PLAY, SHARE, CONNECT, REPEAT

A collaborative game for social engagement for elderly population receiving home care service

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ABSTRACT

This thesis researches the need for increased social engagement among isolated elderly population receiving home care service in Sweden. The notion of ‘social engagement’ and how to stimulate it is a central point throughout the work. The author finds that the isolation issue is related to political factors, sustainability and Swedish culture and how they interact with the individual. The theoretical framework is comprised of the field of care science and theories regarding isolation and sense of community.

Using such empirical research and more in-depth own research such as interviews, the author concludes that social isolation is, in fact, a problem. The answer or suggested solution to this problem takes the shape of a design proposal: Play, Share, Connect, Repeat.

*Play, Share, Connect, Repeat* is a game introduced by home care service that aims to create bonds and stimulate social engagement between care receivers.

Keywords
elderly, isolation, social engagement, home care service, Sweden
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1. INTRODUCTION

1.1 Brief project description and presentation of results

*Play, Share, Connect, Repeat* is a game that intervenes in the context of isolation in the elderly population and how home care service can be the key to tackle the issue. The present project is situated within the Swedish context, socially, culturally, economically and politically. Furthermore, the project takes shape in the form of an iterative book that is shared between care receivers. Stories, memories, experiences are some of the themes featured in *Play, Share, Connect, Repeat*. The game fosters a collaborative environment and so the notion of community.

The research held in the current thesis shows that the population aged over 65 is predicted to grow rapidly in the next decades, consequently increasing the demand for care services. Nonetheless, already today it can be seen unsustainable policies that take into consideration the economical sector more strongly than the social one. As a consequence, the isolated elderly population, being in a fragile situation will be most affected. In addition to the untenable situation, it is argued that the Swedish cultural context exacerbates isolation. The final outcome, i.e. the game, has the physical representation of a book and a camera, shaped and designed with research and questionnaires in mind.

1.2 Personal background and motivation

The growing interested regarding social issues and the role which design plays in them, has been one of the main motivations in carrying out this thesis project. As designer with a background in product design, it has always been one of my concerns to think about the whole journey of a product. Can a product be designed in a certain/specific way preventing waste or allow for possibility of a second life? To make it simple, is it truly necessary to have an object, when the aimed action can be achieved via a service or tool?

With this mindset as a starting point, I began to explore the current unresolved social concerns that could offer ground for intervention. Meanwhile, I got the opportunity to briefly get in touch with a home care service, which triggered my curiosity, since I immediately identified a lack of time spent socialising.

Simultaneously, moving to Växjö, Sweden made me alert of the social difference between my home country and Sweden. While in Portugal, family plays a true crucial role in one’s life, in Sweden the notion of the individual seemed to me to be more relevant. With this initial assumption, I was curious to understand in more detail the Swedish social context.

In sum, I combined my different interests in this thesis, aiming to design a more sustainable future and apply the knowledge I obtained during the two-year master in design programme.
1.3 Aims and purposes

The current work aims to stimulate social engagement in isolated elderly population receiving home care service. It is argued that home care service plays an important role in providing more than practical help, also emotional and social support. However, the current Swedish care policies do not aim in the same direction, creating a gap between the needs and the service provided.

Furthermore, the developed project intends to encourage social engagement through a level of bottom-up collaboration. It does not intend to wait for a change in the political context, but rather to contribute for a change on a more local level. By introducing a game that fosters interaction within isolated elderly population, the current thesis aims to facilitate and improve the situation but also to raise awareness about the neglected condition many may experience: isolation.

In conclusion, by triggering collaboration and cooperation while playing the game, the project intends to facilitate social sustainability.

1.4 Delineation of field of study

The present thesis touches upon theories within the field of care science, social science and social design. The study uses the different theories to analyse the issues of isolation in the elderly in relation to sense of belonging and consequently sense of community. Furthermore, these matters are put into perspective when contextualised within the context of Växjö, Sweden. The approach taken in relation to the focus group intends to be of a participatory mindset, considering the methodologies from social design and social innovation.

1.5 Delineation of project

The current project takes into consideration the field of study and focus in intervening in the issue encountered. Isolation in the elderly population is a central point that brings distinctive theories from different disciplines.

The design research and design proposal presented intend to map out the home care service and its relevance in the field of care science, finding the particular gap to intervene and propose an answer for that issue. The project intends to be situated in the field of social design as it stimulates social interaction, sense of community and in a way a more socially sustainable context.

1.6 Formulation of question: articulating the project as a question

The following research question has been a guide to come back to during the research phase
of the project:
How to stimulate social engagement in isolated elderly people receiving home care service?

2. THEORETICAL AND METHODOLOGICAL FRAMEWORK

2.1 Theoretical Framework

2.1.1. Care Science Theory

The current thesis has as main theoretical framework the care science field since the research being carried out is related to home care service and its significance in the care receiver’s life. There are multiple definitions to the field of care science but in essence they may be defined as “first-contact care; undifferentiated by age, gender or disease; continuity over time; coordinated within and across sectors; and with a focus on both the individual and the population/community.” (Greenhalgh, 2008, p.1)

In addition, the field of care science is relevant to mention because it has a crucial role in the following issues presented.

2.1.2. Isolated elderly population

In the present thesis “ageing population” is interpreted as the age group of “mid- as well as later life”; a concept which “focuses on the social rather than the medical aspects of ageing”. (Evans, 2009, pp.vi) More specifically, this thesis focuses on socially isolated elderly people receiving home care service. The reason why the focus is on home care service relates to the fact that the service is a way to reach this specific population group.

Furthermore, the definition of social isolation differs from the concept of loneliness, the former being a “measure of social interaction and relationships” (E. Taube et al., 2015, pp.632) and the latter the feeling of “physical pain and seeking connections to feel safe, secure and content.” (E. Taube et al., 2015, pp.632) Nonetheless, the two concepts are commonly related since social isolation can cause the feeling of loneliness.

Being socially isolated occurs for multiple reasons, intrinsically related to a persons own life and emotions towards their surroundings. Previous qualitative research indicates that barriers such as the ageing body, fear, the influence of losses and having no one to share daily chores with are creating a feeling of disconnection from others and society. (E. Taube et al., 2015, pp.635-636)

Another barrier relating to the ‘sense of loneliness’, and by extension social isolation is,
according to E. Taube et al. (2015, pp. 636), hopelessness in the form of “being invisible to others”. In this sense, to have similar feelings to the ones above described, such as having no one to share secrets and thoughts with, can subsequently lead to a sense of being misunderstood and left out of the social group one could possibly belong to. (E. Taube et al., 2015, pp. 636)

The reasons mentioned above for loneliness and social isolation can be caused by multiple factors that are not solely of external nature. The cause can for instance be an inner will or the personal choice to keep him-/herself out of certain social network, community or group.

### 2.1.3. Social engagement and sense of community

As regards to social engagement, feelings associated with a sense of being left out and disconnected from a social group may create a barrier for one to feel belonging and engagement. The notion of belonging can be described as a feeling of existing together with others. Such notion of being with others leads to the construction of a sense of community. When a person is socially engaged within a community, it is reflected upon him-/herself an idea of being part of ‘something’ and to have a say within that group. Therefore, being involved in a community is to be involved in different forms of social interactions that consequently construct the sense of community. (Evans, 2009, p.10)

Participating in everyday life activities that entail interaction can create this sense of being part of ‘something’, being connected to a certain community. However, such everyday social interactions do not necessarily build a feeling of attachment to a place but rather to a social community. According to Maciver and Page (1950, cited in Evans, 2009, p.10), community can be described as “a lot of people co-operating and disputing within the limits of an established system of relations and cultures”.

