## 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

This is the transcript from playtest session 1, which took place on the 2nd of February 2023. The playtest comprised of 9 participants.

This transcript has been fully anonymised, with all identifiable characteristics, including the participants’ names, removed, or replaced with pseudonyms.

I1: Right then. Okay, we’re going to go round the room again and you’re going to tell us where you’ve landed, what was the decisions that you made. And if it’s alright, can we keep some of these questions in mind, that we just want to capture your thoughts on. So, what’s informed your decisions, for the changes that you’ve made? What were the key trade-offs and comprises that you’ve had to negotiate between? When life changes happened, what were your priorities and compromises around that? And, having played all through the phases, would you have started from the beginning any differently, now that you’ve seen it developed now? So, we’ll go round again and keep in mind those questions, but let us know where you’ve settled and the decisions you’ve made.

Christina, we’ll come round to you again, if that’s okay?

R1: Yeah, I think the only deterioration from our point of view, is the mobility of Christina, to be able to get upstairs. And we had future-proofed that previously, so there was a stair-lift in there, so we think we’ve catered for even the deterioration in mobility. We’ve tried with grant funding, a little bit of decoration, and I think if all else fails, I think we’ve suggested moving to New Town on a property on one level, without the stairs. Because the biggest concern is, the fear of going up and down stairs, even though there’s a stair-lift in.

I1: Yeah. That is very well played, I must say. So in that round, you’ve planned already for the house and any, kind of, progress on the journey in physical terms. But you’re also finishing with a plan B and you know you can afford this place in that area. So, Christina, you think…you’re leaving her in a happy situation?

R1: I think, we have to confess, I think we got the easiest one out of the whole room.

I1: Noted, we’ll make that one harder when we play again the next time. And, was there anything here to think about, anything you would have changed, any trade-offs that you came across?

R1: The only thing that slightly got us was the small kitchen for three people in the family. But we were very much focussed on mobility and access around about the home, so…

I1: Yeah. So, you did maybe compromise some of the space for socialising and family, for mobility...

R1: Yeah.

I1: Yeah, okay. That’s good. Well done. Okay, Joseph, had a few harder decisions, I think?

R2: Yeah. Joseph is now diagnosed with MS, so taken the decision to move him out of the city centre and into New Town, to a ground floor cottage flat. It just meant that we could, kind of, rebuild the rooms from what they were in the flat and more accessible. A few adaptations still needed, so his physical went up from one to three, but expected to go to five in time, currently has a walking stick but will eventually need a wheelchair. So even though he moved, there’s still some adaptations, six [credits 03:06] required, we had three left over, so three for grant funding to bring that up to scratch, which was to deliver a comfortable life.

I1: And with a diagnosis of MS, the MND Society had actually recommended in their report last year that these are fast-tracked, so with a prognosis like this. So, just to let you know, grant manager. He liked you anyway. Safe to say, Joseph probably would have got what he needed and a bit of support as well, maybe from charities and so on, there were a few options for him. So, any kind of, trade-offs that you had to do those still, with the house move, compromises?

R2: I think at the start, it was just a bit, kind of, everything’s fine at the moment so no, kind of, future proofing…could have thought a bit more about future proofing at the very beginning. It was, kind of, you know, Joseph was 64, retired, enjoys the city, so let’s have a really nice flat. We, kind of, ran out of budget, no thought of what might be down the line, because nobody knows what’s down the line.

I1: True. So, I remember in phase two, you were like, I think he has to move but we just don’t know.

R2: Yeah.

I1: Which mirrored the reality of a situation and most of the time people absolutely leave it until too late. They leave it until they have a crisis. Most of our adaptations are because of a health crisis and we’re not very proactive in doing that. So, I think that was a normal trajectory, but you can see where you wanted to change it. With changes earlier, you could have adapted that even more to suit his future prognosis as well.

R2: Yeah.

I1: Good, well done. Joseph, well played. Okay, and now Sean and Kerry.

R3: So this time we had Sean having an accident when he was travelling and with a broken hip. So our first decision is that Sean and Kerry need to stop travelling, it’s causing all the [voices overlap 04:47]. But as a result of that, his physical score went much higher and we’d already been struggling in the last time to see how we could keep the top floor of their cottage accessible to Kerry. We had the money, we could do that, it was still good, but this was really tipping it over the edge, so we decided that this would be the time for them to downsize. And although they have got these issues with health and cognitive issues, they’re still active, so we decided to move them to New Town, which is near the centre, near the station, near the Town Hall where the activities would be happening.

