



Empowering Older Adults for Collective Engagement

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D2.1 Good Practices on Active Older Adults Schemes

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Abbreviations

EU	European Union
WP	Work Package
CoI	Communities of Interest
CHESS	Center for Health, Exercise and Sport Sciences
PA	Physical Activity

Executive summary

This report was prepared under Work Package “WP2 Defining the Landscape: Current Visions and Needs” through the collective effort of all six AGEFORCE partner organizations. It provides a systematic analysis of good practices in physical activity and active aging across the European Union (EU), with the aim of informing the co-creation process and intervention design of the AGEFORCE project.

The Center for Health, Exercise and Sport Sciences (CHESS), as WP2 leader, developed a standardized Good Practice Template and coordinated the collection process. Partners identified and documented 20 relevant good practices, covering a wide range of approaches from adapted sports and walking programmes to strength training, creative movement, and digital empowerment initiatives.

The analysis focused on dimensions most relevant to AGEFORCE’s objectives: citizen engagement, co-creation, the balance between offline and digital components, social inclusion, and scalability for future Communities of Interest (CoI).

Key findings include:

- *Most effective approaches for engagement and social inclusion* are adapted sports and games (*Walking Football, Oldpong, Playful Ageing, In Common Sport +, DanceCare*), which combine physical activity with fun, social interaction and community building.
- *Strength and resistance training* (elastic bands, combined aerobic-resistance, sensorimotor) proved highly effective and low-cost for institutionalised or frail older adults.
- *Group-based activities* such as walking, dance, and table tennis are particularly successful in reducing loneliness.
- Only four practices *incorporate digital tools*, indicating a strong opportunity for AGEFORCE to add its Virtual Communities of Interest layer to *enhance sustainability*.
- *Higher levels of senior involvement* (Contributors or Co-designers) consistently result in greater ownership, satisfaction, and long-term adherence.
- *Community hubs* (*CARE Cafés, Walking Football, In Common Sport +*) demonstrate the strongest sense of ownership and sustainability.

In conclusion, the collected good practices are highly favorable, replicable, and transferable. They provide AGEFORCE with a solid evidence base and practical models that can be adapted through the project’s participatory citizen-science methodology, ensuring that interventions are genuinely bottom-up, inclusive, and sustainable.

1 Introduction

1.1 The AGEFORCE Project

The AGEFORCE project is based on a collective intelligence framework that engages older adults (65+), positioning them as active co-creators who can directly influence their physical activity levels and quality of life. The project enables the desired transformation of older adults from passive users to active creators of proposals, suggestions, and solutions related to their health status. These changes follow a bottom-up approach, in which older adults directly contribute to a better understanding of their needs, preferences, and everyday way of life. Accordingly, the project empowers older adults to translate collective intelligence into collective well-being through an active, sustainable, and inclusive approach.

The methodology is grounded in a socio-ecological, multidisciplinary, and holistic approach that connects older adults in collaboration with researchers, municipalities, and technology experts to promote healthy lifestyles for all.

The AGEFORCE project aims to identify barriers and obstacles, as well as motivators for physical activity in the partner countries and beyond. It also plans the co-creation of offline and online interventions, as well as the formation of informal “action teams” through seminars, to ensure sustainable social inclusion and ongoing activity.

This approach is designed to foster continuous collaboration, knowledge exchange, and cross-border mutual support. The expected impact and results of the project can be defined as follows:

- Measurable increase in the level of physical activity and quality of life among participating older adults;
- Greater social inclusion, reduction of loneliness, and strengthening of community bonds;
- Scalable, evidence-based models of citizen-led active-ageing interventions;
- Policy recommendations and tools for municipalities and EU decision-makers;
- Sustainable digital infrastructure (CoI) that will continue to exist after the project ends;
- Contribution to key EU policies: the WHO Strategy for Healthy Ageing, the scaling-up strategy for active and healthy ageing, the White Paper on Sport, and the European Green Deal (through active mobility).

1.2 Description of WP2

Work Package 2 involves activities on two key deliverables:

- *Good practices on Active Older Adults schemes, and*
- *Definition of Visions.*

Good practices on Active Older Adults schemes serve the purpose of mapping and diagnosing relevant scientific evidence on healthy and active aging. It includes the identification and classification of good practices in physical activity (PA) for older adults, along with related policies and promotional schemes. The collected results from good practices across various sources ensure that all subsequent project activities are genuinely bottom-up

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and citizen-led, feeding directly into the joint co-creation of interventions in later work packages (WP3 and WP4).

The review involved an analysis of:

1. current practices and methods for involving older adults in physical activity;
2. solutions for healthy and active ageing;
3. good practices from other European projects, regional or local level.

1.3 Structure of the report

The structure of the report is divided into the following parts:

Section 1 – Introduction,

Section 2 - which presents the methodological framework that was applied in the process of evaluating good practices,

Section 3 – taxonomy according to the AGEFORCE taxonomy,

Section 4 - detailed presentation of collected good practices,

Section 5 – analysis of key findings,

Section 6 - referrals and transfer suitable for the AGEFORCE project, and

Section 7 – conclusion.

2 Methodological framework

This report brings together the findings of all good practices collected by all partners and translates them into transnational recommendations. Therefore, this section describes the applied methodology of the AGEFORCE project, which enabled the identification, selection, and later classification and analysis of good practices in active aging and health-enhancing physical activity among older adults (65+). The primary aim is threefold:

1. To map existing successful initiatives across Europe and partner countries that address physical inactivity, social isolation, and accessibility barriers among older adults.
2. To classify these practices using a project-specific taxonomy that directly reflects AGEFORCE's intervention logic (offline practices + digital tools, citizen engagement levels, and multi-level impacts).
3. To extract actionable lessons and transferable elements that will inform the design of AGEFORCE's citizen panels, informative seminars, informal action teams, and the future Pan-European Citizen Science Hub on Active Ageing.

2.1 AGEFORCE Good Practices Documentation Template

All examples of good practices are recorded using a *AGEFORCE Good Practices Template* by all partners. All partners consistently filled it out with same schedule (without adjustments and changes in the form). The used version of the template is attached in Appendix 1.

An auxiliary tool used in the process of collecting good practices was a standardized template, initially developed by the *CHESS*. This template enabled the establishment of a solid evidence base to understand the specific needs and aspirations of older adults (65+) regarding their physical activity. Based on this tool, the consortium conducted a comprehensive review and taxonomy of relevant good practices and literature.

All identified practices were documented using the common template. By documenting each practice with the standardized AGEFORCE Good Practices Template (including checkboxes for thematic objectives, evidence of success, senior involvement levels, and adaptation potential), the report ensures consistency, comparability, and immediate usability for partners in Greece, Serbia, Portugal, and Ukraine.

Furthermore, the first deliverable in this WP2 provides a solid theoretical and practical foundation for organizing the first citizen panel and the introductory “café” session. This approach initiates participatory engagement and paves the way for the next step - **Definition of Visions**.

The leader of WP2 prepared *AGEFORCE Good Practices Collection Delivery Guidelines* that served to implement the procedure of collecting good practices in a standardized way (Appendix 2). This document included general principles, target groups, minimum number of practices, distribution methods, ethical issues, timelines and contact for support.

Consequently, all partners had the opportunity at any moment to communicate and coordinate their joint activities regarding the tasks in this WP2.

2.2 Search strategy and data sources

The search for good practices involved examining relevant and related information from various sources, including EU-funded projects, platforms, and repositories, scientific and "grey" literature, citizen science and participatory platforms, and national or regional partner inputs.

The identification of good practices started from the platforms on which related approved EU-funded projects were referenced: Erasmus+ Project Results Platform, Interreg Europe, CORDIS, SHAPE Network, etc.

