Re-designing Methods of Communication between Families
This project could not have been possible without the generosity of the many individuals who have given their time and shared their deep personal experiences.

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Dundee Independent Advocacy Service
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Grace Church Dundee
Dundee Carers Centre
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This project was undertaken using a Service Design approach. The design team engaged with people relevant to the context of the project at each stage of development. Throughout the report the most significant methods used to engage with these people will be outlined. The input obtained from the participants was key to the understanding of the issues explored, what could be done to address the issues raised and how to develop these ideas into one potential solution.
Homeward Bound is a project which aims to enable improved communication, predominantly, between an aging population and the people who matter to them.

The design team underwent a process of gaining insights from older people which highlighted that in most cases they did not necessarily share relevant information with their family or carer regarding their health needs and day to day aims or wants. Instead they have informal conversations about these subjects with their friends, who may or may not have a caring role in their life. The project aim is to engage these older people and stimulate them to communicate more with those who are most relevant to their care.

This begins with the need for people to think about what they want to do in their lives. The design team looked at methods of intervening in this lack of communication at an earlier stage & how people share their thoughts, fears and habits with their family, carer or health professional before they need significant medical intervention. From these insights the project then developed to examine how people can form improved communication habits.

The design team undertook a Service Design approach in order to develop these insights into the prototype outcome, My Life Book. This outcome can be shared between people going through life transitions and any person they choose to include in the conversations which it elicits. Within this process user testing was carried out for every iteration of My Life Book, which allowed continued refinement of the prototype.

The prototype will now be carried forward by a member of the Homeward Bound Design team for a further six weeks of development, which will involve investigating the potential professional applications of My Life Book in a health and social care context.
Setting the scene
By 2031, older population will increase by 62%. 85+ years population will increase by 144%. 3 in 5 people will be carers.
Reshaping care for older people

**Homeward bound ~ Re-designing transitions between hospital and home** is a project undertaken in response to the Scottish Government’s Reshaping Care For Older People Agenda. Throughout this report, ‘older people’ should be understood as anyone over the age of 65.

Reshaping Care for Older People aims to improve the quality of health and social care provision for the older population through supporting projects to develop new ideas and new ways of working. Across Scotland, a Change Fund of £80 million is funding projects to meet these aims.

A change in the shape of our population has prompted the need to act. People are living longer while at the same time we have a decreasing working-age, tax-paying population to fund services.

It is estimated that by 2031, the population aged 65 and over will increase by 62% and the population of those over 85 will increase by 144%. (COSLA, 2012) A growing population of older people means demand for health and social care support is steeply on the rise. Providing health and social care in the same way as we have done in the past is financially unsustainable for the future.

With the increasing need for care and the lack of availability of professional carers, there is high dependency on family members, friends and neighbours to take on the role of caring and become informal carers for older people.

It is understood that the economic value of informal carers is £119 billion per year, which is higher than the total annual cost of the NHS which stand at £98.8 billion. (Buckner, L & Yeandle, S (2011), Valuing Carers) For informal carers, providing care for more than 20 hours a week can impact their employment which in turn affects their financial standing. Providing care also has a significant impact on the health and well being of the carer, often resulting in stress-related conditions.
Key issues

These are issues identified by the Institute of Research and Innovation for Social Services

our focus

Provision of Services
- lack of understanding of available services
- delays and inadequacies in the provision of services

Poor Communication
- lack of communication between patient and their family members
- failure of health and social care to work together
- older people aren’t always being listened to

Discharge planning
- lack of medication
- lack of transport
- inadequate notice of discharge
HOSPITAL to HOME: Re-designing a positive pathway for older people

Homeward bound was conducted in partnership with the Institute for Research and Innovation in Social Services (IRISS). Between March and August 2014, the Homeward Bound Design team and IRISS have supported each other by sharing key learning and collaboratively conduct workshops.

Their project, Hospital to Home has been funded from the Change Fund and will be running in Tayside over 20 months, between July 2013 and March 2015.

The Hospital to Home project, aims to improve the experience of older people transitioning from hospital, back into the community.

Through workshops and group discussions, IRISS have brought together older people, carers and a variety of people who currently work in providing health and social care in Tayside. Their goal, as a group, has been to identify key problems and develop a new idea to be refined and piloted in NHS Tayside.

Initial research is being undertaken by IRISS between July 2013 and March 2015 in which they are speaking with people working in health and social care and experts from private, public and voluntary sectors.

From this, they gained insights of the ways in which people experience different routes through the current health and social care system. Within each route, some recurring issues were identified within three themes:

- Provision of services
- Poor Communication
- Discharge Planning

Homeward bound’s area of focus

Homeward bound took the decision to build an understanding of the challenges of communication between older people and their family members using a Service Design approach.

It was noted by IRISS that communication was the overarching issue that linked all of the issues identified. This theme was the most feasible to work towards as other issues would require NHS ethical clearance in order to pursue further research; this was not obtainable within the timeframe of the project.
Research Strategy

what did we want to know?

