

CarePlay Pilot Report

Exploring game-based learning in dementia care

Because great dementia care does not come from training alone. It comes from how people learn, reflect, and connect with those they support every day.

Dementia Learning Centre
2025

1. What is CarePlay?

CarePlay is an app-based, gamified learning tool developed by Mentia Health, a US-Australian digital health company. Available to download from the app store, it offers a suite of animated scenarios specifically designed to build the communication skills needed to support people living with dementia.

Learner-players meet a cast of residents — each with distinct presentations, brain changes, and responses. Players navigate situations, make choices, and experience consequences. Not all roads lead to success, and that is by design. Mentia Health describes CarePlay as “a learning journey, with the learner feeling immersed, experiencing outcomes, rather than reading and reiterating.”

The scenarios draw on core dementia care competencies: understanding how brain changes shape behaviour and communication; responding to distress with empathy rather than correction; preserving dignity and enabling choice; and adapting language and approach in real time.

What CarePlay teaches

The ten scenarios within CarePlay are organised around four interconnected learning themes, each reflecting a critical dimension of skilled dementia care practice:

Connection

- Understanding the importance of connecting with a person before undertaking tasks
- Building rapport through eye contact, introducing yourself, and reading body language
- Practising listening, validating, and showing empathy through verbal and non-verbal cues

Adapting to Shifting Abilities

- Recognising how a person’s situation and capacity can fluctuate, and adjusting care accordingly
- Providing choice to support dignity and a sense of agency
- Discovering how slowing down and allowing extra time can reduce stress and improve communication

Behaviour and Communication

- Decoding behavioural responses — such as refusal or distress — and exploring their deeper meaning
- Validating emotions and supporting a person's reality without arguing or correcting them
- Finding creative ways to ease distress through humour, familiar activities, and environmental adjustments

Promoting Independence

- Involving family and colleagues as part of a collaborative care approach
- Simplifying tasks and encouraging independence in care routines
- Recognising how approach, actions, and timing significantly influence the care experience

CarePlay doesn't just teach what to do — it places learners inside situations where empathy, tone, and timing change the outcome. Every choice has consequences. Every scenario asks you to think about the person in front of you.

2. Why We Wanted to Pilot It

2.1 The challenge of workforce training in dementia care

Dementia care is relationally complex. It requires not only knowledge but the capacity to translate that knowledge into moment-by-moment practice — to read a situation, regulate a response, and adapt communication in ways that feel natural rather than procedural. Traditional training formats, including presentations, e-learning modules, and printed resources, are often limited in their ability to develop this kind of situated, relational skill.

Research consistently identifies significant barriers to learning and development in the aged care workforce: time pressure and rostering constraints make it difficult to release staff for training; high turnover means investment must be continuous and cost-effective; geographic spread — particularly in home care — limits access to face-to-face delivery; and for many frontline workers, didactic or text-heavy formats are not well matched to how they actually learn (Hung et al., 2022).

2.2 What the evidence says about gamification in dementia care

A growing body of research supports the use of gamified and simulation-based learning in health and social care. Hung et al. (2022) conducted a large-scale knowledge translation study in which 2,010 interdisciplinary hospital staff across ten sites engaged with an online educational game focused on person-centred communication in dementia care. The findings were striking:

- 89% of participants reported the game was enjoyable
- 93% said it helped them understand person-centred care
- 90% said they would recommend it to colleagues
- 90% answered all ten post-game knowledge questions correctly

Crucially, nurse educators observed staff beginning to use the language and techniques from the game in team huddles and care planning meetings — a direct indicator of practice transfer. As one educator noted, “My staff started to use the language in the game, like ‘acknowledge emotion’, after they played it.” (Hung et al., 2022)

The evidence base extends beyond a single study. A meta-analysis by Bai, Hew and Huang (2020) found gamification improves learning outcomes across educational contexts, and a systematic review by Gajardo Sánchez et al. (2023) demonstrated its effectiveness specifically in health care management settings. Katonai et al. (2023) found health care workers held positive attitudes toward serious games as learning tools.