This thesis focuses on the definition of community not in the sense of attachment to a geographical place but rather to a group of people united by social relations. In other words, with a definition in agreement with many community theorists such as, “social interaction is at the heart of a sense of community”. (Evans, 2009, p.18)

### 2.1.4. Care Science in relation to social engagement and social sustainability

The field of care science has shown to be related not exclusively to a care receiver’s care but also to have a bigger impact that goes beyond the personal. As previously mentioned, isolation can happen for diverse reasons that be caused by external or internal factors. In fact, different are the reasons that lead to the feeling of isolation and by extension a feeling of being left out
and disconnected from a social group.

However, the field of care science does not merely relate to personal care. It relates also to a notion of a bigger scale, such as community. According to Greenhalgh (2008, p.225), deficiencies in accessing care services are commonly related to one’s social condition (education, income, etc.). In this way, the care services try to answer the problem “via social networks, which (...) may bring social support, social influence, social engagement and access to resources.” (Greenhalgh, 2008, p.225),

Moreover, the present thesis supports the argument that care science field can work as an umbrella to tackle issues of isolation and sense of being left out in the elderly population receiving home care service. As previously referred, difficulties in accessing services can be dealt with through social networks, which show a notion of community and the social relations inside it. The referred difficulties can be of different cause, however the main problem remains. In the case of the isolated elderly population it is crucial to ameliorate the service provided in order to answer the issue.

Therefore, the current thesis aims to be a stimulus for social sustainability since the problems identified can be pointed as of social origin and therefore are considered as leading to its unsustainability.

The term is understood as “social sustainability from (...) social system’s perspective. Sustainability is about the elimination of basic mechanisms of systematic degradation of essential aspects of both the ecological and the social system.” (Missimer, Robèrt & Broman, 2017, pp.35) In this way, as social beings, humans need the support from a working ecological and social system to perform their own necessities and wishes. According to Missimer, Robèrt & Broman (2017, pp.35) sustainability is viewed from a perspective where it provides the main ground to avoid untenable contexts and practices. To put it simply, “sustainability is not about a flourishing of human life or all needs being met, but about the basic conditions that are necessary for the ecological and social systems to not systematically degrade.” (Missimer, Robèrt & Broman, 2017, pp.35)

In conclusion, the preceding theories analysis initiate a narrative that intends to stimulate social sustainability in both personal (isolation) and community (sense of belonging) levels.

2.2 Methodological Framework

2.2.1 Social Design and Social Innovation

When introducing the idea of this project, which aim is to foster a system of connections and relations between people, is it relevant to mention how design interrelates with the social issues
inherent to the topic. In this sense, social innovation and social design are described and analysed in relation to the project. Under which framework are these relations designed and stimulated?

Social design has been a growing field within the design sphere in the past decades, having as the latest influences interaction and service design, as well as ideas based on “Victor Papanek, Nigel Whiteley, and Victor Margolin’s” (Chen et al., 2015, p.1) work. In theory, social design brings notions of community and “how community building happens through trust building, amongst other things, how designers can build up community capacities, and how they can align with community leadership.” (Chen et al., 2015, p.2) On the one hand, it investigates communities’ mode of interacting and relating, and on the other hand it triggers the formation of a system that encourages these same interactions within a community.

Following a similar path to social design, social innovation has become more relevant in the past few years due to the current challenges society faces. It can be argued that social innovation has always been an intrinsic happening to human kind. However, only in recent years has it been mentioned as a way to look at problems differently.

Manzini gives an example of how social innovation can deal with the elderly population and with the problems that might come along with that age group: “Consider the elderly not only as a problem but also as possible agents for its solution; support their capabilities and their will to be actively involved, and optimize use of their social networks.” (Manzini & Coad, 2015, pp.11) Moreover, Manzini presents the idea of social innovation as a mindset and a method as the notion of looking at a certain unsettled situation is incorporated not exclusively as a problem but as an opportunity for change. In a sense, Manzini perceives the situation and this particular case, the elderly population, as a way to tackle the issue “on its own” by highlighting their potentiality.

Therefore, social innovation “meet[s] social needs and create[s] new social relationships or collaborations” (Murray et al., 2010, pp.3) with the aim of creating “more probable, effective [and] long-lasting” (Murray et al., 2010, pp.3) answers for the political, ecological, demographic, technological, etc. challenges contemporary society is facing.

To this extent, social innovation is a recurrent theme when mentioning social design, as both fields have related premises and theory background. One of the comparable practices is the fact that both focus on changing and designing on a local/regional scale. (Manzini, 2014, pp.64) That allows for all initiatives that are developed within the field(s) to be clearer and more focused on specific topics, instead of trying to understand and tackle immeasurable situations. In the cases of (1) bringing stakeholders together; (2) creating participation moments with them; and (3) generating innovative actions can turn out to be an easier measure than if working within a whole system on a global level. In addition, this type of initiative shows, as aforementioned, the
power of bringing out the potential of a certain group, “without waiting for a general change in the politics, in the economy, or in the institutional and infrastructural assets of the system.” (Manzini, 2014, pp.62)

Another related practice within these fields is collaboration. Although there can be different levels of collaboration (bottom-up, top-down and peer-to-peer), the present thesis focuses on collaboration that triggers the intervenient to participate actively and with “freedom of choice and openness.” In other words, this practice aims to intervene and respect the stakeholders involved in the design process, by designing with rather than for.

The goal is that the methodologies of social design and social innovation carried along may stimulate collaboration. Such effect was taken into consideration in the present project. When mentioning collaboration, the intention is to point out not only the moment “when people encounter each other and exchange something (time, care, experiences, expertise, etc.) in order to receive a benefit; in other words, they create a shared value.” (Manzini & Coad, 2015, pp.93) but also to point out the above-mentioned practices of the disciplines of social design and social innovation, such as looking at a problem as a potentiality for its own solution, working at a local level, developing community building capacities and so forth.

In sum, social design and social innovation mindset and methods are taken into consideration when applied to the field of care science. As aforementioned, it exists different levels of collaboration (bottom-up, top-down and peer-to-peer), in which the current thesis intends to be located in the peer-to-peer level. Since the present project aims to stimulate social engagement within the elderly population receiving home care service, there is a bridge being done between a public or private service and simultaneously the people involved. The care science field, here materialised has home care service, introduces an initiative through first-contact care that consequently encourages the care receiver to socially collaborate, facilitating further engagement and sense of belonging.

**Interview**

One of the first methods to be implemented in the research phase of the current thesis is interview. It will be held with different stakeholders involved in field of care science and home care service. The goal is to involve stakeholders, compare opinions and analyse the main issues occurring in the elderly population in need of home care.