The search for scientific publications was carried out by searching relevant scientific databases such as PubMed, Google Scholar, Scopus, Web of Science (WOS), using keywords: "active aging" AND "physical activity" AND "older adults" OR "citizen science" AND "co-creation", 2015-2026). The searching in „grey literature“ included World Health Organization resources.

The search process for all partners covered the period from 26/03/2026 to 15/04/2026.

2.3 Selection criteria for good practices

The criteria for selecting good practices are aligned with the priorities of the AGEFORCE project (Table 1). They considered that it was about the physical activity of people 65+, physical activity that is related to health, projects of active aging, social inclusion, and citizen science.

Table 1: AGEFORCE Selection Criteria

Criteria	Parameters	Sources
Alignment with AGEFORCE Objectives	Basic identification data	EU-funded projects, platforms, and repositories
Thematic objective	Description fields	Official project website
Evidence of success (results achieved)	Implementation format	scientific and "grey" literature
Level of seniors' involvement	Resources / Materials	Publication/report
Status / Maturity of the practice	Seniors' role in design and implementation	Personal contact
Adaptability	Additional supporting data	Other

Note. All examples of good practice that did not have adequate evidence of physical activity or had low participation of persons 65+ were excluded from further analysis.

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The whole process of the methodology of collecting good practices is shown in Figure 1.

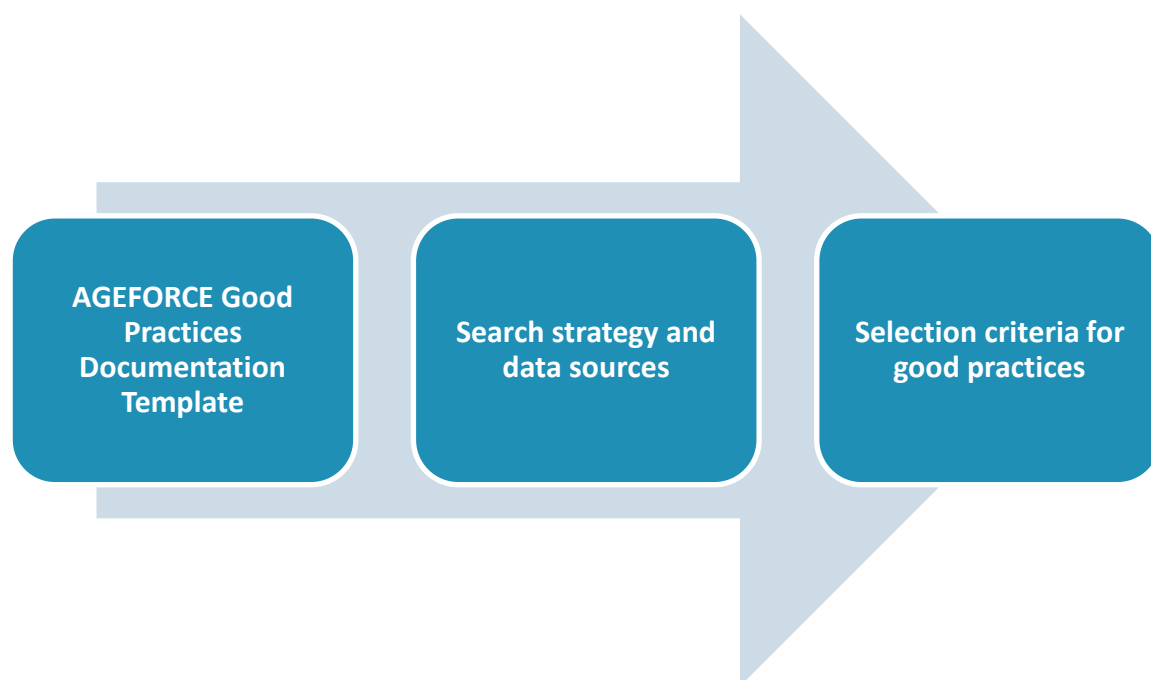


Figure 1: The 3-step methodology framework for the collection, search strategy and selection criteria for good practices

3 Taxonomy and Overview of Good Practices

3.1 Classification according to the AGEFORCE taxonomy

After collecting good practices, they were taxonomized based on characteristics:

- type, country, level of involvement, digital component (use of technology or not),
- main impacts (including co-benefits).

3.2 Overview table of selected practices

Below are case studies of collected practices related to the approach used. The evaluated practices are documented in the evaluation table for each of them in Chapters 3 and 4, and the sources of information are listed in the list of references.

Table 2: Collected Good Practices

No.	Good Practice (Short Name)	Country / Lead	Type	Involvement Level	Digital Component	Main Impacts (Selected)
1.	CARE Project (Cycling)	Greece (Tero)	Active mobility + community hubs	Contributors	Light (platform + mapping)	PA ↑, loneliness ↓, health ↑, and communities formed
2.	WomenWalking4Health	Greece (Tero)	Structured group walking	Information providers, co-designers	Medium (apps, tele-coaching)	PA ↑, loneliness ↓, motivation ↑
3.	Resistance Training with Elastic Bands	Serbia (CHESS)	Strength training (institutional)	Passive	None	Quality of Life (QoL) ↑, pain ↓, independence ↑
4.	OLDPONG (Table Tennis + Digital)	Serbia (CHESS)	Intergenerational sport + digital	Contributors	Light	PA ↑, digital skills ↑, intergenerational bonds
5.	Integrated Lifestyle (Exercise + H ₂)	Serbia (CHESS)	Multi-component (exercise + education)	Information providers	None	Cardiometabolic health ↑, function ↑
6.	Combined Aerobic + Resistance	Serbia (CHESS)	Combined training	Passive participants, information providers	None	Body composition ↑, function ↑
7.	Senior Training System	Serbia (CHESS)	Ongoing studio-based functional training	Information providers	None	Strength, balance, mobility ↑, QoL ↑
8.	Digital Empowerment Programme	Greece (Fyli)	Digital literacy + skills	Passive	High	Digital skills ↑, independence ↑, satisfaction
9.	Creative Motion (Theatre + Movement)	Greece (Fyli)	Arts-based movement	Co-designers	Light	PA ↑, loneliness ↓, cognitive/emotional ↑
10.	Playful Ageing (Recreational Basketball)	Greece (Fyli)	Adapted team sport	Contributors	Medium	PA ↑, social cohesion ↑, community building

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11.	Pilgrimage Walking Routes	Greece (Fyli)	Cultural/nature walking	Contributors	Light	PA ↑, loneliness ↓, meaning & well-being ↑
12.	DanceCare	Greece (Fyli)	Dance & creative movement	Contributors	Light	PA ↑, balance ↑, loneliness ↓, joy ↑
13.	Walking Football	Portugal (Egas Moniz)	Adapted sport	Contributors, co-designers	None	PA ↑, health ↑, social inclusion ↑
14.	IN COMMON SPORT + (Olympics4all)	Portugal (Egas Moniz)	Adapted sports + fun	Co-designers	None	PA ↑, function ↑, social inclusion ↑
15.	Diabetes em Movimento	Portugal (Egas Moniz)	Exercise + education (T2D)	Passive	None	PA ↑, health outcomes ↑, loneliness ↓
16.	Sensorimotor Training	Portugal (Egas Moniz)	Balance & functional training	Passive	None	Walking activity ↑, functional capacity ↑
17.	Hiking for Health and Longevity	Serbia (CHESS)	Walking-based / Active mobility + Cultural heritage	Contributors	Light (e-learning platform + project resources)	PA ↑, Social inclusion ↑, Cultural engagement ↑, Well-being ↑
18.	Active Ageing Communities	Serbia (CHESS)	Strength, Resistance and Functional Training + Community fitness	Information providers / Contributors	Light	PA ↑, Social inclusion ↑, Adherence ↑, Healthy lifestyle ↑
19.	Vivifrail Multicomponent Exercise Programme	Serbia (CHESS)	Strength, Resistance and Functional Training	Passive	None	PA ↑, Functional capacity ↑, Balance ↑, Falls prevention ↓, Independence ↑
20.	STEP-BY-STEP: Tango for Active Aging	Serbia (CHESS)	Creative and Arts-based Movement (Dance)	Contributors / Co-designers	Light	PA ↑, Balance ↑, Social inclusion ↑, Well-being ↑, Loneliness ↓

The sample of 20 practices represents a respectable sample of initiatives related to physical activity and active aging across Europe. These collected good practices can be thematically divided into 6 categories: 1) adapted sports and team games, 2) walking-based programs, 3) strength, resistance, and functional training, 4) creative and arts-based movement, 5) multi-component lifestyle interventions, and 6) Digital Literacy and Empowerment Programs (see Table 3).

