

Future Directions in Pervasive Display Systems for Care Homes

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In our everyday life, technology has become ubiquitous. From smartphones that serve as personal assistants, communication devices and entertainment hubs to smartwatches that track health metrics; individuals are constantly connected to a digital ecosystem. Moreover, public spaces are adorned with interactive displays, digital billboards, and information kiosks, offering instant access to news, advertisements, and public services. At the same time, our society is ageing. Over the past 40 years, the number of individuals in England aged 65 and over increased by 52%. Currently, those aged 65 and above comprise 18% of the population [3].

Previous research by Sas et al. [5], for example, studied the domestication and value of a wall sized public display for individuals in residential care. Based on those findings we have developed Mnemosyne, a reminiscence system that enables care home staff and family members to share pictures and videos personal to residents that can then be used to facilitate reminiscence. Mnemosyne itself consists of a *Content Sharing subsystem* which comprises a browser-based application that handles the upload of content, and a *Content Presentation subsystem* that utilises a client-server architecture-based open-source pervasive display network to schedule and present content onto "thick client" displays installed in residents' bedrooms. All displays are running the Yarely digital signage player by Clinch et al. [2] (see figure 1). A full description and evaluation of Mnemosyne can be found in [1].

A key remaining challenge is to ensure that the content selected to be shown best meets the desires of the residents. To address this challenge we identify two areas of future research: firstly, the creation of an input device that allows users with different levels of cognitive impairment to interact with Mnemosyne's content and, secondly, automated content selection. Designing a user input device for Mnemosyne presents significant challenges including catering for age-related decline in vision, cognition (such as dementia), and dexterity. Addressing these challenges requires careful consideration of user interface simplicity and accessibility. For instance, research has shown that even a three-button user interface can be confusing for individuals with dementia, with simpler interfaces, such as one-button or no-button, being more effective [4]. Additionally, systems requiring external involvement may not be sustainable, especially in busy care settings. An example user interface model that can be tailored to fit the ability of individuals with varying stages of dementia is "Sentic" [6], which highlights the importance of designing intuitive and user-friendly interfaces to support older adults' independence and well-being.

For residents with advanced dementia even the most simple input device may prove too demanding and such residents may require systems such as Mnemosyne to support automatic content personalisation based on factors such as individuals' proximity to

the system, time of day, or residents' mood. For instance, if residents respond positively to certain content when presented in the morning, the system could automatically schedule that item for future morning sessions. However, the successful implementation of automatic personalisation also relies on the presence of a designated feedback mechanism. This feedback element must capture the impact of each individual content item on residents while considering factors such as time, mood, and whether the content is viewed alone or with caregivers present. Designing such a feedback modality presents its own set of challenges and requires careful consideration to ensure maximum efficiency while minimising the workload on caregivers.

In this talk we will provide an overview of our experiences with display systems in care settings and the future challenges of supporting both user-driven and automatic content selection.

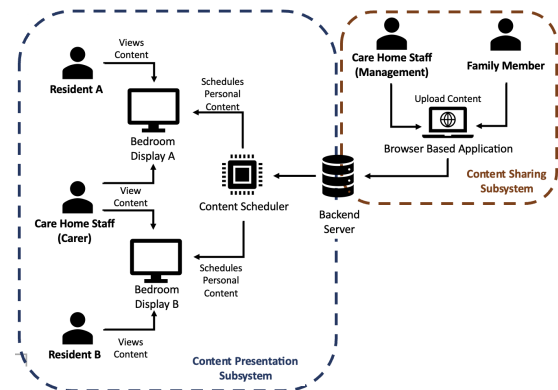


Figure 1: The Mnemosyne system architecture.

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