According to Sanders & Stappers, (2012, pp.69) generative tools, techniques and interviews can be included in the so-called “Say” technique. This technique allows “participants [to] express opinions, voice needs, indicate reasons, and report on events that occurred before
the interaction with the researcher.” (Sanders & Stappers, 2012, pp.69) Therefore, the “Say” technique is adopted when interviewing the participants. A qualitative study is held throughout semi-structured interviews that are to be implemented with the stakeholders in case. In essence, the interview method intends to “provide access to the meanings people attribute to their experiences and social worlds”. (Silverman, 2016, pp.53)

Open session

In a second phase of empirical research the method to be adopted is an “open session” where the participants express their opinions and simultaneously think. During this moment, the goal is to create a space for participation in order to debate and rethink together the matter and the issue encountered. In addition, it opens up a space where the participants start collaborating and creating realities and practices. According to Jesper & Robertson, it can be claimed to “be the social space encompassing the players of a design game or the collaborative construction of a prototype.” (Simonsen & Robertson, 2012, p.148)

During the current method, the different ways of collaborating with the participants are: (1) discussion triggered by previously semi-structure questions; (2) cognitive toolkit and (3) open discussion and brainstorm about the before mentioned activities. To put it simply, the first step intends to introduce the topic and the issues encountered within it; secondly, the cognitive toolkit is presented with diverse illustrations, symbolic shapes and words that “can be used to express relationships between ideas and components”. (Sanders & Stappers, 2012, pp.73) Finally, the aforementioned steps introduces the possibility for brainstorm. Brainstorm is here understood as an ideation technique. According to Mattimore (2012, pp.30-31) there are four separate ideation techniques, namely “questioning”, “metaphorical and linguistic”, “visual” and “wishing”. In the current project the adopted brainstorm techniques are “questioning”, by questioning assumptions and, “visual” by providing picture prompts that can create a way to find answers.

Questionnaire

Along the design research it will be handed in a questionnaire to the care receivers. The adopted method was chosen in order to meet the needs and opinions of the focus group. The questionnaire was the methodology chosen due to the fact that a face-to-face encounter with care receivers can turn into a long process, as a result of bureaucratic and ethical reasons. Also, there is a language barrier between the interviewer and the interviewee that leads to a higher difficulty
in planning face-to-face interviews.

In this sense, a questionnaire is the second viable option, “orientated towards representativeness and (...) towards finding associations and explanations, [and] less towards description and enumeration”. (Oppenheim & Opppenheim, 1992, pp. 21)

**Visualisations**

Throughout the design process diverse visualisations are to be created, as a way to visually communicate scenarios, journeys or prototypes based on the design research. Therefore, the visualisations should include qualities such as transparency, the “ability to reveal complexity” (Schoffelen et al., 2015, pp.180) and readability, “the ability to reduce perceived complexity”. (Schoffelen et al., 2015, pp.180) It is relevant to mention that the transparency and readability are qualities to take into account, since they communicate the essence of certain situation, both for the participants involved in the current project but also the designer.

**2.2.2 Game Design**

In the present thesis, game design is adopted as a methodology since the project outcome aims to appear in the form of a game. In other words, in the form of an object that highlights the experiences shared between the players and so also the communities they construct. (De Koven, 2013, p.5)

In order to have a well-played game, a game that “is not measured by the score, it is not measured by the game, it is measured by those of us who are playing it” (De Koven, 2013, p.5), there must be a certain set of guidelines to lead the game. According to De Koven 2013, pp.8-10) there are five core requirements to have into account when designing a game: (1) willingness to play; (2) safety; (3) trust; (4) familiarity and; (5) conventions. In a brief explanation to the previous guidelines, they essentially relate to: (1) the player’s own desire and decision to play; (2) the comfort and security when playing, knowing that there are certain rules taken for granted, which create a sense of safety/structure (3); trust in fellow players and trust as a consequence of the previous guideline, safety (4); a common basis of acquaintance in relation to the game, people, etc. (5); and finally spreading that basis of acquaintance by designing actions and rules that have been stipulated in the past (“taking turns, playing fair, playing the game through to the end” (De Koven, 2013, p.9), etc.).

Similarly, to the core guidelines presented, there is another factor that should not be disregarded: the fairness of the game itself. To this end, the game allows the players to have the same
accessibility to it by having the same opportunities and by following the same rules. Only in this way is it possible to let all the players have the same chance to win. (De Koven, 2013, p.11) De Koven argues that these are the main elements by which a play community is formed. By “play community” he means that they are a unity with the common goal of finishing the game (De Koven, 2013, p.12)

Nonetheless, when the above-mentioned guidelines become standardised and the common ground for all players is set, the play community can progress and start venturing for a more free and open way to play. In other words, when the game has reached a point where the players feel the power over the rules and guidelines, they can then “become familiar enough with each other to allow (…) trust to reside not in any particular agreement but in the community itself.” (De Koven, 2013, p.13)

With the current game design methodologies, the aim is to create a framework basis for the design process development phase. Moreover, the objective is that the game created is not simply a pastime but rather a trigger for community building strategies. In conclusion, the present game theory shows that the goal of playing a game is not simply the game itself but rather the relations formed by the ones playing it. In this sense, the game links with the idea of how a community and a sense of community can be built. Simultaneously, the game provides the chance for the players to “design” their relationships with each other and to collaborate. Therefore, it can be argued that the current thesis intends to view the present issues not as problem but rather as a way for its own solution. Additionally, the field of care science and home care service creates a background to the previous theory since it provides a basis of trust, safety and familiarity for the care receiver to feel comfortable in collaborating with others.

3. CONTEXTUAL ANALYSIS

3.1 Home Care Service and the growing elderly population in Sweden

Over the years, Europe, and more specifically Sweden, have been facing a growing number in the elderly population. Swedish statistics demonstrate that the percentage of the population over 65 years old is predicted to continue growing in the near future: from 18.8% in 2010 to 20.5% in 2020 and accordingly 25.3% in 2060. (Framtidskommissionen, 2013, p.110)

As a consequence of the increasing elderly population, services and care settings must be adapted to the future needs of this group. Services regarding home care settings are currently becoming more attractive to the 65+ population. (Evans, 2009, pp.2) Because of this, the demand for domestic caregivers provided by institutions, whether public or private, has started to reflect the increasing needs. The causes for this may vary as demographical, social and political
changes have been noticed throughout Europe. According to WHO Regional Office for Europe (2007, p.3), there are several causes for the increasing need of caregivers, partly the growth of the ageing population, but also the increasing number of smaller family groups. However, the empowerment of women’s role in the labour market leading to a decrease in family or informal carers at home facilities is also worth mentioning. Additionally, the increase of certain diseases as well as the introduction of new medical and technological treatments are some other relevant causes prompting the individualised care to become more popular.

Furthermore, the need for diverse care services will be intensified, creating fragile points in the welfare system and further services. Therefore, Sweden is predicted to face a great imbalance between active working population and retired population. One way to measure this imbalance is to consider the “demographic dependency ratio”. According to Statistics Sweden, the demographic dependency ratio takes into consideration the dependency between different age groups. In this case, “a dependency ratio of 1 means that all individuals in the 20 to 64-year age group support both themselves and one additional person.” (Framtidskommissionen, 2013, p.112) In other words, the more the dependency ratio increases, the harder it will be to support the welfare system, (Framtidskommissionen, 2013, p.112) a tendency that is predicted to grow over the next 50 years.

The matter at hand focuses, on a local level, upon the actors and stakeholders who are and will be responsible in taking care of the disproportional system.

Moreover, a caregiver is regarded as the last actor of a service chain that provides care and attention to multiple care receivers’ needs.

Framtidskommissionen summarises the issue neatly, when they conclude that the “demographic development will pose new challenges in terms of the sustainability of both welfare and welfare financing, nationally and in local areas.” (Framtidskommissionen, 2013, p.109)

This national focus is a natural next step in attempting to understand a growing imbalance - how larger political/societal elements fit into the equation. It is then relevant to answer the following question: are the current welfare state policies and measures taking the described issues into account?