We were very lucky, I think we were probably the luckiest in terms of budget, so we had high numbers to work with. So we were able to move them into a nice two bed property, all on one level, but still include some of the assisted technology and add small adaptations like consistent floor covering and [inaudible 05:45] and non-slip, that took them up to where they could both access every room in the property and the garden and have a high quality of life.

I1: Okay. So, they’re feeling good. They’ve moved…where do you think their wellbeing is now then?

R3: We’ve moved it up because we think that where they are, the ability to easily access their activities in that local community, puts them higher than having a bigger house.

I1: Ah, yeah, excellent. So you went for the social connectedness which we know is increasingly important. I forgot to ask Joseph, if you we went up or down, but I see you went up?

R2: We went down initially at stage two, then we went back up and now he’s in a better place.

I1: Good. That’s lovely to hear. Good, we’re all doing well. Now, I feel that maybe we’re with somebody who’s not in a better place now.

R4: Yeah, I think Ben’s wellbeing has dipped. So Ben’s situation is now, he’s now being, has he [inaudible 06:40]?

R5: He was down with epilepsy and…

R4: His physical and cognitive ability had declined, and we were looking at…he was in a three bedroomed house and the cost in terms of getting the rooms widened, he can’t afford that himself, really. He’s not probably going to get grant funding for it. So what I’ve suggested is that referrals be made by a social worker or the OT to housing associations to start getting Ben on some waiting lists to get a move. And [a housing professional 07:13] to have that discussion with Ben to say, look, it’s time to start thinking about moving somewhere else that’s more suitable.

I1: Yeah.

R4: For example, Primrose Place.

R5: [Voices overlap 07:24] gardens.

R4: [Inaudible 07:25] gardens. We thought, maybe, somewhere…because the housing association, residential [Mandalorian 07:32] Estate, it talks about how it’s quite far away, there’s not many public services and shops, so that’s not great. But I would say, we could get him on a number of different lists for different areas.

I1: Excellent, so he’s had a bit of help and support and guidance, he wouldn’t maybe have had before. So that’s good. So we’ll leave Ben on the waiting list for the moment, but it does seem essential, so [inaudible 07:59]. Good, well done. And Susan, how are we getting on?

R6: Trying to remember what happened with Susan now. Her home’s become a lot more challenging, her cognitive has gone up, or has gone down, I suppose, according to that. There have been some adaptations in her home to make things easier, such as taking away the carpets because she was tripping on them. She’s got one of these community alarms but she’s not using it and her daughter thinks it’s because she’s maybe forgotten, or she doesn’t know how to use it. The alarm that we set up last time has been fitted on her front door and she’s also got a sensor mat by her bed, so they can be alerted when she leaves. And the cooker has been put on an isolator so it can automatically switch off.

However, we thought we couldn’t, with our budget, get the cognitive level we needed without moving. So we’ve moved her from Eastleigh to Mandalorian, which is going to add some few extra points, to be able to buy better rooms…well [inaudible 08:59], but will also add extra adaptations. So, yeah, the things we’ve asked for grant funding for, are to create more integrated [assistive 09:14] technology, light levels in some of the rooms being changed, and the bathroom having a sanitary ware contrast. So just, kind of, trying to improve the new home. But it is a bit of a worry because she lived in the old home for forty years…

I1: Yeah.

R6: …and she does have dementia, so it’s, kind of, going to weigh up how that would play out. Trying to make it look the same, maybe, as her old…

R7: I think we would have, like, maybe, have moved last time if we had thought about it a bit more because we didn’t, like, quite realise…

I1: Yeah, before her dementia had progressed.

R7: Yeah.

I1: And now it’s more difficult.

R7: Yeah.

I1: Yeah. Interesting, yeah. Anything else to add? Wellbeing, up, down?

R6: Kind of, just kept it at the same level because her health hasn’t improved in…we’re changing things around her but…it’s a changed environment now so it might actually have maybe gone down.

I1: Yeah.

R6: In the stress of moving and everything like that.

I1: Yeah. And usually house moving and wellbeing would go down a little bit, it’s a very stressful thing to do, especially if you’ve been in one house for forty years. The de-cluttering that would need to be…you’ll all have seen it, so it’s a challenge, an absolute challenge. But we were talking about this…and we were talking about older home owners in particular and maybe that, kind of, increasingly risky group where they’re in very non-decent homes. And we made a link in Stirlingshire, with a connection with ex right to buy properties that have never been…no roofs, no good windows. And in DesHCA, we’ve made a connection of, people don’t want to, once they get to a certain fit in their homes, to future proof it, because they’ll go, oh I’ll not be here. You know, there’s no point investing in this energy efficiency, I’ll not get the benefit from it.

