



opencare

Deliverable 1.3: Open call text

<i>Project Acronym</i>	OPENCARE	
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Open call text

Open call text – an introduction to opencare's engagement strategy

The opencare consortium deliberately chooses to spot and foster talents as part of its outreach and onboarding strategy. We do so by encouraging external participants and followers of the opencare project to bring fresh, bottom-up and innovative solutions for citizen empowerment and community-driven care services design.

opencare's outreach strategy aims at carrying responsible research and innovation processes. When selecting its contributors through this call, the opencare partners commit to the following:

1. achieving gender equality and female representation in research actions;
2. putting emphasis in this call on ethical research and compliance of the selected projects with opencare's and the European Commission's requirements;
3. granting open access to the projects' documentation and results, in accordance with opencare's radical openness and working-out-loud policy;
4. bringing science and European citizens closer, through on-site workshops in Milan, Brussels, Berlin, and on partners' locations (and therefore promoting EU-funded research projects for public engagement).

Call for outreach – Version published online

The Call to hack open the care system!



Call for initiatives to hack health and social care.

Do you have an idea, concept or proposal to improve or simplify the care of health at any age? An open medical technology or social service design? Be curious. Be bold. Be radical. Click on the opencare logo to complete the entry form and register!

We're looking for any of these ingredients, or combinations of:

- Hacking society for good
- Hacking the care system
- Hacking medical technology
- Hacking social and medical care with a community-driven mindset for a better quality of life.

It begins with something you hear, something you see, something you become aware of- until there is an idea!

Initiatives can be simple or complex, organizational or technical.

It can be something you saw and you think we can try something similar in Europe.

It can be either the re-design and making of new things financially accessible or custom made with do-it-yourself technologies.

Or, maybe you already have a prototype that needs to scale-up, a new organization for community services, a social movement or new regulations to open up the care of health and the welfare of society. Propose your initiative and you may get help in taking it further.

How and when to apply: NOW and [HERE!](#)

What is opencare?

The promise of bridging the gap between mainstream health care and community health care embracing a collective approach. From movements to makers, by communities, for communities.

Who can participate: you and me!

You have a story about receiving or giving care and you think it can be replicated elsewhere, or you have a non-conformist maker approach designing DIY health instruments and devices.

Maybe a social entrepreneur and generative of change, or a creative radical who wants to transform the way medicine and social care work.

You are European or you live in Europe.

An empathetic critical thinker or entrepreneur or inventor with a passion for improving life conditions.

You have an appreciation for being part of an open participative effort and embrace your idea in any stage between ideation, feasibility, design and prototype, develop, startup and scale-up.

And the most important, does it improve a person's life?

Aspects of interest:

- Regulations, shortcuts through bureaucracy, redesign society and set new rules.
- Open models for delivering medical care, including preventive and recovery.
- Open technology and makerspace, do-it-yourself, hacking (again!)
- Communities, social groups, demographics, ecosystems, animals.

Open solutions for problems where the established organizations, infrastructure, products and services simply failed to satisfy the needs of the people. Solutions fuelled by community needs and DIY maker technology. Solutions that leverage on existing conditions for new ways to deal with how we care for each other but also opens up the inventive side of makers.

If you have any, or a combination of the above, let it be an initiative!

Click to [Propose your initiative!](#)

What if I am selected: You will be invited to participate in Deep Games- the workshops to bring the ideas to a higher level of refinement, enriching it with the help of experts and specialists in adjacent fields to create a viable initiative from the original concept entered in the Call.

Even if the initiative is not selected for Deep Games, it will be taken into account for research. You will be invited to contribute to share your story on the OpenCare collaboration platform. The goal of that research is to explore improvements and changes to the social and medical care systems of the European countries.

There is the possibility that your initiative might get support as a spin-off project for you to take it forward.

For other inquiries about the Call or submissions: [care@scimpulse.org">opencare@scimpulse.org](mailto:open<span style=)

[For updates on The Call follow us on our social channels or Subscribe to our blog to be updated about what's coming next.](#)

Application form

The Call to hack open health and social care

Complete the form and sign-up to register!

**Required*

- *E-mail address**
- *Complete first and last name **
- *Proposal title **
- *What are the objectives of the proposal? **
- *Short Summary (max 2000 characters, with spaces) to clearly explain: the objectives of the proposal and how they will be achieved. **
- *What do you think is your next step? **
- *Please advise contact details (email, phone, etc.) **
- *Do you allow the project to use your information for academic or social research? **
 - ☐ Yes
 - ☐ No
- *Has this proposal been submitted in the past in response to a call for any other EU programme(s)? **
 - ☐ Yes
 - ☐ No

Selection process

Edgeryders (20 high-quality blog posts)

The selection takes place from May 2016 until December 2016.

Submissions are ongoing, and the selection happens in one month cycles: one batch of winners is selected and announced per cycle. If there are more high quality contributions than there are candidates, then they move to the top of the priority list in the next cycle.