### 3.2 The welfare state and home care service

#### 3.2.1 Home care service in Sweden

Firstly, it is pertinent to clarify which institutions are responsible for the service at play: home care service. In Sweden, the legal framework that regulates the activities provided by home
care service is the Social Services Act. (Szebehely & Trydegård, 2012, p.301) This law aims to regulate the citizen’s rights in regard to support and public services: “Everybody has a right to claim public service and support at all stages of life, and local authorities have a mandatory responsibility to see to that these needs are met.” (Szebehely & Trydegård, 2012, p.301)

In this sense, the citizen in need of care, in this case home care service, should be given the right to access that necessity and the local authorities have a duty to make sure conditions are met.

According to a National Board of Health and Welfare’s report, however, the “[o]lder people’s need for care has been sacrificed for other groups’ need for support”. (Szebehely & Trydegård, 2012, p.302) This is the result of an unplanned list of policies. These policies from 2000-2009 aimed to solve different issues in relation to childcare and disability services. (Szebehely & Trydegård, 2012, p.307) Consequently, a cut in health care services was carried out, causing a bigger burden to home care service. To put it simply, the cut lead to fewer hospital beds and so a higher number of people were being rejected and relocated from hospitals. (Szebehely & Trydegård, 2012, p.302) As people needed somewhere to go, the demand for home care service was affected. However, the welfare policies did not take this new demand into consideration and home care services began to experience pressure and an inability to meet the population’s needs. (Szebehely & Trydegård, 2012, p.301)

Considering the potential gravity of this situation, in the present thesis a further research and analysis was considered as worthwhile. On a personal and local level, this policy measure excluded the elderly population in need of care, leaving them with few resources and available services at their disposal.

In other words, during this time of high demand, another gap could have been created between care receiver and caregiver/service. This means that home care service might not have been meeting the care receivers’ needs, hypothetically through fewer resources and less devoted time to each client. Even though home care service is not solely responsible for feelings such as loneliness and social isolation, it could have been misconducting and omitting the elderly’s needs, creating a sense of “being invisible to others”. (Taube et al., 2016, pp.636) This sensation may contribute to the idea of being left out or even misunderstood by others. Such sensation can therefore, contribute to the idea of being left out or even misunderstood by others. This phenomenon could be further illustrated by comparing it to a typical classroom, a scenario in which the caregiver is the teacher and the care receivers are pupils. Imagine what effect a relatively drastic change like the issue of welfare policies could have. The class of twenty-five pupils get an additional ten pupils enrolled. Suddenly, the previously very attentive teacher is overwhelmed by the number of pupils in the class. This has the likely effect that each pupil
gets less attention (care) as the teacher has to spread the same amount of school hours to more pupils – thus, changing the percentage of his/her time that is devoted to each pupil. The crucial question that this metaphor aims to raise, however, is which pupil is dealt the harshest blow? Is it considered that the answer is the one with special needs, the most dependent one; in the case of the classroom perhaps a dyslexic child, in the case of home care service perhaps the isolated care receiver. Overloading the classroom with new pupils or the home care service with new care receivers might not have any ill intent, but that does not make the consequences easier to bare. Whether it is an overworked teacher or caregiver, the situation can, as discussed, create a sense “of being invisible to others”. (Taube et al., 2016, p.636)

3.2.2 “Choice revolution” – an issue of income

In contrast with the unplanned consequences of 21st century welfare state policies, in 1991 a deliberate policy was introduced called “Choice revolution”. (Szebehely & Trydegård, 2012, p.302) The law aimed to localise decision-making. The municipalities “introduce[d] a split between purchaser and provider and to contract out care services to private providers”. (Szebehely & Trydegård, 2012, p.302) In 2009 an additional law was announced – Free Choice Systems – that aimed to let the customer decide between public or private home care providers. The choice should be based on the quality of the service and not the cost, since both providers have equal prices. (Szebehely & Trydegård, 2012, p.303)

The previously cited acts on privatisation of home care services as well as customer choice have introduced a marketization of the services. To put it simply, this trend is being put into question due to the initial ideologies behind the welfare state – it was designed to include the poor and previously neglected and at the same attract the middle class. (Szebehely & Trydegård, 2012, pp.300) But is it truly accomplishing the original goals?

According to Szebehely and Trydegard, the elderly person having a “higher income who chooses a private provider for the needs assessed home care can ‘top up’ by buying extra services from the same staff, paying half the actual cost thanks to the tax deduction.” On the other hand, elderly people with low income have a harder time affording those services and tend to pick the public option according to Szebehely & Trydegård (2012, p.307). They also claim that there is a visible inequality concerning access to home care service, favouring people with higher revenues in relation to those of lower revenues who cannot afford the service and its further supplements. (2012, p.308)

Thus, welfare policies in Sweden are not one-dimensional or black and white, they are multifaceted. Mainly factors that concern the elderly people’s educational and economical
background seems to influence the complexity.

The current thesis does not aim to tackle this political issue, however considerations were made during the research along with attempts to understand the background and to define further constraints of its target group, the elderly population, when accessing home care service.

### 3.3 Individualism in Swedish Society

In an overview of the Swedish context, in the present section are being considered some of the social constructions that are behind the Swedish society, as a basis for the current thesis analysis. Generally speaking, family can be seen as a safe place where one can always count on, get support and in a way, be the basis that allows one to grow. In this sense, it could be claimed that family can be a preventative remedy for isolation. However, the suggested notions of dependency, loyalty and solidarity do not seem to be as strongly linked to the Swedish family. These were instead redirected to the state. The idea behind this is that the state is the responsible entity to take care of citizens and on the counter side, the citizens take care of the state. According to Berggren & Trägårdh (2015, pp.302-305), the dependency on the state has been leading to subsequent changes on a social level, influencing Swedish society to rely less on others. By doing so, a more individualised mentality comes forth where one depends on the state, as an entity, rather than an intimate social construction, such as family.

Nonetheless, the possible association of Swedish society with individualism is not merely related to the state’s structure but also to one’s perspective of its surroundings. Björck & Stolpe (cited in Berggren & Trägårdh, 2015, pp.40-41), argue that Swedes have a tendency to care more for animals and nature than for other humans. Following the previous authors arguments, Austin says he believes the reason behind this preference has a cultural background. He continues by saying that this preference has a positive impact, since it brings independence and an ability to enjoy nature by oneself, but on the negative side it leads to isolation and loneliness. Isolation and loneliness are described by Austin as a “very significant theme of Swedish culture, the painful, nevertheless, present parallel to the Swedish socialism”. (Berggren & Trägårdh, 2015, p.41, free translation)

Hendin brings a similar perspective into light that reconnects the previously said and the reliance on the state (Berggren & Trägårdh, 2015, p.42) In the 1960’s Swedes were brought up with a focus on independency, a skill taken into a high degree, even for children. Hendin continues by claiming that one’s self-fulfilment is work rather than social relations. An example of this practice is the role of the mother – she wishes to reach self-fulfilment through work, and consequently passes those values to the child. The substantial day care service for young children
is viewed as a result of this prioritization and hierarchy of values. In this sense, these values are directly related to individual personalities and social institutions (Berggren & Trägårdh, 2015, pp.42-43). Naturally, this example also shows the mother’s will for liberation from the child and the claim for equal work opportunities.

