



## CARE

### Community-based Active-cycling and Recreation for Elderly

#### D2.1 – Senior Cycling Blueprint & Community Insights

Date of Delivery – January 2026

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#### PROJECT DETAILS

<b>Project Acronym</b>	<b>CARE</b>
Project Title	Community-based Active-cycling and Recreation for Elderly
Programme	Erasmus+ Sport (Small-scale Partnership)
Starting Date	1 January 2026
Duration	18 months
Call (part) Identifier:	Erasmus-Sport-2025-SSCP
Grant Agreement No:	101244798
Due date of Deliverable:	31/01/2026
Actual Submission Date:	29/01/2026
Responsible/Author:	Spiros Papageorgiou – CFC
Dissemination Level:	Public
Status:	Final

## DELIVERABLE DETAILS

Deliverable Title	D2.1- Senior Cycling Blueprint & Community Insights
Work Package Number	WP2 – Paving the Way – Insights, Training & Community Readiness
Deliverable Number	D2.1
Lead Beneficiary	Cities for Cycling
Author(s)	Spiros Papageorgiou – CFC, Eleni Anoyrkati – Tero PC
Due Date	31/01/2026
Actual Submission Date	29/01/2026
Type of Deliverable	Report

## REVISION TABLE

Version	Name	Date	Description
V 0.1	Eleni Anoyrkati Spiros Papageorgiou	27/01/2026	First Draft
V 0.2	Eleni Anoyrkati Spiros Papageorgiou	29/01/2026	Final Version of submission

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor the granting authority can be held responsible for them.

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## 1. BACKGROUND – ABOUT THE CARE PROJECT

The **CARE (Community-based Active-cycling and Recreation for Elderly)** project is an Erasmus+ Sport Small-scale Partnership funded by the European Union under the call *ERASMUS-SPORT-2025-SSCP*. The project promotes healthy and active ageing through community-based cycling activities. CARE responds to key societal and health-related challenges faced by older adults across Europe—including reduced physical activity, social isolation, limited confidence in independent mobility, and a lack of accessible opportunities for safe exercise. Cycling is introduced as an inclusive, low-impact and socially engaging form of physical activity that can strengthen physical well-being, mental health, social inclusion and intergenerational cohesion, while fostering a greater sense of connection to the community.

CARE adopts a community-based approach by establishing **CARE Cafés** across partner countries, acting as local meeting points (hubs) where seniors can participate in structured cycling sessions, receive guidance and support from trained volunteers, and engage in social interaction.

These hubs provide a safe, inclusive environment for seniors to build confidence, improve mobility skills, and strengthen their sense of belonging. Through workshops, guided rides, route familiarisation, volunteer-supported activities, and intergenerational engagement events, the project aims to reduce barriers that prevent seniors from cycling—such as safety concerns, lack of information, physical limitations and low confidence—and to promote long-term behavioural change towards more active, connected and sustainable lifestyles. Volunteers, local community groups, senior associations and municipalities play a key role in supporting, co-delivering and amplifying these actions.

**The specific objectives of the CARE project are to:**

- Increase Senior Participation in Physical Activity Through Cycling.
- Reduce Social Isolation by Promoting Intergenerational Engagement.
- Establish Cycling Hubs / Café Networks as Social and Mobility Centers for Seniors.
- Improve seniors' mental and physical well-being through structured cycling programmes.

The CARE consortium brings together partners from Greece, Poland and Bulgaria, combining expertise in cycling promotion, active mobility, social inclusion, community engagement and community development. Together, they work to create an innovative and replicable model that promotes healthier, more connected and sustainable communities. CARE contributes directly to the priorities of the Erasmus+ programme, the EU Sport Policy, the EU Strategy on Ageing and the European Green Deal, ensuring strong alignment with European objectives for active ageing, social participation and sustainable mobility.

## 2. INTRODUCTION AND SCOPE OF THE DELIVERABLE

This deliverable, *Senior Cycling Blueprint & Community Insights*, is produced under Work Package 2 – **Paving the Way: Insights, Training & Community Readiness**, and specifically addresses Task 2.1: Understanding Needs and Designing Solutions of the CARE project.

The deliverable documents the outcomes of the participatory needs assessment process carried out during the first phase of the project (Months 1–6). Through a series of structured workshops, focus

groups, and stakeholder consultations conducted by all project partners, CARE engaged seniors, municipalities, cycling experts, healthcare professionals, and community organizations to identify the key barriers that older adults face in accessing recreational cycling and community-based physical activity.

By applying a common methodological framework based on Problem–Solution Mapping, the project ensured that insights were collected in a consistent and comparable manner across countries and local contexts. The findings presented in this Deliverable reflect both senior-specific needs and local ecosystem constraints, while also highlighting shared challenges and opportunities at transnational level.

This document serves as a strategic analytical foundation for the subsequent implementation phases of CARE, ensuring that all pilot activities, training actions, and community interventions are firmly grounded in evidence gathered directly from end-users and relevant stakeholders.

## 2.1 Scope of the Deliverable

The scope of this Deliverable is to synthesize and analyze the results of the Task 2.1 workshops and consultations, translating partner-level findings into a coherent project-wide blueprint. Specifically, the Deliverable covers:

- An overview of the workshops and stakeholder engagement activities implemented by CARE partners, including the types of participants involved and the participatory methods applied.
- Identification and categorization of the main barriers seniors face in relation to recreational cycling, mobility, confidence, health concerns, accessibility, and social participation.
- A consolidated Problem–Solution Matrix, capturing the barriers identified during the workshops alongside co-developed solutions and their prioritization based on feasibility and expected impact.
- Mapping and qualitative assessment of senior-friendly cycling routes, including route selection criteria, connectivity to community hubs, and commonly identified infrastructure gaps.
- Analysis of the social, psychological, and functional needs of seniors informed the conceptual development of CARE Cafés as community-based cycling hubs and rest points.

## 3. METHODOLOGICAL FRAMEWORK

This chapter describes the methodological framework applied for the implementation of Task 2.1 – Understanding Needs and Designing Solutions, demonstrating full compliance with the approach and commitments described in Part B of the CARE project. The methodology was designed to ensure that the identification of barriers, needs, and solutions related to senior recreational cycling was participatory, evidence-based, and consistently applied across all partner countries.

To guarantee methodological coherence and quality, all partners followed a common guidance package prepared by Tero PC and Cities for Cycling (CFC). This included a dedicated Workshop Facilitation Guide,

a standardized reporting template, and an online coordination and briefing meeting prior to the implementation of the workshops. These measures ensured that local adaptations were possible without compromising comparability or analytical integrity.

### 3.1 Overall Approach

The methodological approach adopted under Task 2.1 is based on a participatory, multi-stakeholder needs assessment, placing seniors at the centre of the analysis while actively engaging the local ecosystems that influence mobility, health, and community life.

To capture a comprehensive and realistic understanding of barriers and opportunities, the approach combined the following complementary methods:

- Participatory workshops, serving as the primary data collection mechanism and enabling structured dialogue among seniors and stakeholders.
- Focus group discussions, allowing deeper exploration of senior-specific needs, motivations, and concerns related to cycling, health, and social participation.
- Mapping exercises, used to identify and assess senior-friendly cycling routes, infrastructure gaps, and connections to key community hubs.

All partners implemented this approach using a common methodological structure, while retaining flexibility to reflect local contexts. Prior to implementation, partners were briefed during an online coordination meeting, where the methodology, workshop flow, and reporting expectations were explained in detail. This ensured a shared understanding of objectives, roles, and data collection standards across the consortium.

### 3.2 Problem–Solution Mapping Method

At the core of the Task 2.1 methodology lies the Problem–Solution Mapping method, also referred to as the Barrier Identification Matrix, as described in the CARE Part B and operationalized through the tools developed by Tero PC and CFC.