- What were people’s attitudes to age as an older person and as a younger relative?

- What were the strengths and weaknesses of different methods of communication in the context of families and older people?

key factors considered

- Who are we engaging with?
- How much time can they give us?
- What do we want to know and discuss?
- Where are we having the conversation?
Who are we engaging with?
How much time can they give us?
What do we want to know and discuss?
Where are we having the conversation?

Unstructured Interviews
Semi-structured interviews
Interviews with conversation tools
Interviews without conversation tools
Workshops

The Design Council Double diamond model
Interviews unstructured and semi-structured
@ Health and Social Care Organisations

semi structured interviews
Semi-structured Interviews

The design team conducted semi-structured interviews with people who work with older people in third sector and health and social care organisations. Based upon desk research, the design team aimed to understand how these organisations built and maintained relationships with the people who use their services.

Semi-structured interviews were most appropriate for this because we had limited time with people we were interviewing and we had specific questions we wanted to ask based upon desk research done into these organisations.

We wanted to expand our understanding of what their service does and what their professional role is within the organisation in order to then ask them about what their priorities were when developing relationships, how they went about doing this and why.

Carrying out interviews in this method reinforced our understanding of the differences in which health and social care currently work. The interviewee commented that while the services do function in very different ways presently, it will be necessary for them to go through a cultural shift in order to be able to work effectively. This comment comes in response to the Integration of Health and Social Care

“Reform is needed now to improve care, particularly for older people, and to make better use of the substantial resources that we commit to health and social care in Scotland.” (Sturgeon. N., Cabinet Secretary for Health and Wellbeing and Cities Strategy, Integration of Adult Health and Social Care in Scotland)
In the streets of Dundee...

“I felt like a cog in the machine, just like in a production house. There was no one who asked me how I will manage all by myself.”
Street Interviews

On the street of Dundee, the design team engaged with older people to learn more about the range of different experiences people have had when engaging with health and social care professionals.

The interviews conducted were of value to the project in that they allowed the design team to begin to build a personal appreciation and respect for who we were designing for. It was important for the design team to develop a style of conversation with older people that was both natural and respectful. To do this, it was useful to engage with as many people as possible over several days.

Due to the personal nature of the conversation topic, there was a limit to what was appropriate to ask in a street interview. It was hoped that these initial conversations could lead to follow up interviews to gain deeper insight into these people’s experiences. It was found however that these short interactions were not enough to build a trusting relationship that would lead to further commitment to the project.

“They do meet their targets assessments and referrals and put the tick in the boxes, but there is a big gap.”

“My bed needed a change you know fresh sheets and everything. It took me whole day to just do that.”
Community Centre, Menzieshill Dundee

http://www.dundeecity.gov.uk/gallery/menzieshill-community-centre-rooms-let
Lunch Group

It was identified that in order to make people feel at ease with engaging in impromptu conversation with a stranger, it would be best to find places where older people gathered socially in groups.

One member of the design team attended a soup lunch at Menzieshill Community Centre in Dundee.

To make the conversation as friendly and as comfortable for the older person as possible, it was decided to focus on getting to know people and to chat in a relatively unfocused way. This proved to be more appropriate in this environment than a structured interview.

This phase of research focussed upon understanding people’s positive and negative experiences of getting older and how their relationships with family may have changed over time.

The consideration given to context and conversation style proved worthwhile. It created an environment that allowed for very honest and open discussion around the challenges of communicating with family members as an older person.

Several people were keen to be involved in the project at a later stage. Their enthusiasm and interest in the project provided evidence to the design team that engaging people in open group conversations, in public spaces could provide useful insights.

“People look at us as if we’re old, which is true, but they don’t realise that we were once vital. We have experienced an entire life. There is nothing new in this world.”
@ person’s home, Tayport
Semi-structured interview

The experience of talking with people about communication with health and social care professionals on the streets led to the realisation that to gain useful, deeper insight into the problems encountered, greater privacy and notice for participants was required. In this instance, the interview followed a pre-prepared structure. This allowed the design team to ensure that key points were covered and an accurate understanding of the chain of events was established.

The participant invited the designer into their home. This is where the participant felt most comfortable speaking openly and honestly about their experiences. This allowed access to documents, leaflets and letters that the NHS had used to communicate with this person. The design team member was able to observe and discuss why the written information that this person had received proved so confusing and contrary to what they had been told by doctors while in hospital.

This highlighted and reaffirmed the need for an improved method of communication and more clarity.
Interviews with conversation tools
Talking with tools

The design team spoke with several older people and carers with the support of visual tools. In this project, we refer to a visual tool as something that enables people to represent their thoughts in a physical form, through models, drawings, diagrams or words.

Tools have been of particular use within this project when discussing highly emotional subjects, such as life challenges, relationships and personal identity.