Furthermore, philosophical thinkers have expressed concern that increased individualism in a society could demoralize the social contract between person and state and boost xenophobia and hostility since people do not feel as connected anymore. (Berggren & Trägårdh, 2015, p.545) Simultaneously, this tendency for disconnection also shows that the growing individualism leads to increased feelings of isolation and loneliness. Those feelings can then be linked to the notion of existing together with others, in other words, living in a community. How does one conceive the so-called “sense of belonging” in an individualistic society? Berggren & Trägårdh point out the political and cultural irony that naturally springs from such discussions: “thus, paradoxically, the superficially collectivist equality ideology led to radical individualization of Swedish society”. (Berggren & Trägårdh, 2015, p.75, free translation).

In sum, many theorists indicate several reasons for a possible individualised Swedish society. Mostly, it is argued that the reliance on the state played a major role in social disconnection from others. Nonetheless, the present thesis does not take the afore-mentioned theory as the exclusive perspective on the topic, since it is an arguable and controversial subject. However, even if polemic, the arguments drawn above give a depiction of Swedish society and how isolation can be more commonly identified within it, due to its political and social background.

3.4 Related projects

The following design projects have been studied for contextual comprehension. The design examples show different approaches in trying to tackle the issue of isolation in the elderly population.

3.4.1 A Avó Veio Trabalhar - Grandma came to work

The current example A Avó Veio Trabalhar “is a project of learning, sharing and empowerment that increases the intervention of seniors in society through traditional crafts and design”. (Facebook, 2017, free translation) The project is located in Lisbon, Portugal, in an urban area that presents social weaknesses. Therefore, A Avó Veio Trabalhar aims to integrate the elderly population of that urban area through design. In other words, design works as a tool for social innovation, encouraging integration through “co-design and co-production of products and
services.” (Facebook, 2017, free translation)

Being a project with a strong link to its location, it creates a senior community that collaborates through design, but where this works merely as a catalyst for social engagement and empowerment. *A Avó Veio Trabalhar* shows to be a relevant project for the present thesis due to the impact of design as a social tool, triggering interactions within a community. Another important point to take into attention is the fact that the project does not intend to see the elderly population has a problem but rather as a potentiality for its own problem. It is visible that this premise culminates in a visual language that communicates energy and rejuvenation. In this sense, it is an inspiring project to take into account. However, by design it excludes the elderly population with physical limitations/handicap that are in need of care, hampering the accessibility to the project.

3.4.2 Chinatown Connects

Similar to the previous example, *Chinatown Connects* is a New York, USA, based project that aims to integrate the socially isolated first-generation immigrant elderly population from China. With a low degree of knowledge of the spoken language, it is caused a harder understanding between the previous and second-generation immigrants and/or native speakers. (DSI, 2017) The idea is materialised through “a community newspaper created by and for Chinese seniors
to highlight their common interests and build lasting interaction opportunities among them. The goal is to connect (…) their own stories.” (DSI, 2017)

Additionally, the current example has related theory background to this thesis, concerning isolation in elderly population and so a feeling of disconnection from others. The approach taken presents a boundary object that, according to Star & Greismer (2012, pp.148) “are objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites.” In this sense, a newspaper is an object that comprises different interests and at the same time keeps the identity of being adaptable to these separate circumstances. Consequently, is it a relevant project since the current thesis work operates within the same settings, a boundary object. Nevertheless, for the newspaper to circulate and be designed by and for the elderly it require an immensity network of stakeholders operating in different levels: from participating seniors to voluntary seniors, newspaper makers and managers. (DSI, 2017)

In sum, the complexity of the social relations between the aforementioned stakeholders can be an obstacle when considering the fluidity and willingness to participate, which might affect the sustainability and maintenance of the project.
3.4.3 Designing Relationships

*Designing Relationships* is a project that uses design as a tool to trigger and improve social relationships for “mentally and physically handicapped residents at the Skansebakken care home in Vejle Municipality” (Designskolenkolding, 2013) in collaboration with the Design School Kolding in Denmark. The design example approaches the assignment with a participatory mindset, cooperating with patients, “neighbours, family, friends [and] volunteers” (Designskolenkolding, 2013). The collaboration culminates in a set of tools for communication between patients and relatives or visitors. Since the patients cannot communicate verbally, a communication tool and an activity tool were designed to allow them to present themselves and engage in interaction with others. (Designskolenkolding, 2013) The designed tools encourage a conversation and at the same time help the patient and the relative/visitor understand each other better. In a sense, *Designing Relationships* can be a way to tackle isolation since it allows for better communication and prevents feeling a sense of being misunderstood and left out of a social group. (Taube et al., 2016, p.636)

In conclusion, *Designing Relationships* have a comparable aim to the present thesis, however it differentiates from each other. The design example given focuses mainly on the population with physical/mental disability, which relocates the field of work. Additionally, for such a project to take off it requires engagement and time from a great deal of participants which would create a high demand on caregivers for assistance and help in using the designed tools.
3.5 Facilitating changes

Within the scope of the present thesis and its fieldwork, home care service is the catalyst in helping to create social bonds amongst elderly people who receive the same service. When travelling from one care receiver to another, home care service may establish a “system of relations and cultures” (Maciver and Page, 1950, cited in Evans, 2009, p.10) that connects isolated elderly people with each other and the “outside world”. When empowering social ties, one is enabling a healthy social fabric; however, in order to do so does not require you to “include [only] strong ties”. (Manzini & Coad, 2015, p.103) According to Manzini & Coad (2015, p.103) there should exist an equilibrium “that breaks with the tendency toward individualisation (…) but does not propose a nostalgic return to the closed communities of the premodern past.”

Furthermore, when taking the design examples above into account, a question arises. How does one reach the isolated elderly receiving care? The present work aims to answer that question and open up for new ways of collaboration and social engagement within the specific context introduced. The present work takes shape in the form of a “community-oriented toolkit” (Manzini & Coad, 2015, p.182) that “is a replicable enabling solution conceived to support different groups of people in recognising and applying a collaborative organisation idea” (Manzini & Coad, 2015, p.182) in the analysed context of Sweden.

4. DESIGN PROJECT

The design research carried out includes different stakeholders within the chosen topic, having in mind a participatory mindset. In the following sections, the various methods adopted are described and analysed.

4.1 Interviews

Interviews were conducted in the initial phase of the research. They had the purpose of mapping and distinguishing the services and stakeholders involved in elderly care. Interviews with home care service managers and caregivers were also conducted, as well as with home health service nurses. Additionally, the manager of an association that functioned as a meeting place and support centre for the elderly and their relatives and, finally, the manager of a retirement home for elderly people was briefed for information. The referred interviews lead to a greater understanding of the network of different care services an elderly person can receive, the local context and how the services are interrelated. However, only the most relevant interviews are presented in the present thesis, to analyse and evaluate the service of particular interest: home care service.

In my account of these interviews, participants’ names will be substituted for fictional names.
for anonymity reasons. In the case of companies, its name will be substituted, corresponding to a number, i.e. the first company mentioned becomes 1.

### 4.1.1 Home Care Service and the managers’ view

The first contacts made were to local managers of different companies providing home care services. The study took place in the city of Växjö, Sweden, including both the public (municipality) and private sector (company). In a first approach the interviews held had a top-down perspective, in order to have a broader perspective of the service and its needs, but also as a strategy for then reaching the caregiver and the care receiver.

