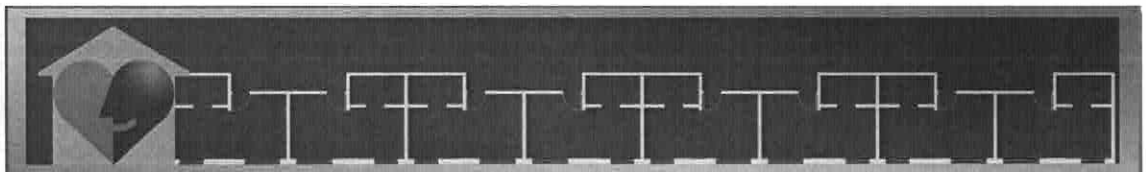

References in this paper are based on a confidence rating scale. A confidence rating of 1 is considered to be "evidence based" and will be followed by ❶. A confidence rating of 2 is based on "expert opinion" and will be followed by ❷. A confidence rating of 3 will not be followed by number symbol.

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Living Rooms & Social Spaces

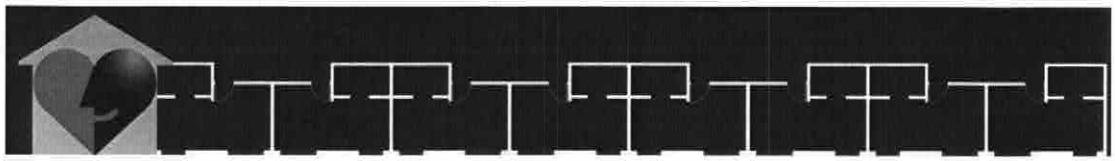
If designed correctly, living rooms and other types of social spaces have the potential to be the heart of the care community and increase residents' quality of life through socialization.

Location of Social Spaces

The hierarchy of public to private spaces within a building appears to be a key factor in helping residents with dementia to feel comfortable and congregate more easily[(1)]❷. Avoid inappropriate adjacencies, such as bedrooms opening directly off living rooms, which may confuse residents and cause them to become frustrated or act inappropriately. Place social common spaces both near resident bedrooms and centrally within the care community to promote social interaction, variety, and physical activity[(2)]❶.

Informal lounges that are located closer to bedrooms increase the number of residents who will seek interaction. Social spaces closest to residents' bedrooms tend to be used for informal socializing more than those located farther away. Residents may be willing to walk farther to access spaces used for specific or novel activities. The location of common spaces in proximity to other key destinations allows residents to walk through the space and view the existing social context without having to make a commitment to socialize[(3)]❷.

Residents may experience a higher quality of life and engage in more active behavior when the layout includes numerous public, semiprivate, and private spaces[(4)]❶. Designs that create a distinctive boundary between public (e.g., living room) and private spaces (e.g., resident bedrooms) may contribute to residents

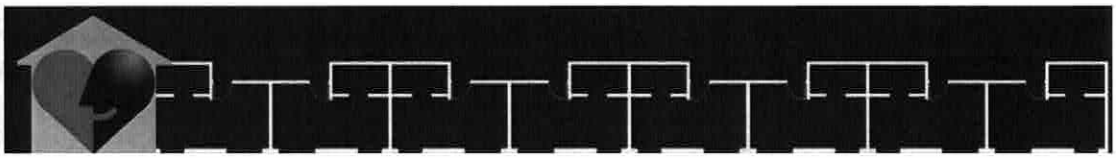


feeling that the environment is homelike[5]❶. Chapman and Carder's study of long-term care facilities revealed that the most commonly desired location for social visits from families was a semipublic space from which activities in public spaces could be viewed, but that allowed a partial withdrawal from the activity[6]❶. Although public spaces served as common meeting spaces, this was not necessarily by choice, but rather by circumstance. Family visitors prefer social spaces that offer a balance between social interaction and seclusion. Designs that provide for variety and flexibility might best represent this preference.

Views of Social Spaces

Opportunities for previewing (i.e., having an opportunity to view the space before deciding whether or not to enter) give residents a greater sense of control over the environment[7]❷. French doors with glass panels or side windows allow residents to preview common spaces, as does a half-wall, window, or door with a window. Integrate circulation along the perimeter in living rooms to facilitate previewing of a space without interrupting activities[8]❷. Also, creating visual access to public areas (e.g., corridors, entrances, and activity areas) from individual living areas allows residents to observe activities from their rooms and feel more connected[9]❶. Views of others engaged in activities may entice participation or simply make residents feel more engaged in care community activities. Opportunities to sit, where the activities of others are visible and there is more opportunity for chance encounters with people passing by, may help to increase social behavior[10]❶. Opening a corridor to a social space with a view outside reduces the feeling of enclosure [11]❷.