They were used for three purposes; to map social networks and family structures, to facilitate group discussion and to help people to formulate and articulate thoughts.

Different tools were developed by the design team to best fit the physical ability of the person using the tool and the environment in which the discussion took place.
The circle of support tool has been designed to prompt conversations about the quality and function of relationships within an individual’s social network.
**purpose**

To enable a person to describe, analyse and discuss their personal network.

To create an accurate and shared understanding between the designer and the interviewee.

To create a visual representation of something that would usually be intangible.

To document a discussion for further analysis.

**how does it work?**

The tool enables the person to rank the people in their network using two variables; how often you have contact with a person and how readily you would turn to that person for support.

**STEP 1** label the peg people with people's names
**STEP 2** place the people on the target
**STEP 3** discuss the placement of the people.

Digital and hand drawn versions of this tool were developed. It was observed that people felt more at ease with the hand drawn tool. The typeface and clean lines of the digitised version appeared to give an impression that the tool was serious whereas the imperfect nature of the handwritten tool encouraged people approach the activity as something informal and fun.

The paper template was designed for use in conjunction with craft pegs. The aim was to allow interviewees to move people around the network and reconsider their initial placement as conversation progressed.

Having peg people as three-dimensional representations of people created a much richer and enjoyable experience rather than having people to write or draw on a two-dimensional surface.

**outcomes**

The participant became much more energetic and engaged, leading to interesting anecdotes and details whereas before the tool was used, the person was answering direct questions with limited extension to their answers.

With little prompting the participant began to speak about people they had challenging relationships with.

The designer was able to clarify their understanding of relationships in the network.

The designer was able to ask questions about people more openly based on observations of their body language and tone of voice when they spoke about people with easy or difficult relationships.
You and Me

This tool was used with a person who had an established caring role with an older family member. It was understood that this caring role could become more demanding in the near future.
**purpose**

To enable a carer to describe and discuss the impact of their caring role upon family relationships.

To enable the carer to describe and discuss their understanding of a cared for person’s personal strengths and challenges.

To enable the design team to understand a person’s thought process by prompting them to ‘think aloud’ while completing the activity.

**how does it work?**

The prompt creates two specific ‘thinking spaces’. One space to think about the relationships people share with other family members. The other, to think about the relationship they share with the cared for person.

First, the prompt guides the carers to think about their life with them at the centre. The person is given a pen and asked to map around the figure, the people in his family and discuss how they are connected.

The Designer then flips the paper over to reveal the same image, with the cared for person at the center.

The second prompt guides the carer to think about their perception of the person they are caring for. Around this figure the person was asked to begin by writing three positive words they associated with this person and to talk about what has shaped that person to have those attributes. This focuses the conversation firstly, upon the strengths of the person, rather than their challenges. These positive words, then lead onto a discussion about some of the more challenging aspects in that person’s life. The participant is encouraged to write any points as they speak.

By beginning the conversation with strengths and positivity, the tool establishes a balanced conversation, where there might be a tendency to speak about a cared for person more in relation to their needs and challenges.
You and Me
Physically having to flip between the life that the person shares with the cared for person and the life that the person shares with others has two benefits:

1. The interviewee is given visual liberty to think about their life with them at the center and the cared for person as just one relationship of many, without feeling selfish or guilty of doing so.

2. The Designer can shift the focus of the conversation between the carers needs and the cared for person with a clear visual signal. The interviewee has a clear sign as to when they are being prompted to talk about their caring role, and when to talk about their wider family relationships.

Having reflected during the activity, the participant felt a renewed importance to speak to his family network about his concerns.

It was observed that allowing the person to doodle and jot down thoughts as they appeared very relaxed and unpressured to hastily formulate their thoughts.

Having key conversation points written in a shared space enabled the participant to return to previous remarks, expand upon them and make new connections.

The designer was able to guide the conversation between different subjects in a way that felt gentle and polite.

It made the carer think of events that marked significant changes in the older person’s life as well as his own life and how they responded to those changes.

Without prompt, the participant began to make connections between his needs, the need of those in his family in relation to his caring role.
Speech bubble

The tool is a speech bubble drawn and cut out that allows people to write their thoughts and feelings.
purpose

To enable a person to express their opinions or views.

Document their thoughts in a simple way.

Allow them time to think after a conversation about their life and relationships, and reflect on who or what matters to them the most.

how does it work?

The tool was used at the end of the interview as a way of concluding the interview on a positive note.

The interviewees were asked if they had any thoughts or piece of advice they would give to a person younger than them.

While one woman was quick to articulate and write what she wanted to say, the other woman hesitated to put down anything in writing at first. On seeing her friend write down, she eased into it and wrote a note to her family.

outcomes

The interviewees were close friends and were comfortable sharing personal stories. However both of them had different ways of expressing themselves. While one was naturally talkative, the other needed to be prompted with questions or the her friend to start telling a story.

