

**opencare**

## Deliverable 6.2: Periodic report #1

<i>Project Acronym</i>	OPENCARE	
<i>Title</i>	Open Participatory Engagement in Collective Awareness for REdesign of Care services	
<i>Project Number</i>	688670	
<i>Work package</i>	WP6 – Lead, govern and manage the project	
<i>Lead Beneficiary</i>	University of Bordeaux	
<i>Editor(s)</i>	Luce Chiodelli	<i>University of Bordeaux</i> <i>With contribution from the opencare consortium</i>
<i>Reviewer(s)</i>	Guy Melançon	<i>University of Bordeaux</i>
<i>Dissemination Level</i>	Public	
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<i>Version</i>	1.0	
<i>Status</i>	Final	



RESEARCH & INNOVATION  
HORIZON 2020

## PERIODIC REPORT

**Grant Agreement number:** 688670

**Project<sup>1</sup> acronym:** OPENCARE

**Project title:** Open Participatory Engagement in Collective Awareness for REdesign of Care Services

**Start date of the project:** 1 January 2016

**Duration of the project:** 24 months

**Period covered by the report:** from 1 January 2016 to 31 December 2016

**Periodic report:** 1st

**Date of submission of the periodic report:** 28 April 2017

**Version:** 2

**Project website<sup>2</sup> address:** [www.opencare.cc](http://www.opencare.cc)

**The report is elaborated on the basis of the: Original Grant Agreement**

<sup>1</sup> The term 'project' used in this template equates to an 'action' in certain other Horizon 2020 documentation

<sup>2</sup> The home page of the website should contain the European flag which is available in electronic format at the Europa website (European flag: [http://europa.eu/abc/symbols/emblem/index\\_en.htm](http://europa.eu/abc/symbols/emblem/index_en.htm)) and the Horizon 2020 programme name.

## 1. PUBLISHABLE SUMMARY

### **Summary of the context and overall objectives of the project (For the final period, include the conclusions of the action)**

\*\*An extended version of this summary is provided as an annex of Tech report B.\*\*

OPENCARE started in early 2016 with three objectives in mind

First: explore the potential of communities to design and deliver care services. Citizen experts and patient innovators were coming up with exciting new products and services for care. What was going on?

Second: explore the implications of all this for policy. Care is high in the policy agenda. Health and social care services are expensive, and getting more so. What opportunities arise when informal networks of patient innovators step into the arena? What threats?

Third: generalize from the provision of care services to the provision of anything. Care is important. But the engine powering community provision of care is, at the end of the day, collaboration. And collaboration cuts across all domains. In the care domain, it is hard not to see collective intelligence at work. But what is that, exactly? How does it work? Can we detect it, measure it? How?

Here is what we learned so far.

1. Communities have great potential for providing care. We found initiatives achieving incredible results, taking place everywhere, most of them small, addressing the full spectrum of health and social issues.
2. Community provision of care services carries benefits for social welfare. Based on 19 case studies, we identified four such scenarios (see annex for details).
3. We learned four main things about how collective intelligence in action. Collective intelligence has structure, and a network science approach can detect it. There are two main kinds of interaction in opencare. Social interaction – who interacts with whom in the online conversation. Semantic interaction: which key concepts interact with which. From semantic networks we understand how participants see open care as a group

The interface between online and onsite collaboration environments is a single point of failure. We found it difficult to cross the online-onsite barrier. Learning to better connect online and onsite environments will result in stronger collective intelligence dynamics.

### **Work performed from the beginning of the project to the end of the period covered by the report and main results achieved so far (For the final period please include an overview of the results and their exploitation and dissemination)**

This section lists goals (WSO -- WHAT WE SET OUT TO DO) and actions taken to achieve them (WWD -- WHAT WE DID). (Listing items in a two-column table)

WSO - Convening and curating an online conversation about care (hundreds of participants).

WWD - The conversation is alive and well. At the time of writing it has over 200 participants and 2,000 contributions.

WSO - Performing ethnographic coding

WWD - We have coded about 80% of the conversation, producing over 2,500 ethnographic annotations that use about 600 codes

WSO - Building the semantic social networks (SSN) based on these data

WWD - Processed data in batch mode (September 2016), later built a fully interactive prototype dashboard

WSO - Analysing the SSN and using the result of such analysis as intelligence to inform the action of the community management team

WWD - We ran an event with ethnographers and network scientists to propose appropriate network metrics to analyse ethnographic data

WSO - Iterating, checking at each step that the community management goals where SSN become a policy-relevant tool

WWD - Not done yet. We only completed a first iteration

WSO - Focus on execution and so provide a detailed case study of designing for collaboration

WWD - The large-scale collaboration process has indeed been instantiated and documented

WSO - Attempt to take exploitation out of the participatory design picture

WWD - The approach is to exploit alternative and less massive areas of participatory design, such as specialised communities or niche groups

WSO - Recon extant initiatives of community-driven, open care

WWD - The survey of existing collective intelligence projects shows that a multitude have been used in European healthcare, ranging from health clinics to IT-based systems to compare symptoms to community psychiatric care

WSO - Map finding onto policy recommendations

WWD - Not yet done. Planned by EHFF for Year 2

## **Progress beyond the state of the art and expected potential impact (including the socio-economic impact and the wider societal implications of the project so far)**

### **STATE-OF-THE-ART / PROJECTED IMPACTS**

Given the short time elapsed since the start of the project, this section voluntarily focuses on our own contributions and projected impacts (as opposed to a review of the state-of-the-art).

This section lists impacts (NOI – NATURE OF IMPACT) and dimensions impacted (DI – DIMENSIONS IMPACTED).

NOI - Emergence of a scalable quali-quantitative research methodology from ethnography and network science

DI - In science: an extended reach of collective intelligence

In society: an increased traction of participatory processes when dealing with open-ended, poorly specified problems like climate change, mounting inequalities or rogue finance

NOI - A (more) reliable set of techniques for sustainable, fair engagement in participatory processes

DI - In society: ability to tap into citizen expertise without depleting social capital. Virtuous cycle, with fair social contracts in participation leading to more participation

NOI - Participant observation of peer-to-peer collaborations initiated as a consequence of involvement in OpenCare

DI - In science: high-quality ethnographic data on open collaboration

In society: potential for deploying policies that make successful peer-to-peer collaboration more likely

Our results on semantic social networks already exceed our expectations. Once coded by ethnographers and translated into network form, the OpenCare conversation displays remarkable convergence. Additionally, the clarity of the data in network form helps non-ethnographers understand the results.

This representation of the data is collective intelligence in a deep sense: it reflects the way the conversation as a whole, not its participants taken one by one. We did not expect this degree of convergence, which is normally not found in digital ethnography literature.

At this stage, we glimpse the possibility of forging such a methodology by reinventing ethnography as a data-driven, collaborative discipline.

The ingredients of our advances are:

- Emphasis on documentation as knowledge stewardship
- Tangible incentives for the best contributors
- Non-monetary rewards for the community as a whole
- Trusting community members as service providers

We are aware of five episodes of collaboration across different initiatives participating in the OpenCare community that appear to be a direct consequence of participation itself. These are:

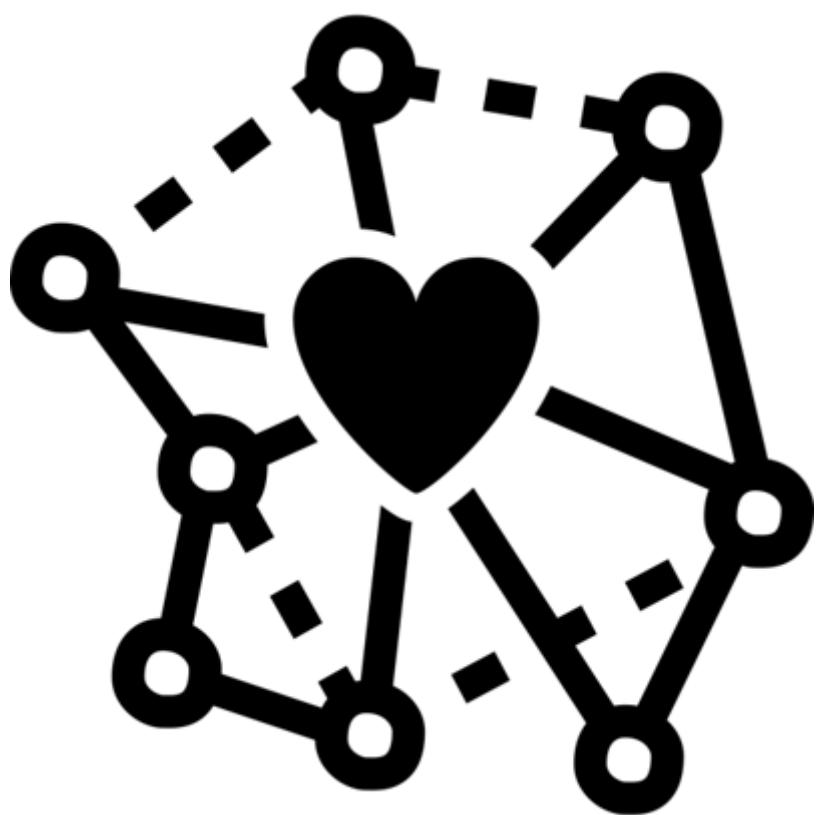
1. OpenandChange collective funding application.
2. Belgian traumatologist goes on a tour in refugee camps in Greece to offer free treatment to anyone who needs them (with Syrian refugees in mind).
3. Community members at a biohacking lab in Ghent, Belgium connect with other biohackers in the USA and Australia to collaborate on developing an open source method for producing proinsulin.
4. British volunteer in refugee camps takes on artistic residency at an Armenian cultural center, as facilitated by another opencare member in Armenia.
5. Italian community member considers setting up an opencare spinoff.

We decided to follow from up close the development of these collaborations. They are a rare opportunity to document the pathways that lead from online debate (one form of collective intelligence) to collaborative action (another one). This has clear implications for policy makers who desire to encourage community-driven care activities. We have chosen a perspective based on two disciplines: design for social innovation and ethnography.

## **Address (URL) of the project's public website**

[www.opencare.cc](http://www.opencare.cc)

**opencare logo (b&w)**



## 6. Dissemination and exploitation of results

### 6.1 Scientific publications<sup>1</sup>

Type of scientific publication	Title of the scientific publication	DOI	ISSN or eSSN	Authors	Title of the journal or equivalent	Number, date	Publisher	Place of publication	Year of publication	Relevant pages	Public & private participation	Peer-review	Is/Will open access provided to this publication
Chapter in a Book	Testing for the signature of policy in online communities	10.1007/978-3-319-50901-3_4	978-3-319-50900-6	Renoust, Benjamin; Cottica, Alberto; Melançon, Guy	Complex Networks & Their Applications V, volume 693 of Studies in Computational Intelligence		Springer	Berlin, Germany	2016	41-54	No	Yes	No
Other	Care, Commons and Entrepreneurship	10.13140/RG.2.2.22643.12321		Tino Sanandaji b, Erik Lakomaa			Stockholm School of Economics	Stockholm, Sweden	2016		No	No	Yes - available in Green Open Access

<sup>1</sup> Both the joint publications coming from public and private project participants as well as from private/public project participants with public/private organisations outside the consortium (as long as they are related to the funded project) should be reported.

## 6.2 Dissemination and communication activities

**List only activities directly linked to the project.**

Type of dissemination and communication activities	Number
Organisation of a Conference	4
Organisation of a Workshop	27
Press release	
Non-scientific and non-peer-reviewed publication (popularised publication)	4
Exhibition	1
Flyer	
Training	
Social Media	8
Website	2
Communication Campaign (e.g. Radio, TV)	3
Participation to a Conference	13
Participation to a Workshop	4
Participation to an Event other than a Conference or a Workshop	17
Video/Film	1
Brokerage Event	
Pitch Event	1
Trade Fair	
Participation in activities organized jointly with other H2020 projects	1
Other	
<b>Total funding amount</b>	<b>24,000.00 €</b>

Type of audience reached In the context of all dissemination & communication activities (multiple choices is possible)	Estimated Number of persons reached
Scientific Community (Higher Education, Research)	3799
Industry	50
Civil Society	1600
General Public	3130
Policy Makers	141
Media	125
Investors	110
Customers	
Other	330

## 6.3 Intellectual property rights resulting from the project

Type of IP Rights	Application reference	Date of the application	Official title of the application	Applicant(s)	Has the IPR protection been awarded?	If available, official publication number of award of protection
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## 6.4 Innovation

**Does the project include the following activities and if so how many of each?**

Activities developed within the project	Number
Prototypes	2
Testing activities (feasibility/demo)	0
Clinical trials	0

**Will the project lead to launching one of the following into the market (several possible):**

New product (good or service)	<input checked="" type="checkbox"/>
New process	<input type="checkbox"/>
New method	<input type="checkbox"/>

**How many private companies in your project have introduced or are planning to introduce innovations (within the project lifetime or 3 years thereafter):**

	Total Number of companies	Number of SMEs
Prototype Companies introducing innovation(s) new to the market	1	1
Companies introducing innovation(s) only new to the company	1	1

## 7. Impact on SMEs

SME Name	<i>Turnover of the company at the beginning of the project/most recent accountability period from the beginning of the project</i>	<i>Number of employees at the beginning of the project/ most recent accountability period from the beginning of the project</i>	<i>Turnover of the company at the most recent accountability period</i>	<i>Number of employees at the most recent accountability period</i>
WEMAKE S.R.L.	124,668.00 €	6	-	-
EDGERYDERS	104,976.00 €	7	-	-

## **8. Open Research Data**

[NOT YET IMPLEMENTED]

## 9 Gender

### Gender of R&D participants<sup>1</sup> involved in the project

Beneficiary	Number of Female R&D participants	Number of Male R&D participants	Total number of R&D participants
1 - UBx	1	2	3
2 - edgeryders	3	2	5
3 - WeMake	8	3	11
4 - EHFF	0	2	2
5 - SCImPULSE	4	1	5
6 - City of Milano	2	2	4

The numbers in the table include R&D participants in Third Parties (if appropriate)

### Gender dimension in the Project

Does the project include a gender dimension in research<sup>2</sup>?  Yes  No

1 Participants are defined as people actively participating and paid by the EU project.

2 Gender dimension in research is a concept regrouping the various elements concerning biological characteristics and social/cultural factors of both women and men into the development of research policies, programmes and projects.

## 6 Critical implementation risks and mitigation actions

- Foreseen Risks

Risk Number	Description of Risk	Work Packages Concerned	Proposed risk-mitigation measures
1	Lack of interest: the community does not materialize. The convener may have overestimated the attractiveness or urgency of the problem she wishes to discuss.	WP3,WP2,WP4	Care is a very transversal issue and a part of the human experience: every human being will have been, by the end of her life, both a care giver and a care receiver. It is reasonable to expect that many people will feel they have something to contribute. Additionally, a carefully executed WP1 will give the consortium early and continuous feedback on community onboarding.
2	First post syndrome. Even when people sincerely want to collaborate around an issue, they prefer to join already buzzing, animated spaces for collaboration. This produces what in game theory is known as a waiting game: all parties prefer not to be early adopters of the conversation. The equilibrium of this game is no adoption at all, as parties try to wait each other out.	WP2	We have already identified an initial group of people who wish to have the OpenCare conversation. The idea for the project comes from a session held at the Living On The Edge 4 conference in October 2014.
3	Empty platform syndrome. Communities with engaged in deep, frequent, high quality exchange are relatively rare. Those that exist are typically invested in their existing platforms and communication channels and refuse to migrate to new ones. Assembling one from scratch takes a long time and significant resources.	WP2	We start from an existing online community, Edgeryders. It has existed for over three years, and has now over 2500 registered users, 650 of which actively writing. This community is quite cohesive and has spawned a not-for-profit company that funds the platform and a yearly conference, lending the community extra resilience and durability.
4	Insufficiently inclusive culture. Many online discussions end up appealing only to small, homogenous groups of people. For example, women, minorities, or people with disabilities reportedly find many participation spaces uncomfortable. As they disengage,	WP3,WP2,WP4	OpenCare benefits from the tried-and-tested (a) onboarding policy and (b) moderation policy of Edgeryders. New users are personally greeted and welcomed into the conversation by community managers connecting their interests with opportunities to join a discussion, collaborate on a project,

Risk Number	Description of Risk	Work Packages Concerned	Proposed risk-mitigation measures
	diversity is reduced and the collective intelligence of the community is reduced.		participate in a community event. In case of offending behavior, moderators have full powers to unpublish or even delete the offending content; but to-date only one (relatively minor) episode of breach has been recorded in over three years.
5	Lacking or exploitative social contract. Many online participation initiatives do not address the question of why people should participate at all. Most of the emphasis is on "generating ideas", but that is a poor motivator because the vast majority of ideas is never deployed. Many participants report that they feel their involvement benefits only the convener, who can boast high number of participants.	WP3,WP2,WP4	OpenCare emphasizes co-design of solutions that it can prototype in the WeMake makerspace. This way, participants are able to see their inputs reflected in actual physical artefacts actually aimed to solving care problems, albeit only as prototypes. Participants who are particularly active in the online sensemaking- and design-oriented conversation are invited to travel to Milano to take part in prototyping activity. Expectations are carefully managed, and the "change the world" rhetoric of many technology-based projects is carefully avoided.
6	Fragmentation and irretrievability of the conversation. Many communities converse on a variety of online channels, including Facebook, Twitter, LinkedIn, mailing lists, IRC, Skype, Slack, Trello, Loomio and others. The largest of these are proprietary, and the companies owning them restrict or block access to their data. This makes it difficult or impossible to aggregate and summarize the conversation. This, in turn, discourages new participants from joining it, and in the long run reduces both participation and its diversity. Even monitoring the conversation becomes extremely difficult.	WP5	Edgeryders has maintained a culture of keeping the conversation on its own platform, that uses free-and-open source software and releases all content under a Creative Commons license. This enabled the own development and adoption of collective intelligence tools which, although at an early stage of development, are already being used. Based on that experience, we can guarantee that the OpenCare conversation will remain centered on the platform, and be legally and technically simple to retrieve for analysis.

- **Unforeseen Risks**

Risk Number	Description of Risk	Work Packages Concerned	Proposed risk-mitigation measures
U 1	The European Commission insisted that one of the actions contained in our proposal was not an eligible cost. This action was the open competition to fund development of initiatives already identified by the online conversation, preferably in the form of assessment reports. This roadblock has the potential to affect negatively opencare's engagement engine, because it returns an image of the consortium as exploiting the community rather than supporting it. Consequently, it weakens the motivation for smart communities to participate in the exercise.	WP1,WP3	1. We launched openandchange, a collective application to a grant called 100&Change. We created a collective format for opencare initiatives to participate. This format only took up 2.5 hours of the time of each initiative that wished to participate. This time was to be spent sharing experiential data about these initiatives (which opencare needs). By "doing the heavy lifting" of compiling the grant application, we demonstrated goodwill and a non-extractive relationship with the community. 2. We maintained a good feedback and decision pipeline across the consortium. Hopefully this will allow to adapt to most pitfalls, by reinterpreting the described actions in light of the new constraints, at the sole cost of delays, without jeopardizing the project success.
U 2	Programming in "the arduino way" is still difficult for citizens because a lot of opensource products have a lack of libraries and in general most of the more complex programming task are difficult to be used in a simpler programming environment like the Arduino IDE.	WP3	Good technical documentation, libraries and examples are key for a sustainable end effective development. This is a design constraint and value to be targeted if we want to enlarge the base of engaged and active citizens. WeMake took charge of writing (from scratch or upgrading the existing one) arduino libraries in order to let the "user" program InPe using the Arduino IDE which is affordable both for the newbie and for a pro user. For future prototypes more deep in advance tool research need to be carry out in order to evaluate a product.

#### • States of the Play for Risk Mitigation

Risk Number	Period	Did you apply risk mitigation measures?	Did your risk materialise?	Comments
4	1	true	false	Avoided, through deployment of community management techniques.
3	1	true	false	

Risk Number	Period	Did you apply risk mitigation measures?	Did your risk materialise?	Comments
2	1	true	false	Our seeding strategy worked reasonably well.
5	1	true	false	Mostly avoided. However, see "unforeseen risks".
6	1	true	false	<p>We insisted on edgeryders.eu as the community hub for opencare. This was not always smooth, because such platform does not have state-of-the-art usability; individuals used to Facebook etc. needed to make a small additional effort. We had to do some handholding. However, it worked: the conversation did not splinter. Developing online conversation for City of Milan ended up being more challenging than expected. The reason is that City of Milan - being part of an online sharing community - might be confusing for citizens, therefore inhibiting them. In fact, generally, even public consultations happen through processes which are hardly recognizable as peer to peer. To mitigate this specific risk, City of Milan opted for an alternative engagement process in two phases.</p> <p>First, it has monitored what initiatives in Milan were Open Care oriented and dealt with them. Second, it has introduced such initiatives to Edgeryders community as a collective space where to share and nurture their specific interests. This way City of Milan will keep linked to the community through its selected initiatives and Edgeryders will safeguards its own disintermediate way of building relationship.</p>

Risk Number	Period	Did you apply risk mitigation measures?	Did your risk materialise?	Comments
U 1	1	true	false	<p>1. We launched openandchange, a collective application to a grant called 100&amp;Change. We created a collective format for opencare initiatives to participate. This format only took up 2.5 hours of the time of each initiative that wished to participate. This time was to be spent sharing experiential data about these initiatives (which opencare needs). By “doing the heavy lifting” of compiling the grant application, we demonstrated goodwill and a non-extractive relationship with the community.</p> <p>2. We maintained a good feedback and decision pipeline across the consortium. Hopefully this will allow to adapt to most pitfalls, by reinterpreting the described actions in light of the new constraints, at the sole cost of delays, without jeopardizing the project success.</p>
1	1	true	false	We had to do considerable work in WP1, but a community did, without a doubt, rally around opencare. As of early November 2016, we have collected over 1,700 contributions by 200 unique authors.
U 2	1	true	false	Good technical documentation, libraries and examples are key for a sustainable end effective development. This is a design constraint and value to be targeted if we want to enlarge the base of engaged and active citizens. WeMake took charge of writing (from scratch or upgrading the existing one) arduino libraries in order to let the “user” program InPe using the Arduino IDE which is affordable both for the newbie and for a pro user. For future prototypes

Risk Number	Period	Did you apply risk mitigation measures?	Did your risk materialise?	Comments
				more deep in advance tool research need to be carry out in order to evaluate a product.

### 3. DELIVERABLES

<b>Del. no.</b>	<b>Deliverable name</b>	<b>WP no.</b>	<b>Lead beneficiary</b>	<b>Nature</b>	<b>Dissemin. level</b>	<b>Delivery date from Annex I (prj month)</b>	<b>Actual/Forecast delivery date</b>	<b>Status</b>	<b>Comments</b>
D1.1	Hackathon documentation	WP1	UNIVERSITE DE BORDEAUX	Report	Public	9	29 September 2016	Submitted	
D1.2	Hackathon material, workshop venue and workshop post-proceedings	WP1	UNIVERSITE DE BORDEAUX	Websites, patents filling, etc.	Public	12	22 December 2016	Submitted	
D1.3	Open call text	WP1	SCIMPULSE FOUNDATION	Report	Public	5	23 February 2017	Submitted	
D1.4	Deep games agendas and intended audiences	WP1	SCIMPULSE FOUNDATION	Report	Public	6	12 July 2016	Submitted	
D1.5	Collection of textual and visual documentation from onboarding workshops	WP1	EDGERYDERS	Websites, patents filling, etc.	Public	9	3 October 2016	Submitted	
D2.1	Deployed, tested OpenCare online space on the production server	WP2	EDGERYDERS	Websites, patents filling, etc.	Public	2	18 April 2016	Submitted	
D2.2	20 high-quality posts	WP2	EDGERYDERS	Websites, patents filling, etc.	Public	11	30 November 2016	Submitted	
D2.3	Draft report on engaging open networks in meaningful online conversations	WP2	EDGERYDERS	Report	Public	12	19 December 2016	Submitted	
D3.1	Co-designing care services: a practical guide	WP3	WEMAKE S.R.L.	Report	Public	6	12 July 2016	Submitted	

<b>Del. no.</b>	<b>Deliverable name</b>	<b>WP no.</b>	<b>Lead beneficiary</b>	<b>Nature</b>	<b>Dissemin. level</b>	<b>Delivery date from Annex I (prj month)</b>	<b>Actual/Forecast delivery date</b>	<b>Status</b>	<b>Comments</b>
D4.1	Review of the literature of collective intelligence in care policies	WP4	STIFTELSEN FOR EKONOMISK-HISTORIK OCH FORETAGSHISTORISK FORSKNING	Report	Public	6	13 July 2016	Submitted	
D4.2	Survey design	WP4	STIFTELSEN FOR EKONOMISK-HISTORIK OCH FORETAGSHISTORISK FORSKNING	Report	Public	6	12 July 2016	Submitted	
D5.1	Toolbox for developing networkbased software for collective intelligence	WP5	UNIVERSITE DE BORDEAUX	Websites, patents filling, etc.	Public	12	27 December 2016	Submitted	
D5.2	White papers: user tasks and requirements; data abstractions and operations requirements	WP5	UNIVERSITE DE BORDEAUX	Report	Public	12	27 December 2016	Submitted	
D6.1	“Consent funnel”	WP6	SCIMPULSE FOUNDATION	Websites, patents filling, etc.	Public	3	31 March 2016	Submitted	
D6.2	Periodic report #1	WP6	UNIVERSITE DE BORDEAUX	Report	Public	12	31 December 2016	Not Submitted	
D6.5	Ethics interim evaluation and guidance report	WP6	SCIMPULSE FOUNDATION	Report	Public	12	23 February 2017	Submitted	
D7.1	POPD - Requirement No. 2	WP7	UNIVERSITE DE BORDEAUX	Ethics	Confidential, only for members of the consortium (including the Commission Services)	6	23 December 2016	Submitted	

<b>Del. no.</b>	<b>Deliverable name</b>	<b>WP no.</b>	<b>Lead beneficiary</b>	<b>Nature</b>	<b>Dissemin. level</b>	<b>Delivery date from Annex I (prj month)</b>	<b>Actual/Forecast delivery date</b>	<b>Status</b>	<b>Comments</b>
D7.2	POPD - Requirement No. 1	WP7	UNIVERSITE DE BORDEAUX	Ethics	Confidential, only for members of the consortium (including the Commission Services)	6	23 December 2016	Submitted	
D7.3	POPD - Requirement No. 4	WP7	UNIVERSITE DE BORDEAUX	Ethics	Confidential, only for members of the consortium (including the Commission Services)	6	23 December 2016	Submitted	
D7.4	H - Requirement No. 3	WP7	UNIVERSITE DE BORDEAUX	Ethics	Confidential, only for members of the consortium (including the Commission Services)	6	23 December 2016	Submitted	
D7.5	POPD - Requirement No. 5	WP7	UNIVERSITE DE BORDEAUX	Ethics	Confidential, only for members of the consortium (including the Commission Services)	6	23 December 2016	Submitted	

## General Remarks

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## 4. MILESTONES

Mil. no.	Milestone name	WP no.	Lead beneficiary	Delivery date from Annex I	Achieved	Actual/Forecast achievement date	Comments
1	Onboarding structure up and running	WP1	EDGERYDERS	1 April 2016	Yes	18 April 2016	
2	Open competition is launched	WP1	SCIMPULSE FOUNDATION	1 June 2016	Yes	12 July 2016	
3	Diverse participation in onboarding workshops	WP1	SCIMPULSE FOUNDATION	1 October 2016	Yes	15 February 2017	
5	Conversation-ready online space	WP2	EDGERYDERS	1 April 2016	Yes	18 April 2016	
6	Lively, populated platform	WP2	EDGERYDERS	1 July 2016	Yes	28 June 2016	The date of completion refers to the submission of a small report we made. The platform was in fact lively well before that.
8	Prototyping environment is functional	WP3	WEMAKE S.R.L.	1 September 2016	Yes	21 October 2016	
10	Policy research feeding into the conversation	WP4	STIFTELSEN FOR EKONOMISK-HISTORIK OCH FORETAGSHISTORISK FORSKNING	1 November 2016	Yes	29 June 2016	
14	Two Ethics Advisors appointed	WP6	SCIMPULSE FOUNDATION	1 March 2016	Yes	31 March 2016	
15	Consent to participation, and use of data approved and published	WP6	SCIMPULSE FOUNDATION	1 April 2016	Yes	31 March 2016	

# REPORT ON EXPLANATIONS ON THE USE OF RESOURCES

<b>Project Number</b>	688670
<b>Acronym</b>	OPENCARE
<b>Period Number</b>	1 <sup>st</sup>
<b>Period covered</b>	From 1/1/2016 to 31/12/2016

<b>Beneficiary Number</b>	1
<b>Beneficiary Short Name</b>	UBx

## Direct personnel costs

### 1. Direct personnel costs declared as actual costs

<b>Person months</b>	<b>Associated WP</b>
1.59	1
9.38	5
6.19	6

### 2. Direct personnel costs declared as unit costs

No use of resources was specified for this category

### 3. Use of in kind contribution from third party

No use of in kind contribution was specified for Direct Costs

## Direct costs of subcontracting

No use of resources was specified for this category

## Direct costs of providing financial support to third parties

No use of resources was specified for this category

## Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

No use of resources was specified for this category

Beneficiary Number	2
Beneficiary Short Name	edgeryders

### Direct personnel costs

#### 1. Direct personnel costs declared as actual costs

Person months	Associated WP
3.07	1
4.19	2
0.8	3
1.1	5
2.49	6

#### 2. Direct personnel costs declared as unit costs

No use of resources was specified for this category

#### 3. Use of in kind contribution from third party

No use of in kind contribution was specified for Direct Costs

### Direct costs of subcontracting

No use of resources was specified for this category

### Direct costs of providing financial support to third parties

No use of resources was specified for this category

### Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

Short description	Category	Associated WP	Foreseen in Annex 1	Explanations (if not foreseen in Annex 1)	Costs
Participation to Hacking Health Bordeaux by Alberto Cottica, October 2016	Travel	5	YES		1,037.88 €

Short description	Category	Associated WP	Foreseen in Annex 1	Explanations (if not foreseen in Annex 1)	Costs
Onboarding workshops facilitation and documentation	Other goods and services	1	YES		2,000.00 €
Public Talk by Nadia El-Imam at re:Publica conference in Berlin, May 2016	Travel	1	YES		268.23 €
Onboarding workshops: Thessaloniki, September 2016	Other goods and services	1	YES		4,000.00 €
Opencare presentation video	Other goods and services	1	YES		2,600.00 €
Copywriting for communication	Other goods and services	1	YES		800.00 €
Onboarding workshop: Brussels, September 2016	Other goods and services	1	YES		4,240.00 €
Data mining for Twitter communities around the theme of care	Other goods and services	1	YES		750.00 €
Venue rental or presentation event in London, April 2016	Other goods and services	1	YES		445.00 €
Team participation to the third consortium meeting, Milan, November 2016	Travel	6	YES		1,530.89 €
Participation to Complex Networks 2016 (Milano) by Alberto Cottica	Travel	1	YES		807.00 €
20 High-quality posts to seed the conversation	Other goods and services	2	YES		5,000.00 €
Onboarding workshop, Berlin September 2016	Other goods and services	1	YES		2,000.00 €
<b>TOTAL</b>					<b>25,479.00 €</b>

#### Other direct costs reported as use of in kind contribution from third party

No use of resources was specified for major cost items

<b>Beneficiary Number</b>	3
<b>Beneficiary Short Name</b>	WeMake

### Direct personnel costs

#### 1. Direct personnel costs declared as actual costs

<b>Person months</b>	<b>Associated WP</b>
1.88	1
2.63	2
36.63	3

#### 2. Direct personnel costs declared as unit costs

No use of resources was specified for this category

#### 3. Use of in kind contribution from third party

No use of in kind contribution was specified for Direct Costs

### Direct costs of subcontracting

No use of resources was specified for this category

### Direct costs of providing financial support to third parties

No use of resources was specified for this category

### Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

No use of resources was specified for this category

Beneficiary Number	4
Beneficiary Short Name	EHFF

### Direct personnel costs

**1. Direct personnel costs declared as actual costs**

Person months	Associated WP
5.21	4

**2. Direct personnel costs declared as unit costs**

No use of resources was specified for this category

**3. Use of in kind contribution from third party**

No use of in kind contribution was specified for Direct Costs

### Direct costs of subcontracting

No use of resources was specified for this category

### Direct costs of providing financial support to third parties

No use of resources was specified for this category

### Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

No use of resources was specified for this category

<b>Beneficiary Number</b>	5
<b>Beneficiary Short Name</b>	SCImPULSE

### Direct personnel costs

#### 1. Direct personnel costs declared as actual costs

<b>Person months</b>	<b>Associated WP</b>
9.17	1
4.58	4
9.17	6

#### 2. Direct personnel costs declared as unit costs

No use of resources was specified for this category

#### 3. Use of in kind contribution from third party

No use of in kind contribution was specified for Direct Costs

### Direct costs of subcontracting

No use of resources was specified for this category

### Direct costs of providing financial support to third parties

No use of resources was specified for this category

### Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

No use of resources was specified for this category

<b>Beneficiary Number</b>	6
<b>Beneficiary Short Name</b>	City of Milano

### Direct personnel costs

#### 1. Direct personnel costs declared as actual costs

Person months	Associated WP
3.92	1
4.36	2
4.29	3

#### 2. Direct personnel costs declared as unit costs

No use of resources was specified for this category

#### 3. Use of in kind contribution from third party

No use of in kind contribution was specified for Direct Costs

### Direct costs of subcontracting

No use of resources was specified for this category

### Direct costs of providing financial support to third parties

No use of resources was specified for this category

### Other direct costs: explanation of major cost items if the amount exceeds 15% of personnel costs

No use of resources was specified for this category

## FINANCIAL STATEMENT FOR BENEFICIARY WEMAKE S.R.L. FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)										Receipts	EU contribution			Additional information
A. Direct personnel costs			B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs	
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary				D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3					Costs of in-kind contributions not used on premises
Form of costs <sup>4</sup>	Actual	Unit	Unit		Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>					
									25%					
a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
WeMake	126,634.30	0.00		0.00	0.00	0.00	9,397.89		34,008.05	170,040.24		100	170,040.24	170,040.24
														0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