Of particular relevance to dementia care is the evidence around communication-focused learning. When learners can explore the consequences of different approaches in a safe environment, they develop greater insight into the relational dynamics of care — including how pace, positioning, and environment all shape the quality of connection with a person living with dementia.

2.3 Our rationale

The Dementia Learning Centre piloted CarePlay because we wanted to explore whether this kind of technology could meaningfully complement our existing workforce development offer — and whether it could help address the practical barriers organisations face in providing consistent, high-quality training to diverse teams.

We were particularly interested in three questions: Would care staff accept and engage with game-based learning? Would it translate into observable changes in practice? And what would the implementation experience tell us about how to deploy it most effectively?

CarePlay sits squarely within this evidence base. Its scenario-driven, consequence-based design reflects established principles of experiential learning — and its mobile accessibility directly addresses the structural barriers around releasing staff that the research consistently identifies.

3. Pilot Design

3.1 Participating organisations

The pilot ran across three organisations:

- Two residential aged care homes
- One home care organisation

Five staff members from each site were selected to participate, drawn from different roles and shift patterns to give a realistic picture of how the programme fits into everyday workflows across a range of care settings.

3.2 Structure and delivery

Before the pilot began, a short consultation session was held with managers and key staff at each site to ensure the conditions for success were in place — from technology access to protected learning time.

Participants were asked to:

- Watch a 7-minute onboarding video
- Complete at least one interactive scenario (20–30 minutes) per week over eight weeks
- Apply what they learned in their daily work between sessions

Managers played an active role throughout — checking in informally, encouraging staff to try one new technique each week, and helping remove barriers promptly. This combination of short, self-directed learning and active managerial reinforcement proved to be an effective delivery model.

3.3 Data collection

Data was gathered through staff and manager surveys at the conclusion of the pilot, supplemented by a video debrief with managers. One site also participated in a structured focus group with participating staff, which provided richer qualitative insight into the experience of using CarePlay in practice.

4. Findings

“100% of participants found CarePlay useful, with 62.5% describing it as ‘very useful’ or ‘extremely useful’.”

4.1 Engagement and acceptance

One of the clearest findings from the pilot was how well care staff engaged with the format. Participants unanimously agreed that CarePlay felt very different from traditional training — describing it as interactive, realistic, and thought-provoking. Rather than being told what to do, they were able to explore choices, reflect on consequences, and think more deeply about their approach to care.

Common descriptors from participants included “thought-provoking, fun, educational, and transformative.” The platform was broadly described as easy to use. One participant noted: “Birdie’s help and feedback have been very useful — I also liked the key lessons at the end.”

4.2 Transfer to practice

Perhaps the most significant finding was how quickly participants began applying what they had learned. Across the pilot sites, staff reported making concrete changes to their everyday practice, including:

- Introducing themselves consistently to residents at the start of each interaction
- Using residents’ preferred names rather than generic terms
- Listening more attentively and giving residents more time to respond
- Offering limited, simple choices to reduce decision fatigue and overwhelm
- Reframing difficult moments — for example, offering a choice of clothing rather than pointing out a spill

Participants connected the learning directly to their everyday work. One caregiver reflected: “I learned to always use a gentle and sincere approach to get things done, and to be understanding.” Another described a shift in how they understood pace: “For people with dementia, I should slow down — it’s important to build understanding and trust.”

“It changed the way I talk with residents — and they responded positively right away.”

Several participants described moments of direct recognition — where a CarePlay scenario mirrored a situation they were already navigating. One noted: “I had a client who refused to shower, and I’m still exploring ways to encourage him” — illustrating both the relevance of the content and the appetite for more complex, real-world scenarios.

4.3 The value of shared learning

While CarePlay is designed for flexible individual use, both managers and participants felt it would be particularly effective in group settings — team meetings, toolbox sessions, or shared use during handover. Scenarios used in this way prompted peer discussion, surfaced different perspectives, and appeared to deepen understanding in ways that solo completion did not always achieve.

This finding mirrors what Hung et al. (2022) observed in their study — that staff who shared game experiences in their teams began using the language and strategies in clinical huddles and care planning — suggesting that the social dimension of game-based learning significantly amplifies its impact.