The size, layout, and amenities of activity spaces impact staff monitoring. If visual access issues are not addressed, rules may be created that limit the variation of residents' locations and activities. There may be conflict between creating opportunities for resident control, such as use of space, and maximizing staff control through monitoring[12]❶. Dutch doors and half-walls for staff spaces allow monitoring

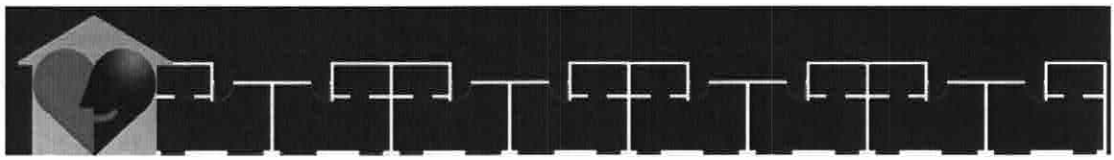


and facilitate interactions with residents and their families[13]❷. Design features that impede staff monitoring include secluded activity spaces[14]❶.

Space or Spaces

There is some discussion regarding the merits of including a single social space versus multiple rooms. Cantley and Wilson suggest that a single living room that combines sitting and dining offers the following benefits: (1) a larger space for activities; (2) an opportunity to vary allocation of space for various activities, which is achievable with furniture or screens; (3) easy visual contact between residents and staff, and consequently more effective use of staff time; (4) an opportunity for residents' interests to be stimulated by association (e.g., resident in the sitting area could observe another engaged in an activity at a table in the dining area or in the kitchen area and be attracted to participate); (5) more possibility of the floor area being used efficiently through movement between the areas while still being monitored by staff; and (6) a focal point of social and communal life for the group [15]❷.

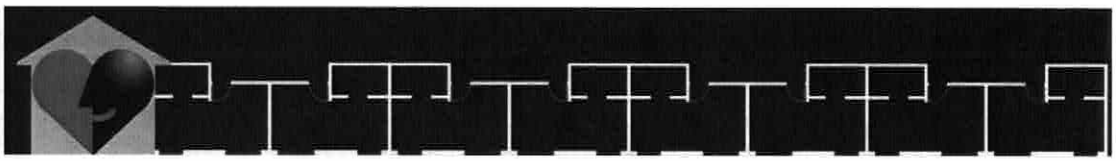
Cantley and Wilson also point out benefits of multiple social spaces, which include a more homelike atmosphere, as well as the ability to have a room for television and another for quieter activities [16]❷. Multipurpose spaces may be confusing to residents with dementia because they may not know how to adjust their behavior to respond to the space's changing uses[17]❷. This can be minimized by providing different rooms that residents can associate with different activities. The use of small clusters of activity rooms versus a single multipurpose day room or lounge helps to increase social behavior for residents with dementia without a creating a "hyper-social" environment[18]❶. Providing a variety of communal spaces (e.g., quiet, stimulating, appropriate for small groups) also supports residents in maintaining personal space and engaging in a variety of behaviors[19]❶. Smaller nooks or alcoves along the edge of a main social space allow a few residents to socialize or pursue separate activities, but not feel isolated[20]❷. Such spaces also allow one to retreat and be alone, but remain connected and visible to the larger



group. Incorporating small communal sitting areas (i.e., rather than one large, centralized area) adjacent to individual living spaces encourages informal social interaction and may also make resident rooms feel larger[21]❶. Senior center research suggests that a diverse environment, with several different settings (e.g., living room, hobby room) and opportunities for seating may reduce territorial conflicts among older members[22]❶.

Design Features

Communal social spaces are challenging to design well because they accommodate a range of activities, each of which generates equipment that needs to be kept available for use[23]❷. A design approach that creates dedicated areas within the communal spaces, or that allocates specific zones to different activities, with adequate designated storage produces more legible spaces. Living rooms and activity areas for residents with dementia should include cues to encourage activity, such as magazines on the table[24]❶. More clearly defined physical settings, including furniture and other cues, aid in suggesting to residents where specific activities are most appropriate.



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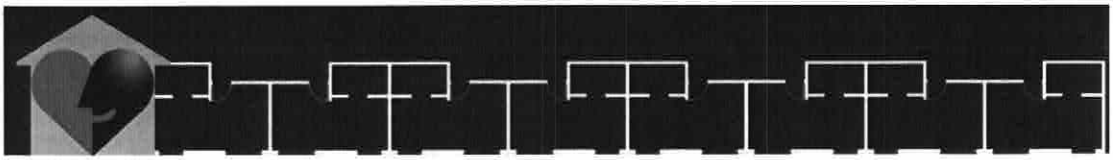

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