#### 3.2.1 Purpose

The Problem–Solution Mapping method was designed to:

- Systematically identify the key barriers seniors face in participating in recreational cycling.
- Support the co-creation of tailored solutions through structured stakeholder dialogue.
- Prioritize actions based on expected impact and feasibility, creating a clear and actionable roadmap for subsequent project phases.

### 3.2.2 Structure

The Problem–Solution Matrix follows a structured format, consisting of:

- Challenges Faced (Barriers) – physical, social, psychological, infrastructural, and organizational obstacles identified during workshops.
- Proposed Solutions – co-developed responses, including conceptual elements such as CARE Cafés, route adaptations, training needs, and support mechanisms.
- Priority Level – classification of solutions as High, Medium, or Low.
- Stakeholders Involved – identification of actors relevant for implementation (e.g. municipalities, cycling organizations, healthcare professionals).

To ensure consistency, all partners documented their findings, using the common T2.1 Partner Input / WP2 Reporting Template, prepared by Tero PC and CFC. The template required partners to submit workshop outcomes in English, enabling efficient cross-country synthesis and analysis at project level.

### 3.2.3 Priority Ranking Logic

Prioritization was conducted during the workshops through a facilitator-led discussion, assessing each proposed solution against:

- Its relevance to senior needs.
- Its potential impact on participation, safety, and well-being.
- Its feasibility within local contexts and the CARE project timeframe.

This qualitative ranking process ensured that high-priority solutions addressed fundamental barriers, while lower-priority actions were identified as complementary or longer-term opportunities.

## 3.3 Workshop Design & Facilitation

The workshops were designed and facilitated in accordance with the CARE Workshop Facilitation Guide, developed by Tero PC and CFC and shared with all partners in advance. This guide provided step-by-step instructions on preparation, facilitation, documentation, and post-workshop reporting.

### 3.3.1 Stakeholder Grouping

Participants were grouped according to expertise and lived experience, typically including:

- Seniors and community representatives, sharing firsthand experiences, challenges, and preferences.

- Municipal representatives and urban planners, addressing infrastructure, accessibility, and policy-related aspects.
- Cycling experts and mobility organizations, evaluating route feasibility, safety, and skill requirements.
- Healthcare professionals and psychologists, contributing insights on health limitations, confidence, and mental well-being.

This structured grouping ensured balanced discussions while enabling focused analysis of specific thematic areas.

### 3.3.2 Mapping Exercises

Interactive mapping exercises formed a core component of the workshops. Using printed or digital maps, participants:

- Identified existing senior-friendly cycling routes.
- Highlighted unsafe areas and infrastructure gaps.
- Suggested improvements and priority interventions.
- Indicated suitable locations for community hubs and rest points.

The outputs of these exercises informed the qualitative route assessment and planning presented in this deliverable.

### 3.3.3 Prioritization and Consolidation

Each workshop concluded with a consolidation and prioritisation session, during which group-level findings were merged into a single Problem–Solution Matrix. Facilitators guided participants through a collective ranking process, ensuring that the most relevant and feasible solutions were clearly identified.

The final workshop outputs were then documented using the standardised reporting template and submitted by partners to Tero PC and CFC, forming the evidence base for the transnational synthesis presented in this Deliverable.

## 4. OVERVIEW OF WORKSHOPS & STAKEHOLDER ENGAGEMENT

### 4.1 Workshops Implemented

In **Greece**, one participatory community workshop was implemented in Athens as part of Task 2.1.

The CARE Community Workshop: Barriers, Routes and Next Steps took place on 10 January 2026 at Technopolis Café, Municipality of Athens. The workshop brought together a diverse group of participants representing seniors, volunteers, cycling experts, healthcare professionals and civil society organizations.

In total, 18 participants attended the workshop, including:

- 8 seniors, representing the primary target group of the project.
- 5 stakeholders, including cycling experts, NGO representatives and a physiotherapist.
- 5 volunteers, with experience in cycling, route design and community engagement.

The workshop was designed as an open, participatory session combining structured facilitation with informal discussion, enabling participants to actively contribute to identifying barriers, proposing solutions and shaping the future CARE activities.

In **Poland**, the participatory workshop was organized in Pabianice (Łódź metropolitan area).

The Mapping Workshop: Senior-Friendly Route Audit took place on 19 December 2025 at Grota Roweckiego 3, Pabianice. The workshop aimed to collect practical, field-based insights into the barriers seniors face in safe cycling and to co-develop realistic solutions applicable in the local urban context.

A total of 12 participants attended the workshop, including:

- Seniors aged 60+, both active and less confident in traffic.
- Local stakeholders, including representatives working on urban mobility, infrastructure, NGOs and healthcare.
- Volunteers and youth, supporting facilitation and mapping activities.

The workshop followed a structured participatory format combining group work, mapping exercises and prioritisation discussions.

In **Bulgaria**, one participatory workshop was organised in Montana. The CARE Work Package 2 Workshop took place on 11 January 2026 in Montana and focused on identifying senior needs, barriers to recreational cycling, and co-designing practical solutions adapted to the local context. The workshop formed part of the Foundation and Capacity Building phase of the CARE project.

The session brought together a diverse group of participants, including:

- Seniors
- Youth and volunteers
- Cycling and mobility experts
- Healthcare and wellness professionals
- Municipal and community stakeholders

- Sports athletes with expertise in injury prevention

In total, 9 participants actively contributed to the workshop, ensuring representation of both end-users and supporting actors.

## 4.2 Stakeholder Groups Engaged

The **Greek** workshop engaged the following stakeholder groups:

- Seniors and community members, sharing firsthand experiences, fears, motivations and expectations related to cycling.
- Cycling experts and mobility practitioners, contributing technical knowledge on routes, safety and equipment.
- Healthcare professionals, offering insights on physical limitations, injury prevention and confidence-building.
- Volunteers, supporting route design, communication and future ride facilitation.
- Civil society organisations, represented by Cities for Cycling, acting as coordinators and facilitators.

This diversity ensured that discussions addressed both individual-level and system-level challenges related to senior cycling.

The **Polish workshop** brought together a diverse mix of stakeholders, including:

- Seniors, representing different confidence levels and cycling experience.
- Local mobility and infrastructure stakeholders, contributing knowledge of public space and traffic conditions.
- NGOs and educators, working with older adults and community groups.
- Healthcare-related actors, addressing safety and physical limitations.
- Volunteers and youth, supporting group facilitation and future engagement.

This combination ensured that discussions captured both lived experience and system-level constraints.

The **Bulgarian workshop** engaged a broad range of stakeholder groups, including:

- Seniors and community representatives, sharing lived experiences, concerns and expectations related to cycling.
- Cycling and mobility experts, contributing practical insights on route safety and infrastructure.
- Municipal and urban planning professionals, addressing spatial planning, signage and public infrastructure.
- Healthcare and wellness specialists, focusing on physical limitations, balance, stamina and safety.
- Youth, volunteers and sports practitioners, supporting facilitation and contributing perspectives on injury prevention and motivation.

This inclusive approach ensured that both social and technical dimensions of senior cycling were addressed.

## 4.3 Added Value of Multi-Stakeholder Approach

For the **Greek workshop**, the multi-stakeholder format proved essential in creating a shared understanding of challenges and realistic solutions. Seniors were able to openly express concerns related to safety, confidence and infrastructure, while experts and practitioners translated these concerns into concrete actions such as route selection, training needs and equipment considerations. The presence of healthcare expertise helped ground discussions in physical well-being and injury prevention, while volunteers contributed ideas related to community-building and support roles. Overall, the workshop fostered trust, co-creation and a strong sense of ownership among participants, laying the foundation for sustainable engagement in subsequent project phases.

