Annexes

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1. Description of identified best practices from SPAIN

PROGRAM OF INFORMATION AND SUPPORT TO FAMILIES. SPANISH FEDERATION OF BRAIN INJURY (FEDACE).

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or reason behind the program/intervention

http://fedace.org/wp-content/uploads/2013/09/9_familias_y_ABI.pdf

To cope with brain damage is very difficult. Normally, the family in Spain is facing this new situation alone with a great lack of information, with multiple questions without response. This is the reason for creating this program.

The program includes three phases:

1. Hospital Care: The association collects the basic facts of the case to coordinate with the medical team who treats at that time. With the first data, information is given to the family on Acquired Brain Injury, psychosocial support to take on the problems and information on health, social and legal resources. The necessary resources are also handled when the person with brain injury will be discharged and the necessary social reports are prepared.
2. Family Intervention: at this stage the family is integrated into family self-help groups. It provides emotional and psychological support and psychoeducational groups on AD/TBI with other family members. These groups deal with the care of the caregiver, handling difficulties after brain damage and other issues as needed. A major goal at this stage is to encourage the bonds of cohesion among family members with positive attitudes and communication. Moreover, at this stage the area of social work follows up each case through personalized care pathways.

3. Community Intervention: This phase refers to the actions that are intended to improve the existing information on AD/TBI, coordination between resources and the prevention and awareness of Acquired Brain Injury. It includes the development of educational material and information, such as the guide published by FEDACE "ABI: Guidance for family, friends and carers".

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

Families and relatives of patients with Acquired Brain Injury from all Spain.

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c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☒

Please describe the elements that justify or provide innovative character to the program/practise

It is a program that has a potential value as it teaches families what to do and how to do it at different circumstances of daily life. Tools, strategies and tips are very useful to deal with difficult situations since in hospitals and social services this information is not given.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions
The relationship is only with the family and the person with acquired brain injury. Despite of this, the association contacts the medical team, but there is no other kind of link among these institutions.

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☒

Please detail the elements that justify the active participation of target group in the program/practise
The activities are proposed by the professional team. Nevertheless, it is intended that there is consensus with families to establish the activities.

b. *Empowerment*

In developing skills, the target group becomes self-acting and

self-determined. ☒

Please explain the elements providing empowerment to the target group
It is tried to empower the user to be autonomous. Role-playing activities are taught to the families to cope with complicated situations.

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3. Cost-value ratio & sustainability

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise
The programme is mainly paid with public subsidies. In addition, members pay a fee. This program is supported by the structure of the governamental administration in 80% and by users in 20%.

b. *Cost-value ratio*

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
No data on budget. It has no information on this criteria.

4. Quality Control

a. *Documentation and evaluation (mandatory)*

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated
There are questionnaires and assessment tools and templates or derivation cards. However, there is no centralized method for all associations. It is not required by the ministry. On the other hand, statistic data of the cases treated are collected but not the positive impact that is generating at the target group.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise
Not applicable, due to lack of resources to implement quality management.

5. Transferability

a. There is access to the methodology and how the practice/program is made

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
FEDACE provides guidelines where the procedure is described. Therefore, the program is mainly based on providing advice and information to families and this can be easily transferred.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
The project has not been transferred to another country.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☒

Please explain the answer provided to the previous items
Since the material is public and available to be used by anyone, the transferibility is high, with no dependence on specificity of professionals and other relevant conditions.

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

This practice contains a description on its objectives and methodology. It can be seen entering this link: http://www.imserso.es/InterPresent1/groups/imserso/documents/binario/32008danocerebral.pdf

It is a guide whose purpose is to serve as a framework both for professionals working with people with acquired brain injury in the field of physical activity and sport and for family and / or users; it indicates the activities that users can perform, the necessary material resources and the criteria to be considered for referral / best indication in each case, depending on the characteristics of each person and the environment in which daily life unfolds.

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b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

It is aimed at people with acquired brain injury. Families work done is more a guidance on what activities the person can perform.

c. Innovation

The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

It is a tool to cover leisure and recreational needs. The physical and sports activities are not innovative but physical activity has potential value in itself since it improves the different physical and psychological skills and especially it improves self-concept and self-esteem, major socialization, and avoidance of social isolation.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

The program does not involve cooperation with other institutions.

It is as follows: in order to access this type of program, the user must apply in advance to CEADAC contacting the social services in Hospitals (public or private) or in each Autonomous community, the associations of people affected and also by contacting the Center. An application form together with social and medical records are filled. Once admitted as suitable, the multidisciplinary team itself (neuropsychologist, social worker, occupational therapist, physiotherapist, speech therapist, general practitioners and nurses) work with the person with acquired brain

injury. In this particular program, the main figure is the sports therapist.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☒

Please detail the elements that justify the active participation of target group in the program/practise
The program rests with the multidisciplinary team. To avoid risks to users, it must be known their deficits for activities that do not generate any risk. However, the users can express what activities they find most attractive.

c. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☒

Please explain the elements providing empowerment to the target group
The main objective is to achieve maximum possible autonomy and make their own decisions.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise
This program is under the Ministry of Health, Social Services and Equality. It is held by the Government.

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b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
There is no information on this criteria.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

There is a good impact reported on the target group. ☒

Please describe how the programme/practise implementation is documented and/or evaluated
There is documentation of the processes. Evaluation of the progression of users and satisfaction is carried out.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise
There is no information on this criteria.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
The methodology is described as enough to be transferred. It is also based on universal physical activities such as sports.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
The program contains the information to be carried out in any country There is no information of being transferred to another country.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☒

Please explain the answer provided to the previous items
Yes, the programme is easily transferable. It depends mainly on the trainer (sport therapist), but the bottom line is the work of a multidisciplinary team.

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

The project promotes the social integration of children and young people with Acquired Brain Injury through the practice of physical and sports inclusive activities. It can beseen in this link:

http://fedace.org/wpcontent/uploads/2013/09/12_Fisico_deport_y_ABI.pdf

The Brain Injury in children and youth is estimated that each year 100,000 children develop an ABI 250 after traumatic brain injury, tumor, or even a stroke. At present there is no specific public rehabilitation center for the care of children with brain damage, so they have not guaranteed the continuity of care after discharge.

With this project, children with ABI enhance their personal autonomy through actions as well as being rehabilitative and inclusive; they have fun and they strengthen family relationships. FEDACE gives associations adapted equipment and materials, in that way the associations can organize two sports activities sessions weekly. These sessions are aimed at strengthening the body, to socialize among themselves and with the community environment.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

Children and Young people with acquired brain injury in Spain. Sometimes the family is involved.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☒

Please describe the elements that justify or provide innovative character to the program/practise

From FEDACE endow assosiations adapted equipment and materials that associations organized two sports activities sessions weekly. These sessions are aimed at strengthening the body as these children are socialized among themselves and with the community environment. This becomes a perfect opportunity for children and youth can work their body, but also improve their social relationships.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

It is not common to have coordination with other centers. Usually, these children are in cerebral palsy schools where they have their own resources and do not relate to other services.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise
The activities are proposed by the team so the participation of the children is not very active.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☒

Please explain the elements providing empowerment to the target group
With this project, children improve their personal autonomy through actions. They learn to develop more independently in their immediate social environment.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise
This project works thanks to the support of the Innocent Foundation and donations from members and friends of FEDACE.

a. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
There is no data on cost-value ratio.

3. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

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There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated
There are questionnaires and assessment tools and templates or derivation cards. However, there is no centralized method for all associations. It is not required by the Ministry.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

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Please detail the elements providing information about management and quality of the program/practise
There is no information on quality management.

4. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
There is a manual FEDACE where the procedure is described. The

program is based primarily on the performance of physical and sports activities and can be transferred.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
There is no information on this criteria.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items
There is no information on this criteria.

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

It is a service that caters unemployment assistance for workers to seize the opportunity when the scenario is complicated.
It focuses on form and helps find a new job, as well as other services such as:

- The realization of socio individualized report
- Preparation of documentation work and active job search
- Analysis and Adaptation Skills Job Profiles
- Insertion Itinerary
- Management of job interviews
- Prescription Worker Training Projects Public and Private
- Facing Labor
- Consulting and Accounting
- Self-employment programs

Necessary for the implementation of infrastructure program:

- Network of collaborators
- Human Resources
- Material resources
- Working Protocols: Protocols and Cases General
- Economic valuation

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b. *Target Group*

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why
Victims of accidents at any age or sex. They can have acquired brain injury..

c. *Innovation*

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☒

Please describe the elements that justify or provide innovative character to the program/practise
Cloud applications are used. Moreover real-time control is also provided. It is installed for this purpose in each mobile application that allows participants to track the activities in which he/she has participated. The worker is also permanently connected with his / her tutor for any incident.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☒

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

The team coordinates with the ONCE FUNDATION.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

The target group expresses their professionals feelings.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☒

Please explain the elements providing empowerment to the target group

Program adjusts to each individual case. Based on the initial evaluation, some actions are proposed based on generals marked targets.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise
It is maintained through private sources, especially through commission of the mutual insurance company benefits.

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

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Please detail the elements/components that justify the cost-value ration of the program/practise
No information about this criteria.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated
The process is documented. It is presented and justifies to the mutual. The impact of the target group is not notarized.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

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Please detail the elements providing information about management and quality of the program/practise
There is no quality assessment.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
Every country works in a different way about mutual insurance companies. Although there is a described methodology it is not known if transferability would be possible.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
It has not been transferred to any other country.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☒

Please explain the answer provided to the previous items
The transferability is low because it depends on the mutual insurance company system equivalent to Spain.

2. Description of identified best practices from ITALY

MELOGRANO'S PROJECT

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

The **Melograno's Project** was born in 2013 thanks to UISP Bologna (Disability sector), Acacia's Association, the Study Centre for Coma's research, Amici di Luca's Association and Legal Study Martinelli Rogolino. The project takes place in the network of the health courses for TBI after the riabilitativity phase offer by Casa Dei Risvegli, with the aim to give social partecipation and integration for people at risk of social esclusion after TBI.

This is a Multisport project, composed of two kind of sport's activities: Martial Arts and Swimming. The idea is to work with the body and the mind to perform new pattern of socialization and individual development.

In this project are involved:

- People with acquired brain injury (TBI), after a coma experience
- Technical experts of sport with specific training on physical activities for people with TBI
- Volunteers of Amici di Luca's Association.

The activities take place twice a week for an hour each lesson.

The Martial Arts consist of Tai-Chi, Karate, Judo, Muay Thai, Jiu Jitsu.

The Swimming's activities consist of Fitness, Apnea, Swimming with or without flippers and gymnastic in the pool.

The gestures, the positions and the sequences come to the various disciplines. It means that it's proposed one exercise that each participant has to do with his or her potentialities. For each of these disciplines, it is possible to identify a series of preparatory exercises or base, likely to

achieve the goals listed above, and then obtain an overall improvement of the clinical condition of the person.

Every lesson is consisting of three parts:

1. People are involved in warming-up exercises.
2. People are involved in individual's tasks. The aim of this phase is to stimulate the capacities of participants and help them to correct motor or psychological actions that interfere in everyday life (for example the balance's capacity, the tumbles, the resignation).
3. People are involved in group's tasks. You try to stimulate the capacity of participants to get in touch with others (volunteers and technical experts), to establish relationships, to create moments of sharing their experience but also entertainment's moments.

The work's areas are: PHYSICAL AREA, PSYCHOLOGICAL AREA, SOCIAL-RELATIONAL AREA.