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Table 3: Thematic of collected good practices

Adapted Sports and Team Games (5 practices)	Walking Football Playful Ageing – Recreational Basketball OLDPONG – Table Tennis + Digital IN COMMON SPORT + (Olympics4all) CARE Project (Cycling)
Strength, Resistance and Functional Training (6 practices)	Resistance Training with Elastic Bands Combined Aerobic + Resistance Senior Training System Sensorimotor Training Program Active Aging Communities Vivifrail Multicomponent Exercise Program
Walking-based Programmes (4 practices)	WomenWalking4Health Pilgrimage Walking Routes Diabetes em Movimento (walking component) Hiking for Health and Longevity
Creative and Arts-based Movement (3 practices)	DanceCare (Greece) Creative Motion – Theatre + Movement STEP-BY-STEP: Tango for Active Aging
Multi-component Lifestyle Interventions (1 practice)	Integrated Lifestyle Interventions (Exercise + Molecular Hydrogen)
Digital Literacy and Empowerment Programmes (1 practice)	Digital Empowerment Programme

In the context of digital components, it was: fully offline (45%), light digital support (40%), medium digital support (10%), and high digital support (5%) (Figure 2).

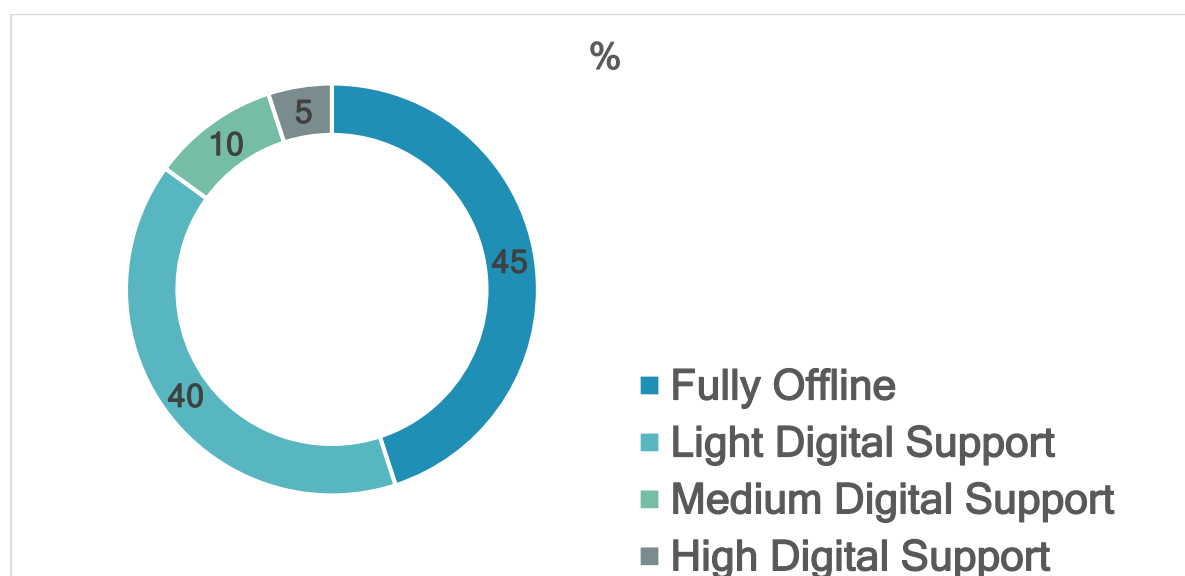


Figure 2: Digital components

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According to the level of involvement of the elderly (Figure 3), a passive level was observed in 8 practices (Level 1 and 2), a collaborative level (8 practices) - Level 3, level 4 (co-designers) in 4 practices, while no practice had the highest level of co-leadership in design and implementation.

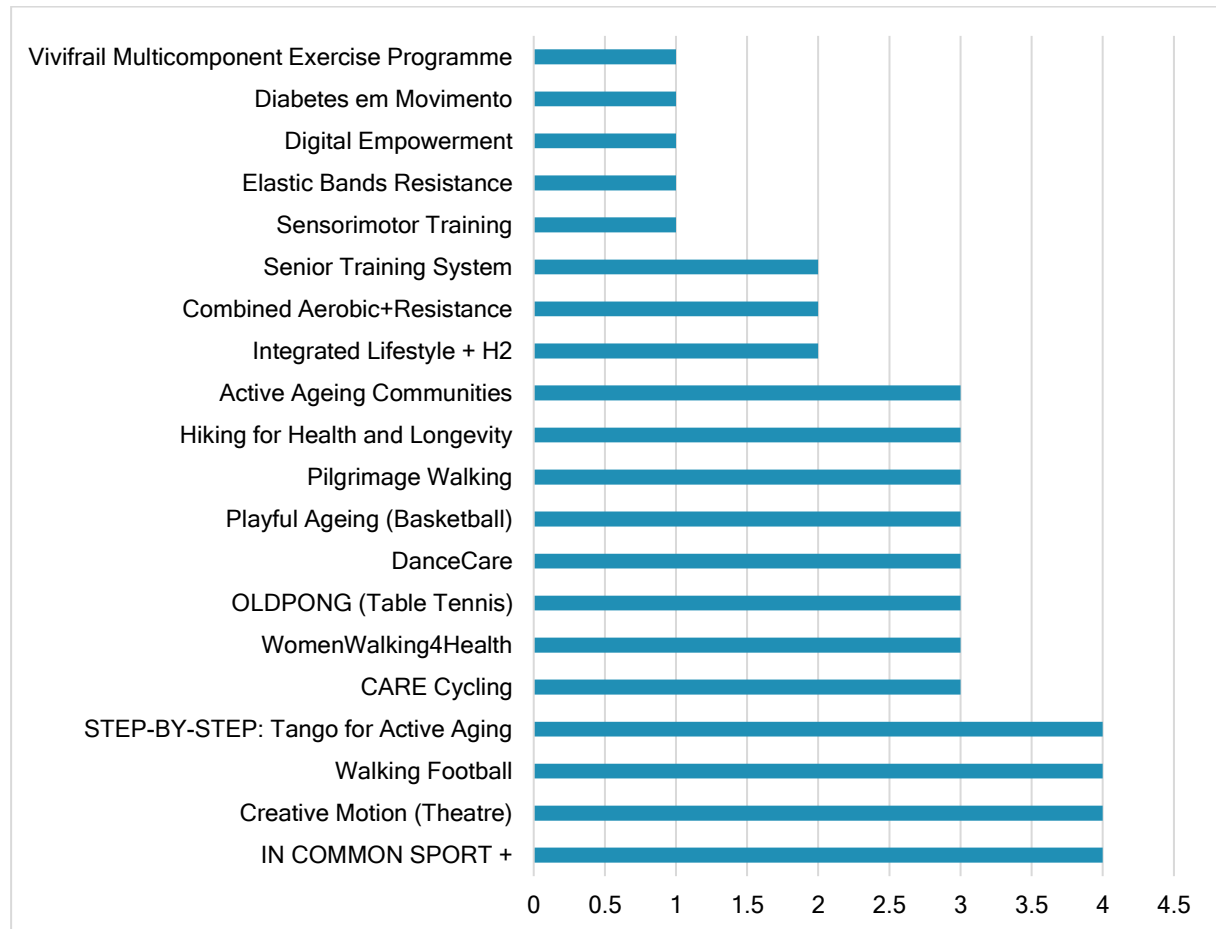


Figure 3: Level of Involvement

Regarding the period of implementation of good practices (Figure 4), there is evidence of a range of durations, from 3 months to 3 years. However, seven good practices are ongoing, namely *Walking Football*, *Pilgrimage Walking*, *Senior Training System*, *Digital Empowerment*, *Diabetes em Movimento*, *Vivifrail Multicomponent Exercise Programme*, and *Step-by-step: Tango for Active Aging*.