In **Poland**, the multi-stakeholder setting enabled a realistic and solution-oriented dialogue. Seniors were able to openly articulate fears related to traffic, surfaces and health, while practitioners and local stakeholders translated these concerns into concrete measures such as route selection, training formats and infrastructure-related recommendations. The collaborative mapping of routes and problematic locations created a shared understanding of spatial challenges and opportunities, while the discussion on CARE Café functions highlighted the importance of combining cycling with social and educational support

In **Bulgaria**, the multi-stakeholder format enabled open dialogue between seniors and professionals, helping to challenge stereotypes and prejudices related to senior cycling. Seniors were able to express concerns related to health, confidence and belonging on the road, while experts translated these concerns into tangible solutions linked to infrastructure, route design and community support. The collaborative environment also helped build mutual understanding and trust, reinforcing the idea that senior cycling is both feasible and beneficial when supported by appropriate community structures

## 5. Identified Barriers & Senior Needs (Problem Analysis)

### 5.1 Key Barrier Categories

The **Greek workshop** identified several interrelated barrier categories affecting senior participation in cycling:

- Safety concerns, including fear of traffic, accidents and insufficient cycling knowledge.
- Infrastructure limitations, such as inadequate or fragmented cycling infrastructure and unsafe road conditions.
- Lack of cycling culture and companionship, resulting in reduced motivation and hesitation to cycle alone.
- Limited access to suitable equipment, particularly for seniors unfamiliar with modern bicycles or adaptive options.

- Traffic conditions, which discourage participation and increase anxiety, especially in urban environments.

These barriers were consistently discussed and prioritised during the workshop.

The **Polish workshop** identified several key barrier categories affecting senior participation in cycling:

- Fear of traffic and fast-moving cars, leading to stress and avoidance of cycling.
- Low confidence, particularly among seniors returning to cycling after a long break.
- Poor or uneven surfaces, including cracked asphalt, cobblestones, potholes and tram tracks, increasing fall risk.
- Personal safety concerns, such as poor lighting and fear of bicycle theft.
- Health-related limitations, including fatigue and fear of not being able to keep up.
- Limited access to suitable equipment and lack of maintenance knowledge.
- Weather and seasonality, including winter conditions and air quality (smog).

These barriers were repeatedly highlighted across group discussions.

The **Bulgarian workshop** identified several key barriers affecting senior participation in cycling:

- Scepticism and social prejudices, including beliefs that seniors should not cycle or do not belong on the road.
- Health-related concerns, such as fear related to balance, stamina and physical safety.
- Time constraints, with seniors finding it difficult to add new activities to daily routines.
- Lack of information, particularly regarding safe routes, cycling opportunities and available community support.
- Low motivation, with some seniors not perceiving clear personal benefits from participation.
- Infrastructure-related challenges, including insufficient bike lanes, signage, lighting and rest facilities.

These barriers were discussed extensively during group work and plenary sessions.

## 5.2 Senior-Specific Needs

Based on the discussions in **Greece**, several senior-specific needs emerged:

- Physical needs, including manageable distances, flat or low-gradient routes, rest opportunities and appropriate equipment.
- Psychological needs, such as reassurance, confidence-building, education and gradual exposure to cycling.
- Social needs, particularly the desire for companionship, community belonging and shared activities rather than solitary cycling.

Participants emphasised that addressing these needs simultaneously is essential for sustained engagement.

Participants in **Poland** identified a range of senior-specific needs, including:

- Physical needs, such as smooth surfaces, short initial distances, frequent rest stops, paced groups and access to e-bikes or step-through frames.
- Psychological needs, including confidence-building, reassurance, clear rules and gradual progression.
- Practical needs, such as easy-to-read maps, simple signage, clear meeting points and information on equipment and maintenance.
- Social needs, emphasising the importance of group rides and shared experiences rather than individual cycling.

The discussions in **Bulgaria** highlighted several senior-specific needs:

- Physical needs, including access to rest areas, water, shade and comfortable cycling conditions.
- Psychological needs, such as feeling welcome, accepted and confident in public space.
- Practical needs, including clear information on routes, signage and available services.
- Social needs, emphasising the importance of informal socialising, conversation and shared experiences alongside cycling.

Participants stressed that addressing social and psychological needs is as important as improving infrastructure.

## 5.3 Cross-Country Commonalities & Differences

The participatory needs assessment conducted across Greece, Poland and Bulgaria revealed a strong set of shared barriers and needs, alongside context-specific differences linked to local environments, infrastructure conditions and social perceptions.

### Cross-Country Commonalities

Across all three partner countries, several recurring themes emerged:

- **Safety concerns** were consistently identified as a primary barrier. Seniors in all countries expressed fear related to traffic, road conditions, and potential accidents, highlighting the importance of careful route selection and confidence-building measures.
- **Low confidence and psychological barriers** were common, particularly among seniors returning to cycling after long periods of inactivity or those lacking prior cycling experience.
- **Health-related concerns**, including balance, stamina and fear of injury, were present in all contexts, underlining the need for paced activities, rest opportunities and supportive environments.
- **Social needs and motivation** emerged as a central factor influencing participation. Seniors across countries emphasized the importance of cycling as a social activity rather than an individual sport, valuing companionship, group support and opportunities for informal interaction.

- **Information gaps** were widely reported, with many seniors unaware of safe cycling routes, existing initiatives or opportunities to participate in guided or supported activities.

These commonalities confirm that senior cycling barriers are not solely infrastructural but strongly influenced by social, psychological and informational factors, reinforcing the relevance of the CARE model across different European contexts.

### Context-Specific Differences

Alongside these shared patterns, each country also demonstrated distinct local characteristics:

- In **Greece**, barriers were strongly linked to urban traffic conditions, fragmented cycling infrastructure and the lack of a widespread cycling culture, particularly in dense metropolitan areas such as Athens.
- In **Poland**, the emphasis was placed **on surface quality, tram tracks, weather conditions and seasonality, as well as challenges related to winter** cycling and air quality, which directly affect seniors' willingness to participate.
- In **Bulgaria**, social perceptions and skepticism towards senior cycling were particularly prominent, alongside limited information and motivation. This highlighted the importance of awareness-raising, social acceptance and the role of community spaces in changing attitudes.

These differences underline the need for locally adapted solutions within a shared framework, allowing CARE to respond flexibly to diverse environments while maintaining a coherent transnational approach.

## 6. Problem–Solution Matrix Synthesis

### 6.1 Consolidated Problem–Solution Matrix

The **Greek workshop** resulted in a clear set of barriers–solution pairs, prioritised collaboratively by participants:

- Safety concerns → Addressed through education, training and careful route selection (High priority).
- Lack of cycling culture → Creation of a supportive cycling community and social activities (Medium priority).
- Lack of suitable equipment → Education, information and guidance on appropriate equipment (High priority).
- Infrastructure limitations → Identification and use of safer alternative routes (High priority).

All solutions emphasise practical, immediately applicable actions within the CARE framework.

The **Polish workshop** produced a detailed set of problem–solution linkages, including:

- Fear of traffic and fast cars → Beginner-friendly safety sessions, first rides on low-traffic streets and parks (High priority).
- Low confidence after long breaks → Short 3–5 km routes with gradual progression (High priority).

- Poor and uneven surfaces / tram tracks → Route selection prioritising smooth surfaces, hazard mapping, equipment recommendations and skills training (High priority).
- Health limitations → Paced groups, frequent rest stops, promotion of e-bikes and warm-up/stretching routines (High priority).
- Personal safety concerns → Daytime rides, well-lit routes and reflective gear (Medium priority).
- Lack of access to suitable equipment → Basic maintenance education and guidance on affordable options (Medium priority).
- Weather and seasonality → Flexible seasonal planning and avoidance of cycling during smog conditions (Medium priority).

