informing any secretaries present to disseminate it.
Pharmacists and other sensitive shopkeepers who come into contact with the target group on a daily basis.	To inform them by the components of the enlarged working group that have contact with them.	To pass on the information in a clear and appropriate manner to the target group.	To distribute brochures at points of sale, after the explanation of the project to retailers by social workers.

4.4. Procedures and indicators for evaluating CES implementation & results

4.4.1. Need to monitor CES implementation

The co-constructed CES contains the practical-methodological indications aimed at the conscious participation of the target-group. Supporting the realization of the CES implies monitoring the implementation of the various steps (see table below).

Figure 7: Table of the various steps to follow for the realization of the CES

Object/Deliverable	Who does the action?	Who collaborates?
1. Guidelines;	Expert	Public administration involved; Steering Committee/extended Working Group
2. Levels of engagement and participation of target group in the project implementation;	Expert and stakeholders working group	Public administration involved; Steering committee/extended working group
3. phases of involvement of target group in the project activities;		
4. Methods and tools for the CES implementation;		
5. Guiding principles for the CES implementation;		
6. Procedures and indicators for the evaluation of the impact of the implementation and results of the CES	Expert and steering committee	Public administration involved; Steering committee; districts in which the action will take place
7. Tips to manage a session of training on the CES.	Expert	Public administration involved; Steering committee; districts in which the action will take place

With respect to the engagement: it is necessary to monitor the effectiveness of the engagement actions for the target groups (e.g., by monitoring the number of meetings carried out, the participation of the individuals, the effectiveness of the tools adopted - telephone call, face-to-face interviews, email, the effectiveness of the communication of objectives, etc.).

In order to support, in this phase, the subjects in charge of the engagement (operators of the district, volunteers/operators of organisations of the territory, citizens, etc.), it can be useful the construction, for example, of a shared agenda of which the effective realization is verified (comparison between planned/realized, respect of the times). It is essential to identify 1 or 2 reference figures who coordinate the entire process of implementing the CES. For the construction and implementation of the tools, it is important to identify a person who will supervise the construction of the tools for the engagement itself.

4.4.2. Construction of a system for evaluating the results of the strategy

Consistent with the CES itself, it is proposed that the action of evaluating the results of the engagement strategy be carried out by directly involving seniors and/or seniors with physical disabilities who have been protagonists of the preparatory steps of the project activity and who have personally participated in activities for the promotion and prevention of health. It can be hypothesized that a longitudinal evaluative action (at the beginning of the activities, at the end of the activities from which the beneficiaries have benefited) will be carried out. The evaluation system can be implemented according to a constructivist approach, involving not only the Steering Committee but also the Enlarged Working Group in the construction of the entire process.

The proposed methodology envisages the holding of a meeting for the construction of a design for a longitudinal evaluation. A qualitative-quantitative tool (questionnaire) will then be administered to beneficiaries at the start of the initiatives addressed to them (t 0) and at the end of the initiatives addressed to them (t 1). The data collected should then be processed and meetings planned to disseminate the results.

Possible examples of indicators to be collected (it should be noted that since the evaluation system is co-constructed with stakeholders, the indicators below are by way of example):

- Difference of number of exercise sessions done before the implementation phase and after;
- Degree of satisfaction in the practice of physical activities outside the home before and after;
- Weekly frequency of outings outside the home (before and after);
- 'Relationship intensity' indicator (number of acquaintances with whom a few chats are exchanged, perception of physical and psychological well-being, etc.);
- Familiarity and general use of smartphone functions;
- Use of apps in general;
- Use of the InAble Cities app;
- Satisfaction with the use of the InAble Cities app.