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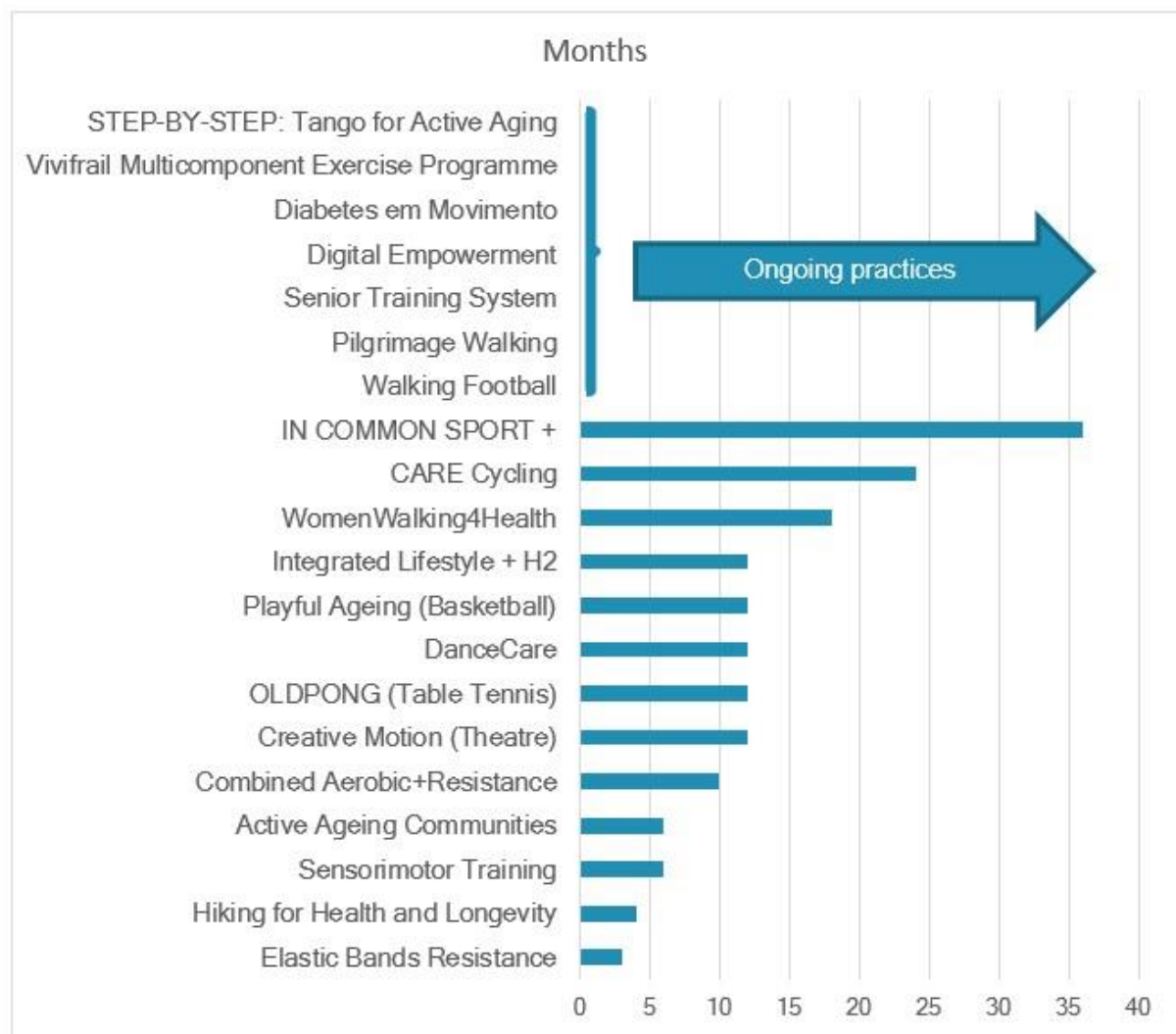


Figure 4: Duration of Practise (months)

4 In-depth Case Studies

In the tables below from Table 4 to Table 10, all collected practices are shown with the explanation in details.

Table 4: Case studies of collected practices

CARE Project (Greece – Tero)	WomenWalking4Health (Greece – Tero)	Resistance Training with Elastic Bands (Serbia – CHERS)
Short description		
Community-based cycling project using local “CARE Cafés” as safe meeting points and cycling hubs to promote active ageing and social inclusion.	Structured group walking programme tailored for menopausal and post-menopausal women, combining physical activity with behavioural motivation and digital tracking.	12-week supervised resistance training using elastic bands to improve physical function and quality of life in institutionalized older adults.
Target group		
Older adults 65+, Seniors with low PA, social isolation, and low mobility confidence	Women in menopause, post-menopause, Older women facing physical, psychological, and social barriers	Institutionalized older adults 65+, Frail seniors in gerontological centres
Key methods		
• Local CARE Cafés as community hubs • Structured cycling sessions + excursions • Workshops, mapping exercises, and volunteer guidance • Light digital support (communication platform + mapping tools) • Seniors as contributors (Level 3)	• Guided group walking + progressive training • Train-the-Trainer model • Behavioural strategies and goal-setting • Digital tools (step counters, apps, tele-coaching) • Co-creation labs and surveys (Level 2–4)	• 12-week programme, 2 sessions/week • Elastic bands for major muscle groups • Progressive intensity, warm-up + cool-down • Fully supervised group sessions in care centers
Main results		
• Increased PA levels • Reduced loneliness • Improved health outcomes • High participant satisfaction • Formation of informal action teams	• Increased PA levels • Reduced loneliness • Improved health outcomes • High satisfaction • Formation of informal action teams	• Significant improvement in multiple quality-of-life domains • Better physical functioning, energy, emotional, and social well-being • Pain reduction and greater independence
Key takeaway for AGEFORCE		
Community hubs + senior input create safe, motivating environments for active mobility. Highly adaptable and sustainable model for Communities of Interest.	Targeted group walking with motivational techniques and light digital tools is very effective for older women. Excellent for co-creation and behaviour change.	Simple, low-cost elastic-band resistance training is highly effective for institutionalized and frail seniors. Easy to integrate into offline interventions.