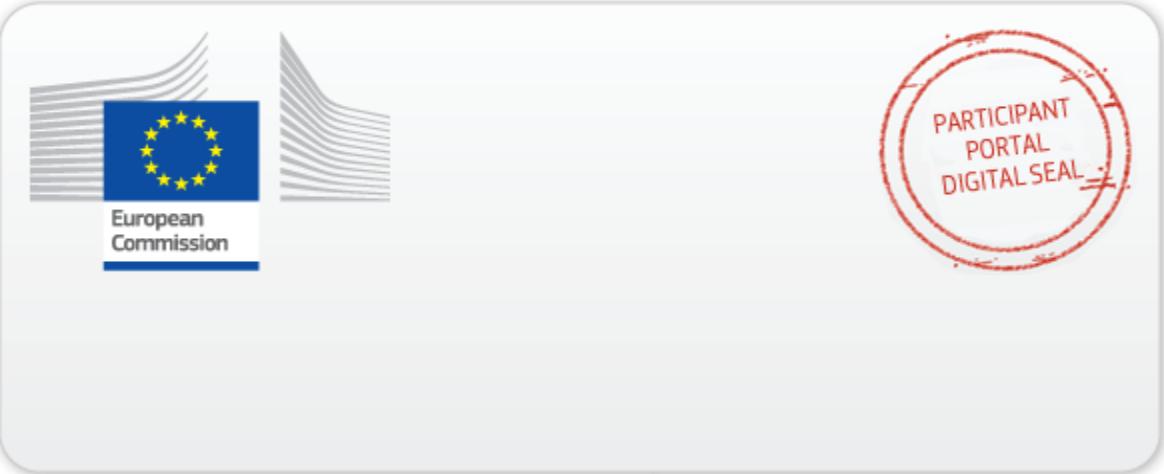
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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## FINANCIAL STATEMENT FOR BENEFICIARY UNIVERSITE DE BORDEAUX FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)										Receipts	EU contribution			Additional information
A. Direct personnel costs			B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs	
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary				D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3					Costs of in-kind contributions not used on premises
Form of costs <sup>4</sup>	Actual	Unit	Unit		Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>					
									25%					
a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
UBx	123,949.91	0.00		0.00	0.00	12,346.86		34,074.19	170,370.96		100	170,370.96	170,370.96	0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

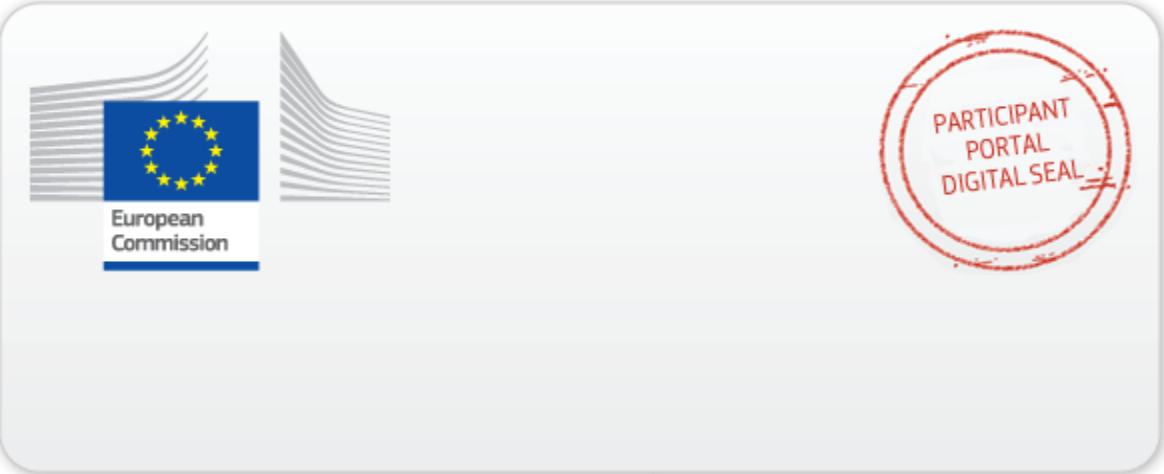
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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## FINANCIAL STATEMENT FOR BENEFICIARY SCIMPULSE FOUNDATION FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)							Receipts	EU contribution			Additional information			
A. Direct personnel costs		B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs		
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary			D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3				Costs of in-kind contributions not used on premises		
Form of costs <sup>4</sup>	Actual	Unit	Unit	Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>						
								25%						
a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
SCImpulse	87,238.30	0.00		0.00	0.00	3,429.79		22,667.02	113,335.11		100	113,335.11	113,335.11	0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

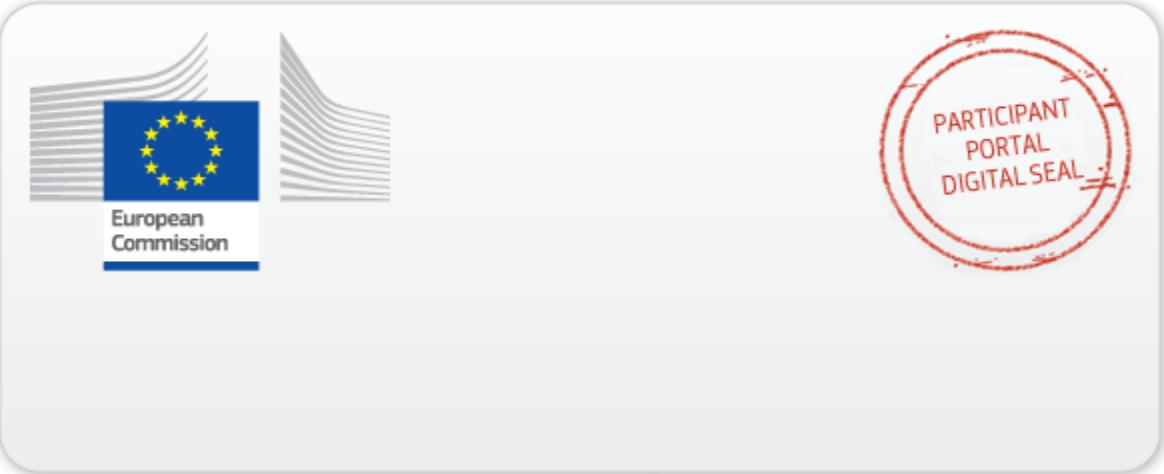
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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## FINANCIAL STATEMENT FOR BENEFICIARY EDGERYDERS FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)							Receipts	EU contribution			Additional information			
A. Direct personnel costs			B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs	E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs		
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary			D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3				Costs of in-kind contributions not used on premises		
Form of costs <sup>4</sup>	Actual	Unit	Unit	Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>	25%					
a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
edgeryders	66,753.60	0.00		0.00	0.00	34,798.23		25,387.96	126,939.79		100	126,939.79	126,939.79	0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

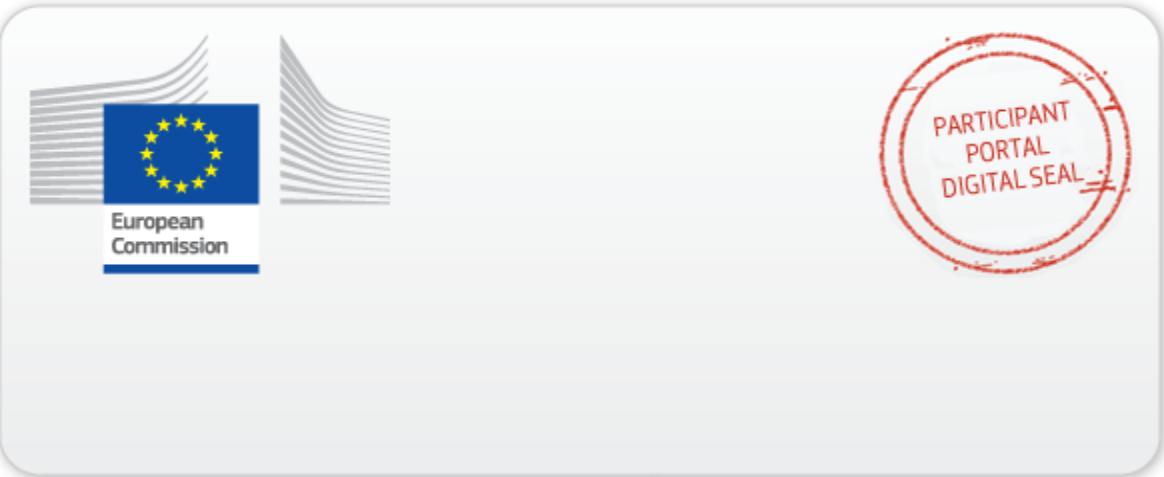
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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## FINANCIAL STATEMENT FOR BENEFICIARY COMUNE DI MILANO FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)										Receipts	EU contribution			Additional information
A. Direct personnel costs			B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs	
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary				D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3					Costs of in-kind contributions not used on premises
Form of costs <sup>4</sup>	Actual	Unit	Unit		Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>					
									25%					
a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
City of Milano	46,698.72	0.00		0.00	0.00	4,231.35		12,732.52	63,662.59		100	63,662.59	63,662.59	0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

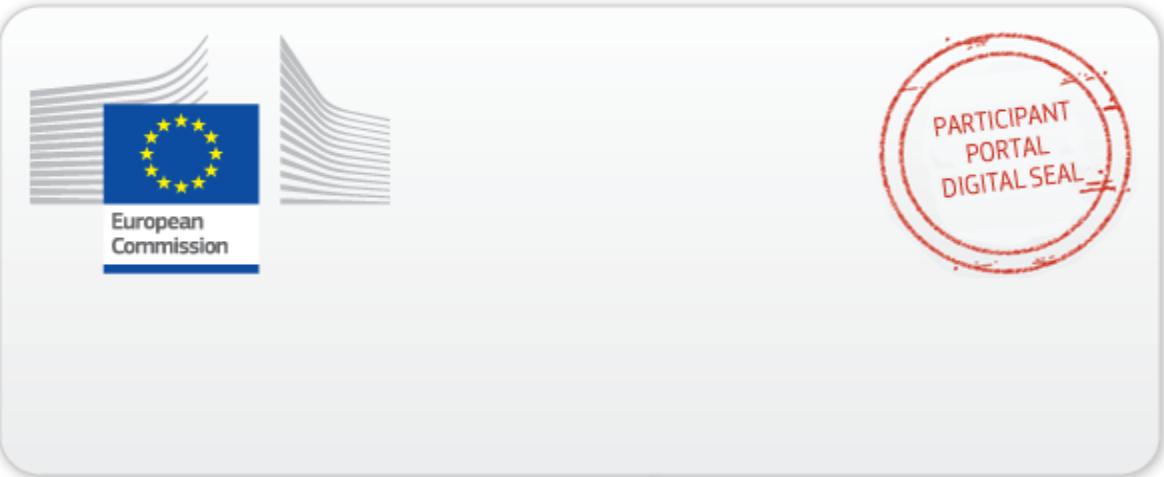
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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## FINANCIAL STATEMENT FOR BENEFICIARY STIFTELSEN FOR EKONOMISK-HISTORIK OCH FORETAGSHISTORISK FORSKNING FOR THE REPORTING PERIOD 1

Eligible <sup>1</sup> costs (per budget category)							Receipts	EU contribution			Additional information				
A. Direct personnel costs		B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs			
A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons [A.6 Personnel for providing access to research infrastructure]	A.4 SME owners without salary A.5 Beneficiaries that are natural persons without salary			D.1 Travel D.2 Equipment D.3 Other goods and services	D.4 Costs of large research infrastructure			Receipts of the action, to be reported in the last reporting period, according to Article 5.3.3				Costs of in-kind contributions not used on premises			
Form of costs <sup>4</sup>	Actual	Unit	Unit	Actual	Actual	Actual	Actual	Flat-rate <sup>5</sup>	25%						
	a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
EHFF	41,725.75	0.00			0.00	0.00	4,195.04		11,480.20	57,400.99		100	57,400.99	57,400.99	0.00

**The beneficiary/linked third party hereby confirms that:**

The information provided is complete, reliable and true.

The costs declared are eligible (see Article 6).

The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 17, 18 and 22).

For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

(1) See Article 6 for the eligibility conditions

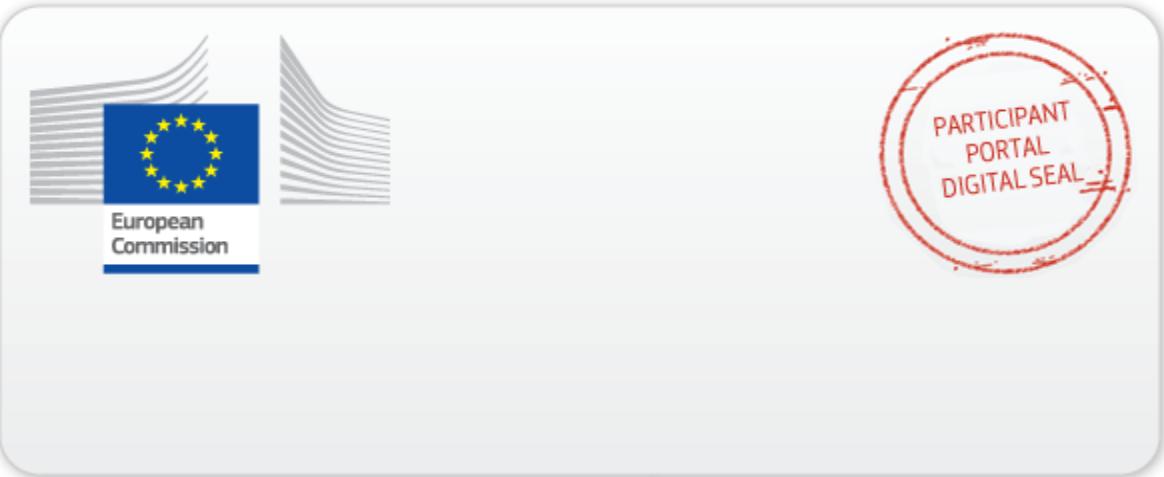
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



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**PERIODIC SUMMARY FINANCIAL STATEMENT – REQUEST FOR PAYMENT**  
**FOR REPORTING PERIOD 1 (From: 01/01/2016 – To: 31/12/2016 )**

Eligible <sup>1</sup> costs (per budget category)											Receipts	EU contribution			Additional information		
A. Direct personnel costs					B. Direct costs of subcontracting	C. Direct costs of fin. support	D. Other direct costs		E. Indirect costs <sup>2</sup>	Total costs	Receipts	Reimbursement rate %	Maximum EU contribution <sup>3</sup>	Requested EU contribution	Information for indirect costs		
A.1 Employees (or equivalent)							D.1 Travel	D.4 Costs of large research infrastructure									
A.2 Natural persons under direct contract							D.2 Equipment										
A.3 Seconded persons							D.3 Other goods and services										
[A.6 Personnel for providing access to research infrastructure]																	
Form of costs <sup>4</sup>		Actual	Unit	Unit		Actual	Actual	Actual	Flat-rate <sup>5</sup>								
Benef. No	Organisation Short Name	Fin. Stat. Type	a	Total b	No hours	Total c	d	e	f	g	h=0,25x (a+b+c+f+[g]-o)	j= a+b+c+d+[e]+f+[g]+h	k	l	m	n	o
1	UBx	RP	123,949.91	0.00		0.00	0.00	0.00	12,346.86	0.00	34,074.19	170,370.96	0.00	100%	170,370.96	170,370.96	0.00
2	edgeryders	RP	66,753.60	0.00		0.00	0.00	0.00	34,798.23	0.00	25,387.96	126,939.79	0.00	100%	126,939.79	126,939.79	0.00
3	WeMake	RP	126,634.30	0.00		0.00	0.00	0.00	9,397.89	0.00	34,008.05	170,040.24	0.00	100%	170,040.24	170,040.24	0.00
4	EHFF	RP	41,725.75	0.00		0.00	0.00	0.00	4,195.04	0.00	11,480.20	57,400.99	0.00	100%	57,400.99	57,400.99	0.00
5	SCImPULSE	RP	87,238.30	0.00		0.00	0.00	0.00	3,429.79	0.00	22,667.02	113,335.11	0.00	100%	113,335.11	113,335.11	0.00
6	City of Milano	RP	46,698.72	0.00		0.00	0.00	0.00	4,231.35	0.00	12,732.52	63,662.59	0.00	100%	63,662.59	63,662.59	0.00
TOTAL			493,000.58	0.00		0.00	0.00	0.00	68,399.16	0.00	140,349.94	701,749.68	0.00		701,749.68	701,749.68	

(1) See Article 6 for the eligibility conditions

(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme; see Article 6.2.E). If you have received an operating grant during this reporting period, you cannot claim any indirect costs.

(3) This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared).

(4) See Article 5 for the form of costs

(5) Flat rate : 25% of eligible direct costs, from which are excluded: direct costs of subcontracting, costs of in-kind contributions not used on premises, direct costs of financial support, and unit costs declared under budget category F if they include indirect costs (see Article 6.2.E)

(6) Only specific unit costs that do not include indirect costs



## ***PROJECT PERIODIC REPORT – part B***

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## 1. Explanation of the work carried out by the beneficiaries and Overview of the progress

Relevant information for this section can also be found under the annex “**Project periodic report A**”, provided as an **annex** of this report B.

## 2. Objectives

*Table 1.1: OpenCare's objectives*

<b>Objective 1. Learn-by-doing how to deploy collective intelligence to design care services</b>
1.1. Develop a how-to guide to convene, manage and harvest a large-scale online conversation as a care provision service design engine. The guide should be a result of learning-by-doing, building on previous experience and improving on it.
1.2. Develop a how-to guide to document testing activities in the field or in the lab/makerspace in such a way that documentation can be fed back to the online conversation. The guide should be a result of learning-by-doing, building on previous experience and improving on it.
<b>Objective 2. Produce a realistic scenario of policy for community-driven provision of care services at scale</b>
2.1. Consider the implications of applying community-driven design and delivery of care services to the context of European welfare states. Give special attention to the issue of fairness and ownership of the input contributed to open processes.
2.2. Identify best practice in community welfare, and in general care services designed and/or delivered through collectively intelligent processes, and learn from them.
<b>Objective 3. Assemble a software stack to monitor and assist collective intelligence social dynamics in online communities</b>
3.1 Further test, validate and if necessary extend OpenEthnographer in the context of the conversation on care (see section 1.3.5)
3.1 Further test, validate and if necessary extend Edgesense in the context of the conversation on care (see section 1.3.5)
3.3 Build and test a prototype of a tool for semantic network analysis (see 1.4.2)

Figure 1 - Objectives as listed in the project's DoA (Table 1.1, page 5)

### Objective 1. Learn-by-doing how to deploy collective intelligence to design care services

1.1. Develop a how-to guide to convene, manage and harvest a large-scale online conversation as a care provision service design engine. The guide should be a result of learning-by-doing, building on previous experience and improving on it.

Deliverable 2.3 contains the main lessons learned on convening and managing a large-scale online conversation as a collective intelligence engine. Our main findings can be summarized as follows:

- The main activities required to convene a conversation are credible outreach (community engagement) and high-quality support (community management) to individuals who engage.
- Convening is based on three principles. Self-selection: make a case for joining, but then let people decide if they want to be part of the fledgling community or not. Rather than targeting well-defined groups, focus on the value and mission of the community. Social networks: use software affordances and social norms to encourage people who are interested in the same parts of the conversation to interact. Compelling social contract: refuse to be extractive ("come give me your input for free!"), and instead focus on creating (generally non-monetary) value for participation.

Harvesting activity is ongoing, and not fully systematized yet. At the time of writing we have harvested about 80% of the primary data produced in Year 1. Documentation has so far happened in the narrative form of blog posts and presentations to the consortium meetings. Our main preliminary finding: the **opencare** approach has the potential to take ethnography to a new level, handling consistently thousands of informants in the same study. At the moment, respectable studies are published relying on 10-20 informants; **opencare** has mobilized 200 in under one year; handling of 2,000 is within reach. However, that will require substantial methodological innovation in the coding process, ontology handling, and secondary data processing. We plan to write a speculative methodological paper in Year 2.

1.2. Develop a how-to guide to document testing activities in the field or in the lab/makerspace in such a way that documentation can be fed back to the online conversation. The guide should be a result of learning-by-doing, building on previous experience and improving on it.

The **opencare** playbook (Deliverable 3.1) was published by Wemake (version 1.0) on June, 30 2016). It is a work in progress deliverable that will be enriched with more examples and content as the project develops. It is organized in such a way so that everyone can start from here to initiate or replicate opencare-like prototyping processes.

The book has been built on top of the [gitbook](#) service. GitBook is both an online platform for writing and hosting documentation, and an open source book format and toolchain. It allows you to publish different versions. On GitBook, a version can either be a branch, a tag, a version or an update. Playbook on gitbook can be also commented. You can read the full book in your browser at this page: <http://playbook.opencare.cc> or download it as a PDF or ePub. WeMake announced the publication of the playbook on [opencare platform](#). **opencare** Playbook aka "Co-designing care services: a practical guide" is a little contribute for all innovators who wants to start to make a change in their community. The Playbook describes a general path for starting collaborative processes that you can adapt as needed. The playbook is related to engagement processes (local and online), co-design sessions, prototyping and sharing documentation as parts of the entire process.

- Local and online engagement as the citizenship involvement on specific issue (in this case: care)

- Co-design as the collective detection of troubles and solutions
- Prototyping as the making of a service or a device from a concept
- Sharing documentation to facilitate replicability of processes and results

The Playbook is a collection of notes, tools, tips and tricks about the [opencare.cc](http://opencare.cc) project.

This activity is partially done because The playbook is an ongoing guide linked to different tasks in **opencare** project:

- research
- engagement
- discussions
- ideas
- co-design
- co-development
- documentation

The aim is to share more practices, process and informations during the ongoing development of the next period prototypes.

## Objective 2. Produce a realistic scenario of policy for community-driven provision of care services at scale

2.1. Consider the implications of applying community-driven design and delivery of care services to the context of European welfare states. Give special attention to the issue of fairness and ownership of the input contributed to open processes.

SF set out to investigate solutions that would enable non-extractive citizen participation to the design and delivery of care services. The investigation happens by ethnographic means, during the engagement of volunteers by simulations and serious gaming, for which in the past year SF has been producing contents by researching history of welfare emergence and crisis in late middle age, renaissance, French and industrial revolutions, the emergence of national states, and the doctrine of those anarchic philosophers who had been asking themselves how to deliver community wellbeing without a central power. All this information is progressively packaged in provocations to animate interactions around the challenges and promises of participatory design in care, with special attention to the discourse on accountability and ownership policies that, applied to citizen cyberscience, could carry through to community-driven innovation in the welfare, ultimately promoting mass participation in public service provision.

The activity is still in the ramping up phase, as the first year was invested fundamentally in preparing a content portfolio, and tuning the forms of serious playing that would be exploited towards the goal of understanding accountability and ownership in citizens driven bottom up policies and service provision. The second year of activity is off to a good start, thanks to all this investment.

2.2. Identify best practice in community welfare, and in general care services designed and/or delivered through collectively intelligent processes, and learn from them.

The survey of existing “care services designed and/or delivered through collectively intelligent processes” -- we will shorten to “collective intelligence projects” -- shows that a multitude have been used in European healthcare, ranging from health clinics to IT-based systems to compare symptoms, to community psychiatric care. Based on the existing literature, and cases collected we have got a basic understanding on the key features of “open”/collective intelligence care projects.

Several preliminary findings can be drawn from the cases.

Collective intelligence projects provide large advantages when information is widely dispersed, for example sites where patients can compare symptoms or side effects of medication. Another example is projects where individuals can voluntarily share genetic and health information to research, which is dependent on large samples that are otherwise rare or costly and where ethical concerns prohibits mandatory collection of data. There are also successful open projects that provide value for health by allowing patients to rate doctors and healthcare professionals. Open care projects of this type are scalable and work well regardless of how well functioning the conventional health system works. As expected, IT plays a central role in facilitating this type of open collective intelligence care. Effective IT-solutions lower the cost of participation and make geographic factors unimportant. This can create sufficient critical mass for example patients with rare disease or on rare medication to compile symptoms or share experience with patients in other cities or countries.

A second type of “open care solutions” is locally organized clinics and health provision. This type of activity is common when the conventional system fails but is otherwise rare. When the conventional health system functions well, community organized health is not needed. Successful collaborative projects in community provision of health care often require a strong subculture or ideology that motivate participants, and are less scalable. Nevertheless, there are many subcultures and situations where this type of health can work. There are also emergency situations where there are benefits from self-organizing care, such as examples from refugee camps where there are many idle health professionals that can be put to work. This type of project is scalable, since there are many similar situations when the conventional system does not work well while there exists sufficient cohesion to self-organize care, in particular with external support in initiation.

A third class of “community care” is where participation in production itself gives health benefits. This is usually the case for mental health and addiction. There are several highly successful such models in Europe where participants with health problems such as disability help in providing health with therapeutic benefits for themselves. Addiction programs where participants both receive help and give support to others with similar experience and problems is a clear example. This type of health also tends to require strong subcultures, but works even when the conventional health system functions well. The reason is that the therapeutic effect of participation is not replicated by the conventional hospital system regardless of how efficient it is. Another conclusion is that there more examples of community driven open care if health is defined more broadly than hospital style health-care and include health prevention, athletic programs, diet and mental care. These type of activity is less specialized and more suited to self-organized communities.

Another type of “open care programs” are not directly about health but use open solutions for the infrastructure of health care. Examples includes open-source computer programs for the use of health providers that have been developed in order to reduce the often very high costs of intellectual property. This for example allows small clinics to provide cheaper health care to patients. There is a wide and growing number of such programs, which can be promoted or scaled up with ease.

Many “open care projects” fail, and it is difficult to predict which will succeed. A general advantage is the low cost of experimentation, where failure only affects a few voluntary participants. Public health systems are believed to have lower tendency to experiment with novel solutions since public employees tend to averse to take risks. In small scale community open care, failed experiments do not cause large costs to society, and a few successes that can be emulated or scaled up can outweigh the costs of failed or stagnant experiments. In terms of experimentation, different European countries can benefit from the evasive entrepreneurship in other countries. Private evasive entrepreneurship that circumvents regulation sometimes has stronger incentives than community programs, since the entrepreneur benefits from profits if successful. In cases when these experiments work, the success can sometimes be copied by other countries without the need for evasive entrepreneurship, or identify potentially harmful regulation.

### Objective 3. Assemble a software stack to monitor and assist collective intelligence social dynamics in online communities

#### 3.1 Further test, validate and if necessary extend OpenEthnographer in the context of the conversation on care (see section 1.3.5)

Features added to OpenEthnographer include:

- Enable merging of ethnographic codes.
- Add a creation date field to the code entity.
- Add a coding queue and a coding progress manager (in progress).
- Write APIs for automated harvesting of annotations and codes.

Documentation: <https://github.com/edgeryders/openethnographer>

Some features of the web-based dashboard we design and build (Tasks and deliverables 5.1 and 5.2) come as OpenEthnographer extensions, as they allow ethnographers to have a view (graphical representation) on how ethnographic codes deploy over the online discussions.

#### 3.2 Further test, validate and if necessary extend Edgesense in the context of the conversation on care (see section 1.3.5)

(Merged with 3.3.) The interactive prototype (see below) contains one Edgesense-style view, limited to the social network of the **opencare** conversation.

More precisely, the software stack we built actually takes the whole data from the EdgeRyders portal as a unified dataset (see Figure 9 below; see also WP5) from which several different views are derived, visually explored and analysed. The EdgeSense part of it is the view on the social network underlying the online discussions. Just as with EdgeSense, actors are linked according to whom they comment in discussion threads. (See Deliverable 5.1 for more details.)

Later versions of this “à-la-EdgeSense” view will include additional metrics and filtering mechanisms. These features will be added according to user feedback and in link with the other views offered on the web-based dashboard.

#### 3.3 Build and test a prototype of a tool for semantic network analysis (see 1.4.2)

The software stack additionally offers a view built from ethnographics tags attached to pieces of content (posts or comments in discussion threads). We realized a prototype based on batch

processing of **opencare** data in September 2016 in the course of Hacking Health Bordeaux, later put into the hands of users during the Milano workshop session, so users needs and task requirements converged towards a view built from tag co-occurrences in discussion threads. The prototype was later coded as a fully interactive prototype

(<http://164.132.58.138:9000/#/dashboard/tagViewFull>). (See Deliverable 5.2 for more details.)

Later versions will include various visual features and metrics, such as the « novelty » index of ethno tags, as emerged from user feedback in participatory sessions.

The web-based application (including both the EdgeSense view and OE complementary functionalities) is still being extended and improved with added functionalities, additional views, visual encodings and/or interaction techniques based on continuous user feedback collected through participatory workshops and discussion threads on EdgeRyders portal.

### 3. Explanation of the work carried per WP

Work package no.	<b>WP 1</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>SCImPULSE</b>	Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Work package title	WP1: Learn, engage and disseminate				
Activity Type	Research & Innovation				
Participant involved	<b>City of Milano, SCImPULSE, UBx, WeMake, edgeryders</b>				

#### Work package summary of progress towards objectives

Consortium members are routinely “working out loud” on the platform. It is worth underlining the co-existence of two “platforms”, both hosted on the same edgeryders.eu portal.

The first platform we discuss here, we call the *debate/coordination space*, is mainly for consortium members although it also welcomes comments and posts from any non-consortium member (someone holding a edgeryders.eu account). Another platform, we call the *community space* is where any member can join a conversation or event trigger a new one. These two platforms are run in parallel.

As of January 31st 2017, the *debate/coordination space* had 407 posts, wikis, tasks, events and 1,907 comments, for a total of 273K words. This is of the same order of magnitude as the *community space* (411K words). This is conducive to deeply engaging active participants as proven by the fact that community members occasionally “jump in” (<https://edgeryders.eu/en/opencare-research/slides-presentation-methods-and-tools-for-opencare>) and take part in the research team’s reflection, a prove of the enthusiasm for this engagement strategy, and a seed for collective intelligence being exploited in the management itself of the activities.

Regrettably a part of the WP1 described action turned out to be unexpectedly conflicting with EU’s financial rules, which prohibited that the consortium would provide a selected number of virtuous bottom-up experiences with seed funding and support in return for them testing their own ideas and sharing the results with **opencare**. This has been described in the unforeseen risks reporting, has forced the consortium to pivot the engagement strategy, which turned to be the opportunity to creating the large OpenAndChange initiative (<https://edgeryders.eu/en/blog/smart-swarms-vs-big-funding-how-to-build-a-100-million-dollars>).

Achievements so far:

1. The consortium has produced and made available to the public a set of tools and strategies for online and offline community conversation and user’s reflection in the forms of the playbook (<https://playbook.opencare.cc/>) and the “Deliverable 1.4 Deep Games protocol and intended audience” (<https://drive.google.com/file/d/0B7Qizz3IKLItZGZTWDhTMWIJVFU/view>)
2. In a push for public awareness of its promotion of grassroots/hackers infection of welfare delivery strategies consortium members contributed to several local/national/and international meetings, and programs of education. Not mentioning the dissemination effect of the project’s online life, facilitated by the transparency to the web of the platform, and by the creative commons licensing of its contents.
3. The consortium proactively engaged with users and stakeholders, organizing or contributing to several events both off- and online (community hangouts call, workshops, gaming sessions). This strategy promotes the contribution of citizen experts, and guarantees that the community base is maintained diverse against the skewing of self-selection of users active online on the platform.
4. The consortium is co-producing and documenting several forms of engagement tools and strategies, from design thinking workshops to role-games, that offer abstraction for participants and users to reflect on their prejudices, goals and roles.

Thanks to the working out loud strategy, the cooperative initiatives that periodically are launched by the consortium members (e.g. cohosted workshops), and to the regular meetings, the consortium maintains a direct interaction of all WPs that inform strategies, and guarantees project responsiveness to external stimuli while preserving adherence to the original plan.

Resources allocated / Plan vs. Actual		Plan (period)	Actual (period)	Plan (total)	Actual (total)
Please refer for resource details to task reports.		25.56	19.63	44.02	19.63

Task no.	<b>Task 1.1</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>edgeryders</b>		Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>	
Task title	<b>Task2:Outreach and onboarding</b>						
Participant	<b>UBx, edgeryders, SCImPULSE, City of Milano</b>						

involved	
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## Progress of work

**Outreach** happens alongside two main channels.

1. Participation in third party events around care, or social innovation with care being one of the topics. These are a chance to reach out to existing communities of caregivers and care receivers; recruit new participants into the opencare conversation; and raise awareness around the project. (see technical report part A 6.2)
2. Social media activity. We use the corporate accounts of partners, and some personal accounts of team members, to reshare the best content coming through from the opencare conversation. About 100 members of the opencare community help with the social media outreach effort, through the CountOnMe mailing list (see technical report part A, 6.2).

**Onboarding** happened through three channels.

1. By an organic process. People found the conversation online and decided to jump in by way of creating an account on the edgeryders.eu platform.
2. Through partnerships with design universities. Two were established: Hacking Utopia with Universität Der Künste Berlin (partner: Edgeryders); and the interaction design course at Domus Academy in Milan (partner: WeMake). In both courses, students designed prototype solutions to specific care problems in collaboration with opencare partners, and were encouraged to design open artifacts and services. Hacking Utopia took place in the spring 2016. Students discussed their prototypes online, giving rise to a lively discussion that involved also non-students participating in the online conversation. The prototypes were displayed in a Hacking Utopia exhibition, that opened in July at the DesignTransfer gallery in Berlin. See the description of Task 2.1 for links to documentation.
3. Through onboarding workshops. Edgeryders organized three of them in September 2016: Thessaloniki (GR), Brussels, Berlin. We used them to lure into the conversation people who are not so confident in sharing their experiences online. By coming together they could "feel" the existence of an opencare community around them, and workshop organizers offered to help them with the initial write-up, or even to interview them for those who had language difficulties. Once onboarded, most of these participants then stayed involved in the online conversation, answering to questions and comments and in turn commenting other people's content. Each one of them resulted in about 20 new stories of care. See the description of Task 2.1 for links to documentation.



Figure 2 - **opencare** | Milano meets Local Communities (<https://www.youtube.com/watch?v=tiE2dZl4nIE>)

City of Milan, in close collaboration with WeMake, has been deeply engaged in off line presentations offering citizens the opportunity to frame and solve care-specific problems, facilitating conversation

between partners, stakeholders and citizens. City of Milan hosted four of them between February and March 2016 (Arci-Olmi; Villa Pallavicini; We Make; San Gottardo 41). It resulted primarily in a mobilization of collective intelligence to address specific problems. The offline engagement process started by presenting **opencare** as an opportunity for participants to develop their own care representation, to increase their personal ability and ultimately to take their own decisions. It represented a fundamental “first step” that encompasses a degree of acceptance of both freedom and responsibility in participants. This phase enabled the Open “Caring” network to share insights from users, as well as “gain” their full collaboration in the co-design sessions (WP3). The local **opencare** team (City of Milan and WeMake) choose to meet “active” group of citizens already used to find collaborative solutions to emergent social or care-related needs. A specific approach was used such as rooting **opencare** approach within existing networks of care, helping them to move further steps towards community-driven solutions. Other methods of engagement such as institutional meeting or round table with stakeholders/organizations representing specific targets or interests were intentionally excluded. Conversely, “clusters” of practices were considered to identify and engage people starting from their direct experience and considering them “experts” of their everyday life and the related “care needs”, without intermediation; Soft intermediation of the Third Sector, was encouraged when needed. Offline presentation and engagement approach can be summarized in few general rules: communication was simple, reciprocal, inclusive, balancing the online and offline dimension.