The first private company encountered (henceforth company 1) is a business that provides not only home care service but also home health care, offering a combination of both services in one company.

Company 1 has an agreement with Växjö Municipality, allowing them to be able to operate within the market.

In the interview conducted on the 2nd of February of 2017 with the local manager (Nils) of the private company 1, the main focus was the service provided to the care receiver, the person responsible for carrying out the work and the type of tasks being performed. The most informative and/or relevant content from that interview is featured in the appendix 1.

According to Nils, the need for home care service and home health service, usually stems from a specific condition or disease. However, when asked to pin down problems that could be encountered in the elderly who need the service, he referred to loneliness as a key factor.

When comparing with another interview that took place on the 13th of February, 2017, there are certain similarities. This interview was conducted with the manager (Tage) of another private company (henceforth company 2) which provides both domestic services (e.g. cleaning) and home care service.

During this moment of the project - after the two interviews (see appendices) - it started to become clearer that loneliness and the search for more social engagement was one of the issues mentioned about the elderly care receivers. It was concluded from both interviews that besides the practical and required work from home care service – cooking, cleaning, shopping, etc. – the service also provides a moment for the care receiver to talk and interact socially.

Moreover, as a person that comes regularly to the care receiver’s house, the caregiver can become a trustworthy bridge to the care receiver, opening up new opportunities in terms of social interaction. Also, the meeting with the caregiver can be a chance to socially engage in activities and actions that can tackle the issue of loneliness and isolation.
In conclusion, the first phase of interviews revealed that isolation in the elderly population is a current issue, corroborating the theory drawn upon. Hence, in the present phase of the design process, the decision of including the caregiver and home care service as part of the solution to tackle this issue was confirmed to be relevant and important.

Considerations

During this moment of the design process the aim was to focus mostly on the home care service provided to the elderly population. To facilitate the analysis to the service (home care service) a ‘Customer Journey Map’ (figure 12.) was created in order to understand and visualise the journey experienced by the care receiver during the service.

4.2. Home Care Service and a care receiver’s view – a participant observation

The second phase of interviews aimed to get in contact with care receivers and comprehend their view over home care service and the social relations around it.

The following interview took place on the 21st February, 2017 with both the caregiver (Ingrid) and the care receiver (Ann). In order to contact the care receiver the caregiver was needed to be present due to the language barrier (the care receiver did not speak English).

The most pertinent questions, answers and notes can be seen in the appendix 2.

The first question reveals one of the biggest differences between services, the public (municipality) and the private: in the public service there are multiple caregivers providing the service, rotating from one work shift to another, which makes in this example, the care receiver having from 10 to 15 caregivers in total. In the case of the private company service there is simply one caregiver to one care receiver.

In this case, the interviewed care receiver mentioned the discontent in relation to the large amount of caregivers from the public service, showing that it is important to know the staff and to have certain level of trust and knowledge about each other.

Additionally, the fact that the care receiver expressed the will to move to a retirement home due to the chance of having more activities, and people to socialise with, shows the importance that that will play in the person’s life. When analysing the care receiver in case, the testimony reveals her displeasure in relation to the lack of social engagement in her life.

Consequently, this statement given by the care receiver reinforced the aim of the present project to stimulate social engagement in the elderly population receiving home care service. It shows the importance given by the care receiver to social interactions and consequently, even if subconsciously, a sense of community.
THE CARE RECEIVER JOURNEY
a customer journey map

1. Application form to home care service → Care administrator makes the decision

2. Answer: Yes
   - Home care service group
   - Unit manager

3. The service is added to the planning
   - The care receiver is given a contact person from the staff

4. The care receiver gets a visit from the caregiver
   - everyday, 30 min.
   - everyday, 15 min.
   - every 2 weeks, 30 min.
   - etc.

5. etc.
   - shopping
   - cooking
   - cleaning
   - chatting
4.3. Home Care Service and the caregiver’s perspective – a brainstorm session

During the following meeting 5 caregivers were present. They worked for the private company 2 and accepted to participate in the session. A Swedish-speaking classmate also joined in, helping to translate and conduct the session, since the participants did not speak English.

The meeting took place on the 8th March, 2017 in a café in the city of Växjö. The reasoning behind choice of place was to have a “neutral ground” and calm atmosphere. The aim was to prevent fear of being jeopardised in work and allow the participants to feel comfortable in expressing their point of view and judgements.

There were different sections during the meeting (figure 13.):

1. Questionnaire about home care service;
2. Open discussion about isolation in elderly population;
3. Presentation of the present thesis project and other design examples;

In this section the most crucial parts from the meeting are highlighted and analysed. During the second step (open discussion about isolation in elderly population) the caregivers claimed that the feeling of being socially isolated was something that they deemed to be a reality for some care receivers they work with.

At this moment of the session a common ground was established and so a mutual understanding of the problem encountered (isolation). To clarify this encountered problem, the next step dealt with introduced the aim of the present thesis project and other design examples. Both the present thesis and other examples aim to tackle isolation in the elderly population, even though the projects have different approaches.

The subsequent phase and method used are based on the so-called “Make” technique. According to Sanders the “Make” technique “involve[s] participants by having them perform a creative act with respect to the subject under study.” (Sanders & Stappers, 2012, pp.70) Subsequently, the method used consisted of illustrating cartoon figures of a caregiver, care receivers, houses and roads. The illustrations (figures 14. and 15.) were introduced to the participating caregivers in order to stimulate discussion and brainstorm, which, in turn, aimed to identify solutions and ways of socially engaging the target group. The illustrated cartoon figures worked as a way to “provoke storytelling” and “formulate general relations, patterns and rules”. (Sanders & Stappers, 2012, pp.71)

The discussion/brainstorm resulted in different layouts. Two main options were discussed to tackle the issue of isolation:

1. the way social engagement is being stimulated;
2. the number of people involved.

One of the caregivers, Linnea, suggested that if an activity of social engagement for elderly
The meeting happened in a café with 5 caregivers from a private company (2)

1. Questionnaire
   - Isolation
     - “Among my clients this doesn't exist (...) but I know there are people feeling lonely both at home and in a nursing house.”

2. Thoughts on isolation
   - Physical isolation (staircase, weather, etc.)
   - No social network
   - Own stubborness
     - “Terribly, they need to get out more, [and] not have so many caregivers because they mostly prefer to have the same caregivers.”

3. Thesis project + other projects
   - “Start by two (A & B) meeting first (out of 5 people); next time meets A-C, then B-D, E-D etc. After they can all meet together and see how it works”
   - Not a big group to meet (hearing problem)

4. Brainstorm
   - “No way I'm going to do the same handcrafts I've been doing my whole life”
   - Co-operation with the caregiver that then maybe can develop into the care receiver themselves being able to continue, and thus minimizing the costs.
people would be to happen it would need to: “Start by two (A & B) meeting first (out of 5 people); next time meets A-C, then B-D, E-D etc. After, they can all meet together and see how it works”. The caregiver Linnea affirmed that all the care receivers she has seem to have different interests and ways of expressing themselves, which would make it difficult to have a meeting with five or more people at the same time. According to Linnea the care receivers need to take their time to build trust and familiarity/habituation with the fellow participants.

