Interreg North Sea

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ACE

ACE

Work package 3.3

Report

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2. Introduction

2.1 WP 3.3 coordinator: Vesthimmerland Municipality

According to the ACE application, the target was to conduct 10 workshops implemented by 5 ACE partners from 5 different countries. The aim of the workshops was to deepen understanding of the organisational and technological adaptations required to implement digital solutions in elderly care. The target group was care--providers, municipal officials, technology developers and decision-makers. At least 20 critical adaptations were to be the expected target. In the ACE project the adaptation definition is:

Specific adaptations activities that need to be done to succeed within implementing a new solution and new ways of working.

All 10 workshops were conducted during the autumn 2025, and the scope of this report is to summarise the results from each of the 10 workshops implemented, with special focus on the critical adaptations which were identified during the workshops.

To secure a systematic, aligned approach to conducting the workshops, we sent out guidelines to all partners involved. The guidelines were also uploaded to the ACE Teams platform. We called upon each partner to use the guidelines by mail and orally at partner meetings. However, we can see now that not everyone has met that call. Different approaches have been used, giving us difficulties in creating an overview of which and how many adaptations have been identified and registered. Everyone was also encouraged to upload the adaptations in our common template, Excel sheet on Teams. Most of them have been uploaded, however a few are missing.

Having said that, we are generally quite satisfied with the report providing a reasonable starting point for continuing with the activities throughout work package 3.

Vesthimmerland, January 21st 2026

3. Denmark

3.1 Vesthimmerland Municipality

Date: September 29th 2025
Number of participants: 12
Number of adaptations: 7

3.1.1 Adaptations identified and uploaded

Challenge: Increased focus on retention strategies**.** Help with the simplification of administrative processes for homecare personnel and for older adults. When implementing new technologies, a plan for maintenance and anchoring must be included to prevent solutions from becoming “shelfware.”

Why: Many technologies lose their effect or are abandoned over time because there is no structured plan for ongoing support and integration in everyday practice.

Adaptation:

- Include a clear retention and maintenance plan in all implementation projects.
- Define responsibilities for monitoring continued use and performance.
- Conduct regular reviews to ensure technologies are still relevant and effective.
- Integrate retention activities into existing management and development processes

Challenge: Systematic follow-up on functional ability**.** Help homecare providers and older adults to developing skills to find information about available technologies, to understand, use and evaluate technologies. Fixed procedures should be established to continuously assess citizens’ functional abilities and ensure that the applied technology remains the most appropriate solution.

Why: Citizens’ needs and functional abilities change over time. Without systematic reassessment, technologies may become unsuitable or fail to deliver expected outcomes.

Adaption: Develop standardised assessment tools for monitoring functional ability.

- Schedule regular follow-ups and reassessments of technology use.
- Ensure interdisciplinary collaboration between care staff, therapists, and technology coordinators.
- Use data from assessments to adjust or replace technologies as needed.

Challenge: Help to improve communication and collaboration between homecare stakeholders. Competence development and learning structure. Peer-to-peer training should be supplemented with structured training programs to ensure that all employees have consistent knowledge and can use the technology as intended.

Why: Uneven training levels can lead to inconsistent use, errors, and underutilisation of welfare technology.

Adaptation: Develop formal training modules for each technology.

- Combine classroom sessions, e-learning, and on-the-job practice.
- Designate super users or technology ambassadors to support colleagues.
- Integrate training into onboarding and ongoing competence development plans.

Challenge: Culture of technological first choice**.** Efforts should be made to foster a culture and mindset where technological solutions are used as the natural first choice when they support citizens' self-reliance.

Why: A positive culture around technology strengthens acceptance and ensures that staff see welfare technology as an integrated part of quality care — not as an optional add-on.

Adaptation: Communicate clear expectations from management about technology as a first-choice tool.

- Highlight success stories and positive outcomes from technology use.
- Create forums for staff to share experiences and best practices.
- Involve employees in identifying where technology best supports care and independence.

Challenge: Structured follow-up and ownership. Establish fixed roles and processes that ensure ownership of follow-up activities and continued use in practice.

Why: Without clear ownership and accountability, technologies risk being deprioritised or forgotten once the initial project phase ends.