WeMake in collaboration with City of Milan organized two hands-on workshop: The first workshop held during Fa' La Cosa Giusta, a fair of critical consumption and sustainable lifestyles. The participants created, in few hours, a remote monitoring and caring IoT service using opensource tool. Our second workshop was organized by WeMake and the Municipality of Milan at Forum delle Politiche Sociali. During this workshop, the participants were divided in 4 different two people groups. They were asked to idealize and prototype, in just few hours, an opensource remote monitoring and caring IoT service. Introduction of the opencare project, and its state-of-the-art, during the Arduino Genuino Day event. Arduino Genuino Day is an anniversary event of the most famous Italian open source platform in the world. The aim was to engage makers and the open source community.

On September 27th WeMake joined an event organized by Hacking Health Milan with the aim of outlining the challenges that will act as a starting point of 11-13 of November's Hackathon. The workshop was for a whole day and the purpose is giving space and voice to needs and necessities connected to care.

During the last months of 2016 Hacking Health has been collaborating with a team of researchers of Milan Bicocca University's Psychology department. Together they observed and involved different structures and individuals related to hospital areas and care field, by interviewing doctors, nurses, caregivers, patients, assistants, exc.

Materials and contents originated by an in-depth research be presented to the participants during the event and provided to every working table. The attendees later had the possibility to enrich the common knowledge and experience, starting base of the day's activities, with new incentives and considerations, in three different fields: re-thinking care, re-thinking patients, re-thinking systems. We supported the identification of needs, facilitating the definition of challenges and providing tools and methodologies connected to collaborative design in an open design and digital fabrication perspective. WeMake was involved in [Hacking Health Milan](#) Hackathon, that took place from 11th to 13th November 2016 at BASE Milano.

The goal was to bring innovation to healthcare and find new solutions to patients, caregivers and professionals needs. The aim was to involve citizens to **opencare** platform.

For other onboarding events see technical report part A, 6.2.

Activities resulted in a pattern of engagement fairly spread out geographically, without one dominating country dominant. The edgeryders.eu platform is not uniquely dedicated to **opencare**, but **opencare** is far and away its largest project. We estimate that 70 to 90% of this traffic is opencare-related.

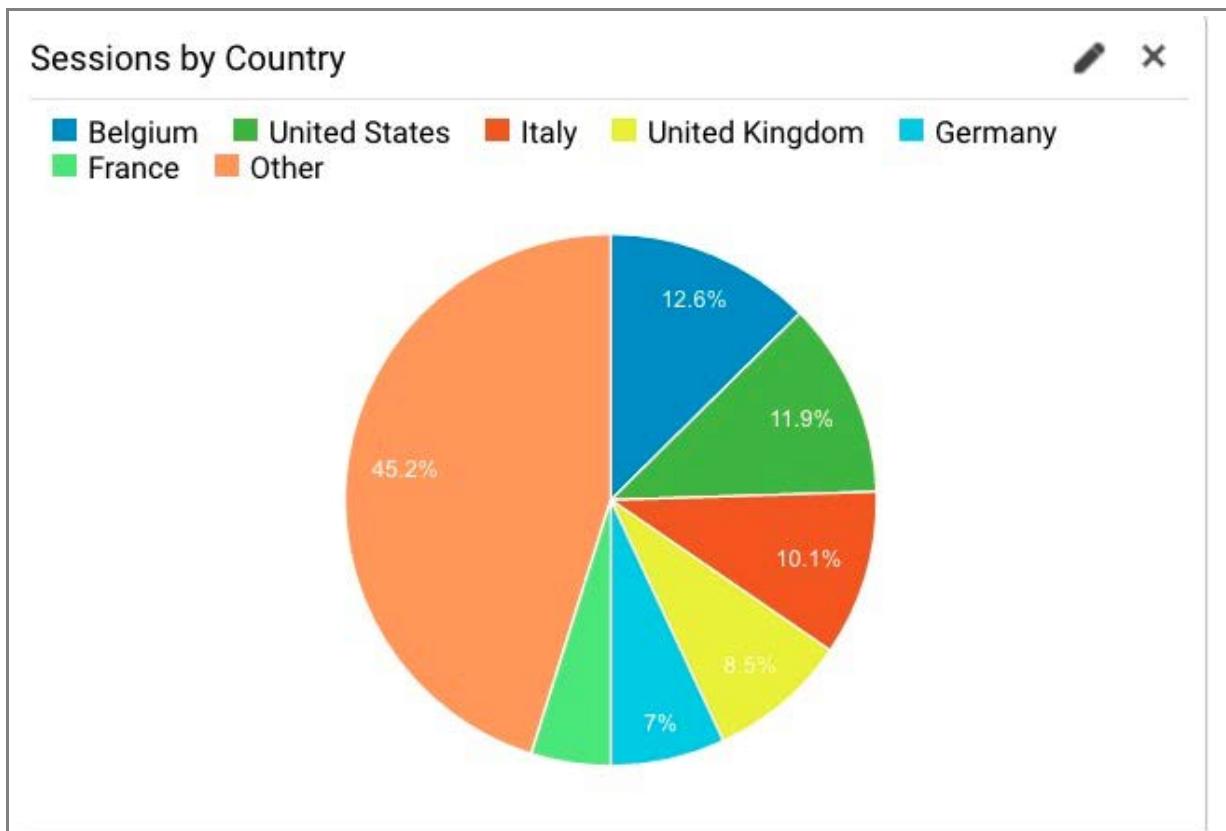


Figure 3 - Visits to edgeryders.eu (2016) - Google Analytics

In 2017 we expect to continue all the above activities, except the onboarding workshops, that had been scheduled for 2016 only. To drive further impact on outreach and onboarding, we are counting also on two new activities:

- an open call to cities to host the opencare final event. We expect this move to energize and expand the community; the most active members will try to get their home cities to engage with the call. This, in turn, will lead to new ties to local scenes and communities working on care.
- the final event itself (Fall 2017. In our experience, the runup to a physical meetup is the most productive and creative part of this kind of process).

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>5.88</b>	<b>12.46</b>	<b>11.75</b>	<b>12.46</b>
UBx (M01 - M12): (0.53PM) edgeryders (M01 - M12): Organisation of workshops on design for social innovation and network analytics for social science (3.07PM) WeMake (M01 - M12): (1.88PM) SCImPULSE (M01 - M12): (3.06PM) City of Milano (M01 - M12): Meetings with main stakeholders in order to engage local communities and spread information about the project. (3.92PM)				

Task no.	<b>Task 1.2</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M12</b>
Lead Participant	<b>UBx</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M12</b>
Task title	<b>Task1: Sharing knowledge for better consortium interoperability</b>						
Participant involved	<b>UBx, edgeryders, WeMake, SCImPULSE</b>						

#### Progress of work

1. Several participatory workshops were organized on the occasion of each consortium meeting (once every three months), welcoming non-opencare participants (depending on location and opportunities). The first edition was the occasion to introduce semantic social network analysis

as a main collective intelligence tool. These participatory sessions triggered discussions about the obvious possible biases of network representations, but then led to discuss the project concepts and foundations. A typical example is one where the word "open" would appear on the screen in different neighborhoods and with possible different meanings: "open access" as opposed to "open processes" or "openness".

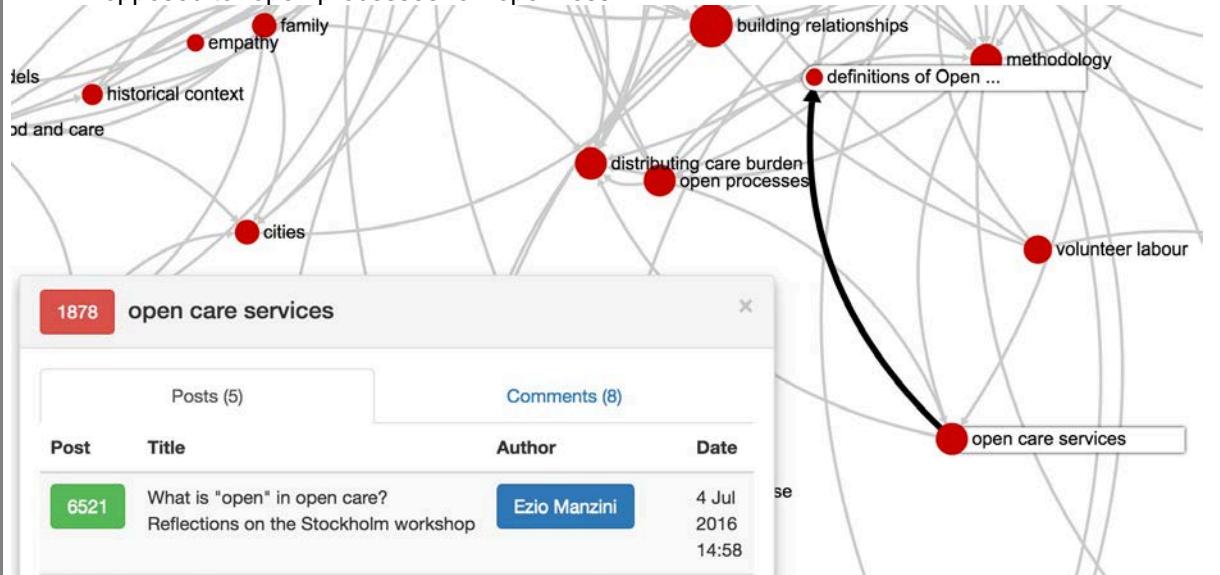


Figure 4 - What is "open" in "open care" -- reading the debate through the co-occurrence network.

Deliverables D1.1 and D1.2 document hackathon sessions that were held in conjunction with consortium meetings or on other occasions.

2. Semantic social networks analysis was used to produce graphical representations of networks reflecting on user interaction (replies to posts/comments) and discussion content (ethnographic codes). Many participants on the edgeryders portal provided feedback on the representations, and adopted a role as if they were end-users of a yet-to-be-developed software and suggested improvements or alternative representations. Semantic social networks analysis was used to produce graphical representations of networks reflecting on user interaction (replies to posts/comments) and discussion content (ethnographic codes). Screenshots of these representations were each time published through our online forum (again see D1.1 and D1.2).

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	7.5	3.59	7.5	3.59
UBx (M01 - M12): (0.53PM) SCImPULSE (M01 - M12): (3.06PM)				

Task no.	<b>Task 1.3</b>	Activity:	Research	Plan-Start:	M19	Plan-End:	M19
Lead Participant	edgeryders			Actual-Start:	M19	Actual-End:	M19
Task title	<b>Task3: Final event as a community gathering</b>						
Participant involved	edgeryders						

#### Progress of work

not started yet

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	0	0	0.4	0

Task no.	<b>Task 1.4</b>	Activity:	Research	Plan-Start:	M01	Plan-End:	M24
Lead Participant	SCImPULSE			Actual-Start:	M01	Actual-End:	M24

Task title	<b>Task4: Deep games and simulations</b>
Participant involved	SCImPULSE, UBx

**Progress of work**

Task 1.4 is progressing as foreseen.

In the past year SCIMPULSE herafter referred to as SF has been running engagement games and simulations with small groups (of about 10 volunteer participants) over 20 times, more often than initially foreseen thanks to the great request and support by communities who heard of the activities from their "neighbors". SF appointed fellows are working constantly on the production of scenarios, and on the reanalysis of the previous implementations for refinement, with a current portfolio of simulations based on:

- blind people autonomy and social interaction,
- data security, personal and public health,
- distributed and grassroots initiatives as alternatives to centralized welfare, and the history of mutualistic welfare and anarchic political philosophy.

SF has also organized role-playing gaming sessions, to challenge people thinking about issues (as instance visual impairment, or mobility impairment) by experiencing first hand the life changing conditions they have but superficial contacts with in their routines.

Last but not least, SF has run LEGO serious gaming sessions, a form of design thinking that breaks down social and hierarchical, as documented in Deliverable 1.4

Video and graphic material has been collected during the sessions, and SF is working on the appropriate formatting, and permissioning, to extract and inject these stimuli on the online platform.

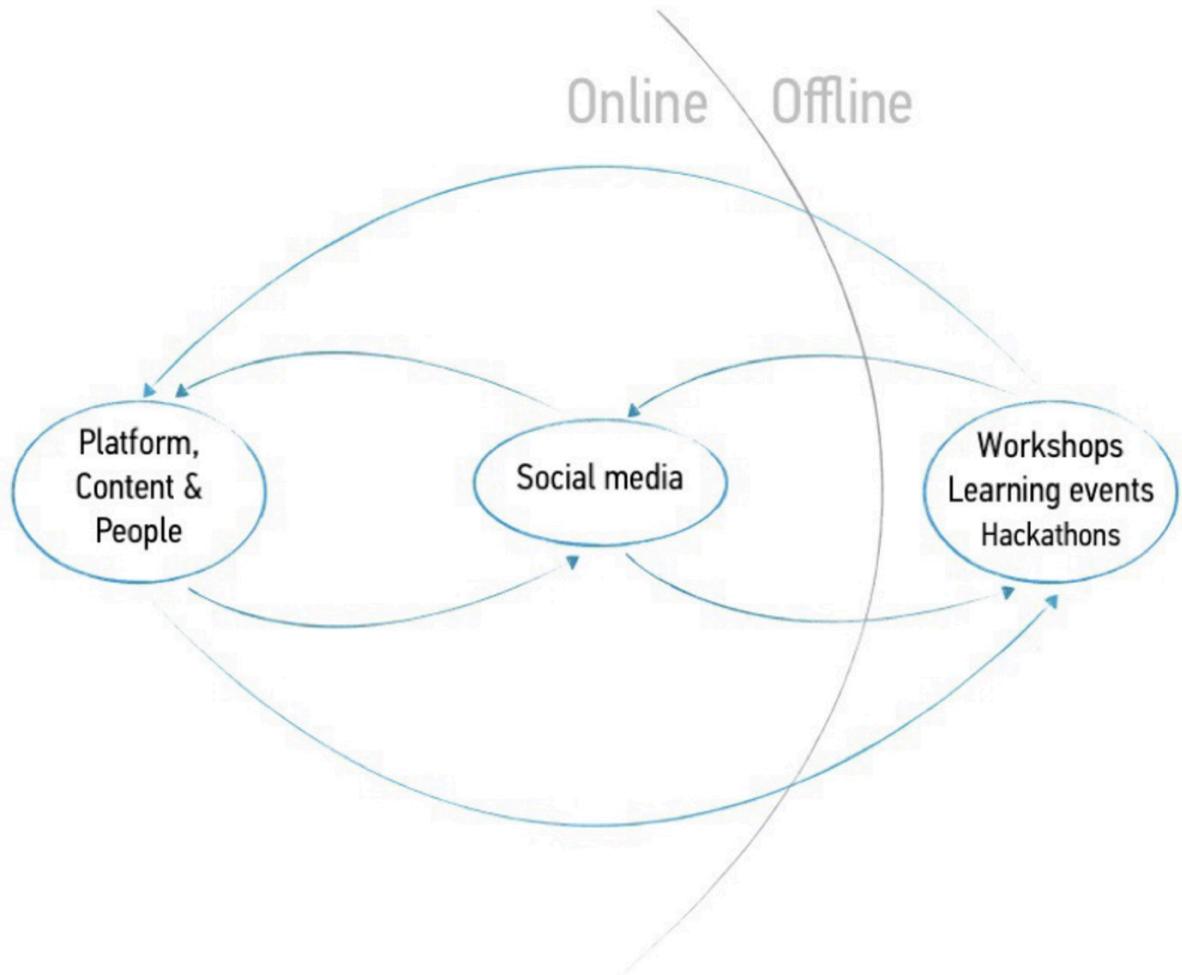


Figure 5 - Online and offline activities.

In a post-truth age, in which doubts have pressed against online community intelligence because of the biases of the "echo-chamber" effect, this tier of communication with communities that escape other

forms of onboarding is part of our portfolio of strategies to maintain the community healthy by diversity.



Figure 6 - Role playing: blind navigation and interaction. (For information of rights to the image, and privacy, please contact foundation@scimpulse.org)



Figure 7 - Games: Competition of visually impaired and other volunteers on tasks involving orienteering and social interactions. (For information of rights to the image, and privacy, please contact foundation@scimpulse.org)



Figure 8 - LEGO Serious Playing: designing an interface for distributed and centralized welfare services. For information of rights to the image, and privacy, please contact foundation@scimpulse.org)

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>12.19</b>	<b>3.59</b>	<b>24.37</b>	<b>3.59</b>
UBx (M01 - M12): (0.53PM) SCImPULSE (M01 - M12): (3.06PM)				

Table 1 - Work progress description of Workpackage WP 1

Work package no.	<b>WP 2</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>edgeryders</b>	Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Work package title	WP2: Convene, nurture, drive and monitor a large-scale online conversation on care				
Activity Type	Research & Innovation				
Participant involved	<b>City of Milano, WeMake, edgeryders</b>				

#### Work package summary of progress towards objectives

Work Package 2, “Convene, nurture, drive and monitor a large-scale online conversation on care” is on track. In the first year of the project we have been able to complete the first two out of three objectives listed in the Description of work.

The first one is “convening an online community to imagine and design the future of health and social care, and their own role in it”. This is largely done (see below, Task 2.1). We maintained a focus on experiences of giving and receiving care rather than on opinions about it; that turned out to be a winning move, because the opencare community ended up skewing on doers. This lends the online conversation a depth that it would not have had otherwise.

The second objective of WP2 is to “Make sense of the diversity of experiences and approaches by running ethnographic research on the Edgeryders interactive platform where the discussions take place”. It is also achieved. We mounted a large-scale ethnographic study using the opencare online conversation as data. This is “large” with respect to the standards for qualitative research. Ethnographers recommend a minimum of 6-20 “key informants”; these would be people that are interviewed repeatedly. The online forum structure of opencare primary data maps fairly onto the key informant category, because (a) long-form contributions are privileged (the average post is 618 words long) and (b) repeated contributions arise naturally from the interactive nature of the online conversation (the average community member contributed 6 times to the conversation, though variance around the mean is high). With over 210 key informants, opencare is already 10 to 15 times larger than most ethnographic studies. So large, in fact, as to put ethnography as a research method under strain: the network science-based methods for aggregating all these data (developed in WP5) are, at this point of the work, essential for not losing sight of the big picture.

The third objective of WP3 was to “facilitate the community in selecting ideas for care services to be prototyped, and in evaluating the results of the prototyping activity”. This objective is not yet realized. We expect it to follow the dynamics of the prototyping of services and devices in year 2. This needs some extra attention because of unforeseen risk R7.

In year 2, we will continue to pursue the first two objectives, and tackle the third one on the basis of a new engagement plan (complete February 2017).

Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
Please refer for resource details to task reports.	<b>8.271</b>	<b>11.19</b>	<b>19.4</b>	<b>11.19</b>

Task no.	<b>Task 2.1</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>edgeryders</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Task title	<b>Task1:Seed and drive the online conversation</b>						
Participant involved	<b>edgeryders, WeMake, City of Milano</b>						

#### Progress of work

Task 2.1, “Seed and drive the online conversation”, is proceeding well. At January 31st 2017, the opencare conversation consists of 349 long-form contributions (posts or similar), with 1,658 comments. This corpus of work consists of about 414,000 words, mostly in English, and was authored by 213 individual contributors. In the proposal, we had indicated that a “large scale conversation” in the context of opencare would have a number of unique contributors in the low hundreds, and a number of interactions (comments) in the low thousands. We can therefore claim to have achieved that goal one year ahead of schedule. The high average number of comments per post indicates a lively debate, which in turn is the signature of collective intelligence at work.

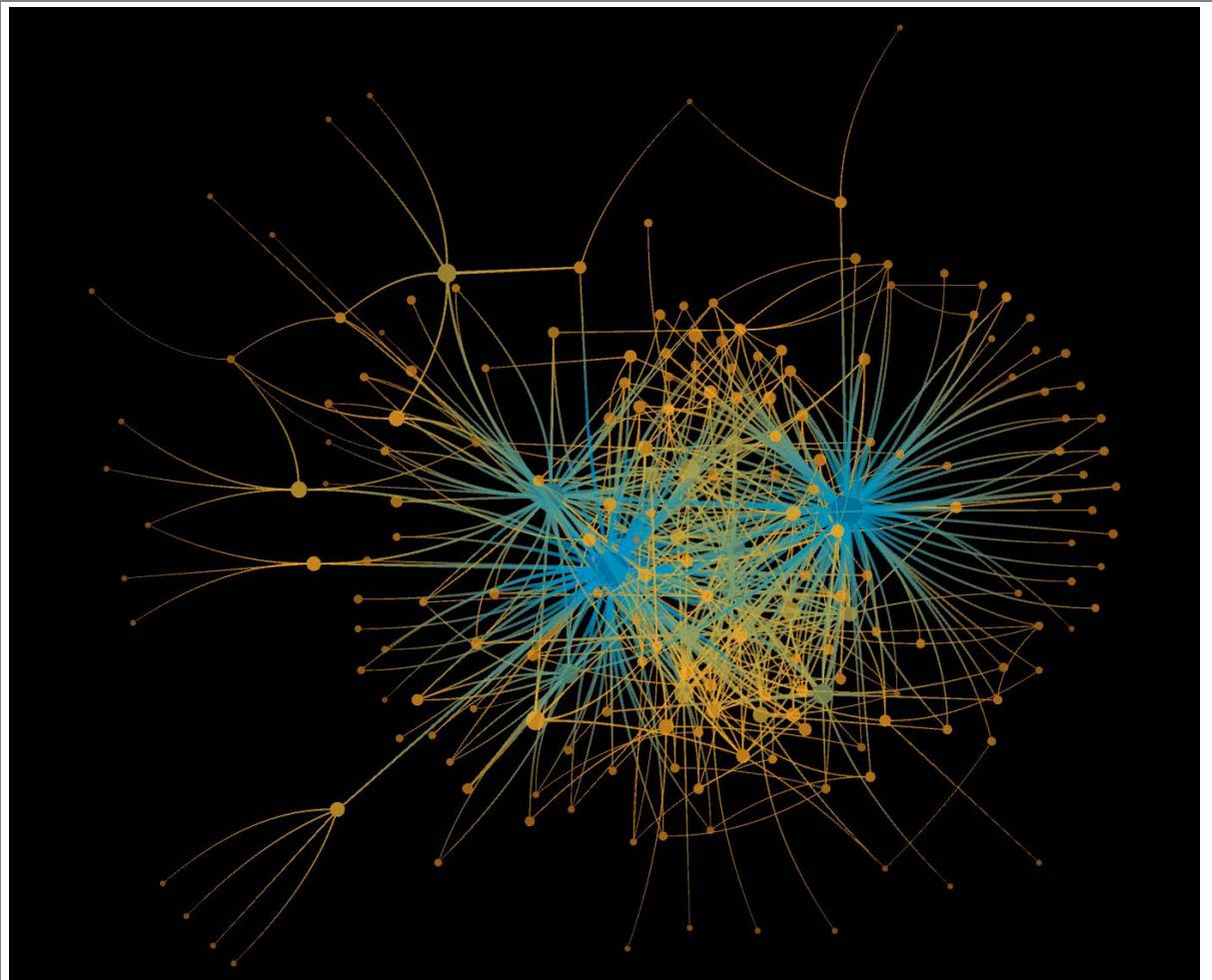


Figure 9 - The opencare conversation network in late October 2016. Nodes represent contributors; edges direct interactions (comments). Color is mapped to in-degree from brown to blue, with blues nodes being the highest in-degree ones.

**Seeding** is mostly complete at the time of writing. We used a combination of five strategies – four of which overlap with outreach and onboarding activities.

1. Edgeryders commissioned 20 high quality posts to individuals who lead initiatives of community-delivered care.
2. We used the networks of consortium partners (especially those of Edgeryders and WeMake) to find and engage initiatives of community-delivered care services.
3. We organised four onboarding workshops. One at the very beginning of the project, connected to the first consortium meeting; three in September, when we already had a fairly robust online conversation going, in Thessaloniki<sup>1</sup>, Berlin<sup>2</sup> and Brussels<sup>3</sup> and one in November, in Galway<sup>4</sup>. A fifth workshop, in New York City, was spontaneously organised by the community at no cost to the consortium. Onboarding workshops discovered open care experiences and encouraged their protagonists in turning them into high quality posts.
4. We partnered up with two design universities, UDK Berlin (Spring 2016) and [Domus Academy](#) (Fall 2016). As part of their course, graduate students were encouraged to design and prototype care services or open source artefacts for care, and to share and discuss them with the rest of the opencare community.
5. We attended conferences and hackathons at the intersection of health and social care space, like RePublica (Berlin), Hacking Health Bordeaux, Hacking Health Milan.

<sup>1</sup> <https://edgeryders.eu/en/openandchange-thessaloniki-greeks-imagine-the-future-of-care>

<sup>2</sup> <https://edgeryders.eu/en/openandchange-workshop-berlin>

<sup>3</sup> <https://edgeryders.eu/en/openandchange-coordination/openchange-brussels-workshop-24th-september>

<sup>4</sup> <https://edgeryders.eu/en/op3ncare-community-groupnode/caring-community-initiatives-workshop-in>

**Driving** the conversation is the act of bringing meaningful contributions, mostly in the form of comments, to existing discussion threads. This happened mostly through three channels.

1. **The CountOnMe mailing list.** The most active members of the opencare community sign up to a mailing list. 2-3 times per week, they receive an email containing the links to three selected posts on the opencare platform, and are asked to reshare them through their personal social media accounts (mostly Twitter and Facebook). As of November 1st, the mailing list includes 85 recipients, and on a regular day up to ten follow the sharing instructions. Additionally to moderate social network effects, members report finding the list useful for keeping in touch with new content and remaining engaged in the conversation.
2. **Social media.** We use the corporate accounts of partners, and some personal accounts of team members, to reshare the best content coming through from the opencare conversation.
3. **Community management.** The Edgeryders team tries to create a good experience for community members who share their knowledge and experience. We engage, leave comments, encourage, connect threads with community members who we think might be interested in contributing. At the time of writing, over 500 of the over 1,200 comments were authored by one of the three components of the Edgeryders team working on the project.

Engagement in opencare had to overcome an unexpected challenge. Under the terms of our Grant Agreement, we were supposed to allocate 60,000 EUR via an open call, to community-provided care services who wished to evaluate their own work. We had been counting on this move to signal respect towards the (often overworked) hackers and activists driving this project, and to draw more traffic and content to our conversation. In late Spring 2016 we were informed that this was no longer considered a legitimate expense. Fortunately, we were able to invent another way of generating traction. This was based on submitting an application to a call for proposals issued by the MacArthur Foundation, 100&Change. The narrative we used was that we would apply not as an organization, built as a "smart swarm" of initiatives around care. 23 initiatives gathered into a formal partnership around the application; as part of the process, they posted on the opencare platform about what they were doing, therefore creating more content and thickening the conversation.

In 2017, **seeding** will continue at a much slower pace. Most of it will come from encouraging new people we meet at events to share their stories onto the platform. The **driving** part will continue at full speed throughout 2017: we will keep the CountOnMe mailing list, social media and community management activities at their current levels.

In the aim to nurture the online conversation and to develop a debate about issues that are interesting for a Public Administration, Comune di Milano has started in July a "[Policy Making Group](#)" involving a fairly diverse group of participants: care operators, social workers, researchers in the field of aids for disability, civil servants, makers, private Foundation. The idea was, even in the long term, to contaminate each other cultures and approaches to care, inviting participants to register on the platform to continue the discussion online. As an outcome, some of them are contributing to the [Challenge](#) we have later launched. With this group, which we imagine could progressively enlarge, we would like to nurture a conversation on Opencare with a twofold aim: a) to nurture a city-wide debate about "open" in the welfare provision system of our context from a policy making-perspective; b) to identify together the "sandbox" to test something new, taking in account the experimentation that we are implementing locally, in collaboration with WeMake and maybe starting from some embryo of existing innovation in the local welfare.

At the end of these activities we decided to open a [Challenge](#) about Policy Making on Edgeryders in order to collect stories and to develop a local and international debate. Specifically, it brought in two main points, namely: a) What is the new role that the Public Administration is called to have on care? b) What does "open" mean in a policy making process?

In fact, the City of Milan, through its "smart city office", intends to nurture not only the digital and technological component of the city, but also to promote economic development, social inclusion, innovation and training, research and participation as key elements of a "smart" city. The challenge was meant to help tackle two basic facts about the city: there are 40.000 elderly people in Milan who are not self-sufficient, but only 25 % receive formal care provided by Municipality; 68% women are at work in Milan (45% is the national average) and there's tremendous need of work life balance support.

How would large networks, virtual communities through their collective intelligence be part of the effort City of Milan is making in facing new issues? The challenge was taken on from the Opencare community and a number of examples shared from Milan and many other cities.

City of Milan also shared Opencare approach with individuals and communities. This has also resulted in a citizen bringing in the platform a "Story" she witnessed in Milan called "Welfare of all". It's about creating the conditions to make sure that everyone has access to opportunities provided by the Welfare, regardless of economic conditions, and that anyone can have an active role in the welfare and

thus responsible for the improvement of society. The threads of this discussion have already led to speculations on how (much) stakeholders are involved, what's their freedom of action and other promising reasoning. An other example of discussion about this topic is about an innovative project realized by Comune di Milano: [Italianostranieri: why learning and teaching a foreign language for refugees is a form of CARE](#), posted on the platform.

Moreover Comune di Milano has also developed an internal discussion (department level) on how to build on a broader strategy for Opencare beyond Opencare. In particular: opencare as a part of the broader policies that the City of Milan is developing on Manufacture 4.0. We met also important local stakeholders in the aim to share ideas and innovative projects about care and to share a possible common strategy on a long term period. We had meetings with Fondazione Cariplo, Fondazione Bassetti, Sodalitas, Museo della Scienza e della Tecnica.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	4.7	9.73	9.4	9.73

edgeryders (M01 - M12): Regular community management activities, both asynchronous (comments onto challenge responses etc.) and synchronous (weekly community call over IP). (2.74PM)  
WeMake (M01 - M12): (2.62PM)

WeMake (M01 - M12): (2.63PM)  
City of Milwaukee (M01 - M12) - May 11, 2018

City of Milano (M01 - M12): Meetings, Calls, Social Networking with NGOs, Citizen Associations, informal groups in order to engage them in online conversations. (4.36PM)

## Progress of work

Task 2.2 “Harvest the online conversation” is also under way. We have taken the following steps:

1. Created APIs. The opencare conversation is hosted on the edgeryders.eu platform. We created APIs that can be queried from external software agents, and return a real-time snapshot of the conversation in the easily handled JSON format. Three APIs return primary data (posts, comments and the users who author them); two more return secondary data (ethnographic codes, arranged in a hierarchy, and annotations on the primary data). All of the above is encoded in opencare's Data Management Plan.
  2. Improved on OpenEthnographer, the software application that allows ethnographic coding directly on the edgeryders.eu platform.

Coded the conversation. This process creates the secondary data, i.e. the ethnographic annotations and codes. This is done by a professional ethnographer. As of 31st January 2017, we had generated 3,536 annotations containing 771 unique codes. This amounts to about three quarters of the material generated at that date.

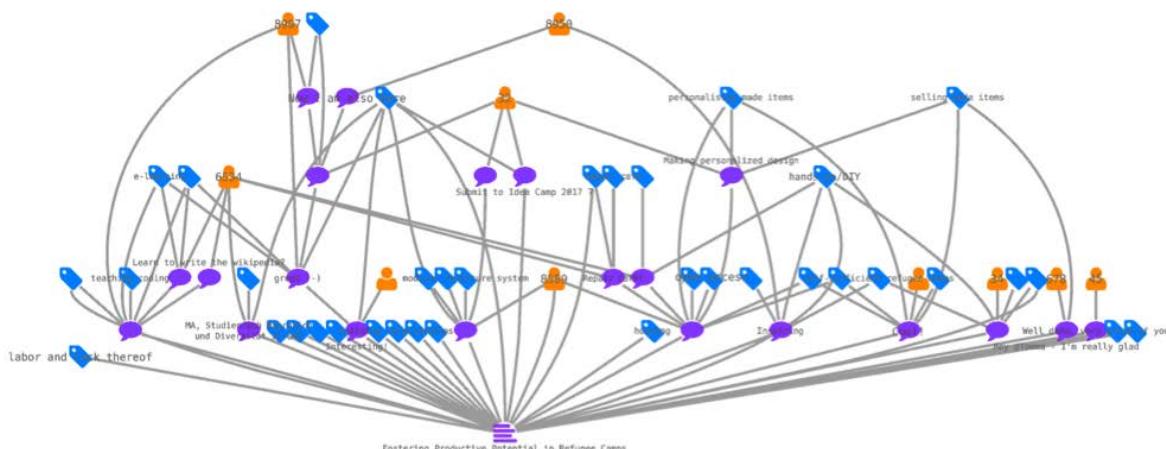


Figure 10 - A discussion thread: codes (light blue tags) are inserted into a discussion thread (purple comment icons) between users (orange icons).

This workflow is sufficient to feed the network science-based data aggregation and visualization activities of WP5.