Likewise with the tool, having seen a person express their thoughts freely, gives another person confidence and a sense of safety to communicate.
Serious play workshop

As part of the partnership with IRISS, the Homeward Bound team co-facilitated the first three of a series of eight co-design workshops.

Workshop two used ‘LEGO Serious Play’ (ref), a method whereby LEGO bricks are used to build metaphorical models to help groups talk, share ideas and build a visual representation of the conversation.

The aim of the activity was to allow the older people, informal carers and professionals from health and social care to discuss their perspectives of the transition between hospital and home.

The design team took observations from a communication perspective.
how did it work?

The participants were split into two tables; health and social care professionals at one table, carers and older people at the other.

Each group was provided with lego, clay, post-its, pens and a large sheet of paper to build upon. They were then asked to use these materials to build a model based on their shared understanding of the transition between hospital to home.

Lego was used to directly represent the people and physical spaces, but also the interactions happening in the process.

The models were then used to have a conversation around the similarities and differences between the way the two groups of people perceived the transition between hospital and home.
how were the materials used?

The way in which people used the materials were different. The health and social care professionals used the lego and constructed a model as directed, however the older people and carers did not use the lego and assistance was required by a facilitator to take notes on a large sheet of paper.

The health and social care practitioners, had a shared understanding of the hospital to home as a connected system with defined processes, places and people. Whereas, the older people and carers had few immediately obvious experiences.

This tool is used to allow the professional group to share their systematic understanding of how the NHS and social care interact. However the experiences of older people and carers were so varied and unique to their own circumstances it proved challenging to pull together enough common elements to build a common story.

The use of this method as a tool made the group more communicative in putting their point of views forward.

Professionals

- Most focus upon what happened in the hospital
- Journey was linear with two branches; it began at hospital and ended at home via a care home or ‘intermediate care’
- Talked about processes and professional roles
- All materials were used fully
- Professionals initially missed out the patient from the model
sharing the models

The construction of the two models created a striking visual to emphasize how differently the two groups perceived a shared context. It appears that the models succeeded in their function to create a shared understanding within the groups, but could have also created a shared appreciation between the two groups.

Upon completing the models, the groups were asked to present what they had built and discuss their creations. The conversation began to focus on the story of one specific individual and the loop holes within the system. Naturally, some of the professionals became defensive about their roles.

However, if the discussion was around the model, instead of a one-to-one conversation it would have been easier for professionals to detach from their roles for a short span of time at the least and look at the problems more objectively.

Carers and older people

- Most focus on what happened at home
- Journey was circular. It began and ended at home via the hospital
- Talked about personal experiences
- Little use of materials, lots of writing
- Model was all about the patient, little about the professionals
**Observations**

People explained their journey and challenges instead of how the model represented these challenges.

The two groups stayed by their own models rather than gathering around one table. It would have enabled them to exchange their experiences more explicitly and have a shared understanding of each other's perspectives.

The future workshops will require the group to define problems and tackle them collaboratively.

**Key Insights- talking with tools**

Tools helped the design team focus conversation around specific topics, while still enabling people to talk freely and tell stories.

Tools give the interviewee and the designers time to think through writing, drawing, making and movement of objects.

Tools change the physical parameters of an interview. Conversations focused around an object relaxed the behavior of the interviewee and the designer and were useful for interacting with groups and individuals as well as one on one basis.
Insights

The insights from our primary and secondary research are grouped under three themes.
There is stigma and resistance to identifying as an ‘older person’ due to negative stereotypes of older people.

There is often a disconnect between a person’s numerical age and the age they ‘feel. All this interviewed felt younger than their numerical age, despite their declining health.

Many older people are aware of, and resent being treated differently because of their age.

People value their independence and freedom to choose over and above most things in life.

“My family think they know what’s best for me, but they really don’t.”
The years immediately after retirement often a time of renewed freedom, fun and opportunity to pursue personal interests.

During retirement years, people’s friendship groups grow and change. They meet new people through hobbies and take time to reconnect with old friends.

If a person becomes physically or mentally ill as they age, they may not have the same opportunity to make new friendships, their social network shrinks as their friends die and they become increasingly dependent upon family for human contact.

People talk more openly and honestly with their friends than their families, often because they felt that their family weren’t interested or would pass judgement.

“We used to go dancing. I haven’t been able to dance for years. Whenever there is dancing at the centre, I don’t come. I can’t just sit and watch.”

Many people’s main worry associated with aging were developing dementia or being made to in a care home.

People would theoretically like to plan ahead for old age, but there are too many things that could change that are out with their control to make any plan.

Many people were dissatisfied with the relationship they had with health and social care professionals. Communication was inconsistent and unclear in many cases, leaving patients frustrated.

“People don’t want to be controlled but then we put our head in the sand and say that’s never going to happen to me.”
Informal caring
Although being a carer can be very challenging, some people take pride and enjoyment of enabling others.

