

Keepside family validation kit

Dementia support co design and pilot decisions

Prepared for Hamza | 22 October 2026

Use this kit to plan a limited evaluated dementia-support pilot. Keepside combines a private archive with accessible supported viewing. Family Story Starter supplies the first test material: one organiser, a willing storyteller where appropriate, five chosen photographs and up to five optional original recordings, revisited one story at a time.

Hamza brings websites, business automation and influencer marketing experience and can build the basic memory app. He has chosen to begin development after funding. The grant adds secure pilot groundwork, accessible design, practitioner input, co-design with affected families and evaluation. All sample sizes, targets and prices are proposed; no participants are enrolled or health information collected through these materials.

A judge would challenge these points

Challenge	Fix in the revised case	Evidence still needed
An archive alone is not a dementia-support service	Make supported viewing, family choice and co-design central.	Practical usefulness, comfort and interaction with the intended users.
The core features already exist	Acknowledge Memory Lane, Storyworth and Remento; compare relevant experiences fairly. [1–3]	A useful difference in support, accessibility, family control or delivery.
Five stories may be a one-time need	Compare a bounded purchase with a monthly offer.	Return use after capture, and the reason for returning.
Interest is easy to overstate	Separate observed behaviour, price preference, commitment and payment.	Dated actions and, when appropriate, actual purchases.
The budget may not cover delivery	Keep the prototype narrow; obtain quotes and count founder/support time.	A costed scope and ongoing service margin.
Participation needs careful design	Agree qualified ethics, consent and capacity arrangements before affected people join.	Comfort and stop rules, usable controls and appropriate support.

Run the work in this order

1 Define intended use with practitioners. 2 Hear from adult organisers and supporters. 3 Arrange suitable participation before co-design with affected people. 4 Test fictional material and functional tasks. 5 Run a limited pilot only when ready. Keep usefulness and commercial evidence separate from clinical efficacy.

The application pack contains the unchanged £5,000 budget and competition checks. Exact current business questions, answer limits, video rules and detailed award terms still need confirmation in the live application.

Interview guide for recent behaviour

Plan about 35–45 minutes for each of ten adult organiser or supporter interviews. Seek different levels of digital confidence and existing habits. Begin with practitioner input on intended use. These interviews explore routines, not health histories. Direct involvement of people living with dementia follows the staged participation plan on page 7. Keep names and contact details separately from family-ID notes.

Opening script

“I am exploring how families choose and revisit familiar photographs and voices together, and what support makes that experience useful or comfortable. I want to understand what you already do, including what works well. The idea is early and may change. You can skip anything or stop. Please avoid private material or health histories. May I take notes without names? I will ask separately before recording or using a quotation.”

Ask before showing Keepside

- Tell me about the last time you looked at family photographs or listened to a recording together. What prompted it?
- What did you do, step by step? Which person or tool helped? When was this?
- Where is the photograph now? Where is its explanation or recording? If comfortable, describe or show how you would find it without exposing private content.
- What worked well? What, if anything, took more effort than you expected?
- Was there a point when you changed the pace, chose different material or stopped? What led to that?
- When did you or another relative last return to a saved story? What triggered that visit?
- Who usually chooses, records, organises and shares material? Where does someone need help?
- What have you tried or paid for to help with this? Why did you keep using it or stop?
- Who should decide what gets shared? What would make you unwilling to store a photograph or recording with a service?
- What made the occasion worthwhile, if anything? What would make another session useful or comfortable?

Neutral follow ups

Use “What happened next?”, “Can you give a recent example?” and “What did the person choose?” Accept “our current method works” as useful evidence. Avoid asking someone to prove a memory, praising recall, assuming enjoyment or suggesting a clinical benefit. Record supporter interpretations separately from the person’s own optional feedback.

Record immediately after the conversation

Family ID _____ Date _____ Organiser or supporter _____

Most recent example and approximate date _____

Current method and what works _____

Observed fact / participant report / researcher interpretation _____

Record permission, any discomfort and missing information. Do not seek diagnoses, medical histories or test recall. Qualified expertise must determine appropriate ethics, consent and capacity arrangements before involving affected participants; a relative’s agreement alone must not be assumed sufficient.

