



true doors®

How personalising interiors improves the lives of people with dementia

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True Doors

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Chapter 1

- ▶ **The simple things matter**
- ▶ The giants that came before us
 - ▶ The elders' eye view
 - ▶ We didn't invent doors

CHAPTER 1

The simple things that matter

In this age of innovation, so often involving technology, we think it's valuable to look back at what has already been established as a simple, good practice, and yet is sometimes forgotten.

Since the early 1980s, numerous "design guides" in the form of books and articles have offered planning, architectural, and interior design recommendations to instruct architects and care providers on how to enhance safety, home-likeness, and personalisation in dementia care facilities.

In the section "The giants that came before us" we point to some of the key insights around personalising interiors from the last 35 years.

The following section "The elders' eye view" illustrates how these findings have manifested themselves in practice, pointing to the importance of creativity.

We end with the section "We didn't invent doors" to explain how True Doors has climbed on the shoulders of the giants that came before us.

Where previous focus was often residents own rooms and common living spaces, our attention is personalising care and nursing home hallways, where people with dementia spend a great deal of time.

Transforming cold and clinical spaces into something personal and neighbourhood like.



Chapter 2

- ▶ The simple things matter
- ▶ **The giants that came before us**
 - ▶ The elders' eye view
 - ▶ We didn't invent doors

CHAPTER 2

The giants that came before us

There is a significant body of empirical evidence pointing to the benefits of personalising interiors and the success criteria for personalisation.

In essence, alongside safety, the message is to ensure you create familiar, easy to navigate spaces in order for them to be dementia friendly.

- ▶ 1980s - The elders' perspective
- ▶ 1990s - The importance of home
- ▶ 2000s - Choice and control

THE GIANTS THAT CAME BEFORE US

1980s

One of the earliest studies from the mid 1980s highlighted an obvious and often forgotten good practice - involve the people or at least the perspective of those living in care facilities in the design process.

“Our research project on two nursing homes, found that, although both administrators and designers favoured designs that promoted social interaction, nursing home residents consistently selected designs that enhanced privacy. This clearly highlights the need for residents to be involved in the design process. If better privacy options were included in the design of care homes, social interaction may be more welcome.”

Duffy, M., Bailey, S., Beck, B., Barker, D.G. (1986) ¹

► OUR OWN EXPERIENCE

In one of our first projects we saw the day-to-day cost of not considering the residents' perspective.

On the 6th floor of a purpose built, state-of-the-art nursing home with a magnificent view over Amsterdam, we noticed that people with wheelchairs didn't have the same opportunity to enjoy the view and instead could see as far as the wall in front of their noses, with the window starting just that little bit above their heads.

The architect in question had failed to consider the basic physical reality of future occupants, wasting an opportunity and more.

THE GIANTS THAT CAME BEFORE US

1990s

Research in the 1990s began to highlight the reasons why it is important to help people with dementia feel at home.

“Non-institutional environments characterized as having homelike or “enhanced” ambiance (personalized rooms, domestic furnishings, natural elements, etc.) are associated with improved intellectual and emotional well-being, enhanced social interaction, reduced agitation, reduced trespassing and exit seeking, greater preference and pleasure, and improved functionality of older adults with dementia.”

Kihlgren, M., Bråne, G., Karlsson, I., Kuremyr, D., Leissner, P., & Norberg, A. (1992). ²

► DEMENTIA CARE MAPPING

In the 1990s we began to see the development of frameworks for fostering change towards person centred dementia care.

The most established of which is now Dementia Care Mapping , often referred to as DCM, which was developed by the late Tom Kitwood (University of Bradford, UK) and has been used in formal dementia care settings since 1991 in over 30 countries.

DCM is both a tool and process for developing person centred practice on a day-to-day basis.

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