The **Bulgarian workshop** produced the following key problem–solution linkages:

- Scepticism and prejudice towards senior cycling → Use CARE Cafés as neutral, welcoming spaces for storytelling, peer exchange and awareness-building (High priority).
- Health concerns and fear of physical limitations → Ensure CARE Café locations provide rest areas, water and accessible amenities (High priority).
- Lack of time → Locate CARE Cafés along daily routes (near shops, clinics) and integrate cycling into existing routines (Medium priority).
- Being misinformed about routes and activities → Use CARE Cafés as information hubs with maps, brochures and guidance (Medium priority).
- Low motivation → Emphasise social interaction, refreshments and community benefits, including local incentives (Medium priority).

## 6.2 Priority Solutions for CARE

High-priority solutions identified in **Greece** focus on:

- Safety and confidence-building, through training, information and structured activities.
- Route selection, prioritising quiet roads, parks and dedicated cycling paths.
- Community-building, reducing fear and isolation by cycling together rather than alone.

These solutions directly inform the CARE model and reinforce the importance of combining physical activity with social interaction and support.

High-priority solutions in **Poland** focus on:

- Confidence and safety-building, through short routes, micro-training and group support.
- Careful route selection, avoiding hazardous surfaces and high-traffic corridors.
- Health-sensitive pacing, ensuring inclusivity for seniors with varying physical capacities.

These priorities reinforce the CARE model’s emphasis on gradual engagement, safety and community support.

High-priority solutions in **Bulgaria** focus on:

- Reducing social barriers and stigma through inclusive community spaces,
- Improving perceived accessibility by ensuring comfort and safety,
- Strengthening information flows via visible, trusted local hubs.

These solutions strongly reinforce the CARE Café concept as both a social and functional enabler of senior cycling.

## 7. SENIOR-FRIENDLY CYCLING ROUTE PLANNING

### 7.1 Route Selection Criteria

Route selection in **Greece** was guided by criteria defined collaboratively during the workshop, including:

- High levels of safety and low traffic exposure.
- Accessibility for seniors with varying fitness levels.
- Connectivity to community hubs and potential CARE Café locations.
- Suitability for different experience levels, from beginners to more confident riders.

Route selection in **Poland** was guided by criteria jointly defined during the workshop, including:

- Minimal interaction with fast-moving traffic.
- Smooth and even surfaces.
- Availability of rest areas and green spaces.
- Good lighting and clear navigation.
- Feasibility for short, low-stress rides.

Route selection in **Bulgaria** was guided by criteria defined collaboratively during the workshop, including:

- Safety and separation from fast traffic.
- Availability of shade, seating and rest opportunities.
- Clear signage and orientation.
- Adequate lighting.
- Proximity to potential CARE Café locations.

### 7.2 Overview of Identified Routes

Participants proposed and discussed several types of senior-friendly routes in the **Athens and wider Attica** region, including:

- Park-based routes, offering fully controlled, low-risk environments suitable for beginners.
- Seaside routes characterised by relatively quiet roads and continuous cycling paths.
- Urban routes using bike lanes, connecting the city centre to residential areas and the sea.
- Routes for more experienced riders, still prioritising safety but allowing longer distances.

These routes accommodate a wide range of abilities and preferences.

Participants in Poland identified several senior-friendly routes in the **Łódź – Bałuty area**, including:

- Park Julianowski loop, a flat, green route with multiple access points.
- Manufaktura – Park Staromiejski – Stary Rynek urban loop, combining slow streets and separated paths where available.
- Arturówek – Las Łagiewnicki leisure route, offering nature-based cycling with rest areas.

These routes offer different environments while remaining suitable for senior cyclists.

Participants identified several senior-friendly routes in **Montana**, primarily within green and recreational areas, including:

- Park “Montanezium”, offering calm, accessible paths suitable for seniors.
- Park “Sunny Garden”, a centrally located green space with potential for short cycling loops.
- Park “Ogosta”, adjacent to Ogosta Stadium, offering extended routes and recreational facilities.

These locations were considered appropriate for beginner-level and confidence-building cycling activities.

## 7.3 Infrastructure Gaps & Improvement Needs

In **Greece**, despite the availability of suitable routes, participants highlighted ongoing infrastructure challenges, such as:

- Discontinuities in cycling lanes.
- Unsafe crossings and junctions.
- Limited signage and wayfinding.

Municipal involvement was identified as crucial for addressing these gaps, either through improvements or by supporting the identification of alternative safe routes.

In **Poland**, despite the availability of suitable routes, participants highlighted several infrastructure gaps:

- Discontinuities in cycle lanes between key nodes.
- Rough surfaces, curb cuts and tram tracks in central areas.
- Difficult crossings on major arteries.
- Limited lighting, signage and seating in some park connectors.

Proposed improvements included defining a small number of “core” senior routes, improving wayfinding, identifying CARE Café or community-centre rest points every 2–3 km, and compiling a list of micro-improvements for municipal authorities.

Despite the suitability of the identified routes, in **Bulgaria**, several infrastructure gaps were highlighted:

- Lack of restrooms and cafés along routes.
- Insufficient or poorly maintained bike lanes.
- Limited seating, shaded areas and rest points.
- Inadequate signage and wayfinding.
- Insufficient lighting in certain areas.

Proposed improvements included temporary or portable restrooms, pop-up or bike-friendly cafés, renovation of existing bike lanes, improved lighting, and installation of clear signage tailored to seniors.

## 8. CONCLUSIONS / NEXT STEPS

Deliverable D2.1 provides a comprehensive evidence base for understanding the barriers, needs and aspirations of seniors in relation to recreational cycling across Greece, Poland and Bulgaria. Through participatory workshops, stakeholder engagement and structured Problem–Solution Mapping, the CARE project successfully identified both common challenges and context-specific issues influencing senior participation.

The findings clearly demonstrate that promoting cycling among seniors requires a **holistic approach**, addressing not only physical infrastructure and route safety, but also confidence, motivation, health considerations, social connection and access to information. The strong emphasis placed by participants on companionship, reassurance and community belonging confirms that cycling initiatives for seniors must be embedded within supportive social environments.

Based on the outcomes of Task 2.1, the CARE project is well-positioned to move into its next implementation phase. The results of this Deliverable will directly inform:

- The refinement and operational design of the **CARE Café model** as community-based social and mobility hubs.
- The development of **tailored training and confidence-building activities** for seniors.
- The selection and testing of **senior-friendly cycling routes** in each partner country.
- Enhanced collaboration with **municipalities, community organisations and volunteers** to address identified infrastructure gaps and support outreach.

In the following work packages, CARE will build on these insights to pilot cycling activities, establish CARE Cafés, train volunteers and strengthen community engagement. By grounding all actions in evidence gathered directly from seniors and local stakeholders, the project ensures relevance, inclusivity and long-term sustainability, contributing to healthier, more active and socially connected ageing across Europe.

## ANNEX 1-WORKSHOP AGENDAS

### Greece

1. Introduction and welcome.  
Presentation of the programme, who it is addressed to, what its goals are and the main steps ahead.
2. Identification of key barriers and possible solutions.  
Each participant writes on a post-it note what they see as their biggest obstacle. The facilitator then groups the inputs and leads to overall conclusions. The outcomes are recorded, highlighting the main barriers in order and by category, such as infrastructure, lack of interest, lack of knowledge, and similar issues. These are then discussed in more detail, together with possible solutions.
3. Suggestions and selection of main routes according to different skill levels.  
Routes are discussed for complete beginners and older participants, for potential cyclists who are not yet active, and for more experienced riders.
4. Suggestions for café stops
5. Search for volunteers and discussion of possible roles.  
These may include content creation and newsletter support, ride leaders or ride escorts, and communication with organisations and potential partners.
6. Other ideas and additional suggestions.