Table 5: Case studies of collected practices

OLDPONG (Serbia – CHES)	Integrated Lifestyle Interventions (Serbia – CHES)	Combined Aerobic + Resistance (Serbia – CHES)
Short description		
Intergenerational table tennis programme combining physical activity with digital literacy training.	Multi-component lifestyle programme combining structured exercise, healthy lifestyle education, and molecular hydrogen supplementation.	10-month supervised combined aerobic and resistance training programme for older women.
Target group		
• Older adults 60+/65+ • Seniors facing low PA, social isolation, technophobia and limited intergenerational contact	• Community-dwelling older adults 65+ • Independent seniors with age-related declines in physical/cognitive function and cardio metabolic risk	• Community-dwelling older women 65+ • Women with age-related declines in fitness, increased body fat and reduced functional capacity
Key methods		
• Table tennis as core low-impact activity • Intergenerational workshops with younger coaches • Structured training + practical digital literacy (apps, tracking, online tools) • Offline tournaments + light digital support	• Structured exercise (yoga, Pilates, resistance training) • Healthy lifestyle education (nutrition, behaviour change) • Molecular hydrogen (H₂) supplementation • Fully offline, supervised sessions	• Combined aerobic + resistance training • 2 sessions/week, 60 minutes • Progressive functional whole-body exercises • Continuous monitoring and individual adaptation • Fully offline
Main results		
• Increased physical activity levels • Improved digital competences and reduced technophobia • Reduced loneliness through intergenerational contact • Stronger social connections and motivation	• Improved cardiometabolic risk factors • Enhanced aerobic capacity and muscle strength • Better body composition • Gains in physical/cognitive function and quality of life	• Significant reduction in total and trunk fat mass • Improved BMI and increased muscle mass • Enhanced functional capacity • Better health status and independence
Key takeaway for AGEFORCE		
Table tennis combined with digital literacy and intergenerational mentoring is a highly effective, fun and sustainable bridge for increasing physical activity and social cohesion. Excellent for the Serbian pilot and Virtual Communities of Interest.	Multi-component interventions (exercise + education + innovative adjuncts) deliver broader and more sustainable benefits than single-modality programmes. Strong model for comprehensive offline interventions.	Simple, progressive combined aerobic and resistance training is highly effective for improving body composition and functional capacity in older women. Easy to replicate and ideal for community-based pilots.

Table 6: Case studies of collected practices

Senior Training System (Serbia – CHESS)	Digital Empowerment Programme (Greece – Municipality of Fyli)	Creative Motion (Greece – Municipality of Fyli)
Short description		
Ongoing structured functional training programme for adults 60+ delivered in a dedicated fitness studio.	National digital literacy and empowerment programme designed to combat technophobia and promote independent living for older adults and people with disabilities.	Theatre-based creative movement programme combining physical activity, storytelling, improvisation and expressive movement for older adults.
Target group		
• Older adults 60+ • Community-dwelling seniors facing sedentary lifestyles, reduced mobility, muscle weakness, balance issues and chronic pain	• Elderly people 65+ • People with disabilities (≥50% disability rate)	• Older adults 60+ (especially 65+) • Seniors with physical limitations or low motivation for traditional exercise
Key methods		
• Supervised group and individual sessions • Focus on strength, balance, mobility and functional movement • Progressive adaptation to individual abilities • Fully offline, low-tech delivery	• National digital platform based on DigComp framework • Videos with avatars, animations and simulations • Interactive exercises and games • Combined offline training + digital tools	• Theatre-based expressive movement and improvisation • Low-intensity, adaptable physical activities • Co-creation with older adults (Level 4) • Group sessions combining creativity, physical exercise and social interaction
Main results		
• Improved strength, balance and mobility • Better functional capacity and independence • Enhanced quality of life and well-being	• Increased digital skills and reduced technophobia • Greater independence and social inclusion • High participant satisfaction	• Increased physical activity levels • Reduced loneliness and social isolation • Improved cognitive and emotional well-being • High participant satisfaction
Key takeaway for AGEFORCE		
Long-running, studio-based functional training focused on strength, balance and mobility is a sustainable, low-cost and well-accepted model. Ideal for continuous offline interventions in community settings.	Well-designed digital empowerment programmes with interactive multimedia significantly reduce technophobia and support independent living. Can be effectively combined with AGEFORCE's Virtual Communities of Interest.	Creative, arts-based movement (theatre + expressive movement) is a powerful way to make physical activity enjoyable and inclusive. Excellent for co-creation (Level 4) and emotional well-being.

Table 7: Case studies of collected practices

Playful Ageing (Recreational Basketball) (Greece – Municipality of Fyli)	Pilgrimage Walking Routes (Greece – Municipality of Fyli)	DanceCare (Greece – Municipality of Fyli)
Short description		
Adapted recreational basketball – a non-competitive, low-intensity team sport for older adults.	Pilgrimage-style walking routes combining low-intensity physical activity with cultural, spiritual, and natural experiences.	Dance-based creative movement programme improving physical health, balance and emotional well-being.
Target group		
• Older adults 55+ (focus on 65+) • Seniors facing physical limitations or low motivation for traditional sports	• Older adults 60+ (focus on 65+) • Seniors needing low-intensity, meaningful activities	• Older adults 65+ • Particularly those in care environments or with limited mobility
Key methods		
• Adapted recreational basketball (no running, non-competitive) • Training sessions and friendly matches • Digital networking platform for senior teams • Community building through events	• Guided group walking on cultural/heritage routes • Low-intensity nature walks • Light digital support (route planning and communication platform) • Group excursions combining PA with cultural meaning	• Group dance and expressive movement sessions • Low-intensity, adaptable creative activities • Integration of physical exercise with storytelling and improvisation • Co-creation with participants
Main results		
• Increased physical activity levels • Reduced loneliness and social isolation • Strong community building and social cohesion • High participant satisfaction	• Increased physical activity levels • Reduced loneliness through shared experiences • Improved physical and mental well-being • Enhanced sense of purpose and belonging	• Increased physical activity levels • Reduced loneliness and social isolation • Improved balance, coordination, cognitive and emotional well-being • High participant satisfaction
Key takeaway for AGEFORCE		
Recreational, non-competitive team sports like basketball are highly engaging and socially powerful. Excellent for building Communities of Interest through digital networking.	Purpose-driven cultural walking routes make physical activity meaningful and sustainable. Ideal for combining offline excursions with Virtual Communities of Interest.	Dance and creative movement turn physical activity into a joyful, inclusive experience. Highly effective for emotional well-being and co-creation.

Table 8: Case studies of collected practices

Walking Football (Portugal – Egas Moniz)	IN COMMON SPORT + (Olympics4all) (Multi-country – Egas Moniz)	Diabetes em Movimento (Portugal – National)
Short description		
Community-based adapted football programme where walking replaces running, promoting physical activity, health and social inclusion among older adults.	Multi-country adapted sports programme using the “Olympics4all” concept to promote fitness, nutrition and social inclusion for seniors.	Community-based exercise + education programme specifically designed for people with type 2 diabetes.
Target group		
• Adults 50+ (focus on 65+) • Older adults with chronic conditions or at risk of social isolation	• Older adults 60+ (mean age 71) • Primarily women across 6 European countries	• Community-dwelling adults 50–80 with type 2 diabetes (focus on 65+)
Key methods		
• Adapted walking football (no running, no contact) • Regular training sessions, workshops and tournaments • Strong co-creation: seniors help adapt rules and organise events • Fully offline + group-based	• Adapted sports with simplified rules • Weekly training + sports competitions • Nutrition education and “fun” activities • Focus groups for co-design (Level 4 involvement)	• 75-minute group sessions 3x/week (aerobic, resistance, balance, flexibility) • Weekly health education on nutrition and diabetes self-management • Low-cost equipment (chairs, water bottles, resistance bands)
Main results		
• Increased physical activity levels • Reduced loneliness and social isolation • Improved health outcomes (RCT evidence) • High participant satisfaction and community building	• Increased physical activity levels • Improved muscle strength, cardiovascular capacity and flexibility • Reduced loneliness and social isolation • High participant satisfaction	• Increased physical activity levels • Improved health outcomes and diabetes management • Reduced loneliness through peer support • Proven cost-effectiveness and national scalability
Key takeaway for AGEFORCE		
Walking Football is an outstanding co-created adapted sport that delivers high physical activity, social inclusion, and fun. Perfect for offline interventions and easily transferable to the Serbian pilot.	The “Olympics4all” model with adapted sports and co-design is highly scalable and engaging. Excellent for multi-country inspiration and strong citizen engagement in Communities of Interest.	Combining structured group exercise with weekly education is highly effective for older adults with chronic conditions. Low-cost, sustainable, and ideal for integration into AGEFORCE offline interventions.