- PHYSICAL AREA: the physical area is aim to support persons to find balance in live and use the body. Participants are asked to find body parts that have never known or omitted after the coma, to work on the body for the physical well-being and to find strategies to compensate for the motor difficulties that these persons complain in everyday life. The sport could be consider as a real therapy because it allows to:
    - Improve motor skills and movement;
    - Gain more security of movement and management of aids. The muscles get stronger, allowing more autonomy in all activities of daily life, for example in moving from the wheelchair to the bed or the chair;
    - Improve sensory abilities;
    - Improve vestibular system. You work on three levels: personal static balance in relation to different surfaces, personal dynamic balance while running motion, static and dynamic balance reported to external elements during the action;
    - Improve kinesthetic system;
    - Improve physical gesture;
    - Improve reflections;
    - Increase muscle strenght;
    - Improve respiratory capacity;
    - Improve gas exchanges and blood oxygenation;
    - Increase fatigue resi stance;
    - Improve coordination. The goal is to explore the capacities that help these persons to implement a motor act effectively. They are: space and time orientation, capacity of coupling and combination of movements, ability of kinesthetic differentiation, ability of static and dynamic balance, ability of motor reaction, ability of movement's transformation, ability to respect a motor rhythm.
    - Improve the perception of the body image.

During the lesson, each participant is engaged in listening exercises and body's awareness work.

- PSYCHOLOGICAL AREA.
  Sport is:
  - Emotional expression: through the physical experience, people can work on the expression, recognition and managing of them and others emotions. The person could elaborate emotions and sensations.
  - Motivation: the physical experience is based on goals that people have to achieve. This allows them to develop the sense of auto-efficacy.
  - Cognition: the sport activities stimulate the cognition's capacities that are usually compromised after a coma experience (attention, working memory, planning, inhibition, flexibility, capacity to understand ourselves and others, consciousness, verbal and non-verbal communication, praxic and gnosic functions).
  - Awareness of the disease state: establish achievable goals and set them in the short term, it could help people to be awareness of their capabilities, resources and limits. This allows the re-appropriation of an individual psychological reality so that the persons become more aware of the disability's condition and could build or rebuild their own identity.
  - Help the person to deal with the difficulties.
  - Improve the ability to learn from experience.
- SOCIAL-RELATIONAL AREA: Sport requires the person a motor performance, but also the ability to get in touch with other people and with the environment. Through sport it's possible to favorite Social integration, Social acceptance, Social Contribution, Realization of the potential of the working group, Consistency to the internal working group, Personal growth, Environmental Mastery, Autonomy and self-determination and the creation of positive relationships. Through sport it's possible to favorite aggregation and social relations. Sport activities facilitate more contacts and engagements with other people with the same disability and able-bodied people, facilitating socialization and the building of relationships that would otherwise be difficult to achieve.The ultimate goal is that Melograno's Project is that sport can be an important resource for improving the quality of life.

METHODOLOGICAL ASPECTS:

OBLIQUITY: learning conditions through "trial and error" process, calibrated on the ability of each participant

CREATIVENESS: you use stimulus situations taking unstructured or semi-structured incentives that stimulate the recombination of knowledge and the construction of a new product. It is avoided the correction of motor

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settings in a rigorous and systematic way.

IMPLICATION: make each person protagonist of his learning for encouraging the metacognitive reasoning. The aim is to help the person to transfer to other contexts of life the achievements obtained during the physical activity and do a more "strategic use" of these resources.

CLARITY: you try to seek to physical spaces, psychological and mental one, free from the constraints that leave freedom to dare, to undertake, to choose, without fear of failure.

The Melograno's Project is composed of two phasis:

A. PREPARATORY PHASE: it regards the sport activities proposed by Melograno's project and the aim is to stimulate and develop physical and psychological capacities of the person in order to reach that minimum motor and psychophysical level to participate in an individual sport.
B. PARTICIPATION IN AN INDIVIDUAL SPORT COURSE: on the basis of the improvements achieved and the sport tastes of the person, we are offered individual UISP courses (gym or pool) outside the project, with a quarterly supervision by the coordinator of the project. The goals to be achieved are:
    - Promote the autonomy of the person with TBI
    - Promote the integration of the person in a social context
    - Improve the quality of life of the person and his family.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

The Melograno's project is addressed to people with TBI, after a coma experience. Each group consists of 10 participants, most of them took part in both sport activities. The average age is 35 years old, and at the current state, there are 10 men and 3 women. Participants are indicated by educators, psychologists of Amici di Luca's Association or by physiatrists of the Rehabilitation Centers.
There's a first meeting of knowledge and collection of information needed to set goals with the participant and to give informations to caregiver

about the sport activities. It evaluates the profile of the needs of the person and the family and the environment, with actions that have to be integrated with each other.
After this moment, the person began to participate in courses. There is not a precise term. The transition to the second phase depends on the achievement of a physical-psychological level sufficient to attend in an individual course with able-bodied people.

c. Innovation

The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

The innovative character of the Melograno's project is that it's a structured activity aimed at people with a coma experience. This means that the group is heterogeneous in terms of severity of disabilities, difficulties of the patients and their families in daily life, demands and expectations of them, and it aims to accompany the person and his family in a reintegration process suitable and compatible with impairments and disabilities remaining.
The proposed of group activities prevents social isolation, protects and enhances self-esteem and mutual support, allows the identification of new energies, strategies and promotes the acceptance of the outcomes, proposing a new plan of reality. The gradual recovery of personal identity improves self-perception, can regain possession of their personal dignity and increase their autonomy of life.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☒

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

The Melograno's project is carried out thanks to the collaboration of several professional and volunteer figures.

- UISP Technical experts of sport with specific training on physical activities for people with ABI. On the basis of a thorough knowledge of the pathological situation, they develop a motor recovery program targeted for each person.
- A Project Coordinator of Amici di Luca's Association.
- Volunteers of Amici di Luca's Association. They follow the training course offered by the Association and then, they come into the sport activities with an active role of stimulation of the socio-relational area.

During the activities, these figures exercise different roles and functions, so you can work in a comprehensive manner on the various work's areas, thereby enhancing the achievement of goals.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

With each participant are fixed motor and psychological goals to be achieved during the course. There isn't a set time in the achievement of these goals.

During each lesson, the active participation of the person is stimulated: in fact, the person has to seek a plan of action, the most appropriate strategy and the motor mode of execution, doing as little as possible recourse to request for support from the instructor. During Group's task, people are stimulated to actively interact with others, to propose new exercises or games, to provide physical or psychological support to persons in need, and to experience their skills in activities that they may be in trouble.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

The group is self-acting and self-determined. In despite of the heterogeneity of the group, each person is responsible of the partner, must offer help or advice during the exercises; in addition they have to offer motor and psychological support, indicate to the instructors any difficulties of other persons, propose new activities or express desires on doing some activities.
Through a sport activity, it is important to help person with TBI to feel part of a social network in which receiving support, rewards and building relationships, in order to improve the perception of quality of life.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

The Melograno's project is founded by Uisp, Amici di Luca's Association and charity events (Strabologna 2014, Run 5.30, Correre Insieme, Decathlon Foundation Day). The actions are activated in a flexible way according to specific needs, based on a personalized program that is annually defined by the coordinators of the project. The attendance of classes is free and to each participant is only required a membership fee to cover insurance costs. Spaces and materials are free offered by UISP. The individual courses are charged to the participants, even if the prices are subsidized.

c. Cost-value ratio

There are data on budget and beneficiaries. ☐

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The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

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Please describe how the programme/practise implementation is documented and/or evaluated

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise
The Study Centre for Coma's research is conducting a research for the evaluation of the quality of life and perception of integration in society in the patients referred to "DOPO's project", in which is included Melograno's project. The aim of this study is to consider if a sport activity could improve in patients and caregivers their perceptions to be integrated in society, to be part of a social network and to feel a general psychosocial well-being. Each month are conducted meetings between instructors, volunteers and the coordinator of the project for assessing the overall progress of the activities, the achievement of group and participants, setting new goals on the group and individual participants, proposing new activities, reporting the critical and make changes. For each meeting, the programs for both activities are adapted and developed to the needs. Every three months, there are meetings between UISP's coordinator, Amici di Luca's coordinator, and the physiatrists of the participants for giving a return over the general course of the activities, the improvements or deteriorations of participants. You discuss about the goals you are trying to catch up with them and about the possibility of new entries in the group. In this way, the quality control of the project is done by a network of various professional figures, both medical and non-medical, so that it's possible to have a full assessment of the various aspects of the project (physical, psychological, social and financial).

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
For the moment, there isn't access to the methodology and how the practice program is realized because it's a new project on which we must standardize good practices. The Melograno's Project is carried out in the province of Bologna, and in any other region or country.

The practice of this project could absolutely be transferred in international contexts because the program relies on typical aspects of acquired brain injury which do not depend on the characteristics of the socio-political system of a nation and also because it requires the presence of professional figures, who easily found in a rehabilitation program for people with TBI.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

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c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

The **"MULTISPORT" project** is a partnership between Casa Santa Chiara, Massimo & Tommy ASD and C.S.I. Centro Sportivo Italiano of Bologna.

It is born as a high-quality tool for the needs of disabled person. Its main goal is to foster an active participation of the disabled person through sports, providing to them a large choice of sport activities specifically adapted.

<u>Objectives</u>

- Raise awareness the team and individual adapted sports.
- Provide a first approach to the different techniques of the multisport activities.
- Foster the participation on Multisport activities.

<u>Purposes</u>

- Create the concrete opportunities to participate to the sport activities.
- Improving physical, psychological and sensorial conditions.
- Ensure the perception of being part of a group.
- Explore the own body working in group for discovering their selves, the others and the relations with the other athletes during the sport activity.
- Make new experiences able to stimulate the confront and personal growth.
- Affirm the values of sports not only in the therapeutic meaning.
- Learn to respect the rules and schedules

The work methodology put to the center of the observation the group in which each component has an active role in building a common project.

Each training session is divided in two phases:

a) individual, double and team games that give to the subjects the possibility to move in total autonomy through the repetition of structural stages.

b) alphabetization and initialization to the different sport activities

according to the specific needs of each one, stimulating the socialization among the group.
The actions are:
- focus on the difficulties and abilities of the subjects involved.
- use of sport materials for training the subjects to satisfy their own needs.

b. *Target Group*

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

Disabled person with brain, relational and motor disabilities (Adults, men and women)
Specific targets
- Participate to individual and group activities, respecting the rules properly adapted to satisfy the specific needs of each subject.
- Participate to tournaments.

c. *Innovation*

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☒

Please describe the elements that justify or provide innovative character to the program/practise

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The actions are:

- focus on the difficulties and abilities of the subjects involved.
- use of sport materials for training the subjects to satisfy their own needs.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

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2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

- Space consciousness (work in the gym).
- Awareness of their abilities.
- Work on the group for a proper inclusion of each subject starting

from its own difficulties.
Evaluate of each subject for the starting sport practice.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

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3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

Since 2011, the "MULTISPORT" project started its activities in a context in which there were not a structured practice of the basic motor activity.
The project has involved around a hundred persons and though to them how to approach to different sports such as basketball, karate, dance, football, volleyball, athletic.
The result of these actions has leaded more than ten subjects to start to play these disciplines regularly.
Thanks to the project, the target group, composed by young disabled, family members, social workers, spiritual assistant and local institutions has discovered the opportunities that sports can offers to the people with disability as a tool for increasing their physical, psychological and social life.
In the last years, the project activity has developed to the target group the follow results:
- enhancement of the singular motor autonomy
- improvement in the management of personal care and hygiene before and after the training session
- consciousness of their own body
- improvement of concentration and observation skills
- improvement of communication skills
- teamwork and conflict management skills
- improvement of the movement and rhythm skills
- improvement of the motor activity
- improvement of the materials and equipment care after the training session

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

The "MULTISPORT" methodology, target group, equipment and work phases are explained on the project description and the results are reported on the evaluation forms

The originality of our project proposal is due by the three phases:
- multisport activity with the disabled;
- activity with the caregivers for understanding and facing the problems on working with disability;
- combined activity in which the caregivers and the patient work together.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

The project has not been transferred to another region or country but in Italy there are several projects similar to the "MULTISPORT" project that

are focused on different disabilities.