Exploratory task comparison protocol

Before funding, a storyboard or paper concept can reveal comprehension and objections. It cannot establish that Keepside is faster or easier than working software. Keep that distinction in every result. After funding, repeat equivalent tasks on a functional prototype before claiming a performance advantage.

Prepare the three routes

Route	Material	What the observation can show
A Current habit	Their photo or messaging workflow, described or demonstrated without private content.	Existing steps, workarounds and help needed; record whether seen or reported.
B Existing service	A current voice-story service, using an authorised account or public demonstration. [1–3]	Capabilities and objections. A demo or video is not a hands-on task result.
C Keepside concept	Fictional photo, sample recording and labelled paper or screen storyboard.	Understanding, expected next steps and missing controls. Explore a family-reviewed relationship map, chosen material and pause or exit. No recognition guarantee or real saving is implied.

Use the same scenario

“An organiser is preparing a small collection for supported viewing. In the fictional example, Dad is the viewer, Maya his partner, and Ben and Leila his children. For Keepside, select a person on the family-reviewed relationship map, then choose a photograph or story. An original family recording is optional. Show or explain how you would help the viewer choose to view or pause material, find it again and control who can see it. Then show or explain how you would leave with a copy.”

- Use the same fictional photo and short original sample recording wherever the route supports them. The fictional map demo does not recognise visitors, record speech or collect live personal data. Use no private family content in this exercise.
- Ask the participant to explain their next step before helping. Record each prompt, wrong turn and unclear term. For the concept, record “walkthrough” rather than “task completed”.
- Ask “What would you choose for this situation, including doing nothing? Why?” Then ask which part would still need another person’s help.
- Ask whether the map helps the viewer find a familiar relative and welcome material with manageable help. Relationships are entered and reviewed with consent, never inferred from ancestry or genetics. No recognition or recall test is involved.
- Record route, version, date, device and mode: live task, described workflow, demo or concept walkthrough. Compare completion times only after tasks and functionality are equivalent.

Vary presentation order

Keep the problem interview first. Rotate routes: F01 A–B–C; F02 B–C–A; F03 C–A–B; F04 A–C–B; F05 C–B–A; F06 B–A–C; F07 A–B–C; F08 B–C–A; F09 C–A–B; F10 A–C–B. Log any change caused by access constraints. This reduces one order effect but does not make ten families representative.

Route order _____ Modes _____ Preference and reason _____

Observed difficulty _____ Help given _____ Next change _____

Hypothetical offer and price cards

Read this before showing a card: “These are possible offers for research. Keepside is not available to buy. There is no checkout, payment or obligation. You can choose your current method, another service or none of these.”

Common scope on every card

Family Story Starter: one organiser, a willing storyteller where appropriate, five chosen photographs, optional original recordings and supported viewing one story at a time. The family route includes a family-reviewed relationship map, setup tools and export. It does not include paid professional care, clinical treatment, personal editing, physical books or unlimited collections. Define recording limits and the support service before any real sale.

Card	Research price	Proposed hosting terms
A Monthly	£5 per month	Hosting while subscribed; cancel monthly; export before the hosting period ends. £60 if retained for twelve months.
B Monthly	£8 per month	Exactly the same scope and proposed terms as A. £96 if retained for twelve months. Price is the changed variable.
C One off	£39 once	Twelve months of hosting and export. Continued hosting after twelve months is not included. No lifetime access promise.

These cards test a family payment route, not the value or price of professional care. For a real offer, define reminders, export and deletion at expiry. The one-off price is deliberate research variation, not a sustainable margin claim. Participation in research must not depend on selecting a paid option.

Present one card first then compare

Use A–B–C for F01, F04, F07 and F10; B–C–A for F02, F05 and F08; C–A–B for F03, F06 and F09. Ask the first-card questions before revealing the alternatives, then repeat briefly for the others. Record both first response and final choice.

- What do you understand this offer to include? What do you expect when hosting ends?
- What would you compare this with, including your existing method? Which would you choose today, or would you buy none?
- Who would decide and pay? What would need to be true before they made that decision?
- What makes this price reasonable or unreasonable for the specific task? What other cost or effort would it replace?
- For a monthly option, what would make you return after the first stories were saved? For a one-off option, is twelve months useful or inconvenient?