In addition, the second option suggested, reinforces the previous one. Another caregiver, Maria, expressed her concern in relation to the care receivers’ ability to hear, since this sense, as well as others, start decreasing during this stage of life. In this way, Maria told how difficult it can be to listen and understand each other in a big group: “They can’t be too many because they can’t separate the voices. (…) They can’t hear very well.”

As a reaction to a project example one of the caregivers, Agnes, claimed that there had been a similar project (doing crafts together) within the municipality of Växjö but it did not appeal to the elderly population because, and citing a participant in the project “No way I’m going to do the same handcrafts I’ve been doing my whole life”. Agnes made it clear that it is common for people in this age to want to try new activities that allow them to get involved in today’s trends rather than maintaining the same hobbies that they had in their youth/adulthood.

### 4.4 Home Care Service, personal interests and the care receiver’s perspective – a questionnaire

During the following steps of the current project a questionnaire was created in order to reach the focus group: elderly population receiving home care service. The questionnaire was delivered to eight care receivers with public home care service, focusing on their opinion in relation to the service and on their personal interests, in order to try to understand in more detail common concerns, hobbies and activities. Through doing so, it was gathered relevant information to trigger the concept development of the present work.

Furthermore, the questionnaire does not intend to be a scientific measure but rather a qualitative tool in trying to understand the needs and concerns of the care receivers. After analysis of the collected data it was possible to recognise two main daily activities that were answered by seven of the eight participants as done in a daily basis. These two activities are (1) to read magazines, newspapers or books and (2) to talk on the telephone.

Other answers presented in the questionnaire will not be taken into further analysis and discussion due to the fact and they are too diverse to be treated as a common interest. Plus, it can be said that the questionnaire presents certain limitations for the reason that some of
the questions would require further explanation to understand the context behind them. As an example, some of the participants mentioned to not play games on a daily or weekly basis, which could lead to think that they are not interested in such activity. However, if seen from another perspective, the reason behind not playing can be that the care receiver does not have other people to play with or even finds barriers in accessing the game (e.g. bad sight might impede one to read small letters included in the game).

4.5 Concept development

The concept development phase took into consideration the aforementioned theoretical framework, context and empirical research achieved. Based on the interviews and open session held it was pertinent to develop a concept that would stimulate social interaction and create social ties. This was to be done through a project that would not require too much effort and energy on the care receiver’s part, due to age, at the same time it should be appealing enough to captivate people’s curiosity and attention. In this sense, one of the first priorities was to respect the care receiver’s time and willingness to play. As debated in the open discussion with caregivers the care receiver would need to go step-by-step, when being introduced to a project for social engagement. As well, the care receiver’s would need to build trust throughout the process instead of a “ready-made” meeting with several participants. In this sense, an idea relating to a step-by-step process, being iteratively developed in a low pace started to be explored. In addition, during the same open discussion meeting it was argued that it is common for the elderly population to look forward to trying new things rather than keep doing the hobbies as they had in their youth/adulthood (i.e. knitting).

Therefore, the concept was developed further in the form of a game, where challenges were proposed in order to provoke curiosity and interest. Parallel to that, the visits done to two care receivers and the questionnaire helped framing the context of the game. Story, memories and opinions were some of the things noticed when visiting a care receiver’s home: the care receiver would tell about his/her paintings, photographs and other happenings with enthusiasm. In this sense, a game that could stimulate a conversation about memories and stories was explored as a concept.

Additionally, the way the game was to be materialised took into consideration the data analysed in the questionnaire, since seven out of eight people said to read magazines, newspapers or books everyday. Since that is already an intrinsic activity to the care receiver’s it would bring the familiarity aspect when playing a game. Therefore, the game concept was explored in the shape of a book, since it allows for the registration of each step taken in the process.
Furthermore, another aspect taken into account was the place where the game could be played. If the care receiver would have to move to a public/common space to be able to play it would require a great amount of energy and logistic work that could impede the efficiency of the game. Consequently, iteration was ideated as a way to tackle the issue. In order to follow the aforementioned requirements of a low pace process, the game will be played and shared by the care receivers, together but not simultaneously. In other words, the game passes from care receiver to care receiver and each one of them plays in his/her turn. The game consequently becomes a boundary object shared by care receivers that is transported by the caregiver.

For this reason, the caregiver has an important role in this situation, since it is the bridge between each person and the key for the game to continue being played. Therefore the caregiver facilitates the introduction of the game and so social engagement.

In sum, the caregiver together with a social worker can suggest a care receiver to be part of Play, Share, Connect, Repeat game taking into consideration his/her condition (isolation). Afterwards the caregivers involved in the project would have a first meeting for a presentation of the game to be done. This presentation will be hold by the responsible entity in providing the game. Consequently, the caregivers will have the knowledge to guide the care receiver throughout the game.

### 4.5.1 Play, Share, Connect, Repeat – a concept proposal and its outcome

*Play, Share, Connect, Repeat* is a collaborative game for social engagement through home care service. The game aims to tackle isolation in the elderly population receiving home care service. It consists in a game about sharing stories, memories and creating bonds by doing this activity together.

In addition, the game aims to be a stimulus for social engagement and hence for creating a sense of belonging. Therefore, *Play, Share, Connect, Repeat* establishes a “system of relations and cultures” (Maciver and Page, 1950, cited in Evans, 2009, pp.10) by allowing the care receivers to cooperate.

In order to materialise the current project several sketches, visualisations, and mock-ups were explored and tried out throughout the process. A first mock-up visualised different steps of the game, from (1) introducing the players, (2) writing a story together, (3) solving a mystery together, (4) taking one photo of a favourite place/object/book and (5) suggesting a meeting between the players. The game was thought to have a beginning and an end, however it intends to stimulate further engagement.

Furthermore, a second mock-up was designed: it tried to simplify and clarify the aim of the
An iterative game

A sharing game

The characters come on the scene

Pick a character that will follow during the game:

[Character images]

Pick another character:

Pick a number:

Solve the riddle:

But, what was doing the dog at 12:00 in Shropshire?

Solution:

Join together the following sentences (e.g. in an example):

1. The major turned on the pink Coca-Cola machine and bought a soda. He looked around the highest table, saw it for a second, took it for a moment, and looked background.

2. “When do you think we’ll have another sale?”

3. “When do you think we’ll have another sale?”

4. “When do you think we’ll have another sale?”

5. “When do you think we’ll have another sale?”

5 moments:

The most remarkable, curious, funny moments of my life.

In these 5 little moments you will:

TRUE OR FALSE
2

In order to play the following level, the game must have passed by all the players. Together they solve each level and after it’s possible to unlock the next level.

To differentiate between the levels, each will be marked with a unique color.

3 MEMORIES

[player's name]

1. 
2. 
3. 

T/F

PLAY, SHARE, CONNECT, REPEAT

A COLLABORATIVE GAME FOR SOCIAL ENGAGEMENT
game in its layout. To create a simple and genuine game that allows people to easily understand and get involved was one of the goals. That is reflected in the layout of the game book: the font was ameliorated in order to allow people with bad sight to more easily read the text, since sight is a sense that decreases with age. Therefore, a font with more spacing between letters, higher cross bars, no serifs and open letters was picked to fulfil the needs.

Further into the process, a third mock-up was developed, experimenting a new visual language that would fit the game concept. Due to the fact that it is a game designed for the elderly and it includes sharing stories, photos and other experiences it was decided to communicate and resemble an old book, as almost a link to adulthood and so a time travel. That visual language resembling a book that could be produced in the first half of the XIX century, does not aim to be the creation of a stereotype (e.i. elderly people only like old things) but rather a trigger to recall memories and past moments.