Adaptation:

- Define who is responsible for follow-up, reporting, and updates.
- Integrate follow-up into operational management systems and workflows.
- Schedule recurring evaluations to review usage and outcomes.
- Ensure leadership engagement in maintaining focus and resources for long-term use.

Challenge: Help to improve communication and collaboration between homecare stakeholders. Poor network connection, especially in concrete buildings (based on OSO-AI experiences. Insufficient network connectivity in concrete buildings poses a significant barrier to the proper functioning of welfare technologies, such as AI-based systems).

Why: Poor network coverage results in missed notifications and unstable operation of digital solutions. This leads to frustration among employees, reduces reliability, and requires additional technical setups such as mobile hotspots. It also places an extra burden on staff responsible for installation and maintenance, who may not have the technical expertise to handle these challenges.

Adaptation:

- Include an early assessment of each building's network infrastructure during the planning phase, since buildings differ greatly in structure and workflow.

- Strengthen collaboration and dialogue between the IT department and the operational units responsible for implementing the technology.
- Consider municipal ownership of the devices being implemented to ensure standardisation, easier troubleshooting, and better control over connectivity.

Challenge: Communication with citizens (and/or relatives)**.** Prevent social isolation of older adults and/or contribute to strong social community networks. Unclear processes for obtaining consent from citizens or their relatives before implementing welfare technology solutions.

Why: Currently, it is uncertain who is responsible for obtaining consent and communicating with citizens — whether it should be front-line employees, managers, or another party. This lack of clarity can cause inconsistency in how information is shared and how citizens are informed about their choices. It also raises questions about whether staff possess sufficient knowledge and confidence to explain and gain informed consent from citizens.

Adaptation:

- When new solutions are being tested or implemented, ensure that information is shared repeatedly and through multiple channels so all citizens and relatives feel well-informed — regardless of whether formal consent is required.
- Communicate clearly about new initiatives and pilot projects through accessible platforms (e.g., newsletters or internal updates) to ensure transparency and engagement.
- Establish clear lines of responsibility (“chain of command”) to clarify who is accountable for what during implementation and who citizens or relatives can contact for more information.
- Develop guidance materials and training for staff to strengthen their ability to communicate about technology use and consent in a professional and consistent manner.

4. Aarhus Municipality

Date: September 23rd 2025
Number of participants: 16
Number of adaptations: Several, but hard to analyse

Revised report. Adaptations not uploaded

Challenges

- Cannot go in the microwave
- The electronic part cannot be dishwashed
- Integration to CURA care system
- Register user/citizen (access control/consent)
- Read data
- GDPR data protection
- Citizen and staff must change their activity patterns
- Citizen's needs
- Plan for economy

How to Implement these challenges (adaptations)

- Higher tolerance to water and heat (Demand that developer makes it more resilient)
- Different types of products for different usage scenarios
- Different designs
- Involve all relevant stakeholders early in the process
- Process model/Procedure for CURA care system integration
- Individual activity analysis for citizens
- Precise and updated instructions – relevant search terms/agreed storage places (intranet and other storage places)
- Training in all shifts of work including temps

Challenges with Implementing Adaptations. Vendor must react quickly if there is need for adaptations (does the vendor have access to the developer of the technology?)

- Temps and other staff needs for training, including time and opportunity
- There are many things to remember and learn
- Unclear ways to/access to technologies when the motivation is there

Bidet toilet seat/Video calls/Medicine dispenser

Challenges. Should be simple – not too complex

- Technologies/Digital solutions should be as little as possible connected to the internet
- Practical surroundings should be adjustable
- Personal preferences
- Security
- Adapted to the person

- Interoperability with home interior
- Surroundings and citizen's cooperation

How to Implement these Challenges. Adaptations. Be adjustable to the home – local preferences

- Aimed at the appropriate target group
- Insight into citizen's life, habits and routines
- Sufficient time

Challenges with Implementing Adaptations. The home's interior/surroundings/stairs

- Citizen's wishes/Personal autonomy
- Accessibility
- Working environment

Challenges

- How is data transmitted before it reaches the CURA care system?
- Only targeted at the municipal/public market – should also be targeted at the private market (the relatives)
- Different legal interpretations of the GDPR rules (by different municipalities)
- Dishwasher safe (needs to be tolerant)
- Use of different glasses during a day (several beverages at one time)

How to Implement these challenges. Adaptations: Standardised infrastructure for all sensor-based solutions (common standard for all municipalities that vendors/developers need to adhere to)

- Turn on and charge (the device function depends on charging which is often forgotten)

Challenges with Implementing Adaptations. What is the real need? Of the citizen – and of the employees?