So, there’s barriers there, kind of, more culturally, I suppose, more than anything, on getting those decent homes. And what’s the option for Ben, the option is, well, social housing, go on the social housing waiting list. So, yeah, absolutely. So you can see this all playing out.

So, okay, Susan’s declining a wee bit but there’s support in…are we going to give her the grant? Yeah. Good. So now we’ve got Derek.

R8: Well Derek’s still disgruntled he didn’t get any grant last time round. But having said that, he’s actually doing pretty well really. I mean I think, just…when we started out with the house, we had a view to have the downstairs fairly future proofed in terms of adaptability and that’s…as we’ve gone through, because Derek’s in a sound financial position, that’s actually then helped to move the choices through. Probably the most difficult thing for Derek, actually in the last stage, would have been the move to basically live downstairs. But that was the trade-off for staying in the same family home in a location that he liked, and then in familiar surroundings. And there’s no other drivers for him to move on, so there’s a couple of other minor adaptations that we’ve put in to enable him to access…

I1: Yeah, you went for a level deck as well, for the garden. What was the other one?

R8: It was a level deck for the garden and a non-slip floor for the kitchen, which pretty much leaves him where he needs to be.

I1: Yeah, so…

R9: The only issue was that we struggled with this because we’ve moved his bed down into what used to be the living room, so this is now effectively a bedroom. And it’s classified as two, and he is allegedly now four, but we struggled to find anything we could do to that room, apart from put a handrail on, which only brings it up to three. And yet, we can’t imagine what else we could do sensibly…

I1: What could you help Derek with there…

R9: …that would help. So we failed to make it up to four, but that was because we…you know, there just wasn’t anything else that occurred to us that would help him.

I1: Yeah. Is there any common adaptations we do to living rooms to make them into bedrooms? Is that something that happens a lot in…

R9: I mean, by now it is a bedroom, in fairness, but it’s a bedroom that was originally a living room, and all we’ve done is move his bed and bedroom furniture down.

I1: Yeah. I mean we were talking about that, we were talking, the focus is often on bathrooms, weren’t we. Is there any experience of living room adaptations that would support physical, no? No, everybody…yeah, not sure, not sure.

R6: Widening the doors?

I1: Widening the doors.

R6: Change of floor…

R7: Change flooring.

I1: The flooring…

R7: But doesn’t that [voices overlap 13:32] …

I1: What about lighting?

R7: …how come you don’t have a…he doesn’t have a living room?

I1: Yeah, no he doesn’t have a living room. I think he’s a grumpy lawyer, though, so we don’t mind.

R5: Not going to take that personally.

I1: No, he’s grumpy, not you.

R5: I’m a lawyer though [voices overlap 13:51].

I1: I blame Daryl, he said he was grumpy. So…

R8: I said he was disgruntled. [Voices overlap 14:01].

I1: Alright. So, good, that’s good, and that’s a compromise and you made a different decision from others, from re-housing to actually staying in place. But you’re still, like, oh do we stay in place because of the dementia. Is that really hard decisions here in regards to current stay, and you can see the key trade-offs and I think there was mirror reality in where people are. Is there anything else to add to this? Anything? No, we’re quite…

R2: Maybe at the start with Ben, it would be a good discussion to have about selling the house at that time.

I1: Yeah.

R2: Before he had epilepsy and things. But…

I1: But didn’t know.

R4: Really difficult, isn’t it.

I1: Yeah, absolutely. I do have one last thing though, we…a once in a 100/200 year event and I’m afraid we’ve had some flooding.

I2: This is the map for which houses have moved, so the ones in red are the houses, people have moved houses. The ones in green are people who’ve stayed where they are.

I1: So who is number 7?

R2: Me. Joseph. Oh God. Poor Joseph.

[Voices overlap 15:16]

I: So afraid, Joseph, that’s hard luck. I have to say, Daryl spotted that early and you might have wanted to listen to him, I was like, I know that’s going to get flooded. So, that’s just a bit of fun. But you have all done really well and I hope you enjoyed that, and we’ve learnt a lot through that process. We’ve learnt from you, and we will now reward you with some food. Please go and have some sandwiches and tea. Then after your lunch, we will go and have the dementia tour. Okay. Well done.

**End of transcript**