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

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## 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 first set of notes (1 of 1) from playtest session 9, which took place on the 8th of December 2023. The playtest comprised of 9 participants.

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

**SERIOUS GAMES 8th Dec 2023**

**Table one:**

The Well-being Scale started 12, then went down to 9.

Initial house: Genevieve: ‘It is an interesting building, it reminds me of my own place although it’s only a bedsitter, but I have an access issue, for now, it is ok I can use my stick, but in future, if I need a wheelchair there is no way of using the wheelchair because the lift is very small. I wouldn’t be able to access the garden either because there are some steps. You know you can’t help but worry about these things as you age and see yourself getting worse. Anyway, at least I am mobile at the moment, and it is not a problem, but looking at this house we are building for Joseph, access is the first thing that comes to mind.’ [An example of how, playing a serious game, participants were thinking of their own ageing, homes, and adaptations they might need in future].

They said was doing well and they were able to build his house and under budget which they anticipated they would need for next stage.

**Phase two**

They felt that Joseph could cope with a less adapted bedroom, so they changed that to a cheaper option. Changed from double to a large single, which they argued was ample for a single man. They said it was a financial choice so that they could put more adaptations in the bathroom. They felt a wet floor/wet room shower was needed. They also thought having a laundry room next to the bath would be great, especially if he was incontinent there would be heavier loads to wash. They also went for a bigger kitchen to get space for a table so he could have his guests there or a living room. They felt that living alone, he might need some company so he would not be so lonely.

**Table two**

**Side A:**

The Well-being Scale started at 13.

The team discussed Kerry’s dementia concerns and how this might manifest in the future, and they were already thinking about what changes are needed if that happens. They discussed how the couple lives in an old cottage, which they were concerned might be cold or difficult to heat. They wondered if they would have enough money for heating and adapting the home if need be. They felt there were a lot of concerns.

In the initial house, they put a conservatory because they felt as a couple, Shawn and Kerry might enjoy sitting there and enjoying looking outdoors. They felt it might be good for Kerry’s mental health. However, after being made aware of the restrictive budget, they realised they could not afford the conservatory and got rid of it.

They felt that storage was important and needed for the future. With Kerry’s mobility worsening, they wanted storage for a scooter, wheelchair, or whatever mobility aid she might need. They also discussed access as a key factor for Kerry being able to access upstairs.

**Second phrase**

The team discussed how Kerry’s cognition had declined she was more forgetful; therefore, various adaptations were needed to support her. They wanted to adapt the bathroom to install some grab rails and other aids she might need, such as a shower chair. They also discussed adapting the kitchen, and that hot water taps would need to be adapted to avoid scalding. In the living room, they want to have memory aids and various reminders. They wondered if they would get a chairlift if it’s affordable to access upstairs. Said he had enough money to self-fund.

**Side B:**

The well-being Scale started at 12 and then went down to 9.

Derek was a lawyer who had a neurological condition, living in a 3-bedroom semi-detached house and had difficulty walking. The team initially decided that Derek lived alone in a big house, and with his mobility going down, they felt he might need a smaller, accessible flat and argued his family, when they visit, could stay in the living room and have a sofa bed. They acknowledged that living alone with his family and any social network will be important, and they still need space to host them.

I encouraged them to explore more and see if any adaptation might help before they decide moving is the only obvious option, even if they eventually settle on that. They started looking at how they could move things around and futureproof the house.

**Phase two**

Derek was experiencing brain fog and walking with a stick. Derek had declined. They adapted the bathroom and wanted to install a chair seat since his mobility had declined. They also got kitchen plops, such as a small stool, to take pressure off him as he navigated the kitchen. Also improved access to his bedroom upstairs. They were making small, affordable changes that Derek could afford but would have a major impact.

**Table Three**

**Side A:**

The well-being scale started at 8.

Susan has dementia and physical challenges, and her daughter moved to support her. They lived in a council flat, with mould and condensation. They said she was struggling financially and therefore concerned if she would afford adaptation if she got worse.

**Phase two**

Susan’s dementia had deteriorated. Most of the adaptations they decided to do were mainly integrated technology. They wanted it in the living room and kitchen to act as memory prompts. They also wanted a door sensor in case she ‘escapes’, especially in the middle of the night, which they felt was putting her at risk. ‘If that was my mum with dementia leaving the house at night, I would be worried sick about her and if police and strangers are having to bring her back, it is very hard.’

They also wanted technological adaptations to connect with appliances, so they automatically switch off, such as the kettle and the cooker. In the shower, they wanted a wet floor shower. They changed bedrooms from double to single, so they have extra money for adaptations.

**Side B:**

Ben lives alone, has a 3-bedroom house, has a small garden and bathroom, has health issues, is experiencing blackouts and falls, and is therefore a hazard. So, the team was thinking about how this might change in the future and how they could buffer this within their budget. They were very keen for Ben to remain connected within the community they wanted to know he could join social clubs of his choice, including going to the pub, library, and shopping especially because he couldn’t drive so they wanted to ensure where he lived, he was connected with public transport. They felt that living in a remote area could make him very lonely and isolated. However, they argued that getting an adaptation will depend on his local authority, which is not guaranteed due to how LA operate. They were also concerned about natural calamities for Ben, such as flooding and being too close to the Desh River.

**Phase two**

Ben was now experiencing epilepsy. They wanted to widen the doors to set around insulation and protective materials for when Ben falls. They wanted to have some repairs done to maintain the property, but they argued that if not done, it could cause accidents. They needed various adaptations, such as a walk-in shower. However, they did not have enough money, so they applied for a grant. The grant was approved, although they were wondering if it would be approved in reality due to the budget cuts and LA struggling to fund adaptations. They wanted loft insulation due to the cold and felt there would be mould. They also wanted steps to the garden for access and grab rails to get down.