- We need a less complex/complicated solution.

5. Sweden

RISE, Innovation Skåne, Höganäs - together with HAN University, Netherlands
Date: May 20th 2025
Number of participants: 12
Number of adaptations: 6

Adaptations identified and uploaded

Challenge: Change from Wi-Fi to cable
Why: Insecure/patient risk
Adaptation: Change from Wi-Fi to cable

Challenge: Software issues
Why: Adaptations for better clinical usability
Adaptation: Adapt the software

Challenge: Too small smartphones, cannot use private phones
Why: For safety reasons
Adaptation: Buy larger smartphones that are locked for other purposes

Challenge: MDM solution, interoperable solution
Why: Store data according to regulations
Adaptation: MDM solution, interoperable solution

Challenge: Change to newer phones
Why: Old solutions
Adaptation: Updating tech infrastructure with tablets/mobiles with SIM card readers or using two-factor authentication.

Challenge: Integrated platform, Suppliers are used to delivering complete solutions, not just data
Why: Data sharing, easier to use, one solution
Adaptation: Purchase a platform where all different technical solutions can be published and integrated.

6. Höganäs

Date: September 20th 2025

Number of participants: 21

Number of adaptations: 9

6.1.1 Report revised. Identified adaptations - not uploaded

Clear Communication & Anchoring

- Clarify the purpose and effect of new routines and registrations.
- Management clearly communicates why changes are made to build trust.
- Targeted and extensive communication to all – reduces rumours and contributes to a sense of security and participation.
- Communication plan and clear political vision and direction.

Strengthened Collaboration & Roles

- Create a clear structure for collaboration and roles between actors.
- All necessary competencies need to be involved and activated.
- Teamwork/dialogue between relevant parties, including users, staff, and management.
- Clear mapping of roles, responsibilities, and tasks.

Change Management & Culture

- Competence development and training initiatives, especially for managers/leaders.
- Long-term cultural change in the organisation's ways of working and attitudes.
- Time and support to get used to
  new ways of working ("give the change time", learning along the way).

Technology & System Integration

- Integration between systems and development of technical solutions that support operations.
- Create learning and test environments for support, training, and development.
- Ensure responsibility for technical support and maintenance.

Requirements & Procurement

- Improved requirements specification in procurements, especially regarding interoper ability and function.
- Agreements and business models based on clear needs and cost-benefit analyses.
- Clear "must-have" requirements and evaluation of what can be eliminated from old processes.

Processes & Ways of Working

- New working methods and routines, e.g. for distance-based interventions within social and healthcare services.
- Efficient and manageable administration of processes – review what can be removed/simplified.
- Organizational changes in connection with, for example, the introduction of new platforms.

Involvement & Participation

- Early involvement of staff and users in the process.
- Free up time for the change work so everyone can participate.

Citizen Perspective & Security

- Ensure security for citizens through clear communication.
- Acknowledge the importance of staff as the first point of contact with citizens.

Specific Operational/Homecare Aspects

- Management routines for digital purchases (promote freedom of choice and correct deliveries).
- Adaptation for local conditions; integration with local actors/retailers for digital services.

7. France

Biotech Santé Bretagne + Cowork'hit

Date: September 29th 2025

Number of participants: 14

Number of adaptations: 8

Two workshops – one day

Adaptations identified and uploaded

Challenge: Help homecare providers and older adults to develop skills to find information about available technologies, to understand, use and evaluate technologies.

Why: Without concise guidance and known helpers, users hesitate, misuse features, or abandon the tool.

Adaptation: Prepare going live; distribute on the day of installation/first use; update after any software changes.