In 2017 we will:

1. Continue to code the posts and comments we already have.
2. Code new posts and comments as they come in.
3. Maintain the ontology of codes that describe the conversation. This includes forking them, merging them, adding new ones, and organizing them into a hierarchy.
4. In the early summer of 2017, as the data collection phase comes to an end, we will mount a second pass of coding. This should result in better quality, more consistent secondary data.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>3.57</b>	<b>1.46</b>	<b>10</b>	<b>1.46</b>

edgeryders (M01 - M12): (1.46PM)

Table 2 - Work progress description of Workpackage WP 2

Work package no.	WP 3	Plan-Start:	M06	Plan-End:	M20					
Lead Participant	WeMake	Actual-Start:	M06	Actual-End:	M20					
Work package title	WP3: Prototype community-driven care services									
Activity Type	Research & Innovation									
Participant involved	<b>City of Milano, WeMake, edgeryders</b>									
Work package summary of progress towards objectives										
<p>Wemake is responsible for WP3 which aims to prototype specific solutions emerged through online and offline discussions with European citizens.</p> <p>WeMake's output from month 6 to month 12:</p>										
output	goals									
Playbook "Co-designing care services: a practical guide"	Learning how to move an on and off line conversation from perception of need to solution design									
three community-driven care concept of solutions	Taking into account other limiting factors like age, culture, language, interoperability with existing solutions and standards. Crowdsourcing design inputs, tapping into the community's diverse knowledge									
Prototype - In pe'. Repository - In pe' site (github)	Crowdsourcing design inputs, tapping into the community's diverse knowledge.- Presenting the users with early prototypes for evaluation and contribution - Making visible to the community the financial and technical constraints of moving from idea to prototype - Iterative testing and debugging.									
Resources allocated / Plan vs. Actual				Plan (period)	Actual (period)					
Please refer for resource details to task reports.				26.342	41.73					
Plan (total)	51	Actual (total)	41.73							
Task no.	Task 3.1 :Executive design	Activity:	Research	Plan-Start:	M06					
Lead Participant	WeMake	Actual-Start:	M06	Actual-End:	M18					
Task title	<b>Task1: Executive design</b>									
Participant involved	<b>edgeryders, WeMake</b>									
<b>Progress of work</b>										
<b>The playbook</b>										
WeMake carried out two different engagement activities: online on opencare platform and offline in all the local citizen engagement events from month 4 to month 12.										
Wemake published a <a href="#">Playbook</a> on month 6 in order to describe a general path for starting collaborative processes with the aim of sharing and learning how to move an online and off conversation from the perception of need to a design solution.										
The playbook "Co-designing care services: a practical guide" documents and relates to engagement processes, co-design sessions, prototyping and sharing documentation as parts of the entire process:										
<ul style="list-style-type: none"> <li>• Local and online engagement as the citizenship involvement on specific issue (in this case: care)</li> <li>• Co-design as the collective detection of troubles and solutions</li> <li>• Prototyping as the making of a service or a device from a concept</li> <li>• Sharing documentation to facilitate replicability of processes and results</li> </ul>										
The Playbook was inspired by this process:										
<b>opencare playbook</b>										
WHAT	WHY	HOW								

Information	To provide citizen with objective information to assist them in understanding the aim, the process and the results.	storytelling and hand-on events, experiential workshops, individual connection through emails
Engagement	To obtain citizen feedback on analysis, alternatives and/or decisions	Inquiring about content they have understood , asking them instances, sharing experience, pushing them to ask everything about your project
Involvement	To work directly with citizen throughout the process to ensure that the public concerns and aspirations are consistently understood and considered	Asking the public what they are interested on. Listen to their stories and their trouble. Let them to decide which narrative they want to carry on
Sharing	To partner in each aspect of the decision including the development of alternatives and the Identification of the preferred solution	Finding with citizens a solution, an ideas and assist them in understanding evaluation criteria
Empowerment	To place final decision-making in the hands of the public	Finding with citizens a solution and ideas. Assist them in understanding evaluation criteria in order to design feasible solutions
Capability	To empower citizens to identify their knowledge and skills	Prototyping and testing a solution
Exploitation	To increase sharing practice, process, knowledge and skills	Documenting and sharing prototyping process and tools

From month 1 to month 6 the **opencare** online community hosted stories, comments and reflections about community-based solutions and examples but the conversation didn't provide enough elements to create a prototype for a care service or solution. That's why the first solution prototyped by WeMake came from the offline community and it was designed by citizens during the co-design sessions organized by WeMake and Municipality of Milano with the Milanese citizens.

We organized co-design sessions in order to have the possibility to create a dialogue and work with people from many different communities and with different interests, issues and needs. For example, some of them were interested in caring and everyday well-being, others in tinkering stuff and others in issues more related with health.

Our aim was to create a temporary community composed by different kind of citizens. We then decided to divide the co-design into two main sessions (May 4th and 11th, 2016) lasting maximum 4 hours each (from 6 pm to 21 pm). This because we wanted to receive as many participants as possible, since most of the people were parents and/or workers. Moreover, after this two encounters we organized even a last one, a "closing" aperitif during which we announced the winner project that would have been prototyped in the following months, explaining and showing our methods and strategies to the participants. All the sessions were hosted by WeMake. Lastly, privacy has been a pressing issue for us. Since opencare co-design session regarded personal stories related with health and social care, we clearly talked with the communities involved and pointed out that their stories would have been anonymously published on our online platform EdgeRyders, and that we would have recorded the activity itself with microphones and cameras. Those people who agreed signed a paper which stated that they had been informed and that they accepted to share all the generated content. In this way we managed to protect both parties.

#### **First co-design session - May 4th, 2016**

During the first co-design session, we gathered 27 participants (15 women and 12 men) divided in 3 groups, which have been pre-formed in order to ensure a balance of genders, age and background. The groups were called "Hammer", "Pincer", "Screwdriver", to evoke object's most common use in a manufacture. One facilitator, who had to be able to create an environment for effective communication, keeping discussion focused and providing opportunities to all voices to be heard, assisted each group.

We divided the session into three main parts:

- The first part was very individual, each participant was asked to focus on one or at most two practical needs in the sphere of daily care activities;
- The second part was more collective, since participants were asked to “validate” their issues/needs through a group discussion and choose one for each group;

The third part was a plenary session, in which one member per group were asked to present the concept of the selected need.



Figure 11 – Project Idea Canvas

### Second co-design session - May 11th, 2016

During the second meeting, we gathered 20 participants. We kicked off the meeting with a short presentation about:

- A list of the different issues, revealed from the first session and divided into five macro-areas;
- An explanation about the tools that they were going to use during the session;
- A general overview about the evaluation matrix that the staff will use for evaluating the project to prototype.

We decided to focus on five macro categories:

1. Warning (to warn someone in case of a fall or loss of consciousness).
2. Barriers to home automation systems adoption (cost, low level of customization, personal/social acceptance of devices ...)
3. Physical barriers and perceptual barriers for the visually impaired (warning and directional orientation information)
4. Personal Hygiene (facilitate proper use of public toilet to persons with disabilities or special needs - cleaning and resource conservation)
5. Sharing Platforms (existing solutions and good practices to help people gain greater autonomy)

Then, two macro groups were formed. One was interested in the “Warning” category. The other one chose “physical barriers” to mobility. As many participants are interested in the “warning” issue, two sub-groups were arranged.

Then, the participants were asked to collaborate and work together in order to define better their idea and concept through the tools.

As happened in the first session, in this second one there was the plenary session during which a rapporteur

for each group explained the solution identified by the group. Then participants expressed a number of questions and comments to the presentation of each concept:

1) "Fatti più in là" [Step aside] helps those people who have a reserved parking lot and who find the parking lot occupied without authorization, to benefit from their own right through a service that notices, informs and discourages from occupying illegally the parking lot.

2) "Step up" helps people that need to carry a heavy shopping cart, or who have to carry a stroller or a wheelchair and who travel a lot, that want to overcome an obstacle or a bump through a tracked motorized accessory. Declinable in a second time also to the motor disability.

3) "In Pé" [ Milanese dialect = All standing!] helps people that live alone that want to feel safe and autonomous through a indicator of fall, ables to distinguish the different situations of warming, sending a signal to the people and/or Emergency services.

### **Third session- June 1st, 2016**

The last meeting with the communities was totally different from the previous two collaborative sessions. This one was more like an aperitif, during which the atmosphere was very relaxing and enjoyable. We hosted 15 participants and even some newcomers (few professors and experts interested in opencare topics).

During the session, there was even a kind of "tension" between participants, because they knew that during this last meeting opencare team at WeMake was going to state the project that will be prototyped in the following months. It was very funny feeling a sort of friendly competition between the groups!

*And the winner was... "In pe"*

Moreover, we didn't have a discussion just about the result of the co-design sessions, actually during the presentation, we showed them how we analyzed and select the final project. Accordingly to our train of thought, we explained our selection process, illustrating the evaluation matrix and all the other related tools, with transparency and clarity. We showed them how opencare community is actually acting, through what kind of channels both online and offline. At this point we get a bit in troubles, since the european project is holded in english and our audience is mostly composed by elderly people. But we were able to manage the situation explaining them the reason why.

### **Evaluation: how we selected the project to prototype**

In order to prototype the first solution we built a evaluation system based on this indicators. The aim was to define the feasibility of three solutions designed by the local community.

Indicators:

- **Ability to help people (30 points)**

- Total population
  - It doesn't have to be precise data from scientific sources (a google search would do the job), it's more an evidence or comparison of the size of the potential target group
- Impact to quality of life of an individual
  - How does your idea make the life of an individual better? For instance, is it solving entirely a big everyday issue or is it impacting more on the large number and not really changing the life of the single?
- Help to care movement
  - How much do you think this will improve current processes in the care movement? For instance, is this a game-changer in the field or just fine-tuning a process making it more affordable/more precise?

- **Feasibility of the project (30 points)**

- BOM (both hardware and software)
  - How much would more or less the material cost to produce the solution? If it's too hard to understand try a comparison to an existing solution and give a broad indicator.
- Production time
  - How long would it take more or less to produce the solution? If it's too hard to understand try a comparison to an existing solution and give a broad indicator.

- **Development strategy (10 points)**

- Tech risk
  - How big is the potential tech risk towards the receiver/user of the care solution? For instance, in case of a 3D printed bottle opener a tech fail will turn into the inability of opening a bottle (= low tech risk), whilst in the case of a pacemaker a tech fail will turn into the inability of the person to bring oxygen to the brain, hence a possible pristine death (= high tech risk)
- User testing potential
  - How easy would it be to find interested people in the community willing to test the proposed solution? This could be determined by the:
    - delicacy of the topic,
    - level of risk in adopting the solution,

- Impact of the test on daily routine
- Possible contraindications

- **User acceptance (10 points)**

- How willing will the users be in accepting the proposed solution? Will it be a natural adoption? Will it need some kind of push (ie marketing campaign)?

This could be determined by:

- Cost (or reproducibility)
- Immediacy in recognizing the value of the proposed solution
- delicacy of the topic,
- level of risk in adopting the solution,
- Impact on the change of daily routine
- Possible contraindications

- **Opensourceness (20 points)**

- Forkability
  - How is the solution ready to be taken on and improved by third parties?

- Reproducibility

- How easy will it be to reproduce the solution somewhere else?  
This could be determined by:
  - Interchangeability of components
  - Interchangeability of tools and technologies needed to produce the solution
  - Availability of components and technologies
  - Skills of the single needed to produce the solution

The indicators were inserted into a matrix (rubric) to make a first evaluation of the projects developed in co-design sessions. This first evaluation allowed us to make a first design of the three projects.

This was the results:

- In pe': points 36
- Fatti più in là: points 35
- Step Up!: points 18

Output:

- [Playbook](#) Co-designing care services: a practical guide
- Three solutions and one project to prototype:
  - Step Up
  - Fatti più in là
  - In Pe'

**The challenge:** How do you **give** and **receive care**?

**The answer:** Helping a caregiver to **monitor** an elderly

**The problem:** What if an elderly falls down **while he is alone**?

**The solution:** A **wearable device** that **alarms/calls** the caregiver who can help the elderly



**1** **Giulia** lives in Milan, quite close to her mom's house. Her mom, **Francesca**, is 85 years old and lives alone since Giulia can't afford hiring a full-time caregiver.

**2** **Francesca** has been living alone, in her own apartment, for more than 20 years. She has active rheumatoid arthritis, therefore moving became very tiring, even at home.

**3** One day **Francesca** was about to go out from her bedroom to go to the kitchen and unfortunately she **tripped** over the carpet.



**4** **Ouch!** Francesca's weak legs couldn't support her, so she **fell down** on the floor! **Francesca** is now sitting on the floor, without her phone, and she is not able to stand up by herself.

**5** Thanks to **In Pe'** her daughter **Giulia** immediately receives a **call** from **Francesca**. In this way her mother can inform her and ask for **help**.

**6** **Giulia** finally reaches **Francesca** and can now provide her the **help she needs**.

Figure 12 - In Pe' storyboard

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	6.3	16.23	11.7	16.23

edgeryders (M01 - M12): Contribution from Ezio Manzini (0.8PM)  
WeMake (M01 - M12): (15.43PM)

Task no.	<b>Task 3.2</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M06</b>	Plan-End:	<b>M18</b>
Lead Participant	<b>WeMake</b>			Actual-Start:	<b>M06</b>	Actual-End:	<b>M18</b>
Task title	<b>Task2: Prototype development</b>						
Participant involved	<b>WeMake</b>						

#### Progress of work

In Pe' development

Then we have involved online and offline community in the executive design.

On month 6 we have shared on [opencare platform](#) the preliminary development plan

- research and analysis of similar existing project
- research around technologies that could work for the prototype

- definition of the technology that will be used for prototype development, according to:
  - prototype features
  - portability
  - cost
  - availability
  - reproducibility
  - forkability
  - openness
- testing technology to meet prototype needs
- assembling electronics and writing software for:
  - fall detection
  - pulse sensing
  - GSM communication
  - third parties services integration
- test 1st prototype
- iterate 1st prototype
- fine tuning of software
- case design
  - analysis of similar existing projects
  - research on materials and fabrication techniques
  - definition of material(s) and fabrication technique(s)
- case fabrication
- test 1st case prototype
- iterate 1st case prototype
- test 2nd case prototype
- iterate 2nd case prototype

After researching about available technologies for makers to design such kind of device, we opted for tinkering with RePhone Kit (<https://www.kickstarter.com/projects/seeed/rephone-kit-worlds-first-open-source-and-modular-p>).

More info about RePhone development environment can be found in the [wiki section](#) of In Pe' repo.

## SYSTEM REQUIREMENTS

### Hardware

The hardware components are listed on the wiki

see <https://github.com/opencarecc/inpe/wiki/System-Requirements-and-BOM>

### Software

Besides different options for the Development Environment for RePhone, and besides some of them being more effective and powerful and supported than others (writing code directly in C++ for instance), we decided to use the Arduino IDE for RePhone Kit to lower the entry barrier and make InPe' available to a wider audience of developers.

In the software folder of the [In Pe' repository](#) are various Arduino .ino sketches, all of them can be ran by the RePhone hardware:

- in the software root folder are the updated main sketches of the InPe' prototype (the "InPe-T\*" versions have been implemented for the user testing campaign)
- in the software > utilities folder is a collection of sketches to test, calibrate and debug the hardware. They are useful to setup and customize an InPe', and for developers willing to contribute to the project to learn more about the library.

On month 12 we have began testing technology with citizen of a local community (they was in all the co-design sessions). This video was shot during our interaction with them also in the facilities of Cooperativa Sociale Alatha which accepted to take part to the process.

Output:

- [In pe' prototype](#)
- [In pe' site and repository](#)

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	14.58	8.46	23.7	0

Task no.	<b>Task 3.3</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M06</b>	Plan-End:	<b>M20</b>
Lead Participant	<b>WeMake</b>			Actual-Start:	<b>M06</b>	Actual-End:	<b>M20</b>
Task title	<b>Task3: Communication and documentation</b>						
Participant involved	<b>WeMake, City of Milano</b>						

### **Progress of work**

The communication and documentation strategy is intended for the promotion of general information, process, results, events for all stakeholders to be engaged in the prototyping of the first community-driven service/product.

The plan of the first year was developed with the goal of balancing the active search of contexts with new stakeholders and the word-of-mouth aspect which made us receive and accept invitations by people and institution which got interested by reading about our activity or meeting us in scheduled events.

Since the beginning of the project WeMake has carried out several and various communication and documentation activities. These actions, which are explained in detail below, belong to different typologies, each of them with a specific aim: co-design sessions, organized in order to engage users and carry out needs and concepts; workshops and conferences, to promote the engagement and support implementation, review and evaluation; participation to national and international events, in order to communicate the project to a wide public and, at the same time, benefit from their involvement; online platforms and publications, to disseminate, spread key information and knowledge and, consequently, receive support, participation and assimilate expertise from online and offline communities.

In order to have an overview about each activity in which WeMake was involved we compiled a contextualized list, in chronological order, with a complete description of every action which took place.

#### **Arduino Genuino Day 2016 @ WeMake and Coworking Login - 02/04/2016 - Milano Italy**

During Arduino/Genuino Day, world wide anniversary event of the renowned Italian open source platform, WeMake presented opencare project. The event was particularly favorable since we were able to reach a community of makers, technology experts and hackers.

Throughout the day we had the opportunity to establish a dialogue with a variety of people, and we started a discussion about both care/wellness topics and viable technologies. At 5.00 pm we carried out a conference titled Opencare: Medicina e Cura open source focused on existing case studies in the open source field of care. During this talk several people expressed interest in being informed by development of the EU project and curious about the future steps scheduled in opencare's timeline.

Some of these attendees, moreover, later participated to the co-design sessions, which took place in May 2016.



Pictures gallery: [https://www.flickr.com/photos/wemake\\_cc/albums/72157664580641963](https://www.flickr.com/photos/wemake_cc/albums/72157664580641963)

### **Co-Design sessions 1, 2 and 3 @WeMake - 04-11/05/2016 and 01/06/2016 - Milano Italy**

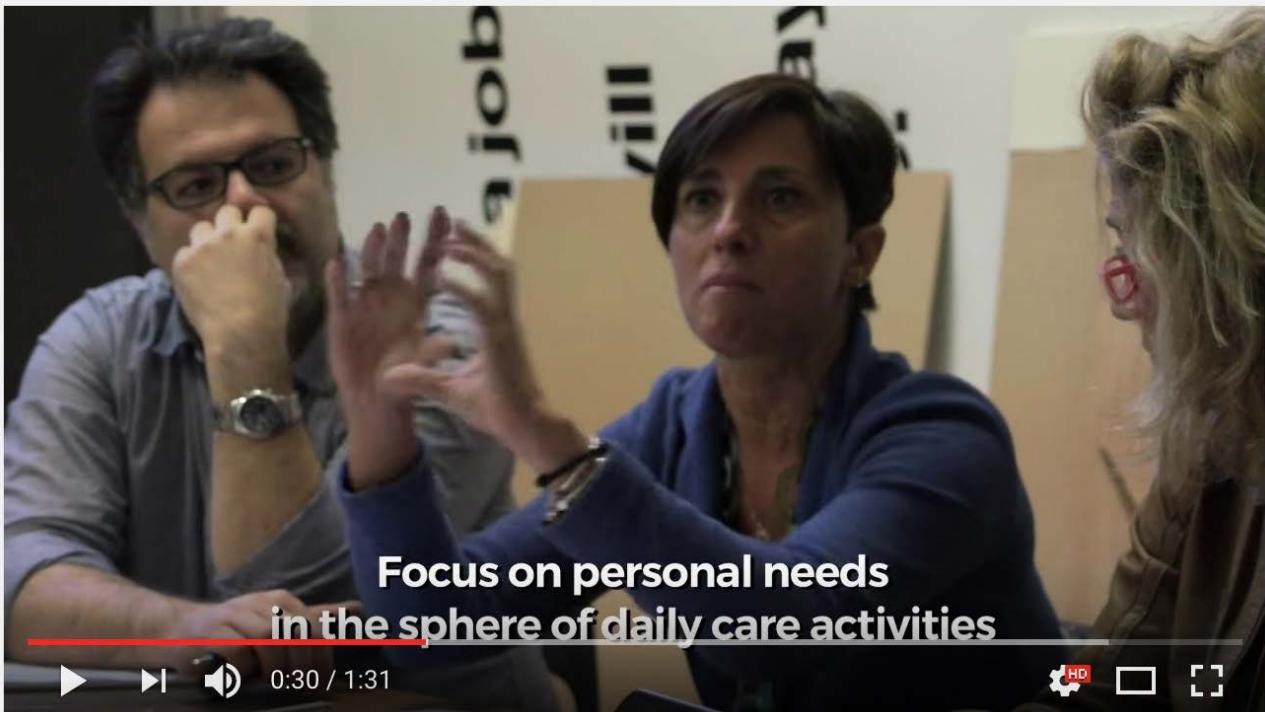
After the numerous activities of dissemination from March 2016 to April 2016 we have organized three sessions with every person interested in joining the research and experimentation program.

These co-design activities, previously explained in detail, had three different important objectives: providing an overview on opencare project, making the participants feel involved, structuring and analysing personal care needs; reframing needs and designing possible technological, sustainable and practical solutions; presenting the selected concept and engaging participants in the next phase of prototype testing.

The activities were useful as they allowed us to reach a multidisciplinary and multifaceted audience, establish a meaningful conversation and carry out a real and tangible result: In Pe' prototype.

At the end of the activities, precisely, WeMake and the community involved had been able to start detailing and delineating the first prototype, a wearable device that can alert a specific person whenever the user is in a critical situation and needs help, specifically after a fall.

These experiences and the knowledge assimilated throughout this process have been later exposed in a non-scientific and non-peer reviewed publication, called Playbook.



Video <https://www.youtube.com/watch?v=0hiOdVWSWDo>

#### Opencare Playbook, a practical guide for empathic explorers - 30/06/2016

This guide, written by six different contributors who were involved in the various phases of the project, is a document containing a number of information regarding the methodological procedure adopted by WeMake, the activities organized, the results and the risks of each of them. This is thought to be a contribution for all innovators who are willing to make a change in their communities.

All the information provided can be used as a general path for starting collaborative processes, and can be adapted as needed. The focus of the guide, as previously mentioned, is local and online engagement process, structured in co-design sessions, prototyping and sharing documentation, with the fundamental aim of facilitating replicability of processes and results.

In order to write the Playbook we have decided to use GitBook, an editor platform designed for teams in order to structure workflow, secure access control and content review. With GitBook, indeed, it is possible to publish different versions of the same paper, which can be updated and freely commented.

Opencare Playbook is a work-in-progress and can be replicated and modified by anyone, according to their needs. Version 1.0 will be later enriched with new examples and contents related to further phases of the project.

Even though it is meant to be an online resource, the printed version has been officially presented for the first time to a wide public at the MakerFaire Rome, together with the first version of In Pe'.

See [playbook.opencare.cc](http://playbook.opencare.cc)

#### MakerFaire @ Rome - 14-16/10/2016

WeMake has participated to the fourth version of Maker Faire Rome, Europe's biggest maker event, in the section named Wellness & Healthcare, with a booth dedicated to opencare. We took advantage of this opportunity in order to share our outcomes with visitors and to engage interesting conversations with makers and experts.

In Pe', the prototype emerged from the co-design sessions, has been presented a described to a number of curious visitors, who later expressed the willing to be involved in the project, or simply provided suggestions about a wide range of aspects, from technology, to ethic and application possibilities.

This interest confirmed one of the milestones of opencare, which is the importance of sharing experiences and skills through people.

On 15th of October we held a talk titled Opencare, la cura parte dalla comunità where we summarized the process that gave light to In Pe' and we verbally and visually described both user journey and technological information.

This experience had also the function to start a useful conversation about In Pe' development with the maker

community. This dialogue was subsequently enriched and exploited during the Arduino User Group.

#### Video

#### **Showcase of the results activity at Domus - Video**

During 3 days at MakerFaire Rome we presented to visitors the first opencare prototype In Pe' and also hosted the projects created by students of Master in Interaction Design at Domus Academy who took part of Tangible Interactions course.



Figure 13 - MakerFaire Rome (<https://www.youtube.com/watch?v=1M29EfSfwIA&t>)

#### **Arduino User Group & Wearables @ WeMake - 18/10/2016**

This is a community di makers that meet every third Tuesday evening of the month at WeMake, since April 2014. On October 18th we presented In Pe' to the community, focusing the discussion on the code and the IDE of RePhone Kit, body and soul of our first prototype. The aim was to engage makers in developing the prototype In Pe'.

#### **SMAU 2016 @ Milan - 25-27/10/2016**

At the end of October 2016 WeMake participated to SMAU, an influential event in the Information Communication Technology field, as well as Digital Innovation and social impact.

This, once again, was a precious chance to discuss about In Pe' with experts. We established interesting discussions with Representatives of Wearable Industries, which allowed us to think deeper about our testing strategy.

We also presented our work-in-progress testing phase's results, describing the interaction with a variety of users, from disabled people to skaters, all unified by the same need: feeling safe whenever an accidental fall occurs.

#### **Work in progress of the prototype In Pe' - Video**

To better express the connection between the need and the solution in a collaborative environment we produced a video which expresses this relation through storytelling.

This video was shot during our interaction with Fabio Pincioli and Francesco Zava of Cooperativa Sociale Alatha which accepted to take part to the testing phase.

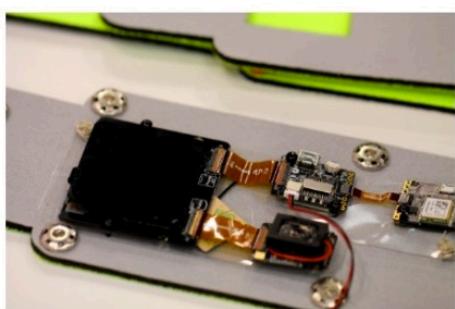


Figure 14 - Prototype In Pe' (<https://www.youtube.com/watch?v=qNk2NBsRiFc>)

#### In Pe' WEBSITE

A third-level domain website was created by WeMake to communicate, document and foster the collaboration to the first co-designed prototype: <http://inpe.opencare.cc>.

The website has been structured in order to make it easier for stakeholders to reach technical content, keep updated about on-going developments by the opencare team and engaged users.



#### Release 0.1 - 2016/10/14

- Free fall detection
- Send SMS to a pre-configured phone number when fall detected
- Show Date and Time
- Show battery status
- Check system health
- Test mode for user testing

[More details »](#)

Moments from the co-design session, testing and prototyping of In Pe'

Figure 15 - Prototype In Pe' website (screenshot)

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>7.28</b>	<b>17.04</b>	<b>15.6</b>	<b>17.04</b>
WeMake (M01 - M12): (12.75PM) City of Milano (M01 - M12): Support Activity to co-design process, local community engagement. (4.29PM)				

Table 3 - Work progress description of Workpackage WP 3

Work package no.	<b>WP 4</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>EHFF</b>	Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Work package title	WP4: Design and evaluation of community-based health/social policies at scale				
Activity Type	Research & Innovation				
Participant involved	<b>EHFF, SCImPULSE, edgeryders</b>				

#### Work package summary of progress towards objectives

The objective of Work Package 4 is to survey existing projects on “care services designed and/or delivered through collectively intelligent processes” -- we will shorten to “collective intelligence projects” -- in order to define a best practice and use the best practice to generate policy advice.

The research questions are both empirical, (I) to what extent have collective intelligence projects (including prediction markets) have been used in the health care sector in Europe, (II) what are the features of these programs, and policy oriented (III) what will make a collective intelligence project successful (e.g. which policies will facilitate the emergence of successful projects), (IV) to what extent existing projects are scalable. The field studied will be the European care sector where bottom up, collaborative projects might provide new solutions, providing real value for society. We will especially explore the role of institutional and evasive entrepreneurship in the care sector.

The Working Paper summarized about twenty cases on open care, usually with one or two pages of description. Open care is categorized broadly in four categories, that have different potential and conditions.

1. Community based traditional care is the most classic category of open care, such as, such as clinics. This is often a reaction to dysfunction in standard health care provision, and rare in well-functioning systems. This class often requires subculture or particular motivation, and is difficult to scale up. This type of care is hard to scale up without subculture or ideology to overcome collective action.
2. Data aggregation and collective intelligence constitute another large category of cases. Examples include symptoms, side-effect, genetic data, rating doctors, use social media to track epidemics. IT plays a central role in facilitating this type of open collective intelligence and community projects by lowering the cost of participation and making geographic factors unimportant. This can, for instance, create sufficient critical mass for patients with rare diseases or on rare medication to compile symptoms or share experience with patients in other cities or countries. This type of open care has high potential to be scaled up and replicated.
3. Therapeutic Health provision cases of open care are those where participation in the production itself gives health benefits, such as mental health and addiction disorders. Addiction programs where participants both receive help and give support to others with similar experience and problems is a clear example. The therapeutic effect of participation is not replicated by the conventional hospital system regardless of how efficient it is. This type of case also has some potential to be replicated and scaled up, though it is not as novel.
4. A last category of open care programs is not directly about health but use open solutions for the infrastructure of health care. Examples include open-source computer programs for the use of health providers that have been developed in order to reduce the often very high costs of intellectual property. This can have benefits of evading high prices and monopoly rent of IP. This category of open care also has fairly high potential of being replicated and scaled up, and is often novel.

The working paper both points to both specific best practice in terms of actual cases and general lessons that can be drawn.

The next subsections provide details about Tasks 4.1, 4.2 and 4.3.

#### What will we do (in next 6 months)

During the next six months we will continue the research by complementing the survey with qualitative interviews with participants in open care projects (Some of the prospective interviewees have already been identified). The large number of examples already collected will let us use these interviews for more in-depth studies of specific factors, therefore contributing to the overall quality of the project. We will also finalize the first research paper and submit it to a journal (e.g. Journal of Business Venturing or Entrepreneurship Theory and Practice). The paper will also be published as a working paper in the SSE working paper series. In addition we will continue analyzing the collected data (quantitative and qualitative) and design an outline for a “social contract” on open care and a manual for policy makers, using the findings of the study. Finally, we will prepare the manuscript for the second research paper. This paper will cover the identified best practice for open care and the policy recommendations.

Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
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Please refer for resource details to task reports.			9.7	9.79	23.7	9.79
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Task no.	<b>Task 4.1</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M06</b>
Lead Participant	<b>EHFF</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M06</b>
Task title	<b>Task1: Literature review and pilot survey</b>						
Participant involved	<b>EHFF</b>						

#### Progress of work

We have during the first 12 months of the project Made a review of the existing literature covering development of health care costs (and drivers of cost), "open" projects (both within and outside the healthcare sector), on Ostromian commons and the novel concept of evasive entrepreneurship (cf Leeson 2003). The literature review has been [published](#) as Sanandaji & Lakomaa "Care, Commons and Entrepreneurship" SSE Working paper in Economic History 2016:2. A popular version focusing on the new found connections between open projects and evasive entrepreneurship has been [published](#) on the Edgeryders site, with the intention to seed the discussion on these concepts.

In addition, we have Collected a number (19) of cases of collaborative, open source or evasive entrepreneurship in the care sector; some of them highly interesting for further research (including the "Amish case" and the "Greek clinics case", see section on findings). The number of suitable cases found in this early phase have been large enough to make inferences possible. Therefore we have been able [identify some of the common features](#) of "open care" projects (see section on findings).

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>3.5</b>	<b>3.26</b>	<b>3.5</b>	<b>3.26</b>

EHFF (M01 - M12): (1.74PM)  
SCLmPULSE (M01 - M12): (1.53PM)

Task no.	<b>Task 4.2</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M08</b>	Plan-End:	<b>M12</b>
Lead Participant	<b>EHFF</b>			Actual-Start:	<b>M08</b>	Actual-End:	<b>M12</b>
Task title	<b>Task2: Survey design and implementation</b>						
Participant involved	<b>edgeryders, EHFF</b>						

#### Progress of work

In order to find further examples of collaborative, Open, care projects we have designed a Qualtrics survey. The purpose of survey, which was launched in November, and will be online until the beginning of 2017 is primarily to identify further cases of open care but since we due to the unforeseen good results of the pre-survey case collection we will also be able to use the survey to query respondents on the identified characteristics of open projects. Here we are e.g. focusing on the importance (possible importance) of shared norms or shared culture.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>3.2</b>	<b>0</b>	<b>3.2</b>	<b>0</b>

Task no.	<b>Task 4.3</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>EHFF</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Task title	<b>Task3: Research, data analysis</b>						
Participant involved	<b>EHFF</b>						

#### Progress of work

Findings from the first 12 months of research on open care

The survey of existing collective intelligence projects shows that a multitude have been used in European healthcare, ranging from health clinics to IT-based systems to compare symptoms to

community psychiatric care. Several preliminary findings can be drawn from the cases. Collective intelligence projects provide large advantages when information is widely dispersed, for example sites where patients can compare symptoms or side effects of medication. Another example is projects where individuals can voluntarily share genetic and health information to research, which is dependent on large samples that are otherwise rare or costly and where ethical concerns prohibits mandatory collection of data. There are also successful open projects that provide value for health by allowing patients to rate doctors and healthcare professionals. Open care projects of this type are scalable and work well regardless of how well functioning the conventional health system works. As expected, IT plays a central role in facilitating this type of open collective intelligence care. Effective IT-solutions lower the cost of participation and made geographic factors unimportant. This can for example create sufficient critical mass for example patients with rare disease or on rare medication to compile symptoms or share experience with patients in other cities or countries.

A second type of open care solutions is locally organized clinics and health provision. This type of activity is common when the conventional system fails but is otherwise rare. When the conventional health system functions well, community organized health is not needed. Successful collaborative projects in community provision of health care often require a strong subculture or ideology that motivate participants, and are less scalable. Nevertheless, there are many subcultures and situations where this type of health can work. There are also emergency situations where there are benefits from self-organizing care, such as examples from refugee camps where there are many idle health professionals that can be put to work. This type of project is scalable, since there are many similar situations when the conventional system does not work well while there exists sufficient cohesion to self-organize care, in particular with external support in initiation.

A third class of community care is where participation in production itself gives health benefits. This is usually the case for mental health and addiction. There are several highly successful such models in Europe where participants with health problems such as disability help in providing health with therapeutic benefits for themselves. Addiction programs where participants both receive help and give support to others with similar experience and problems is a clear example. This type of health also tends to require strong subcultures, but works even when the conventional health system functions well. The reason is that the therapeutic effect of participation is not replicated by the conventional hospital system regardless of how efficient it is. Another conclusion is that there more examples of community driven open care if health is defined more broadly than hospital style health-care and include health prevention, athletic programs, diet and mental care. These type of activity is less specialized and more suited to self-organized communities.

Another type of open care programs are not directly about health but use open solutions for the infrastructure of health care. Examples include open-source computer programs for the use of health providers that have been developed in order to reduce the often very high costs of intellectual property. This for example allows small clinics to provide cheaper health care to patients. There is a wide and growing number of such programs, which can be promoted or scaled up with ease.