People think of themselves as a daughter, son, niece, wife rather than as a ‘carer’. This prevents many people from seeking the support they could be entitled to.

“I never thought of myself as a carer, I was just supporting my partner.”

“We do it as a duty, so people don’t see you as a carer unless you are getting paid. There are a lot of carers that aren’t recognised.”

Often the role of care falls upon one person more than others.

Carers find it difficult to ask for other people for support.

Many carers feel it is difficult to have conversations with the cared for person about their own needs.

“Caring for my mum more and more doesn’t just affect me, it will affect my wife and kids too.”

“I worry what’s going to happen to Dad when Mum dies. He visits her at the care home everyday.”

People identified talking with health and social care professionals rather than their family as the most challenging point of communication.

Care plans and assessments were perceived as a waste of time and not used.

The learning curve when you become a carer is very steep. To ensure the cared for person receives what they need, the carer needs to have an understanding of what they are entitled to in order to challenge professionals when things do not happen as they should.

“It is difficult to anticipate things that may or may not happen. Crisis promotes action.”
Due to age related physical and mental decline, often the caring roles in families reverse.

In the wake of change, both carers and older people’s self image and personal identity go through a process change

Many families have a hierarchy connected to age. People perceive themselves to have a certain role in the family. If family roles change, people have to find new ways to communicate in this relationship.
Many people don’t see their relatives on a regular basis because their family live in other towns, cities or countries. Many only see relatives once or twice a year.

Increased dependency upon technology like phone and internet for family contact.

Difficult to create opportunity for meaningful conversation.

“As out of all my family, I’m closest with my niece, but she’s in America. We talk every other day on the phone.”

As people age, often, physical or mental ability prevent them from travelling independently. Loss of ability to drive, or unable to drive, or unable to walk unattended can lead to dependency upon other people to provide transport for face-to-face contact. Loss of autonomy.

“If I want to go somewhere I need my niece to take me, I’m not allowed to walk anywhere alone anymore. I only leave the house if I have a lift somewhere.”

Families don’t all get along. Some family members have to care for a person who they are not necessarily close with, which can make it very difficult to have a good relationship.

“My mum and my Gran never really got along very well. I’m much closer to my other Gran.”

“You know what it can be like with a daughter-in-law. You can’t say anything though.”
Existing communication tools

It occurred to the design team through the development and use of their own communication that tools that are visual have definite value for the purpose of Design research. Tools have been used by the design team to gather information but also build relationships.

This led to an interest in how conversation tools were currently used in other contexts; professionally or within the family.

It was understood that health and social care was one sector where communication tools were becoming more common.

Shown in the following figure are four examples of communication tools. All the tools are used in the context of care or health and well-being. These tools illustrate that tools can come in both digital and non-digital form. Some tools have been created for use by the general public, whereas others are specifically designed for use by health or social care professionals.

“Create your own personalised map of what is important in your life to help promote the well being. By creating a visual listing of things you have done in the past, or things you could do in the future, WITTY can help you understand the positive assets and factors which you have and better use in your day to day life.”

(IRISS, itunes preview)

“Jointly is an app that makes caring for someone a little easier, less stressful and a lot more organised by making communication and co-ordination between those who share the care as easy as a text message.”

(Jointly, website)
Talking mats provides a visual framework to help people express their views using a selection of communication symbols that cover a variety of topics
(talking mats, website)

It enables people with dementia to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person’s needs. It is not a medical document and does not include any official information regarding a person’s health or social care.
(Dementia care, 2014)

Key insights

Once a person owns a digital device, apps enable the general public to an inexpensive access an easily updatable resource at the click of a button.

Digital tools make information easy to share and update between users.

Even seemingly simple digital tools require a level of computer literacy.

Communication tools can be designed to help people self reflect as well as communicate with other people.
Research conclusion

- Life of older people
- Life of carers
- Challenging communication
Key insights

Where people have complex communication disabilities, visual prompts can be more engaging and more revealing than direct questioning.

When information is written down in a non-digital form, it can be challenging to share and isn’t always used.

Visual tools are engaging and fun, but do not allow the conversation to be easily recorded on paper.
The brief

How might we use communication tools to create opportunity for people—older people and their informal carers—to have an enjoyable conversation within their family about what is important to each of them in life?
Generating ideas
Brainstorming

One technique used to generate new ideas was ‘brainstorming’, a technique whereby ideas are quickly generated, without hesitation or judgement around a theme or topic, as a group. Post-it notes were used to think of as many different ways that people like to communicate as we could. This method was useful to begin thinking about communication much more broadly than within the context of health and social care. In order to have the best chance possible of generating original ideas for this context, inspiration had to be found elsewhere.

We came up with many ideas from the ridiculous; sky writing and pigeon post, to the more conventional; letters, photo albums, greetings cards, newspapers and billboards.