The problem is related to the difficulties on collecting all the best practice for having a general overview regarding the effects of multisport on people with acquired disability.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items

L.U.C.A.S
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1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

The project aims to bring together young people and adults from all over Italy, who share a passion for football and who have from birth or post traumatic accident amputees. The challenge is to create a team to practice the sport of soccer to 7.

The purpose was in time to create a National Italian team as they exist in many European countries or worldwide. The practices and games are held in several Italian cities with the aim of involving local territories on the issue of disability and promoting sports for people with disabilities.

Objectives

- creating a homogeneous group offering equal opportunities to be leaders of a joint action
- recovery of a social role
- integration into the world top sportsman

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

- Participate to individual and group activities, respecting the rules properly adapted to satisfy the specific needs of each subject.
- Participate to tournaments.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

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d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

The methodology is implemented through training sessions and the preparation technique and tactical races.

At the end of the training sessions are planned: matches with the team divided into two homogeneous groups; football games integrated with able-bodied players. Such activities are necessary both to stimulate the proper conduct of some technical movements, both for the achievement of sporting and social project.

Athletic individual

- Preparation / training adapted football game
- 1 training session per month overall
- One or more friendly matches (both among amputees, both between amputees and able-bodied or other types of disabilities)
- Participation in international friendlies or tournaments

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Athletic individual

- Preparation / training adapted football game
- 1 training session per month overall
- One or more friendly matches (both among amputees, both between amputees and able-bodied or other types of disabilities)
- Participation in international friendlies or tournaments

Timing and schedule:

Start date: October 2012 (date of creation of the team)

Annual Duration: every month, every year

Session variabile

Project Team:

football coaches

trainers

team officials and the CIS to support the team and to the management of side eventsGraduates in Motor Science specialized in preventive and adapted motor activity

d. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

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The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

All costs of the project in 2012 were supported by the CIS National. Over time, they found private sponsors to cover some expenses

Recently the team, that is now well known, has started to produce merchandise to be self-sustaining.

Human resources: are not paid managers and trainers or coaches

Fields for the activities (training, friendly matches, official and demonstration games): are not paid for any of the activities and the team will be hosted on territories

Away Games: about 10,000 euro per year

Journeys: by train to reduce costs; only the coach has the opportunity to travel in the car

Room and board: are usually kindly offered by local territories

Sports equipment: about 6/7000 EUR a year)

Over time the costs have been declining

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b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

Since 2012, the year of foundation of the team, was immediately shown the value of the initiative because people who had been kept out from the playground (from birth or as a result of accident or trauma that causes amputations) become able to enter or return to the field as protagonists.

They have become a team, in a worldwide movement in which the value of the highly competitive activity does not have precluded from pursuing other results: knowledge of reality born in similar social contexts or different personal (eg. Trauma from military actions); enrichment personal; experience and relationship between local and world representatives.

Then the level of competition has meant that the athletes are due prepare always better, both from a physical point of view that mental, to overcome the voltage of sporting competition transformed into a positive value because the engine of a 'reboot' of a life interrupted.

The National amputee soccer CSI is a company founded on December 8, 2012 at the Conference organized in Assisi on an idea by Francesco Messori, boy born with only one leg left, who the previous year had been given permission to play with non-disabled peers with crutches and then took action to involve young amputees to form a national team, as they

were already present in several European and world.

It is part of the WAFF (World Amputee Football Federation) and was among the founders of the National EAFF (European Amputee Football Federation) organization of European football amputee born in Dublin last February 28, 2015.

In its short history has played several friendly matches, from April 2013, with European national, also it was in the 6 Nations Tournament in Poland in September 2014 and especially at the World Championships of Soccer amputated in December 2014 in Mexico (Culiacan), getting an excellent 9th place out of 21 participating teams.

The team meets every month for training in different locations of the Italy. These occasions are a way to meet local sports, civil and cultural locals and also moments of testimony, both to show football matches games of football or football amputees integrated.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

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Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

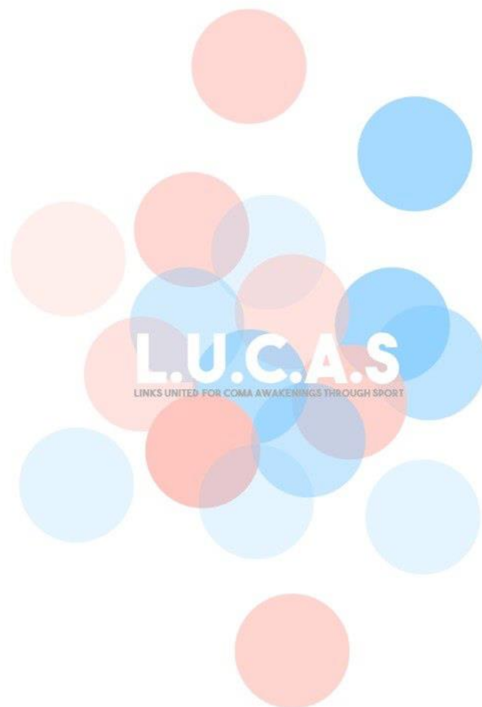
c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items
Working model reproduced in different countries of the world successfully. The promotion at European level is continuing. The February 28, 2015 was born the EAFF (European Amputee Football Federation), which has among its objectives to promote in other countries the birth of other national teams. Italy was among the states that have promoted the initiative



3. Description of identified best practices from BELGIUM

A POST-REHABILITATION CENTRE FOR PERSONS WITH A PHYSICAL IMPAIRMENT

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ■

The practice/experience contains the objectives of the program ■

There is available information about the methodology and activities/ tools ■

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

In 2014, a cooperation was established between Thomas More (research expertise centre Mobilab), the AZ Herentals hospital, the To Walk Again foundation, and the orthopaedics company Orthopedie Van Haesendonck, with the aim of developing a post-rehabilitation centre for persons with a physical impairment.

Mission:

The post-rehabilitation centre is thé reference where people with physical disabilities are challenged with sports and exercise to maximize their quality of life in an accessible, relaxed and positive environment. The centre offers a customized, stimulating and progressive post-rehabilitation programme, using the latest technologies and under expert supervision.

Vision:

- The centre offers accessible sports and physical activities in a trendsetting, challenging and multidisciplinary environment.
- The centre uses a preventive approach to maintain and optimize movement in secondary locomotor disabilities.
- The centre uses the latest technologies for pioneering (gait) rehabilitation for people with specific lower extremity function limitations under expert guidance.

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- The centre offers customized, intensive, longitudinal, full-time post-rehabilitation programs.
- The centre uses its specific expertise to provide persons with a physical impairment and their environment with thorough and informed advice.
- The centre acts as an inclusive meeting place, where participation equals fun.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.).

It can be seen/understood how to reach the target group.

Please describe the target group to which the program is addressed and the reasons why

The target group of the post-rehabilitation centre are persons with any physical impairment (such as spinal cord injury, traumatic brain injury, stroke, cerebral palsy, amputation, multiple sclerosis, etc.), and their environment (including friends, family, caregivers, etc.).

To Walk Again, Mobilab and Orthopedie Van Haesendonck have a longstanding expertise in working with persons with a physical impairment. As such, the partners did not want to in- or exclude potential clients on the basis of a medical diagnosis.

The target group is reached via To Walk Again memberships and regular promotion activities. Experience has also taught the power of promotion through word of mouth and social media, i.e. clients attracting new clients attracting new clients. As such, social media have proven to be valuable promotional assets.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ■

Please describe the elements that justify or provide innovative character to the program/practise

Innovation belongs to the mission statements of the 4 partners of the project, and is therefore by nature inherited by the post-rehabilitation centre. The innovative aspect of the post-rehabilitation centre is twofold: the uniqueness of the concept (to our knowledge, the post-rehabilitation centre is the first in Belgium) and the continuous search for and implementation of innovative technologies (e.g. robot assisted gait training), and sports projects (e.g. initiation days/sessions), with the sole purpose of improving the quality of life of those with a physical impairment.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ■

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

The conceptual work was completed in partnership with the 4 abovementioned organisations, each bringing their specific qualities to the table:

Thomas More – Mobilab is a multidisciplinary centre of expertise, which conducts human-centred, leading and innovative applied research into wellbeing and technology, including sports and rehabilitation technology and orthopaedic technology. Its activities create a socially relevant synergy between research, education and practice, aimed at improving quality of life and wellbeing of populations with specific needs. Mobilab coordinates the research activities conducted at the centre, and provides the chairpersons of the centre's consortium board.

The AZ Herentals hospital provides the infrastructure and the administrative and logistic context for the post-rehabilitation centre. With respect to infrastructure, the hospital intends to rebuild an entire floor according to the needs of the centre (figure 1). As for the administrative context, some of the technologies offered in the centre require medical

supervision, which is provided by the hospital. In addition, being organized in the hospital, the activities organized in the centre can be partially reimbursed through the Belgian social security system. Other administrative and logistic benefits include the use of all facilities, computer, internet and server network, scheduling software, etc.

The To Walk Again foundation aims at offering sports, movement and activity programs for persons with a physical impairment. This includes daily fitness sessions, a regular weekly sports offer, and various sports initiations. The post-rehabilitation centre is operationalized through To Walk Again (e.g. with respect to employment, logistics, etc.).

Orthopedie Van Haesendonck is an orthopaedic company providing orthoses, prostheses, wheelchairs and walking aids, and customized shoes, sandals and insoles. Orthopedie Van Haesendonck has an advisory role in the consortium and the centre, and provides funding for a full time physiotherapist to run the technological post-rehabilitation aspects of the activities in the centre.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ■

Please detail the elements that justify the active participation of target group in the program/practise

All partners in the project have a direct and close link with, and stimulate initiatives and suggestions from the target group. Particularly the To Walk Again foundation, in which the post-rehabilitation centre is administratively embedded, has a philosophy of stimulating target group input. Suggestions and/or initiatives are controlled for feasibility, carried out, assessed and, when found successful, implemented in the structural programme of the organization.

b. *Empowerment*

In developing skills, the target group becomes self-acting and

self-determined. ■

Please explain the elements providing empowerment to the target group

Providing empowerment and increasing self-esteem, self-efficacy, self-confidence, resilience, etc… are the core purposes of the post-rehabilitation centre. The consortium firmly believes that this can be achieved through a combination of promoting and assuring an active lifestyle, and by exploring and offering innovative rehabilitation technologies.

3. Cost-value ration & sustainability

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ■

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ■

The effects on the target group are sustainable. ■

Please describe the elements that justify the sustainability of the program/practise

The sustainability of this project is protected by the structure of the coordinating umbrella of the 4 partner organizations. It is the core task of the consortium to ensure continuation of the project through longstanding sponsorships and the establishment of cooperation with national, regional and municipal governments and health care organizations.

b. *Cost-value ratio*

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
The implementation phase of the post-rehabilitation centre is just started. At present, data on budget and beneficiaries are not available yet. A cost-value analysis will be conducted after the 1st year of implementation to assess the feasibility of the centre. However, the post-rehabilitation centre has a similar mission and vision compared with the To Walk Again foundation. The consortium is therefore convinced of the value and relevance of the centre.

4. Quality Control

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

a. *Documentation and evaluation (mandatory)*

Documentation shows the content of the working process. ■

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ■

There is a good impact reported on the target group. ■

Please describe how the programme/practise implementation is documented and/or evaluated
The project implementation progress is documented via consortium meeting reports. An evaluation of the implementation is at present not yet available, given the fact that the project is still in its implementation stage. It is the intention of the consortium however, to continuously

monitor and assess the quality of the project activities, and remediate if needed and where appropriate.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ■

The program/practice will be adapted and developed to the needs, consistently. ■

Please detail the elements providing information about management and quality of the program/practise

Optimal management of the centre is ensured by the organizational structure of the centre, steered by a consortium consisting of members of all aforementioned partner organizations, and including experts in all relevant fields (e.g. medical and paramedical practitioners, rehabilitation technologists, users, etc.).