Many open care projects fail, and it is difficult to predict which will succeed. A general advantage is the low cost of experimentation, where failure only affects a few voluntary participants. Public health systems are believed to have lower tendency to experiment with novel solutions since public employees tend to averse to take risks. In small scale community open care, failed experiments do not cause large costs of society, and a few successes that can be emulated or scaled up can outweigh the costs of failed or stagnant experiments. In terms of experimentation, different European countries can benefit from the evasive entrepreneurship in other countries. Private evasive entrepreneurship that circumvents regulation sometimes has stronger incentives than community programs, since the entrepreneur benefits from profits if successful. In cases when these experiments work, the success can sometimes be copied by other countries without the need for evasive entrepreneurship, or identify potentially harmful regulation.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	3	6.53	6	6.53
EHFF (M01 - M12): (3.47PM) SCImPULSE (M01 - M12): (3.05PM)				

Task no.	<b>Task 4.4</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M13</b>	Plan-End:	<b>M23</b>
Lead Participant	<b>SCImPULSE</b>			Actual-Start:	<b>M13</b>	Actual-End:	<b>M23</b>
Task title	<b>Task4: Reinvent mass collaboration as a non-exploitative activity</b>						
Participant	<b>EHFF, SCImPULSE</b>						

involved				
<b>Progress of work</b> not started yet				
Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>

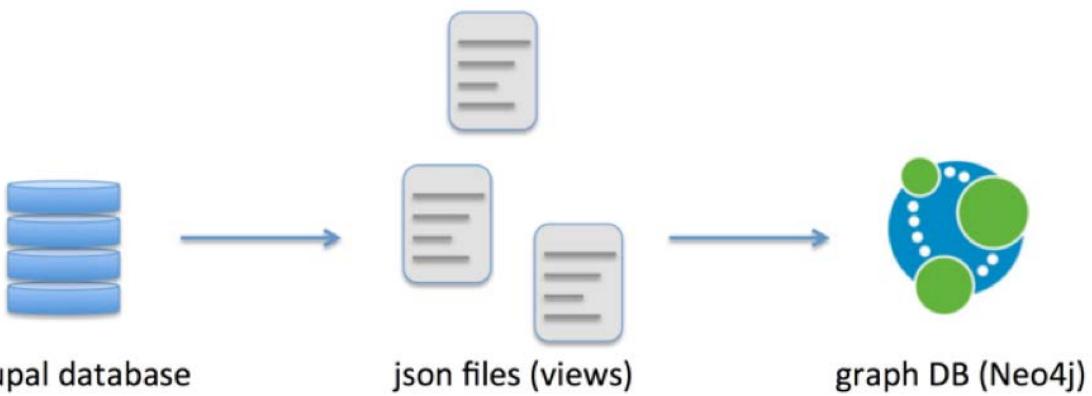
Table 4 - Work progress description of Workpackage WP 4

Work package no.	<b>WP 5</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>UBx</b>	Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Work package title	WP5: Data processing for aggregating collective intelligence processes				
Activity Type	Research & Innovation				
Participant involved	<b>UBx, edgeryders</b>				

#### Work package summary of progress towards objectives

Work package 5 focuses on the design and realization of software tools supporting “data processing for aggregating collective intelligence processes”. This software stack is deployed as a web-based visual analytics dashboard offering a set of different views on the ethno-tagged data hosted on the edgeryders.eu portal. These views combine graphical representations of data with various interactions. Based on user tasks and requirements, we designed visual encodings (mostly node-link representations of networks) together with specific visual variables (size, color, shape) rely on data attributes or statistics computed on networks. The dashboard is designed as a visual analytics tool, combining different views and/or functionalities depending on users tasks that need to be supported. Deliverables D1.1 and D1.2, as well as D5.1 and D5.2, report on participatory sessions through which user tasks were modeled and user requirements were expressed.

The data used to build the views is a subset of the data stored in the database underlying EdgeRyders’ Drupal portal. We thus export the data necessary to our software stack through specific database views made available through hard coded edgeryders.eu URLs. This data is that which is made available through our



DMP.

Figure 16 - A standalone graph database is built using database views from the Drupal edgeryders.eu underlying relational database.

These views are thus periodically imported from the Drupal database into a distinct Neo4j graph database. A graph database indeed turns out to be more flexible given the nature of the data and the different computational processes we run.

The whole framework relies on several different technologies, as shown in the next Figure. [Bottom left] The database, fed by content from the edgeryders portal is queried to form various networks (users' social network, tag co-occurrence network, recovering discussion threads, etc.). Queries are driven using a (python/flask<sup>5</sup>) dedicated engine on server-side. This engine itself relies on the Tulip Graph Visualization Framework<sup>6</sup> used as a computational engine on graphs that computes graph layouts, colormaps, node size maps, etc. Once the engine is done computing a graph, it passes a json object to the node.js<sup>7</sup> gatekeeper. This gatekeeper routes all queries issued from the client.

<sup>5</sup> See flask.pocoo.org/

<sup>6</sup> See tulip.labri.fr

<sup>7</sup> See nodejs.org/

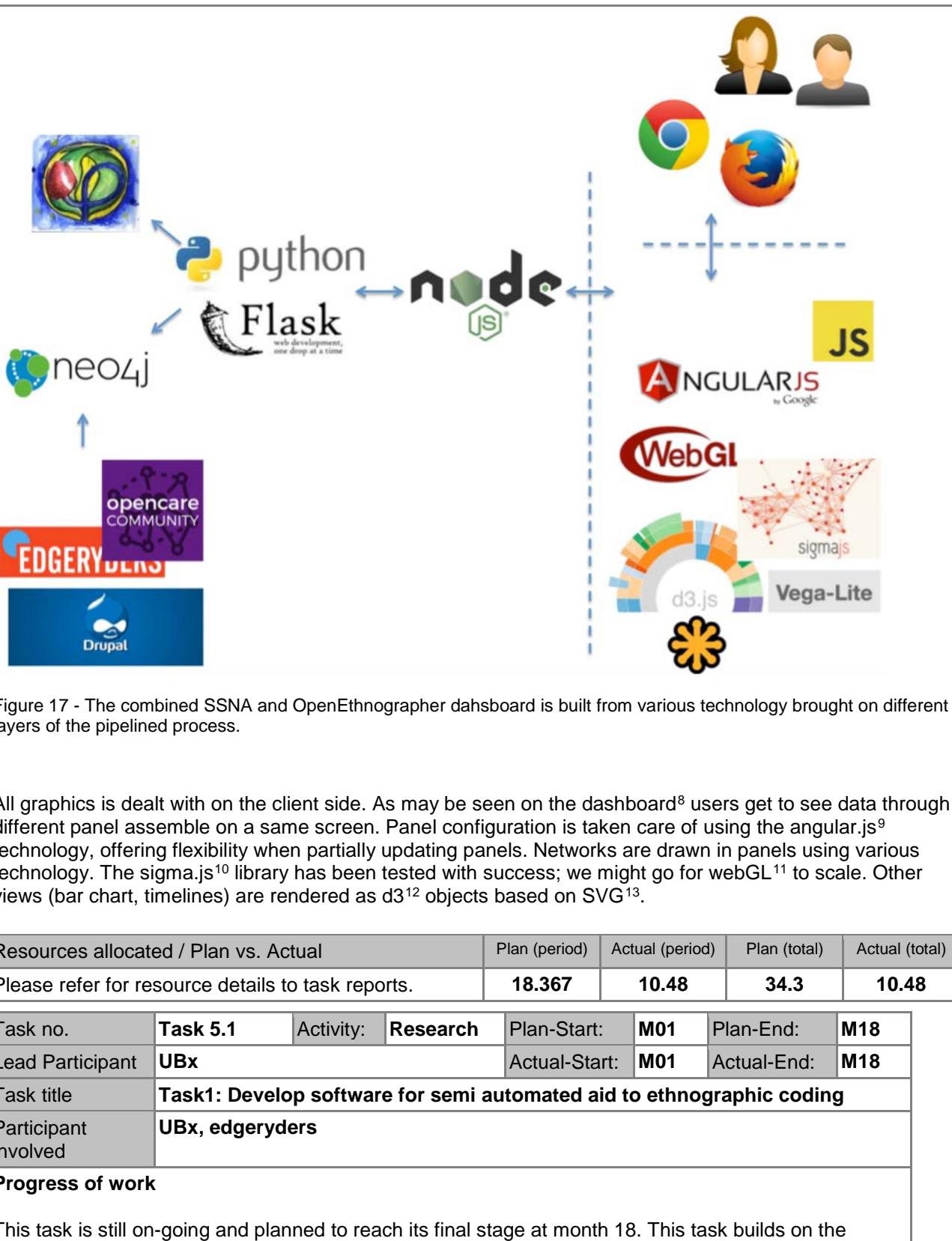


Figure 17 - The combined SSNA and OpenEthnographer dashboard is built from various technology brought on different layers of the pipelined process.

All graphics is dealt with on the client side. As may be seen on the dashboard<sup>8</sup> users get to see data through different panel assemble on a same screen. Panel configuration is taken care of using the angular.js<sup>9</sup> technology, offering flexibility when partially updating panels. Networks are drawn in panels using various technology. The sigma.js<sup>10</sup> library has been tested with success; we might go for webGL<sup>11</sup> to scale. Other views (bar chart, timelines) are rendered as d3<sup>12</sup> objects based on SVG<sup>13</sup>.

Resources allocated / Plan vs. Actual		Plan (period)	Actual (period)	Plan (total)	Actual (total)
Please refer for resource details to task reports.		18.367	10.48	34.3	10.48

Task no.	<b>Task 5.1</b>	Activity:	Research	Plan-Start:	<b>M01</b>	Plan-End:	<b>M18</b>
Lead Participant	<b>UBx</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M18</b>
Task title	<b>Task1: Develop software for semi automated aid to ethnographic coding</b>						
Participant involved	<b>UBx, edgeryders</b>						

#### Progress of work

This task is still on-going and planned to reach its final stage at month 18. This task builds on the

<sup>8</sup> See <http://164.132.58.138:9000/>

<sup>9</sup> See [angularjs.org/](http://angularjs.org/)

<sup>10</sup> See [sigmajs.org/](http://sigmajs.org/)

<sup>11</sup> See [www.khronos.org/webgl/](http://www.khronos.org/webgl/)

<sup>12</sup> See [d3js.org/](http://d3js.org/)

<sup>13</sup> See [www.w3.org/Graphics/SVG/](http://www.w3.org/Graphics/SVG/)

output of participatory sessions held during the consortium meetings (or in the context of hackathons) (see Deliverables D1.1 and D1.2).

Data on content (posts, comments) and annotations (portions of text with associated ethnographic codes) is used to provide ethnographers an overview on their work. This task thus evolved in interaction with WP2/ task T2.2 (see page 10). In line with the Data Management Plan, we designed specific database views to automate the import of data and update the visualization made available from the dashboard.

Participatory sessions with ethnographers helped design a statistics we call the ethno-tag novelty index. Ethnographers were interested in spotting tags that could indicate that someone had somehow contributed a new perspective or new idea in a discussion. The statistics relies on the computation of a set of tags being used in all previous comments. The statistics can either be computed for a single discussion thread, or computed globally over all discussion threads to then provide an overall ranking of tags. This ranking can then be used as a filtering mechanism when exploring the whole discussion space.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	10.27	5.36	15.4	5.36

UBx (M01 - M12): (5.36PM)

Task no.	<b>Task 5.2</b>	Activity:	Research	Plan-Start:	M04	Plan-End:	M24
Lead Participant	UBx			Actual-Start:	M04	Actual-End:	M24
Task title	<b>Task2 :Develop semantic social analysis methods and tools</b>						
Participant involved	UBx, edgeryders						

### Progress of work

This task is still on-going and planned to reach its final stage at the end of the project, with several versions being delivered through the usual iteration cycle as in any software development project. The semantic social analysis part of the dashboard is intended both at community managers and a larger audience, as well as ethnographers (see deliverables D5.2). The semantic social analysis relies on several different views of the network.

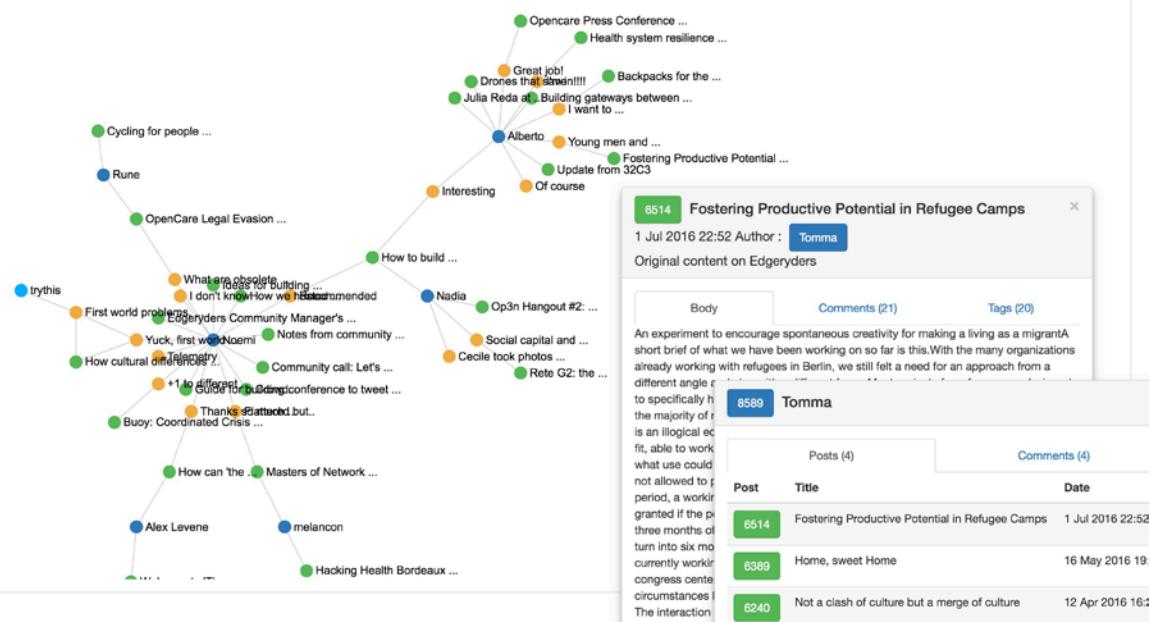


Figure 18 - A forum network view (users, posts, comments) with direct access to content.

A first set of views provides access to the forum itself where users are linked to posts and comments they authored; the content itself (posts, comments) can be directly accessed. A timeline allows to filter content; other alternative views can be added on demand, as is the case with the word cloud

formed from ethnographic tags.

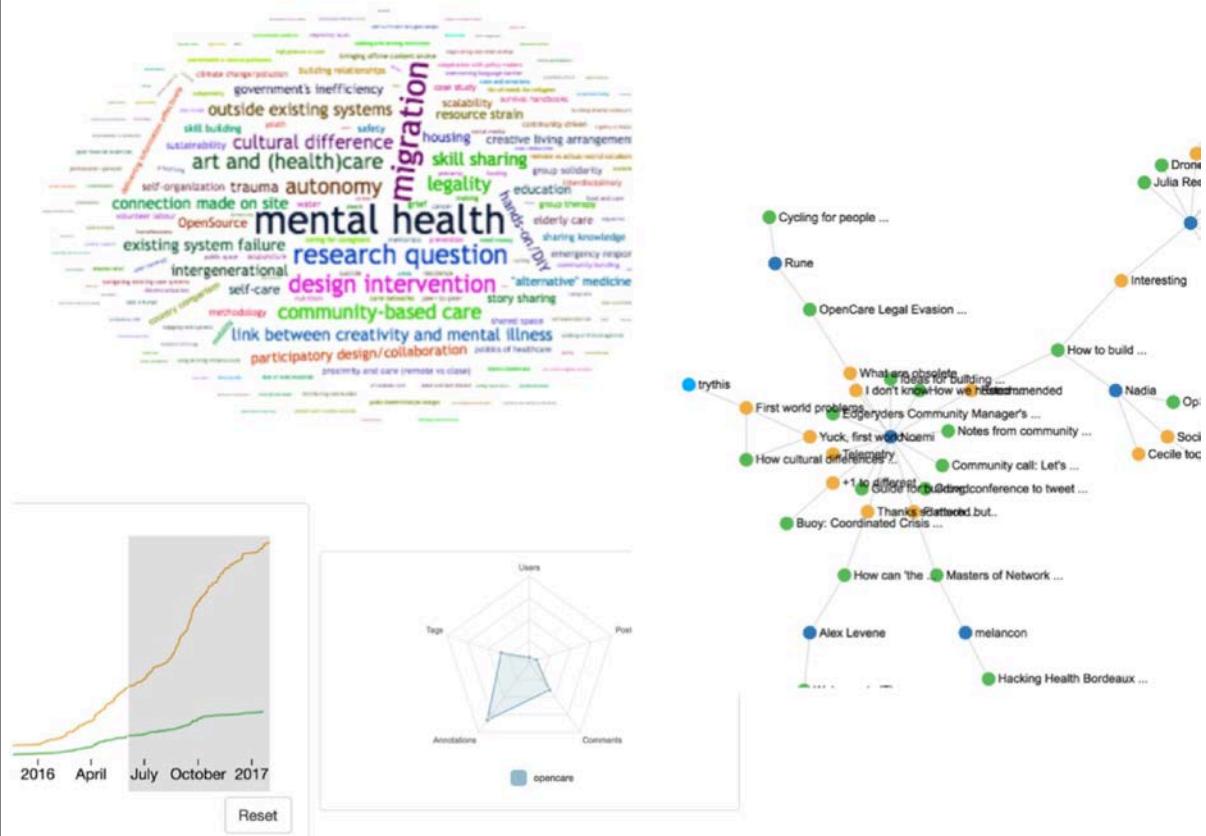


Figure 19 - Multiple synchronized views gives feedback on the selected content.

We also use social interaction through discussion threads (people commenting each other) to build a network of co-occurrence between ethnographic tags used to index content. This co-occurrence network has been the focus of most participatory workshop after a first prototype had been designed (during the Hacking Health hackathon in Bordeaux, see WP2 and WP3). The network can be browsed and filtered and content can be accessed from tags (as shown in the Figure).

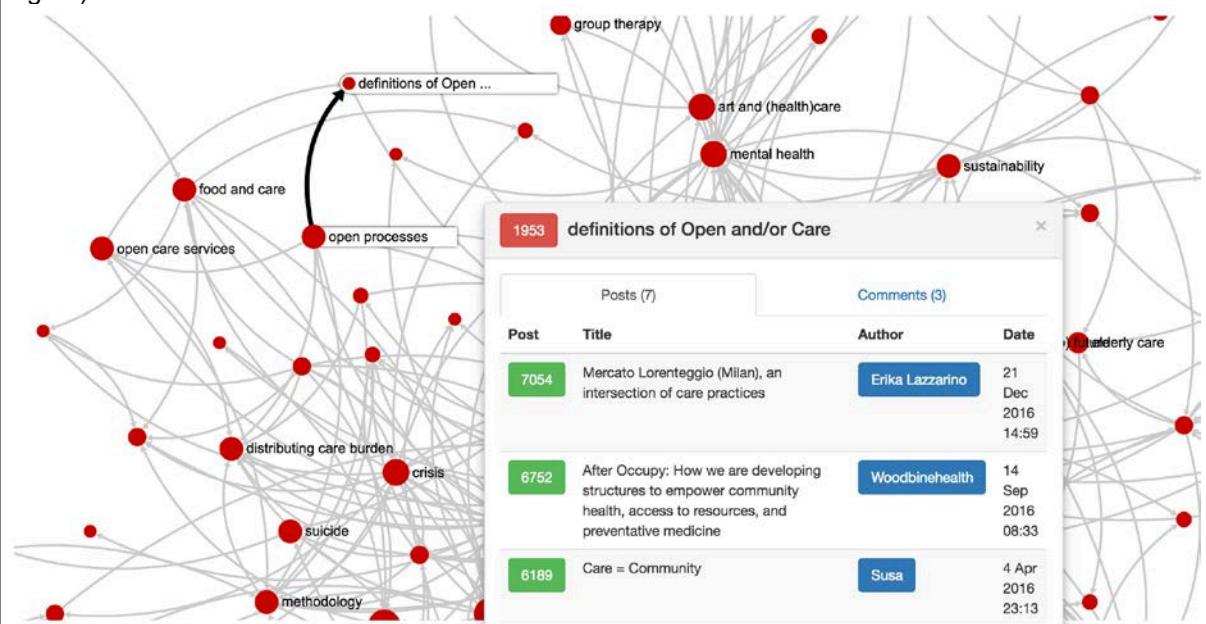


Figure 20 - Co-occurrence network of ethnographic tags with direct access to indexed content.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>8.1</b>	<b>5.12</b>	<b>18.9</b>	<b>5.12</b>
UBx (M01 - M12): (4.02PM) edgeryders (M01 - M12): Develop the data strategy. Implement APIs on the Edgeryders platform. (1.1PM)				

Table 5 - Work progress description of Workpackage WP 5

Work package no.	WP 6	Plan-Start:	M01	Plan-End:	M24					
Lead Participant	UBx	Actual-Start:	M01	Actual-End:	M24					
Work package title	WP6: Lead, govern and manage the project									
Activity Type	Research & Innovation									
Participant involved	<b>SCImPULSE, UBx, edgeryders</b>									
Work package summary of progress towards objectives										
<p>University of Bordeaux relies on a solid and experimented team gathering permanent staff. The project agenda and activities are monitored on an ongoing basis under the responsibility of a financial and administrative officer who was specifically hired for several tasks insuring they run smoothly.</p> <ul style="list-style-type: none"> <li>• Coordination, meetings: meeting agendas are being built collectively and aggregated before publication on the edgeryders platform; agendas as well as meeting minutes are published on collaborative platforms (shared documents on the cloud).</li> <li>• internal communication: support is provided in all possible forms using the edgeryders platform, organizing visio call or one-to-one telephone call with partners.</li> <li>• Work progress evaluation: a follow-up of all activities, deliverables and milestones is performed on a regular basis in collaboration with the scientific coordinator.</li> </ul>										
Resources allocated / Plan vs. Actual			Plan (period)	Actual (period)	Plan (total)					
Please refer for resource details to task reports.			9	17.85	18					
Task no.	Task 6.1	Activity:	Research	Plan-Start:	M01					
Lead Participant	UBx		Actual-Start:	M01	Actual-End:					
Task title	<b>Task1: Administrative and financial management</b>									
Participant involved	<b>UBx, edgeryders</b>									
<h3>Progress of work</h3> <p>During the first weeks following the launch of the opencare project, the International Office of the University of Bordeaux provided assistance to help establish a proper internal functioning and make sure the project runs smoothly, by settling the Consortium Agreement and proceeding to the prepayment to the beneficiaries. Meanwhile a project manager was recruited to accompany part-time the opencare consortium.</p> <p>Ms. Luce CHIODELLI began working on opencare from March, 1st 2016, but had previously been introduced to the consortium to the occasion of opencare kick-off meeting in February 2016, where she held a presentation about the administrative and financial regulations for EU-funded research project within the Horizon 2020 framework programme. Ms. Chiodelli is providing assistance to the consortium, working tightly with the International Office of the University of Bordeaux and can rely on its expertise in similar EU-funded projects to help her with project management.</p> <p>She furthermore developed a stack of documents and tools to help beneficiaries comply with the administrative and financial regulations, calculate and keep track of their expenses in reference to budgets listed in Form C. These resources are meant to help beneficiaries in addition to project management and collaborative work relying on EMDesk, a content-management system developed specifically to meet the requirements for Horizon 2020 research projects.</p> <p>As for financial management, regular assistance is provided by Ms. Chiodelli and the University of Bordeaux in form of review of beneficiaries' budget monitoring and also upon request of the consortium members for specific issues. An internal financial reporting had also been foreseen as a clause of opencare's Consortium Agreement, taking place at months 6 and 7. This internal reporting period was meant to be the occasion for beneficiaries to review their expenses and their way of monitoring them, ask for further advice; the University of Bordeaux seized this opportunity to make sure that the reporting procedure was understood by everyone and started planning the mid-term reporting period ahead.</p>										
Justification of Resources allocated / Plan vs. Actual		Plan (period)	Actual (period)	Plan (total)	Actual (total)					
		4.2	5.12	8.4	5.12					
UBx (M01 - M12): (2.06PM) SCImPULSE (M01 - M12): (3.06PM)										

Task no.	<b>Task 6.2</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>UBx</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Task title	<b>Task2: Quality assessment, reporting and consortium meetings</b>						
Participant involved	<b>UBx, edgeryders</b>						

### Progress of work

The University of Bordeaux collaborates with its partners to assess the quality of their contributions to the project. To that purpose, each deliverable is reviewed before submission by the University of Bordeaux and the concerned partner, hence ensuring that it will meet the project's quality standards and engagements.

Consortium meetings are held on a regular basis and are complementary to the exchanges and collaborative work on the project platform. Exchanges on the platform are utmost recommended for consortium work, in order to collect as much documentation on the project as possible. Calls are complementary to the work on the platform, but are scheduled upon specific request.

Meetings take place every 3 months, when a partner hosts the other consortium members. Consortium meetings are meant to discuss the work in progress for each work package, as well as the upcoming engagements and whereabouts. The project implementation and further dissemination actions and/or potential project outputs are also to be put on the agenda. Consortium meetings also are the opportunity for the hosting partner institution to present its expertise and the state of its contributions to the project, eventually leading to new ideas and incentives to boost the project implementation. These meetings can also set the scene for specific group work, this time in order to foster the work on several tasks or work packages.

Reporting is a subject regularly raised on the project platform, during calls and consortium meetings, since the kick-off meeting. An internal reporting took place at months 6 and 7, and single and joint contributions to mid-term reporting were scheduled since August 2016.

When writing the technical reports, roles were distributed according to each beneficiary, in reference to its contributions listed in the Description of Action and the Annex 1 of opencare's Grant Agreement. Collaborative work on several sections of this report is jointly led by the University of Bordeaux and Edgeryders, performed by all beneficiaries and reviewed by the University of Bordeaux before submission to assess the quality and coherence of the work description.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>1.8</b>	<b>7.61</b>	<b>3.6</b>	<b>7.61</b>

UBx (M01 - M12): (2.06PM)  
edgeryders (M01 - M12): Participation in consortium meetings. (2.49PM)  
SCImPULSE (M01 - M12): (3.06PM)

Task no.	<b>Task 6.3</b>	Activity:	<b>Research</b>	Plan-Start:	<b>M01</b>	Plan-End:	<b>M24</b>
Lead Participant	<b>SCImPULSE</b>			Actual-Start:	<b>M01</b>	Actual-End:	<b>M24</b>
Task title	<b>Task3: Ensure governance in ethics matters</b>						
Participant involved	<b>SCImPULSE, UBx</b>						

### Progress of work

Respecting the commitments made in the DoA, SF has set up an external advisory committee with proven and solid expertise on welfare, and medical research ethical matters within the EU ecosystem. The advisors have been consulted to contribute to the "Ethical guidelines for OpenCare" (<https://drive.google.com/file/d/0B7Qizz3IKL1tdGJfQzN2RVpSUXM/view>), which are part of the deliverable 6.1 that also proposed the principles and design of the consent funnel to be proposed to OpenCare online platform users.

SF and Edgeryders cooperated tightly to implement the expected behaviours of the funnel on the web platform, just like SF cooperated with WeMake to draft a customized informed consent to personal data treatment to be adopted by the co-design exercises run in Milan. The advisory board was also asked to approve the consent form, which tried to balance the need for clear cut explanation of dos and don'ts on participant data, without generating the "nobody reads" effect of online ToS. Over the year SF has been monitoring issues discussed during the consortium meetings, on the online

conversations, or during offline engagement meetings to inform the deliverable 6.5 “Ethics interim evaluation and guidance” (<https://drive.google.com/file/d/0B7Qizz3IKLItSUFBX0NhcERWX00/view>), which is meant as a tool of reflection and spark for conversation about ethically relevant practices by the consortium, in an attempt to maintain a high level of awareness on the multidimensional challenges posed by ethics in a distributed community initiative, and to promote a fast self-adjustment of the consortium practices in respect of the requirements pushed forward by EU and national regulations on ethics and contracts. The Advisory has contributed to, and approved the deliverable, and will be invited to a question time session, to support responding to criticisms and open questions, during the next useful consortium meeting following the delivery of the document.

Justification of Resources allocated / Plan vs. Actual	Plan (period)	Actual (period)	Plan (total)	Actual (total)
	<b>3</b>	<b>5.12</b>	<b>6</b>	<b>5.12</b>
UBx (M01 - M12): (2.06PM) SCImPULSE (M01 - M12): (3.06PM)				

Table 6 - Work progress description of Workpackage WP 6

Work package no.	WP 7	Plan-Start:	M06	Plan-End:	M06					
Lead Participant	UBx	Actual-Start:	M06	Actual-End:	M06					
Work package title	WP7: Ethics requirements									
Activity Type	Research & Innovation									
Participant involved										
Work package summary of progress towards objectives										
WP7 gathers a series of ethics requirements and deliverables as defined by the EC. WP7 was inserted into the project after the project was launched. As a consequence, a number of WP7's required deliverables clearly intersect with some that were already planned in other WPs.										
Resources allocated / Plan vs. Actual			Plan (period)	Actual (period)	Plan (total)					
Please refer for resource details to task reports.			0	0	0					
Task no.	Task 7.1	Activity: Research	Plan-Start:	M06	Plan-End: M06					
Lead Participant	UBx	Actual-Start:	M06	Actual-End:	M06					
Task title	Produce deliverables for ethics requirements									
Participant involved										
<b>Progress of work</b>										
Required deliverables were produced and delivered. Note that WP7 had assigned a fixed delivery date of June 2016 for all deliverables. Deliverables were however uploaded only before the end of 2016.										
Justification of Resources allocated / Plan vs. Actual			Plan (period)	Actual (period)	Plan (total)					
			0	0	0					
Since WP7 was in a sense "imposed" after the project was launched, it was not allocated any resource. We had to manage preparing the deliverables with resources planned for other WPs.										

Table 7 - Work progress description of Workpackage WP 7

## 4. Impact

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We claim that the impact potential claimed by opencare's proposal appears fully vindicated after only one year of work.

- The role of bottom-up solutions in inventing and providing care services is indeed large, perhaps even larger than anticipated. This goes from wellness, preventative and social care all the way to open source medical technology.
- Participatory innovation based on open source software/hardware and open data is strongly represented in the opencare evidence. We have detected at least four collaborations that appear to have been facilitated by opencare itself, as they happened across projects that became aware of each other through the participation in the opencare conversation.
- Open culture (even more than specific licensing arrangement on IPRs) seems to be at the core of participatory innovation as seen from opencare. This makes its methods highly transferable across fields of application, though also somewhat elusive.
- As a result of the openness we practice, “unusual” voices are being heard in the opencare debate. These include hackers, activists, refugees etc.
- We have been “working out loud”, using a space open on the web as the main locus of the consortium’s own internal debate. Surprisingly many community members took the opportunity to use it to interact with the research group: the research group’s space has 81 unique contributors. Around 50 out of the over 200 community members have chosen to participate not just in the debate on community-driven care, but in the meta-debate on running a research project on community-driven care are well. This perceived blurring of the distinction between researchers and community enables community members to choose their own level of engagement. In turn, this makes the social contract between project and community less extractive, and citizen science more sustainable.
- Quantitative knowledge is generated on the participatory process itself. This is an artifact of opencare’s graph theory approach. For example, we know that the social network of interaction across the opencare conversation is connected: there are no “islands” or singletons. So, we can at least suppose that most participants have access to the most relevant knowledge available in the network as a whole. Another example: we have built a graph of co-occurrences of ethnographic keywords (“codes”). Two keywords are connected if they co-occur in the same contribution (pos or comment). Many parallel edges mean that many different authors have made the exact same association between the two keywords, making that association truly “collective intelligence”. The number of parallel edges connecting any two keyword is an intuitive quantitative metric of agreement about that association across the group.
- We claim we are surpassing our expectation of scientific impact in at least one dimension: the deployment of quantitative methods from graph theory, combined with the culture of open, written expression fostered by the online conversation, promise to vastly increase the reach of ethnography. We conjecture we have the potential to completely reinvent ethnography as a collaborative, data-driven, but still qualitative research method. Such reinvention could possibly handle thousands of key informants (we already achieved handling hundreds). This would enable a new kind of participatory social research: one that, like ethnography, encodes the point of view of the groups being studied, but that, like surveys, is robust to a scale two order of magnitudes greater than ethnography as we know it.

- Such promising methodological developments spell new business opportunities for European companies that deliver research and consulting services. Collective intelligence-based consulting is more attractive if it is based on a scalable method. One partner, Edgeryders, has already used it as a selling point to attract a highly prestigious client, the World Bank.
- From the City of Milan perspective, the most impactful innovation is to engage citizens and empower them to solve their own problems whenever they can. This happens connecting successfully city resources, intelligences and energies. In this way, City of Milan can be a game changer. City of Milan have been disseminating the Open Care approach in several collective spaces, becoming aware that it can be a facilitator, enabling the citizenship to acquire an open care mindset.
- Pioneering innovation from a Municipal Administration point of view means mainly understanding how to instigate innovation in stakeholders and how to make more efficient its delivering processes. The Opencare approach has been experimented with the engagement of other offices of the public administration, citizens, organizations and makers, that makes this approach a potential game changer in terms of City administration. In the second year of project City of Milan will develop further collaboration to test the potential of further stakeholders (policy makers, local business) to be engaged.
- We live in a new sociotechnological context characterized by an urgency and demand to revisit long-established and static consumer-centred business models. Opencare is determined to turn them upside-down through lowering the barriers to participation in the creation of bottom-up solutions to specific care problem. During the first year WeMake curated a process of engagement to shift as much as possible the apathetic user and passive receiver of care to an environment of “creative acculturation”, whose premise rests upon the ideas of a collective and participatory design placed firmly in the commons.
- The objective is not to only to be “productive” but more like creating a transformation in citizens through the transmission and peer to peer transfer of knowledge and experience. This process fosters the creation of an increasingly sustainable ecosystem of up-cyclable products and services with multiple owners and carers.
- We did this through a series of activities who reached great impact in two ways:
  - on one side we were able to address innovative product and service creation involving the specific target of NEET ('Not in Education, Employment or Training') population through two editions of an 80-hour training program which allowed them (total of 45 participants) to acquire the skills and motivation to move from a need to a solution. Participants worked in group in the lab with a maker and a facilitator which drove the groups into the different phases of co-creation, project managing, evaluation, technological choices, manufacturing of the solution and coding. The training path, distinguished by high level of autonomy and group work, increased not only the self-reliance of the participants but developed a mind-set which empowers them as designers of care services.
  - Here's some example of solutions: [https://www.flickr.com/photos/wemake\\_cc/sets/72157663529569029](https://www.flickr.com/photos/wemake_cc/sets/72157663529569029)

- <https://www.youtube.com/watch?v=-C7By2Z7ccg>
- on the other we brought the open and collaborative approach of Fabrication Lab, Makerspace and Hackerspace outside of the lab into the city and the online community with the aim to creating group-friendly encounters and validate our model sketched in the Playbook in more traditional context. <https://playbook.opencare.cc/>
- 25 Master Students of the Domus Academy in Milan prototyped in group different solution targeting people with different abilities and special needs.