Keep the evidence categories separate

A chosen card is a stated preference. Permission to receive an update is a light follow-up signal. A named, dated next action completed voluntarily is a stronger commitment. None is a payment. Ask once whether they want a future follow-up; record consent and any action without pressure. Make no deposit, checkout or sales request in this exercise.

Blank family evidence record

Complete one row per family, including those who prefer the current method or no purchase. Leave unavailable evidence blank and explain why; do not convert missing observations to success. Use separate notes without names for detail. No results have been entered below.

ID	Recent example and current method	Task mode and observation	Price choice or no buy	Commitment and actual action
F01				
F02				
F03				
F04				
F05				
F06				
F07				
F08				
F09				
F10				

Add these details to each family note

Session date and route order; organiser and storyteller roles; note or recording permission; problem example date; what was observed versus reported; prompts needed; current method strengths; first and final card choices; named payer if stated; objection; follow-up permission; promised action and whether it happened. Use an ID rather than a name.

Review after all ten families

Bring together the ten family-ID records. Report counts rather than market percentages and include contrary findings. Distinguish the person's optional feedback, supporter interpretation and researcher observation. Evidence categories answer different questions; do not combine them into a demand or benefit score.

Evidence	What it supports	What it cannot establish
Recent problem example	A concrete account of a need or unfinished task.	That Keepside is the preferred solution.
Observed task behaviour	What happened on the tested route and device.	A concept walkthrough is not software performance.
Stated price preference	A reaction to a hypothetical offer and terms.	A purchase, revenue or retention.
Future commitment	A voluntarily agreed next action; track completion separately.	Payment or repeat use after launch.
Actual payment	A completed transaction once a suitable offer exists.	Long-term retention or viable margins by itself.

Families with a recent concrete problem _____ / 10

Families whose existing method already works well _____ / 10

Families who understood the concept task without a misleading promise _____ / 10

Price preferences A _____ B _____ C _____ None _____ Unclear _____

Follow-up permissions _____ Agreed dated actions _____ Completed actions _____

No payment is requested. Price choices are not sales. Before funding, proposed learning signals are six concrete recent needs, four specific unmet needs after comparison, and three agreed next research actions among ten families. Log completed actions separately. These small-sample rules justify further learning, not clinical or commercial claims.

Decision note

Strongest supporting observation _____

Strongest contrary observation _____

Missing evidence _____

Continue / narrow / redesign / stop _____ Reason _____

Next test and decision date _____

Staged co design and pilot evaluation

This is a limited feasibility and experience evaluation, not a clinical benefit study. Practitioner advice and participants' choices shape the plan. The six-pair usability sample and ten-family four-week pilot are proposed, subject to readiness and appropriate participation arrangements.

Before affected participants join

First work with relevant practitioners on intended use, setting, support needs and appropriate material. Seek family and supporter input. Obtain qualified advice to determine ethics, consent and capacity arrangements and any approvals before involving people living with dementia. Do not assume a relative can consent on someone else's behalf. Define withdrawal, data handling and the response to concerns before recruitment.

Co design the supported experience

Once arrangements are ready, invite affected people and supporters to choose pacing, controls, content and what a useful or enjoyable session means to them. Begin with fictional material. Use six family pairs for usability, recording normal supporter help separately from researcher prompts. Test the map route from person to relationship to chosen material. No one must recognise someone, record, speak or recall an answer. Co-design can change the initial scope.

Agree comfort and stopping rules

Ask about comfort at the start and end and whenever it changes, using each person's preferred way to express choice. Pause immediately for a stop request, distress, fatigue or a supporter's concern. Do not encourage someone to continue for a metric. Follow the agreed practitioner-informed response and withdrawal process; resolve concerns before resuming. Record only necessary observations, with permission.

Pilot measure	Proposed learning signal	How to interpret it
Practical usability	8 of 10 organiser or supporter led pairs save, find and play with at most one researcher prompt.	Log normal support separately. This does not rate the viewer's memory or independence.
Voluntary return	6 of 10 families return in at least three of four weeks when participation remains suitable.	Record reminders, missed sessions and withdrawals; never pursue visits at the expense of comfort.
Chosen value	5 of 10 report a specific useful or enjoyable occasion; describe conversation or interaction separately.	Use optional participant feedback; label supporter observations. No cognition or treatment inference.
Comfort and control	Choice and comfort checked every session; sharing and stopping understood; no unresolved serious concern.	Pause affected activity on concern. Positive feedback cannot cancel a safety or participation problem.