4.4 Implementation challenges

Consistent with what the research tells us about workforce training in care settings, time and workload pressure were the primary barriers to engagement across all three sites. Some participants found it difficult to complete modules at home due to distractions, and a preference for in-person or group-based delivery was expressed by some staff.

A small number of participants raised usability concerns worth noting for future implementation. One experienced participant commented that scenario logic was not always intuitive, requiring a wrong choice to advance: “Sometimes I needed to select a wrong response to move forward.” Another noted that the American accent used in the narration felt less relatable in a New Zealand context, and that in places the format felt more suited to a younger or less experienced

audience. These are candid and useful observations that speak directly to the importance of cultural and contextual localisation for the Aotearoa market.

4.5 Suggestions for development

Alongside broadly positive feedback, participants offered constructive suggestions that point toward a clear development agenda for CarePlay in the Aotearoa context:

- More response options to reflect the genuine complexity of real-world care situations
- Free-text input to allow for more personalised, reflective responses
- Greater cultural and contextual relevance, including scenarios that reflect the diversity of New Zealand's care workforce and resident populations
- Multi-language support to better serve teams where English is not a first language
- Clearer scenario objectives and navigation logic, particularly for those new to game-based learning
- A New Zealand voice option in the narration

Birdie, the in-app guide, received consistent praise — described as supportive, engaging, and effective at reinforcing key messages in a way that felt encouraging rather than didactic. The strong appetite expressed for more scenarios and more advanced content signals a solid foundation on which to build.

5. Conclusions and Implications

The CarePlay pilot demonstrated that game-based learning can be meaningfully adopted in dementia care workforce development — and that when introduced thoughtfully and grounded in the realities of care practice, staff engage with it readily.

Key conclusions from the pilot

- Gamified, scenario-based learning increases engagement, reflection, and retention in care staff
- Empathy-led communication skills can be effectively developed through this format
- Realism is critical: training must reflect the complexity of everyday care to be trusted and transferred into practice
- Shared reflection deepens the impact of individual learning — group-based delivery should be explored alongside self-directed use
- Flexible, phone-based technology is accessible and well-received, including by staff with limited prior digital experience
- Time and workload pressures remain the primary structural barrier to uptake — organisational conditions matter as much as content quality
- Cultural and linguistic localisation is essential for effective deployment in the Aotearoa New Zealand context

The pilot signals genuine potential for CarePlay as a component of a broader, blended learning strategy for dementia care teams — particularly where releasing staff for face-to-face training is difficult. We will continue to explore how game-based learning can complement our wider workforce development offer, and we look forward to sharing these findings with Mentia Health as part of ongoing conversations about the tool's development for the New Zealand context.

The pilot reinforced something important: care staff are curious, capable learners. When technology meets them where they are — in their everyday work, on their devices, in the real texture of care — meaningful learning follows.

References

Bai, S., Hew, K. F., & Huang, B. (2020). Does gamification improve student learning outcome? Evidence from a meta-analysis and synthesis of qualitative data in educational contexts. *Educational Research Review*, 30, 100322. <https://doi.org/10.1016/j.edurev.2020.100322>

Gajardo Sánchez, A. D., Murillo-Zamorano, L. R., López-Sánchez, J., & Bueno-Muñoz, C. (2023). Gamification in health care management: Systematic review of the literature and research agenda. *SAGE Open*, 13(4). <https://doi.org/10.1177/21582440231218834>

Hung, L., Mann, J., Battersby, L., Parappilly, B., Butcher, C., & Vivic, A. (2022). Gamification of dementia education in hospitals: A knowledge translation project. *Dementia*, 21(8), 2619–2630. <https://doi.org/10.1177/14713012221127773>

Katonai, Z., Gupta, R., Heuss, S., Fehr, T., Ebnetter, M., Maier, T., Meier, T., Bux, D., Thackaberry, J., & Schneeberger, A. R. (2023). Serious games and gamification: Health care workers' experience, attitudes, and knowledge. *Academic Psychiatry*, 47(2), 169–173. <https://doi.org/10.1007/s40596-023-01747-z>

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