Table 9: Case studies of collected practices

Hiking for Health and Longevity	Active Ageing Communities
Short description	
Erasmus+ project that organises guided hiking and walking tours for seniors, combining moderate physical activity with cultural heritage education and local sightseeing to promote active ageing and grassroots sports participation.	Erasmus+ project that developed a comprehensive model and good practice guide for fitness centres and local communities to successfully engage older adults in structured physical activity programmes.
Target group	
Older adults 65+, including less active seniors who can benefit from moderate outdoor activity and cultural engagement.	Older adults (primarily 65+), including less active or frail seniors attending fitness and recreational sports facilities.
Key methods	
• Guided group hikes on culturally significant routes • Combination of physical activity with cultural/heritage education • “Train the Guide” programme for instructors • E-learning platform and best-practice guides • Light digital support through project resources	• Community-based fitness programs in existing sports facilities • Evidence-based exercise protocols tailored for older adults • Instructor training and inclusive environment creation • Focus on accessibility, safety, and long-term adherence
Main results	
• Increased physical activity levels • Improved social inclusion and cultural engagement • High participant satisfaction • Production of replicable “Guide of Good Practices”	• Improved engagement of older adults in fitness settings • Better adherence through tailored and safe programmes • Development of practical tools and replication guide for Europe
Key takeaway for AGEFORCE	
This practice offers an excellent model for purpose-driven walking activities. AGEFORCE should consider integrating guided cultural or heritage walks into its Communities of Interest, allowing seniors to co-create routes and content.	AGEFORCE can adapt this model by partnering with local gyms, municipalities, or senior centres to deliver structured group sessions, especially strength and functional training, while involving seniors in programme adaptation.

Table 10: Case studies of collected practices

Vivifrail Multicomponent Exercise Programme		STEP-BY-STEP: Tango for Active Ageing	
Short description			
Evidence-based multicomponent exercise programme (strength, balance, flexibility, and endurance) specifically designed for frail and pre-frail older adults using progressive, individualised exercises with minimal equipment.		An Erasmus+ project that uses Argentine Tango as a tool for promoting physical activity, balance, coordination, social inclusion, and mental well-being among seniors. The programme offers structured tango classes adapted for older adults, including those with reduced mobility or mild neurodegenerative conditions.	
Target group			
Frail or pre-frail older adults 65+, often in community or institutional settings.		Older adults 65+ and adults over 50 with reduced mobility or mild neurodegenerative conditions.	
Key methods			
• Supervised group or individual sessions (2–3 times/week) • Progressive exercises focusing on strength, balance, gait speed, and flexibility • Minimal equipment (body weight, chairs, resistance bands) • Individualised prescription based on functional capacity		• Adapted Argentine Tango classes (group sessions) • Progressive, low-intensity dance movements focused on balance, posture, and rhythm • Social interaction through partner and group dancing • Training for instructors/volunteers in senior-specific methodology • Light digital support (project materials and possible hybrid elements)	
Main results			
• Significant improvements in physical function, balance, gait speed, and muscle strength • Reduced risk of falls and improved independence • Positive effects on cognition and vitality		• Increased physical activity levels and improved balance/coordination • Enhanced social inclusion and reduced loneliness through partner dancing • Improved mood, confidence, and overall well-being • Positive feedback on enjoyment and motivation to continue	
Key takeaway for AGEFORCE			
Excellent model for offline interventions targeting frail or institutionalised seniors. AGEFORCE should consider integrating similar multicomponent (strength + balance + functional) training into its pilot activities		Tango offers a joyful, socially engaging alternative to traditional exercise. AGEFORCE can integrate adapted dance elements (similar to DanceCare) into its Communities of Interest to boost participation, balance, and emotional well-being, while involving seniors in adapting the choreography and session format.	

5 Analysis and Key Findings

5.1 Common success factors across practices

Several factors consistently drive positive outcomes across the 20 practices:

- The strongest predictors of sustained speech participation were observed in group and socially engaged formats. Experiences gained through projects such as *Walking Football*, *"In Common Sport +"*, *"CARE Cycling"*, *"Oldpong"*, *"DanceCare"*, *"Creative Motion"*, and *Step-by-Step: Tango for Active Ageing* have shown that a mix of physical activity and social interaction, creating a positive and fun atmosphere, a suitable environment and a sense of community progressively contributes to the reduction of loneliness and increases adherence.
- Considering the target group, the principle of adaptability, progressive intensity, and security play a huge role. It is notable that all practices that can be understood as highly influential generally have progressive and gradual burdens. This approach gives the possibility of including those people who are somewhat weaker and more fragile in health, or people with some of the chronic diseases. Practices like Vivifrail, Resistance Training with Elastic Bands, Sensorimotor Training, and Active Ageing Communities show that gradual progression allows safer and more effective inclusion of frail, institutionalised, or less active older adults.
- The participation of older people and the manifested co-creation significantly contribute to long-term sustainability, and their sense of satisfaction, especially in practices with higher levels of involvement (*"In Common Sport +"*, *"Walking Football"*, *"Creative Motion"*, *"WomenWalking4Health"*, and STEP-BY-STEP: Tango for Active Ageing).
- Favourable practice models that rationally dispose of the existing infrastructure (centers for the elderly, municipalities), with the use of minimal material and technical resources (chairs, resistance bands, balls), have proven to be very profitable and appropriate. Examples include CARE Cafés, Senior Training System, and Active Ageing Communities.
- A mix of physical activities and other activities that engage and meet both the social and psychological needs of participants increases the overall benefit. Thus, physical activity programs that are related to digital literacy, culture, education, nutrition or entertainment can be taken as an example of the most successful programs. These multimodal approaches combining physical activity with creativity (DanceCare, Tango), cultural meaning (Hiking for Health and Longevity, Pilgrimage Walking), or education and social interaction approaches.

5.2 Main obstacles and challenges

- The main factors that represent barriers and deter this population from physical activity are physical limitations and fear of injury.
- The perception of difficulty in performing elements from traditional sports can lead to a decrease in interest among the older population, especially when the activities are not adapted or enjoyable.
- It is necessary to work on eliminating technophobia and digital exclusion. In this way, more significant reach of digital interventions could be expected.
- Social isolation and post-Covid effects have weakened the effectiveness of certain programs.

- There is a weaker focus on sustainability after the end of the project which shows that the majority of practices rely on external funding, which indicates the necessity to sustain the practice even without continuous local support.

5.3 Lessons learned for older adults (65+)

Collected practices on working with the elderly bring some important lessons from the point of view of efficiency:

- *Sustainability of physical activity practice* is closely related to fun, social interaction and meaningfulness.
- *Intergenerational group formats (Oldpong, Step-by-Step: Tango for Active Ageing)* are effective in building long-term motivation and in the process of reducing loneliness.
- *The participation of older people in decision-making* related to the joint design and adaptation of interventions results in increased overall satisfaction.
- *A good combination* of simple digital tools and offline group activities helps the functionality of the program better than when used in isolation.
- There is a noticeable *strong reaction* of the elderly in activities that are guided by a purpose (cultural walking, team games, creative movement), that is, in activities that go beyond mere exercise. These activities offer cultural walking (Hiking for Health and Longevity, Pilgrimage Routes), creative expression (DanceCare, *Step-by-Step: Tango for Active Ageing*) or community contribution.