## 5. Project Management during the Period

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### 5.1. List of Beneficiaries

Participant Number	Participant name	Participant short name	Country	Date enter project	Date exit project
1 (CO)	Université de Bordeaux	UBx	France	1	24
2	EDGERYDERS	edgeryders	United Kingdom	1	24
3	WEMAKE S.R.L.	WeMake	Italy	1	24
4	STIFTELSEN FOR EKONOMISK-HISTORIK OCH FORETAGSHISTORISK FORSKNING	EHFF	Sweden	1	24
5	SCIMPULSE FOUNDATION	SCImpULSE	Netherlands	1	24
6	COMUNE DI MILANO	City of Milano	Italy	1	24

Table 8 - List of Beneficiaries

## 5.2. Project planning and status

	Year 1												Year 2												Completion														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Completion														
WP 1	WP1: Learn, engage and disseminate																								oooooooooooo														
Task 1.1	Task2:Outreach and onboarding																								oooooooooooo														
Task 1.2	Task1: Sharing knowledge for better consortium interoperability																								oooooooooooo														
Task 1.3													Ta...												oooooooooooo														
Task 1.4	Task4: Deep games and simulations																									oooooooooooo													
WP 2	WP2: Convene, nurture, drive and monitor a large-scale online conversation on care																									oooooooooooo													
Task 2.1	Task1:Seed and drive the online conversation																									oooooooooooo													
Task 2.2													Task2: Harvest the online conversation												oooooooooooo														
WP 3													WP3: Prototype community-driven care services												oooooooooooo														
Task 3.1 :Executive design													Task1: Executive design												oooooooooooo														
Task 3.2													Task2: Prototype development												oooooooooooo														
Task 3.3													Task3: Communication and documentation												oooooooooooo														
WP 4	WP4: Design and evaluation of community-based health/social policies at scale																									oooooooooooo													
Task 4.1	Task1: Literature review and pil...																								oooooooooooo														
Task 4.2													Task2: Survey design and i...												oooooooooooo														
Task 4.3	Task3: Research, data analysis																									oooooooooooo													
Task 4.4													Task4: Reinvent mass collaboration as a non-exploitative activity												oooooooooooo														
WP 5	WP5: Data processing for aggregating collective intelligence processes																									oooooooooooo													
Task 5.1	Task1: Develop software for semi automated aid to ethnographic coding																								oooooooooooo														
Task 5.2													Task2 :Develop semantic social analysis methods and tools												oooooooooooo														
WP 6	WP6: Lead, govern and manage the project																									oooooooooooo													
Task 6.1	Task1: Administrative and financial management																									oooooooooooo													
Task 6.2	Task2: Quality assessment, reporting and consortium meetings																									oooooooooooo													
Task 6.3	Task3: Ensure governance in ethics matters																									oooooooooooo													
WP 7													WP...												oooooooooooo														
Task 7.1													Pr... (45%)														oooooooooooo												

Table 9 - Project planning and status (Gantt chart)

## 6. Update of the plan for exploitation and dissemination of result

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At the end of Year 1, our plans for exploitation and dissemination of results are on track.

- Objective 1 results. The success in convening a large-scale online conversation around care is already being used as a vehicle to reinforce the company's reputation and drive sales. The cognitive (hence, commercial) potential of semantic social networks seems greater than we originally envisioned, so we are considering more aggressive plans for exploitation. We will revisit the matter during Year 2.
- Objective 2 results. The results from activities around objective 2 are still recent. We will wait for their consolidation to revisit our exploitation and dissemination plans. For now, we confirm those of the proposal.

## 7. Update of the data management plan

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We intend the data management plan as a living document, to be updated as our data needs and assets become more clear. It lives here: <https://github.com/opencarecc/opencare-data-documentation>. Principles of FAIR and OpenAccess are upheld.

- A first version was published in June 2016. It contains opencare's "data strategy" (what constitutes "good data" for large-scale online ethnography) and an early specification of APIs for primary data. This version does not cover open hardware documentation data, only online conversation data.
- A second version was published in November 2016. It adds fully specified APIs for both primary and secondary ethnographic data. APIs were documented using the API Blueprint language and JSON Schema. Additionally, we uploaded a dump of ethnographic data onto Zenodo (DOI: <https://doi.org/10.5281/zenodo.164970>).

In 2017 we do not expect major changes in the structure of our ethnographic data. As the project progresses, we will naturally collect and make available more of them through the same APIs. We also plan a final data dump onto Zenodo in late 2017.

## 8. Follow-up of recommendations and comments from previous review(s)

*Not applicable*

## 9. Deviations from Annex 1

### 9.1. Tasks

We take benefit of this section to emphasize an episode of our project. The episode does not directly relate to a task or deliverable, but rather to milestone MS3 “Diverse participation in onboarding workshops”.

The scope of these workshop activities has significantly changed following the EU decision in May 2016 that the fellowships would not be possible according to the current H2020 rules, despite being included in the description of the action attached to the contract signed between the Commission and the Consortium Leader.

The episode is discussed in more details in a separate document annexed at the end of the present report (last two pages).

### 9.2. Use of resources

#### Comune di Milano changes of allocated resources

City of Milan in 2016 worked longer hours than originally planned. During the first year, City of Milan staff have been working 12.58 PMs out of 15.2 PMs planned for the whole project (WP1 3.92/4; WP2 4.36/4; WP3 4.29/7.2). This was achievable mainly because of the lower cost of internal personnel compared to the standard hourly costs used at the time of initial budget planning. It is clear, that the longer hours generated, the lesser staff expenditures than those foreseen in the original budget (46,698.72 euro / 46,700.00 euro). During 2017, City of Milan will still be able to provide longer hours, therefore more PMs, yet containing its staff expenditures within the budget left.

#### WeMake changes related to budget

WeMake staff cost for 2016 was 126.634,30 € out of 260.200,00 €. We're in line with the expenses: 48% of the overall staff costs. WeMake is declaring PM higher than planned for the period (WP1 1,88 - WP2 2,63 - WP3 36,63) due to lower hourly costs of personnel than initially estimated. During 2017 we plan to do the same: higher declared total PM and costs compliant with budget.

#### WP1

As a consequence of the communication by our Project Officer that it would not be allowed for the Consortium to offer financial support to grassroots projects selected by open competition, despite this being described as a mean of community engagement and data collection within the approved Description of the Action, SF was forced to repurpose €60k, that have been transferred, as communicated in due time to the Project Officer herself, to WP1 (45k) and to travel costs (€15k), to intensify the otherwise weakened “Learning, engagement and dissemination” activities, a measure to be considered part of the mitigation strategy for unforeseen risks as described in R7.

**WP4**

The Qualtrics survey is still running (despite the initial idea to use it only during fall 2017). This is however intentional. As we do not do any sampling but rather use the survey to collect information on cases (that we in the next step can assess using qualitative methods) longer time online means more potential responses and more interesting cases.

**WP5**

WP5 leader UBx meant to hire a software engineer from day one to comply with the work package agenda. The hiring process however did not bring candidates with the expected profiles. Reasons for this is partly institutional since UBx salary policy does not compete well with the salary for software developers in the private sector. As a consequence, we did receive but a very small number of applications from younger graduates and none from confirmed software developers.

On the other hand, we did receive quite a number of applications from data scientists. While these profiles were interesting and quite strong on the machine learning side, the candidates obviously lacked knowledge and know-how in software development and web technologies.

UBx preferred to rely on its permanent staff, together with interns, to go forward with the work to be done. In the meanwhile, a software engineer holding a PhD degree in computer science has joined our team (but with an actual contract start date in 2017 to comply with UBx internal administrative process).

Finally, although the resources were not used as originally planned, with an increased involvement of our permanent staff, we succeeded in getting things done as planned in WP5's agenda.



## ***PROJECT PERIODIC REPORT – part A (summary extended version)***

Grant Agreement number: 688670  
Action acronym: OpenCare  
Action title: Open Participatory Engagement in Collective Awareness for REdesign of Care Services  
Type of the action: H2020: Research & Innovation Actions (RIA)  
  
Periodic report: 1<sup>st</sup> Periodic Report  
Period covered: from M01 to M12 (01. January 2016 - 31. December 2016)  
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Action website address: <http://www.u-bordeaux.fr/>  
  
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## 1. Summary for publication (extended version)

This summary section is an extended version of the summary entered on the EC portal.

### 1.1. Summary of the context and overall objectives of the project

OPENCARE started in early 2016 with three objectives in mind.

The first: explore the potential of communities to design and deliver care services. Citizen experts and patient innovators were coming up with exciting new products and services for care. What was going on?

The second: explore the implications of all this for policy. Care is high in the policy agenda. Health and social care services are expensive, and getting more so. What opportunities arise when informal networks of patient innovators step into the arena? What threats?

The third: generalize from the provision of care services to the provision of anything. Care is important. But the engine powering community provision of care is, at the end of the day, collaboration. And collaboration cuts across all domains. In the care domain, it is hard not to see collective intelligence at work. But what is that, exactly? How does it work? Can we detect it, measure it? How?

The next subsections list what we learned so far.

#### 1.1.1. The potential of communities to design and deliver care services

Communities have great potential for providing care. Reading through the hundreds of stories we collected, one gets the sense of a swarm. Initiatives everywhere, most of them small, addressing the full spectrum of health and social issues. Powered by collaboration, they achieve incredible results.

In Greece, they build tens of clinics with no money, no staff and no legal existence to treat, for free, anybody who has lost their right to public health care. In France, they develop a cheap ultrasound-based stethoscope. In the USA, they create an open source method to produce cheap insulin. In Romania, they form a network to deliver anticancer drugs unavailable in the country. Public health care struggles with financial constraints. Business focuses on serving those who have money. But everywhere we look, smart, generous communities step into the breach to care and give support.

Many of them – most, even – contain elements of innovation. Innovating communities take full advantage of small size, independence and closeness to the problem. Taken together, you can see them as a decentralized system that innovates in all directions at once. A bus kitted as a mobile studio for trauma counselling. A peer-to-peer alternative to 911. An ultracheap modular system for people in refugee camps to build their own furniture. The list goes on and on. Community innovators are "crawling the solution space" in a way no organization could.

#### 1.1.2. Implications for policy

Community provision of care services carries benefits for social welfare. The "wisdom of the crowd" in care trumps public- or private sector provision of care in certain scenarios. Based on 19 case studies, we identified four such scenarios.

1. When information is dispersed. This happens, for example, in websites where patients can compare the side effects of medication. Crowdsourcing of information provision works well in these cases.
2. When the conventional systems of provision fail. This happens in emergency situations (the "refugee crisis" and in countries hard-hit by systemic crisis. Locally organized clinics and health care provision have flourished in these cases. These initiatives often need a strong subculture to motivate participants, and can be hard to scale.
3. When participating in producing care services is itself beneficial. This happens with many services around mental health and addiction.
4. When "evasive entrepreneurship" reduces the innovation costs introduced by regulation.

### **1.1.3. The inner workings of collective intelligence**

We learned four main things about how collective intelligence in action.

Collective intelligence has structure, and a network science approach can detect it. We seek collective intelligence in interaction: by constantly improving on each other's work, humans give rise to a system which is smarter than each individual participant. There are two main kinds of interaction in opencare. The first is social interaction – who interacts with whom in the online conversation. The second is semantic interaction: which key concepts interact with which. Combining the two, we get a well-defined semantic social network of the opencare conversation. From semantic networks we understand how participants see open care as a group. From social networks we can "grade" individual contributions: denser interaction means more scrutiny, thus more reliability.

It's all about humans. Many of the solutions and needs expressed by participants are non-technological. Community provision of care services needs humans: more, better prepared, volunteers. People prepared to teach each other skills. Therapists to help volunteers in need of trauma support, and so on. This suggests that the highest-impact technologies are technologies that help bring people together, share knowledge, and distribute human resources across different care contexts. These technologies are connectors: they help string together and coordinate human efforts. Their role is consistent with our vision of collective intelligence as interactional. In contrast, technologies that attempt to replace humans are never invoked in opencare.

Collective intelligence dynamics can be encouraged with (some) success. OPENCARE was able to start and steward a large scale conversation from scratch. Though this is only one of opencare's activities, we have met our quantitative goals one year ahead of schedule. The online conversation alone has over 200 participants, 2,000 contributions and 400,000 words. We achieved this by deploying techniques borrowed from hacker culture rather than corporate communication.

The interface between online and onsite collaboration environments is a single point of failure. All-online (OPENCARE web platform) and all-onsite (lab, workshops) collaboration develops naturally enough. In contrast, we found it difficult to cross the online-onsite barrier. For example, it is hard to report the results of onsite workshops in such a way that they feed into interaction online. Learning to better connect online and onsite environments would result in stronger collective intelligence dynamics.

### **1.1.4. Things we did along the way**

This journey took us through interesting waypoints. Among them:

- Build an interactive dashboard for studying semantic social networks: <http://164.132.58.138:9000> (University of Bordeaux, Edgeryders).
- Provide expertise and facilities to develop and prototype a device for monitoring reduced-mobility individuals. The device, called InPe, warns the caregiver when the patient falls over (WeMake).
- Co-teach two design courses. One at Universität der Kunst Berlin (Edgeryders); the other at Domus Academy Milan (WeMake).
- Organise onboarding workshops and community events. These took place in Milan (WeMake, City of Milan), Brussels, Thessaloniki, Berlin and Galway (Edgeryders), Bordeaux (University of Bordeaux), Geneva (Sclmpulse) and Stockholm (Institute for Economic and Business History Research).
- Contribute to defining good practice for publishing ethnographic data as open data. As far as we know, no one has ever published open data of this kind before.
- Publish a paper: Cottica, A. (Edgeryders), G. Melançon (University of Bordeaux) and B. Renoust, 2016, "Testing for the signature of policy in online communities". Studies in Computational Intelligence n. 693, Cham (Switzerland).
- Be ourselves open. Our main coordination channel is accessible to all on the open web. We published the opencare proposal with an open license.

## 1.2. Work performed from the beginning of the project to the end of the period covered by the report and main results achieved so far

What we set out to do	What we did
<b>Convening and curating an online conversation about care</b> , whose complexity and scale emerges from its evolving nature, with issues being discussed in parallel by hundreds of participants over several months.	<b>Done</b> (EDGE). The conversation is alive and well. At the time of writing it has over 200 participants and 2,000 contributions with 420,000 words.
<b>Performing ethnographic coding on it</b> . Ethnographic codes are stored in our platform database as Linked Open Data, in RDFa format.	<b>Done</b> (EDGE). We have coded about 80% of the conversation, producing over 2,500 ethnographic annotations that use about 600 codes. The RDFa format has been abandoned in favour of an approach based on APIs serving JSON files. See the Data management strategy for full documentations.
<b>Building the semantic social networks (SSN) based on these data</b> .	<b>Done</b> (UBX and EDGE). The SSN was initially drafted by processing data in batch mode in September 2016; later, we built a fully interactive prototype dashboard. It is visible at <a href="http://164.132.58.138:9000/">http://164.132.58.138:9000/</a> .
<b>Analysing the SSN and using the result of such analysis as intelligence to inform the action of the community management team</b> . Community management goals can now be specified using the language of networks: for example "get the three	<b>Done</b> (UBX and EDGE). In November we ran an event with ethnographers and network scientists to propose appropriate network metrics to analyse ethnographic data. This required producing a data model compatible with our methodology and with our intent of sharing our data in open format ( <a href="https://github.com/opencarecc/opencare-data-documentation">https://github.com/opencarecc/opencare-data-documentation</a> ). We are not aware of any other examples of open ethnographic data.

groups discussing social care to recent migrant to merge into a single subcommunity".	Documentation (at the time of writing still partial) available here: <a href="https://github.com/opencarecc/Masters-of-Networks-5">https://github.com/opencarecc/Masters-of-Networks-5</a>
<b>Iterating, checking at each step that the community management goals formulated in one cycle are reached in the next.</b> If this happens regularly, we will have indication that semantic social networks are not only a powerful analytical tool, but a policy-relevant one: that is, they produce actionable goals that community managers can deliver upon.	<b>Not done yet.</b> We only completed the first iteration. We will definitely complete a second one, and hopefully a third one, in 2017, with at least two Masters of Networks events (Bordeaux in June, Milan in September).
<b>Focus on execution</b> and so provide a detailed case study of designing for collaboration. We instantiate a large-scale collaboration experiment and document our trials, errors and successes	<b>Partially done</b> (EDGE, WEMAKE). The large-scale collaboration process has indeed been instantiated and documented. Early results indicate that fully online collaboration (as implemented mostly by EDGE) has substantial traction, and has produced the vast majority of the data analysed in WP5. Offline collaboration (as implemented mostly by WEMAKE) is anecdotally substantial, but we struggle to document it. See this thread: <a href="https://edgeryders.eu/en/opencare-research/building-gateways-between-online-and-offline">https://edgeryders.eu/en/opencare-research/building-gateways-between-online-and-offline</a> In 2017, we plan to move forward with a white paper on the interface between online and offline environments for collaboration, in a design perspective.
Attempt to <b>take exploitation out of the participatory design picture</b> . This is done by underwriting an explicit social contract with the OpenCare community, styled as a collective author and researcher. To this end, we run a social lab to reflect on the nature of accountability, governance, and ownership in distributed participatory design in care provision. By role-playing, simulations, and storytelling, we explore the dynamics of the distributed innovation systems under a spectrum of desirable, and less so, schemes of governance, and value propositions from the community members.	<b>Partially done.</b> (SF, EDGE) The approach is to exploit alternative and less massive areas of participatory design, such as specialised communities or niche groups. Smaller groups allow story extraction "offline" using participative game-based simulation in the real world. The "Deep Games" workshop is a tailored mix of methods explained in deliverable WP1, D1.4 - <a href="#">Deep Games and intended audience</a> . The outcome stories can be captured and fed into any digital platform in various ways beginning with the simplest: each participant writes down his/her challenge story after the workshops. While we could envision more complex ways of capturing, we are slowed down awaiting for budget authorization to engage with the participants and organize the workshops. We took the lead for assembling a joint funding application (to the MacArthur Foundation's 100&Change challenge) open to all members of the OpenCare community. This was meant to reciprocate the community's generosity in sharing their experiences of open care projects with the research group. 23 grassroots initiatives formally joining together in a sort of "smart swarm", loosely coordinated but still decentralized, show that our effort was appreciated.
<b>Recon extant initiatives of community-driven, open care.</b>	<b>Done</b> (EHFF). We surveyed existing "care services designed and/or delivered through collectively intelligent processes". The initiatives we collected and examined confirm a multitude have been used in European healthcare, ranging from health clinics to IT-based systems to compare symptoms to community psychiatric care. Several preliminary findings have been drawn from these cases. These care services projects provide large advantages when information is widely dispersed, for example sites where patients can compare symptoms or side effect of medication. Another

	example is projects where individuals can voluntarily share genetic and health information to research, which is dependent on large samples that are otherwise rare or costly and where ethical concerns prohibits mandatory collection of data. There are also successful open projects that provide value for health by allowing patients to rate doctors and healthcare professionals. Open care projects of this type are scalable and work well regardless of how well functioning the conventional health system works. As expected, IT plays a central role in facilitating this type of open collective intelligence care.
Map finding onto <b>policy recommendations.</b>	<b>Not yet done.</b> Planned by EHFF for Year 2.

### 1.3. Progress beyond the state of the art and expected potential impact (including the socio-economic impact and the wider societal implications of the project so far)

#### 1.3.1. State-of-the-art

The time elapsed since the start of the project is in fact quite short (one year), during which we did not become aware of any groundbreaking change in the state of the art in 2016.

As a consequence, this section voluntarily focuses on our own contributions. We plan to indeed run a more in depth examination of the state-of-the-art when submitting our final report (end of year 2) and provide a more extensive and exhaustive evaluation of progress made.

That being said,

- On the Network science for online deliberation and community management front:
  - we do note interesting work being done on intimacy as affecting the shape of interaction networks in online communities, with potentially detrimental effects [Kim et al., 2015]<sup>1</sup>. These progresses do not bear directly on opencare yet. Also, we have taken advantage of recent advances in semantic social network analysis by members of the consortium to explore and analyze data from the online discussion forum [Renoust et al. 2015]<sup>2</sup>.
- On the Design for participation and collective intelligence front:
  - We do note a growing scepticism on the role of Internet tools in participation, in the wake of vicious political campaigning<sup>3</sup>, the stifling effect of surveillance on the expression of non-mainstream opinions<sup>4</sup>; Internet shutdowns as a common tool to eradicate coordination of dissent<sup>5</sup> the spread of “post truth” politics and the weaponization of clickbait and false news<sup>6</sup>, and an increased awareness of the role of

<sup>1</sup> Kim, K., W. S. Jo, et al. (2015). Group Intimacy and Network Formation. Signal-Image Technology & Internet-Based Systems (SITIS), 2015 11th International Conference on, IEEE, 366-370.

<sup>2</sup> Renoust, B., G. Melançon, et al. (2015). "Detangler: Visual Analytics for Multiplex Networks." Computer Graphics Forum 34(3): 321-330.

<sup>3</sup> Ott, Brian L. "The age of Twitter: Donald J. Trump and the politics of debasement." Critical Studies in Media Communication 34.1 (2017): 59-68.

<sup>4</sup> Stoycheff, Elizabeth. "Under surveillance examining Facebook's spiral of silence effects in the wake of NSA internet monitoring." Journalism & Mass Communication Quarterly (2016): 1077699016630255.

<sup>5</sup> Matt Kamen, "Governments shut down the internet more than 50 times in 2016", <http://www.wired.co.uk/article/over-50-internet-shutdowns-2016>.

<sup>6</sup> Brown, Tracey. "Evidence, expertise, and facts in a “post-truth” society." (2016): i6467.

corporations as “digital gatekeepers”<sup>7</sup>. The literature is still in the process of catching up.

### 1.3.2 Projected impacts

At the end of year 1, we see a clear potential for OpenCare in several domains. In what follows, we first list our most important sources by nature. We then proceed to discuss them.

Nature of impact	Dimension impacted
Emergence of a scalable quali-quantitative research methodology from ethnography and network science	In science: an extended reach of collective intelligence In society: an increased traction of participatory processes when dealing with open-ended, poorly specified problems like climate change, mounting inequalities or rogue finance.
A (more) reliable set of techniques for sustainable, fair engagement in participatory processes	In society: ability to tap into citizen expertise without depleting social capital. Virtuous cycle, with fair social contracts in participation leading to more participation.
Participant observation of peer-to-peer collaborations initiated as a consequence of involvement in OpenCare	In science: high-quality ethnographic data on open collaboration In society: potential for deploying policies that make successful peer-to-peer collaboration more likely.

Emergence of a scalable quali-quantitative research methodology from ethnography and network science

Our results on semantic social networks, although still preliminary, exceed our expectations. Once coded by ethnographers and translated into network form, the OpenCare conversation displays remarkable convergence. To check that it is so – even with incomplete data – navigate to the co-occurrence graph in the dashboard<sup>8</sup>. Next, try to filter the graph by an increasing value of the number of co-occurrences. As the value increases, the number of ethnographic codes satisfying the condition decreases, as expected, yet the graph remains connected. We interpret this as the emergence of a hierarchy of associations. This has proven highly advantageous for analysts, because:

1. Filtering edges for high numbers of co-occurrences (6-8) results in a clear, intuitive map of what the community considers to be the strongest links between different codes. Different analysts looking at it are led to similar conclusion. This provides ethnographers with “waypoints” that they can check their work against (is the story I have in mind after coding the text confirmed by the association pattern seen in the graph?). Additionally, the clarity and beauty of the data in network form helps non-ethnographers understand the results. This implies that the ultimate users of social research – decision makers, for example – have a perspective onto the data other than reading a report.
2. Filtering edges for **low** numbers of co-occurrences (2-3) results in a much more granular network view, that can be explored in search of serendipitous intuitions. For example, the

<sup>7</sup> Global Commission on Internet Governance, Report 2016. <https://www.ourinternet.org/about>

<sup>8</sup> <http://164.132.58.138:9000/#/dashboard/tagViewFull>

OpenCare data contain an unexpected association between a group of codes clustered around mental health (like “trauma”) and another group related with languages (“translation”, “language barriers” and such). The primary data that encoded these associations were authored by community members involved in initiatives aiming to take care of refugees. They realised that language barriers compound with the trauma of having to leave one’s home, making such initiatives much more complex and sensitive. This made perfect sense to us once we had investigated the connection, but initially came to us as a novelty. We risked overlooking the connection, which would have been a shame given its actionability.

This representation of the data is collective intelligence in a deep sense: it reflects the way *the conversation as a whole*, not its participants taken one by one, thinks about open care issues. Individual participants will normally make many associations between the key concepts, but they have no way of being aware that these associations are shared by other participants in the same conversation.

We expected all of the above. But we did not expect this degree of convergence, which is normally not found in digital ethnography literature<sup>9</sup>. With all due caution, we conjecture that this is due to two factors, one social and one inherent to the process of data formation. The social factor is this: the OpenCare conversation is a fairly coherent social setting, in a way that social networking platforms are not. People in OpenCare can and do discuss these issues over, and this leads to convergence, or to spotting an explicit disagreement<sup>10</sup>. By contrast, most digital ethnography draws primary data from “Instagram” or “Facebook”, filtered either by location or by hashtag<sup>11</sup>. There is no guarantee that such filtering brings in a coherent conversation. Therefore, in our language, standard digital ethnography induces semantic networks, but not necessarily semantic *social* networks.

The data formation factor is, of course, ethnographic coding itself: we maintain a proper ontology, whereas most studies in the literature fall back on user-generated tagging of social network posts. This makes sure that our SSN representation correctly identifies instances where participants are talking about the same things.

This result suggests that an appropriate combination of digital ethnography and graph theory might be more scalable than we envisioned initially. At over 200 informants, 2,000 contributions, almost 4,000 annotations and 800 ethnographic codes, the OpenCare study is already 1.5 orders of magnitude larger than the recommended minimum size for ethnographic research. We believe that the methodology might be scaled one extra order of magnitude, to handle thousands of key informants, tens of thousands of contributions and multiple languages. This would be a significant breakthrough: much qualitative research employs either ethnographic methods or surveys. The

<sup>9</sup> For example: Anders Kristian Munk, Mette Simonsen Abildgaard, Andreas Birkbak, and Morten Krogh Petersen. 2016. (Re-)Appropriating Instagram for Social Research: Three Methods for Studying Obesogenic Environments. In *Proceedings of the 7th 2016 International Conference on Social Media & Society* (SMSociety '16), Anatoliy Gruzd, Jenna Jacobson, Philip Mai, Evelyn Ruppert, and Dhiraj Murthy (Eds.). ACM, New York, NY, USA, , Article 19 , 10 pages. DOI: <http://dx.doi.org/10.1145/2930971.2930991>

<sup>10</sup> Though of course only a small fraction of the possible pairwise interactions are instantiated (about 800 out of 40,000 possible in theory).

<sup>11</sup> For a location-based example, see Munk et. al., quoted in footnote 7. For a hashtag-based example, see Dubois, Elizabeth, and Devin Gaffney. "The multiple facets of influence: identifying political influentials and opinion leaders on Twitter." *American Behavioral Scientist* 58.10 (2014): 1260-1277.

latter are highly scalable, but also vulnerable to well documented framing effects<sup>12</sup>. The former is much more robust to framing effects and serendipitous, but non-scalable.

When tapping collective intelligence, framing effects are particularly stifling. They are most severe when dealing with poorly specified, open-ended problems like climate change, rising inequalities, migration and so on. Not coincidentally, these are also the highest-stake societal issues humanity is called on to face. In practice, relatively few surveys have more than a few thousands of respondents. If a framing-robust methodology existed that was viable at that scale, it would have its uses.

At this stage of our research, we glimpse the possibility of forging such a methodology by reinventing ethnography as a data-driven, collaborative discipline. Its building blocks are:

- **Standards for ethnographic data.** OpenCare invested in the specification of a data model for social semantic network data. As a result, we can machine-read and -process our own data with relative ease and clarity.
- **Good practices for metadata.** OpenCare is already at the limit of the data size a single ethnographer can handle. For larger study, tight collaboration will be needed between researchers each coding a part of the primary data. For results to be consistent, coding practices need to be consistent and very well documented. Another way to say this is that ethnographic metadata must be produced and cared for.
- **Open data.** To the best of our knowledge, opencare's database is the first-ever collection of raw ethnographic information published as an open dataset. We envision a collaborative discipline where ethnographers can "pull" from each other primary data (like OpenCare's online conversation) as well and secondary data (annotation and codes). This would allow their reuse, integration and recombination to explore different research paths.
- **Network science-based technology.** Our work shows that graph theory-based aggregation of ethnographic data can be extremely useful, and becomes essential as the study's scale. But that work is still in its infancy. For example, we are currently underutilizing social network information to "score" semantic data. We plan to do more work on this already during OpenCare.

A (more) reliable set of techniques for sustainable, fair engagement in participatory processes

OpenCare started in full knowledge that participation is messy. Our initial hypothesis: participatory processes (especially online) have often been abused in the past. The input of contributors have been appropriated by the organizations eliciting participation, with no proper acknowledgement or reward. The benefits of open participation have tended to only one way, from contributors to conveners. Many people view this arrangement as unfair. As a consequence, engagement has become harder. "If we build it, they will come" is no longer true.

We experimented with an array of engagement techniques that, we hope, lead to predictable and sustainable community engagement. "Predictable" means that their failure rate is low, and that failure is not binary, but rather a matter of degrees. "Sustainable" means that, at the end of the participatory exercise, participants will be no less likely to engage in future participatory exercises. No social capital is consumed to produce engagement; instead, social capital is produced by participation.

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<sup>12</sup> The work of Daniel Kahneman and Amos Tversky is the obligatory reference here. For example, see Tversky, Amos, and Daniel Kahneman. "Rational choice and the framing of decisions." *Journal of business* (1986): S251-S278.

Participation in OpenCare was predictable and predicted. In the proposal, we committed to eliciting a number of contribution in the low thousands by a number of unique contributors in the low hundreds. This commitment has already been honoured at the end of the first year of work. Sustainability is harder to prove, but about 50% of the over 200 participants of the OpenCare conversation have also been active on other projects within the Edgeryders community.

The ingredients of this advancement are:

- **Emphasis on documentation as knowledge stewardship.** Documentation is costly and not terribly engaging work. As conveners of the OpenCare conversation, we took the lead on documenting the debate and making sure it stays accessible. We do this mostly for technical reasons. But we claim that it has positive effects on sustainable engagement, as it shows appreciation and respect for each and every contribution.
- **Small monetary rewards for the best contributors.** We offered 20 community members, who had previously authored exceptionally good contributions, a small monetary reward of 250 EUR for writing a follow-up contribution, going deeper into matters of interest to the project. This helped seed the conversation, eliciting more comments. It also created an international group of very active participants, that have often gone out of their way to involve more of their peers into OpenCare.
- **Non-monetary rewards for the community as a whole.** As a token of appreciation for the experiences of community-provided care, we volunteered to lead in preparing an entry into the MacArthur Foundation's 100&Change challenge that any initiative that self-identified as part of the OpenCare community could join. We made sure that this required only a limited additional expenditure of time by community members, whereas we did most of the heavy lifting. This move was interpreted as a sign of commitment to creating value for participants to OpenCare. It boosted attendance to the onboarding workshops organized by Edgeryders in the Fall of 2016, and resulted in 23 initiatives from 10 countries entering a formal partnership with Edgeryders for the purpose of this entry<sup>13</sup>.
- **Trusting community members as service providers.** Some grassroots organisations that had chose to participate to the OpenCare community had clear local and national connections with other, like-minded initiatives. We involved some of these "local leaders" as subcontractors in organising offline events (in Greece, Belgium, Germany and Ireland). This proved a win-win move, because the OpenCare project gained access to many more initiatives, and "local leaders" got paid modest, fair amounts to do what they do best: mobilise local communities around bottom-up care.

In the proposal, we planned to reward communities also financially, by funding self-evaluation reports that we could use as an additional – and particularly deep and rich – ethnographic data. This, however, was not possible due to administrative rules of Horizon 2020. See the "unforeseen risks" table for more details.

Participant observation of peer-to-peer collaborations initiated as a consequence of involvement in OpenCare

We are aware of five episodes of collaboration across different initiatives participating in the OpenCare community that appear to be a direct consequence of participation itself. These are:

1. OpenandChange collective funding application.

<sup>13</sup> [https://docs.google.com/document/d/16v1h\\_7RyhZGmze1ZU3NsIhD2wKYhFrLC1wOLAc4gpug/edit](https://docs.google.com/document/d/16v1h_7RyhZGmze1ZU3NsIhD2wKYhFrLC1wOLAc4gpug/edit)

2. Belgian traumatologist goes on a tour in refugee camps in Greece to offer free treatment to anyone who needs them (with Syrian refugees in mind).
3. Community members at a biohacking lab in Ghent, Belgium connect with other biohackers in the USA and Australia to collaborate on developing an open source method for producing proinsulin.
4. British volunteer in refugee camps takes on artistic residency at an Armenian cultural center, as facilitated by another opencare member in Armenia.
5. Italian community member considers setting up an opencare spinoff<sup>14</sup>.

We decided to follow up close the development of these collaborations. They are a rare opportunity to document the pathways that lead from online debate (one form of collective intelligence) to collaborative action (another one). This has clear implications for policy makers who desire to encourage community-driven care activities. We have chosen a perspective based on two disciplines: design for social innovation and ethnography. A paper is in preparation<sup>15</sup>.

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<sup>14</sup> <https://docs.google.com/document/d/14NGknuOP9Lieesn9BbF89KimWPdTPdADj0npJCzgIK8/edit#>

<sup>15</sup> <https://edgeryders.eu/en/opencare-research/abstract-for-political-forms-and-movements-in-the>

## 2. Deliverables

The table duplicates information that was entered on the EC portal.