Challenge: Help homecare providers and older adults to develop skills to find information about available technologies, to understand, use and evaluate technologies

Why: Without quick, on-demand training, staff and older adults struggle to use new tools, causing errors, avoidance, or abandonment of the solution.

Adaptation: Before rollout (materials ready), at initial onboarding, at each shift handover during the first 2–4 weeks, and whenever updates are released.

Challenge: Help homecare providers and older adults to develop skills to find information about available technologies, to understand, use and evaluate technologies

Why: Without a clear contact, information fragments, mistakes repeat, and adoption slows; staff may revert to old methods.

Adaptation: From the pilot start through stabilization (first 1–3 months), then during updates or staff turnover peaks.

Challenge: Help homecare providers and older adults to developing skills to find information about available technologies, to understand, use and evaluate technologies

Why: One off training fades; without refreshers and practice, competence drops and incidents increase.

Adaptation: Initial onboarding, then refreshers at 1 month and 3–6 months; after significant updates or staff changes.

Challenge: Help homecare providers and older adults to develop skills to find information about available technologies, to understand, use and evaluate technologies

Why: Without structured support, caregivers feel overwhelmed, leading to misuse, drop off in use, and caregiver burnout.

Adaptation: Launch with the first home installations; repeat monthly or quarterly; refresh when features change.

Challenge: Help homecare providers and older adults to develop skills to find information about available technologies, to understand, use and evaluate technologies

Why: Reinventing materials is slow and inconsistent; without maintained content, errors persist after updates.

Adaptation: During procurement (negotiate access/format), before onboarding (integration), and after updates (refresh).

Challenge: Prevent social isolation of older adults and/or contribute to strong social community networks.

Why: Without participation, solutions feel imposed; engagement and adherence drop, and workarounds proliferate.

Adaptation: Agree expectations before pilot; adjust mid-pilot; post-pilot standardization

Challenge: Help to improve communication and collaboration between homecare stakeholders

Why: Without real world contact, priorities may miss user realities; policies and workflows remain misaligned and adoption suffers

Adaptation: Early pilot (expectations and constraints), mid pilot (adjustments), and pre scale (final validation)

8. The Netherlands

HAN University. One workshop implemented with RISE – Höganäs in May 20'th

Second workshop

Date: December 10th 2025

Number of participants: 10

Number of adaptations: 8

The report from the second workshop

Think about adapting the technology to the workflow of the care professionals first. Effective technology adoption requires designing for culturally diverse target groups with different family structures and roles, rather than assuming a single cultural approach. First create time and support within organization before implementing new technology. Also, within organisations think about mixed cultural background of personnel (and adapt your communication to this)

You need a 'bridgebuilder' in organisations that can facilitate implementation and really knows the organization. Adapt technology not only to personnel and their workflows but think how it fits in the routine and day of the older adult. Perhaps adaptation necessary per person (depending on tech).

Think about adapting the technology to the workflow of the care professionals first. Effective technology adoption requires designing for culturally diverse target groups with different family structures and roles, rather than assuming a single cultural approach.

First create time and support within organization before implementing new technology. Furthermore, within organisations think about mixed cultural background of personnel (and adapt your communication to this)

Technology cannot be substitute for personal attention, especially people vulnerable to loneliness and with a small social network - make sure the technology design and implementation takes that into account. Not only thinking about activities or things to do, but also how to get there and how much guidance people need in that.

Make sure people feel like they are still in control (in choice tech, and in use of tech). Think about what the tech requires in terms of technical infrastructure before implementation.

Resulting in the following adaptations uploaded

Challenge: Complement or replace everyday homecare services by homecare personnel to ensure access to care in times of shortage of homecare personnel

Why: The care personnel will not use the tech

Adaptation: Very early in the implementation process. Could be in codesign or as feature of product

Challenge: Effective technology adoption requires designing for culturally diverse target groups with different family structures and roles, rather than assuming a single cultural

Why: The tech is not fit for everyone just for a certain group

Adaptation: Concerning design and implementation should relate to take place in a nursing home for the elderly.

