## Data attached to Work Package 4 of the Designing for Healthy Cognitive Ageing (DesHCA) Project

## Work Package Leads and contact information

Professor Vikki McCall

[vikki.mccall1@stir.ac.uk](mailto:vikki.mccall1@stir.ac.uk), ORCID: 0000-0002-4105-406X

Professor Alasdair Rutherford

[alasdair.rutherford@stir.ac.uk](mailto:alasdair.rutherford@stir.ac.uk), ORCID: 0000-0003-2530-1195

*Faculty of Social Sciences, University of Stirling, Stirling, FK9 4LA*

## Funding

The support of UKRI via the Healthy Ageing Social Behavioural and Design Research Programme (SBDRP) grant number: ES/V016059/1 from the Economic and Social Research Council (ESRC) is gratefully acknowledged.

## Data Archive Link and Reference

McCall, V; Rutherford, A (2024): Serious game data archive for the Designing for Healthy Cognitive Ageing (DesHCA) Project. Version 1. University of Stirling, Faculty of Social Sciences. Dataset. http://hdl.handle.net/11667/227

## Background

The Designing for Healthy Cognitive Ageing (DesHCA) aimed to test, understand, and identify facilitators and barriers for various stakeholders, including older people, in achieving cognitively sustainable housing, in both new-build and retrofit contexts.

The DesHCA project has developed a co-produced legacy tool called ‘Our House’ as part of its Work-Package 4, led by Professors McCall and Rutherford. The archived data attached to this work-package has been generated from 10 playtests of the serious game legacy tool that was developed. Our House is a serious game that was developed to generate research insights on how to deliver housing for older people that is cognitively sustainable and inclusive.

## Overview

These are the second set of notes (2 of 3) from playtest session 5, which took place on the 14th of June 2023. The playtest comprised of 8 participants.

These notes have been fully anonymised, with all identifiable characteristics, including the participants’ names, removed, or replaced with pseudonyms.

|  |  |  |
| --- | --- | --- |
| **Task** | **Team 1,2 (Susan, social housing)** | **Team 3,4 (Joseph, private housing)** |
| Building home | Considerations towards level entry into the house, accessible bathroom. | The Kitchen ‘selected’ was of low accessibility. But was considered okay as long as he is living in the town centre. Going off his lifestyle, he will not cook much. |
|  | Checked the location of house in the community. | Reduced budget points by using an ensuite bedroom in the place of a bedroom and separate bathroom/toilet. |
|  | Two bedrooms are needed as Susan lives with daughter who supports her. | Used remaining budget points to add a storage space. |
|  | Added a wet room instead of bathroom – futureproofing. | Overarching theme to this decision-making process seemed to be ‘futureproofing’. |
|  | Considered adding other spaces in the house such as living rooms to give space for daughter. | Provided a large living rooms for socialising and added an extra WC for visitors and guest. WC not easily adaptable but need not be as ensuite can easily be adapted. |
|  | Trade-offs: Decided to go for an easy to adapt kitchen and a hard to adapt living room as the kitchen is more likely to be used by both. |  |
| Wellbeing rate | 6 | 11 |
| Life changes 1 | Selected memory aids for Susan’s bedroom. | Kitchen will need updating but not necessarily the spare WC. |
|  | Level 1 with only 1 budget point. So decided to apply for a grant to help with assistive technology for the rest of the house. | Assistive technology related modifications may be helpful with the memory loss that joseph is experiencing. |
|  | Grant includes signs put up everywhere in the house, door alarm, location tracker, cooker alarm systems. | As Joseph was not experiencing any physical problems yet, modifications to support cognitive ageing were considered. |
|  | Here, assistive tech was considered cheaper in comparison to caring/care-home costs. | Small assistive tech modifications were added in 2 places to improve ‘cognitive’ accessibility in kitchen and storage areas. |
|  | Received funding. | Other areas in the house met the physical and cognitive needs as is and did not need modifications. |
|  | Considered adapting house vs moving house. Moving house may reduce Susan's wellbeing further so decided to stay. | Made decision to stay in the town centre and decided not to make funding application as Joseph’s house was futureproofed, adapted enough for now, and as he did not have a formal diagnosis for his changing conditions. |
| Wellbeing rate | 12 | 9 |
| Life changes 2 + Floods | Despite previous adaptations Susan is finding the home difficult. Kitchen and bedroom were at the required level of cognitive and physical levels. | As josephs conditions worsen and has received formal diagnosis, and having only 1 budget point, considerations were made towards moving house and using the money towards creating a more Physically and cognitively supportive house. |
|  | In thinking what else can be done, lifts, stairs etc, were considered. Some changes to stop her from tripping over carpets and furniture. | New neighbourhood (Newtown) selected was based on costs, good transport links and connections for his visitors, and proximity to the town centre. |
|  | Questioned if with further cognitive decline, more adaptations will help at all? What adaptations are good for wellbeing? | Designing new home. Added bathrooms with highest cognitive and physical rating. Considered adding a garden space and a ramp or level access to it. |
|  | Reflected on whether making living and bedroom areas bigger may benefit both Susan and daughter. Especially for daughter to have some space to herself. | Built bedroom with highest physical 5 and cognitive 3 points but considered adding more adaptations as Joseph’s condition is expected to worsen. |
|  | Suitability of a care home instead of the current home was seriously considered. | Did not do many changes to kitchen is joseph has never been into cooking. |
|  | Susan’s cognitive decline could be a safety risk to neighbours, especially flats. Local social housing services may need to be notified. | Added extra bedroom for guests or carers/support to stay over. Larger dining and kitchen for having friends over. |
|  | As an individual Susan might want to stay in place for her wellbeing. | Applied for a grant to further improve and futureproof the house. Funding was approved as Joseph had already considered moving to a new neighbourhood and a more suitable house. |
|  |  | Assistive tech were added primarily to the bedroom. |
|  |  | Most decisions were made to support Joseph’s lifestyle. |
| Wellbeing rate | 9/10 | 11 |

**General Discussion Notes**:

* Using wellbeing tracker showed that despite adaptations people can experience lower wellbeing.
* The exercise has made people to think about house as a place to get the most out of rather than as an asset to be passed on.
* Are we building the right homes?
* Easy adaptations that might not cost a lot such as wider doorways should be a part of all new builds.
* There is always going to be compromise.
* Need for assessing people’s situation, wellbeing, lifestyle etc before making changes or suggesting that they relocate.
* Need for futureproofing and homes that support physical and cognitive change as ‘*anything can happen to anyone*.’
* Home adaptations undoubtedly come with stigma associated with plastic grabrails etc.
* People can be generally uncomfortable to think about ageing.
* Get people to think about their lives and lifestyles 15 years from now.