Dementia is a category of diseases that affects cognitive functioning and memory. People living with dementia experience increasing difficulty with day-to-day tasks and eventually die from the disease (Alzheimer’s Association, 2019). In Canada, the “Baby Boomer” population is entering old age leading to an increase in the number of people with dementia and pressure on Canadian healthcare. However, dementia is also a global issue and it is estimated that, by 2050, the number of people with dementia worldwide will increase from 44 million to 135 million people (Alzheimer’s Research UK, 2014). Since dementia affects cognitive functioning, daily living tasks become increasingly difficult as the disease progresses, and symptoms worsen over a number of years. These challenges can place a huge burden on the individual and the family who often spend many hours a week performing care-related duties for the person (Alzheimer’s Association, 2019). Another consideration is that dementia is an issue that affects people of various cultures, societies, and economic situations. Therefore, unique solutions must be developed to meet the different needs and values of these groups using existing materials and systems. This is the methodology used in design for social innovation (Manzini, 2015). Considering this need for context-driven solutions, one way to achieve social innovation is through co-design.

Co-design is the act of designers and people not trained in design working together as part of the design process (Sanders & Stappers 2008). Throughout this process, stakeholders contribute ideas, experiences, and opinions to guide a design towards an effective solution (Sanders & Stappers 2008). While co-design can be a powerful tool for social innovation, there may be barriers when using co-design methods with people with dementia. Some of these barriers could be physical such as low energy and mobility, while others are cognitive such as difficulty recalling past experiences (Alzheimer’s Association, 2019). What methods can be employed to overcome these barriers and others? To find the answer to that question, this paper will reflect on the Social Engagement Map project by the MinD organization, which involves people with dementia and healthcare experts in the design process. MinD is an organization that works on advancing the field of design for dementia care (MinD, n.d.) Subsequently, ways to overcome these barriers will be identified.

The Social Engagement Map project had two main purposes: to design the social engagement map, and to learn how to conduct co-design processes when working with people with dementia (MinD, 2018). This project can therefore be seen as the first step to many following projects involving co-design in this context.

One barrier to involving people with dementia in co-design is low energy and depression. People with dementia are at a higher risk of depression and, as such, participants may be unwilling to participate or contribute little to the activity (Alzheimer’s Association, 2019). To remedy this, MinD conducted an activity in the morning before the prototype feedback session held in the afternoon. As written in the MinD’s blog post,

> The morning began with coffee in a sociable outdoor cafe to allow everyone to meet and re-acquainted [sic] themselves with one another and welcome new participants. Moving indoors, a number of inclusive exercises allowed to [sic] people to connect through shared life experience and common interests, enriched by those experiences (MinD, 2018, para. 4).

This activity seemed to help energize the participants and
encourage them to contribute to the activities. Another perceived barrier might be memory recall when asking participants with dementia to talk about their past experiences. For this issue, MinD invited different types of stakeholders to participate in the events. This way, one group could fill in the gaps in other information that the other group did not know or could not remember. In addition, the MinD group used physical prototypes and visuals to gather feedback and suggestions on their designs. This reduced the need to use memory recall. Instead, the person could give feedback on the present situation in front of them. In these circumstances, designers should be aware that most recent memory is the first to be lost among people with dementia. As a result, memories from early life are often the last remaining memories of people with late-stage dementia (Alzheimer’s Association, 2019). If early life experience is beneficial to a certain project, then this barrier becomes less of an issue.

As previously stated, dementia is a growing healthcare issue that affects the global population. As the population with dementia increases, more solutions for improving daily living will be designed. To meet the needs and constraints of different groups around the world, solutions can come in the form of a reorganization of the existing system as per design for social innovation (Manzini, 2015). One way to achieve these innovative solutions is to use co-design as part of the design process. Although people living with dementia face increasing challenges with day-to-day tasks, the Social Engagement Map project clearly demonstrated the efficacy and value of involving participants with dementia. These participants were able to contribute in a way that benefited both themselves and the researchers. When designing for older adults or people with dementia, co-design should be considered as feasible and valuable. In conclusion, co-design is an effective tool for achieving social innovation in the context of design for dementia.

References included at the end of the document
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“"If early life experience is beneficial to a certain project, then this barrier becomes less of an issue."
References

Efficacy of Co-design for People with Dementia