What resulted from the brainstorming was a realisation that there are many physical products that people were already familiar with using to communicate in their daily lives. The design team thought that building upon things that people were familiar with could be a potential way to design a tool that would be appealing and appropriate for use within the family.

Based upon insight generated in the ‘brainstorming session’ the design team collected many resources to compare and contrast, for their effectiveness and inspiring communication.
Greeting cards

Greeting cards were interesting to us because they are the most commonly known, simplest tokens of love, memories and happiness to share with each other.

What was most interesting about these cards was the presence of a wide spectrum of styles and tone. Some were designed for a specific gender, others were neutral. Some products were very sentimental, others used tongue-in-cheek humour. Visually, cards could be very modern, or more traditional. It appears that there are as many styles of cards as there are types of people. Choice between these different products give people the opportunity to express their feelings or personality through the choice of just the right card for a particular person, just as communication is quite unique to each person’s dynamic with another.

Many people are quite sentimental about storing cards they receive as they have memories of a person or a particular occasion attached to it. It becomes a valuable thing to have and look back to relive old times.
Guided Journaling

Journaling was of interest to this project because the design team were curious to understand some ways that a person might formulate their thoughts before articulating them to others. A guided journal is a series of pages with printed templates that prompt a person with ideas as to what to write.

Guided journaling appears to be very popular. There are a wide variety of styles available that are designed to guide different activities, for example self reflection, logging behaviour, collections, planning and organising or prompting creativity. (Please see appendix for a visual analysis breakdown)

One of the most interesting things about these journals was the way in which they all had a different character to them, which then guided a different kind of journaling experience; varying from fun and expressive, to practical and organised. The most striking differences between the journals was their shape, size and paper type. These visual features have a powerful impact upon how people wish to use the books.

For example, the well being journal is the most expensive and highly polished of the three journals shown here, yet arguably the least inviting to use. The quality of the paper was so high that it suggested that it should not be written upon. The moleskine journals and *wreck this book* however, both have paper quality that are more similar to sketchbook or notepad paper and therefore invite the owner to write and draw with ease.

Based upon analysis and reflection upon of all research conducted during the project a decision was made to develop a paper based communication tool, inspired by the function of a creative journal.
The design team explored design questions around the theme of tools for communication by breaking it down further and seeing them as tools and communication individually.

- **What kind of tool should this be?**
  A low-tech tool. High-tech has limitations to the proportion of the public that could use it, it also excludes people with low computer literacy and people who cannot afford to buy gadgets.

- **What kind of low tech tool can it be?**
  Physical objects in the environment like mugs, bags, bus pass etc. How can we shift them from being outdoors to being indoors/at people’s homes?

- **Could it be paper based communication?**
  People already use books, diaries, journals, magazines, newspapers, letters, photo albums and formal paper work. This would be easy to adopt.
How are different tones of communication conveyed?
visual: birthday cards, journals, cookbooks, magazines, newspapers
verbal: language, formal, informal

What do people like to talk about?
life stories, hobbies, routines, work, family successes, friends, gossip, TV, news

What do people and families find most difficult to talk about?
health, money, family relationships, personal problems

How do people get to know themselves better?
therapy, self help, journaling, self-reflection

How is verbal, visual and written conversation used within families?
verbal: phone, face to face family visits, storytelling
visual: sharing memories around photo albums
written: digital, text messages, emails, facebook
Based on the analysis and reflection upon of all the research conducted during the project, a decision was made to develop a paper based communication tool, inspired by the function of a creative journal.

The design team aims at creating a book that is of value to people in the sense that it enables reflection, strikes conversations around their anecdotes and gives people an opportunity to reconnect with their family members with more emphasis on wants and desires than needs in life.

With the initial seeding of better understanding and empathy between family members, there is definite room to extend these conversations to be around people’s health and care needs in later life.

To stir up light-hearted conversations, it was essential to take inspiration from pre-existing sources like journals, greeting cards and other artefacts that people are familiar with and combine it with some of the positive aspects of other communication tools like talking mats.
Design criteria

Design criteria or constraints is important because the Designers can focus their ideation in a particular direction even while exploration. This allows strategic thinking about the development of the product or service that we are set to design for a particular target audience with a definite purpose.

For this book, four key criteria were identified by the design team which are as following:

- visual style
- language and tone
- physical form
- aesthetic appeal

- easily producable
- no bigger than A4
- bound photo album or book style, not separate worksheets
- physically inviting to engage with the prompt

- engaging
- inviting
- unintimidating
- fun
- informal
Prototyping
9 people
3 testing rounds
5 iterations

ROUND 1
Designers
male, 25
girl, female
female

ROUND 2
Older people
female
male, 64

ROUND 3
Older people & family
male, 82
girl, female, 27
girl, female, 80
girl, female, 30

OBSERVED TESTS
Users known to design team
Test conducted between 30 minutes and 3 hours
First hand observations of prototype use
Immediate user feedback

REMOTE TESTS
Users known to design team
Test conducted over 2 days
Post test user interview

REMOTE TESTS
Users given book by their grandchild
Tests conducted over 1 week
One grandchild filled book in with grandfather
One grandchild presented with book when designer present
Recruitment of Test Participants

The conversations that this tool stimulate are of a deeply personal nature. The designers made a conscious effort to engage with people during testing who were not deemed to be emotionally vulnerable.