ANNEXES

ANNEX 1

Topics	Possible questions
Physical Activity (PA)	<ul style="list-style-type: none"> • What are your thoughts on PA? <ul style="list-style-type: none"> ○ Do you enjoy exercise or sports? • What kind of physical activity do you do in your daily life? <ul style="list-style-type: none"> ○ Why do you exercise (health, pleasure etc.)? • What do you think of PA promoting programs? • Are you familiar with any PA promoting programs? <ul style="list-style-type: none"> ○ Where have you heard of program [X] ○ What do you think of program [X]? • When you think of PA, do you like to do that alone or in a group?
Needs for (promoting) physical activity	<ul style="list-style-type: none"> • What motivates you to get physically active? (facilitators) • What makes it difficult for you to get physically active? (barriers) <ul style="list-style-type: none"> ○ What do you need to overcome [barrier]? • Can you think of any intervention that you may use to get more active? <ul style="list-style-type: none"> ○ Why would [intervention] get you (more) active?
Support of family	<ul style="list-style-type: none"> • Do you need help with your daily functioning (e.g. to walk, climb the stairs)? <ul style="list-style-type: none"> • If yes, who helps you? • How could your spouse./partner/family support you in becoming more physically active?
Town	<ul style="list-style-type: none"> • What does [town] do to stimulate physical activity in citizens? <ul style="list-style-type: none"> ○ Do you use it? ○ Why (not)? • What do you expect from [town] in relation to physical activity?
Use of technology	<ul style="list-style-type: none"> • Do you use any kind of technology in your daily life (e.g. phone, tablet, computer, smartwatch)? • Do you have a smartphone? <ul style="list-style-type: none"> ○ Are you familiar with the use of a smartphone? ○ And with applications? • Do you use any application or wearables (e.g. a step counter, smartwatch) in your daily life for health? <ul style="list-style-type: none"> ○ Which ones? ○ How does it help you?
Development of the InAble Cities application	<ul style="list-style-type: none"> • How would you like to be informed about the elements of the InAble Cities project (paper, digital)? • What do you think of an application (phone or web) to stimulate physical activity? <ul style="list-style-type: none"> ○ Would you download it? ○ What does it need to have? ○ What should it have? ○ What could it have? • Will you consider using the application? <ul style="list-style-type: none"> ○ Why (not)?
Implementation of the application	<ul style="list-style-type: none"> • How would you like to be informed about the availability of the application? • Who should inform you on the use of the application?

ANNEX 2

This section presents the questionnaire given to people with disabilities, elderly people and their relatives and caregivers. Participants from two European communities - Bologna (Italy) and Guadalupe (Spain) - answered questions about individual, contextual, social and environmental factors.

This survey was developed by the Dutch Knowledge Center of Sports and Movement and prepared in CastorEDC by Radboudumc researchers. The survey was distributed by municipalities' staff in cooperation with local institutions working with elderly and people with disabilities, their families and their caregivers.

Results of the survey were analysed using descriptive statistics.

General data	<p>1a. I am a senior citizen - caregiver - healthcare provider - relative</p> <p>1b. Do you (or the senior that you are helping) have a physical disability?</p> <p>2. What is your year of birth?</p> <p>3. What is your gender?</p> <p>4. What type of housing do you currently live in?</p> <p>5. Which people are currently part of your household?</p>
General health	<p>6. In general would you say your health is:</p> <p>7. To what extent do your health complaints limit you in movement?</p> <p>8. What is your height (without shoes) in centimetres?</p> <p>9. What is your weight (without clothes) in kilograms?</p> <p>10. What diseases and health conditions are you being treated for now or have you been treated for in the past?</p>
Movement behaviour in public space	<p>11. In an average week, how often are you physically active?</p> <p>12. To what extent are the following factors important reasons for you to go/move outside?</p> <p>13. To what extent are the following factors important obstacles for you when you are physically active outside?</p>

<p>The physical living environment</p>	<p>14. To what extent do you think your neighbourhood or municipality looks attractive?</p> <p>15. To what extent do you think your neighbourhood or municipality is inviting for outdoor movement?</p> <p>16. To what extent are the following elements sufficiently present in your municipality or neighbourhood?</p> <p>17. To what extent are the following facilities accessible in your neighbourhood?</p> <p>18. How do you usually reach the following amenities?</p> <p>19. How do you feel about the road safety in your municipality or neighbourhood?</p> <p>20. To what extent do the following road safety aspects score sufficiently in your municipality or neighbourhood?</p>
<p>The social environment</p>	<p>21. To what extent do you feel safe in your neighbourhood or municipality?</p> <p>22. To what extent do the following safety aspects score sufficiently in your neighbourhood or municipality to be physically active?</p> <p>23. Does the level of safety affect your level of exercise or physical activity?</p> <p>24. In an average week, how often are you physically active with the following people in your neighbourhood or municipality?</p> <p>25. How often are the following activities organized in your neighbourhood or municipality?</p> <p>26. How often do you visit the following activities in your municipality or neighbourhood?</p> <p>27. How are you informed about activities that are organized in your neighbourhood or municipality?</p> <p>28. To what extent is sufficient guidance available during the following activities?</p> <p>29. In which way(s) would you like to be informed about physical activity and exercise?</p> <p>30. What changes in your municipality or neighbourhood will make you move more in public space?</p> <p>31. Do you have any general comments, tips or suggestions?</p>