## PROGRAM WARSZTATÓW

Piątek, 19.12.2025, 11:00–13:00

Trenerzy

Joanna Komorek

Jan Wiśniewski

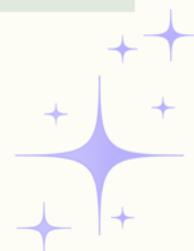


Rejestracja, powitanie, cel spotkania i metody pracy	11:00-11:10
Najważniejsze wyzwania, przed którymi stoją seniorzy w mieście	11:10-11:20
Praca w grupach: identyfikacja barier + wypełnienie matrycy problem–rozwiązanie	11:20–11:55
Przerwa kawowa	11:55–12:05
Praca nad trasami: niebezpieczne miejsca, punkty odpoczynku, sugestie dotyczące tras przyjaznych seniorom	12:05–12:30
Priorytety i szybkie rozwiązania: co wdrożyć w pierwszej kolejności + rola CARE Café / wsparcie grupy	12:30–12:50
Podsumowanie, ustalenie kolejnych kroków, zgoda/zdjęcia, zakończenie	12:50–13:00

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## AGENDA

### of the Work Package 2: Understanding Needs and Designing Solutions Paving the Way: Insights, Training & Community Readiness of the CARE Project

Montana, Bulgaria - 11 January 2026

Coordinator: Planet and Esports (Bulgaria)

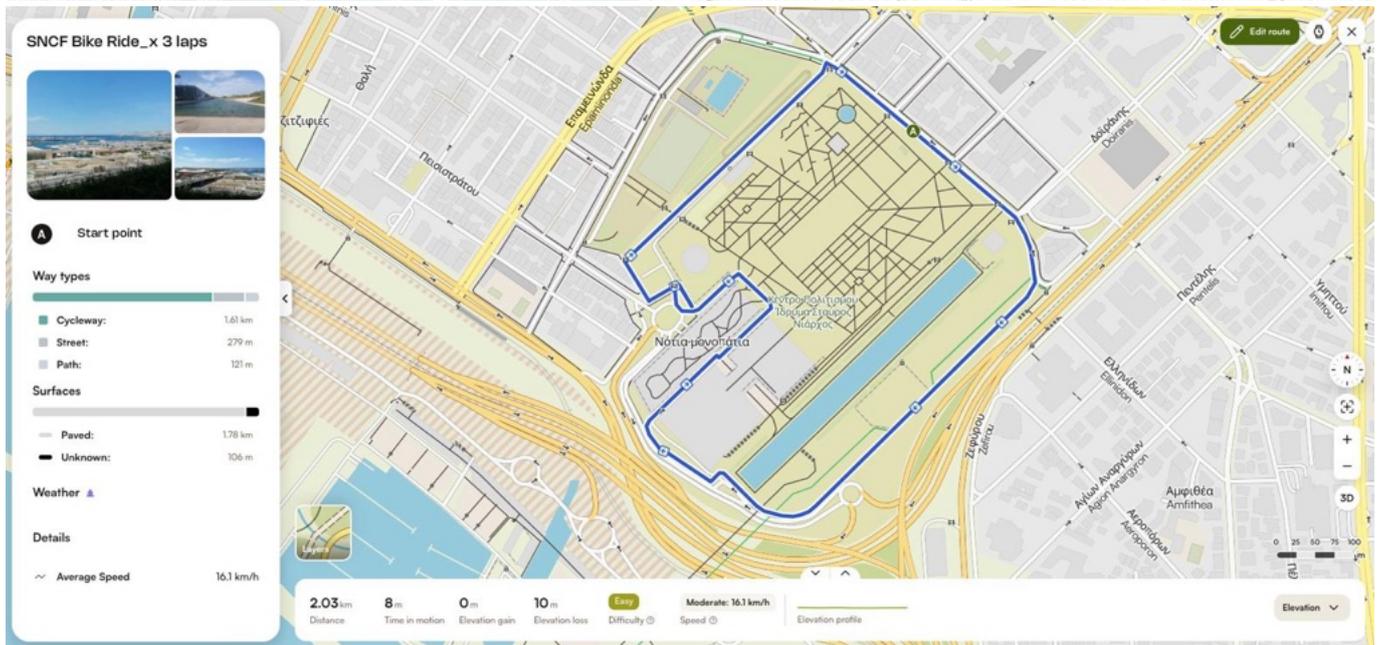
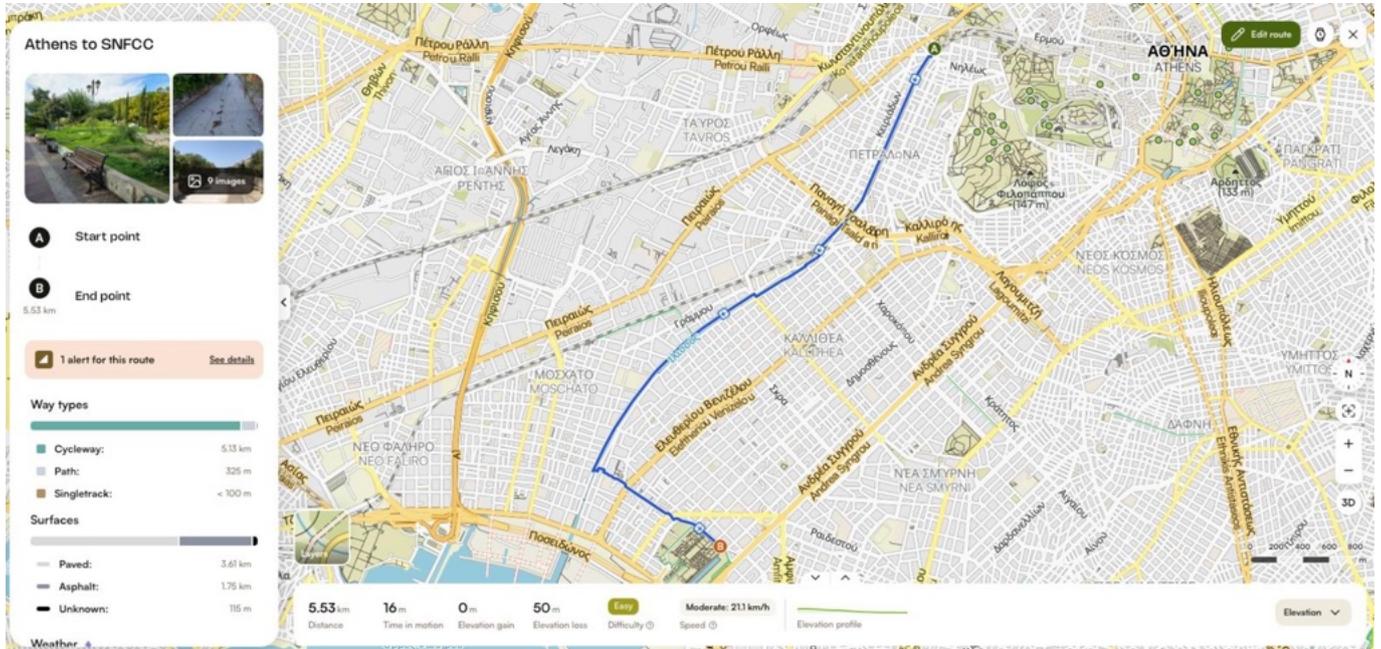
- 09:00 – 09:30** Welcome and introduction to the project and its context. **Community-based Active-cycling and**  
**CARE**
- 09:30 – 10:15** Non-formal meeting of participants and forming groups for the upcoming non-formal activity of the project. The groups will be:  
**Project number: 101**  
**Organisation: Planet and Esp**
- Seniors & community representatives
  - Municipal/urban planning professionals
  - Cycling and mobility experts
  - Health and wellness professionals
- 10:15 – 10:30** Coffee Break
- 10:30 – 12:00** Non-formal activity in working groups: Identifying Safe and Accessible Cycling Routes
- 12:00 – 13:00** Lunch
- 13:00 – 14:00** Discussions with seniors about their preferences regarding the CARE Cafés
- 14:00 – 14:15** Coffee Break
- 14:15 – 15:45** Assessing Cycling Confidence and open discussion about additional features that could enrich the “CARE” model
- 15:45 – 16:00** Final conclusions and closing of the event