5.4 Identified gaps in relation to AGEFORCE needs

The collected database of recorded practices represents a huge development potential, although it is possible to identify some gaps:

- *Limited citizen science and high-level co-creation*: only a few practices have the level of co-designers, and none have the highest level of their involvement. The approach advocated by the AGEFORCE project, directed "from the bottom up", the approach of collective intelligence, requires stronger leadership in design and implementation by seniors,
- *Low focus on Virtual Communities of Interest and Pan-European Hub*: Most practices are local or national level; only a few include sustained digital networking or cross-border collaboration.
- *Lack of integration of environmental sustainability and active mobility*: Only practice CARE Cycling has a clear relationship of PA with environmental benefits.
- *Limited long-term sustainability strategy*,
- *The lack of inclusion of certain subgroups* in practices requires wider inclusion for different socio-economic and cultural environments.

6 Recommendations and Transferability to AGEFORCE

6.1 How to adapt good practices in the AGEFORCE co-creation process

This section deals with recommendations and transferability to AGEFORCE based on collected experiences and legacy from similar practices. The following steps of all practices recommended us:

- **Step 1: Use Citizen Panels as the entry point**

During the planned WP2 citizen panel, promote some of the selected good practices (*Walking Football*, *CARE Cycling Cafés*, *Oldpong*, *DanceCare*, or *In Common Sport +*, *STEP-BY-STEP: Tango for Active Ageing*, and *Hiking for Health and Longevity*), and allow older people to evaluate and propose modifications. The desired level of co-creation should include level 3 or 4, which has already proven to be highly influential.

- **Step 2: Prioritize hybrid adaptation**

Combine the best offline models with digital inclusion. Such group-based adapted sports, that is, activities based on functional training should be integrated with easy digital tools, as was done in some of the practices of *Oldpong* *WomenWalking4Health*, and *Active Ageing Communities*. These examples indicate that motivation can be significantly increased when group activities take place live.

- **Step 3: Apply progressive co-creation cycles**

Move seniors from passive participants (Level 1, common in many practices) to Contributors or Co-designers. Use focus groups and workshops, as successfully applied in *In Common Sport +*, *Walking Football*, *Creative Motion*, and *STEP-BY-STEP: Tango for Active Ageing* to let older adults co-design rules, session formats, difficulty levels, and cultural adaptations.

- **Step 4: Pilot and iterate locally**

Test adapted versions in the four pilot sites (Greece, Serbia, Portugal, Ukraine), using the same feedback loops employed in the most successful practices (sensorimotor training and elastic-band programmes).

This structured adaptation process ensures that AGEFORCE interventions are not simply copied but genuinely co-owned by older adults, maximizing relevance and long-term sustainability.

6.2 Specific recommendations for intervention design

Based on the collected evidence, the following design recommendations are proposed for AGEFORCE's offline and hybrid interventions:

- **Core intervention models to adopt/adapt**

- **Adapted group sports and games** (highest impact): *Walking Football*, *Oldpong* (table tennis), *In Common Sport +* (Olympics4all concept), *Playful Ageing* (recreational basketball), and *STEP-BY-STEP: Tango for Active*

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Ageing. These deliver high levels of physical activity, strong social inclusion, and fun.

- **Community hubs:** Replicate the CARE Café model as physical meeting points for cycling, walking, dance, or table tennis sessions.
 - **Functional and sensorimotor training:** Integrate elastic-band resistance, combined aerobic+resistance, and sensorimotor programmes for balance and fall prevention, especially for institutionalised or frail seniors (*Sensorimotor Training, Vivifrail, and Active Ageing Communities*).
 - **Creative and meaningful activities:** Include *DanceCare or Creative Motion, STEP-BY-STEP: Tango for Active Ageing*, and *pilgrimage-style walking routes or Hiking for Health and Longevity* to boost emotional well-being and motivation.
- **Key design principles**
 - Sessions: 2–3 times per week, 45–75 minutes, moderate intensity, progressive and individually adapted.
 - Group size: Small groups (8–15 participants) to maximise social interaction.
 - Equipment: Minimal and low-cost (chairs, resistance bands, balls, cones).
 - Hybrid element: Add simple digital tools (activity tracking, communication platform, Virtual Communities of Interest) to every offline activity.
 - Education component: Include short weekly sessions on nutrition, self-management, and behaviour change (proven in *Diabetes em Movimento* and Integrated Lifestyle practices).
 - **Inclusivity measures:** Offer beginner or intermediate levels, cultural adaptations, and specific tracks for women, institutionalised seniors, and people with chronic conditions (*Diabetes em Movimento* model).

6.3 Proposals for the Pan-European Citizen Science Hub on Active Ageing

The collected good practices confirm the need for a sustained, cross-border structure. The following proposals outline how AGEFORCE can establish the foundations of the Pan-European Citizen Science Hub:

- **Hub structure and functions**
 - **Virtual Communities of Interest** as the core digital backbone: one community per country/region + thematic communities (Walking, Adapted Sports, Dance/Movement, Strength Training).
 - **Knowledge repository:** Upload adapted protocols, training manuals, success stories, and participant-generated content from all pilots.
 - **Citizen science toolbox:** Include ready-to-use templates for co-creation workshops, citizen panels, and evaluation tools.
 - **Peer-to-peer mentoring network:** Connect older adults across countries (building on Oldpong's intergenerational model and In Common Sport +'s multi-country approach).
 - **Policy and scaling section:** Share policy recommendations and replication guides for municipalities.

- **Governance model**
 - ✓ Co-governed by older adults (50% of decision-making roles).
 - ✓ Supported by a light steering group of partner organisations (universities, municipalities, sport federations).
 - ✓ Open to new members after the project ends (open-source philosophy).
- **Sustainability mechanisms**
 - ✓ Integration with existing platforms (ECSA network, national senior universities).
 - ✓ Annual “AGEFORCE Open Days” and virtual tournaments (inspired by *Walking Football*, *Olympics4all*, and *Tango events*).
 - ✓ Crowdsourced content and participant-led expansion of activities.

7 Conclusions

7.1 Summary of contributions to AGEFORCE

Lastly, this report contributes in several critical elements to AGEFORCE:

- **Proven intervention models** that reliably increase physical activity levels, improve functional capacity, reduce loneliness, and enhance quality of life. High-impact practices such as *Walking Football*, *CARE Cycling*, *Oldpong*, *In Common Sport +*, *DanceCare*, *WomenWalking4Health*, *Vivifrail*, and *STEP-BY-STEP: Tango for Active Ageing* demonstrate that adapted sports, group-based activities, and community hubs are particularly effective and sustainable.
- **Strong emphasis on social inclusion and group dynamics**, which consistently emerge as key drivers of long-term adherence. Practices that combine physical activity with fun, creativity, intergenerational contact, or cultural meaning achieve the highest levels of participant satisfaction and retention (*Hiking for Health and Longevity*, *Tango*, and *Creative Motion*).
- **Practical, low-cost, and scalable delivery methods** using minimal equipment and existing local infrastructure (municipalities, senior centres, sport clubs). These models are directly transferable to AGEFORCE’s four pilot sites and beyond.
- **Valuable insights on co-creation and citizen involvement**. Although most practices operate at Level 1–3 involvement, the few that reach Level 4 (co-designers) - such as *IN COMMON SPORT +*, *Walking Football*, *Creative Motion* and *STEP-BY-STEP: Tango for Active Ageing* - clearly show superior relevance, ownership, and sustainability.
- **Evidence of hybrid potential**. Practices that successfully combine offline group activities with light digital tools (*Oldpong*, *WomenWalking4Health*, *Active Ageing Communities*) confirm that AGEFORCE’s planned Virtual Communities of Interest can significantly enhance reach, continuity, and cross-border collaboration.