The earliest prototypes were tested with individuals whom the design team had an existing relationship with and therefore had existing insight into the life circumstances of those engaging with the tool.

Only when the design team gained feedback from using the tool was it gradually rolled out to people who the team had less personal connection with. The prototype was released to people unknown to the team, once personal impact of engaging with the book was better understood.

The term ‘older people’ can be used to group together an extremely varied group of people. It was key to the design process to test and gain feedback from as wide a spectrum of people as possible. Tests were conducted with older people aged 25 to 82.

It was acknowledged that even in the absence of dementia, people in their 80s could be emotionally more vulnerable than their younger counterparts.

The design team took the decision to recruit older people through younger relatives. The younger people were able to engage in an open and honest conversation with the designer as to the appropriateness of the using the tool with their older relative.

It was left open to the family members as to who in their family they felt it appropriate to use the tool and if they wished to omit any sections of the book during the test. This has proven to be a successful strategy. People who tested all iterations of the book responded that their experience of contributing to the project was enjoyable.
The next steps for prototyping are to test this tool with people who are in a currently caring role for a person who has recently been discharged from hospital. The personal challenges experienced by people in this situation could be significant and unpredictable, therefore recruitment should be given greater time and consideration than was available during the course of this project.

The tool was left with participants for no more than one week. The tests have given the design team insight into people’s experiences of using the tool, but under time constraints that would not be present in a real world situation. Tests over a period of several weeks or months would be beneficial to collect more accurate feedback.

**Feedback**

The responses and feedback from the participants across all the testing rounds have been broadly categorised into the following themes.
Feedback themes

emotional responses

graphic design

language, tone, clarity

sharing your thoughts

activities

future ideas
Emotional responses

“It was a very thought provoking thing to do. I didn’t realise how much football was part of my life.”

“I realise how much I rely on my friend.”

“My grandad’s family aren’t always great with emotions, but having learned more about his early life, I can understand why.”

“It was really fun to do. We had a lot of laughs. Even when you speak about sad things, you go to the next thing and it’s much lighter.”
Tone, Language and clarity

Next Steps

Response to the tone of the language in the book was positive from the very first test.

Initially the wording of book was left quite open for people to interpret. However, people felt more comfortable where instructions were more explicit. People felt unsure if they were doing it ‘right’.

“You used the word ‘advice’. I think to my grandad that meant something really serious and particular. It’s not a word he would use. I don’t think.”

“It’s not like a normal questionnaire is it?!”

“Everything you’re asking about is really positive. I felt happy answering everything.”

“I like that it’s not aimed at anyone in particular, just people”

“The tone of it is really friendly.”

“The quick fire questions page is nice and simple. There is something everyone can answer on that.”
Activity

Through speaking with people and observing how people filled in their books we changed the design of many of the activities several times.
The first activity in the book went through the most iterations.

Feedback suggested that the quick fire questions were by far the most enjoyable activities to do.

We chose to repeat this activity under different themes in later iterations.
Graphic Design

Next Steps

Observations and feedback about layout, text & image.

The pages were initially left quite blank and open to allow people freedom to write or draw or stick in photos, however this was off-putting to some people. We responded by including more text, and having less expanses of blank pages.

Prototypes were purposefully low fidelity to allow for cheap and fast reproduction of many books. This did not allow for feedback on physical feel of the book, e.g., paper quality & binding. This will be considered within version 2.0.

“Some of the pages are so blank. I didn’t fill the page much, did I do it right?”

“The hand drawn line is more inviting.”

“I’d like it if it looked less sharp. More like a scrap book”
Sharing your Thoughts

After people had completed the book, we asked them how they felt about sharing this book with someone else and if they would buy this book or if it would be given to them by someone else. The feedback from this has informed how we design the book.

“After doing it, I would definitely tell a friend about it. It was great to do. I wouldn’t show them though.”

“I would worry about who sees it, I’ve not written anything that I would mind anybody seeing.”

“The quick fire questions were really fun to do. They were a nice break from thinking so deeply.”

“Some bits you really need to give it a lot of thought. It’s not an easy thing to do, but it was really enjoyable.”

“I wouldn’t do it for just myself but if I had someone who wanted me to do it, I would.”
Further Ideas

During the test, we did not tell participants how this book was intended for use, rather we left it open for them to ascribe a value. We wanted to know what relevance this activity would have to their lives.

“I wouldn’t buy this for myself, but I could imagine someone buying it as a retirement gift, or a birthday gift.”