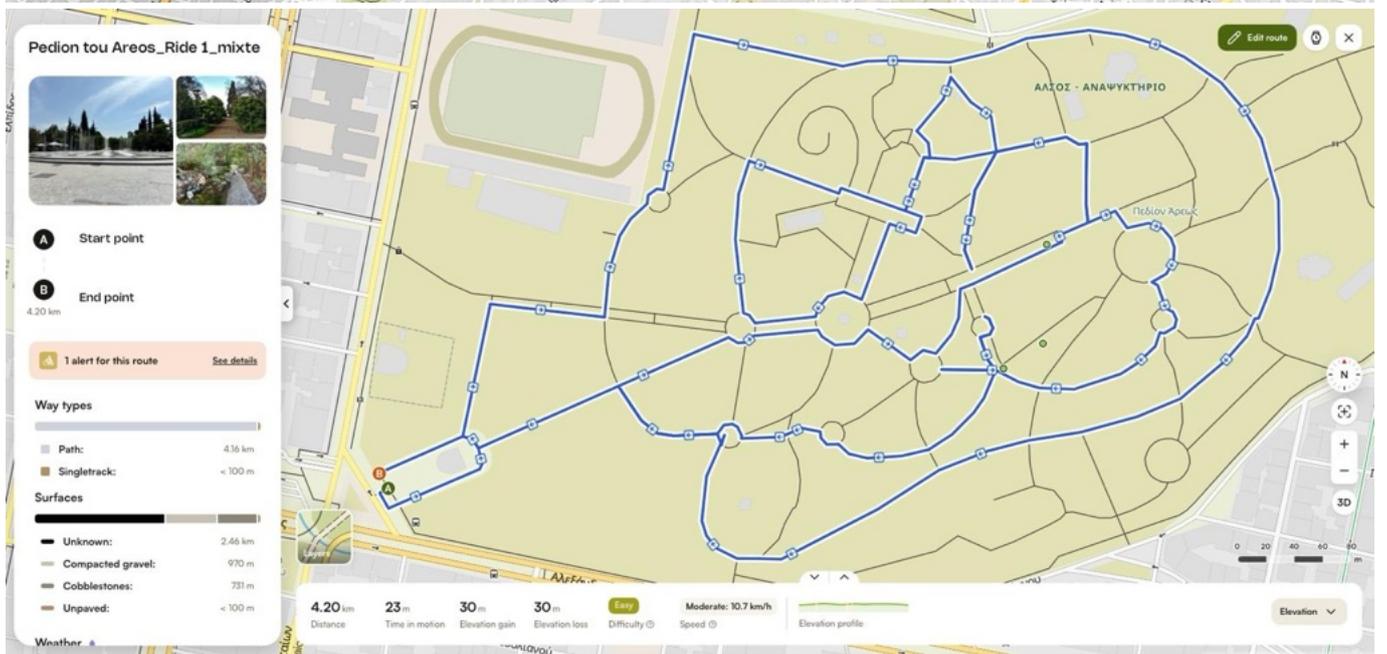
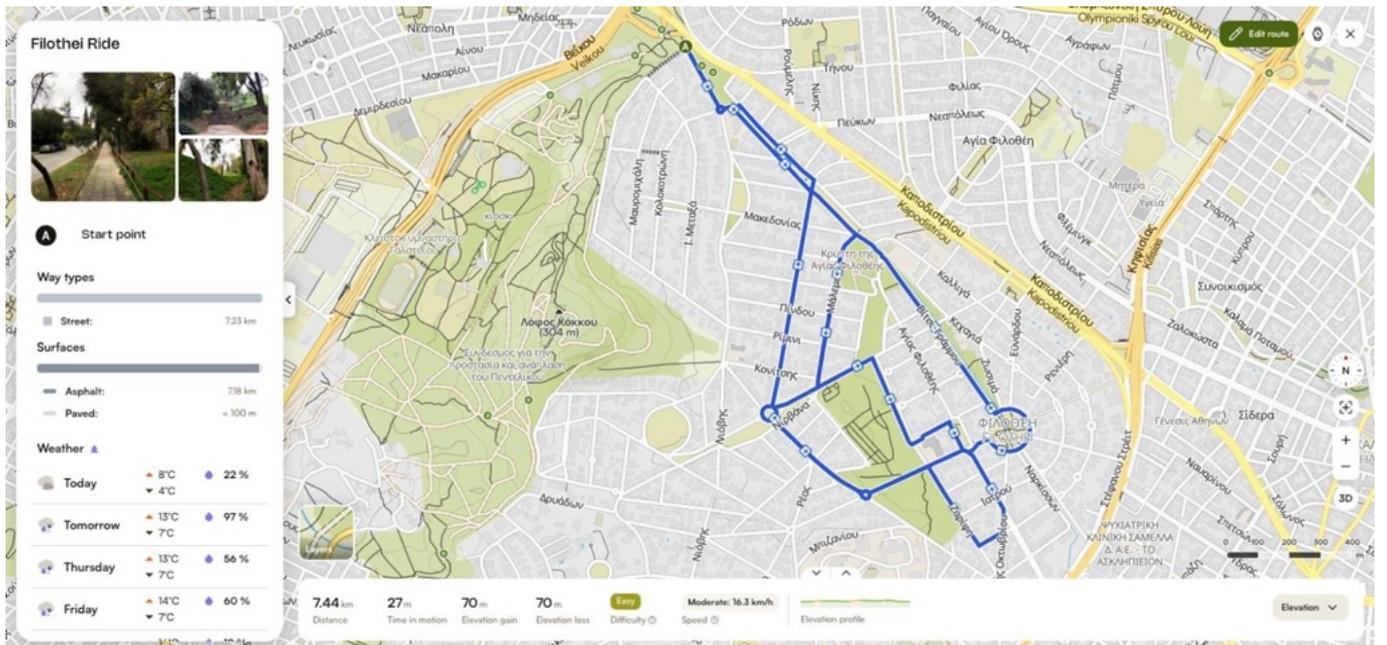