Challenge: First create time and support within organization before implementing new technology

Why: The adoption will fail people will not use it

Adaptation: Adapt during design and implementation internally in the homecare organisation

Challenge: Cultural differences

Why: If the mixed cultural background of personnel is not considered in communication, some care personnel could be left out and will not be able to use technical solutions

Adaptation: Adapt communication during design and implementation internally in the homecare organisation

Challenge: You need a 'bridgebuilder' in organisations that can facilitate implementation and really knows the organisation

Why: It can be hard to get a footing for the implementation, people are already so busy

Adaptation: The organisation itself, identify the person and use that passion for the tech implementation

Challenge: Adapt technology not only to personnel and their workflows but think how it fits in the routine and day of the older adult. Perhaps adaptation necessary per person (depending on tech)

Why: It might not be good for all older adults, some people will be left out

Adaptation: Adapt in the design phase at the older person homes and at the company developing the service or product

Challenge: Prevent social isolation of older adults and/or contribute to strong social community networks. Examples of innovations that can respond to these needs: Community platforms and applications, matchmaking apps, generation houses, translation apps, helpline, social support robots, neighborhood apps

Why: Technology implementation could have adverse side effects: older adults unhappy or lonely or care personnel unhappy because they will not have (as promised) more time.

Adaptation: Adapt in the design phase at the older person homes and at the company developing the service or product

Challenge: Enhance the independence of older adults in their homes as long as possible. E.g. Fall prevention, help with meal preparation and everyday tasks, compensation for physical disabilities etc. Examples of innovations that can respond to these needs: Fall prevention technologies, AI, internet of things, security systems, smart home systems, voice-activated personal assistants, robotic systems

Why: The goal of the tech may not be reached

Adaptation: Adapt in the design phase at the older person homes and at the company developing the service or product

9. Belgium

LicaLab

Workshop I + II. 30 September 2025

Number of participants: 20

Involved stakeholders: Physiotherapists, homecare staff, companies and local government staff

Number of adaptations: 10?

Report revised. Adaptations not uploaded

Challenges and Why:

Workshops with companies:

Use open software for easy integration into existing systems.

Avoid creating new hardware — use what people already have (e.g. TV and remote)

- Homecare requires a different approach than residential care:
- Each home situation and individual is unique.
- Pay attention to loneliness and boredom, especially among older people living alone.
- Innovations like “Sarah” can provide creative engagement or companionship (e.g. conversational robots).
- Affordability: innovations must remain financially accessible
- Accessibility: provide physical purchase or service points where users receive advice and aftercare.
- Ease of use: simplicity and clarity are essential
- Respond to real needs: only then will innovations be adopted.
- Many are still too narrowly targeted or fail to reduce care workload in practice.

How Suggested Actions, adaptations

Government:

- Provide more funding (though scepticism exists about feasibility).
- Ensure interoperability between systems — enforce software and data-sharing standards.
- Explore alternative funding (e.g. sponsorship via service clubs).

Local Service Centres:

- Organize information sessions and demonstrations.

Education:

- Integrate innovation training into care curricula and offer upskilling for current care workers.

Scale and awareness:

- Create volume and visibility by addressing broader audiences and showing clear added value

Testing opportunities:

- Establish loan services or “assistive technology libraries” where users can test tools before adoption.

Critical adaptations are not the same as challenges — they are actions that can be initiated to improve implementation.

In this context, they include:

- Building open, interoperable, user-centered technology.
- Strengthening local and cross-sector collaboration.
- Increasing accessibility, affordability, and digital competence.
- Creating testing and learning opportunities within care practice.

Challenges, why and adaptations suggestions

Workshop with physiotherapists

Affordability:

Innovations must be affordable or free; high costs are a major barrier to adoption.

Time efficiency:

Technology should reduce administrative and repetitive tasks, not add to them, allowing physiotherapists to focus on patient care.

Ease of use and integration:

Tools must be simple, intuitive, and compatible with existing systems and routines.

Alignment with core motivation:

Innovations should enhance patient interaction, motivation, and progress, not replace the personal connection that gives therapists energy.

Training and support:

Provide practical training and ongoing technical support so that physiotherapists feel confident using new tools.

In essence

For innovations to truly take root in physiotherapy, they must serve the human side of care — enabling therapists to spend more meaningful time with patients, see tangible results, and maintain professional satisfaction — while remaining affordable, practical, and seamlessly integrated into everyday care.