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

Transferability resources are currently unavailable. It is our intention however, to develop such a methodological manual.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

The activities carried out in the post-rehabilitation centre do already exist, however not under an umbrella structure of a post-rehabilitation centre. Currently the post-rehabilitation centre is still in its initial phase. After a thorough quality assessment and remediation, transferability strategies will be developed and provided for interested agencies.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ■

The program depends not too much on one/ few specific professionals, conditions, etc. ■

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

Please explain the answer provided to the previous items

Neither the consortium nor the operational strategies of the post-rehabilitation centre consist of nation- or region-specific elements, or rely on specific professionals or conditions. If sufficient financial means and logistic opportunities are present, the concept should be transferrable without major complications.

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ■

The practice/experience contains the objectives of the program ■

There is available information about the methodology and activities/ tools ■

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

HARPA is a non-profit organization that offers a life-long post-rehabilitation program for persons after cardiovascular disease. This program consists of regular weekly physical activities, led by a physiotherapist specialized in cardiovascular rehabilitation.

Harpa is organized in cooperation with the research unit Cardiovascular and Respiratory Rehabilitation of the Faculty of Kinesiology and Rehabilitation Sciences of the KU Leuven and the university hospital UZ Leuven. It was originally founded as a continuation strategy to the acute rehabilitation program as organized in the university hospital. Patients with cardiovascular disease receive a 3 month acute rehabilitation program in the hospital. Upon discharge from the program, patients are then invited to join HARPA and continue exercising in the post-rehabilitation program that HARPA offers, with the aim of ensuring a life-long active lifestyle for its members, thereby minimizing the risk of relapsing.

LUCAS
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ■

Please describe the target group to which the program is addressed and the reasons why

The target group of HARPA are persons with cardiovascular disease. The concept of the organization however, can easily be modified to the target population of the LUCAS project.

The target group is reached via the university hospital UZ Leuven. Experience has also taught the power of promotion through word of mouth and social media, i.e. clients attracting new clients attracting new clients. As such, social media have proven to be valuable promotional assets.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ■

Please describe the elements that justify or provide innovative character to the program/practise

HARPA is linked to the university hospitals and as such to the university. As such, new advancements in the rehabilitation of persons with cardiovascular disease are often investigated and implemented through the acute rehabilitation phase into HARPA.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ■

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

HARPA was founded by the research unit Cardiovascular and Respiratory Rehabilitation of the Faculty of Kinesiology and Rehabilitation Sciences of the KU Leuven as a continuation strategy to the acute rehabilitation program as organized in the university hospital. As such, HARPA by definition relies on its network, being the university of Leuven, and the university hospital UZ Leuven.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ■

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

Please detail the elements that justify the active participation of target group in the program/practise

HARPA has a philosophy of stimulating target group input, clients are motivated to make suggestions at all times. Suggestions and/or initiatives are controlled for feasibility, carried out, assessed and, when found successful, implemented in the structural programme of the organization.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ■

Please explain the elements providing empowerment to the target group

Through a combination of promoting and assuring an active lifestyle, and by exploring and offering innovative post-rehabilitation programs, HARPA aims at providing empowerment and increasing self-esteem, self-efficacy, self-confidence, resilience, etc….

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ■

The realizing of the program/best practice is not depending on one dedicated person, but is included in system structures. ■

The effects on the target group are sustainable. ■

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENING THROUGH SPORT

Please describe the elements that justify the sustainability of the program/practise

The sustainability of HARPA is ensured by the close cooperation with the university hospital at the one hand, thereby creating a natural flow from acute rehabilitation to post-rehabilitation in HARPA, and by the cooperation with the research unit Cardiovascular and Respiratory Rehabilitation of the Faculty of Kinesiology and Rehabilitation Sciences of the KU Leuven, providing therapists and student internships to lead the activities.

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

Data on budget and beneficiaries are not available.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

To my knowledge, documentation is not available.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. *Management and developing of quality*

There is a continuous and systematic process of reflecting the

program/practice. ■

The program/practice will be adapted and developed to the needs,

consistently. ■

Please detail the elements providing information about management and quality of the program/practise
HARPA is linked to the university hospitals and as such to the university. As such, new advancements in the rehabilitation of persons with cardiovascular disease are continuously investigated and implemented through the acute rehabilitation phase into HARPA.

5. Transferability

a. *There is access to the methodology and how the practice/program is realized*

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
Transferability resources are unavailable.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
To our knowledge, HARPA is a unique organization in Flanders/Belgium.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ■

The program depends not too much on one/ few specific professionals, conditions, etc. ■

Please explain the answer provided to the previous items
The program relies solely on membership fees.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ■

The practice/experience contains the objectives of the program ■

There is available information about the methodology and activities/ tools ■

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

CAS (Centre of Adapted Sports) is a non-profit organization founded in 1995. The mission of CAS is to be a bridge between rehabilitation centres and sports clubs/organizations. CAS is linked to the Faculty of Kinesiology Rehabilitation Sciences of the university of Leuven (KU Leuven), Belgium. Furthermore, the university hospital UZ Leuven, including the rehabilitation centre UZ Pellenberg has a close link to KU Leuven, thereby enhancing the contact between CAS and the rehabilitation centre.

CAS organizes a regular weekly sports programme for individuals with a physical or intellectual impairment, including wheelchair tennis and wheelchair basketball, fitness training for wheelchair and non-wheelchair users with lower extremity impairments, football and badminton for persons with an intellectual impairment, and swimming for persons with both physical and intellectual impairments.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ■

It can be seen/understood how to reach the target group. ■

Please describe the target group to which the program is addressed and the reasons why

The target group of CAS are persons with any physical and/or intellectual impairment, regardless of age, sex, etc.

The target group is reached by organizing regular sports initiation trainings in cooperation with the rehabilitation centre, and via the Flemish disability sports federation Parantee. Experience has also taught the power of promotion through word of mouth and social media, i.e. clients attracting new clients attracting new clients. As such, social media have proven to be valuable promotional assets.

c. *Innovation*

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ■

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Please describe the elements that justify or provide innovative character to the program/practise

CAS is not a disability sports club, but rather a flow organization, in which members can get acquainted with various new sports with having to make commitments (such as buying expensive equipment). Once a member has chosen a sports discipline he/she wishes to continue with, CAS offers him/her advice about sports clubs in the home environment, or to continue in CAS on a low recreational level.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ■

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

CAS was founded by the research unit Adapted Physical Activity of the Faculty of Kinesiology and Rehabilitation Sciences of the KU Leuven. Over the years, the contact with the rehabilitation centre of the university hospital was intensified, with the leading physician and the sports therapist having become members of the governing board of CAS. This cooperation also allows CAS to apply for a number of funding opportunities.

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ■

Please detail the elements that justify the active participation of target group in the program/practise

All partners in the project have a direct and close link with, and stimulate initiatives and suggestions from the target group. Suggestions and/or initiatives are controlled for feasibility, carried out, assessed and, when found successful, implemented in the structural programme of the organization. For example, CAS was initially founded top organize sports activities for persons with physical impairments only. In recent years, the organization has expanded its activities to sports for persons with intellectual impairments as well.

b. *Empowerment*

In developing skills, the target group becomes self-acting and

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self-determined. ■

Please explain the elements providing empowerment to the target group

CAS firmly believes in the complementarity of sports to the regular rehabilitation program, and the effect of regular sport participation as an empowerment actor. Being physically active enhances a person's functional abilities, thereby increasing self-esteem, self-efficacy, etc.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ■

The realizing of the program/best practice is not depending on one dedicated person, but is included in system structures. ■

The effects on the target group are sustainable. ■

Please describe the elements that justify the sustainability of the program/practise

The sustainability of this project is ensured through longstanding sponsorships and the establishment of cooperation with national, regional and municipal governments and health care organizations. The organization's income consists of membership fees on the one hand, but also of funding received by several of these national, regional and municipal governments and health care organizations.

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

The cost-value ratio is adequate. ■

Please detail the elements/components that justify the cost-value ration of the program/practise

Exact data on the budget and beneficiaries are not available at present. However, the fact that CAS organizes its 20th anniversary this year, illustrates the good cost-value ratio of CAS.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ■

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ■

There is a good impact reported on the target group. ■

Please describe how the programme/practise implementation is documented and/or evaluated

The project implementation progress is documented via governing board meeting reports. An evaluation of the implementation is at present not available.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

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program/practice. ■

The program/practice will be adapted and developed to the needs,

consistently. ■

Please detail the elements providing information about management and quality of the program/practise
Optimal management of CAS is ensured by the governing board, consisting of academics from the research unit Adapted Physical Activity of the Faculty of Kinesiology and Rehabilitation Sciences of the KU Leuven, and members of the rehabilitation team of the university hospital.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
Transferability resources are currently unavailable.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
The activities carried out in CAS do already exist, in a variety of formats (different target populations, different sports disciplines, different

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organizational structures, etc.).

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ■

The program depends not too much on one/ few specific professionals, conditions, etc. ■

Please explain the answer provided to the previous items

CAS does not consist of any nation- or region-specific elements, nor relies on specific professionals or conditions. If sufficient financial means and logistic opportunities are present, the concept should be transferrable without major complications.

LUCAS

4. Description of identified best practices from CYPRUS

K–SET METHOD

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

Only according to doctors knowledge. There is no official protocol for rehabilitation.

The only information that is available is for neurological.

L.U.C.A.S
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b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

They are all members of our association that visit us mostly daily for rehabilitation.

c. *Innovation*

The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise
Rehabilitation programme contains an innovating method for rehabilitation named K-SET based on rehabilitation concept.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions
Only with the state.

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise
Eight (8) of them can actively participate.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group
Try to change their inability to ability in order to make them independent and active in the society.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise
1. The innovative method K-SET I 2. The well organised infrastructure of the association 3. The social inclusion and sports dimension

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
For these participants of the programs the costs are for -Transportation -Therapies -Socializing -Sports activities cost -Equipment and facilities

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

There is a good impact reported on the target group. ☒

Please describe how the programme/practise implementation is documented and/or evaluated
Every patient has their own file that includes a monthly report from therapies assessment, secondly it includes a psychology report from the aspect of socialization and thirdly a questionaire about the services offered which is completed by the patients, including questions about the program ,sports, activities and suggestions as well.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. *Management and developing of quality*

There is a continuous and systematic process of reflecting the

program/practice. ☒

The program/practice will be adapted and developed to the needs,

consistently ☒

Please detail the elements providing information about management and quality of the program/practise
The heads of each Department are controlling the quality of different aspects of health, social inclusion and sports, which is also based on the medical report and the mentioned questionnaires.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

5. Transferability

a. *There is access to the methodology and how the practice/program is realized*

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
The program is easily transferable because of the manual and tools provided. About the social inclusion, this is a more difficult dimension to be transferred, since is based on the professionals experience and an individualized adaptation to the person.

b. *The program/practice has already successfully been transferred to another region/country*

Please describe the experiences or examples about transferability of the programs to other contexts, regiothns
It starts from Limassol city then we expanded to Pafos and from September we will start also in Nicosia It starts from Limassol city. Later will be extended to Pafos and in September will start in Nicosia.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☒

The program depends not too much on one/ few specific professionals, conditions, etc. ☒

Please explain the answer provided to the previous items
Programs are not based on national conditions.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

5. Description of identified best practices from PORTUGAL

REHABILITATION TOOL DESIGNED FOR INTENSIVE WEB-BASED COGNITIVE TRAINING

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

This project is a web-based program that allows implementation of individualized cognitive training interventions (https://cogweb.eu) (Cruz et al., 2013). It is aimed to be inclusive and therefore is directed to every patient with any cognition impairment who may benefit from cognitive training. This includes traumatic brain injury (TBI) patients. The web-based approach allows both the professional and the patient to access the program from anywhere with just an Internet access. This is particularly useful to allow the cognitive training to occur in different environments: from strict clinical settings to home settings with family/caregivers support. This tool was submitted to scientific analysis and was found particularly well accepted by the patients and their relatives and/or caregivers (Cruz et al., 2013). It was considered to have the potential to have an important effect on human resource management, in increasing the patient access to specialized health care and improving the quality and national health system costs of rehabilitation programs (Cruz et al., 2013). This program seems also to be a good tool to use in combination with more classical face-to-face approaches, assuring greater training intensities (Cruz et al., 2014).