Overall, the analysed practices validate AGEFORCE’s strategic focus on citizen-led, socially engaging, and adaptable physical activity while providing concrete blueprints that can be adapted through the project’s participatory methodology.

7.2 Next steps toward co-creation

AGEFORCE will implement the following immediate next steps:

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- **Integration into Citizen Panels (WP2):** Present the most promising practices (*Walking Football*, *CARE Cafés*, *Oldpong*, *DanceCare*, *In Common Sport* +, and elastic-band resistance training) to older adults during the first citizen panels for evaluation, ranking, and initial adaptation proposals.
- **Co-creation workshops (WP3):** Organise dedicated co-design sessions in each pilot site where seniors will actively modify selected practices - adapting rules, session formats, difficulty levels, and cultural elements - moving them from Level 1-3 to Level 4 involvement.
- **Development of hybrid prototypes:** Combine the strongest offline models with AGEFORCE's digital infrastructure (Virtual Communities of Interest, simple tracking tools, and communication platform) to create the first set of pilot interventions.
- **Foundation of the Pan-European Citizen Science Hub:** Use the adapted practices and co-created content from the pilots to populate the Hub's initial knowledge base, citizen-science toolbox, and thematic Communities of Interest, ensuring a sustainable legacy beyond the project lifetime.

By systematically adapting and co-creating with the evidence presented in this report, AGEFORCE will not only build upon existing successes but will also close the identified gaps in citizen leadership, digital continuity, and long-term sustainability. This positions the project to deliver truly innovative, bottom-up, and scalable solutions for active and healthy ageing across Europe.

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Appendices

Appendix 1: Good practise template

Filled by: [Name of organisation]

Alignment with AGEFORCE Objectives (Select at least one option that applies):	☐ Directly promotes PA for older adults (65+)		
	☐ Involves co-creation with stakeholders (older adults, municipalities)		
	☐ Builds toward Communities of Interest or Citizen Science Hub		
Source or implementing body:			
Title of the practice			
Please add the relevant organisation's details			
Country			
Region			
City			
Thematic objective of the practice (Select at least one option that applies):	☐ Health-enhancing physical activity	☐ Strength, balance, and fall prevention	
	☐ Social inclusion and reduction of loneliness	☐ Digital tools and interventions	
	☐ Built environment and active mobility	☐ Sustainability and environmental awareness	
	☐ Citizen engagement, co-creation, and citizen science	☐ Communities of Interest/Citizen Science Hub	
Financing (programme) - Optional	For example: Horizon Europe, Erasmus+, Interreg...		
Website/Link:			
Implementation level of the good practice	☐ National	☐ Regional	☐ Local
Source of information	☐ Official project website	☐ Publication/report	☐ Personal contact
	☐ Other:		

Good practice: Detailed information		
Short description of the good practice (GP)	A brief description of good practise [150 characters]	
Detailed information on the GP	- What is the problem addressed and the context that triggered the introduction of the practice? - How does the practice reach its objective, and how does it contribute to the physical activity of the elderly (65+)? - What are the main stakeholders and beneficiaries of the practice? [1500 characters]	
Timescale	Start date	End date
Evidence of success	☐ Increased physical activity levels	☐ Number of participants engaged
	☐ Reduction in loneliness or social isolation	☐ Improved health outcomes

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(results achieved) Select all that apply.	☐ Participant satisfaction or feedback	☐ Formation of informal action teams or communities	
	☐ Awards, recognitions, or external validations (EU grants, local awards)	☐ Cost-effectiveness or sustainability	
	☐ Other:		

Implementation format:			
Offline/physical activities:	Yes / No		
Offline activities: Select all that apply.	☐ Counseling services	☐ Training programs	
	☐ Specialized gyms	☐ Organized excursions	
	☐ Others:		
Digital interventions (platform, app, AI...):	Yes / No		
Digital interventions Select all that apply.	☐ Communication platform	☐ Virtual Communities of Interest	
	☐ Online booking systems	☐ Tele-coaching	
	☐ Others:		
Resources/Materials	☐ Printable instructions	☐ Videos	☐ Basic equipment (chair, resistance bands)
How are seniors involved in design and implementation?	[150 characters]		
Level of involvement (from 1 to 5)	☐ 1 Passive participants	☐ 2 Information providers	☐ 3 Contributors
	☐ 4 Co-designers		☐ 5 Co-leaders in design/ implementation
Key words related to GP (3–5 keywords):	e.g. target group, activity type, setting or tools used		
Video (optional)	Add link/s a video(s) to support your good practice		
Images (optional)	Add image(s) to support the good practice		
Status/Maturity	☐ existing initiative	☐ tested at the national level	☐ easy to replicate
What could be adapted in your pilot (Select all that apply)?	☐ programme duration	☐ difficulty levels (beginner/intermediate)	☐ language/ cultural adaptation ☐ delivery channel

Place and date of completion: _____ Signature: _____

Appendix 2: AGEFORCE Good Practices Collection Delivery Guidelines

Purpose

This document provides standardized guidelines for:

- collecting of the AGEFORCE good practices (GP) collection across partner countries;
- processing and delivery of GP to the project coordinator.

The objective is to ensure high-quality, reliable and comparable data at European level, in line with the project methodology.

1. General principles

All partners must:

- use the final approved version of the Good practice template;
- not modify questions and order;
- respect minimum sampling standards;
- submit good practices in a standardized format and within the agreed deadline.

The good practices template will be used exclusively for needs analysis and development of the AGEFORCE Diagnosis of behaviours and practices and related project activities.

2. Target groups and minimum sample (3 – 4 good practices)

Each partner should collect good practices from:

- mainly from your country/region (national, regional or local level). If you know excellent EU-level examples (e.g. from other countries), you may add 1–2, but priority is local relevance,
- Implemented in the last 5–10 years,
- Targets older adults (physical activity, social inclusion, motivation, accessibility),
- Involves co-creation, citizen participation, offline/digital tools, community building, or policy impact,
- Has some evidence/results (numbers of participants, % improvement in PA, evaluations, reports),
- Preferably linked to Erasmus+, Horizon, Interreg, national programmes, municipalities, NGOs, universities or sports organisations.

If a partner cannot reach the minimum sample, the project coordinator should be informed in advance.

3. Methods of good practice distribution

Partners may use a combination of the following channels:

- Use the shared Google Drive (link is sent to all of you after kick-off).
- Fill in template per good practice (Word .docx) and send to Radenko Matic (radenkomatic@yahoo.com) + copy to project coordinator if needed.

4. Ethics and data protection

Good practices will be used only for project purposes.

5. Final submission to coordinator

Each partner should:

- monitor the number of good practices weekly;
- keep internal records of distribution channels;
- inform the coordinator about progress if requested.

6. Format for data good practices collection submission

Partners must submit the following to the project coordinator:

- Word file Good Practise template ;

File naming format:

Country_AGEFORCE_GP._Report1.docx or [01, 02, 3, 4 ...]

7. Timeline

Each partner is expected to:

- complete collection of data practices within the agreed project timeframe;
- submit all materials by the defined deadline; and
- inform the coordinator promptly in case of delays or issues.

Exact deadlines will be confirmed by the project consortium.

8. Contact for support

For any questions related to:

- collect data practices processing and distribution; and
- technical issues,

partners should contact the project/WP2 coordinator.

Deadline: 15th April 2026.

Important note: A standardized approach to distribution and data processing is essential for producing reliable comparative analysis and for the development of the AGEFORCE Diagnosis of behaviours and practices at European level.