CONFERENCE ABSTRACT

Co-designing self-care solutions with elderly - lessons learnt

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Introduction: Ehealth solutions are in great need in the community of elderly in general, as patients or home carers, however a design approach that delivers this is illusive. In this research we present the experiences from a set of design processes targeting elderly's needs of support or home care, based on a co-design approach. The purpose is to present guiding principles for how to work with elderly in a co-design process, to be used as basis for future set up of co-design processes.

Theory and Methods: Co-design stresses the equal cooperation between end-users, professionals, technical personnel and other key groups. It moves beyond more traditional participative design approach, with user involved in design, to a process were decision making, leadership are shared with end-users.

Empirical material consists of 3 case studies, including field notes, recordings of design sessions, and experience of the design process leaders, gathered by design leaders/action researchers. The material is analysed using current co-design theory and best practice on how to structure co-design processes.

Results: Case studies included co-design groups: 1) 10-15 persons designing self-care system for heart failure, 2) 5-10 persons designing home carers educations system and 3) 5-10 persons designing fall prevention systems. In the meetings, both professionals and technical experts were present. The design processes consisted of about 5 to 10 meetings during 6 to 12 months. A number of patterns were observed. Central themes include: 1) motivation: to contribute to, improve, complain about, or influence the development of the health care system, 2) to be social: interact with peers and experts, and meet people, 3) technology interests: both due to personal knowledge or lack of knowledge about technology, and to be informed, use technologies 4) being heard and recognized as an individual, with a focus on personal health situation, 5) the possibility to contribute in decision making, and giving back something to the community.

Discussion: The co-design approach makes many of these driving forces possible, enabling elderly to be active and interested in designing. The social context is also important, but seems not to be an important part of current theory of co-design. Co-design needs to prepare for processes of learning and socialising with fellow elderly and professionals and experts, and to enable knowledge development for all parties.

Conclusions: Co-design process need to take into account a number of key factors and dimensions for the elderly as co-designers, including motivation, social interaction, technology ability, the elderly as a person and the ability of the elderly to be a part of decision making.

Lessons learned: Working with elderly as end-user representative demands a co-design process adapted to their needs, restrictions, interests and values.

Limitations: The study is based on a set of single cases, and thus only limited generalisation is possible.

Suggestions for future research: Systematic follow up on effectiveness of co-design, when it comes to both resources spent on development and the usefulness of the resulting system, is very limited.