The program has been using a total of 27 independent exercises in a computerized game format, developed to train various degrees of cognitive disabilities from mild to more severe impairments. Each exercise is organized primarily around a specific cognitive function, such as attention, executive functions, memory, language, praxis, gnosis, and calculus. Exercise progression is automatic through several levels of difficulty that change in accordance with the patient's performance and

are coupled with support messages in real-time. The different degrees of difficulty are obtained through the manipulation of some features such as the number and type of items per level, their intrinsic complexity, or the interval between stimuli. All exercises use random, non-sequential stimuli to prevent memorization and maintain motivation between sessions. There are also several progress graphs (eg, right answers vs wrong answers, levels completed, global training time, or accesses) that are used to motivate patients after revision by the professional in charge (Cruz et al., 2013).

The activities concerning cognitive training are all supervised by the resident neuropsychologist, who also conducts comprehensive neuropsychological assessments according to the patient medical diagnosis, using tests validated for the Portuguese population (Cruz et al., 2014; Cruz et al., 2013). The training sessions are performed outside the hospital, predominantly at patients' homes or other comfortable family or social settings. The neuropsychologist tailors the cognitive training plan to the patients' medical conditions and cognitive deficits, thus contents of the training sessions may vary during the course of the rehabilitation program. Sessions include exposure to different combinations and proportions of exercises focused either on memory, executive functioning, attention, language, calculation, or constructive ability. The personalization of the cognitive training plans include the following possibilities (COGWEB system features): (1) recommended duration of each daily session, (2) number of sessions per week, (3) time of the day where most training should take place (morning or afternoon), (4) type, number, initial level of difficulty, and duration of each exercise (from a pool of 27), (5) frequency of adjustments to the exercises prescribed, and (6) frequency of progress reports from the neuropsychologist to the patient/caregiver.

LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

This project has been conducted in an outpatient memory clinic setting, and have been including consecutive patients that fulfilled all of the following inclusion criteria: (1) medical diagnosis of a neurologic or psychiatric condition known to produce cognitive impairment, (2) cognitive deficits confirmed by comprehensive neuropsychological evaluation using tests validated for the Portuguese population, covering domains such as attention, memory, language, executive functions, and constructional ability and selected on the basis of pathology and patient characteristics (scores were reviewed by two senior neuropsychologists and each patient was classified as having or not having a deficit in each cognitive domain), (3) at least four years of formal education completed and ability to use personal computers and information technology applications, (4) favourable opinion of the attending physician and neuropsychologist toward enrolment in cognitive training activities, (5) no sensory or physical deficiency that could prevent the independent use of personal computers and information technology applications (e.g. blindness, hemiplegia, or amputation), and (6) informed consent from both the patient and relative.

There were no limits of age for inclusion. The attending physician first proposes the patients for enrolment in cognitive rehabilitation strategies and they are referred to the outpatient memory clinic for enrolment in the program. Referred patients include patients have definite neurodegenerative diseases; memory complaints with depressive symptoms; static brain lesions, including those resulted from TBI; and other diseases alike.

c. *Innovation*

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

This project has a rather innovative load into it, as it intends to implement the use of new Information and communications technology (ICT) in outpatient remote interventions, or in combination with classical

intervention. This has the potential of amplifying enormously the resources and the reach of the outpatient rehabilitation and follow-up of the target group by the national health care system. Another innovative aspect of the proposed approach is that it allows an enhanced involvement of the families and other caregivers, resulting in empowerment of not only the patient but also the whole family unit itself.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

This project involves several institutions (Clínica da Memória; Hospital São Sebastião; Centro Hospitalar de Entre o Douro e Vouga, Santa Maria da Feira, Portugal) and different professionals (neurologists, neurosurgeons, psychiatrists, rehabilitation medicine physicians, paediatricians, internists, and general practitioners). Therefore networking is mandatory for this program to be implemented and work properly. Moreover networking will be mandatory if such a program is to grow and involve more patients. For this more institutions and professionals must and will be involved, making network a key aspect of the program.

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

This project is in an initial implementation and evaluation phase therefore all feedback and suggestions are welcomed. Because it involves a mixed approach of classical face-to-face intervention along with web-based intervention it allows the patient to express ideas when face-to-face with the neurologist or the neuropsychologist for initial assessment, patients could express their ideas, wishes and suggestions for planning. On follow face-to-face visits patients may give feedback about the intervention, about its implementation and realizing, and could express their ideas, wishes and suggestions for future planning.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

This project has the ability of developing mostly cognitive skills, as this is the main outcome aimed by the intervention, and this can be empowering *per se*. However, by using ICT resources this intervention allows for the patient to engage in his rehabilitation process and attend the rehabilitation sessions self sufficiently, avoiding relying on the support and dependence on family members and/or caregivers. In summary, by developing cognitive skills, and by allowing patients to be self-acting and self-determined, not depending o much on others, this project seems highly empowering.

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

The program is running (www.cogweb.eu) and therefore we are to assume that it have been successful to some extent and is to be continued. This program is not dependent of any specific person but dependent on ICT and can be implemented on any system structure.

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

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Please detail the elements/components that justify the cost-value ratio of the program/practise

To our knowledge there is no specific data on budget however this project has been argued to have the potential optimizing important health care system resources and to allow easier and affordable access to cognitive training (Cruz et al., 2014; Cruz et al., 2013).

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

The program has been running and some preliminary data has been published showing good adherence (Cruz et al., 2014). This new Web-based system was shown to be very well accepted by patients and their relatives, who showed high levels of motivation to use it on a daily basis at home (Cruz et al., 2013). The simplicity of its use and comfort were especially outlined. This tool is argued to have an important effect on human resource management, in increasing the patient access to specialized health care and improving the quality and national health system costs of rehabilitation programs.

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b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

Studies have been conducted in order to assess and evaluate program specificities and results. This allows for reflecting the program. The data collection and discussion may support the development of the program.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
Throughout methodology has been published, including a program manual (V. Cruz & Pais, 2012) and both the methodology and partial results have been peer-reviewed (Cruz et al., 2014; Cruz et al., 2013). This allows the replication of the program assuring its transferability.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
To our knowledge this program has not been transferred abroad yet, but the its standardization and complete program description will allow easy implementation in different regions and countries. . The only barrier for such transferability may be need for translation of the program manual, whish is published in Portuguese (V. Cruz & Pais, 2012), however a couple of English publications already disclose a big part of the methodology (Cruz et al., 2014; Cruz et al., 2013). The mentioned publication have suggested that future studies should focus on multicentre randomized controlled trials which means that this must be transferrable in order be implemented in a multicentre network.

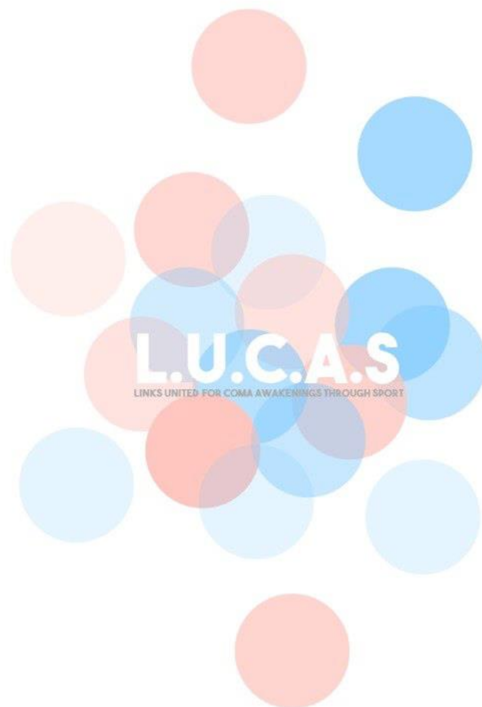
c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items



1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

This project results from a PhD thesis. It includes de construction and validation of tool using Information and Communication Technology (ICT-based tool), consisting of educational videos to be broadcasted through Internet aimed at reducing the impact of hospital discharge on the recovery of and rehabilitation of spinal cord injury (SCI) patients and to enhance their transition from inpatient to outpatient. The relevance of this project lies on several needs regarding SCI patients and overall health and rehabilitation care found in the literature including:

The need for increasing the internet availability of careful and reliable information (Edwards et al., 2002; Hoffmann et al., 2007);

The need for increasing the specificity/individualization of the information given to each patient/caregiver (Matter et al., 2009);

The need of assessing the evolution across times of the patients/caregivers health information necessities after hospital discharge (Matter et al., 2009);

The need for increasing intelligibility and usefulness of the information given to patients and caregivers (Hoffmann & Cochrane, 2009; Hoffmann et al., 2007; Johnson et al., 2003);

The need of assessing and understanding the impact that such given information on the reduction of occurrences and anxiety after hospital discharge (Johnson et al., 2003).

With the increasing importance and inevitability of the Internet, along with the constant increase of public demand for information, the construction of tools for delivering reliable and useful information about specific clinical conditions, suitable for ICT platforms, is unavoidable. There is also a huge pressure for light and affordable approaches regarding continuity care of patients after hospital discharge that relieves

the burden imputed on national health care systems by specific clinical conditions with greater dependence. Video based tools for dissemination of information has been increasing its relevance, including for scientific related information (Dinscore & Andres, 2010). Videos are indexed on platforms such as MEDLINE or PubMed; the Journal of Visualized Experiments was launched as the first video based indexed scientific journal, and the New England Journal of Medicine launched a series titled "Videos in Clinical Medicine".

To give the best answer to the identified needs found in the literature, this project included 3 phases (Garcia, 2014):

Assessment of the SCI patients needs regarding specific knowledge and specialized information;

Construction and validation of educational videos (ICT tool) directed at SCI patients detected needs;

Evaluation of the impact of the validated ICT tool for self-care and rehabilitation of SCI patents.

The assessment phase (phase 1) aimed to identify up-to-date specific information necessities of SCI patients after hospital discharge. Based on the assessment phase (phase 1) 8 topics and related rehabilitation techniques were identified as preferential to be included in the ICT tool. The selected rehabilitation techniques allowed the construction of 10 educational videos (ICT tool):

1 - push-up in wheelchair;
2 - incentive spirometry;
3.a - emptying the bladder in men;
3.b - emptying the bladder in women;
4 - standing-frame;
5 - positioning in bed;
6 - transfer with electric lift;
7.a - car transfer from wheelchair for paraplegic;
7.b - car transfer from wheelchair for tetraplegic; and
8 - training curbs/sidewalk climb up/down in wheelchair.

The ICT tool was then constructed and submitted to a validation process (phase 2), that included the elaboration of several preliminary versions of the ICT tool strongly supported by literature, which was reviewed by a selected panel of experts (Garcia, 2014).