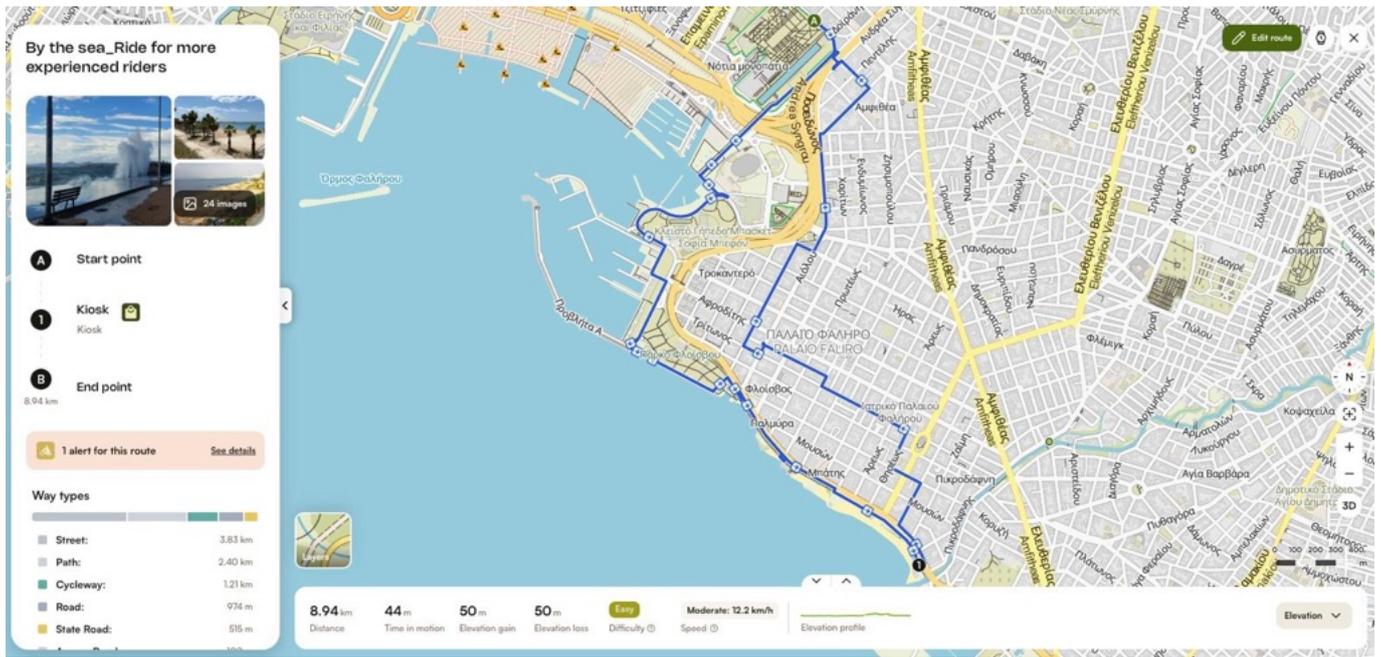
Co-funded by  
the European Union

# ANNEX 2- ROUTES

## Greece

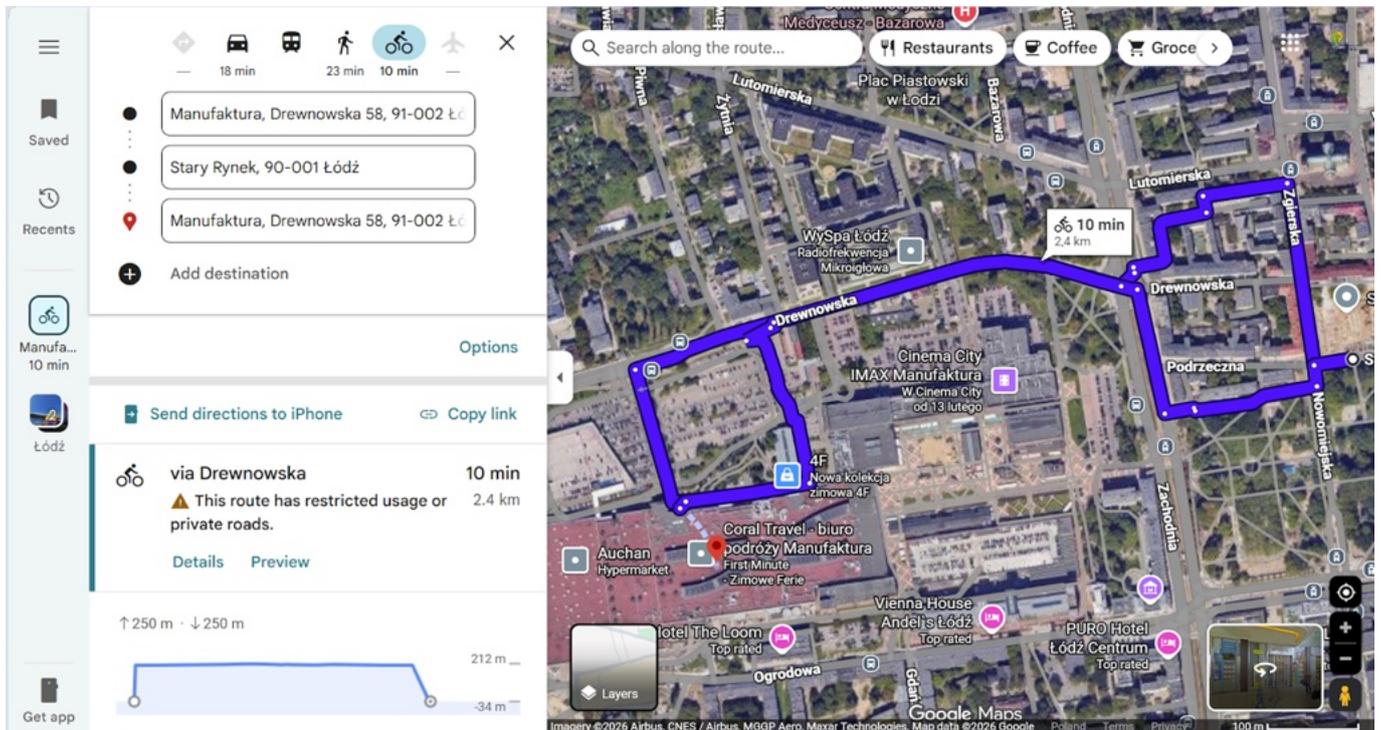




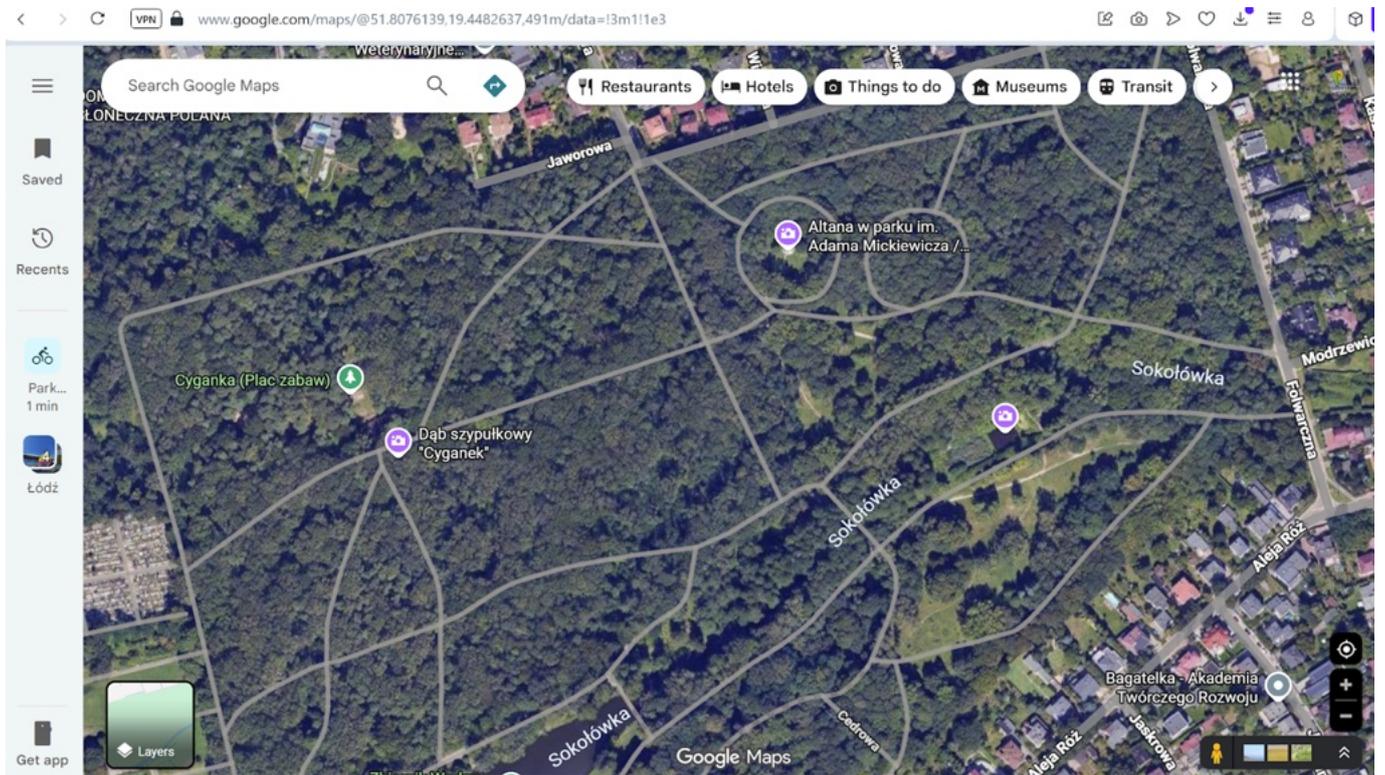


## Poland

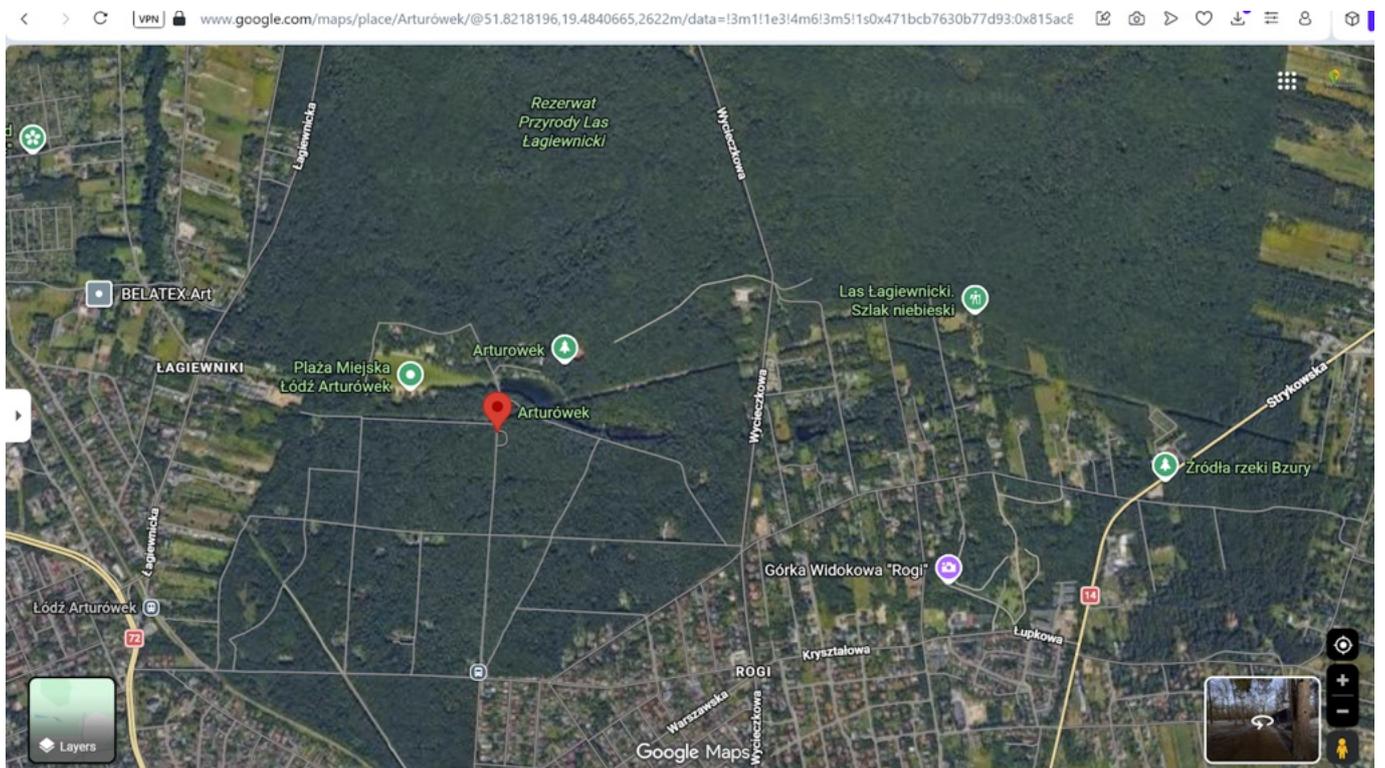