In order to match the previous described language, a visual research was done, as well as a mood board, visualising the chosen colours for Play, Share, Connect, Repeat. The chosen colours are of different tones of green. Plus, a peach colour was added to create an accent to the pallet. Green tones were the ones picked for the present game because green is known to give a sense of relaxation and calmness, which are important feelings to be communicated in the game. Additionally, the tones selected intend to replicate the same tones used in old books, since bright, neon or fluorescent colours were not used back in the beginning/half of XIX century. For these reasons, the game layout (book) resembles an old/vintage book with a more modern and fresh touch to it. In this design proposal the game was branded in order to communicate the above mentioned ideas, however, it does not aim to be the principal goal of the present project. The branding was designing in other to communicate a more real and reliable model.

In sum, Play, Share, Connect, Repeat game integrates five levels/chapters. In each level a challenge is proposed, where the player has to complete to pass to the next level. Upon completion the game passes onto the next player. In order to play the following level, the game must have passed by all the players. It is relevant to mention that three players constitute the game so the personal level in not lost, as it could happen in a large group and simultaneously it does not take a very long time for one player to have the game back, since there is only two other players.

Together they solve each level and after it is possible to unlock the next level. To differentiate between the levels, each will be marked with a unique colour. The five chapters included are (1) “Being Characterised” where the player picks one character from popular culture to play with. The idea is that the player does not start the game by immediately talk or present him-/herself; (2) “Tell a Tale” is the section in which the participants write collaboratively a story together about how their characters met; (3) “Who’s There?” brings the personal side to the game, in this
chapter the players introduce themselves and share a picture of a favourite object, meal, place, etc. The game has included a Polaroid camera that allows the players to quickly take a photo and place it in the game book; (4) “3 Memories” is the section where the player tells about 3 memorable moments (two true and one false) and the others have to guess correctly; finally (5) “Get In Touch” is the time when the game encourages the players to get in contact with each other, through a meeting, phone call, letters, etc. The caregiver helps during this phase, providing contacts of the players for further communication, if agreed by all.

Conclusion

If further developed was to be done, the project would benefit from having the game tested with the care receivers and caregivers. A more participatory approach would be taken to include the stakeholders in a more democratic project work. However, due to the timeframe of the thesis, that was not possible, since contacting the stakeholders is a long process due to logistical and ethical reasons. In this sense, the project aimed to analyse and follow as much as possible all the research gathered and be in accordance to it.

The present game Play, Share, Connect, Repeat encourages the isolated elderly population to reconnect and create a sense of belonging that will consequently tackle the issue of isolation. The project intends to produce a more sustainable future in terms of social issues. In essence, the project does not solely aim to encourage more social engagement, as well as prevents “the degradation of essential aspects of both the ecological and the social system.” (Missimer, Robèrt & Broman, 2017, p.35)

5. SUMMARY AND DISCUSSION

5.1 Learning outcomes

The current design project aims to provide an answer to the problem: social isolation in the elderly population. Home care service plays the crucial role of being the catalyst for introducing a new tool that allows the care receivers to socialise from home, since they are in need of care and might have difficulties leaving their house or apartment. The game travels to people to engage with them, to engage with others.

Furthermore, the current project was a new challenge that allowed to learn how to prepare and conduct interviews and participatory sessions. The main learning outcome in contacting the participants was the growing ability to apply what was previously studied in theory (participatory
design, co-creation, etc.) into practice. Another, more pragmatically, ability that proved important was adaptability, i.e. learning how to react in the case of unpredictable changes of direction in, for example, an interview. In addition, to independently carry a thesis work was a personal challenge where different situations needed to be tackled simultaneously. Evidently a multi-dimensional work like this requires a certain amount of multi-tasking. Obviously is it so, some might say, however the importance of that should not be underestimated.

5.2 Potential future work

The project presented raises different questions in what concerns collaboration with public and private entities. The project also raises questions in relation to the role of design in policy making. Since the project intervened in a service that is regulated by national policies and laws that regard care service, it was a complex task to understand how design could tackle the issue. And even when dealing with it, the question still stands: how can design foster social change when legislative policies do not take those issues into consideration?; how can design stimulate a more sustainable future if the politics are moving in another direction?

In conclusion, the current project potentialities are intrinsically related to the above mentioned. A potential future work would be to question, provoke and test these issues, in order to stimulate sustainable change in a more democratic way.

6. APPENDICES

6.1 Appendix 1
Home Care Service and the managers’ view

1

Q: What is usually the main reason why people require this service?
Nils (manager): There are different reasons but usually it is because they have some kind of disability, dementia or because they had a surgical procedure and need further help in post-surgery. In this last case nurses and caregivers help with hygiene, medication, injections, going for a walk, etc.

Q: Is there something you or/and the caregivers feel it is a problem in the elderly people’s lives?
Nils (manager): Some of them feel lonely. They want to sit down and talk. There are some women that have fika prepared for when the caregiver arrives and they mainly want to talk.
Basically, time is the most wanted thing. Most of the times there is no time to sit down.

2

Q: What is usually the main reason why people require this service?
Tage (manager): Usually it is because they no longer have the energy to do those daily activities and/or because they have some kind of sickness.

Furthermore, in relation to how the service provided is perceived by the care receiver:

Q: Would you say then that more than cleaning, cooking, etc. the caregivers support the elderly person emotionally and socially?
Tage (manager): Yes. The elderly care receivers have fewer and fewer friends. So, our employees are an important person in the elderly person’s life. (…) Most of our employees don’t do the work because of money. At least not as a first choice. They want to socialise, be useful. Most of them are retired or [would be] unemployed [otherwise].

(…)

For most of our customer’s there is no interest in getting to know the person caring take of the house. However, with home care service customers that’s different, they appreciated knowing the caregiver.

6.2 Appendix 2
Home Care Service and a care receiver’s view – a participant observation interview

Q: How often do you have this service?
Ann (care receiver): Every day but with Ingrid just twice a week. There’s another person coming in the evening and helping with food. Also in the morning for shower. This other service is not from [private company 2]. It is from the “Kommun”(municipality).

Q: Is there anything you would like to see improved? That could be even better?
Ann (care receiver): There are too many different people visiting. It can be from 10 to 15 different. I don’t like that.

I would like to move to a retirement house but that’s not possible because there are too many people applying to it. I would like that it would exist more retirement homes for elderly. Then I could do more activities and meet more people.
REFERENCES


- De Koven, B., 2013. Well-Played Game A Player’s Philosophy, Cambridge: The MIT Press. p.5, 8-10, 11, 12, 13


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- Figure 2 – António, S., 2017. [image online] Available at: <https://www.facebook.com/AAvoVeioTrabalhar/photos/a.1559140484302399.1073741828.1548458485370599/189813830402611/?type=3&theater> [Accessed 16-05-2017].

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- Figure 4 – António, S., 2017. [image online] Available at: <https://www.facebook.com/AAvoVeioTrabalhar/photos/a.1559140484302399.1073741828.1548458485370599/1880788068804304/?type=3&theater> [Accessed 16-05-2017].

- Figure 5 – António, S., 2017. [image online] Available at: <https://www.facebook.com/AAvoVeioTrabalhar/photos/a.1559140484302399.1073741828.1548458485370599/1822893784593733/?type=3&theater> [Accessed 16-05-2017].

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