The third phase of this project (phase 3) aimed at evaluating the impact of the constructed and properly validated ICT tool on safely and effectively transmitting the intended procedures, norms and rules regarding the rehabilitations techniques during or immediately after inpatient hospital staying.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

This project was very clear on focusing on the target group of SCI patients. But this project aims also to reach caregivers dealing with the mentioned patients. To develop the tool both patients and caregivers, including specialized professionals, physiotherapists and physiatrists were involved. Phase 3 of this project, which was considered to be the most meaningful because it mimics the reality and the future usefulness of the developed ICT tool, included patients recruited from a health unit specialized in SCI motor rehabilitation (Medical Rehabilitation Centre of Alcoitão). To be included in this project patients had to had the ability of performing the proposed techniques, of understand the language of the ICT tool (Portuguese) to have a diagnosis of SCI with serious mobility deterioration and reduction of muscle strength affecting several muscle groups below the injured section of the spinal cord, age between 18 and 70 years old and started the inpatient rehabilitation program for at least 15 days. Patients would be excluded from this project if they could not understand any explanations (illiteracy) or if any cognitive impediment for communication or visualization of the videos were present, or if the patients have no need of wheel chair, despite having SCI.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

This project ICT-based project directed at SCI patients to fill in the gap between inpatient rehabilitation and recovery and rehabilitation at home

after hospital discharge. This has the potential of amplifying the continuity of care, optimizing resources making rehabilitation process post hospital discharge more reachable, effective and affordable. Another innovative aspect of the proposed approach is that it allows an enhanced involvement of the families and other caregivers, making the patient and their families/caregivers less dependent of the national health care systems, resulting in empowerment of both.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

So far this project has been an academic work with a high scientific approach that took place in a rather limited environment with not many institutions involved. However, because it is dealing with real patients, it demanded the authorization and permission of several institutions and organizations who's found obliged to work together and to analyse the specificities, the usefulness and the ethical issues of the project before approval. However only the university involved in this PhD project and the institution were the project was conducted were directly involved in the all the works and procedures. Nevertheless this project seems to have a high potential for broad networking because it uses a ICT-based approach which makes this potentially extendable to other countries speaking the same language. In current version of the videos (in potuguese) they could easily be adapted to other Portuguese speaking countries (e.g. Brazil, Angola, Mozambique, East Timor, Cabo Verde, and others). The video can also be easily translated, validated and applied in other countries and cultures.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

This project included several phases, the first of which was specifically aimed at gathering the patients ideas, wishes, suggestions, necessities and so on. The videos were built to answer to the most important necessities found. The final video tool seems rather static and therefore not very open to additional active participation but this may be complemented with additional contact with the physical therapist or other specialist, either face-to-face or online (additional interactive online tool may be developed based on the present project).

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

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Please explain the elements providing empowerment to the target group

SCI patients are often highly dependent on others, particularly on their families and caregivers. Both the patients and their families/caregivers are also often very dependent of the national health care system. The ICT-based tool developed and validated in this project has the ability of developing a certain degree of autonomy in SCI patients and in their families and caregivers. By using ICT resources this tool may allow the patient to engage in his rehabilitation process and attend the rehabilitation sessions self sufficiently, or with minimal support, avoiding onerous and demanding visits to the hospital or rehabilitation centre. Also the content of the ICT-tool is highly directed at promoting autonomy and empowering SCI patients In summary, by dependency and allowing patients to be self-acting and self-determined this project seems highly empowering.

3. Cost-value ration & sustainability

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

This project is rather recent and no further developments are known to date. The project and the developed ICT-based tool seem to have great potential for continuity either in the clinical implementation as in the scientific development of the tool as well as in broadening the resources (e.g. Internet-based interactive application) and applications of the tool (e.g. videos or software applications focusing on other populations and rehabilitation techniques or health topics).

b. *Cost-value ratio*

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ratio of the program/practise

To our knowledge no specific data on budget has been disclosed, however this project does mention that the choice for a video tool, instead of a internet based software application, was due to financial reasons, meaning the construction of the educational videos were far less expensive (Garcia, 2014). However, the potential important impact that such tool can have on health care system resources, as well as on accessibility and affordability.

4. Quality Control

a. *Documentation and evaluation (mandatory)*

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

This project is well documented as all aspects and specificities are fully reported in the respective PhD thesis (Garcia, 2014). All hypotheses were tested and assessed and all goals were properly pursued. The results and impact on the target group are also reported in the mentioned PhD thesis and it seems to have a impact on the target group.

b. *Management and developing of quality*

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

To our knowledge, data about continuity is not yet available.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
A comprehensive description of all details of this project is included in the respective PhD thesis (Garcia, 2014). This includes detailed descriptions of all methods, materials and procedures allowing the replication of this project, assuring its transferability.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
To our knowledge the developed ICT-based tool has not been transferred abroad yet, but its standardization and complete methodology description will allow easy implementation in different regions and countries. The only barrier for such transferability may be need for translation of the thesis and the videos.

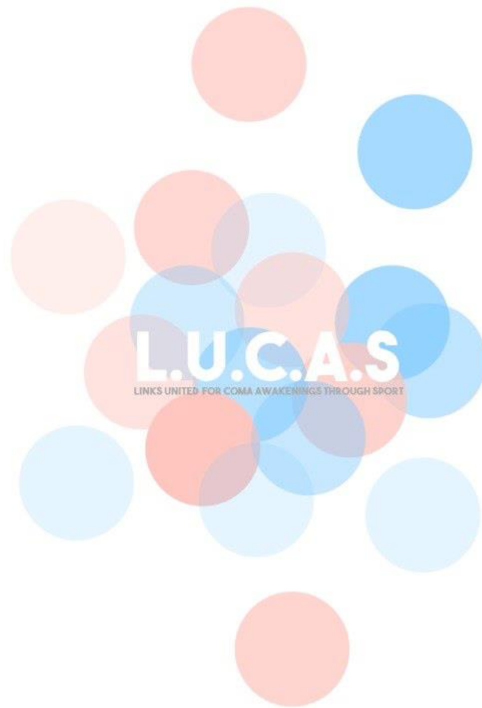
c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items



6. Description of identified best practices from LITHUANIA

RIDING THERAPY METHOD (HIPPOTERAPY)

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☒

The practice/experience contains the objectives of the program ☒

There is available information about the methodology and activities/ tools ☒

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention
For target group will apply Riding Therapy method (Hippoterapy). *Hippos is a word of Greek origin meaning "a horse".* Hippotherapy is a physical, occupational or speech-language therapy treatment strategy that utilizes horse's movement as part of an integrated intervention program to achieve functional outcomes. It is the use of the horse to assist people to overcome a wide range of problems arising in any or all of the three areas of their being, namely the mentality, the physical body and the emotions. Hippotherapy is considered a medical intervention and must be provided by a physician or a licensed physical or occupational therapist, with the additional aid of horse leaders and sidewalkers to control the animal and support the rider. In hippotherapy, the horse serves only as a treatment tool, providing a continuous, rhythmical motion with the client on his back. This is a horse's movement in a three-dimensional space (up and down, forwards and backwards, to the left and to the right): movements of a horse's hips, pelvis and limbs provoking rider's movements of a kind. The rider performs activities such as touching various parts of the horse's body (e.g. the neck, flank, back) or reaching for an object (e.g. ball or ring), which involves crossing the midline while maintaining appropriate balance and posture. The horse may initially remain still for these activities then begin a slow and steady walk with the rider comfortably lying prone, supine, or sitting upright on a warm horse. Horses and their movement provide new possibilities of movement and cognitive functions for psychomotor skills of people. The effect of riding is multifunctional, therefore it is difficult to mark out a single effect or benefit. After hippotherapy sessions, positive changes in physical and psycho-emotional status are noticed. Benefits of hippotherapy include mobilization of the pelvis, spine, and hip joints; normalization of muscle

tone and symmetry; strengthening of weak muscles; improvements in standing posture; stimulation of deep proprioception in joints; sensory integration; increased coordination; awareness of one's body in space; and normalization of movement patterns. The main goal of hippotherapy is to modify a rider's impairment through the use of a prescribed riding program, and is especially effective for riders with impaired postural control and coordination, as well as speech and language deficits.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☒

It can be seen/understood how to reach the target group. ☒

Please describe the target group to which the program is addressed and the reasons why

Horses and their movement provide new possibilities of movement and cognitive functions for psychomotor skills of people. The effect of riding is multifunctional, therefore it is difficult to mark out a single effect or benefit. After hippotherapy sessions, positive changes in physical and psycho-emotional status are noticed. Benefits of hippotherapy include mobilization of the pelvis, spine, and hip joints; normalization of muscle tone and symmetry; strengthening of weak muscles; improvements in standing posture; stimulation of deep proprioception in joints; sensory integration; increased coordination; awareness of one's body in space; and normalization of movement patterns. The main goal of hippotherapy is to modify a rider's impairment through the use of a prescribed riding program, and is especially effective for riders with impaired postural control and coordination, as well as speech and language deficits.

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☒

Please describe the elements that justify or provide innovative character to the program/practise

Hippotherapy is utilisation of a horse's possibilities for rehabilitation, pedagogical and sports purposes for people with various illnesses and/or disabled people in the fields of orthopaedics, neurology, psychiatry, special education and parasport. The main purpose of this therapeutic method is to maintain physical, psychical or social skills of people and to acquire new competences and/or experience.

Effect of horse movements. Three sensory systems are being stimulated: vestibular, visual and proprioception. For people with neurological disorders horses provide possibilities to learn movements due to constant and repetitive movements of pelvis and body. The rate of movement impulses communicated to a rider makes 90-100 impulses per minute.

Horse's movements mimic human gait. When a horse is moving, a human body is forced to move accordingly into different directions and with different rhythm or speed due to constant and repetitive three-dimensional movements during riding.

Rider's and horse's interaction. A certain body fixing scheme is being formed when riding a horse. When a body is maintained in a vertical position, a coordination system and activity of pelvis and back muscles play a significant role.

A proper choice of a horse is very important. Depending on the rhythm of a horse's gait, it is possible to stimulate human proprioreceptors and to increase the muscle tone or to reduce the muscle tone by limiting the speed of stimuli of information from proprioception.

Horses arouse positive emotions. Touching a horse, different horse colours, specific smell and sounds of hooves stimulate various body systems (motor, proprioception, vestibular, sensory and psychic). Therefore therapeutic riding provides psychological, educational and social benefits, apart from a physical one.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☒

Please detailthe components of the practice or program that provide formal networking or complementarity with other institutions

Siauliai Hospital; Siauliai Center Clinic; KursenaiCenter Clinic; Rehabilitation Centers.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☒

Please detail the elements that justify the active participation of target group in the program/practise

Siauliai Hospital; Siauliai Center Clinic; KursenaiCenter Clinic; Rehabilitation Centers. The target group can participate in an active way: discussions, planning of some activities, meetings with other NGO sharing experience of their participation in sports activities, as well as activities of family members

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

Meetings and discussions on the process of rehabilitation through sports with specialists; Self-support groups; Sharing experience with members of others NGO. Consultations of specialists (psychologists, neurologists, social workers, others) according to their needs.

3. Cost-valuation&sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☒

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☒

The effects on the target group are sustainable. ☒

Please describe the elements that justify the sustainability of the program/practise

Successful parts of the program/best practice will be continued.

b. Cost-value ratio

There are data on budget and beneficiaries. ☒

The cost-value ratio is adequate. ☒

Please detail the elements/components that justify the cost-value ratio of the program/practise

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Rent of horses, Hippodrome,Seminars, Print of leaflets, Travel and subsistence, Personal costs, Equipment costs.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☒

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☒

There is a good impact reported on the target group. ☒

Please describe how the programme/practise implementation is documented and/or evaluated

Financial issues of the project will be supervised by University Financial Department according to the EU, State and University rules.

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☒

The program/practice will be adapted and developed to the needs,

consistently. ☒

Please detail the elements providing information about management and quality of the program/practise

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Information on project activities will be provided by project participants and will be continuous and systematic process of reflecting the program/practice. Information about management will be shared and compared with the information and reflections of other partners.