Del. no.	Deliverable title	Related WP no.	Lead bene- ficiary	Type	Dissemi- nation level	Delivery date from Annex I	Actual delivery date	Forecast delivery date	Status	Comments
D 1.1	Hackathon documentation	WP 1	UBx	R	PU	M09	Submitted 29/09/16 (M09)	30/09/16 (M09)	Submitted	29/09/16 (M09): Document successfully submitted
D 1.2	Hackathon material, workshop venue and	WP 1	UBx	DEC	PU	M12	Submitted 22/12/16 (M12)	31/12/16 (M12)	Submitted	22/12/16 (M12):
D 1.3	Open call text	WP 1	SCImPULSE	R	PU	M05	Submitted 23/02/17 (M14)	31/05/16 (M05)	Submitted	12/07/16 (M07): The delivery was delayed by unanimous decision of the project board, in wait of a decision about formal issues that were incurred in the execution of the project as proposed (and approved).  The call was however launched since 12 July 2016. See: <a href="http://www.scimpulse.org/home/fearless-program/opencare-call-to-hack-health-and-social-care">http://www.scimpulse.org/home/fearless-program/opencare-call-to-hack-health-and-social-care</a>
D 1.4	Deep games agendas and intended audiences	WP 1	SCImPULSE	R	PU	M06	Submitted 12/07/16 (M07)	30/06/16 (M06)	Submitted	12/07/16 (M07): Delay due to technical problem on the sigma platform. Document ready for submission by due date (June 2016)
D 1.5	Collection of textual and visual documentation from onboarding workshops	WP 1	edgeryders	DEC	PU	M09	Submitted 03/10/16 (M10)	30/09/16 (M09)	Submitted	03/10/16 (M10):

D 1.6	Peer-auditing of the project, and indication on how to work-around failures and pitfalls	WP 1	SCImPULSE	R	PU	M20	Not submitted	31/08/17 (M20)		
D 1.7	Documentation from final international event	WP 1	edgeryders	DEC	PU	M24	Not submitted	31/12/17 (M24)		
D 1.8	Deep games documentation	WP 1	SCImPULSE	R	PU	M24	Not submitted	31/12/17 (M24)		
D 2.1	Deployed, tested OpenCare online space on the production server	WP 2	edgeryders	DEC	PU	M02	Submitted 18/04/16 (M04)	18/04/16 (M04)	Submitted	18/04/16 (M04): Submitted
D 2.2	20 high-quality posts	WP 2	edgeryders	DEC	PU	M11	Submitted 30/11/16 (M11)	30/11/16 (M11)	Submitted	30/11/16 (M11):
D 2.3	Draft report on engaging open networks in meaningful online conversations	WP 2	edgeryders	R	PU	M12	Submitted 19/12/16 (M12)	31/12/16 (M12)	Submitted	19/12/16 (M12):
D 2.4	Final report on engaging open networks in meaningful online conversations	WP 2	edgeryders	R	PU	M22	Not submitted	31/10/17 (M22)		
D 2.5	Ethnographic report	WP 2	edgeryders	R	PU	M23	Not submitted	30/11/17 (M23)		
D 3.1	Co-designing care services: a practical guide	WP 3	WeMake	R	PU	M06	Submitted 12/07/16 (M07)	30/06/16 (M06)	Submitted	12/07/16 (M07): Delay due to technical problem on the sigma platform. Document ready for submission by due date (June 2016)
D 3.2	Full documentation of all prototypes	WP 3	WeMake	DEM	PU	M20	Not submitted	31/08/17 (M20)		

D 4.1	Review of the literature of collective intelligence in care policies	WP 4	EHFF	R	PU	M06	Submitted 13/07/16 (M07)	30/06/16 (M06)	Submitted	13/07/16 (M07): Delay due to technical problem on the sigma platform. Document ready for submission by due date (June 2016)
D 4.2	Survey design	WP 4	EHFF	R	PU	M06	Submitted 12/07/16 (M07)	30/06/16 (M06)	Submitted	12/07/16 (M07): Delay due to technical problem on the sigma platform. Document ready for submission by due date (June 2016)
D 4.3	Research paper. Accountability and ownership in community-led welfare innovation: its potential role in EU policies	WP 4	EHFF	R	PU	M22	Not submitted	31/10/17 (M22)		
D 4.4	Research paper. Integrating community-driven care services in European welfare states	WP 4	EHFF	R	PU	M22	Not submitted	31/10/17 (M22)		
D 4.5	Community-driven care: a draft	WP 4	EHFF	R	PU	M18	Not submitted	30/06/17 (M18)		
D 4.6	Research paper: Integrating community-driven care services in European welfare states.	WP 4	EHFF	R	PU	M24	Not submitted	31/12/17 (M24)		
D 4.7	Research paper: Using collective intelligence to improve care - an empirical study on best practice in the care sector	WP 4	EHFF	R	PU	M24	Not submitted	31/12/17 (M24)		

D 5.1	Toolbox for developing networkbased software for collective intelligence	WP 5	UBx	DEC	PU	M12	Not submitted	31/12/16 (M12)		
D 5.2	White papers: user tasks and requirements; data abstractions and operations requirements	WP 5	UBx	R	PU	M12	Submitted 27/12/16 (M12)	31/12/16 (M12)	Submitted	27/12/16 (M12):
D 5.3	Implementation and integration of the semi-automated aid to ethnographic coding prototype into the OpenCare platform	WP 5	UBx	DEC	PU	M15	Not submitted	31/03/17 (M15)		
D 5.4	Implementation and integration of SSNA software prototypes into a dashboard environment, incorporating the research on semantic networks	WP 5	UBx	DEC	PU	M20	Not submitted	31/08/17 (M20)		
D 6.1	"Consent funnel"	WP 6	UBx	DEC	PU	M03	Submitted 31/03/16 (M03)	31/03/16 (M03)	Submitted	31/03/16 (M03):
D 6.2	Periodic report #1	WP 6	UBx	R	PU	M12	Not submitted	31/12/16 (M12)		
D 6.3	Periodic report #2	WP 6	UBx	R	PU	M24	Not submitted	31/12/17 (M24)		

D 6.4	Final report	WP 6	UBx	R	PU	M24	Not submitted	31/12/17 (M24)		
D 6.5	Ethics interim evaluation and guidance report	WP 6	SCImPULSE	R	PU	M12	Submitted 23/02/17 (M14)	31/12/16 (M12)	Submitted	23/02/17 (M14):
D 6.6	Final ethics report	WP 6	SCImPULSE	R	PU	M24	Not submitted	31/12/17 (M24)		
D 7.1	POPD - Requirement 1	WP 7	UBx	R	PU	M06	Submitted 23/12/16 (M12)	30/06/16 (M06)	Submitted	23/12/16 (M12):
D 7.2	POPD – Requirement 2	WP 7	UBx	R	PU	M06	Submitted 23/12/16 (M12)	30/06/16 (M06)	Submitted	23/12/16 (M12):
D 7.3	H – Requirement 3	WP 7	UBx	R	PU	M06	Submitted 23/12/16 (M12)	30/06/16 (M06)	Submitted	23/12/16 (M12):
D 7.4	POPD – Requirement 4	WP 7	UBx	R	PU	M06	Submitted 23/12/16 (M12)	30/06/16 (M06)	Submitted	23/12/16 (M12):
D 7.5	POPD – Requirement 5	WP 7	UBx	R	PU	M06	Submitted 23/12/16 (M12)	30/06/16 (M06)	Submitted	23/12/16 (M12):

Table 1 - Deliverables List and Status Table

### 3. Milestones

The table duplicates information that was entered on the EC portal.

Milestone no.	Milestone title	Related WP no.	Lead beneficiary	Due date from Annex I	Means of verification	Achieved Yes/No	Forecast achievement date	Comments
MS1	Onboarding structure up and running	WP 1	edgeryders	31/03/16 (M03)	social media accounts, calendar of workshops made public	Yes	31/03/16 (M03)	
MS2	Open competition is launched	WP 1	SCImPULSE	31/05/16 (M05)	published at <a href="http://edgeryders.eu">http://edgeryders.eu</a>	Yes	12/07/16 (M07)	The delivery was put on hold by the project consortium due to a pending meeting with the European commission for clarification of the guidelines. The call is open at this address: <a href="http://www.scimpulse.org/home/fearless-program/opencare-call-to-hack-health-and-social-care">http://www.scimpulse.org/home/fearless-program/opencare-call-to-hack-health-and-social-care</a>
MS3	Diverse participation in onboarding workshops	WP 1	SCImPULSE	30/09/16 (M09)	Diverse participation in onboarding workshops.	Yes	15/02/17 (M14)	See explanatory note in annex (end of this document).
MS4	Community validation phase started	WP 1	edgeryders	30/11/17 (M23)	Online research reports	No	30/11/17 (M23)	
MS5	Conversation-ready online space	WP 2	edgeryders	31/03/16 (M03)	Linkable and retrievable at <a href="http://edgeryders.eu">http://edgeryders.eu</a>	Yes	31/03/16 (M03)	
MS6	Lively, populated platform	WP 2	edgeryders	30/06/16 (M06)	<a href="http://edgeryders.eu">http://edgeryders.eu</a> platform analytics	Yes	28/06/16 (M06)	
MS7	Ontology ready for ethnographic coding	WP 2	edgeryders	31/01/17 (M13)	Included in D2.5 Ethnographic report.	No	31/01/17 (M13)	

MS8	Prototyping environment is functional	WP 3	WeMake	31/08/16 (M08)	First batch of executive design files uploaded onto the repositories	Yes	21/10/16 (M10)	
MS9	Prototype documentation is complete	WP 3	WeMake	31/07/17 (M19)	All prototypes documented in the repositories.	No	31/07/17 (M19)	
MS10	Policy research feeding into the conversation	WP 4, WP3	EHFF	31/10/16 (M10)	Policy-related content from WP3 posted on edgeryders.eu	Yes	31/10/16 (M11)	
MS11	Draft of a social contract for care solutions & participatory design	WP 4	SCImPULSE	31/07/17 (M19)	Draft social contract posted onto edgeryders.eu	No	31/07/17 (M19)	
MS12	Semi-automated ethnographic coding implemented	WP 5	UBx	28/02/17 (M14)	Code released on github.	No	28/02/17 (M14)	
MS13	SSNA dashboard operational	WP 5	UBx	31/03/17 (M15)	Code released on github.	No	31/03/17 (M15)	
MS14	Two Ethics Advisors appointed	WP 6	SCImPULSE	29/02/16 (M02)	Announcement on edgeryders.eu	Yes	29/02/16 (M02)	
MS15	Consent to participation, and use of data approved and published	WP 6	SCImPULSE	31/03/16 (M03)	Consent text is published on edgeryders.eu	Yes	31/03/16 (M03)	

Table 2 - Milestones List and Status

## 4. Ethical Issues

Ethical issues are addressed either through the WP7 deliverables or through specific tasks and deliverables in WP6.

## 5. Critical implementation risks and mitigation actions

### 5.1. Foreseen Risks

Description of Risk	Work Packages Concerned	Proposed risk-mitigation measures	Probability	Impact	Overall
<b>R1 Lack of interest:</b> Lack of interest: the community does not materialize. The convener may have overestimated the attractiveness or urgency of the problem she wishes to discuss.	WP2, WP3, WP4	Care is a very transversal issue and a part of the human experience: every human being will have been, by the end of her life, both a care giver and a care receiver. It is reasonable to expect that many people will feel they have something to contribute. Additionally, a carefully executed WP1 will give the consortium early and continuous feedback on community onboarding.	Rare	Negligible	Minimum
<b>R2 First post syndrome</b> First post syndrome. Even when people sincerely want to collaborate around an issue, they prefer to join already buzzing, animated spaces for collaboration. This produces what in game theory is known as a waiting game: all parties prefer not to be early adopters of the conversation. The equilibrium of this game is no adoption at all, as parties try to wait each other out.	WP 2	We have already identified an initial group of people who wish to have the OpenCare conversation. The idea for the project comes from a session held at the Living On The Edge 4 conference in October 2014.	Rare	Negligible	Minimum
<b>R3 Empty platform syndrome.</b> Empty platform syndrome. Communities with engaged in deep, frequent, high quality exchange are relatively rare. Those that exist are typically invested in their existing platforms and communication channels and refuse to migrate to new ones. Assembling one from scratch takes a long time and significant resources.	WP 2	We start from an existing online community, Edgeryders. It has existed for over three years, and has now over 2500 registered users, 650 of which actively writing. This community is quite cohesive and has spawned a not-for-profit company that funds the platform and a yearly conference, lending the community extra resilience and durability.	Rare	Negligible	Minimum

<b>R4 Insufficiently inclusive culture</b> Insufficiently inclusive culture. Many online discussions end up appealing only to small, homogenous groups of people. For example, women, minorities, or people with disabilities reportedly find many participation spaces uncomfortable. As they disengage, diversity is reduced and the collective intelligence of the community is reduced.	WP2, WP3, WP4	OpenCare benefits from the tried-and-tested (a) onboarding policy and (b) moderation policy of Edgeryders. New users are personally greeted and welcomed into the conversation by community managers connecting their interests with opportunities to join a discussion, collaborate on a project, participate in a community event. In case of offending behavior, moderators have full powers to unpublish or even delete the offending content; but to-date only one (relatively minor) episode of breach has been recorded in over three years.	Rare	Negligible	Minimum
<b>R5 Lacking or exploitative social contract.</b> Lacking or exploitative social contract. Many online participation initiatives do not address the question of why people should participate at all. Most of the emphasis is on "generating ideas", but that is a poor motivator because the vast majority of ideas is never deployed. Many participants report that they feel their involvement benefits only the convener, who can boast high number of participants.	WP2, WP3, WP4	OpenCare emphasizes codesign of solutions that it can prototype in the WeMake makerspace. This way, participants are able to see their inputs reflected in actual physical artefacts actually aimed to solving care problems, albeit only as prototypes. Participants who are particularly active in the online sensemaking and design-oriented conversation are invited to travel to Milano to take part in prototyping activity. Expectations are carefully managed, and the "change the world" rhetoric of many technology-based projects is carefully avoided.	Rare	Negligible	Minimum
<b>R6 Fragmentation and irretrievability of the conversation.</b> Fragmentation and irretrievability of the conversation. Many communities converse on a variety of online channels, including Facebook, Twitter, LinkedIn, mailing lists, IRC, Skype, Slack, Trello, Loomio and others. The largest of these are proprietary, and the companies owning them restrict or block access to their data. This makes it difficult or impossible to aggregate and summarize the conversation. This, in turn, discourages new participants from joining it, and in the long run reduces both participation and its diversity. Even monitoring the conversation becomes extremely difficult.	WP5	Edgeryders has maintained a culture of keeping the conversation on its own platform, that uses free-and open source software and releases all content under a Creative Commons license. This enabled the own development and adoption of collective intelligence tools which, although at an early stage of development, are already being used. Based on that experience, we can guarantee that the OpenCare conversation will remain centered on the platform, and be legally and technically simple to retrieve for analysis.	Rare	Negligible	Minimum

Table 3 - Foreseen risks

## 5.2. Unforeseen Risks

Description of Risk	Work Packages Concerned	Proposed risk-mitigation measures
<b>R7 Conflict bw Planned action &amp; Eligible costs rule</b> The European Commission insisted that one of the actions contained in our proposal was not an eligible cost. This action was the open competition to fund development of initiatives already identified by the online conversation, preferably in the form of assessment reports. This roadblock has the potential to affect negatively opencare's engagement engine, because it returns an image of the consortium as exploiting the community rather than supporting it. Consequently, it weakens the motivation for smart communities to participate in the exercise.	WP1, WP3	<ol style="list-style-type: none"> <li>1. We launched openandchange, a collective application to a grant called 100&amp;Change. We created a collective format for opencare initiatives to participate. This format only took up 2.5 hours of the time of each initiative that wished to participate. This time was to be spent sharing experiential data about these initiatives (which opencare needs). By "doing the heavy lifting" of compiling the grant application, we demonstrated goodwill and a non-extractive relationship with the community.</li> <li>2. We maintained a good feedback and decision pipeline across the consortium. Hopefully this will allow to adapt to most pitfalls, by reinterpreting the described actions in light of the new constraints, at the sole cost of delays, without jeopardizing the project success.</li> </ol>
<b>R8 Lack of programming culture</b> Programming in "the arduino way" is still difficult for citizens because a lot of opensource products have a lack of libraries and in general most of the more complex programming task are difficult to be used in a simpler programming environment like the Arduino IDE.	WP3	Good technical documentation, libraries and examples are key for a sustainable and effective development. This is a design constraint and value to be targeted if we want to enlarge the base of engaged and active citizens. WeMake took charge of writing (from scratch or upgrading the existing one) arduino libraries in order to let the "user" program InPe using the Arduino IDE which is affordable both for the newbie and for a pro user. For future prototypes more deep in advance tool research need to be carried out in order to evaluate a product.

## 6. Dissemination and exploitation of results

The information listed here duplicates that was entered on the EC portal.

### 6.1. Scientific publications

The complete reference to two papers were uploaded on the EC portal.

## 6.2. Dissemination and communication activities

See the annexed pdf document at the end of this report(2 pages), which duplicates data entered on the EC portal.

## 7. Internal and external project Co-operation

### 7.1. Internal Meetings

Start Date	End Date	Description	Participants	Location
25.02.2016	25.02.2016	<p><b>OpenCare Kick-off meeting</b></p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• <b>10.00 What we'll do: goals, epic goals, project narrative.</b> Introduction: @Luciascopelliti, please prepare them. In this session we will simply speak about OpenCare in depth, for the first time since we finished the proposal. Goal: each us all gets a concrete idea of what others will be doing, what he/she can count upon, how he/she can integrate her work with the work of others.</li> <li>• <b>11.30 How to work together: tools and procedures.</b> Introduction: Alberto and @OlgalvanovaUB (please coordinate). Goal: minimum informational friction; administrative tidiness; setting a high standard for collaboration and, potentially, partnership scalability. We need tight coordination with minimal waste of time.</li> <li>• 13.00 Lunch</li> <li>• <b>14.00 Engaging communities: events, social media etc.</b> Introduction: @Nadia and Noemi (please coordinate). Goal: an integrated flow of online/offline activities that people can move easily in and out of. Secondary goal: we should announce a (rough, provisional) calendar of onboarding workshops and consortium meetings all the way to the end of the project.</li> <li>• 15.00 Still free</li> <li>• 16.00 Blend with the LOTE5 attendees.</li> </ul>	Luce Chiodelli (UBx), Olga Ivanova (UBx)	Brussels
21.06.2016	23.06.2016	<p><b>Consortium meeting #2</b></p> <p>The meeting is held June 21-22 at Stockholm School of Economics</p> <p><b>Schedule (preliminary)</b></p> <p><b>June 21</b></p> <p>Until 13:00 Arrivals</p> <p>13:00-15:00 First session (KAW)</p> <p>15:00-15:15 Coffee (outside KAW)</p> <p>15:15-17:00 Second session (KAW) – optional external participation</p> <p>19:00-22:00 Dinner, hosted by EHFF/Stockholm School of Economics (Ohlin room)</p> <p><b>June 22</b></p> <p>09:00-11:30 Third session, inkl coffee break (KAW)</p> <p>11:30 Closing of meeting</p> <p><b>June 23</b></p> <p><i>To be scheduled - Technical improvements for ethnographic coding / SSNA</i></p> <p><b>Venue</b></p> <p>The meeting is held in room KAW at Stockholm</p>	Luce Chiodelli (UBx), P1 - UBx, P2 - edgeryders, P3 - WeMake, P4 - EHFF, P5 - SCImPULSE, P6 - City of Milano	Stockholm, SE

		<p>School of Economics <a href="https://www.hhs.se/en/about-us/visit-us/">https://www.hhs.se/en/about-us/visit-us/</a>  Dinner is held at Stockholm School of Economics.</p> <p><b>OpenCare dinner</b>  There is a dinner open for presenters and participants of the meeting. The dinner is held in the Ohlin room at Stockholm School of Economics at 7 pm. Registration for the dinner is mandatory.  Attendance should be confirmed with <a href="mailto:Marie.wahlstrom@ehff.se">Marie.wahlstrom@ehff.se</a> before <b>June 15</b>.</p> <p><b>Transportation</b>  Stockholm School of Economics is located within 50 meters from the Rådmansgatan Metro station and is also within walking distance from the City Centre <a href="https://www.hhs.se/en/about-us/visit-us/">https://www.hhs.se/en/about-us/visit-us/</a>. There are frequent bus and train service from Stockholm Arlanda Airport (ARN) to the City Centre.</p> <p><b>Accommodation</b>  There is no designated OpenCare hotel but we recommend either Hotel Birger Jarl <a href="http://hellsten.se/en/Hotel_Hellsten">http://hellsten.se/en/Hotel_Hellsten</a>. Both hotels are within short walking distance from Stockholm School of Economics.</p> <p><b>Post meeting activities</b>  The meeting is held the midsummer week. Midsummer (June 24) is THE Swedish traditional holiday.  - See more at: <a href="https://edgeryders.eu/en/opencare-research/consortium-meeting-in-stockholm-including-travel#sthash.MU54AXch.dpuf">https://edgeryders.eu/en/opencare-research/consortium-meeting-in-stockholm-including-travel#sthash.MU54AXch.dpuf</a></p>		
21.06.2016	21.06.2016	<p><b>Get your hands dirty with EMDesk for reporting (Luce)</b>  Getting to know how to use EMDesk for reporting activities - training session for consortium members dealing with administrative aspect and grant management  See:  <a href="http://edgeryders.eu/en/opencare-research/an-emdesk-hands-on-session-on-june-21st">http://edgeryders.eu/en/opencare-research/an-emdesk-hands-on-session-on-june-21st</a>  and  <a href="http://edgeryders.eu/en/comment/22958#comment-22958">http://edgeryders.eu/en/comment/22958#comment-22958</a></p>	Luce Chiodelli (UBx)	Stockholm, SE
01.07.2016	01.07.2016	<p><b>Start of internal reporting</b>  Start of the internal resource reporting as stated in opencare's consortium agreement</p>	Luce Chiodelli (UBx)	
28.11.2016	30.11.2016	<p><b>Consortium meeting #3</b></p>	Luce Chiodelli (UBx)	Milan

Table 4 - Internal Meetings

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## 8. Gender

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See information entered on EC portal.

## Report part A - section 6.2 List of dissemination and communication activities / Chronological order

Name of beneficiary	Type of activity	Title	Place	Date	(End) Date	Other relevant information concerning the activity	Reference to the DoA (WP / deliverable / task)	Type of audience
Edgeryders	Video	Promotional video of OpenCare	online	01/12/15		<a href="http://opencare.cc/">http://opencare.cc/</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific Community; General Public; Policy Makers
Comune di Milano	Organization of a Workshop	San Gottardo Social Street: OpenCare meets the members of S. Gottardo Social Street	Milan	04/02/16		<a href="https://edgeryders.eu/en/opencare-community-groupnode/open-care-meets-sangottardo-socialstreet">https://edgeryders.eu/en/opencare-community-groupnode/open-care-meets-sangottardo-socialstreet</a> ; <a href="http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita">http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita</a>	WP1 - Learn Engage Disseminate	Civil Society
WeMake	Non-scientific and non-peer reviewed publications (popularised publications)	Che futuro - Innovationn web magazine	Milan	19/02/16		<a href="http://www.chefuturo.it/2016/02/bionacking-opencare-hacker-maker/">http://www.chefuturo.it/2016/02/bionacking-opencare-hacker-maker/</a>	WP1	Civil Society; Scientific Community; General Public
Edgeryders	Organization of a conference	Living On the Edge	Brussels	25/02/16	28/02/16	<a href="https://edgeryders.eu/en/lote5">https://edgeryders.eu/en/lote5</a>	WP1 - Learn Engage Disseminate	Civil Society; Media, General Public, Policy Makers
Edgeryders	Participation in a Workshop	Meeting to introduce the member's staff to our working methodology in OpenCare and to advocate for its adoption in the new Belgian Strategy for International Development and Cooperation		01/03/16			WP1 - Learn Engage Disseminate	Policy Makers
WeMake	Onboarding - Organization of a workshop	OpenCare presentation at Circolo ARCI Olmi, meeting with elderly people	Milan	12/03/16		<a href="http://wemake.cc/2016/03/10/opencare-e-balera-al-circolo-olmi-a-milano/">http://wemake.cc/2016/03/10/opencare-e-balera-al-circolo-olmi-a-milano/</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society; General Public
Comune di Milano	Organization of a Workshop	Arci Olmi: OpenCare meets an older age group used to dance old fashioned style	Milan	12/03/16		<a href="https://edgeryders.eu/en/opencare-research/milano-cittzen-engagement-report-mare-culturale; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita">https://edgeryders.eu/en/opencare-research/milano-cittzen-engagement-report-mare-culturale; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita</a>	WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Participation in an event other than a conference or workshop	Designing a space around mental health and culture	Galway	12/03/16			WP1 - Learn Engage Disseminate	Civil Society; Policy Makers
WeMake	Onboarding - Organization of a workshop	OpenCare presentation at Villa Pallavicini, meeting with migrants	Milan	17/03/16		<a href="http://wemake.cc/2016/03/14/opencare-incontra-i-giovani-stranieri-di-villa-pallavicini/">http://wemake.cc/2016/03/14/opencare-incontra-i-giovani-stranieri-di-villa-pallavicini/</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society; General Public
Comune di Milano	Organization of a Workshop	Villa Pallavicini: OpenCare meets a group of Migrants	Milan	17/03/16		<a href="https://edgeryders.eu/en/opencare-research/open-care-reach-events-meeting-with-migrant; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita">https://edgeryders.eu/en/opencare-research/open-care-reach-events-meeting-with-migrant; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita</a>	WP1 - Learn Engage Disseminate	Civil Society
WeMake	Onboarding - Organization of a workshop	OpenCare workshop IoT@Fa la cosa giusta - Annual Fair on sustainable lifestyles	Milan	18/03/16		<a href="https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; https://www.facebook.com/opencareresearchgroup/posts/11504528404742; https://wemake.cc/2016/03/16/open-care-annual-fair-on-sustainable-lifestyles">https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; https://www.facebook.com/opencareresearchgroup/posts/11504528404742; https://wemake.cc/2016/03/16/open-care-annual-fair-on-sustainable-lifestyles</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society; Policy Makers
Comune di Milano	Organization of a workshop	Fa la cosa giusta - Annual Fair on sustainable lifestyles	Milan	18/03/16		<a href="http://edgeryders.eu/en/opencare-research/prendersi-cura-construmenti-open-source-workshop; http://www.milanomartcity.org/joomla/progetti/opencare-voce/workshop">http://edgeryders.eu/en/opencare-research/prendersi-cura-construmenti-open-source-workshop; http://www.milanomartcity.org/joomla/progetti/opencare-voce/workshop</a>		
WeMake	Onboarding - Organization of a workshop	OpenCare presentation at WeTake, meeting with X Vivo Association	Milan	30/03/16		<a href="http://wemake.cc/2016/03/29/opencare-si-presenta alle famiglie con diverse abilita/">http://wemake.cc/2016/03/29/opencare-si-presenta alle famiglie con diverse abilita/</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society; Association
Comune di Milano	Organization of a Workshop	X Vivo Association: OpenCare meets a group of parents of disabled children	Milan	30/03/16		<a href="http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita">http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita; http://www.milanomartcity.org/joomla/progetti/opencare-voce/gli-incontri-con-le-comunita</a>	WP1 - Learn Engage Disseminate	Civil Society
WeMake	Organization of a conference	OpenCare at Genuine Day: Medicina e Cura open source	Milan	02/04/16		<a href="https://www.facebook.com/events/19454189058950/; https://wemake.cc/2016/03/10/opencare-al-genuine-day; https://www.youtube.com/watch?v=9dKuCe0ng">https://www.facebook.com/events/19454189058950/; https://wemake.cc/2016/03/10/opencare-al-genuine-day; https://www.youtube.com/watch?v=9dKuCe0ng</a>	WP3 -	Civil Society; Scientific Community; General Public; Policy Makers
Edgeryders	Organisation of a workshop	OpenCare product design workshop for students at UDK as per a partnership agreement between Edgeryders and UDK	Berlin	03/04/16	08/04/16	<a href="http://susannestauch.de/2016/04/08/hacking-utopia-and-opencare-kick-off-udk-project-in-collaboration-with-edgeryders/">http://susannestauch.de/2016/04/08/hacking-utopia-and-opencare-kick-off-udk-project-in-collaboration-with-edgeryders/</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific community
WeMake	Onboarding - Organization of a workshop	OpenCare workshop IoT@Social Policy Forum, City of Milan	Milan	07/04/16		<a href="https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; https://wemake.cc/2016/04/05/opencare-al-forum-delle-politiche-sociali-workshop/">https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; https://wemake.cc/2016/04/05/opencare-al-forum-delle-politiche-sociali-workshop/</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society; Policy Makers
Comune di Milano	Organization of a workshop	Social Policy Forum, City of Milan	Milan	07/04/16		<a href="https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; http://www.milanomartcity.org/joomla/progetti/opencare-voce/workshop">https://edgeryders.eu/en/opencare-research/localactivity-prendersi-cura-construmenti-open; http://www.milanomartcity.org/joomla/progetti/opencare-voce/workshop</a>	WP1 - Learn Engage Disseminate	Civil Society; Policy Makers
University of Bordeaux	Social media	LaBRI's newsletter - Announcement of the launch of OpenCare	Bordeaux	14/04/16		<a href="http://www.labri.fr/index.php?n=News.Historique">http://www.labri.fr/index.php?n=News.Historique</a>	WP1 - Learn Engage Disseminate	Scientific Community; General public
WeMake	Onboarding - Organization of a workshop	OpenCare presentation at San Gottardo Social Street, meeting with members	Milan	19/04/16		<a href="http://wemake.cc/2016/04/18/opencare-nella-social-street-di-via-san-gottardo/">http://wemake.cc/2016/04/18/opencare-nella-social-street-di-via-san-gottardo/</a>	WP1 - Learn Engage Disseminate 1.2	Civil Society; Association
University of Bordeaux	Social media	University of Bordeaux' newsletter - Announcement of the launch of OpenCare	Bordeaux	26/04/16		<a href="http://www.u-bordeaux.fr/Actualites/Be-l-universite/OpenCare-une-approche-durable-pour-le-soin-en-ta-tante">http://www.u-bordeaux.fr/Actualites/Be-l-universite/OpenCare-une-approche-durable-pour-le-soin-en-ta-tante</a>	WP1 - Learn Engage Disseminate	Scientific Community; General public
WeMake	Participation to an event other than a conference or workshop	Additive ManufaCURING - design for the cure	Milan	28/04/16		<a href="http://www.triennale.org/evento/english-labour-vs-labour-rethinking-work-in-a-digital-society/">http://www.triennale.org/evento/english-labour-vs-labour-rethinking-work-in-a-digital-society/</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific Community; General Public
WeMake	Social media	I Consigli # opencare - Newsletter	online	29/04/16	06/09/16	<a href="http://wemake.cc/?s=i+consigli+di+opencare">http://wemake.cc/?s=i+consigli+di+opencare</a>	wp3 - 3.3	Civil Society; Scientific Community; General Public
WeMake	Onboarding - Organization of a workshop	Opencare Co design session 01	Milan	04/05/16		<a href="https://www.youtube.com/watch?v=qh0QWW-CWbo; https://edgeryders.eu/en/opencare-research/report-local-activity-co-design; https://wemake.cc/2016/04/20/opencare-primo-incontro-di-co-progettazione/">https://www.youtube.com/watch?v=qh0QWW-CWbo; https://edgeryders.eu/en/opencare-research/report-local-activity-co-design; https://wemake.cc/2016/04/20/opencare-primo-incontro-di-co-progettazione/</a>	WP3 -	Civil Society; Scientific Community; General Public
Edgeryders	Participation to a conference	re:Publica	Berlin	04/05/16		<a href="https://re-publica.com/16/session/care-communities-zero-sum-provision-health-and-social-care">https://re-publica.com/16/session/care-communities-zero-sum-provision-health-and-social-care</a>	WP1 - Learn Engage Disseminate	Civil Society
WeMake	Onboarding - Organization of a workshop	Opencare Co design session 02	Milan	11/05/16		<a href="https://edgeryders.eu/en/opencare-research/report-local-activity-co-design-second-session">https://edgeryders.eu/en/opencare-research/report-local-activity-co-design-second-session</a>	WP3 -	Civil Society; Scientific Community; General Public
Edgeryders	Participation to an event other than a conference or workshop	Design and Open Strategies at DesignTransfer	Berlin	12/05/16			WP1 - Learn Engage Disseminate	Civil Society
WeMake	Web-site	Opencare Landing Page	online	12/05/16		<a href="http://opencare.cc/; https://edgeryders.eu/en/opencare-research/landing-page-proposal">http://opencare.cc/; https://edgeryders.eu/en/opencare-research/landing-page-proposal</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific Community; General Public
cimpulse Foundation	Participation to an event other than a conference or workshop	ROTARY E ROMAGNA IN FESTA	Bertinoro	15/05/16			WP1 - Learn Engage Disseminate	Civil Society
University of Bordeaux	Social media	LaBRI's newsletter - Announcement of OpenCare's participation to RE:Publica and CAP52020	Bordeaux	16/05/16		<a href="http://www.labri.fr/index.php?n=News.Historique">http://www.labri.fr/index.php?n=News.Historique</a>	WP1 - Learn Engage Disseminate	Scientific Community; General public
WeMake	Participation to an event other than a conference or workshop	Advocacy e Training del progetto europeo RRI Tools	Roma	18/05/16		<a href="http://www.fondazionebassetti.org/lt/segnalazioni/2016/05/advocacy_e_training.html">http://www.fondazionebassetti.org/lt/segnalazioni/2016/05/advocacy_e_training.html</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific Community; General Public
Edgeryders	Participation to an event other than a conference or workshop	OpenCare product design course at UDK	Berlin	19/05/16	26/05/16	<a href="http://hackingutopia.cre8tives.org/about/">http://hackingutopia.cre8tives.org/about/</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific community
Comune di Milano	Participation to a conference	Forum PA	Rome	25/05/16			WP1 - Learn Engage Disseminate	Civil Society; Policy Makers
WeMake	Onboarding - Organization of a workshop	Opencare Co design session 03	Milan	01/06/16		<a href="https://edgeryders.eu/en/opencare-research/report-local-activity-co-design-3; http://wemake.cc/2016/05/30/annunciamo-il-primo-prototipo-di-opencare/">https://edgeryders.eu/en/opencare-research/report-local-activity-co-design-3; http://wemake.cc/2016/05/30/annunciamo-il-primo-prototipo-di-opencare/</a>	WP3 -	Civil Society; Scientific Community; General Public
WeMake	Non-scientific and non-peer reviewed publications (popularised publications)	Che futuro - Innovationn web magazine	Milan	17/06/16		<a href="http://www.chefuturo.it/2016/06/epilepsia-pazienti-open-care/">http://www.chefuturo.it/2016/06/epilepsia-pazienti-open-care/</a>	WP1	Civil Society; Scientific Community; General Public
EHFF	Social media	Escaping Failed Institutions through Evasive Entrepreneurship	Stockholm	20.6.16		<a href="https://edgeryders.eu/en/escaping-failed-institutions-through-evasive-entrepreneurship">https://edgeryders.eu/en/escaping-failed-institutions-through-evasive-entrepreneurship</a>	WP4	Civil society; participants in "open" projects, policymakers
cimpulse Foundation	Partecipation to a conference	BioDynamic	Innopolis	21/06/16	23/06/16		WP1 - Learn Engage Disseminate	Scientific Community
EHFF	Organization of a Workshop	Market and non-market innovation and Entrepreneurship In Care	Stockholm	21.6.16			WP4	Policymakers
WeMake	Non-scientific and non-peer reviewed publications (popularised publications)	Opencare Playbook, a practical guide for empathic explorers	online	30/06/16		<a href="https://playbook.opencare.cc/; https://edgeryders.eu/en/opencare-research/opencare-playbook-10; http://wemake.cc/2016/07/07/opencare-playbook/">https://playbook.opencare.cc/; https://edgeryders.eu/en/opencare-research/opencare-playbook-10; http://wemake.cc/2016/07/07/opencare-playbook/</a>	WP3 -	Civil Society; Scientific Community; General Public
Edgeryders	Exhibition	Hacking Utopia	Berlin	20/07/16	24/07/16	<a href="http://www.designtransfer.udk-berlin.de/en/projekt/hacking-utopia/">http://www.designtransfer.udk-berlin.de/en/projekt/hacking-utopia/</a>	WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Participation to a conference	Preparation for Hacking Utopia, an exhibition and public talk in Berlin presenting the first Opencare product prototypes	Berlin	20/07/16	24/07/16	<a href="http://www.designtransfer.udk-berlin.de/en/projekt/hacking-utopia/">http://www.designtransfer.udk-berlin.de/en/projekt/hacking-utopia/</a>	WP1 - Learn Engage Disseminate	Civil Society; Scientific community
Comune di Milano	Organization of a Workshop	Policy Making Group	Milan	20/07/16		<a href="https://edgeryders.eu/en/opencare-research/report-local-activity-policy-making-group">https://edgeryders.eu/en/opencare-research/report-local-activity-policy-making-group</a>	WP1 - Learn Engage Disseminate	Civil Society; Policy Makers
Edgeryders	Communication Campaign	Skype call with team to tighten up engagement activities	online	01/08/16			WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Participation to a conference	Public Presentation of Edgeryders and OpenCare at Truly Digital conference about poverty and exclusion from accessing public services in Stockholm	Stockholm	17/08/16		<a href="http://kulturhusetstadsteatern.se/ForumDebatt/Evenemang/2016/Mer-an-tiggar/">http://kulturhusetstadsteatern.se/ForumDebatt/Evenemang/2016/Mer-an-tiggar/</a>	WP1 - Learn Engage Disseminate	Civil Society; Policy Makers
Edgeryders	Organisation of a workshop	OpenandChange	Thessaloniki	02/09/16	04/09/16	<a href="https://edgeryders.eu/en/opencare-community-groupnode/openandchange-world-tour">https://edgeryders.eu/en/opencare-community-groupnode/openandchange-world-tour</a>	WP1 - Learn Engage Disseminate	Civil Society
cimpulse Foundation	Participation to an event other than a conference or workshop	Deep Games planning workshop for the Call	Geneve	08/09/16			WP1 - Learn Engage Disseminate	Scientific Community; Civil Society
Comune di Milano	Participation in activities organised jointly with other H2020 project(s)	Internet of Science 2016 - Openness, Collaboration-Collective-Action	Florence	12/09/16		<a href="https://edgeryders.eu/en/opencare-research/3rd-international-conference-on-internet-science">https://edgeryders.eu/en/opencare-research/3rd-international-conference-on-internet-science</a>	WP1 - Learn Engage Disseminate	Civil Society; Universities, Research Institutes
Edgeryders	Participation to a conference	Truy Digital and Ekskäret	Stockholm	16/09/16	18/09/16		WP1 - Learn Engage Disseminate	Civil Society; Media, General Public, Industry
WeMake	Organization of a workshop	Tangible Interactions and Prototyping at Domus Academy	Milan	19/09/16	19/10/16	<a href="http://wemake.cc/2016/10/01/opencare-imza-la-collaborazione-con-domus-academy/; https://edgeryders.eu/en/opencare-research/opencare-goes-joint-forces-with-domus-academy/; http://wemake.cc/2016/10/31/opencare-workshop-dt-tangible-interactions-prototyping-con-domus-academy/; https://edgeryders.eu/en/opencare-research/wemake-wrapped-up-opencare-workshop-at-domus-academy/; http://www.domusacademy.com/it/">http://wemake.cc/2016/10/01/opencare-imza-la-collaborazione-con-domus-academy/; https://edgeryders.eu/en/opencare-research/opencare-goes-joint-forces-with-domus-academy/; http://wemake.cc/2016/10/31/opencare-workshop-dt-tangible-interactions-prototyping-con-domus-academy/; https://edgeryders.eu/en/opencare-research/wemake-wrapped-up-opencare-workshop-at-domus-academy/; http://www.domusacademy.com/it/</a>	wp1	Students