Agree these targets before the pilot and document changes. Count families once and report denominators and missing data. Price preference from three of ten is directional only. If supported viewing adds little value, causes repeated discomfort or needs unaffordable assistance, narrow, redesign or stop. Strong results support a next evaluation, not an NHS approval or clinical claim.

Costs acquisition and repeat use

The application budget remains £5,000: secure pilot engineering £1,500; accessible UX £900; research and practitioner input £700; privacy and security £650; hosting and tools £550; contingency £700. These are allowances, not supplier prices. Obtain dated quotes and confirm award eligibility before spending.

Obtain the real cost inputs

Input to obtain	Unit and evidence to record
Secure pilot engineering	Quote recording/context, invited access and storage groundwork; include testing, ownership and founder hours.
Hosting and file storage	Cost per family and month at the five-photo and audio cap; downloads, backups, deletion and minimum charges.
Tools and processing	Fixed subscriptions, email/invitations and any optional transcription; keep AI outside the initial commitment.
Co design and support	Accessible viewing design, practitioner input and participation arrangements; count setup/support minutes and their cost.
Payments and administration	Provider fees at each price, refunds, chargebacks, relevant tax treatment and accounting cost before a paid test.
Trust and exit	Privacy/security review quote, accessible testing, export/closure effort and twelve-month storage reserve.

Monthly contribution = price received minus variable hosting, fees and valued support time. Separate fixed overhead. For £39 once, deduct onboarding and the full twelve months of expected service cost before estimating contribution. Obtain acquisition cost and retention evidence before projecting profit. Do not treat unpaid founder time as free capacity.

Acquisition test after permission and planning

Compare two plausible routes to adult organisers, such as appropriate family/supporter communities and Hamza's existing professional audience. Arrange permission before any community posting. Track invitations or reach, qualified enquiries, interviews booked, attendance, completed next actions and time or spend by route. Include refusals and reasons. A free research volunteer is not a paying customer.

Set a capped test budget and founder time allowance before recruitment. Calculate cost per qualified conversation and later cost per paying family separately. Compare acquisition cost with contribution over realistic retention; there is no justified acquisition ceiling until those inputs exist.

Repeat use test after the first collection

Log who returns, what story they view, their choice of support and the visit trigger. Count facilitator prompts and reminders separately. Ask optional questions about comfort and whether the session was enjoyable or gave an opportunity for conversation; record the person's feedback and supporter account separately. No one must return, converse or remember something to complete research. Explore whether value is occasional or ongoing before choosing a subscription.

Longer term service readiness and sources

The ambition is a responsible dementia-support service that could eventually be considered by health or care organisations. The current grant funds a limited pilot, not a complete NHS-ready product. Its findings would identify the next service design, assurance and evidence work.

What the NHS pathway means

Official NHS guidance describes DTAC as a baseline covering clinical safety, data protection, technical assurance including security, interoperability, and usability and accessibility. Adopters review relevant assurance and evidence when deciding whether to use or buy a technology. Intended purpose affects which regulatory requirements apply. DTAC is not a guarantee of approval, effectiveness, purchase or deployment. [4, 5]

Keep a clear intended-use statement, proportionate records of design choices and risks, and an honest pilot report. Before a future care or NHS route, seek relevant expertise on applicable standards, regulatory status and the evidence that a particular adopter needs. A comfort or conversation finding is not evidence of clinical efficacy.

Primary sources

[1] [Memory Lane Photos](#), stories, familiar voices and calm shared viewing overlap directly with the concept.

[2] [Storyworth voice features](#) Voice storytelling and family calls are current capabilities.

[3] [Remento](#) Original recordings, family participation and downloads are part of the offer.

[4] [NHS Innovation Service digital healthcare technologies](#) DTAC areas and intended-use considerations.

[5] [NHS England guidance on using DTAC](#) Baseline assessment, design evidence and adopter review.

Sources checked 22 October 2026. Descriptions establish feature overlap, not independently measured performance. Recheck the chosen service and current NHS guidance when planning the next stage.