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

Not yet.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

b. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☒

The program depends not too much on one/ few specific professionals,

conditions, etc. ☒

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Please explain the answer provided to the previous items

7. Description of identified best practices from DENMARK

DANISH SPORT ORGANIZATION FOR DISABLED

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols x

The practice/experience contains the objectives of the program x

There is available information about the methodology and activities/ tools x

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention
All sport for all kind of disabled people in Denmark. Not specific to sports and coma.
There are organising groups for all sports as detailed in previous documents sent. See http://www.dhif.dk where details of the non-profit organisation/charity/NGO/INGO Danish Sport Organization for Disabled (Dansk Handicap Idræts-Forbund) are explained. DHIF is a sports federation under the Sports Confederation of Denmark (DIF). DHIF has approximately 400 member clubs with a total of approximately 13,600 members. DHIF 's clubs offer activities in more than 30 sports. Danish Disabled Sports Federation was founded as an independent country organization in 1971, after the first disability sport(s) clubs had been formed in 1950 and in 1968 there was established a Land Committee for Disabled Sports. The pioneers of disabled sports were the physically disabled themselves, who adapted existing sports and developed new activities internationally and in Denmark. Today DHIF members are with all kinds of disabilities, including the blind and visually impaired people, all kinds of physical disabilities, developmental disabilities and hearing impairment. Deaf Sport has its own organization, the Danish Deaf Sports Association (DDI), as a member of DHIF. Disability Sport in Denmark is financed by activities such as the national lottery as well as by industrial and private sponsors.

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b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). x

It can be seen/understood how to reach the target group. x

Please describe the target group to which the program is addressed and the reasons why
See http://www.dhif.dk where details of the Dansk Handicap Idræts-Forbund are explained DHIF has the following purposes: • to promote exercise and competitive sports that accommodate disabled • supporting training towards rehabilitation • to support and develop training that develops the individual's potential as much as possible and ensure its integration • bringing together existing sports clubs for people with disabilities • to contribute to the new associations established throughout the country • to ensure that all sport in DHIF takes place under safe management and supervision • to establish leadership and instructor training • to disseminate information on disability sport by publication of magazines , courses, etc. • to provide for the organization of international matches and championships • to cooperate with other disability organizations at home and abroad • supporting the development of sport for the disabled in developing countries • promoting research into leisure activities for disabled • to work for sport for the disabled can be developed as a preventive measure , medical and social

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). x

Please describe the elements that justify or provide innovative character to the program/practise

Activities and bodies

DHIF offers activities in over 30 different sports, and combined activities for children, youth , newly impaired and all across sports and disability. One can find the activities on the website under " Sport". The four most popular sports are swimming, boccia, hockey/floor-ball and horseback riding.

DHIF have elite athletes in nine sports:
Athletics, table tennis, cycling, goal-ball, wheelchair rugby, horse riding, shooting, swimming and downhill. Parts of elite sports receive support from Team Denmark.

DHIF organizes national competitions, tournaments and federal championships and organize participation in international competitions and championships such as regional, National, International, European Championships, World Championships and Paralympic Games where DHIF has participated in since 1968.

DHIF initiates and organizes the national federation also a number of activities across associations including sessions for young people, summer camps, training courses for managers and coaches, etc.

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. x

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

DHIF 's Consultancy Service

DHIF has a consultancy service, which is supported by the Ministry of Culture and Sports Confederation of Denmark. It consists of three regional teams each with 3-5 consultants and some administrative and information officers.

The regional three teams are located in Brøndby, Lunderskov and Viborg. These teams are in charge of dissemination of information about disability sport, developing and supporting local projects and work locally with DHIF 's priorities. Furthermore, there is an elite team of Brondby, specialized development staff in Lunderskov and a broad competence team in Viborg.

Releases (link)

The magazine DISABILITY SPORT is DHIF 's official magazine. It is published four times a year. Available on the website are current issues - as well one can find past issues and read about subscription etc.

The website offers downloads of a range of handbooks, policies and the like to help all, including sports committees and national coaches.

e.g. *Training of swimmers with disabilities publication*
DHIF 's addendum to the Danish Swimming Union ' Age-related training in swimming ' is a collection of basic methods and guidelines to raise the quality of swimming training for people with disabilities. The booklet has been developed in collaboration with athletes, coaches and physiotherapists.

Guidelines for sponsor work in DHIF publication
This material is intended for sports committees, event organizers, clubs and athletes. It is intended to provide a comprehensive overview of what for example a sports committee can realize to address any fundraising activities and sponsorship agreements, and how the Committee can advise its clubs and athletes.

Handbook for sports committees publication
A Handbook for the sports committee, where one can find information about rules, procedures, ways of knowledge etc.

Handbook for Country Coaches publication
This handbook is published by DHIF as a tool for national coaches in order to improve performance and provide clear guidelines for the country's coaching staff supporting their work and best practices.

Handbook for Managers publication
This handbook is published by DHIF as a tool for Managers with aims to create proper conditions around the National Team, as well as clear guidelines for the manager's work and best practices.

Handbook for National Teams Practitioners publication
This handbook targets to help DHIF 's elite athletes to become better. Featured are aspects relating to the many demands on athletes who have no direct access to training and competitions to do, and the manual helps with guidelines on a number of areas.

Medical Committee Folder publication
This is an information folder for Medical Committees (MU) offering practical and administrative information and advice - for associated, partners and interested parties.
It supports and offers direct contact should one encounter problems or

have questions about MU, the folder recommends that all shall not hesitate to use the MU email addresses or telephone numbers on the folders reverse side.

Therapeutic Use Exemption (TUE) publication
This publication informs on exemptions (and how to apply for) in connection with the use of medications that are classified as doping. Especially as many disabled require medication in their ADL in order to function: Therapeutic Use Exemption (TUE).

Links (offered via web site)

(1) General information on disability sport in Denmark = Links to information about disability sports – i.e. **Danish Disability Sport Information Centre**

> **The purpose** of the Danish Disability Sport Information Centre is to collect, process, and disseminate knowledge about adapted physical activity and employment for people with disabilities.
> **The organisation have:**
> - Highly educated, experienced and committed employees.
> - Widespread national and international network.
> - Special library with a large collection of materials.
> **The organisation offer:**
> - Free advice and knowledge sharing.
> - Cooperation in research and development.
> - Provision of jobs for people with disabilities.
> **At the site one can:**
> - Contact is offered by phone or email for further information or cooperation.
> - Search and loan material in the Centre's online library database

(2) National sports federations = Links to national sports federations (listed below)

Danish Deaf Sports Association: Website of the Danish Deaf Sports Association (DDI) – The Danish Deaf Sports Association is an independent federation under the Sports Confederation of Denmark (DIF) working with, amongst others, the Danish Paralympic Committee (DHIF). Deaf Sport is organized as an independent federation as it is significantly different from both hearing sport for disabled due the use of a distinct language, i.e. Danish Sign Language. DDI is considered rather as a linguistic minority group rather than a disability group.
Like the Olympic Games and Paralympic Games for the disabled, there is organised similar events under the umbrella International Committee of Sports for the Deafs (ICSD) – e.g. "Deaflympics" is held every fourth year and approved by the International Olympic Committee (IOC) giving Olympic status. There is also a corresponding Winter Deaflympics, which are offset by 2 years.

Sports Confederation of Denmark: Website of the Sports Confederation of Denmark (DIF) – DIF is an organization that has existed for more than 100 years, and over the years there has been more and more sports federations, so DIF family today consists of 61 sports federations, over 9,000 sports clubs and more than 1.9 million active members. DIF works by an overall political program adopted by the DIF 's Council ranging across various areas such as school policy, nature and environment, international work etc.

Team Denmark: Website for Team Denmark Team Denmark work daily to create the best physical and mental conditions for their athletes, experts and organization.

(3) International organizations = Links to international sports organizations including disability sports organizations (listed below)

Deaflympics – Website of Deaflympics - The Summer and Winter Deaflympics are among the world's fastest growing sports events. More than 4,000 deaf athletes and officials from 77 nations participated in the 21st Summer Deaflympics in Taipei, Chinese Taipei, in September 2009. Over 600 athletes and officials participated in the 16th Winter Deaflympics in Salt Lake City, United States in February 2007.
The games are built on 85 years of tradition. Organized since 1924 by the Comité International des Sports des Sourds, CISS (The International Committee of Sports for the Deaf), the first Summer Deaflympics were held in Paris. Winter Deaflympics were added in 1949. The Summer and Winter Deaflympics are sanctioned by the International Olympic Committee, IOC.
The need for separate games for deaf athletes is not just evident in the numbers of participants. Deaf athletes are distinguished from all others in their special communication needs on the sports field, as well as in the social interaction that is an equally vital part of the games.
The first games, known as the International Silent Games, were held in 1924 in Paris.

CP-ISRA - Cerebral Palsy International Sport and Recreation Association (Website): Promoting people who have cerebral palsy or a related neurological condition to have the opportunity to participate in the sport and recreational activity of their choice.

IBSA - International Blind Sport Association (Website)

INAS-FID - International Sports Federation for Persons with an Intellectual Disability (Website)
International Paralympic Committee (Website)

IWAS: International Wheelchair & Amputee Sports Federation

(Website)

Special Olympics International (Website)

European Paralympic Committee (Website)

ICEWH International Committee Electric Wheelchair Hockey (Website)

(4) Nordic Disabled Sports Association = Links to Nordic Disabled Sports Associations

Finland's Disabled Sports Association (Website)

Færø Island's Disabled Sports Association (Website)

Greenland's Disabled Sports Association (Website)

Iceland's Disabled Sports Association (Website)

Norway's Disabled Sports Association (Website)

Sweden's Disabled Sports Association (Website)

Typically the above are umbrella organisations, which coordinate and organise all national sports federations in their country. Each has national memberships and national federations, regional confederations, sports councils, and clubs.

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). X

Please detail the elements that justify the active participation of target group in the program/practise
I understand that they can (within limits) but all has to be channelled through the various infrastructures – see lists in (1) section in this document.

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. x

Please explain the elements providing empowerment to the target group
In sports self-acting and self-determined are innate to participation. This is supported via the infrastructures listed in (1)

3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. x

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. x

The effects on the target group are sustainable. X

Please describe the elements that justify the sustainability of the program/practise

The infrastructure is Denmark is a top down approach such that segmented groups (different sports – clubs / disciplines) have their own identities under the umbrellas of the infrastructures listed in (1) – I understand it as very hierarchical. I understand that most are very satisfied and it is a success and sustainable in its current form. Effects on the target group are sustainable with transfer to ADL in the documentations.

b. Cost-value ratio

There are data on budget and beneficiaries. ?

The cost-value ratio is adequate. ?

Please detail the elements/components that justify the cost-value ration of the program/practise

I do not have access to the aspect of budget apart from each segment listing where their funding is from – NGO umbrella control. Section (1) lists beneficiaries as appropriate. Without access to budgets I cannot comment on if cost-value ratio is adequate – as there is a sustainable infrastructure as listed in (1) section, I presume it is adequate…. They can always do with more I guess.

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. x

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. x

There is a good impact reported on the target group. X

Please describe how the programme/practise implementation is documented and/or evaluated
This depends on what is meant by "the content of the working process" and "evaluation" The documentations at the sites seem comprehensive in all aspects for more each organisation can be contacted. The impact reported on the target group is outstanding as reported at the websites (but they would not report the more challenging cases would they).

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. x

The program/practice will be adapted and developed to the needs,

consistently. x

Please detail the elements providing information about management and quality of the program/practise
As detailed at the websites in section (1) whereby there is a continuous and systematic process of reflecting the program/practice as well as adaption and development.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

Yes – see listed in (1) in detail.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

There are now 14 municipalities (regions) in the Joint Municipal Sports Fund.
The joint municipal sports pool is managed and developed by a steering committee.

Summer school sports programmes are organized every year across regions.

See also links that are listed in section (1) regards Nordic cooperation and European cooperation. Development of strong links and transfer of best practices are also evident by the Paralympics, Special Olympics and other national and international events – this maybe stronger between the Nordic countries due to economy and direct support and infrastructure as listed in (1).