“You could have sticky notes so that you can add to it without destroying what you had written.”

“I could imagine this being a family legacy book.”

“I would like to have more than one book. I could do one now, and do it again in 10 years time to see what’s changed.”

“I’d like it if it looked less sharp. More like a scrap book.”

“I would like to use this in case I get dementia. It would be reassuring to know that this is written down somewhere.”
Final Design
Based upon observations and feedback from participants who tested the book, the final design has been significantly restructured.

It was understood that people felt the requirement to complete the book chronologically. In order to give people greater choice as to what topics to discuss, the book has been divided into four sections associated with a conversation theme. To make the book easier to navigate these sections have been colour-coded and divided with tabs.

Feedback also suggested that the quick fire question pages were very enjoyable and easy to do. The new structure has included a quick fire questions page in each section. The questions are now directly related to the conversation theme of that section.

Further development of this book will explore appropriate paper types and bindings and final decisions will also be based upon user observations and feedback.
## Glimpses from My Life Book

### More about me...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe where you grew up</td>
<td></td>
</tr>
<tr>
<td>Are you like your parents or not? How?</td>
<td></td>
</tr>
<tr>
<td>Who do you wish you could see more of?</td>
<td></td>
</tr>
<tr>
<td>Who would you speak to if you had a problem? Does it depend on what it is? Why them?</td>
<td></td>
</tr>
<tr>
<td>What’s the nicest thing anyone has done for you? Why was it special?</td>
<td></td>
</tr>
<tr>
<td>Who is best at keeping a secret?</td>
<td></td>
</tr>
<tr>
<td>Who makes you laugh the most? Why?</td>
<td></td>
</tr>
<tr>
<td>Who in your life has the most influence on you?</td>
<td></td>
</tr>
<tr>
<td>Who are your closest friends? Tell us about your friendship.</td>
<td></td>
</tr>
</tbody>
</table>

### Quick Fire Questions!

<table>
<thead>
<tr>
<th>People or Animals</th>
<th>Busy House or Quiet House</th>
<th>Listen or Talk</th>
<th>Glass Half Empty or Half Full</th>
<th>Introvert or Extrovert</th>
<th>Phone Call or In Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the best listener?</td>
<td>What is the most unusual conversation you have ever had?</td>
<td>Who makes you laugh the most? why?</td>
<td>Who in your life has the most influence on you?</td>
<td>Who are your closest friends? Tell us about your friendship.</td>
<td></td>
</tr>
</tbody>
</table>
Glimpses from My Life Book

Senses

Does a sound, sight, taste, smell or texture evoke any particular memories for you?

What is the most beautiful place you have been to?

What kind of sounds, music or instruments remind you of a particular place or a memory?

Think of a smell that you like/ or dislike that reminds you of a particular environment.

Think about any texture or surface that makes you recall a place you have visited.

Think of different tastes that you associate with your favourite places.
Glimpses from My Life Book

My life milestones so far...

The line below is your personal timeline.
On the timeline mark some milestones from your life that are important to you.
Below the timeline, remember to write when you remember this happening.
Where you start and finish your timeline is up to you!

Life Milestone

When did it happen?

Not sure what to include? Why not try these?
- births
- marriages
- separations
- deaths
- education
- work
- events
- moving home
- moving town
- or city
- hobbies

CHANGING TIMES
Glimpses from My Life Book

Time to relax...

- What kind of music do you enjoy listening to?
- Song for a bad day...
- Song for a good day...
- Your favorite books...
- What do you like watching on TV?
- Your favourite movies...

Things I would like to do...

Write down things that you have been wanting to do or wish to do.

This week...
This month...
This year...
Next Steps
What are the implications of what we’re doing?

The changes to the way in which health and social care services are being delivered means that we are currently in a state of flux. The government indicates a requirement to cut expenditure on services, and the services must respond by making adjustments to what they can provide. Additionally changes to legislation, such as the introduction of combined health and social care services, overseen by the Joint Improvement Team mean that the structure of services must adjust and address new ways of engaging with the people who use them.

Going forward, the Homeward Bound design team will investigate how My Life Book could be made relevant to organisations within the health, social care and third sector.

Initial research suggests that My Life Book, in a professional context, could be used as an evaluating tool, used to reveal the underlying needs and concerns of service users that may commonly be missed by other evaluation methods.

The Homeward Bound design team will be speaking to people who engage with service users, finding out whether the implementation of MLB would be more effective than existing tools that they already use. It is envisioned that this information will be gathered using primarily interviews, using the prototype as the basis of conversation. This will build on the existing research that has already been carried out in this area.

By working with professionals working in health and social care, further development of My Life Book has the potential to assist the day to day working practices of professionals working in these sectors.
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coming up...

H O M E W A R D   B O U N D   2.0

Re-Designing Methods of Communication between Families and Health & Social Care Professionals