### Trasa 1 – Manufaktura – Stary Rynek - Manufaktura



## Trasa 2 – Park Julianowski



## Trasa 3 – Arturówek – Las Łagiewnicki

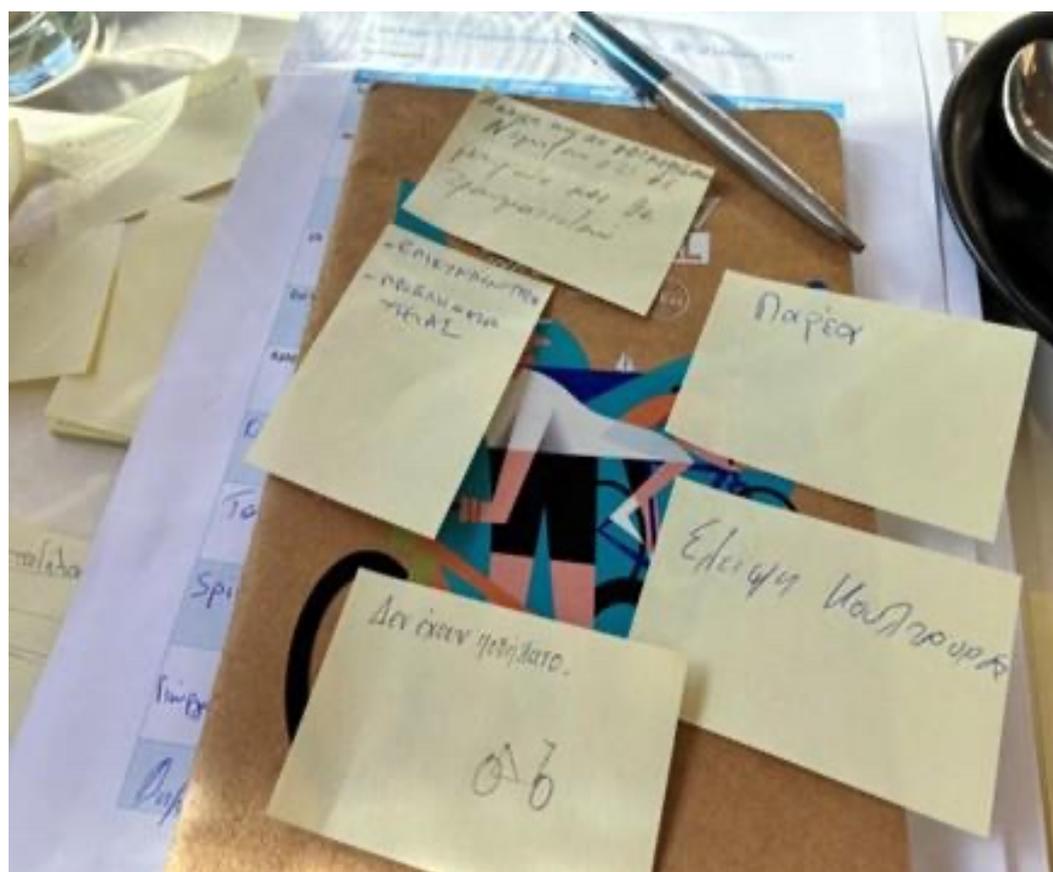






## ANNEX 3- WORKSHOP PICTURES

Greece





Poland



## Bulgaria