DHIF helps injured soldiers in Uganda to get started with sports: The Uganda project is a collaboration between the Danish Association for the Disabled, Brain Injury Association, and the Danish Disabled Sports Federation, as well as three Ugandan disability organizations. The project is funded through the Disabled pool of money from Danida. Seven sports are on the program for the sports workshop programme. These include wheelchair basketball, athletics (throwing disciplines), table tennis, sitting volleyball, boccia, goal-ball and football for amputees.
There are more than 2,000 injured soldiers at the barracks in Mubende.

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. x

Please explain the answer provided to the previous items
There is evidence of active participation in national and international networks – the Danish programme relies on the Danish infrastructure detailed in section (1) as far as I can tell. This infrastructure seems rather insular and well-protected so further details have been difficult to ascertain beyond what has been sent to LUCAS already. The system in Denmark seems to not be dependent as the program depends not so much on one/ few specific professionals, conditions, etc., but again in depends on the infrastructure.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols x

The practice/experience contains the objectives of the program x

There is available information about the methodology and activities/ tools x

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention
A private, independent organisation working for people with brain injuries and their families. The organisation operates through fundraising.

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why
Independent organisation working for people with brain injuries and their families. The detail of the infrastructure in section (1) seems inclusive of all including brain injured so it seems that ABI, TBI etc., are welcomed into this infrastructure. However, LUCAS targets COMA and sport and that has been difficult to get specific data on.

c. *Innovation*

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). x

Please describe the elements that justify or provide innovative character to the program/practise
Within the infrastructure detailed in (1) it would seem contemporary and having an innovative character implying innovative aspects and regular assessment of what is offered.

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. x

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions
It seems that there is a lot of networking across the segments of the infrastructure. Just as each condition/impairment has its own "union" (information Centre, support network etc., for deaf, fibromyalgia, Downs Syndrome, ASD etc etc etc) it seems that there are also sports support that are linked into this segmentation approach.

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

See (1)

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

See (1)

3. Cost-value ration & sustainability

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

See (1)

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise
See (1)

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated
See (1)

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

Please detail the elements providing information about management and quality of the program/practise
See (1)

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
See (1)

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b. The program/practice has already successfully been transferred to another region/country

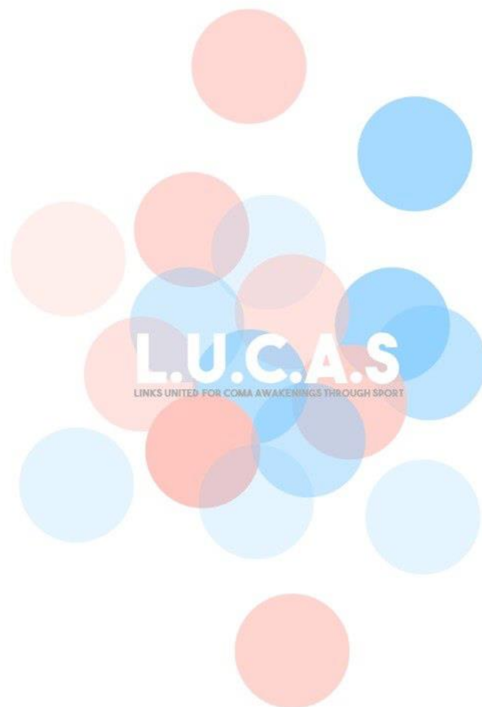
Please describe the experiences or examples about transferability of the programs to other contexts, regions
See (1)

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☐

Please explain the answer provided to the previous items
See (1)



1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

All sport for all kind of disabled people in Denmark. Not specific to sports and coma.
See (1)

LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

See (1)

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.).

Please describe the elements that justify or provide innovative character to the program/practise
See (1)

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions.

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions
See (1)

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing).

Please detail the elements that justify the active participation of target group in the program/practise
See (1)

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

See (1)

3. Cost-value ratio & sustainability

c. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

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Please describe the elements that justify the sustainability of the program/practise

See (1)

d. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

See (1)

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated
See (1)

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

Please detail the elements providing information about management and quality of the program/practise
See (1)

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.
See (1)

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions
See (1)

L.U.C.A.S
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c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☐

Please explain the answer provided to the previous items
See (1)

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

All sport for all kind of disabled people in Denmark. Not specific to sports and coma.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

c. Innovation

The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

b. *Empowerment*

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

3. Cost-value ration & sustainability

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

L.U.C.A.S

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☐

Please explain the answer provided to the previous items

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

All sport for all kind of disabled people in Denmark. Not specific to sports and coma.

LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

c. *Innovation*

The program/practice has an innovative character or implies innovative aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

d. *Formal networking or complementary links with relevant institutions*

The practice implies networking and cooperation with other Institutions. ☐

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Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

2. Orientation at the target group

a. *Active Participation*

The target group can participate in an active way (e.g. express ideas, wishes and suggestions for planning, implementing and realizing). ☐

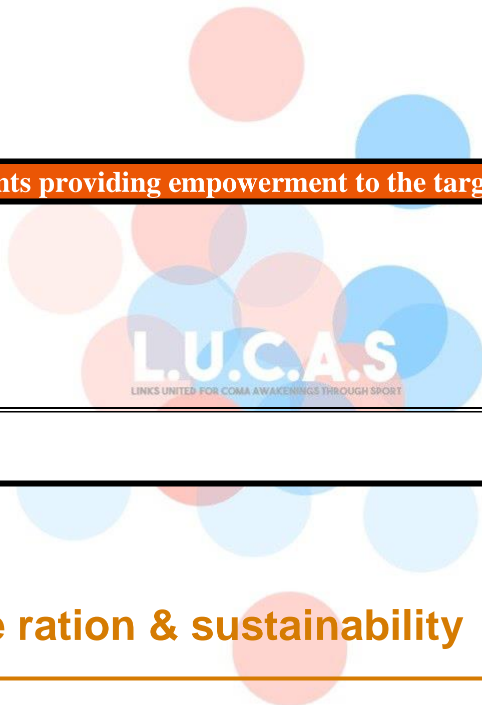
Please detail the elements that justify the active participation of target group in the program/practise

b. Empowerment

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group



3. Cost-value ration & sustainability

a. Sustainability

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

b. ***The program/practice has already successfully been transferred to another region/country***

Please describe the experiences or examples about transferability of the programs to other contexts, regions

LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

c. ***The practice/program can be transferred to other frame conditions in international contexts***

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☐

Please explain the answer provided to the previous items

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

All sport for all kind of disabled people in Denmark. Not specific to sports and coma.

LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

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Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

b. *Empowerment*

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

3. Cost-value ration & sustainability

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

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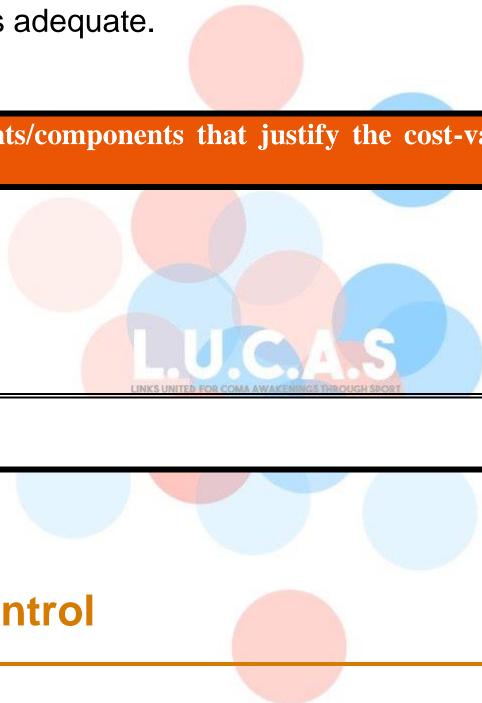
b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise



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4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

b. Management and developing of quality

There is a continuous and systematic process of reflecting the program/practice. ☐

The program/practice will be adapted and developed to the needs, consistently. ☐

Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals, conditions, etc. ☐

Please explain the answer provided to the previous items

1. Conceptual approach

a. Concept

There are (written) definition/guidelines/protocols ☐

The practice/experience contains the objectives of the program ☐

There is available information about the methodology and activities/ tools ☐

Please, detail the elements/components that provide a full explanation about the concept, model or rationale behind the program/intervention

All sport for all kind of disabled people in Denmark. Not specific to sports and coma.

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

b. Target Group

The target group (individuals & families) is clearly identified and fits with

LUCAS+ objective (e.g. age, sex, etc.). ☐

It can be seen/understood how to reach the target group. ☐

Please describe the target group to which the program is addressed and the reasons why

c. Innovation

The program/practice has an innovative character or implies innovative

aspects (e.g. actual knowledge, new ideas or methodology, etc.). ☐

Please describe the elements that justify or provide innovative character to the program/practise

d. Formal networking or complementary links with relevant institutions

The practice implies networking and cooperation with other Institutions. ☐

L.U.C.A.S
LINKS UNITED FOR COMA AWAKENINGS THROUGH SPORT

Please detail the components of the practice or program that provide formal networking or complementarity with other institutions

2. Orientation at the target group

a. Active Participation

The target group can participate in an active way (e.g. express

ideas, wishes and suggestions for planning, implementing and realizing). ☐

Please detail the elements that justify the active participation of target group in the program/practise

b. *Empowerment*

In developing skills, the target group becomes self-acting and

self-determined. ☐

Please explain the elements providing empowerment to the target group

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3. Cost-value ration & sustainability

a. *Sustainability*

Successful parts of the program/best practice are to be continued. ☐

The realizing of the program/best practice is not depending on one dedicated

person, but is included in system structures. ☐

The effects on the target group are sustainable. ☐

Please describe the elements that justify the sustainability of the program/practise

b. Cost-value ratio

There are data on budget and beneficiaries. ☐

The cost-value ratio is adequate. ☐

Please detail the elements/components that justify the cost-value ration of the program/practise

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4. Quality Control

a. Documentation and evaluation (mandatory)

Documentation shows the content of the working process. ☐

Evaluation is documented and it covers the analysis of the processes and

the results against the background of the program/protocol objectives. ☐

There is a good impact reported on the target group. ☐

Please describe how the programme/practise implementation is documented and/or evaluated

b. Management and developing of quality

There is a continuous and systematic process of reflecting the

program/practice. ☐

The program/practice will be adapted and developed to the needs,

consistently. ☐

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Please detail the elements providing information about management and quality of the program/practise

5. Transferability

a. There is access to the methodology and how the practice/program is realized

Please describe the resources for transferability that the program/practices has: methods descriptions, guidelines, manual, tools provided, etc.

b. The program/practice has already successfully been transferred to another region/country

Please describe the experiences or examples about transferability of the programs to other contexts, regions

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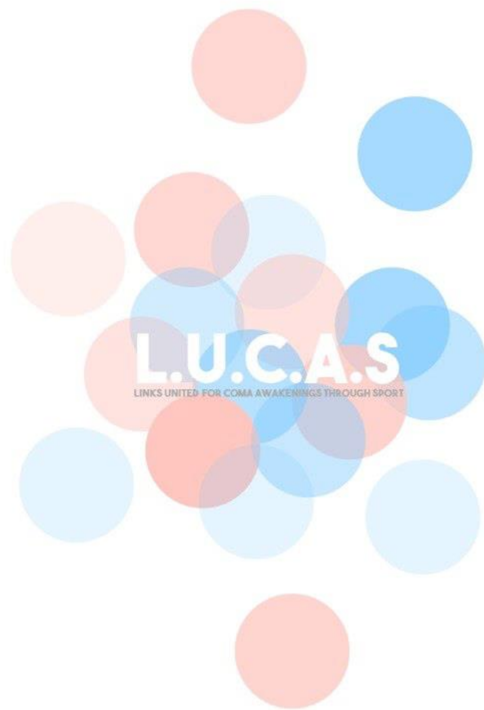
c. The practice/program can be transferred to other frame conditions in international contexts

The program relies not too much on specific aspects of the national system. ☐

The program depends not too much on one/ few specific professionals,

conditions, etc. ☐

Please explain the answer provided to the previous items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