Name of beneficiary	Type of activity	Title	Place	Date	(End) Date	Other relevant information concerning the activity	Reference to the DoA (WP / deliverable / task)	Type of audience
Edgeryders	Communication Campaign, Social Media	Crowdconference to tweet and share OpenandChange	online	20/09/16			WP1 - Learn Engage Disseminate	Civil Society, Media, General Public
WeMake	Outreach - Participation to a conference	Leopolda Forum 2016. Forum of sustainability and opportunities in Health Sector.	Florence	23/09/16	24/09/16	<a href="http://forumdelaleopolda.it/il-futuro-della-salute-e-della-medicina/">http://forumdelaleopolda.it/il-futuro-della-salute-e-della-medicina/</a>	WP1 - Learn Engage Disseminate/1.2	Scientific Community, Policy Makers, research Institutes
Edgeryders	Organization of a workshop	OpenandChange	Brussels	24/09		<a href="https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour">https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour</a>	WP1 - Learn Engage Disseminate	Civil Society
Comune di Milano	Participation to a conference	Leopolda Forum 2016. Forum of sustainability and opportunities in Health Sector.	Florence	24/09/16		<a href="http://www.forumdelaleopolda.it">www.forumdelaleopolda.it</a>	WP1 - Learn Engage Disseminate	Scientific Community
icImpulse Foundation	Participation to a conference	Leopolda Forum 2016. Forum of sustainability and opportunities in Health Sector.	Florence	24/09/16		<a href="http://www.forumdelaleopolda.it">www.forumdelaleopolda.it</a>	WP1 - Learn Engage Disseminate	Scientific Community, Policy Makers
WeMake	Onboarding - Organization of a workshop	Hacking Health Milano 2016 / Thematic Tables	Milan	27/09/16		<a href="http://wemake.cc/2016/09/23/hacking-health-vieni-a-costruire-con-wemake-le-challenges-per-l-hackathon/">http://wemake.cc/2016/09/23/hacking-health-vieni-a-costruire-con-wemake-le-challenges-per-l-hackathon/</a> <a href="http://wemake.cc/2016/10/03/hacking-health-la-pornata-di-co-progettazione-di-challenges-sulla-cura/">http://wemake.cc/2016/10/03/hacking-health-la-pornata-di-co-progettazione-di-challenges-sulla-cura/</a> <a href="https://www.facebook.com/events/1731506013758026/">https://www.facebook.com/events/1731506013758026/</a>	WP1 - Learn Engage Disseminate	Students, Scientific Community, Civil Society
Comune di Milano	Participation to a workshop	Hacking Health Milano (thematic workshops)	Milan	27/09/16		<a href="https://edgeryders.eu/en/opencare-research/hacking-health-milano-tavoli-tematici">https://edgeryders.eu/en/opencare-research/hacking-health-milano-tavoli-tematici</a>	WP1 - Learn Engage Disseminate	Students, Scientific Community, Civil Society
University of Bordeaux	Participation to an event other than a conference or workshop	European Researchers' Night 2016	Bordeaux	30/09/16			WP1 - Learn Engage Disseminate	Civil Society, Media, General Public
Edgeryders	Organization of a workshop	OpenandChange	New York	2/10/2016		<a href="https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour">https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour</a>	WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Participation to an event other than a conference or workshop	Alter Ego gathering	London	06/10/16	08/10/16		WP1 - Learn Engage Disseminate	Investors
WeMake	Social media	Opencare updates - Newsletter	online	06/10/16	21/11/16	<a href="http://us5.campaign-archive2.com/home/?u=38f8f84c2e510df316dd8d0bb81d+1a7e403a8c">http://us5.campaign-archive2.com/home/?u=38f8f84c2e510df316dd8d0bb81d+1a7e403a8c</a> <a href="http://wemake.cc/?v=1+consigli-di-opencare">http://wemake.cc/?v=1+consigli-di-opencare</a>	WP3	Civil Society; Scientific Community; General Public
WeMake	Onboarding - Organization of a conference	Openness e cura: quali sono gli agenti di cambiamento nell'ecosistema di cura @Milano - Rena. Festival delle comunità del cambiamento	Milan	09/10/16		<a href="http://wemake.cc/2016/10/04/festival-delle-comunita-del-cambiamento/">http://wemake.cc/2016/10/04/festival-delle-comunita-del-cambiamento/</a> <a href="http://wemake.cc/2016/10/26/openess-e-cura-un-merito-e-un-invito-alla-comunita-maker/">http://wemake.cc/2016/10/26/openess-e-cura-un-merito-e-un-invito-alla-comunita-maker/</a> <a href="https://edgeryders.eu/en/opencare-research/report-local-activity-openness-and-care-which-are">https://edgeryders.eu/en/opencare-research/report-local-activity-openness-and-care-which-are</a>	WP1 - Learn Engage Disseminate/1.2	Civil Society, Policy Makers
Comune di Milano	partecipazione a una workshop	Rena. Festival delle comunità del cambiamento	Milan	09/10/16		<a href="https://edgeryders.eu/en/opencare-research/report-local-activity-openness-and-care-which-are">https://edgeryders.eu/en/opencare-research/report-local-activity-openness-and-care-which-are</a>	WP1 - Learn Engage Disseminate	Civil Society, Scientific Community
icImpulse Foundation	Participation to a conference	MakerFaire 2016	Rome	14/10/16	16/10/16	<a href="http://www.makerfairerome.eu/">http://www.makerfairerome.eu/</a>	WP1 - Learn Engage Disseminate	Civil Society, Industry, Media
WeMake	Participation to an event other than a conference or workshop	WHO - Community engagement and the future of medicine	Geneve	14/10/16		<a href="http://wemake.cc/2016/10/06/il-prototipo-inpe-si-presenta-all-a-maker-faire-di-roma/">http://wemake.cc/2016/10/06/il-prototipo-inpe-si-presenta-all-a-maker-faire-di-roma/</a> <a href="http://wemake.cc/2016/10/24/opencare-all-a-maker-faire-rome-con-in-pe/">http://wemake.cc/2016/10/24/opencare-all-a-maker-faire-rome-con-in-pe/</a> <a href="https://www.youtube.com/watch?v=M2QE9SwAAts">https://www.youtube.com/watch?v=M2QE9SwAAts</a> <a href="https://www.youtube.com/watch?v=qNk2Nb8RfCdt">https://www.youtube.com/watch?v=qNk2Nb8RfCdt</a>	WP3	Civil Society; Scientific Community; General Public; Policy Makers
WeMake	Organization of a conference	Arduino User Group - Presentiamo il codice di inpe	Milan	18/10/2016		<a href="https://www.facebook.com/wemake.cc/posts/1309163862436141">https://www.facebook.com/wemake.cc/posts/1309163862436141</a>	WP3	Civil Society; Scientific Community; General Public
WeMake	Web-site	In Pe' - an open source wearable device that can detect fall and call for emergency	online	19/10/2016		<a href="http://inpe.opencare.cc/">http://inpe.opencare.cc/</a> <a href="http://wemake.cc/2016/10/19/e-online-il-sito-del-primo-prototipo-di-opencare-in-pe/">http://wemake.cc/2016/10/19/e-online-il-sito-del-primo-prototipo-di-opencare-in-pe/</a>	WP3	Civil Society; Scientific Community; General Public; Policy Makers
University of Bordeaux	Participation to an event other than a conference or workshop	Hacking Health Bordeaux Presentation of aspects of OpenCare + development of OpenCare in the context of a hackathon	Bordeaux	21/10/16	23/10/16	<a href="http://hackinghealth.ca/fr/event/hhbordeaux-fr/">http://hackinghealth.ca/fr/event/hhbordeaux-fr/</a>	WP1 - Learn Engage Disseminate	Scientific Community; General public; Investors; Policy Makers, Media
Edgeryders	Participation to a conference	Hacking Health Bordeaux	Bordeaux	21/10/16	23/10/16	<a href="http://hackinghealth.ca/fr/event/hhbordeaux-fr/">http://hackinghealth.ca/fr/event/hhbordeaux-fr/</a>	WP1 - Learn Engage Disseminate	Civil Society, Industry
WeMake	Participation to an event other than a conference or workshop	SMAU 2016 Milano	Milan	25/10/16	27/10/16	<a href="http://www.smau.it/milano16/partners/wemake/">http://www.smau.it/milano16/partners/wemake/</a>	WP3	Civil Society; Scientific Community; General Public; Policy Makers
Edgeryders	Participation to a conference	Mozfest	London	26/10/16	31/10/16		WP1 - Learn Engage Disseminate	Civil Society; Media, General Public, Industry
WeMake	Onboarding - Organization of a workshop	Hacking Health Milano - Hackathon	Milan	11/11/16	13/11/16	<a href="http://wemake.cc/2016/11/03/hacking-health-scrivere-il-hackathon/">http://wemake.cc/2016/11/03/hacking-health-scrivere-il-hackathon/</a> <a href="http://wemake.cc/2016/11/17/hacking-health-i-vincitori-del-hackathon/">http://wemake.cc/2016/11/17/hacking-health-i-vincitori-del-hackathon/</a> <a href="https://www.facebook.com/events/20270630150929/">https://www.facebook.com/events/20270630150929/</a> <a href="https://www.eventbrite.it/e/biglietti-hacking-health-milano-hackathon-28364775754#">https://www.eventbrite.it/e/biglietti-hacking-health-milano-hackathon-28364775754#</a>	WP1 - Learn Engage Disseminate	Students, Scientific Community, Civil Society, Industry, Media
Edgeryders	Pitch event	Alter Ego Pitch	London	15/11/16	18/11/2016		WP1 - Learn Engage Disseminate	Investors
WeMake	Outreach - Participation to a conference	Sharing Welfare: disegualanze sociali e territoriali Fablab: dalle politiche alle pratiche	Milan	15/11/2016		<a href="http://sharitaly.com/">http://sharitaly.com/</a>	WP1 - Learn Engage Disseminate	Students, Scientific Community, Civil Society
Comune di Milano	Participation to an event other than a conference or workshop	Hacking Health Milano (hackathon)	Milan	25/11/16		<a href="https://it-it.facebook.com/hackinghealthmilano/#">https://it-it.facebook.com/hackinghealthmilano/#</a>	WP1 - Learn Engage Disseminate	Students, Scientific Community, Civil Society, Industry, Media
icImpulse Foundation	Participation to an event other than a conference or workshop	CBI@Mediterranean	Geneve	25/11/16		<a href="http://www.cbi-course.com/">http://www.cbi-course.com/</a>	WP1 - Learn Engage Disseminate	Scientific Community, Civil Society
WeMake	Organization of a workshop	Taking care (In a fluid and connected city). A workshop	Milan	29/11/16		<a href="http://edgeryders.eu/en/opencare-research/taking-care-in-a-fluid-and-connected-city-a-workshop/">http://edgeryders.eu/en/opencare-research/taking-care-in-a-fluid-and-connected-city-a-workshop/</a> <a href="http://wemake.cc/2016/11/18/prendersi-cura-in-una-citta-fluida-e-connessa-opencare/">http://wemake.cc/2016/11/18/prendersi-cura-in-una-citta-fluida-e-connessa-opencare/</a> <a href="https://www.eventbrite.it/e/biglietti-prendersi-cura-in-una-citta-fluida-e-connessa-una-prima-lettura-29519781461">https://www.eventbrite.it/e/biglietti-prendersi-cura-in-una-citta-fluida-e-connessa-una-prima-lettura-29519781461</a>	WP1 - Learn Engage Disseminate	Scientific Community; General Public
Comune di Milano	Partecipazione a una workshop	Public events during the Third Consortium Meeting Opencare	Milan	29/11/16		<a href="https://edgeryders.eu/en/node/6964/">https://edgeryders.eu/en/node/6964/</a>	WP1 - Learn Engage Disseminate	Civil Society; General Public; Policy Makers
EHFF	Social media	Cases in Open Health Care	Stockholm	5.12.16		<a href="http://tino.us/2016/12/cases-open-health-care/">http://tino.us/2016/12/cases-open-health-care/</a>	WP4	Civil society, participants in open projects
icImpulse Foundation	Participation to an event other than a conference or workshop		Maastricht	07/12/16	08/12/16		WP1 - Learn Engage Disseminate	Scientific Community
icImpulse Foundation	Participation to an event other than a conference or workshop		Doha	12/12/16	14/10/16		WP1 - Learn Engage Disseminate	Scientific Community
icImpulse Foundation	Social media	Meet the Bachelors	online conference	21/12/16			WP1 - Learn Engage Disseminate	Scientific Community, Civil Society
icImpulse Foundation	Organization of event in a workshop	Deep Games - substitution due to risk R7	Geneve	23/01/17	25/01/17		WP1 - Learn Engage Disseminate	Scientific Community, Civil Society
Edgeryders	Communication Campaign, Social Media	OpenandChange	online			<a href="https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour">https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour</a>	WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Non-scientific and non-peer reviewed publications (including pre-published publications)	Guide for Building the OpenCare Online Community	online			<a href="https://edgeryders.eu/en/opencare-research/guide-for-building-the-opencare-online-community">https://edgeryders.eu/en/opencare-research/guide-for-building-the-opencare-online-community</a>	WP1 - Learn Engage Disseminate	Civil Society
Edgeryders	Organization of a workshop	OpenandChange	Berlin			<a href="https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour">https://edgeryders.eu/en/op3ncare-community-groupnode/openandchange-world-tour</a>	WP1 - Learn Engage Disseminate	Civil Society

# Diversity of participation to OpenCare workshops

*Status report*

## General overview

OpenCare's workshops have been organized for several purposes by the consortium partners, be it public engagement, onboarding or education.

This report however is not concerned with the totality of them, but with the two major workshops that had originally been thought of as part of the funnel towards the granting of external fellowships.

It is worth stressing that their scope has significantly changed following the EU decision in May 2016 that the fellowships would not be possible according to the current H2020 rules, despite being included in the description of the action attached to the contract signed between the Commission and the Consortium Leader.

Following a delay of a few months, which resulted from the necessity of pivoting the strategy of this activity, the workshops have been held in January (Geneva, CH), and in February (Milan, IT) 2017.

- 1) The former was arranged as an opportunity to meet bottom up care technology projects, at various stages of maturity, and offer them the opportunity to learn of the OpenCare community and methods, while receiving education and tailored consultancy on how to accelerate their maturation towards public fruition.
- 2) The latter was arranged as the kick-start of a long-term blending exercise between care professionals, and makers/hackers, to experiment with the potential role, and governance, of citizen scientists' contribution to the pipeline of R&D and piloting of care services and products.



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the survival of mankind ...

... to fuel humanity's natural drive to elevate  
its existence to ever greater heights

## Diversity in action

Both events have been very successful. The teams participating to the Geneva event (echopen<sup>1</sup>, rehub<sup>2</sup>, and hubotics<sup>3</sup>) have left with a new awareness of the role of users in opensource ecosystems; have gained insights into known business models, and how to navigate their choice; have learnt of standard licenses, and IP strategies more in general, to support bottom up projects in their evolution towards adoption. The individuals joining the event in Milan discovered the complexity of interdisciplinary projects, and a few examples of working solutions; discussed the expectations, misunderstandings, pitfalls, and workable agreements of blending citizen sciences and Institutions; and set an agenda of work to push forward a community experiment of open care rethinking.

Women representations at the workshops has been just shy of 50%, with the event in Geneva boasting 3 women mentors out of 6, and two teams out of three (echopen, and rehub) having strong women component in their teams. The event in Milan had a slightly less balanced statistics, as no women was present among the care professionals, a bias explained in the responses to the invitations as a stronger attention to humanities, rather than technology, which prompted a discussion about how to effectively communicate in the future that the rethinking exercise will be human centric and not technology centric. The makers contributed an almost 50% women presence, among designers and doers, proof that with appropriate messages and funneling women are interested in the challenge.

The three teams joining the Geneva event came from France, Italy, and Switzerland. They were at three different stages of maturity (echopen is already an established and publicly funded consortium, with public and private partnerships, and an extensive network of contacts within and outside EU; rehub is at beta stage and is pivoting on the positioning, and models of sustainability; hubotics is at prototyping stage), and came from different backgrounds (echopen from the community of care givers; rehub from makers and technologists; hubotics from the academic sector, with a strong connection to care receivers). The mentors came from the legal field, business schools, high-energy physics, and from previous startup experiences.

In Milan we attracted on both sides (makers, and care providers) very young enthusiasts, and retired citizens; specialists of academic extractions, and field practitioners; entrepreneurs and people living at the edge of society.

<sup>1</sup> <http://echopen.org/>

<sup>2</sup> <http://www.mauroalfieri.it/tag/rehub>

<sup>3</sup> <http://www.wcap.tim.it/it/2013/11/hubotics>



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the survival of mankind ...

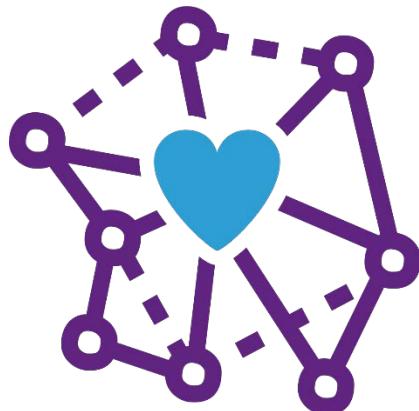
... to fuel humanity's natural drive to elevate  
its existence to ever greater heights

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## Conclusions

When we set out to declare the diversity of participations to these events as a milestone, these events were intended to represent the gate to join the external fellowships scheme, and as such the diversity of participation would have been a very important index of our ability to attract the most promising talents and ideas, no matter their belonging. Following the EU communication of no go for the external fellowships scheme in May 2016, the importance of this metrics in the evaluation of progresses of the project has been significantly reduced.

However, as we report hereby, the workshops have successfully attracted participation by multi-dimensionally diverse groups, benefitting the project grasp of the complexity of activities and stakes outside its community, and seeding new promising opportunities of grassroots cooperation that are spinning-off to reproduce their dynamics independently. Hence, we proudly and confidently declare our success in meeting the foreseen milestone, despite the unexpected obstacle posed by EU's decision last here.



## opencare

### Periodic report RP1: Use of resources

<i>Project Acronym</i>	OPENCARE		
<i>Title</i>	Open Participatory Engagement in Collective Awareness for REdesign of Care services		
<i>Project Number</i>	688670		
<i>Work package</i>	WP6 – Lead, govern and manage project		
<i>Lead Beneficiary</i>	University of Bordeaux		
<i>Editor</i>	Luce Chiodelli	<i>University of Bordeaux</i>	
<i>Reviewer</i>	Guy Melançon	<i>University of Bordeaux</i>	
<i>Dissemination Level</i>	Confidential		
<i>Contractual Delivery Date</i>	28/02/2017		
<i>Actual Delivery Date</i>	25/04/2017		
<i>Version</i>	<b>2.0</b>		
	New display of opencare's use of resource, as requested following recommendations made by the RP1 technical review on March, 10 <sup>th</sup> 2017.		

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## Introduction

This document was designed by opencare's coordinator, the University of Bordeaux, and is to be read in association with opencare's periodic report for the 1<sup>st</sup> reporting period (from January, 1<sup>st</sup> 2016 to December, 31st 2016).

Following requirements issued by Ms. Andriana Prentza and Mr. Pietro Liò, who reviewed opencare's progress by the mid-term technical review on March, 10<sup>th</sup> 2016, the University of Bordeaux edited this document, which aims to:

- assess opencare's declarations for its use of resources over the period,
- adjust opencare's declaration following the rejection of one of its deliverables (*4.2 – Survey design*),
- provide necessary information for the calculation of the interim payment.

In the section entitled "*use of resources declarations for reporting period 1*", the reader will first learn of opencare's declaration of its use of resources for the first reporting period. The content displayed in this section is identical to the information, which was recorded online through the *Sigma* platform (online periodic reporting module for Horizon 2020 projects) and officially submitted for review on February, 27th 2017.

This section includes:

- tables indicating the state of opencare's activity and its progress, in comparison to the activity planned for the whole duration of the project,
- opencare's actual declaration for the use of its resources, displayed according to the Form C generated automatically through the *Sigma* platform.

The "*new declaration of opencare's use of resources*" section of this document provides information related to the rejection of the deliverable *4.2 – Survey design*, edited by the Stockholm School of Economics (EHFF).

This section includes:

- opencare's activity and costs, with deduction of the time spent working on the deliverable 4.2,
- opencare's recalculation of its declaration for the use of its resources, displayed according to the Form C template.

## Use of resources declarations for Reporting Period 1

### Person-Month status table, activity declarations for RP1

	WP1		WP2		WP3		WP4		WP5		WP6		Total PM RP1		% use of PMs for RP1
	Actual WP total (RP1)	Planned WP total	Actual WP (RP1)	Planned WP total	Actual Total (RP1)	Planned WP total									
University of Bordeaux (UBx) <i>Coordinator</i>	1,59	2,5	0	0	0	0	0	0	9,38	29,5	6,19	8,4	17,16	40,4	42,48
Edgeryders (ER)	3,07	5,95	4,19	11,8	0,8	1,2	0	1,2	1,1	4,8	2,49	3,6	11,65	28,55	40,81
WeMake (WM)	1,88	1,2	2,63	3,6	36,63	42,6	0	0	0	0	0	0	41,14	47,4	86,79
Stockholm School of Economics (EHFF)	0	0	0	0	0	0	5,21	12,5	0	0	0	0	5,21	12,5	41,68
SCImPULSE Foundation (SF)	9,17	30,37	0	0	0	0	4,58	10	0	0	9,17	6	22,92	46,37	49,43
City of Milano (CdM)	3,92	4	4,36	4	4,29	7,2	0	0	0	0	0	0	12,57	15,2	82,70
Total Person/Months	19,63	44,02	11,18	19,4	41,72	51	9,79	23,7	10,48	34,3	17,85	18	110,65	190,42	58,11

Table 1. Person-month status table: comparison of the use of resources for opencare during RP1 (Jan, 1<sup>st</sup> 2016 – Dec, 31<sup>st</sup> 2016) to the resources planned for the whole duration of the project (Jan, 1<sup>st</sup> 2016 to Dec, 31<sup>st</sup> 2017) per work package and per partner.

## Use of resources and activity declarations for personnel costs for RP1

	WP1		WP2		WP3		WP4		WP5		WP6		Total PM	
	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs WP total (RP1)
<i>University of Bordeaux (UBx) Coordinator</i>	1,59	18 316,55	0	0,00	0	0,00	0	0,00	9,38	77 697,20	6,19	27 936,16	<b>17,16</b>	123 949,91
<i>Edgeryders (ER)</i>	3,07	16 885,00	4,19	23 527,40	0,8	4 800,00	0	1,20	1,1	6 600,00	2,49	14 940,00	<b>11,65</b>	66 753,60
<i>WeMake (WM)</i>	1,88	4 674,34	2,63	8 371,29	36,63	113 588,67	0	0,00	0	0,00	0	0,00	<b>41,14</b>	126 634,30
<i>Stockholm School of Economics (EHFF)</i>	0	0,00	0	0,00	0	0,00	5,21	41 725,75	0	0,00	0	0,00	<b>5,21</b>	41 725,75
<i>SCImPULSE Foundation (SF)</i>	9,17	35 237,50	0	0,00	0	0,00	4,58	34 667,20	0	0,00	9,17	17 333,60	<b>22,92</b>	87 238,30
<i>City of Milano (CdM)</i>	3,92	13 922,55	4,36	10 041,10	4,29	22 735,07	0	0,00	0	0,00	0	0,00	<b>12,57</b>	46 698,72
<b>Total PMs / WP and Total staff costs/WP</b>	<b>19,63</b>	<b>89 035,94</b>	<b>11,18</b>	<b>41 939,79</b>	<b>41,72</b>	<b>141 123,74</b>	<b>9,79</b>	<b>76 394,15</b>	<b>10,48</b>	<b>84 297,20</b>	<b>17,85</b>	<b>60 209,76</b>	<b>110,65</b>	<b>493 000,58</b>

Table 2. Detailed use of resources for opencare during RP1 (Jan, 1<sup>st</sup> 2016 – Dec, 31<sup>st</sup> 2016) – activity recorded and corresponding declared personnel costs per work package and per partner.

## Form C based on use of resources declaration for RP1 (planned vs. actual costs)

	Staff costs			Other direct costs		Indirect costs		Total		
	Planned PMs per partner	Planned staff costs in EUR	Actual RP1 PMs per partner	Actual RP1 staff costs per partner in EUR	Planned other direct costs in EUR	Actual RP1 other direct costs in EUR	Planned indirect costs in EUR	Actual RP1 indirect costs in EUR	Planned maximum grant in EUR	Actual RP1 maximum grant in EUR
<i>University of Bordeaux (UBx) Coordinator</i>	<b>40,40</b>	194 400,00	17,16	123 949,91	30 111,00	12 346,86	56 127,75	34 074,19	<b>280 638,75</b>	<b>170 370,96</b>
<i>Edgeryders (ER)</i>	<b>28,55</b>	163 500,00	11,65	66 753,60	67 500,00	34 798,23	57 750,00	25 387,96	<b>288 750,00</b>	<b>126 939,79</b>
<i>WeMake (WM)</i>	<b>47,40</b>	259 200,00	41,14	126 634,30	31 800,00	9 397,89	72 750,00	34 008,05	<b>363 750,00</b>	<b>170 040,24</b>
<i>Stockholm School of Economics (EHFF)</i>	<b>12,50</b>	85 400,00	5,21	41 725,75	26 000,00	4 195,04	27 850,00	11 480,20	<b>139 250,00</b>	<b>57 400,99</b>
<i>SCImPULSE Foundation (SF)</i>	<b>46,37</b>	245 940,00	22,92	87 238,30	37 100,00	3 429,79	70 760,00	22 667,02	<b>353 800,00</b>	<b>113 335,11</b>
<i>City of Milano (CdM)</i>	<b>15,20</b>	99 200,00	12,57	46 698,72	37 000,00	4 231,35	34 050,00	12 732,52	<b>170 250,00</b>	<b>63 662,59</b>
Total grant request for opencare (planned vs. actual)	<b>190,42</b>	<b>1 047 640,00</b>	<b>110,65</b>	<b>493 000,58</b>	<b>229 511,00</b>	<b>68 399,16</b>	<b>319 287,75</b>	<b>140 349,94</b>	<b>1 596 438,75</b>	<b>701 749,68</b>

Table 3. Use of resources using the Form C template – comparative planned vs. actual activity and costs for the opencare consortium

## New declaration of use of resources for opencare for RP1 after rejection of deliverable 4.2

EHFF's deliverable 4.2 – Survey design is rejected by reviewers following opencare's mid-term review, on March 10<sup>th</sup> 2016.

EHFF hereby declares 12 hours of work for the realisation of the deliverable 4.2- Survey Design and its related work, which are to deduct from its activity declared over the period.

Deliverable production for 4.2 – Survey design did not generate any additional cost and only impacts the personnel costs budget. No expense on “other goods and services” budget was made during for the 1<sup>st</sup> reporting period in relation to this deliverable.

## Use of resources (personnel costs) after rejection of deliverable 4.2

	WP1		WP2		WP3		WP4		WP5		WP6		Total PM	
	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)	Actual PMs WP total (RP1)	Actual staff costs in EUR WP total (RP1)
<i>University of Bordeaux (UBx) Coordinator</i>	1,59	18 316,55	0	0,00	0	0,00	0	0,00	9,38	77 697,20	6,19	27 936,16	17,16	123 949,91
<i>Edgeryders (ER)</i>	3,07	16 885,00	4,19	23 527,40	0,8	4 800,00	0	1,20	1,1	6 600,00	2,49	14 940,00	11,65	66 753,60
<i>WeMake (WM)</i>	1,88	4 674,34	2,63	8 371,29	36,63	113 588,67	0	0,00	0	0,00	0	0,00	41,14	126 634,30
<i>Stockholm School of Economics (EHFF)</i>	0	0,00	0	0,00	0	0,00	5,13	41 115,43	0	0,00	0	0,00	5,13	41 115,43
<i>SCImPULSE Foundation (SF)</i>	9,17	35 237,50	0	0,00	0	0,00	4,58	34 667,20	0	0,00	9,17	17 333,60	22,92	87 238,30
<i>City of Milano (CdM)</i>	3,92	13 922,55	4,36	10 041,10	4,29	22 735,07	0	0,00	0	0,00	0	0,00	12,57	46 698,72
<b>Total PMs / WP and Total staff costs/WP</b>	<b>19,63</b>	<b>89 035,94</b>	<b>11,18</b>	<b>41 939,79</b>	<b>41,72</b>	<b>141 123,74</b>	<b>9,71</b>	<b>75 783,83</b>	<b>10,48</b>	<b>84 297,20</b>	<b>17,85</b>	<b>60 209,76</b>	<b>110,57</b>	<b>492 390,26</b>

Table 4. Detailed use of resources for opencare during RP1 (Jan, 1<sup>st</sup> 2016 – Dec, 31<sup>st</sup> 2016) – activity and corresponding personnel costs per work package and per partner, after rejection of deliverable 4.2 (Survey design).

## Recalculation of opencare's use of resources (revised Form C)

	Staff costs				Other direct costs		Indirect costs		Total	
	Planned PMs per partner	Planned staff costs in EUR	Actual RP1 PMs per partner	Actual RP1 staff costs per partner in EUR	Planned other direct costs in EUR	Actual RP1 other direct costs in EUR	Planned indirect costs in EUR	Actual RP1 indirect costs in EUR	Planned maximum grant in EUR	Actual RP1 maximum grant in EUR
<i>University of Bordeaux (UBx) Coordinator</i>	<b>40,40</b>	194 400,00	17,16	123 949,91	30 111,00	12 346,86	56 127,75	34 074,19	<b>280 638,75</b>	<b>170 370,96</b>
<i>Edgeryders (ER)</i>	<b>28,55</b>	163 500,00	11,65	66 753,60	67 500,00	34 798,23	57 750,00	25 387,96	<b>288 750,00</b>	<b>126 939,79</b>
<i>WeMake (WM)</i>	<b>47,40</b>	259 200,00	41,14	126 634,30	31 800,00	9 397,89	72 750,00	34 008,05	<b>363 750,00</b>	<b>170 040,24</b>
<i>Stockholm School of Economics (EHFF)</i>	<b>12,50</b>	85 400,00	<b>5,13</b>	<b>41 115,43</b>	26 000,00	4 195,04	27 850,00	<b>11 327,62</b>	<b>139 250,00</b>	<b>56 638,08</b>
<i>SCImPULSE Foundation (SF)</i>	<b>46,37</b>	245 940,00	22,92	87 238,30	37 100,00	3 429,79	70 760,00	22 667,02	<b>353 800,00</b>	<b>113 335,11</b>
<i>City of Milano (CdM)</i>	<b>15,20</b>	99 200,00	12,57	46 698,72	37 000,00	4 231,35	34 050,00	12 732,52	<b>170 250,00</b>	<b>63 662,59</b>
Total grant request for opencare (RP1 planned vs. actual)	<b>190,42</b>	<b>1 047 640,00</b>	<b>110,57</b>	<b>492 390,26</b>	<b>229 511,00</b>	<b>68 399,16</b>	<b>319 287,75</b>	<b>140 197,35</b>	<b>1 596 438,75</b>	<b>700 986,77</b>

Table 5. Use of resources using the Form C template – recalculation of activity and costs for the opencare consortium, following rejection of deliverable 4.2 – Survey design.