1. Edgeryders publish a permanent open call visible on opencare.cc. The call specifies timeline and evaluation criteria in accordance to the above (points 1-3), as well as instructs applicants how to submit their applications online, on opencare.cc.
2. Support for submissions is provided by coordinators on the community website and in the regular community calls.
3. All submissions are published on an ongoing basis as posts or comments here.
4. Campaign coordinators review applications in an open, interactive process by engaging with applicants online in the comments sections of each post. There is no requirement as to the number of comments that need to be addressed/ responded to in order for some pieces to be considered stronger than others.
5. Each coordinator can evaluate submissions and make proposals for contributors or approve proposals by fellow coordinators. Proposals outline most promising submissions: they provide a description and link to public post/comment, authors names and bios. In addition, proposals put forward an argument about why those people and stories are best suited, using the evaluation criteria as support where needed. The decision is taken based on consensus achieved between coordinators who provide an evaluation.
6. The shortlisted candidates are missioned by Edgeryders in return for committing to author an extended blog post (individually or in teams). If they accept, they must also agree to complete tasks such as commenting other posts and making themselves available to interact with other community members.

7. Contributors are profiled on the Edgeryders blog.
8. Contributors who complete their engagement and publish the agreed upon blog post receive 250 euros per piece from Edgeryders. All financial compensations are distributed upon successful completion of the fellowship program activities as agreed on by the selected contributors and coordination team.

Submitting deliverable 1.3

Context

A draft for the open call text was written since mid-April 2016. This document was issued thanks to a close collaboration between Edgeryders, the SCimPULSE Foundation and the University of Bordeaux (the latter providing assistance and coordination).

Two engagement incentives were drafted:

- one inspired by a previous CAPS project within the 7th framework programme (FP7 project CATALYST). This incentive was planned from the start and was described as our engagement strategy within opencare's Description of Action. The idea was to apply cascade funding in order to seed other grassroots projects, which would be part of a larger movement initiated by the opencare project. This incentive is also less formally called "plan A";
- one relying on the immersion of external contributors into the opencare project, by hiring project leaders as staff members among the partner institutions, enabling them to collaborate seamlessly and benefit from the expertise of the opencare staff. This incentive is also less formally called "plan B".

By the time we started implementing opencare's engagement strategy (the way we had described in the Description of Action, plan A), we did so, referring to the CAPS engagement strategy fostered under FP7 previous projects.

To this occasion, we asked our project officer for advice, in order to use our budgets the best way possible and keep in line with possible restraints.

Following our project officer request, we then took advantage of a CAPS event in Berlin (May, 19th 2016) to meet, explain the strategy and directly discuss the implementation in compliance with financial regulations, as listed in the Annotated Model of Grant Agreement for RIA projects.

A misunderstanding between the different parties progressively arose, because of the very self structure of opencare's engagement strategy. While the consortium had established the project in order to keep up with previous FP7 practices of cascade funding (and strongly relied on such practice to help nurture community involvement and collective intelligence), opencare's correspondents for the CAPS action considered it twofold: on the one hand, cascade funding was not applicable to CAPS projects in Horizon 2020 and the incentive was interpreted in our case as subcontracting on the other hand. This misunderstanding between parties increasingly slowed down the processing of an open call.

After several e-mail exchanges with our project officer, the issue of amending opencare's Grant Agreement was raised, and the consortium agreed to discuss the whereabouts of the outreach incentive. The University of Bordeaux met its project officer in Brussels on July, 11th, according to her schedule.

Following this meeting, opencare's strategy had to be re-designed, in order to clear the project engagement from potential mislabelling as subcontracting.

The plan B was adopted by the consortium as opencare's new engagement strategy in September 2016.

Further assistance had been required throughout Fall 2016, as to formally implement the plan B solution and inform our project officer of a budget transfer: from a potentially controversial 60 000€ sum under the "other direct costs" budget category, we redistributed 45 000€ to the personnel costs and 15 000€ to the travel budget categories.

Justification

In reference to this work context for the opencare project, the consortium has decided to put the engagement strategy on hold and to postpone the launch of the call.

The opencare consortium did not wish to submit a partial version of this call to cope with our project's deadlines, but rather to publish a solid one, in the spirit of the CAPS action.

Engagement is indeed the core of the opencare strategy, as much as for all the other CAPS projects.

Our outreach strategy aims at adding value and enhancing the scientific impact of the opencare research.

We select the best bottom-up incentives for the design of community-driven care services, in reference to opencare's research objectives and policy.

We include external participants to the opencare project, in accordance with the project's strategy in the Description of Action.

We therefore refer to specific work packages (WP1, WP2) and abide by the European Commission's administrative and financial regulations when fostering the engagement of talented citizens to opencare: we will lend small equipment in our premises for the development of incentives, we will include participants to our workshops, we will hire them for specific contributions to our projects within the WPs frameworks.